

The Impact of Universities of the Third Age upon the Health and Welfare of their Membership

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Executive Summary

- This paper sets out to examine whether Universities of the Third Age (U3As) benefit the health and welfare of their members.
- There are many research papers which examine U3A members: in general they record a high level of satisfaction, and also find that members compare well to non-members in terms of cognitive skills and general health.
- However, these studies do not show that U3A membership causes these attributes. It is possible that intelligent, healthy people join U3A and thereby make the statistics look good.
- The logical step is to find studies of older people which involve experiences similar to those offered by U3As: where these use experimental methods, we can examine them as evidence bearing upon the benefits of U3A membership.
- U3As appear to offer their membership three kinds of valuable experience: they offer a huge range of courses, the possibility for some form of physical exercise, and the possibility of social links and interactions.
- About 60 research papers were located relevant to these three types of experience. The most startling result was that all three had direct bearing upon cognitive functions. Studying courses helped stave off mental decline and promoted wellbeing. Even people undertaking physical activity, after testing, turned out to be appreciably better on cognitive measures than those who took no such exercise.
- In addition, it is clear that social linkages play a substantial part in promoting health in older people. One study estimates the value of social linkages as being roughly equal to the benefits of stopping smoking.
- The conclusion is that the activities promoted by Universities of the Third Age are strongly beneficial to the physical health and the cognitive health and wellbeing of their members.

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This short paper is designed to answer one question: is there convincing evidence to support the view that University of the Third Age activities are beneficial for its membership, in terms of physical and mental wellbeing? To investigate this question, a search was done of hundreds of books and research papers. Only those bearing directly upon the question are mentioned here. The conclusions emerge very clearly from the evidence.

We need to understand what Universities of the Third Age (U3As) actually do. As their name suggests, they are concerned with offering educational courses and activities to older people. Two points should be noted. First, these courses do not involve offering any qualification: they are taken because of the interests of the students. Second, in Australia, there is an extremely strong volunteer ethos in U3As. There are no paid positions of any kind, and the course tutors do not receive any remuneration.

Certain activities are common to all U3A organisations, though details may vary from one to another. Most of the membership will be involved in study. There will be a substantial number of volunteer tutors. In addition, there must be some kind of management and administrative structure, again run by unpaid volunteers.

The courses themselves vary widely. Some may be indistinguishable from social activities, such as lunch and cinema groups. Others are intellectually demanding, such as Mandarin Chinese and computer coding. In addition, some courses have a substantial physical component, such as bushwalking, aqua aerobics, Tai Chi and Israeli folk dancing. In addition, the classes are often the focus of fairly intense social activities. U3A members talk a great deal both before and after classes. In the two city suites occupied by Brisbane U3A, tea and coffee is provided and there are areas to sit and talk. For other venues, members often use nearby coffee houses.

Some personal impressions.

Some of the author's own experiences might illustrate how social activities permeate the teaching framework of U3A. I remember joining Brisbane U3A by going to one of their city suites. As I went through the process of joining, I noticed a group of members sitting nearby. They were talking animatedly. It struck me that although their average age seemed about 70, their talk sounded as if they were perhaps twenty years younger. It was a striking introduction. After joining Brisbane U3A, my first class was in the suburban town of Beenleigh. The first session seemed to go well, and I headed back to my car. I passed a coffee shop, and noticed two women from the group talking intensely over coffee. I exchanged waves and went to my car, but a few weeks later I found myself talking in that coffee bar. At other times, the group has completed its activities and, noting that some time was left, simply began socialising and talking. It is a common pattern among members.

In sum, U3A organisations offer their members a range of stimulating courses, though the level of intellectual rigour varies markedly. In addition, there is a more limited range of physical activities, and socialization permeates the entire structure.

The U3As themselves seem to be perfectly aware of these different types of activity. For example the recent history of Brisbane U3A (U3A Brisbane Inc 2016) has special sections on physical activity (pages 95-105) and social ties (pages 83-94) as well as a good deal of discussion of courses offered. Can it be shown that these activities benefit the health and welfare of the membership, using strong and convincing evidence?

Studies of U3A in action.

If U3A has these three main functions – providing opportunities for stimulating learning, for physical activity and for social contact – have there been any studies which show that these activities are beneficial, especially for older people? Now we might say that acquisition of knowledge is beneficial. In this case, by definition, U3A classes must be beneficial. However, we want to go further than that. The question is whether it can be shown that U3A participants live longer, are healthier and retain mental functions better precisely because of the effects of U3A. This is a much more demanding – and much more important – question.

There have been a good many studies of U3As from a variety of countries. Many suggest that U3A membership offers benefits but none demonstrate this rigorously. For example, Maniecka-Bryla and her colleagues (2013) surveyed 250 U3A members and also gave them medical examinations. The results indicated that the members were generally symptom-free and happy with their circumstances.

The problem with this sort of study, of course, is that it does not show that U3A membership has brought about these desirable results. It might be that happy people in better health are more likely to join U3A. This would yield results suggesting that U3A benefits its members, but the impression would be illusory. We simply do not know which way the causal effects run.

It turns out that all the studies of U3A suffer from this basic problem. Often, they demonstrate that U3A members have a high level of satisfaction with their organisation (eg Hebestreit 2008) and regard it as beneficial for various aspects of their lives. For example, of Hebestreit's sample, 90% thought that U3A had benefitted their intellectual development and 88% thought it had helped their memory. In addition, Formosa's study of U3A in Malta showed that membership appeared to confer a whole set of advantages to members:

The fieldwork data indicated that the U3E fulfils various positive social and individual functions for older persons and society as a whole. . . . It provides opportunities, stimulation, patterns, and content for the use and structure of the older persons' free time which would otherwise be characterised by inactivity. At the same time it makes older persons more visible in society, enhances members' ability to understand the objective world by aiding them to better grasp world development and social progress. It helps them to keep healthy by enabling them to master medical care knowledge and prevention of disease.

(Formosa 2000: 325)

These results are impressive, but not conclusive. It is perfectly possible that healthy, active people might join U3A and, precisely because of their personal characteristics, get a great deal out of it. The causal role of U3A in benefitting its members has not been established. As Formosa (2014: 49) concedes in his survey of U3A research:

Admittedly, at present there is no rigorous research programme investigating the relationship between U3A membership, on one hand, and improvement in physical and cognitive wellbeing, on the other.

Formosa then points out that a number of studies already exist which indicates that the sort of activities which U3As foster are beneficial. He summarises it in these terms:

It remains, however, that there are many valid and reliable studies showing how continued mental stimulation in later life aids learners to, at least, maintain their physical and cognitive health status.

(Formosa 2014: 49)

He then goes on to list some studies. This gives us a useful starting-point. Now that we know what U3As offer is there compelling evidence that they foster health and welfare benefits among older people?

Evidence for the beneficial effect of U3A activities – the evidence used

What counts as compelling evidence? What evidence would show beyond reasonable doubt that U3As and their activities are beneficial to their membership? As we have seen, the objection to studies carried out upon U3A members are that self-selection may invalidate the results. That is, the people who choose to join U3As may be different in some ways from those who do not, and research simply reflects these differences. The fact that U3A members themselves regard U3A as benefiting them makes no difference: psychologists often tell us that we have little insight into our own minds.

It follows that the kind of evidence needs to be different. Ideally, it should be evidence from a controlled trial (Jadad et al 2008). In general, these involve comparing a group of people who have had some experience with a group who have not. Ideally, measurements of relevant characteristics are made before and after the experience and the groups compared. These can eliminate the self-selection effects outlined above, and indicate strongly whether U3As are influencing the health and welfare of their members. An acceptable substitute can be a before-and after trial. Measurements are carried out on a group of suitable people. Then they receive the experience, and similar measurements are carried out at the end. Although not perfect, these approaches do give some confidence that the results are real. Further, these studies, if they exist, should focus upon the kinds of activities which U3A members do. That is, they should investigate the effects of education and training, physical activity and socialisation upon the health and welfare of older people. Strong evidence of this kind would go far to making a convincing case.

With this in mind, I asked a number of veteran U3A members whether they knew of evidence of this kind. I also did a search of the *Web of Science* (ISI Web of Science 2018), a large academic database which permits keyword searching. Then I checked through the list of books and papers, eliminating any which did not bear upon the issue at hand, or did not present worthwhile evidence. After this, I found myself looking at about 80 relevant pieces of research. I draw upon this research as evidence in the rest of the paper.

The impact of study upon the older mind

We need to know, using strong evidence, whether the three types of activity offered by U3A are demonstrably beneficial to older people and, by inference, to U3A members. If education, physical activity and socialisation benefit older people, we can reasonably conclude that U3A benefits its members. It is clear that U3A is explicitly focused upon providing stimulating courses to its members, so the impact of education and training will be examined first.

We might note that one work, *The Mature Mind*, by G. D. Cohen (2005) addresses all three points. Cohen's key point is that the later years of life should not be regarded as years of decline. In some ways the older person's mind functions better than that of younger people, and with proper support can accomplish almost anything. Cohen argues that older people should exercise both mentally and physically, and also retain strong social links. He cites research supporting each of these points (Cohen 2005: 23-28). Similar arguments are made by Rowe and Kahn (1998) in their book.

In addition to the work of Cohen and Rowe and Kahn, several dozen experiments have been done, examining whether education and training during the later years impacts the mental state of older people. A fairly typical study is that of Noice, Noice and Staines (2004). These researchers took three groups of older people living in the community. One group, for a month, took a theatre course, another took an arts course and the third – called a control – did nothing. Pre and post activity testing showed that the theatre group had improved the most on cognitive and personal welfare

measures. The arts course people showed some improvements, the control group none. It is quite startling that only a month's participation could produce measurable improvements.

About 20 studies verify the findings of Noice, Noice and Staines (2004). For example Noice and Noice (2009) performed a similar, later study, and found similar results. Marsillas and her colleagues (Marsillas et al 2017) found that active older people had a much higher level of satisfaction. Other studies were more focused. These include the work of Schaie and Willis (1986), Tranter and Koutstaal (2008), Baltes (1993) and Rindermann and Baumeister (2013). In all the papers surveyed, only the one by Slegers and her colleagues indicated that the effects were small (Slegers et al 2012).

Boron and her colleagues (Boron et al 2007) compared the impact of training upon older people with and without dementia. All benefited, but the results show that people without dementia benefited more. This suggests that mental stimulation will be most beneficial if people begin before signs of dementia are evident, that is, as soon as possible.

Willis and Caskie (2013) went a little further. They trained randomly-selected groups of older people in memory, reasoning and speed of mental processing, comparing these groups to one which received nothing. Their conclusions were that training produced measurable gains, and that the gains were roughly equal to the losses caused by five years' aging.

The conclusion that stimulating study benefits older minds is strongly supported by the evidence. Not only have repeated studies made the same point, the type of evidence is important: the studies cited are either controlled experiments, or else they are of the 'before and after' kind. Both kinds of study use evidence to maximum advantage in showing that study benefits the older mind and person. The *British Medical Journal* surveyed a number of these studies before coming to the conclusion that '... there may be some truth in the saying "use it or lose it." (BMJ 1995: 952).

We should add two qualifications to this conclusion, and they are important. The first point is that, apparently, there are two mental consequences of aging which cannot be alleviated. Rowe and Kahn (1998) summarise results from the McArthur Study on Aging, an enormous group of research projects connected with the aging process. These researchers have found that as the mind ages it does tend to slow down. The lightning flashes of thought which younger people experience have to be replaced with steady, systematic thinking. The second consequence of aging is that people are more likely to have to 'grope' for a name or a word which they cannot remember. (Rowe and Kahn 1998: 129-131). This second effect can be embarrassing and a nuisance, but it does not, apparently, presage the onset of senility. Apart from these two effects, no other sort of mental decline is necessarily associated with aging.

The second qualification is also important. According to a number of research studies, the beneficial effects of study can be disconcertingly narrow. For example Jansen and Dahmen-Zimmer (2012) in a controlled experiment, found that courses in karate improved people's self-esteem, but nothing else. Clarkson-Smith and Hartley (1990) compared bridge-players to non bridge-players. The only differences they found were that the bridge-players had improved memory and reasoning. Dustman and his colleagues (Dustman et al 1992) found that playing video games improved only reaction time, nothing else. Ackerman and her colleagues (Ackerman, Kanfer & Calderwood 2010) found that skills in playing Wii games did not transfer to other areas. Other mental attributes were not improved. Thompson and Foth reviewed the effectiveness of a number of cognitive training programmes. Their conclusions were that although the programmes appeared to work, their effects were somewhat narrow (Thompson & Foth 2005). Dittman-Kohli and her colleagues (1991) found that intellectual improvements were confined to those specifically addressed in training. Kramer and Willis (2002) summarise many pieces of research in these terms.

Research on cognitive training and expertise has suggested that age-related cognitive sparing is often quite narrow, being observed only on tasks and skills similar to those on

which individuals have been trained. Furthermore, training and expertise benefits are often realized only after extensive practice with specific training strategies.

Kramer and Willis (2002: 173)

Baltes (1993) is not quite so pessimistic. Although there is strong evidence for the existence of intellectual decline among older people, he suggests, specific learning activities can help. It is implicit in Baltes' paper, and in the other research, that older people should seek broadly interesting and engaging activities, which foster intellectual and personal growth across a whole range of abilities.

It is interesting to examine the study of Cheng, Chan and Yu (2006). This assessed the effects of playing mah-jong on the mental faculties of people with dementia. The research period was only 16 weeks, but the researchers reported improvement on a whole range of cognitive measures. This may seem to contradict the research above. One wonders whether the subjects in this study, perhaps, enjoyed a good deal of social contact as a consequence of playing the game, and so benefited from both the game-playing and social interaction.

The National Seniors Productive Aging Centre (2012) addresses this possibility as well. For example, they point out that seniors who undertake learning do not benefit only from mental stimulation. They may also be alerted to other beneficial activity, such as physical exercise and also to networks of friendships, which can also benefit wellbeing. It seems clear, therefore, that studying at more advanced ages can greatly benefit people.

Physical activities

The second activity encouraged by U3A organisations consists of physical activities. These vary from explicitly physical activities, such as aqua aerobics, through to offerings which intrinsically involve activity, but where the activity is incidental to some other goal. Examples of this include Israeli Folk Dancing, a popular course in the Logan district.

There is no dispute – and massive evidence – that physical activity of some regular kind is beneficial to people's health. However, a surprising finding emerges from the literature. Not only does activity lead to physical advantages, it also benefits the mental functions. Loprinzi, et al (2018) in a recent nationwide study, found that physical activity benefited the cognitive status of older people. Christensen and Mackinnon, in a small study, found that these benefits appear to apply to older people far more than younger ones (Christensen and Mackinnon, 1993)

It is reasonable to ask why this association exists. Why does exercise benefit older people's minds? Rowe and Kahn (1998) discuss findings from the MacArthur study at some length. They confess at one point:

We knew that exercise helped maintain physical functions but why did it also help maintain cognitive function? One possible answer came from a MacArthur laboratory experiment which measured the effects of exercise on the brains of adult rats. Increasing exercise caused corresponding increases in a chemical substance (nerve growth factor) which promotes growth of new brain cells. This finding suggests that exercise enhances the function of the central nervous system, especially its memory function. (Rowe and Kahn 1998: 133-4).

Cohen (2005: 25) also points out that that serviceable lungs and hearts may ensure a better flow of oxygen and nutrients to the brain, and also possibly the formation of new small blood vessels within the brain. In addition, Loprinzi (2016) found that older people with multiple chronic diseases were likely to suffer cognitively. However, this link disappeared when regular exercise was taken: apparently the physical exercise helped fend off cognitive decline.

The finding reported by Rowe and Kahn is supported by a number of research studies. For example Richards, Hardy and Wadsworth (2003) drew upon data from the British Medical Research Council study of development, and found that physical activity was positively associated with mental activity. An earlier American study by Wagner et al (1992) used a sophisticated analysis to show that physical activity benefits psychomotor functions and can also help with depression. Consistent with this, when Maillot et al (2012) examined the impact of video games, they found that the most beneficial were games which had a significant component of exercise associated with them.

Consistent with these findings, two studies – Mitchell et al (1997) and Krzepota et al (2015) – looked directly at U3A members. In both cases the researchers found that physical activity was associated with mental wellbeing. As we saw above, studies of this kind cannot show that physical activity actually leads to mental wellbeing, but they are at least consistent with the other studies.

Lustig and her colleagues (2009) examined the effects of exercise upon older adults, and found that it is beneficial across a whole range of cognitive functions. Finally, Hogan (2005) carried out a large review of relevant effects, and came to the following conclusions:

Research reviewed thus far suggests that both cognitive and physical activities are central to the maintenance of CNS, cardiovascular, and musculoskeletal functioning.

Hogan (2005)

The evidence overwhelmingly suggests that physical activity, directly or indirectly, is beneficial to the psychological wellbeing of older people as well as physically helpful. By making such activities available to its members, U3A is not only supporting their health, it is also supporting their mental functioning into the future.

Social Interaction

The third type of activity involved with U3A is social interaction. Anyone involved in these organisations can testify to the remarkable networks of friendship and social activity which appear. Some are formally part of the schedule, with groups such as lunch and cinema groups meeting regularly. Others are completely informal. However, since social activity permeates the organisation, we should ask whether it can be regarded as beneficial to participants. Certainly, the U3A membership thinks so. As we saw earlier, the study by Hebestreit (2008) showed that fully 90% of members attributed their current good situation to the social links formed within their U3A.

A sizeable number of studies have been carried out on the effects of social links upon old people's welfare. They can be broadly split into those which examine whether social links affect health and lifespan, and those which study the impact of social integration upon mental functions. In both cases, the results are positive. The impact of social integration upon mortality has been shown by two different studies. The larger one was by Holt-Lunstad et al (2010) who examined the results from research upon 308,000 people, and found that social ties reduced mortality by about 50%, roughly the same as stopping smoking. A study by Yang et al (2014) verified this. House and colleagues (1988) found that health was better among people with better social links: the most dramatic change was between people with moderate and low links. Those with the former were dramatically better off than the latter. Complementing this, Seeman et al (1987) found that isolated older people had much higher mortality rates. A recent study by Steptoe and his colleagues (2013) verified that social isolation causes higher mortality among older people. More generally, a review of the research by Dow and Gaffy (2015) associated social ties with a generally higher level of wellbeing. In short, there is strong evidence that having social ties and resources is beneficial for older people, both in terms of mental function and in terms of health and wellbeing.

It is clear, then, that social linkages improve the lifespan and health of older people. What about their mental functioning? One of the most dramatic studies was carried out by Ertel et al (2008) who

found that social integration halves the loss of memory function upon older people. In Japan, a country with an aging population, Tomioka and colleagues (2017a, 2017b) found that participating in social activities benefited older people mentally. The first study was not a controlled experiment, but the second was a before and after study, examining effects over three years. A Korean study by Lee and Kim (2016) used a longitudinal method to show that cognitive decline (CD) was reduced, years after social contact. The authors concluded that:

Encouraging older adults to participate in senior citizen clubs or to have frequent contacts with adult children by phone or letters may help reduce CD in later life among older adults. Participation in a variety of formal social activities may also have a beneficial effect on preventing CD in older adults.

Grip and colleagues (2017) in Sweden did carry out an experiment to assess the impact of volunteering upon older people. They found that volunteering actually reduced reported cognitive problems over time, and also reduced the need for anti-dementia medications by 2.4 times. These are powerful results.

Summary of the key findings

This short survey has come to three conclusions regarding the benefits of membership and activity in Universities of the Third Age (U3As). From an examination of U3A documents it is clear that these organisations offer their members three main activities. One, as we would expect from the U3A name, is learning via courses. A second, less heavily stressed, is the opportunity to undertake physical activity. The third, less publicised again, is an intense level of social activity, ranging from casual chats over coffee to lifelong friendships. It is the impact of these three activities which were examined, to see if they benefit the health and welfare of the membership.

Now, although a good many papers have been written about universities of the third age, they all fall short of direct evidence of their beneficial effects. It seems to be well established that U3A members, all of reasonably advanced age, compare well in terms of physical and mental health to similar population. Further, U3A members attribute their wellbeing to their U3a membership. However, this does not conclusively prove that they are correct. It could be that U3A members are a self-selected group, healthier and in better mental shape than average, and that they are simply mistaken about why this is.

How can strong evidence be produced? One way is to examine the effects of learning, physical activity and social activity upon older people. If there is strong evidence that the effects are positive, then we can reasonably conclude that U3As have the same effect.

A large number of pieces of research all point in the same direction. The three types of activity offered by Universities of the Third Age – learning, physical activity and social ties – all have marked benefits for participants. They all have measurable positive impacts upon cognitive and other mental functions, and help to stave off the degeneration often associated with advancing years. The main qualification is that mentally stimulating learning may be somewhat narrow in its effects. Although all types of learning have benefits, it is probably best to pursue a range of learning activities which stimulate different abilities. In addition, physical and social activities are also beneficial. Both promote physical wellbeing, reducing illness and mortality, and both also help further mental functioning. The conclusions are therefore overwhelming, that membership and activity in U3A have marked benefits and should be pursued by as many senior people as possible.

The strength of the evidence also leads to another conclusion. There is much concern in developed countries as the large 'boomer' generation reaches retirement age. It threatens to be an enormous drain upon health services, social support and governmental budgets. However, if older people can

become more self-reliant, more capable of handling their own affairs, and more capable of contributing to the community, it follows that nations as a whole can benefit. For this reason, U3A movements are not only desirable for older people, but for society as a whole.

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