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ALCOHOL USE AND THE OLDER ADULT: ADDRESSING OLDER ADULTS' PERCEPTIONS

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ALCOHOL USE AND THE OLDER ADULT: ADDRESSING
OLDER ADULTS' PERCEPTIONS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Megan Rebecca Grisso

June 2015

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ABSTRACT

In order to create more efficient, useful alcohol treatment and intervention methods tailored specifically for the older population, it is important to understand the reasons that older adults perceive that they consume alcohol. For this reason, this study explored older adults' perceptions regarding why they use alcohol. Older adults, age 60 and older, were surveyed through questionnaires completed at senior community centers within San Bernardino County. This was a mixed method design that used qualitative and quantitative analysis for the purpose of exploring the most frequently reported reasons for why older adults use alcohol. The main finding of the study is that older adults in the sample most frequently reported using alcohol for "having fun and celebration" and for "social reasons." However, it is important to note that older adults reported a variety of motivations for using alcohol. Further research is suggested to determine correlations between demographics, alcohol use patterns, and older adults' perceptions of why they use alcohol.

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DEDICATION

This study is dedicated to all those, living and deceased, that inspired me to explore alcohol use in older adults more fully.

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CHAPTER ONE

INTRODUCTION

The population of older adults is growing steadily in this country (Colby & Ortman, 2014; Werner, 2011). This steady growth is largely contributed to the high numbers of baby boomers born in the era following World War II that are now aging into their sixties (Colby & Ortman, 2014). Since this particular population is growing so rapidly it is important to consider the health and social implications of this population shift. One important health and social issue is alcohol use among older adults. Alcohol use among older adults can be problematic due to significant percentages of binge drinking and heavy drinking (SAMHSA, 2012, p. 33). Binge drinking and heavy drinking in this population is associated with physical and mental health risks that greatly impact quality of life (Blow & Barry, 2014; Socorro & Ferrell, 2006). Although there is existing research for the reasons that older adults use alcohol, there is little research that focuses on their perceptions for why they use (Immonen, Valvanne, & Pitkälä, 2011, p. 1170). Understanding how older adults' perceive their personal alcohol use provides a foundation for addressing problematic use at the individual level. Therefore, this study examined older adults' perceptions of why they use alcohol in order to further knowledge in the field, enhance quality of life, and improve alcohol assessment and treatment methods for this rapidly growing population.

Problem Statement

As previously noted, the number of older adults living in the United States is increasing (Colby & Ortman, 2014; Werner, 2011). According to the 2010 census report, thirteen percent of the United States population is over the age of 65 (Werner, 2011, p. 1). This age group grew by fifteen percent from 2000 to 2010 (Werner, 2011, p. 4). The 2010 census indicated that the United States has a population of 40.3 million people over the age of 65 (Werner, 2011, p. 3). The number of older adults between the ages of 65 to 69 expanded by 30.4 percent from 2000 to 2010, making this group the fastest growing five year cohort within the older adult population (Werner, 2011, p. 4). Baby boomers, the cohort born following World War II, are largely responsible for the increasing percentage of older adults in this country. In fact, it is projected that by 2029, once all of the baby boomers reach the age of 65, 20 percent of the population will be over the age of 65 (Colby & Ortman, 2014, p. 1).

There are many social and health concerns that must be addressed due to the growing number of older adults in this country. One major health and social concern that is relevant to this population is alcohol use. The 2011 National Survey on Drug Use and Health indicated that 50.9 percent of older adults between the ages of 60 and 64 used alcohol within the last 30 days (Substance Abuse and Mental Health Administration [SAMHSA], 2012, p. 32).

Older adults that were 65 and older used alcohol within the last 30 days at a rate of 40.3 percent (SAMHSA, 2012, p. 32).

Not only is alcohol used by the older population, this population also reports types of use that are problematic. The National Survey on Drug Use and Health revealed that 8.3 percent of older adults aged 65 and older participated in binge drinking (SAMHSA, 2012, p. 33). Binge drinking is defined in the survey as “five or more drinks on the same occasion on at least one day in the last 30 days” (SAMHSA, 2012, p. 31). Heavy drinking, defined as “five or more drinks on the same occasion on five or more days in the last 30 days” (SAMHSA, 2012), is also a problem for older adults (p. 31). The percentage of adults that are age 65 and older that indicated they participated in heavy drinking was 1.7 percent (SAMHSA, 2012, p. 33).

Rates of heavy drinking vary between men and women (Gossop & Moos, 2008, p. 347). In adults over the age of 60 more men than women consumed alcohol in excess of recommended guidelines (Gossop & Moos, 2008, p. 347). In fact, in one study that measured alcohol consumption in older adults over time, Moos, Schutte, Brennan, and Moos (2009) found that in a sample of 75 to 85-year-old adults 27.1 percent of women compared to 48.6 percent of men used over the recommended guidelines of two drinks per day (p. 1293).

There are limited figures regarding alcohol use among older adults of various racial and ethnic groups. However, the existing figures among all age

groups in the United States suggest that rates of alcohol use differ between racial and ethnic groups (SAMHSA, 2012). Current use among whites was reported at 56.8 percent (SAMHSA, 2012, p. 33). In contrast, current alcohol use was reported at 42.5 percent for Hispanics, 42.1 percent for blacks, and 40 percent for Asians (SAMHSA, 2012, p. 33)

Problem drinking, characterized by binge drinking and heavy drinking, varies between ethnic groups. Asian groups reported the lowest binge alcohol use rates at 11.6 percent, and American Indians and Alaskan Natives reported the highest binge alcohol use at 24.3 percent (SAMHSA, 2012, p. 33).

According to SAMHSA (2012), 23.9 percent of whites, 23.4 percent of Hispanics, and 19.4 percent of blacks reported binge alcohol use (p. 33).

Generational differences in older adults versus the overall population might reflect different variances between racial and ethnic groups, but the existing figures indicate that variation exists and therefore needs to be noted.

Despite the fact that problem alcohol use is a concern among the older population, there is still a gap in the knowledge for how to address this issue appropriately. There are several assessment tools that are currently in use to screen older adults for alcohol use (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001; Blow & Barry, 2014; Caputo et al., 2012; Schonfield et al., 2015, Sorocco & Ferrell, 2006). However, these assessments do not specifically address older adults' reasons for using alcohol. In addition, although certain alcohol treatment methods have been found to be more

useful among older adults, there is a lack of existing treatments that are specifically tailored for this population (Briggs et al., 2011). In order to create better alcohol assessment and treatment methods for older adults there must be an expansion of knowledge in this area.

Purpose of the Study

As described, alcohol use among older adults is a significant problem. In order to address this problem, older adults age 60 and older in San Bernardino County were surveyed to explore the reasons for why they use alcohol. Older adults were asked their perceptions regarding why they use alcohol through a questionnaire. The older adults surveyed were sampled from senior community centers located in San Bernardino County. This was an exploratory study that used both a quantitative and qualitative approach to explore older adult perceptions of why they use alcohol.

The purpose of the study was to search for variables and possible correlations between the variables. Therefore, older adults answered questions on a questionnaire pertaining to demographic information, patterns of alcohol use, and reasons for why the individual uses alcohol. The questionnaire used close-ended questions for demographics, patterns of alcohol use, and reasons for why the older adult uses alcohol. These closed-ended questions were analyzed through a quantitative research design. The questionnaire also included one open-ended question that

allowed the older adult to give a unique reason for why he or she uses alcohol. The open-ended question was analyzed through a qualitative research design.

The goal of this particular study involved exploring the older adults' perceptions regarding why they use alcohol with the assumption that significant frequencies and correlations might be found within the variables. Gathering demographic information and patterns of use among these older adults was intended to address frequencies within the population as well as possibly provide correlations between characteristics of older adults and why they use alcohol. Significant frequencies and any correlations found in this study may be used in future studies directed toward this population. The findings might also assist in creating better treatment options and interventions for older adults that use alcohol.

Significance of the Project for Social Work

As previously discussed, between 2001 and 2020, the older adult population in the United States is projected to increase substantially due to the "baby-boom" cohort (adults born between 1946 and 1964) moving into older age (Gossop & Moos, 2008; Werner, 2011). This particular cohort is known for higher rates of substance abuse than other cohorts (Gossop & Moos, 2008, p. 347). As the "baby-boom" cohort grows older, an increasing number of older adults are going to require treatment for problems related to alcohol use (Gossop & Moos, 2008, p. 347). In order to serve this growing population, more research is needed on the reasons that older adults use alcohol.

Although there is some existing research in this area, the majority of the research does not address the perceptions of the older adults (Immonen, Valvanne, & Pitkälä, 2011, p. 1170). It is also important to note that according to a literature review conducted by Rosen et al. (2013), "for social workers interested in learning more about substance abuse issues among older adults there were virtually no articles in the leading relevant social work journals in a 10-year-period" (p. 385). Therefore, additional research needs to be completed in the United States regarding older adults' perceptions on why they use alcohol and on substance abuse in this population in general. Focusing on older adult substance abuse issues from a social work perspective fills an important gap in the literature and knowledge base in the field.

This particular study worked at the beginning phases of the generalist intervention model to determine the reasons that older adults perceive that they use alcohol. The study investigated ideas that might be used to complete the assessment phase of a generalist intervention. This study did not intend to diagnose or determine treatments or interventions. Instead it explored the perceptions of older adults in relation to their alcohol use.

It is important to determine the reasons that older adults perceive that they use alcohol. Exploring these perceptions is essential to creating efficient interventions and treatments for problematic alcohol use in this population. Better interventions and treatment options for this group will increase their

quality of physical and mental health. Older adult's perceptions of why they use alcohol was studied for the purpose of contributing to the existing knowledge on older adults and alcohol use to create better social work interventions targeted at this population.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Although there are many reasons that older adults might choose to use alcohol, psychosocial developmental theory guides much of the research around problem substance use and the older adult. This theory provides an explanation as to why older adults might have different needs for substance use treatment interventions due specific developmental tasks related to aging. This chapter will use psychosocial developmental theory to address problem alcohol use. It will also define problem alcohol use, discuss possible reasons for alcohol use in older adults, explain existing interventions, and discuss the importance and impact of problem alcohol use in this population.

Theory Guiding Conceptualization

Important Concepts of Psychosocial Developmental Theory

Psychosocial development theory, most commonly associated with Erikson, focuses on life stages (Hooyman & Kiyak, 2010, p. 217). The theory addresses how internal and external forces shape development during the lifespan. According to developmental theory, individuals develop through sequential stages with tasks inherent to each stage of development. An inability to master tasks within a stage results in difficulties in future development. Developmental stages are related to time and social context. Psychosocial development theory is useful for addressing individual

development and functioning in relation to the chronological age of the individual. However, according to Hooyman and Kiyak (2010) “it is important to avoid the image of rigid, immutable stages and inevitable transitions with no room for individual differences” (p. 216). Therefore, individual differences regarding perceptions of alcohol use were also an important aspect of this study.

Application of Psychosocial Developmental Theory

According to psychosocial developmental theory older adults generally face tasks of development that are different than the tasks faced by younger adults (Erikson, 1966). Therefore, older adults’ experiences with the same issue, such as alcohol use, will differ due to the developmental task at hand. The comparison of older adults’ experiences with alcohol to the experiences of younger adults naturally lends itself to developmental theory.

A younger person might use alcohol because he or she is trying to resolve issues of “intimacy versus isolation” (Erikson, 1966). This particular stage involves seeking out intimacy through finding a life partner or forming closer relationships with relatives and friends. If a younger person fails to master this task, he or she might feel isolated and have greater difficulty moving toward the next stage of development. According to this theory, it is likely that alcohol use at this stage would be related to feelings of isolation.

In contrast, an older individual might use alcohol in an attempt to resolve issues of “ego integrity versus despair” (Erikson, 1966). This is the

final stage of development, and therefore a task primarily faced by older adults. In “ego integrity versus despair” the individual “accepts the inevitability of mortality and achieves wisdom and perspective, or despairs because he or she has not come to grips with death and lacks ego integrity” (Hooyman & Kiyak, 2010, p. 217). Mastery of this task depends on whether or not the individual has resolved all of the prior stages of development (Erikson, 1966). Alcohol use at this stage of development primarily relates to feelings of despair or hopelessness. According to psychosocial developmental theory, as a person develops he or she experiences different issues surrounding the current developmental task. As a result, an older adult addresses different issues than a younger adult and requires a different approach to treating problem alcohol use.

Solutions Framed by Psychosocial Developmental Theory

Psychosocial developmental theory focuses on individual development. Therefore, according to this theory, solutions for addressing alcohol use among older adults need to focus on the developmental functioning of the individual instead of solely on the individual’s chronological age. As previously explained, an older adult is most likely facing the final stage of “ego integrity versus despair” which requires a mastery of all other developmental stages (Erikson, 1966). It is possible that the older individual never mastered other developmental tasks in earlier years, and therefore is dealing with issues from previous stages.

According to this premise the older adult might need to address tasks from any number of Erikson's psychosocial stages. Failure to master tasks could lead to general feelings of mistrust, shame and doubt, guilt, inferiority, identity confusion, isolation, stagnation, or despair (Hooyman & Kiyak, 2010, p. 218). At any given time an individual might be addressing any of these issues with alcohol use, which is why it is important to understand older adults' perceptions of why they consume alcohol and not make assumptions based on generalizations about what it means to grow older. Although psychosocial developmental theory is useful in addressing alcohol use in older adults, it is still important to note individual differences among the population. In order to better formulate the individual approach that older adults need in treatment, research that focuses on older adults' perceptions for why they use alcohol is essential. Focusing on individual perceptions will help to create future solutions for the problem.

Definition of Problem Alcohol Use

Problem alcohol use has many definitions within the literature. Definitions differ for how many drinks constitute binge drinking or drinking above established guidelines for older adults. However, binge drinking is generally defined as consuming more than two drinks during one drinking period for adults over the age of 65 (Center for Substance Abuse Treatment, 1998, p. 57). According to the National Institute of Alcoholism and Alcohol Abuse (NIAAA) established guidelines for older adults' alcohol use are set at

no more than seven drinks per week (as cited in Blow & Barry, 2014, p. 54). Problem alcohol use, as defined by this study, is binge drinking, drinking in excess of established guidelines, heavy drinking, at-risk drinking, or any combination thereof. This study mostly addresses problem alcohol use in terms of at-risk drinking. This means that the older adult is engaging in alcohol use that possibly could be detrimental to the individual's general well-being (Center for Substance Abuse Treatment, 1998, p. 55)

Reasons Older Adults Use Alcohol

According to current literature the aging process involves many psychological, social, and health issues that contribute to problem alcohol use among older adults (Gossop & Moos, 2008, p. 347).

Depression and Anxiety

Psychological problems commonly associated with older adults include "depression, loneliness, and anxiety" (Gossop & Moos, 2008, p. 347). One important study, due to its large geographical and ethnically diverse sample size, found that heavy drinking among older adults was associated with self-reported depression and anxiety, less access to social support, and greater perceptions of poor health (Kirchner et al., 2007). Depression was also strongly correlated with anxiety symptoms (Forlani et al., 2014, p. 5). This is notable because current studies report that anxiety symptoms are significantly associated with problem alcohol use by older adults (Forlani et al., 2014; Kirchner et al., 2007). In addition, the literature points to an association

between heavy drinking and depressive symptoms in older men, while also speculating that problem alcohol use and depression is associated with lack of social support (Choi & Dinitto, 2011).

Physical Health

Health problems that an older adult might encounter include “lack of mobility, falls, reduced self-care, and ill health” (Gossop & Moos, 2008, p. 347). One side effect of health problems among older adults is pain. Pain has been found to be associated with the use of alcohol for medicinal purposes in the older population (Aira, Hartikainen, & Sulkava, 2008; Brennan, Schutte, SooHoo, & Moos, 2011; Gossop & Moos, 2008). In addition to self-medicating pain, research found that older adults report using alcohol to treat cardiovascular conditions and sleep disorders (Aira et al. 2008, p. 445).

Social Problems and Elder Abuse

Social problems frequently encountered in older age include “bereavement, social isolation, lack of social support, and financial difficulties” (Gossop & Moos, 2008, p. 347). Another social problem supported in the literature includes the availability of alcohol. Although this is not a problem specifically associated with older adults, a study conducted by Gruenewald, Remer, and LaScala (2014), found that availability of alcohol is associated with higher rates of use in the population. There is speculation in the literature that all of these social problems contribute to alcohol use in older adults (Gossop & Moos, 2008). Elder abuse is another social problem endured by

older adults and correlated with problem alcohol use (Jogerst, Daly, Galloway, Zheng, & Xu, 2012; Tredal et al., 2013). It is important to note that although an association was found between older adult problem alcohol use and the likelihood for elder abuse, more research is needed to determine how the two issues are connected. Jogerst et al. (2012) suggested that older adults that use alcohol might experience higher rates of abuse due to a decreased ability to respond to the abuse while under the influence (p. 68).

Individual Perceptions

Despite the fact that there is a general knowledge base regarding the issues that impact alcohol use among older adults, there is very little in the literature regarding the perceptions of the current cohort of older adults regarding why they drink alcohol (Immonen, Valvanne, & Pitkälä, 2011, p. 1170). A study out of Finland addressed this particular gap in the literature by completing a random survey of adult alcohol consumers over the age of 65 to determine their reasons for drinking alcohol (Immonen et al., 2011). Immonen et al. (2011) found that older adults that were considered “at-risk users” self-reported that the reason they used alcohol was to deal with unpleasantness (p. 1174). The Finnish study is the premise for the research presented in this paper.

Existing Alcohol Interventions with Older Adults

There are several assessments tools intended to screen older adults for alcohol use. The most common tools discussed in the literature include the

CAGE, AUDIT, MAST-G and SBIRT (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001; Blow & Barry, 2014; Caputo et al., 2012; Schonfield et al., 2015, Sorocco & Ferrell, 2006). Although all of these assessment tools have been found to be useful for screening for alcohol use, they still are not optimal because they lack language and concepts that are more approachable for older adults. One way to create screening tools that are more approachable is through understanding older adults' perceptions of why they use alcohol.

Existing treatment methods for alcohol use in older adults consist of adaptations of alcohol treatment methods used with the general population. Shonfield et al. (2010) indicated that education is helpful in treating substance disorders among all ages, but also has positive outcomes with older adults. Brief interventions with the elderly also were supported heavily in the literature (Gossop & Moos, 2008; Hooyman & Kiyak, 2011; SAMHSA, 1998). In addition, substance abuse therapy with this age group must be "slow, patient, and reassuring" (Inaba & Cohen, 2007, p. 419). Medical interventions that are used frequently with younger populations, such as detoxification, must be slower due to the health risks involved (Inaba & Cohen, 2007, p. 419).

Importance of Addressing Alcohol Use in Older Adults

Although alcohol use can have negative effects on people of any age, there are specific difficulties that older adults encounter with problematic use. One significant difficulty encountered by older adults is "age related changes in the absorption, distribution, and metabolism of alcohol" (Immonen,

Valvanne, & Pitkälä, 2013). This means that older adults have a decreased tolerance to alcohol use. This decreased tolerance increases effects of alcohol. It also increases the likelihood of medical complications such as heart and vascular problems, risk of stroke, lowered immune system, liver conditions, decreased bone density, gastrointestinal bleeding, mental health problems, malnutrition, and dementia (The Center for Substance Abuse Treatment, 1998, p. 50). Using alcohol in combination with medications is also a problem due to age related changes in metabolism. Using certain medications in combination with alcohol can increase adverse drug reactions (Immonen, Valvanne, & Pitkälä, 2013).

In addition to increased adverse effects of alcohol in older age, physicians and other helping professionals are often not highly trained in differentiating signs of alcohol problems from the normal processes of aging (Gossop & Moos, 2008, p. 347). Reasons that contribute to difficulty with determining alcohol problems in this population include the fact that (1) symptoms of alcohol use mimic other disorders, (2) alcohol use is overlooked by clinicians due to stereotypes regarding who abuses alcohol, (3) the topic is avoided by both clinicians and clients due to feelings of shame, and (4) different quality of life standards are applied to older individuals (Sorocco & Ferrell, 2006, p. 455). Therefore, older adults do not always receive adequate treatment for problematic alcohol use. Due to older adults' specific health concerns and the difficulty in detecting problem alcohol use in

this population more attention needs to be given to this subject to improve treatment outcomes.

Impact of Alcohol Use among Older Adults

Unfortunately, even when problem alcohol use is addressed appropriately, the issue negatively impacts existing social systems. According to Schonfeld and Dupree in 1995, (as cited in Center for Substance Abuse Treatment, 1998), approximately “2.5 million older adults [had] problems related to alcohol, and 21 percent of hospitalized adults over age 40 ... [had] a diagnosis of alcoholism with related hospital costs as high as \$60 billion per year” (p. 48). In addition, the number of older adults exhibiting problem alcohol consumption has increased over time. According to SAMHSA (2012), in 2010 the rate of binge drinking among adults age 65 and older was 7.6 percent; in 2011 the rate of binge drinking among adults in the same age group was 8.3 percent (p. 33). It can be inferred that as an increasing number of older adults require treatment for problems related to alcohol, the overall costs of treatment will increase as well. Increasing numbers of older adults that experience problems with alcohol impact the existing systems (hospitals, treatment centers, medical insurance providers, and social service programs) that were created to help people with substance use problems.

Summary

As indicated, problem alcohol use is increasing among older adults, which impacts existing social systems. Alcohol use among older adults needs to be addressed differently than alcohol use among younger adults. As described by psychosocial developmental theory, different approaches are needed due to the variation in issues encountered at distinct life stages. In addition, different approaches are needed because older adults encounter various psychological, physical, and social issues unique to aging. Therefore, alcohol use in this population needs to be addressed in a unique context to better serve this population and the existing systems. One unique context is to determine older adults' perceptions of why they use alcohol.

CHAPTER THREE

METHODS

Introduction

In order to address older adults' perceptions on why they use alcohol, the following section describes the design of the study used, how respondents were selected for the study, and how data was collected. This section also outlines the instrument used in the study and methods for protecting the human subjects involved. Finally, this section explains how the collected data was analyzed.

Study Design

The study explored older adults' perceptions of why they use alcohol through a survey of older adults age 60 and older. Adults age 60 and older were surveyed through a questionnaire made available at two senior community centers within San Bernardino County. This was a mixed method design that used qualitative and quantitative analysis for the purpose of exploring relationships between demographics, alcohol use patterns, and personal perceptions for using alcohol. Respondents' confidentiality was protected through anonymous data collection and secured data storage. Respondents were advised of any risks prior to participating in the study. This was an exploratory study for the purpose of conducting future studies aimed at formulating individual approaches that older adults need in treatment. In order

to address this issue the following research question was posed: What are older adults' perceptions of why they use alcohol?

Sampling

Availability sampling was used to survey the older adult population in San Bernardino County. The intended population was age 60 or older. Seventy respondents were recruited from senior community centers that included the Crest Forest Senior Citizen Club and Highland Senior Center. These community centers provided letters of approval for the survey to be completed at these sites (Appendix D). Although seven community centers were contacted to obtain research from additional sites, only two senior community centers were open to allowing the completion of research at the facility. The purpose of recruiting respondents from more than one senior community center within the area was to develop a more representative sample of the studied population.

Data Collection and Instruments

This study used a survey method through a questionnaire developed by Immonen, Valvanne, and Pitkälä (2011) in order to examine older adults' perceptions for why they use alcohol (Appendix A). Although the questionnaire was developed in Finland by Immonen et al. (2011) the methods for constructing this questionnaire were based on questions developed by the American Geriatric Society (as cited by Immonen et al., 2011), the AUDIT

(Babor et al., 2001), and additional studies conducted by Moore, Higgins-Biddle, Saunders, and Monteiro (2005), Kirchner et al. (2007), Haarni and Hautamaki (2008), and Aira, Hartikainen, and Sulkava (2008). The questions were constructed from a wide range of international research with universal implications. Therefore these questions were useful among an American population as well. In order to ensure that the questions were clear for the intended population the questionnaire was piloted on five individuals age 60 and over.

The questionnaire consisted of demographic questions regarding age, gender, and ethnicity. Drinking patterns were measured through quantity and frequency questions developed by Immonen et al. (2011), and modified to reflect American culture. Quantity and frequency questions included the following: (1) "How often do you have a drink containing alcohol, including any beer, wine, cider, liquor, or spirits?" (2) "On a typical day when you drink, how many drinks do you have?" (One drink equals one 12 ounce bottle of beer, one 5 ounce glass of wine, or 1.5 ounces of distilled spirits), and (3) "How often do you have three or more drinks on one occasion?"

Respondents that reported drinking at least one alcoholic drink at least once each month met the definition of an older adult that uses alcohol. Older adults' perceptions of why they drink alcohol were measured by the question "What are the reasons for you to drink alcohol?" Nine statements based on the findings from Moore et al. (2005), Kirchner et al. (2007), Haarni and Hautmäki

(2008), and Aira et al. (2008) and used by Immomen et al. (2011) in a Finnish study were given as possible answers to the following questions: (1) for having fun/celebration, (2) meaningless life, (3) for medicinal purposes, (4) for social reasons, (5) relieving depression, (6) relieving anxiety, (7) relieving loneliness, (8) as a pastime, and (9) because everybody uses it. Respondents were able to select the reasons that applied to them with the ability to select more than one reason for why they use alcohol. Finally, one open-ended question was used: "For some other reason, what?" so that respondents had the option to give reasons other than the ones provided. Answers to the questions regarding demographics, alcohol use patterns, and perceptions on using alcohol were measured using general frequencies as well as bivariate correlations to address relationships between the variables.

Procedures

Potential participants were selected based on age (60 and older) and recruited through local senior community centers in San Bernardino County (Crest Forest Senior Citizen Club and Highland Senior Center). Bakery goods were offered to all individuals present on the date that the questionnaires were completed regardless of participation. Questionnaires were completed and returned on-site. Five questionnaires were submitted by mail as five respondents did not hand in the questionnaires timely, but still wanted to be included in the study.

Protection of Human Subjects

There were no anticipated or long-range risks for participants as a result of procedures associated with the study. The participants might have experienced immediate and/or short-term psychological effects due to possible discomfort related to the subject matter of alcohol use and disclosure of personal patterns of alcohol use. The consent form (Appendix B) advised the participant of the possible immediate and/or short-term psychological effects so that he or she had the option to decline participation in the study. The debriefing form (Appendix C) provided with the questionnaire addressed this discomfort and listed resources for the participant to contact if he or she needed additional support.

In order to protect the confidentiality, data was kept confidential by allowing respondents to sign with a mark on the consent section of the questionnaire. Data was coded and reported in a way that maintained the confidentiality of the respondent. Data was secured in a locked storage container and all questionnaires were destroyed once data was coded and analyzed.

Data Analysis

The data for demographics, alcohol use, and perceptions on alcohol use were transformed into nominal and ordinal data for descriptive analysis and to determine correlations. SPSS software was used to analyze the data.

Data resulting from the final open-ended question was addressed through thematic content analysis.

Summary

The study design, sampling, data collection, procedures, methods for protecting human subjects, and data analysis were chosen in order to safely and accurately explore older adult's perceptions for why they use alcohol. The study design and sampling method were chosen in an effort to obtain the most representative sample possible, while still being a feasible method of data collection. By utilizing a mixed method approach that allowed for the collection and analysis of quantitative and qualitative data, possible correlations between demographics of older adults, alcohol use patterns, and perceptions on why they use alcohol were explored.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the quantitative and qualitative data obtained by the study. General frequencies related to demographics, alcohol use patterns, and reasons for drinking alcohol are presented. Results related to bivariate correlations are also presented.

Presentation of the Findings

Demographics

There were a total of 70 respondents that participated in this study. However, three respondents were excluded because they did not meet the age criteria for inclusion. For the purpose of this study older adults were defined as aged 60 and older. One respondent was under the age of 60 and two respondents did not indicate age on the questionnaire. Therefore, the final sample for the study was a total of 67 respondents.

Age. The respondents ranged in age from 60 to 95. The mean age was 73 (sd = 7.28). Baby-boomers (ages 60 to 69) represented 32.8 percent (n = 22) of the sample (Appendix E).

Gender. Gender was not evenly represented in the sample. Females represented 72.3 percent of respondents (n = 47). Males represented 27.7 percent of respondents (n = 18). Two respondents did not answer the gender question on the questionnaire.

Ethnicity. The majority of respondents in the sample (80.6 percent) identified as “White/Caucasian”. A significant percentage of respondents identified as two or more ethnicities (10.4 percent). Other ethnicities represented much lower percentages in the sample.

Table 1. Ethnicity

	Frequency	Percent	Cumulative Percent
White/Caucasian	54	80.6	80.6
Two or more ethnicities	7	10.4	91.0
Black/African American	2	3.0	94.0
Asian/Pacific Islander	2	3.0	97.0
Hispanic/Latino	1	1.5	98.5
Native American/Alaskan Native	1	1.5	100.0
Total	67	100.0	

Patterns of Alcohol Use

Alcohol users were defined as anyone that answered the question “How often do you have a drink containing alcohol?” with a response of once per month or more. Alcohol users represented about half of the sample (49.3 percent). There were varying responses to the frequency of use among alcohol users. The highest percentage of users (16.4 percent of all respondents) indicated using alcohol one to three days per week.

Approximately half of the respondents (52.2 percent) indicated that they drink alcohol less than one time per month.

Table 2. Frequency of Alcohol Use

How often do you have a drink containing alcohol?

		Frequency	Percent	Cumulative Percent
V	Daily	3	4.5	4.5
	4 to 6 days per week	7	10.4	14.9
	1 to 3 days per week	11	16.4	31.3
	2 to 3 times per month	5	7.5	38.8
	1 time per month	6	9.0	47.8
	Less than one time per month	35	52.2	100.0
	Total	67	100.0	

Respondents were also asked “On a typical day when you drink, how many drinks do you have?” Most respondents (81.8 percent) reported drinking one drink or less on a typical drinking day. Eleven respondents reported drinking two drinks on a typical drinking day. One respondent did not answer this question.

Table 3. Quantity of Alcohol Use

On a typical day when you drink, how many drinks do you have?

	Frequency	Percent	Cumulative Percent
More than 3 drinks	1	1.5	1.5
2 drinks	11	16.7	18.2
1 drink or less	54	81.8	100.0
Missing	1		
Total	67	100.0	

The last question that respondents were asked regarding alcohol use was “How often do you have three or more drinks on one occasion?” The majority of respondents (87.7 percent) indicated “less than one time per month” to this question. There were varying responses to higher quantity alcohol use. Responses for how often a respondent drinks three or more drinks on one occasion varied from once per month to daily. Only one respondent reported drinking three or more drinks daily. However, this same respondent also reported drinking less than once per month, so this information might be an error. One respondent did not answer this question.

Table 4. Higher Quantity Alcohol Use

How often do you have three or more drinks on one occasion?

		Frequency	Percent	Cumulative Percent
V	Daily	1	1.5	1.5
	1 to 3 days per week	2	3.1	4.6
	2 to 3 times per month	2	3.1	7.7
	1 time per month	3	4.6	12.3
	Less than one time per month	57	87.7	100.0
	Missing	2		
	Total	67	100.0	

The three questions regarding alcohol use were also utilized to determine at-risk alcohol users in the sample. At-risk alcohol users were defined as consuming more than seven alcoholic drinks per week. The amounts indicated in each of the three questions regarding alcohol use were totaled in order to determine the amount of alcohol a respondent consumed within one week. For example, one respondent reported drinking alcohol four to six days per week, consuming two drinks on a typical day, and consuming three or more drinks on one occasion less than once per month. Based on this example, this respondent reported consuming between eight and twelve drinks per week. Eight respondents (11.9 percent) met the criteria for being at-risk based on their responses to the three questions regarding alcohol use.

Reasons for Using Alcohol

All respondents were asked to select their reasons for using alcohol from a list of given responses. The most frequent response given was “for having fun/celebration” (N = 25, 38.5 percent). The second most frequent response given was “for social reasons” (N = 19, 29.2 percent). The other reasons for using alcohol represented significantly lower percentages in the sample. Two respondents did not answer the questions regarding the reasons they use alcohol.

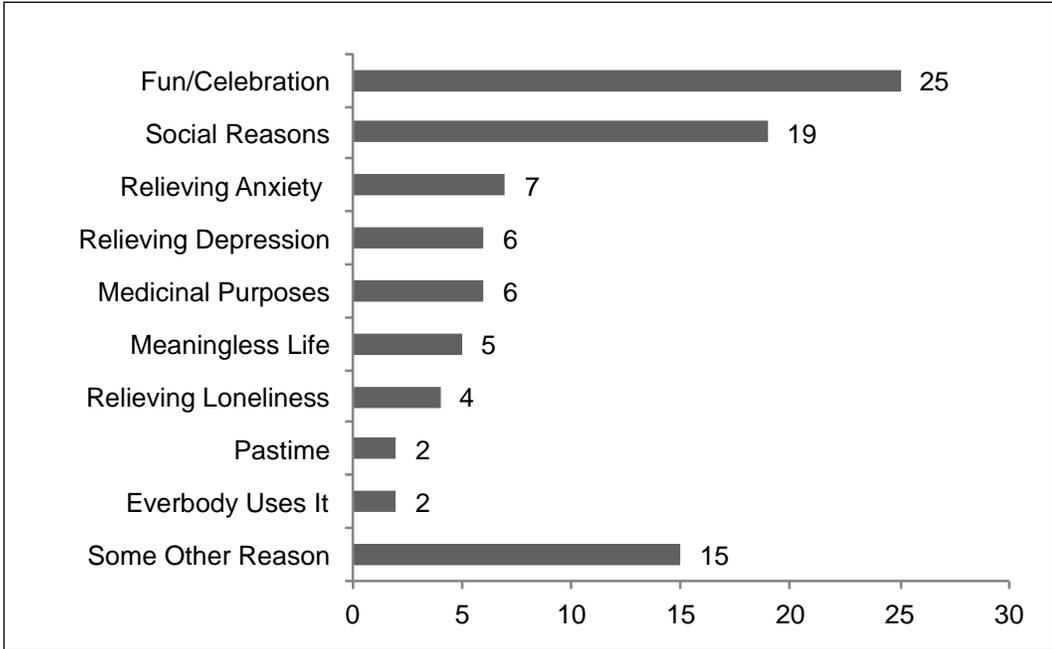


Figure 1. Reasons for Using Alcohol

Respondents were also able to suggest their own reasons for using alcohol by selecting “other” on the questionnaire and writing in a response. Fifteen respondents (23.1 percent) indicated that they used alcohol for other

reasons than the ones given in the questionnaire. The write-in responses were addressed through thematic content analysis. Responses regarding other reasons for using alcohol fell into seven main categories. These categories included using alcohol (1) on specific occasions, (2) based on availability, (3) socially, (4) with food, (5) for relaxation, (6) for pleasure, and (7) for relieving pain. The majority of these themes were evenly represented among the write-in responses.

Table 5. Other Reasons for Alcohol Use

Socially	6 responses	<ul style="list-style-type: none"> • “Once in awhile with a friend.” (Respondent 2, Interview Survey, 2015) • “Sometimes at special occasions.” (Respondent 15, Interview Survey, 2015) • “...my neighbors are friendly, and invite me 2 to 3 times per week to dinners. They all drink. I drink wine there or tea.” (Respondent 25, Interview Survey, 2015) • “Karaoke” (Respondent 52, Interview Survey, 2015) • “Weddings, Baptisms, Funerals” Respondent 66, Interview Survey, 2015 • “Relaxation and conversation with spouse before dinner” (Respondent 67, Interview Survey, 2015)
Availability	5 responses	<ul style="list-style-type: none"> • “Sometimes at special occasions.” (Respondent 15, Interview Survey, 2015) • “I had it on hand for a recipe and drank a small a day until gone.” (Respondent 22, Interview Survey, 2015) • “...my neighbors are friendly, and invite me 2 to 3 times per week to dinners. They all drink. I drink wine there or tea.” (Respondent 25, Interview Survey, 2015) • “To go with dinner out” (Respondent 42, Interview Survey, 2015) • “Weddings, Baptisms, Funerals” (Respondent 66, Interview Survey, 2015)

Specific Occasions	5 responses	<ul style="list-style-type: none"> • “I enjoy wine with dinner” (Respondent 4, Interview Survey, 2015) • “To go with dinner out” (Respondent 42, Interview Survey, 2015) • “Weddings, Baptisms, Funerals” (Respondent 66, Interview Survey, 2015) • Relaxation and conversation with spouse before dinner” (Respondent 67, Interview Survey, 2015) • Karaoke” (Respondent 52, Interview Survey, 2015)
With Food	4 responses	<ul style="list-style-type: none"> • “Sometimes ½ glass of wine, piece of cheese, and an apple slices. This is a bedtime snack.” (Respondent 2, Interview Survey, 2015) • “I enjoy wine with dinner” (Respondent 4, Interview Survey, 2015) • “...My neighbors are friendly, and invite me 2 to 3 times per week to dinners...I drink wine there or tea.” (Respondent 25, Interview Survey, 2015) • “To go with dinner out” (Respondent 42, Interview Survey, 2015)
Relaxation	3 responses	<ul style="list-style-type: none"> • “It loosens me up, mentally, and physically.” (Respondent 25, Interview Survey, 2015) • “Relaxation” (Respondent 58, Interview Survey, 2015) • “Relaxation and conversation with spouse before dinner” (Respondent 67, Interview Survey, 2015)
Relieving Pain	1 response	<ul style="list-style-type: none"> • “Relieving Pain” (Respondent 6, Interview Survey, 2015)
Pleasure	1 response	<ul style="list-style-type: none"> • “Pleasure” (Respondent 16, Interview Survey, 2015)

Correlations

Bivariate correlations were examined within the sample. However, there were not any variables with statistically significant and meaningful relationships. Alcohol use patterns were analyzed in relation to age, ethnicity, and gender, but no significant associations were found. In addition, reasons for alcohol use were not found to be significantly associated with age, ethnicity, or gender. There also were not any significant associations between alcohol use patterns and reasons for alcohol use.

Summary

This chapter presented the quantitative and qualitative data obtained by the study. Frequencies related to demographics, alcohol use patterns, and reasons for drinking alcohol were presented. Findings related to bivariate correlations were also presented.

CHAPTER FIVE

DISCUSSION

Introduction

The main purpose of this study was to explore older adults' perceptions regarding why they use alcohol. However, due to the small sample size obtained through availability sampling, generalizations could not be made to the older adult population as a whole. There was also a lack of statistically significant correlations due to the small sample size. Despite these issues, there were findings within the sample that add to and support the general knowledge base regarding older adults and alcohol use.

Discussion

One important finding was related to the most frequently reported reasons that older adults in this sample perceived that they used alcohol. Nearly forty percent of the alcohol users in this sample indicated that they used alcohol for fun and celebration. Almost thirty percent of the alcohol users in the sample indicated that they use alcohol for social reasons. There were not any gender differences in these particular reasons for alcohol use in the sample. Men and women reported using alcohol for fun and celebration and social reasons at an equal rate.

In a large representative sample in Finland, Immonen, Valvanne, and Pitkälä (2011) also found that the most frequently reported reasons for using

alcohol among older adults were for fun and celebration and social reasons and that there were no gender differences in the reporting of these particular reasons. Therefore, the findings within this study regarding older adult's perceptions for why they use alcohol were consistent with previous findings.

The least frequently reported reasons for alcohol use that were given by the sample in this study were related to using alcohol as a pastime and the idea that everyone uses alcohol. These findings were also consistent with what was reported in the literature, because both of these reasons are more closely tied with young adult alcohol use driven by boredom and peer pressure (Inaba & Cohen, 2007, p. 70). However, it was interesting that loneliness was not reported more frequently, because the literature explains that loneliness in older adults is a contributing factor in alcohol use (Gossop & Moos, 2008, p. 347). Loneliness is also correlated with at-risk use (Choi & Dinitto, 2011, p. 867), but due to the limitations of the sample size this study did not find a significant association between at-risk use and loneliness.

Over twenty percent of respondents demonstrated that the options given for why they use alcohol were not sufficient by indicating other reasons for use. Some of the themes that developed from the other reasons given were consistent with findings by Immonen et al. (2011) such as using alcohol for "relaxation" and "with food" or "with meals." However, in contrast to the findings by Immonen et al. (2011) older adults in this sample also reported using alcohol due to availability and on specific occasions. In addition, almost

nine percent of the sample indicated using alcohol in social situations but did not use the provided response “for social use” on the survey. It is possible that respondents did not interpret the term “for social use” as using alcohol with others, which is what the open-ended responses tended to indicate. These open-ended questions possibly demonstrate cultural differences between findings from this study and the research completed in Finland from which this study was derived.

In the context of psychosocial developmental theory it follows that the older adults in this sample reported various reasons for using alcohol. As previously discussed, older adults are tasked with completing all psychosocial developmental stages, but might have problems addressing issues within a given stage. As a result they might use alcohol to address mistrust, shame and doubt, guilt, inferiority, identity confusion, isolation, stagnation, or despair (Hooyman & Kiyak, 2010, p. 218). Seven respondents indicated using alcohol for relieving anxiety. Six respondents indicated using alcohol for relieving depression. Five respondents indicated using alcohol because of a meaningless life. All of these responses are similar to the findings by Immonen et al (2011) that indicated older adults tend to use alcohol for relieving unpleasantness such as “meaningless life, relieving depression, anxiety, and loneliness” (p. 1175). Due to the lack of statistically significant correlations in the findings, this study was unable to determine if “at-risk” alcohol use among older adults was associated with coping with unpleasant feelings.

However, based on frequencies within the study, it was found that older adults in this sample of community senior center participants were part of a rather homogeneous group in terms of ethnicity and reasons for alcohol use. This sample tended to report alcohol use in association with pleasant perceptions such as having fun and celebration and for social reasons. Slightly over half of the respondents in this sample reported infrequent alcohol use of less than once per month. Only about twelve percent of the respondents in the sample were considered to be “at-risk” alcohol users. These frequencies are similar to data indicated in the literature (Blow & Barry, 2014; SAMHSA, 2012). It is possible that this sample primarily reported reasons associated with pleasantness and did not have exceptional problem alcohol use due to the protection provided by senior community centers. According to Hooyman and Kiyak (2010) community support, which these centers provide, is beneficial to older adults and is possibly associated with lower rates of the problems generally related to aging (p. 372).

Limitations

The most relevant limitations within this study were related to a small sample size that prevented the determination of significant correlations between the variables. It was the partial intent of this study to determine associations between age, gender, ethnicity, patterns of alcohol use, and older adults’ perceptions of why they use alcohol. However, no significant associations were found in the given sample.

In addition, the sample was not representative of the population, because it was obtained through an availability sampling. Due to the fact the sample was not representative, it did not reflect the ethnic diversity of the population. A greater ethnic diversity within the sample might have contributed to finding associations between ethnicity and perceptions of alcohol use.

Procedural limitations within this study included issues related to self-reporting bias. Alcohol use patterns might have been reported inaccurately because it was reliant on the accuracy of the respondent's recall. Additionally, the questions regarding alcohol use did not indicate specific timeframes in which to estimate use, so some respondents might have reported historical use rather than current use. Stigma associated with alcohol use in this population might have also impacted the accuracy of reporting.

Recommendations for Social Work Practice, Policy and Research

Due to the gap in the literature regarding older adults and problematic alcohol use, it is recommended that more research be completed in relation to understanding the reasons that older adults use alcohol. Additional studies related to perceptions regarding alcohol use in this population might help to create better assessment tools and treatment options tailored specifically for the population. The fact that this sample of older adults reported a variety of reasons for using alcohol, consistent with existing literature, serves as a

reminder to social work practitioners to continue to respect differences in individuals and modify interventions accordingly.

Another important recommendation is related to the finding that the most frequent reasons given for using alcohol in this sample were related to pleasantness. One possible reason for the high percentage of pleasant reasons for use might be related to community support received by this sample of senior community center consumers. Therefore, social work practice should continue to emphasize interventions that utilize community support.

Another possible reason for a higher frequency of positive responses might be related to the stigma of alcohol use. Reporting that alcohol use is related to fun and celebration and social reasons is far less stigmatizing than reporting alcohol use for unpleasant reasons such as relieving depression, anxiety, or a meaningless life. Therefore, an additional recommendation for social work practice is that practitioners are mindful of stigma in relation to alcohol use in this population. Instead of focusing on negative reasons for use, it might be helpful to start conversations with older adults about alcohol use in a way that initially normalizes consumption in a more positive way.

Conclusions

Despite the limitations of this study, the findings still inform the existing literature by encouraging additional research in the area of alcohol use and older adults. Older adults report a variety of reasons for using alcohol. By

addressing these reasons for use, older adults are given a voice in the issue of alcohol use in this population. Empowering older adults to provide their perceptions for why they use alcohol helps to provide support, reduce stigma, and create better interventions for treatment in this population.

APPENDIX A
QUESTIONNAIRE

Older Adults' Perceptions for Alcohol Use Survey

Please answer the following demographic questions.

Age: _____

Gender:

_____ Male

_____ Female

Ethnicity:

_____ White/Caucasian

_____ Hispanic/Latino

_____ Black/African American

_____ Asian/Pacific Islander

_____ Native American/Alaskan Native

_____ Other

Please answer the following questions regarding your personal alcohol use by marking the appropriate response.

How often do you have a drink containing alcohol, including any beer, wine, cider, liquor, or spirits?

_____ Daily

_____ 4 to 6 days per week

_____ 1 to 3 days per week

_____ 2 to 3 times per month

_____ 1 time per month

_____ Less than 1 time per month

On a typical day when you drink, how many drinks do you have? (*One drink equals one 12- ounce bottle of beer, one 5-ounce glass of wine, or 1.5 ounces of distilled spirits*).

_____ More than 3 drinks

_____ 2 drinks

_____ 1 drink or less

How often do you have three or more drinks on one occasion?

_____ Daily

_____ 4 to 6 days per week

_____ 1 to 3 days per week

_____ 2 to 3 times per month

_____ 1 time per month

_____ Less than 1 time per month

Please answer the following question regarding the reasons you drink alcohol by marking all of the responses that apply to you.

What are the reasons for you to drink alcohol?

- For having fun/Celebration
- Meaningless life
- For medicinal purposes
- For social reasons
- Relieving depression
- Relieving anxiety
- Relieving loneliness
- As a pastime
- Because everybody uses it
- For some other reason, what? (Please write out the reason in the space below.)

Survey questionnaire adopted from Immonen, S., Valvanne, J., & Pitkälä, K.H. (2011). Older adults' own reasoning for their alcohol consumption. *International Journal of Geriatric Psychiatry*, 26, 1169-1176.

APPENDIX B
INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate is designed to explore older adults reasons for why they drink alcohol.

This study is being conducted by Megan Grisso under the supervision of Dr. Rosemary McCaslin, Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

The purpose of this study is to gain a better understanding of why older adults drink alcohol. Understanding the many reasons why older adults drink alcohol might help to serve this population more effectively in the future.

If you agree to participate in this study, you will be asked to complete a brief anonymous survey consisting of seven questions related to your age, gender, ethnicity, how often you drink alcohol, and the reasons that you drink alcohol. This survey should take approximately ten minutes to complete.

Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may choose to skip questions or choose to not answer any questions. You can freely withdraw from participation at any time.

Your survey responses will be kept confidential and are available only to the research team for analysis purposes. All survey responses will be stored in a locked container. The information obtained from the surveys will be entered in a password-protected computer and coded in a way that keeps your responses anonymous.

There are no major risks associated with completing this survey. However, you might experience some discomfort while answering questions regarding your personal alcohol use. You may choose to stop answering questions at anytime if you feel uncomfortable.

There is no direct benefit for your participating in this study. However, your participation may improve future services for older adults.

For any questions regarding this study please contact Dr. Rosemary McCaslin at (909) 537-5507 or rmcCasli@csusb.edu.

Results may be obtained at the California State University, San Bernardino library after September 2015.

CONFIRMATION STATEMENT:

I have read the information on the previous page and agree to participate in your study.

Mark: (Please sign with an "X" to protect your anonymity. Please do not use your name.)

Mark: _____ Date: _____

APPENDIX C
DEBRIEFING STATEMENT

Study of Older Adults' Reasons for Drinking Alcohol Debriefing Statement

This study you have just completed was designed to explore the reasons that older adults drink alcohol. Thank you for participating in this study. Your participation will help by furthering knowledge in the field of social work and improving services to older adults.

There is a possibility that answering these questions caused some discomfort. If you feel uncomfortable regarding your own alcohol use and would like help please refer to the following resources:

- **Substance Abuse Referral Service**

San Bernardino County, 24-hours a day/7 days a week

Toll Free: (888) 743-1478

- **Alcoholics Anonymous**

Inland Empire Central Office, Monday through Friday 9 AM to 5 PM and

Saturdays 9 AM to 1 PM

(909) 825-4700

Thank you again for your participation. If you have any questions about the study, please feel free to contact Megan Grisso or Dr. Rosemary McCaslin at (909) 537-5507 or rcmccalis@csusb.edu.

Results of the study may be obtained at the California State University, San Bernardino library after September 2015.

APPENDIX D
AGENCY LETTERS



Highland SENIOR Center

Highland District Council on Aging, Inc.
"Seniors Helping Seniors"

Executive Board

President
John Rago

Vice President
Tom Bataille, Jr.

Treasurer
Marty Steinbrecher

Secretary
Virginia Kautzman

Board of Directors

Rich Blanco

Marge Booth

Linda Brook

James Davis

Virginia Diaz

Donald Dorris

Pat Fischer

Jeffrey Greden

John Henry

Terri Long

Audrey Martinez

Joseph Soto

Robert Weigen

Executive Director
Penny LaBarn

November 20th, 2014

Megan Grisso
CSUSB, School of Social Work
5500 University Parkway
San Bernardino, CA 92407

Dear Ms. Grisso,

It is my pleasure to write a letter in support of the proposal for research on older adults' perspectives for using alcohol being submitted to the School of Social Work Sub-Committee of Institutional Review Board of California State University of San Bernardino. Our organization is available and open to allowing this research be completed at the center in the form of a survey completed by our consumers.

I understand that the purpose of this study is to gain a better understanding of why older adults drink alcohol. Understanding the many reasons why older adults drink alcohol might help to serve this population more effectively in the future.

I support the efforts of this study for this social work graduate student's research project. Including older adults' perspectives on why they consume alcohol may improve future services for this population, which complements the goals of our center.

Sincerely,

Holly Andrade

Outreach Director

3102 E. Highland Avenue, Patton, CA 92369 • P.O. Box 948, Highland, CA 92346
(909) 862-8104 • Fax (909) 862-8106 • e-mail - HighSenCtr@aol.com



ARROWHEAD UNITED WAY AGENCY



November 21st, 2014

Ms. Megan Grisso
CSUSB, School of Social Work
5500 University Parkway
San Bernardino, CA 92407

Dear Ms. Grisso,

It is my pleasure to write a letter in support of the proposal for research on older adult perspectives for using alcohol being submitted to the School of Social Work Sub-Committee of Institutional Review Board of California State University of San Bernardino. Crest Forest Senior Citizens' Club (CFSCC) is available and open to allowing this research to be completed at the San Moritz Lodge, in Crestline, during one of our Nutrition Luncheons in the form of a survey to be completed by our senior participants.

I understand that the purpose of this study is to gain a better understanding of why older adults drink alcohol. Understanding the many reasons why older adults drink alcohol might help to serve this population more effectively in the future.

I support the efforts of this study for your social work graduate's research project. Part of our Club's Mission Statement says, "To encourage their participation in useful cooperative efforts, to be concerned with their wellbeing and mindful of their welfare, ready and willing to extend a helpful hand when needed so that none may feel alone". Your project complements our goals of CFSCC and we are eager to show support for your efforts. I look forward to meeting you and working with you to gain the information you need for your project.

Sincerely,

Penny J Shubnell
President, Crest Forest Senior Citizens' Club, Inc.
P. O. Box 0317
Crestline, CA
92325
909.338.5036

APPENDIX E
AGE DEMOGRAPHICS

Table 6. Age

N	Valid (N)	67
	Missing	0
Mean		72.9701
Mode		70.00
Std. Deviation		7.28005
Range		35.00

		Frequency	Percent	Valid Percent
Age	60.00	3	4.5	4.5
	61.00	1	1.5	1.5
	63.00	4	6.0	6.0
	64.00	1	1.5	1.5
	66.00	1	1.5	1.5
	67.00	4	6.0	6.0
	68.00	3	4.5	4.5
	69.00	5	7.5	7.5
	70.00	7	10.4	10.4
	71.00	3	4.5	4.5
	72.00	4	6.0	6.0
	73.00	4	6.0	6.0
	75.00	4	6.0	6.0
	76.00	2	3.0	3.0
	77.00	3	4.5	4.5
	79.00	3	4.5	4.5
	80.00	5	7.5	7.5
	81.00	1	1.5	1.5
	82.00	3	4.5	4.5
	83.00	2	3.0	3.0
	85.00	2	3.0	3.0
	95.00	1	1.5	1.5
	Total	67	100.0	100.0

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