Foundations of Gerontology

CREDIT HOURS: 3
LEVEL: UPPER

EXAM CODE 407
CATALOG NUMBER SOCx310

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Before You Choose This UExcel Exam

Uses for the Examination

- Excelsior College, the test developer, recommends granting three (3) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.

- Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.

- Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

Exam-takers who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Exam-takers not enrolled in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

Examination Length and Scoring

The examination consists of approximately 130 questions, most of which are multiple choice; for samples of all the item types on this exam, see the sample items in the back of this guide. Some items are unscored, pretest items. The pretest items are embedded throughout the exam and are indistinguishable from the scored items. You will have three (3) hours to complete the examination. Your score will be reported as a letter grade.

UExcel Exam Resources

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at: www.excelsior.edu/bookstore

UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. Once you register for your UExcel exam, you are eligible to purchase the corresponding practice exam, which can be taken using any computer with a supported Web browser. Each practice exam includes two forms that you may take within a 180-day period.

Excelsior College Library

Enrolled Excelsior College students can access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. Special library...
pages relate to the nursing degree exams and other selected exams. To access it, visit www.excelsior.edu/library (login is required).

Our library provides:
- 24/7 availability
- The world’s most current authoritative resources
- Help and support from staff librarians

Online Tutoring
Excelsior College offers online tutoring through SMARTTHINKING™ to connect with tutors who have been trained in a variety of academic subjects. To access SMARTTHINKING, go to www.excelsior.edu/smartthinking. Once there, you may download a copy of the SMARTTHINKING Student Handbook as a PDF.

MyExcelsior Community
MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in real-time chat groups, join online study groups, buy and sell used textbooks, and share Internet resources. Enrolled students have automatic access from their MyExcelsior page. Visit www.excelsior.edu/myexcelsiorcommunity.

Preparing for UExcel Exams

How Long Will It Take Me to Study?
A UExcel exam enables you to show that you’ve learned material comparable to one or more 15-week college-level courses. As an independent learner, you should study and review as much as you would for a college course. For a 3-credit course in a subject they don’t know, most students would be expected to study nine hours per week for 15 weeks, for a total of 135 hours.

Study Tips
Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter
- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group** (if you are an enrolled student, search for partners on MyExcelsior Community)
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

Using UExcel Practice Exams
We recommend taking the first form of the practice exam when you begin studying, to see how much you already know. After taking the first practice exam, check your performance on each question and find out why your answer was right or wrong. This feedback will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. Take the second form of the practice exam after you have finished studying. Analyze your results to identify the areas that you still need to review.

Although there is no guarantee, our research suggests that students who do well on the practice exams are more likely to pass the actual exam than those who do not do well (or do not take advantage of this opportunity).
About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student’s home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at www.excelsior.edu/testprep.

Preparing for This Exam

Prior Knowledge

A knowledge of concepts usually learned in an introductory psychology course is assumed.

Using the Content Outline

Each content area in the outline includes (1) the recommended minimum hours of study to devote to that content area and (2) the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive.

You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ in other editions.

This content outline contains examples of the types of information you should study. Although these examples are numerous, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.

Additional Resource

Annenberg Learner is a free educational resource for teachers and students.

Growing old in a new age. A video series with study guide.

Available from Annenberg Media:
http://www.learner.org/resources/series84.html

Many colleges and universities have made courses and lectures available through iTunes U.

iTunes U: PSYC 336 Gerontology from Liberty University

Johns Hopkins School of Public Health offers many free open educational resources.

Johns Hopkins School of Public Health: Health Issues for Aging Populations
http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/AgingPopulations/coursePage/index/
Recommended Resources for the UExcel Exam in Foundations of Gerontology


Additional Resource

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Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.
Content Outline

General Description of the Examination

The UExcel Foundations of Gerontology examination is based on material typically taught in a one semester, three-credit, introductory course in gerontology.

The examination measures knowledge and understanding of the biological, psychological, and social aspects of aging, the ability to describe, understand, and analyze issues pertaining to the functioning and well-being of older people, and awareness of the needs and realities involved in the aging process and the implications of population aging for society. Emphasis is placed on typical aspects of aging and problems associated with aging. The content of the examination is multidisciplinary in nature and covers theories, concepts, empirical patterns, and their implications for policy and practice.

No prior knowledge of gerontology is required before beginning to study for this exam.

Learning Outcomes

After you have successfully worked your way through the recommended study materials, you will be expected to demonstrate the ability to:

1. Explain how and why attitudes toward older people have changed over time, and identify common myths.
2. Discuss the impact of the changing age structure on society.
3. Discuss the advantages and disadvantages of research methods commonly used in the gerontology field.
4. Describe common biological changes associated with aging and their impact on physical health.
5. Identify common changes in cognitive functioning and perception associated with aging and describe strategies for coping with them.
6. Identify factors that promote or help maintain good mental health for older adults.
7. Discuss the major social theories of aging.
8. Discuss the impact of roles and norms on healthy aging.
9. Identify important aspects of successful employment and successful retirement.
10. Discuss factors that affect elders’ participation and success in the political process.
11. Describe the major social programs developed to meet the needs of older adults in the US and the policy issues associated with those programs.
12. Define major legal and ethical issues associated with death, dying, and bereavement.
Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Foundations of Gerontology examination, the percent of the examination, and the hours to devote to each content area are listed below.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
<th>Hours of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Important Concepts of Gerontology</td>
<td>10%</td>
<td>14</td>
</tr>
<tr>
<td>II. Demography of Aging: Trends and Projections</td>
<td>12%</td>
<td>16</td>
</tr>
<tr>
<td>III. Biology and Physical Health</td>
<td>17%</td>
<td>23</td>
</tr>
<tr>
<td>IV. Psychology and Mental Health</td>
<td>14%</td>
<td>19</td>
</tr>
<tr>
<td>V. Sociology</td>
<td>14%</td>
<td>19</td>
</tr>
<tr>
<td>VI. Economics, Work, and Retirement</td>
<td>14%</td>
<td>19</td>
</tr>
<tr>
<td>VII. Political Behavior and Public Policy</td>
<td>14%</td>
<td>19</td>
</tr>
<tr>
<td>VIII. Death and Dying</td>
<td>5%</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

I. Important Concepts of Gerontology

**10 PERCENT OF EXAM | 14 HOURS OF STUDY**

Hooyman & Kiyak (2011)

*Ch. 1, The Growth of Social Gerontology*

*Ch. 16, Social Policies to Address Social Problems*

Cox (6th ed., 2006)

*Ch. 1, Emergence and Scope of Gerontology*

Ch. 2, Problems, Public Perception, and Stereotypes of Older Americans

Ch. 3, Theoretical Perspectives on Aging

Ch. 7, Age Norms, Age Constraints, and Adult Socialization

Ch. 18, Aging and the Aged: Future Prospects and Issues

A. Definition of gerontology

1. The importance of gerontology
2. Study of aging as a normal developmental process over the life span
3. Study of aging from a societal perspective
4. Gerontology as a multidisciplinary field of study
5. Gerontology as a professional field: development and current status

B. Definitions of aging
   1. Chronological aging
   2. Biological aging
   3. Functional aging
   4. Psychological aging
   5. Sociological aging

C. Variables involved in the aging process — similarities and differences
   1. Intrinsic, age-related effects (for example: genetics, physiological changes, susceptibility to illness)
   2. External, reactive effects (for example: social, cultural, and personal expectations)
   3. Cohort effects: age differences vs. age change

D. Ageism
   1. Definition and identification
   2. Myths, stereotypes, and misconceptions concerning aging
      a. Sources
      b. Impact

E. Research issues
   1. Cross-sectional vs. longitudinal designs
   2. Validity and reliability of findings

II. Demography of Aging: Trends and Projections

Hooyman & Kiyak
- Ch. 1, The Growth of Social Gerontology
- Ch. 2, Aging in Other Countries and Across Cultures in the United States
- Ch. 11, Living Arrangements and Social Interactions

Cox
- Ch. 1, Emergence and Scope of Gerontology
- Ch. 4, Historical and Cross-Cultural Comparisons of Aging

Ch. 7, Age Norms, Age Constraints, and Adult Socialization
Ch. 8, Aging Minority Group Members

A. Population age structure (for example: numbers and percentages of older people, life expectancy, mortality, fertility, dependency ratio, population pyramid)
   1. Cross-cultural similarities and differences
   2. Historical views of aging and impact of modernization

B. Description of the older population and comparison across age groups
   1. Demographic characteristics (for example: sex ratio, race, geographic location, mobility)
   2. Social characteristics (for example: marital status, housing and living arrangements, education, income and poverty, labor force participation)
   3. Health characteristics (for example: general patterns of acute and chronic illness, functional health, institutionalization, those over 85)

C. Sources of variation within the older population — implications for policy and programs
   1. Cohort differences (for example: baby boom)
   2. Age differences (for example: young-old vs. old-old)
   3. Gender differences (for example: income, marital status, housing and living arrangements)
   4. Racial and ethnic differences (for example: health and longevity, income, family, multiple jeopardy)
   5. Locational differences (for example: urban, suburban, rural, and states)
   6. Other groups (for example homosexuals, prisoners, developmentally disabled, homeless)
III. Biology and Physical Health

17 PERCENT OF EXAM | 23 HOURS OF STUDY

Hooyman & Kiyak

Ch. 1, The Growth of Social Gerontology
Ch. 3, The Social Consequences of Physical Aging
Ch. 4, Managing Chronic Diseases and Promoting Well-Being in Old Age
Ch. 6, Personality and Mental Health in Old Age
Ch. 10, Opportunities and Challenges of Informal Caregiving
Ch. 11, Living Arrangements and Social Interactions
Ch. 17, Health and Long-Term Care Policy and Programs

Cox

Ch. 5, Biological and Health Correlates of Aging
Ch. 8, Aging Minority Group Members
Ch. 6, Psychological Changes in Later Life
Ch. 18, Aging and the Aged: Future Prospects and Issues

A. General considerations

1. Universality of aging
   a. Senescence as end stage of aging
   b. Inter- and intraindividual differences in senescence; commonalities in aging
2. Life span/life expectancy
3. Length of life and relationship to physiological parameters (for example: body weight, brain weight)
4. Aging vs. disease
5. Aging in populations

B. Age changes

1. Physiological vs. chronological
2. Control systems: nervous, endocrine, immune
3. Sensory systems
   a. Internal (for example: stretch and pressure, chemical)
   b. External (for example: vision, hearing, pressure, pain, taste, smell)
4. Structural systems: bone, muscle, skin
5. Other organ systems: cardiovascular, respiratory, gastrointestinal, reproductive, urinary

C. Theories of aging

1. Genetic program
   a. Hayflick cellular clock
   b. Gene coding for specific changes
2. Wear-and-tear
3. Cellular garbage and free radical
4. Error
5. Stress-induction
6. Immunity-autoimmunity
7. Somatic mutation
8. Brain-endocrine aging

D. Factors affecting aging and/or senescence
   (for example: nutrition, stress, exercise, lifestyle, substance abuse, genetics, radiation)

E. General concepts of health

1. Definition of health: World Health Organization (WHO) definition, objective health, subjective health, functional health
2. Chronic vs. acute disease
   a. Distinction
   b. Relationship to age
   c. Incidence in older people
3. Presence of multiple chronic conditions

F. Causes of illness and death among older people

1. Major diseases (for example: arteriosclerosis, arthritis, cancer, cardiovascular disease, cerebrovascular disease, diabetes)
2. Stress-induced causes (for example: alcoholism, suicide)

G. Psychosocial effects of illness

1. Disability, excess disability, and impact on lifestyle
2. Coping mechanisms

H. Health care: Awareness and attitudes about health care; availability, accessibility, and use and effectiveness of health care

1. Prevention (for example: nutrition, drugs and interactions, physical activity, smoking, knowledge and beliefs about health, life satisfaction)

2. Community-based services (for example: health maintenance organizations [HMOs], geriatric screening teams, visiting nurses, in-home services, informal network of care)

I. Institutional care

1. Levels of care

2. Causes of institutionalization

3. Psychological effects of institutionalization

4. Trends

5. Quality of care

IV. Psychology and Mental Health

14 PERCENT OF EXAM  |  19 HOURS OF STUDY

Hooyman & Kiyak

Ch. 5, Cognitive Changes with Aging

Ch. 6, Personality and Mental Health in Old Age

Ch. 8, Social Theories of Aging

Ch. 10, Opportunities and Challenges of Informal Caregiving

Cox

Ch. 6, Psychological Changes in Later Life

A. Cognitive functioning in later life

1. Reaction time/psychomotor performance (for example: physiological correlates, individual variations, impact of exercise)

2. Learning and memory
   a. Information processing

   (1) Conditions affecting the learning of older people (for example: pacing, motivation, anxiety, disease)

   (2) Age differences and learning ability
   b. Short- and long-term memory: continuity and change
   c. Implications for life-long learning

3. Intellectual ability
   a. Measurements of intelligence (for example: classic cross-sectional vs. longitudinal studies)
   b. Factors affecting intelligence (for example: health, education, cohort differences, activity patterns)

4. Creativity: needs and abilities

B. Personality — continuity and change

1. Definition, types, and measurement of personality

2. Factors affecting personality (for example: personal resources, cognitive abilities, self-concept, physical status, sense of control, social competence)

3. Theories of personality
   a. Psychoanalytic viewpoint
   b. Erikson: psychosocial development
   c. Havighurst: developmental tasks

C. Measures of well-being

1. Dimensions of successful aging (for example: life satisfaction, morale, self-esteem)

2. Theories (for example: disengagement vs. activity, exchange)

3. Correlates and predictors

D. Mental health and aging

1. Psychopathology in later life
   a. Affective disorders (for example: major depression)
   b. Cognitive disorders
(1) Reversible vs. irreversible brain disorders (for example: acute disorders vs. dementias; causes, symptoms, progression, and treatment of organic disorders)

(2) Differentiation between dementia and depression

c. Other disorders (for example: functional, anxiety, paranoid, somatization, substance abuse)

2. Social factors affecting the mental health status of older people

a. Situational (for example: socioeconomic status, marital status, specific life events)

b. Labeling

c. Stress and coping

3. Approaches to mental health intervention

a. Psychotherapies (for example: group, activity, milieu, reality orientation, pet therapy)

b. Pharmacotherapy/medical intervention

c. Institutionalization

d. Community-based services

V. Sociology

14 PERCENT OF EXAM | 19 HOURS OF STUDY

Hooyman & Kiyak

Ch. 2, Aging in Other Countries and Across Cultures in the United States

Ch. 8, Social Theories of Aging

Ch. 9, The Importance of Social Supports: Family, Friends, Neighbors, and Communities

Ch. 10, Opportunities and Challenges of Informal Caregiving

Ch. 11, Living Arrangements and Social Interactions

Ch. 12, Productive Aging: Paid and Nonpaid Roles and Activities

Ch. 14, The Resilience of Elders of Color

Ch. 15, The Resilience of Older Women

Cox

Ch. 7, Age Norms, Age Constraints, and Adult Socialization

Ch. 8, Aging Minority Group Members

Ch. 9, Family Patterns in Later Life

Ch. 10, Work, Leisure, and Retirement Patterns

Ch. 11, Living Environments in Later Life

Ch. 14, Exploitation of the Aged: Crimes, Confidence Games, and Frauds

Ch. 18, Aging and the Aged: Future Prospects and Issues

A. The social context for aging — basic perspectives and concepts

1. Life course perspective: intersection of history, society, and individual biography

2. Age stratification: age-grading of roles, age norms, and socialization

3. Person-environment congruence: implications for housing and services

4. Support systems

   a. Relationship between formal and informal support

   b. Types and sources of informal support
B. Sources of variation in aging — aging and the life cycle as social constructions
   1. Historical and cross-cultural patterns: the impact of modernization
   2. Cohort flow and social change
   3. Population subgroups (for example: gender, race and ethnicity, socioeconomic status)

C. Housing and community context
   1. Housing and neighborhood quality
      a. Patterns
      b. Sources
      c. Variation (for example: urban, suburban, rural)
   2. Friends and neighbors
      a. Patterns of involvement
      b. Role in support networks
      c. Variation (for example: gender, socioeconomic status)
   3. Age density of housing: advantages and disadvantages of age-segregated and age-integrated settings
   4. Fear of crime and victimization
      a. Age-related patterns
      b. Consequences

D. Family roles and relationships in later adulthood — patterns and trends
   1. Marital roles, marital satisfaction, and role realignments (for example: empty nest, retirement)
   2. Unmarried older persons: widowed, divorced, never married, homosexual
      a. Trends
      b. Consequences of unmarried status
      c. Variations (for example: cohort and gender differences)
   3. Sexual interest and activity
      a. Age and cohort differences
      b. Normal aging vs. disease processes
   4. Extended family

   a. Intergenerational exchange: patterns of interaction and assistance (for example: informal support, strains of caregiving, elder abuse)
   b. Historical trends and future projections
   c. Sources of variation (for example: socioeconomic status, race and ethnicity)

5. Grandparent role

E. Other roles and activities — patterns and trends, age and cohort differences, sources of variation (for example: gender, socioeconomic status, health)
   1. Leisure activities and pets
   2. Voluntary associations and senior centers
   3. Volunteer roles
   4. Participation in education
   5. Religious involvement

F. Multicultural perspectives on aging

VI. Economics, Work, and Retirement

14 percent of exam | 19 hours of study

Hooyman & Kiyak

Ch. 12, Productive Aging: Paid and Nonpaid Roles and Activities

Ch 16, Social Policies to Address Social Problems

Cox

Ch. 10, Work, Leisure, and Retirement Patterns

Ch. 13, The Economics of Aging

Ch. 18, Aging and the Aged: Future Prospects and Issues

A. Income
   1. Sources of and changes in income
   2. Comparisons with younger age groups (for example: income levels and sources)

B. Consumer patterns
1. Expenditure patterns
2. Experiences: inflation, fraud
3. Growing private sector interest in older consumers (for example: Administration on Aging [AoA] initiatives, marketplace responses)

C. Work
1. Age-related patterns of work
   a. Performance
   b. Attitudes toward work
2. Job prospects and economic realities: retraining, redesign, part-time vs. full-time work, flexible careers
3. Age discrimination
   a. Sources
   b. Types
   c. Legal status

D. Retirement
1. The retirement process — as a role, an event, and a phase of life
2. Decision to retire
   a. Patterns and trends: individual and societal factors
   b. Mandatory retirement: status in law and practice
3. Attitudes toward retirement: individual and cultural
4. Individual responses and adjustments to retirement
   a. Impact on income, housing, morale, health, activity
   b. Variation by gender, socioeconomic status
5. Retirement income
   a. Social Security
      (1) Development, financing, and current status
      (2) Future issues and proposals
   b. Private pensions
      (1) Development
      (2) Provisions
   (3) Legislation
6. Preretirement programs
7. Cross-cultural variations in retirement patterns and policies

VII. Political Behavior and Public Policy

14 PERCENT OF EXAM  |  19 HOURS OF STUDY

Hooyman & Kiyak
Ch. 11, Living Arrangements and Social Interactions
Ch. 12, Productive Aging: Paid and Nonpaid Roles and Activities
Ch. 16, Social Policies to Address Social Problems
Ch. 17, Health and Long-Term Care Policy and Programs

Cox
Ch. 11, Living Environments in Later Life
Ch. 15, Politics of Aging
Ch. 16, Social Services for Older Americans

A. Political participation — age and cohort effects
1. Voting behavior
2. Political identification
3. Political attitudes: conservatism, liberalism, alienation

B. Older adult movements
1. History, background, and impact
2. Advocacy
   a. National organizations (for example: American Association of Retired Persons [AARP], National Council on Aging [NCOA], National Caucus and Center on Black Aged, National Council of Senior Citizens, Gray Panthers)
   b. Administration on Aging [AoA] network
C. Policies and programs

1. Major public policies
   a. Social Security Act of 1935: the three-pronged approach
   b. Older Americans Act of 1965 and amendments: provisions and results
   c. Supplemental Security Income (SSI)

2. Health care policy issues
   a. Medicare and Medicaid
      (1) Basic elements, coverage
      (2) Present and future problems
      (3) Costs and financing
   b. Long-term care alternatives

3. Housing
   a. Alternatives (for example: public housing, nonprofit programs, congregate housing, foster homes, day care)
   b. Factors affecting selection


5. Private programs (for example: United Way, churches, senior centers)

6. Factors affecting service delivery and utilization (for example: awareness, availability, responsiveness, staffing)

D. Contemporary policy issues

1. Age vs. need
2. Intergenerational equity
3. Intergenerational linkages
4. Public vs. private sector approaches
5. Future older adults

VIII. Death and Dying

5 PERCENT OF EXAM | 7 HOURS OF STUDY

Hooyman & Kiyak
Ch. 10, Opportunities and Challenges of Informal Caregiving
Ch. 13, Death, Dying, Bereavement, and Widowhood
Cox
Ch. 12, Death and Dying

A. Issues concerning death and dying

1. Definitions of death and dying
2. Legal issues
   a. Patient’s right to know
   b. Options
3. Euthanasia
4. Suicide

B. Responses to death and dying

1. Attitudes of older people toward death
2. Responses of the dying (for example: Kübler-Ross)

C. Care for the dying

1. Quality of life of the dying
2. Roles and responses of the caregiver (for example: family, clergy, physicians, nurses)
3. Respite services for caregivers
4. Care settings for the dying (for example: hospitals, hospice, home)

D. Bereavement

1. Effects of bereavement
   a. Normal responses
   b. Abnormal responses
2. Adjustment to bereavement
   a. Functions of the funeral
   b. Support networks
3. Sources of variation (for example: individual resources and experiences, nature of death)
Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 17–21 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which is the best experimental design for studying the way intelligence varies with age?
   1) cross-sectional
   2) longitudinal
   3) period analysis
   4) time series analysis

2. In 1960, a study of parents of children with developmental disabilities was conducted. A gerontological researcher is now planning to study possible personality changes in those parents. What would be an appropriate research methodology for the researcher to employ?
   1) cross-sectional design
   2) longitudinal design
   3) period analysis
   4) time series analysis

3. Why is the ratio of males to females in the population over age 65 less than one to one?
   1) higher male birthrate
   2) higher female birthrate
   3) higher male mortality rate
   4) higher female mortality rate

4. Which two public systems are facing the greatest pressure from growth in the number and proportion of older people?
   1) health care and housing
   2) health care and income
   3) transportation and housing
   4) transportation and education

5. Which variables are used to determine the dependency ratio?
   1) older adults and nursing home beds
   2) grandparents and grandchildren
   3) retirement-age persons and working-age persons
   4) old (65+) persons and old-old (85+) persons

6. What do population projections of the baby boom cohort indicate about the future older population?
   The older population will most likely be
   1) a smaller percentage of the U.S. population.
   2) better educated.
   3) less politically active.
   4) in worse health.
7. What is the primary reason that the search for universal factors associated with senescence is complicated?
   1) Aging is variable.
   2) Older people die before studies are completed.
   3) Funds for research on aging are limited.
   4) Gerontologists are unable to agree on a definition of senescence.

8. Which is a criterion for differentiating between biological aging and other biological processes, such as disease?
   1) Aging will occur in most members of a species.
   2) Aging may have both positive and negative effects on physical functioning.
   3) A functional change affects older adults more than it affects persons in other age groups.
   4) Aging comes from within the body rather than from outside environmental factors.

9. Based on the free radical theory of aging, what would be an appropriate behavior that might increase one's life expectancy?
   1) Exercise for 45 minutes at least three times a week.
   2) Eat foods rich in antioxidants.
   3) Eat a low-calorie, high-protein diet.
   4) Do nothing. Life expectancy is determined through genetic programming.

10. Which procedure would best minimize the negative effects associated with relocating an older person from one nursing home to another?
    1) Involve the person in planning the move.
    2) Accomplish the relocation as quickly as possible.
    3) Ensure that the new nursing home differs substantially from the old one.
    4) Anticipate the person's needs and make decisions accordingly.

11. Which finding resulted from research on older people's response time for complex tasks?
    Older people
    1) process stimuli quickly.
    2) can no longer perform complex tasks.
    3) use trial and error to solve timed complex tasks.
    4) use strategies to help them perform complex tasks.

12. Erikson's psychosocial stage of ego integrity versus despair most closely corresponds to which of Levinson's developmental stages?
    1) early adult transition
    2) midlife transition
    3) middle adulthood
    4) late adulthood

13. Which theory suggests that older people who have low levels of social activity have a high degree of life satisfaction?
    1) activity
    2) age stratification
    3) disengagement
    4) exchange

14. An older person with a chronic mental disorder enters the mental health system. Which type of treatment will the person most likely receive?
    1) medication
    2) psychotherapy
    3) group therapy
    4) nutritional modification

15. Which term represents the idea that older people from historically underrepresented groups experience discrimination on the basis of age and race?
    1) age stratification
    2) double jeopardy
    3) ethnocentrism
    4) new ageism

16. Which best explains why people move to retirement communities?
    1) development of a major disability
    2) desire for low-cost housing
    3) easy access to public transportation
    4) interest in age-homogeneous settings
17. Which view does the concept of an extended family emphasize?
   Older people
   1) develop family-like ties with friends and neighbors.
   2) live near and interact regularly with family members.
   3) seldom see or receive assistance from their children.
   4) wish to live with their children during widowhood.

18. Which is most likely to show a decline immediately after retirement?
   1) community involvement
   2) family relationships
   3) health
   4) income

19. Which is the main function of retirement in the United States?
   1) reducing the workforce
   2) rewarding people for service rendered
   3) supporting people too old for employment
   4) supporting people physically unable to hold jobs

20. Which pattern of political participation by older people is accurate? Older people
   1) are less likely to hold opinions on current national issues than their younger counterparts.
   2) become politically conservative with age and tend to vote Republican.
   3) are underrepresented among those holding political office.
   4) are more likely to vote than their younger counterparts.

21. What is the major reason why the Supplemental Security Income (SSI) program is underutilized?
   1) There is too much red tape involved in the income eligibility verification process.
   2) SSI eligibility requirements vary from state to state.
   3) The older cohort is unwilling to participate in entitlement programs.
   4) Many older people are not aware that they are eligible for SSI benefits.

22. Which was the first federal legislation to address the needs of the aged?
   1) Age Discrimination in Employment Act
   2) Older Americans Act
   3) Social Security Act
   4) Medicare Health Insurance Program

23. Which statement accurately compares the Medicare and Medicaid programs?
   1) Medicare is the main source of payment for nursing home costs; Medicaid pays for nursing home costs in only a small number of cases.
   2) Medicare is an age-based program; Medicaid is a needs-based program.
   3) Medicare is financed by general tax revenues; Medicaid is financed by the Social Security trust fund.
   4) Medicare does not require the insured to pay a significant amount for co-insurance and deductibles; Medicaid requires the insured to pay.

24. Which of the following federal programs requires a means test?
   1) Medicare
   2) Retired Senior Volunteer Program
   3) Social Security
   4) Supplemental Security Income

25. In Kübler-Ross’s theory of dying, which stage is characterized by a sense of loss?
   1) anger
   2) bargaining
   3) denial
   4) depression
Rationales

1. (IE)
   1) In a cross-sectional design, different age groups are compared at the same time on the variable of interest. A cross-sectional analysis does not account for the numerous period and cohort differences that exist when intelligence is measured in persons of different ages.
   
   *2) A longitudinal design is best for studying the way intelligence varies with age. In a longitudinal design, a single cohort is measured periodically over a number of years. This analysis provides information about changes that occur with age.
   
   3) In period analysis, there is no way to measure intelligence. Period analysis is used to determine how historical events that took place in a person’s life influenced the person.
   
   4) In a time series analysis, two or more cross-sectional comparisons are made at different times of testing (See 1).

2. (IE)
   1) A cross-sectional design studies various groups of people and measures specific parameters of all groups at the same time. There is no measurement taken at a later time.
   
   *2) A longitudinal design specifies a group of persons whose parameters are measured repeatedly over a period of time to eliminate the effects caused by such factors as the time when the person grew up or the education they received.
   
   3) A period analysis looks at the effects of the historical period on a person when that person was a particular age.
   
   4) A time series analysis examines several cross-sectional analyses done at different time periods.

3. (IIB1)
   1) Birthrates are not the deciding factor in the sex ratio.
   
   2) See 1).
   
   *3) Males have a higher mortality than females at all ages in part for genetic reasons and in part for environmental and societal reasons.
   
   4) The mortality rate for females is lower than for males at every age.

4. (IIB3)
   1) Although health care is an area facing great pressure, the number of older people in the United States needing special housing is small. Over 20 million older adults live in their own homes.
   
   *2) Health care and income are the public systems facing the greatest pressure from growth in the population of older people. Census data shows that one out of every eight people in the United States is over the age of 65. As people age, their health needs increase at the same time that typical annual income declines by 30 to 50 percent following retirement.
   
   3) Although transportation may be a problem for some groups of older people, for most older adults transportation is not an area facing great pressure. Housing is not a great problem since most older people live in their own homes.
   
   4) Transportation and education are not areas facing great pressure. Most older adults live in their own homes. Although more older adults are continuing some form of lifelong learning today than ever before, it is still primarily younger groups who are engaged in full-time educational pursuits.

*correct answer
5.(IIA2)
1) See 3).
2) See 3).
*3) The dependency ratio is defined as the number or proportion of 
retirement-age persons divided by the number or proportion of 
working-age persons.
4) See 3).

6.(IIC)
1) The decline in birthrates and death rates will lead to an increase in 
the number of persons alive.
*2) As jobs require more technical training, more people will complete 
high school.
3) Political activity remains high from middle age well into older age.
4) The health status of older persons has improved over time, not 
worsened.

7.(IIIA)
*1) Manifestations of aging are the result of an individual's genetics and 
the environment in which the individual grows and develops. Since 
there is essentially an infinite number of combinations resulting 
from this interaction, the outcome of the aging process is highly 
variable among different persons.
2) Older people are living longer and larger numbers are available for 
studies. As life expectancy continues to increase and greater 
numbers of people live to older ages, there is likely to be a continued 
increase in the number of older persons who can be studied.
3) Although funding for research is highly competitive, significant 
amounts of money have been allocated over the years to areas of 
research on aging, particularly for biomedical research.
4) Senescence, or normal aging, refers to the time-related biological 
processes that affect all persons. There is no general disagreement 
regarding this definition.

8.(IIIA4)
1) The aging process affects all members of a species.
2) Aging has a negative effect on an organism, whereas the positive 
effects are the result of the growth or developmental phase.
3) Functional changes affect persons of all ages.
*4) Aging is an internally controlled process, not something that is 
dependent upon some factor in the environment.

9.(IIIC3/IIIH1)
1) Free radicals are unstable oxygen molecules that are produced more 
rapidly with exercise and have the potential to damage the body.
*2) Antioxidants will reduce the number and activity of the free radicals 
and may have an impact on life expectancy.
3) A low-calorie, high-protein diet will do nothing to alter the 
production of free radicals or their effects in the body.
4) Life expectancy is determined in part by genetics with a major 
component that is environmental.

10.(III-I)
*1) A person who is involved in the planning is more likely to feel in 
control and more likely to experience fewer negative effects.
2) The speed with which the relocation is accomplished is not 
important.
3) Similarities and differences between the facilities may affect the 
reaction to the move and can be either positive or negative.
4) Even if the person's needs are anticipated and met, the critical issue 
is the degree of involvement of the older person.

*correct answer
11.(IVA)

1) Stimuli are processed more slowly as the nerve conduction velocity decreases, synaptic delay increases, and muscle contraction time lengthens.

2) Complex tasks may be performed differently, but unless there is disease or a disability, the older person can still perform complex tasks.

3) Trial and error is a method used by younger persons and typically takes longer to accomplish the complex task.

*4) Strategies help the person who is older to shortcut the complex task and perform the task more effectively and efficiently.

12.(IVB3)

1) In early adult transition, Erikson would suggest, the main issue is the development of intimacy versus isolation.

2) During midlife transition, the person is preparing for the generativity versus stagnation issues that Erikson identified.

3) During middle adulthood transition, the issue for Erikson is generativity versus stagnation; generativity is the ability to support others, especially persons who are older as well as making a contribution to the larger world.

*4) In late adulthood, the issue for Erikson is ego integrity versus despair, that is, when one sees one's life as having meaning or not.

13.(IVC2)

1) Activity theory suggests that people who maintain high levels of activity have a high degree of satisfaction with their lives.

2) In age stratification theory, the population is divided into age-based categories (for example, youth, adulthood, middle age, and old age). This theory does not offer suggestions on any aspect of life satisfaction in aging.

*3) Disengagement theory suggests that it is natural for people who are older to gradually withdraw from society and for society to withdraw from people who are older. Since this is an expectation on both sides, the person whose life activities decrease perceives this as a normal and a positive situation, and therefore, experiences a high degree of satisfaction.

4) Exchange theory suggests that people try to maximize rewards and minimize costs in their interactions with other people.

14.(IVD3)

*1) Medication is often seen as the only means one has of dealing with this issue in an older person.

2) Psychotherapy may be effective but is not often considered because it is long term.

3) Group therapy is not necessarily going to be effective for a chronic mental disorder.

4) Nutritional modification has very little impact on a chronic mental disorder.

15.(VB3)

1) Age stratification is the division of the population into age-based categories (for example, youth, adulthood, middle age, and old age).

*2) Double jeopardy refers to the limitations imposed upon individuals by being a member of a historically underrepresented group and by being old. Race and ethnicity are powerful determinants of the quality of life in old age.

3) Ethnocentrism is an anthropological concept suggesting that one cultural or ethnic group is inherently better than another.

4) New ageism is a term that stereotypes older people as needing assistance.

*Correct answer
16.(VC)
1) Disabilities may have an impact on whether a person continues to work but do not contribute to a move to a retirement community.
2) Retirement communities are not necessarily low-cost housing. If they have services attached, they may be more expensive than stand-alone housing.
3) Public transportation is generally not an issue.
4* Retirement communities tend to be homogeneous and for many persons, this is a very attractive feature that few other housing options offer.

17.(VD4)
1) An extended family does not include friends or neighbors.
2* In an extended family, family members over several generations or with several different levels of relationship (aunts, uncles, brothers, sisters, etc.) interact with each other and provide reciprocal services as needed. The interactions are mutually beneficial and take place on a frequent basis because the members of the family live near each other.
3) Just the opposite is true. Older people enjoy their frequent interactions with adult children and may play a significant role in the lives of their grandchildren. It is also true that older people may provide just as much support to their adult children as they receive.
4) The overwhelming preference of older adults is to live in their own homes. Living independently, even in widowhood, is extremely important.

18.(VID5)
1) Community involvement is something that is a part of the person's life history. For some, involvement may rise with retirement when there is more time to be involved.
2) Family relationships may be enhanced with the additional time.
3) Health does not fail in those who retire in good health.
4* Income generally drops 40% or more for all but the most wealthy of persons who retire.

19.(VID2)
1* Retirement was designed to reduce the number of older workers in the workforce during the Depression. It is still used as a way to reduce workforce participant numbers.
2) General retirement programs are established to move persons out of the workforce regardless of whether or not they did a good job.
3) Persons who retire are not too old to work. Many persons resume working after retiring.
4) Disability insurance, not retirement programs covers persons who can no longer work due to physical disorders.

20.(VIIA)
1) Studies suggest that persons who are older are slightly more likely to hold an opinion about a current policy issue than are persons who are younger.
2) There does not appear to be a shift from one party to another as persons age, nor is there necessarily a move toward becoming more conservative.
3) With more time and more experience, persons who are older may be a larger percentage of the persons holding office, not a smaller percentage.
4* Persons who are older do vote more regularly than do persons who are younger.

*correct answer
21.(VIIC1)

1) Red tape, although an issue, is not a major problem for most persons who receive SSI benefits.
2) The income level is set at the federal level, so there is no state-to-state variation.
3) Although there is a reluctance to accept help in any form, this is not the major reason for fewer people applying for SSI than are entitled to receive it.
4) SSI is not well publicized and many people do not know it exists or that it is something for which they might be eligible.

22.(VIIC1a)

1) The Age Discrimination in Employment Act was passed in 1967.
2) The Older Americans Act was passed in 1965.
3) The Social Security Act was passed in 1935.
4) The Medicare Health Insurance Program was passed as an amendment to Social Security in 1965.

23.(VIIC2)

1) Medicaid pays for far more nursing home care than does Medicare. Medicare has a severe limit on payments for this form of extended care.
2) Medicare begins at 65 while Medicaid is available to persons who meet various income guidelines regardless of their age.
3) The Social Security Trust Fund finances the Medicare program; Medicaid is paid for from general tax revenues.
4) Medicaid requires no co-payment; Medicare does require a co-payment.

24.(VIID1)

1) Medicare is an entitlement program that is based only on the age of the individual.
2) Senior Nutrition Program provides nutritious low-cost meals for senior citizens. The program also provides companionship when done in a congregate setting. No set price is charged; a voluntary donation is requested. The only requirement is to be 60 or over, or have a spouse over 60.
3) Social Security is an entitlement program. People must work and pay taxes into Social Security to get benefits. Most people need 10 years of work to qualify for Social Security benefits.
4) Supplemental Security Income (SSI) is a federal program of public assistance to older people. All SSI applicants have to demonstrate that their income from other sources falls below the prescribed minimum in order to qualify. This is a means test.

25.(VIIIIB2)

1) Anger is the second stage in Kübler-Ross’s theory in which the dying person recognizes that denial can no longer be maintained. The issue now becomes “Why me?” and anger, resentment, and rage may be expressed directly.
2) Bargaining is the third stage in which the person hopes that death can be postponed or delayed. The person negotiates, often with God, to try to delay death for some period of time.
3) Denial is the first stage in which the person is completely unwilling to accept that he or she is going to die. The person’s reaction is, “It simply is not going to happen. Someone has made a mistake.”
4) Depression is part of the fourth stage in which the person mourns her or his death and feels a sense of loss. This period of depression helps the person who is dying to accept the certainty of death.
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