

# **EDUCATIONAL, RESEARCH AND SERVICE ENHANCEMENTS IN AGING**

*A monograph of the Gerontological Task Force of the National Association of  
Deans and Directors of Schools of Social Work*

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The John A. Hartford Foundation, begun in 1929 by the brothers who started the famous A&P supermarket chains, have been unprecedented leaders in the foundation world in their support for preparing physicians, nurses and social workers to meet the needs of the growing aging population. In a major partnership with the New York Academy of Medicine's Social Work Leadership Institute (NYAM-SWLI), and collaboration with the Council on Social Work Education (CSWE) and the National Association of Deans and Directors of Social Work (NADD), the Hartford Foundation has pioneered innovations in social work education that have led to enhancements in research and service that would have been impossible without the foundation's visionary leadership.

The Hartford Foundation began its unparalleled commitment to social work education in 1997, supplementing its commitment to geriatric medical and nursing education (Rieder & O'Sullivan, 2009). This grew out of concern that only 5% of social workers are trained in geriatrics, while 17% report that vacancies for geriatric social workers are common and 21% report that these vacancies are difficult to fill (Rieder & O'Sullivan). The National Institute of Aging estimates that 60,000 to 70,000 professionally trained social workers will be needed by 2020 to work with older populations, representing a 40-50% increase over the current MSW workforce now practicing with older adults (Volland, Barker & O'Brien Suric, 2011). The gaps in professionals equipped to serve older adults are exacerbated by the increasing population of people ages 65 and older due to longer life expectancies, lower fertility rates, and the influx of the Baby Boom Generation into this age category (Riche, 2000). While the 2009 census indicates that 12.9% of the population in the U.S. is over 65, in 2015 the number of people over age 65 is expected to exceed those under age five for the first time in global history; and the difference between these two age groups is only expected to expand over time (United Nations, 2005). Despite some common characteristics, future older populations are expected to be more diverse than preceding generations in terms of ethnicity, income level, education, family configurations, living arrangements and health status (Dobrof, Mellor, Pine & Saul, 2000). The proportion of seniors living in poverty is higher than the proportion of all other age groups of Americans in poverty; and, there is an increasing gap between the haves and have-nots (Center on Budget and Policy Priorities, 2000; Dobrof, Mellor, Pine & Saul, 2000). Financial stress compounds the challenges of loneliness, loss, chronic illness and other issues of growing old. It is also projected that minority populations of people 60 years and older will increase dramatically through 2025 (Sutton, 1999). This presents special challenges in that many minority elders are reported to have a greater need for health and social services than white elders, and they have far lower rates of service utilization, health coverage and access (Keigher, 1999; Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000), making the need for social work services like advocacy and outreach vital.

This monograph begins with an outline of the primary programs and resources that have moved the gerontology emphasis forward in social work education through the Geriatric Social Work Initiative, together with a special section outlining the role of community partnerships including a central program: the Hartford Partnership Program in Aging Education, and interprofessional and community partnership efforts including those developed through the Hartford Foundation's Leadership Academy in Aging.

## Curriculum and Program Resources

On January 1, 2011, the first of the baby boom generation turned 65 years of age. Clearly, the beginning of the “silver tsunami” is taking place in the U.S. and internationally. Although a significant amount of effort has happened within social work education to prepare students, there is an existing need to recruit and graduate students who are prepared for an increasing population of older adults and their families. To that end, what follows is a summary of some of the major initiatives and organizations that are focused on increasing curriculum and program resources in aging.

### Curriculum and Labor Force Enhancement

#### *Social Work Initiatives*

As stated earlier, a major factor in the increased gerontology presence within social work programs is the investment that the John A. Hartford Foundation has made in our profession. Since 1997, when Hartford became involved, they have allocated over 75 million dollars to initiatives in curriculum development and enhancement, as well as enhancing labor force capacity in social work and aging. Known collectively as the Geriatric Social Work Initiative ([GSWI](#)), the various programs include:

- [Faculty Scholars Program](#) – This program prepares academic leaders to teach, mentor, do cutting edge research, and prepare the next generation to work with older adults. To date, 117 Geriatric Scholars who represent 33 states and 74 institutions have been funded.
- [Doctoral Fellows Program](#) and [Doctoral Fellows Pre-Dissertation Award Program](#) – These initiatives help launch doctoral students’ careers in aging. To date, 94 doctoral Fellows have been funded. This group represents 22 states and 35 universities. In addition, 80 pre-dissertation awards have been given to doctoral students from 44 universities within 24 states.
- [Hartford Partnership Program for Aging Education](#) – The HPPAE initiative is involved in the development of high-quality models of, and disseminating new knowledge about, aging-rich field education at schools of social work and community agencies nationally. To date, 72 MSW programs in 33 states have been involved since program inception in 1999. This number translates to over 2,600 students who have been trained through the HPPAE to become leaders in the field, and has involved over 700 agencies.
- [National Center for Gerontological Social Work \(Gero-Ed Center\)](#) – The Gero Ed Center promotes gero curricular and organizational changes, student recruitment, educational policy and resource dissemination. Nancy Hooyman, PI for the Gero Ed

Initiative, summarized the magnitude of curricular change in the monograph that was published by CSWE.<sup>1</sup> The Gero- Ed Center has multiple components which include:

- Curriculum Development Institutes (CDIs). This initiative has funded over 120 social work programs to infuse and sustain content on aging within their curricula.
- BSW Experiential Learning (BEL) Program. Provides undergraduate programs with resources to structure experiential activities with older adults. Between 2008 and 2010, over 1900 students engaged with an older adult through an experiential activity.
- Master's Advanced Curriculum (MAC) Project. Through the Gero Innovations grant, the MAC project funded 14 MSW programs to design advanced content in substance abuse, mental health, and health related issues with older adults.
- Specialized Gerontology Program (Specialized Gero). This program funds 16 schools to design, implement, and sustain competency-based gerontology-specific curricular structures as a minor, certificate, specialization, or concentration.
- Leadership Academy in Aging - Part of the Social Work Leadership Institute sponsored through the New York Academy of Medicine, the Leadership Academy in Aging is a joint venture with the National Association of Deans and Directors of Schools of Social Work (NADD). The initiative builds capacity in social work programs by enhancing the knowledge and importance of aging within program administrators.

In addition to the GSWI initiatives, Boston University School of Social Work houses the Institute for Geriatric Social Work ([IGSW](#)). Initially established through a grant from Atlantic Philanthropies, IGSW has a diversified funding base that includes several partnerships and state agencies. The mission of the Institute is to develop the workforce for an increasingly aging population. Initiatives include training programs, publications on workforce issues, a newsletter, and continuing education programs.

### ***Geriatric Education Centers***

Federal Legislation in the Public Health Service Act authorizes the Secretary of the U.S. Department of Health and Human Services to award grants for the establishment or operation of geriatric education centers (GECs). GECs are funded to provide education and training to health

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<sup>1</sup> N. R. Hooyman (2006). *Achieving Curricular and Organizational Change: Impact of the CSWE Geriatric Enrichment in Social Work Education Project*. Alexandria: CSWE.

professionals, faculty, and students on various issues of aging. The program is administered through HRSA (Health Resources and Services Administration).

There are currently 45 GECs listed as having current funding. Many of these are collaborations of several institutions as GECs maintain a multidisciplinary focus. [A directory of GECs](#), along with contact information, is available. Also, the National Association of Geriatric Education Centers maintains a [data base of curriculum resources](#) that can be searched by key words.

### ***Membership Organizations***

Various national organizations exist that have a focus on educational initiatives in aging. The oldest and largest multidisciplinary organization in aging is the [Gerontological Society of America \(GSA\)](#). Formally established in 1945, GSA currently has over 5400 members that represent vast disciplinary backgrounds. The organization is structured around four sections (Biological Sciences, Behavioral and Social Sciences, Health Sciences, and Social Research, Policy & Practice), each of which designates Fellow Status to members who have made and sustained significant contributions to GSA and their field. While GSA is primarily a scientific association to further research in aging, the mission statement also includes education. Part of GSA's mission is "to promote, support, and advocate for aging education, and education and training in higher education". Held annually in November, the scientific meeting typically includes a number of paper and poster sessions on educational issues. GSA also sponsors several publications including the *Journals of Gerontology* and *The Gerontologist*.

GSA has two special units within the organization that have a specialized focus. One is the [Association of Gerontology in Higher Education \(AGHE\)](#). This organization was established in 1974 and became the educational branch of GSA in 1999. AGHE's mission is to promote gerontology and geriatric higher education and currently has a membership base of 280 institutions (AGHE employs institutional, not individual, membership). AGHE has a number of programs and features, with the highlight being the annual conference, which is held in winter. In addition to paper and poster presentations on educational issues, they sponsor several awards to honor faculty who have made a significant contribution to gerontology and geriatric education. The journal *Gerontology and Geriatric Education* is sponsored by AGHE.

Within social work education, the organization that specifically focuses on gerontological education is the [Association of Gerontology Education in Social Work \(AGE SW\)](#). This membership organization provides a professional network for social work faculty and doctoral students who have interests in aging. AGE SW sponsors a newsletter and holds membership meetings at the GSA and CSWE conferences. The organization also sponsors the *Journal of Gerontological Social Work (JGSW)*.

The [American Society on Aging \(ASA\)](#) is a membership organization for practitioners and other professionals who have an interest in aging across various contexts and settings. There is a significant membership of educators who are part of this organization, especially those who

have a more practice or clinical focus in their teaching and scholarship. ASA has an annual conference in the spring, and has a number of different resources available to members including continuing education events, publications, and web based programs and resources. ASA sponsors the quarterly journal *Generations*.

### ***Journals***

As mentioned previously, several journals exist that highlight educational issues of aging. The premier data base that houses social gerontology literature is [AgeLine](#). This source contains literature from multiple disciplines including health sciences, psychology, sociology, social work, economics, and public policy. AgeLine indexes over 200 journals, reports, books, chapters and other literature sources on aging.

Because of the burgeoning interest in educational issues in aging, non-specialized journals have devoted special issues to these topics. For example, the *Journal of Social Work Education* ran a special issue on Innovations in Gerontological Social Work Education in Fall 2005. Likewise, *JGSW* had a special issue on curriculum development initiatives in aging that came out in 2006 (Vol. 48, #1/2).

However, there are two specialty journals on education in aging, although neither is specific to social work. [Gerontology & Geriatric Education](#), published by Taylor & Francis, is the official journal of AGHE. The current editor, Dr. Judith Howe, is a social worker as are five members of the editorial board. The second journal, [Educational Gerontology](#), has a more international focus than *GG&E*. This journal prints 12 issues per year and is also published by Taylor & Francis (Routledge).

In summary, educational resources in gerontology and social work have expanded as interest in this field of practice has increased. Many of the developments can be directly attributed to the investment that the John A. Hartford Foundation has committed to our profession. Although not every student in a social work program will want to specialize in gerontology, every student should have an understanding of the ways in which aging issues impact older individuals, their families, neighborhoods, communities and organizations. The resources listed in this section provide a foundation for advancing aging content and resources within social work programs.

### **Infusing Aging Content into the Social Work Curriculum**

Despite the demographics and the need, “less than 5% of MSW students choose gerontological social work as their area of concentration” (Cummings, 2002). In addition to programs noted above and in response to this discrepancy, the Hartford Foundation has provided funding to support the implementation of the Geriatric Enrichment in Social Work Education (GeroRich) Program. These 67 GeroRich projects nationwide are intended to stimulate the infusion of gerontological content into foundation learning in social work programs. This work

is challenging, although there have been some great successes as well as barriers experienced in efforts to promote curricular change to include aging content in social work education programs.

Gerontological content in current social work curricula tends to come in the form of specialized classes. However, due to low student interest, some programs do not even offer these specialization courses in gerontological social work. Where, then, do students learn about aging? Some programs use an integration curricular model with readings on aging and guest lectures as a part of the foundation courses, yet these may feel like “add-ons” and not a core part of the curriculum. Content regarding older adults is typically found at the end of textbooks and thus covered towards the end of the semester; in addition, the focus is typically on disease, death, and dying related to this stage of development. Cummings and Galambos (2002) have found that a more positive attitude toward elders is a predictor for students’ willingness to work with elders. How can students be presented with more breadth and depth regarding working with the aging population? How can the presentation of gerontological competencies be used to positively influence students’ attitudes about working with the population?

### **Infusion of Gerontological Content**

“Infusion suggests that content on aging be ‘poured into’ the curriculum to permeate and alter every aspect of the curriculum, including program and course objectives, subject areas, reading assignments and outcomes assessment categories” (Hooyman & St. Peter, 2006). This infusion process typically takes place in foundation courses, possibly before particular concentration populations are chosen by students. For an infusion program to be successful, Hooyman and St. Peter suggest that all stake holders (i.e., faculty, deans/directors, students, community practitioners, and elders) need to be involved in the planning and implementation process. This participation involves addressing attitudinal barriers to working with older adults, addressing a possible lack of gerontological expertise, and providing an incentive for faculty to alter their teaching and research.

### **Faculty Buy-In**

There seems to be a consensus among those who have developed and written about their GeroRich project experiences that obtaining faculty ‘buy-in’ is essential for project success. Some of the ideas that have been noted for obtaining this ‘buy-in’ during the initial planning stage are to: survey the faculty’s interests related to gerontology; conduct one-on-one or small group interviews with the faculty to receive their feedback and gauge their comfort level regarding a curricula change; connect a change in course curriculum to the faculty member’s own interests and teaching expertise; provide funding for additional training; and provide honorariums for implementing major changes. Communication among faculty members is key to ensuring that there is not too much overlap of infusion materials across the foundations courses, for example, each class using the same case examples or readings (Hooyman & St. Peter, 2006).

Shank & Hermon (2006) describe engaging faculty through an initial three-hour meeting and then, later, a full-day retreat that allowed faculty to explore their personal and professional beliefs regarding aging, and learn from presentations and activities with aging specialists. Shank & Hermon also suggest ensuring that faculty have easy access to GeroRich and CSWE/SAGE-SW curriculum development and resource discs to assist with easing possible faculty anxiety. Devoting a portion of each faculty meeting to faculty development on aging (i.e., inviting outside speakers to present material) has also been described as successful.

### **Infusion Ideas**

Ideas that faculty have suggested and/or implemented for infusing gerontological competencies into social work foundation courses range from small activities that can be woven into classes relatively easily, to large interdisciplinary projects. A consistent thread is that changing the common perception of aging as a “population at risk” to a normative process through coursework and engagement with older adults may influence students’ career choices in the field of aging. Experiential activities have been noted to be the best method for addressing student’s negative misconceptions about gerontology, especially when students are provided with experience with a range of elders and not just frail elders with chronic illness (Hooyman & St. Peter, 2006).

### **Infusion Tips Suggested or Implemented by Social Work Faculty**

- Infusing content on aging does not preclude one from also examining the other stages of development. Intergenerational studies can be incorporated by focusing on such issues as grandparents caring for grandchildren and family caregivers of elders. (Hermoso, et. al, 2006).
- The HBSE sequence can begin with aging and the end of life and then spiral down through the other stages. In this way the study of the aged population is not left until the end of the course, but is instead discussed throughout the course as it relates to the other stages of development (Hooyman & St. Peter, 2006).
- Simulations of age-related sensory and physical changes can be incorporated into classes for students to gain a better sense of issues faced by elders in daily functioning. For example, students have put cotton balls in their ears and Vaseline on their glasses to simulate hearing and sight loss, and then debriefed after the experience (Hooyman & St. Peter, 2006).
- To increase student exposure to elders, electives can be developed where students visit agencies that provide services to the aging population. Elders can be invited to serve as co-instructors and mentors for students, or as guest speakers for brown bag luncheons (Kolomer, et. al, 2006).



- Stipends and funding to attend workshops have shown to have increased participation among students (Shank & Herman, 2006).

## **Larger Projects**

Gutheil (2009) describes a case study approach that is useful for infusing aging content into the social work curriculum due to its use of problem-based learning. In this instance, case-studies were infused into *Practice with Individuals, Families and Groups I and II*, and *Social Justice: Practice w/Organizations and Communities*. The case studies were developed by faculty case development teams, which included at least one expert on aging per team. Letters were also sent to all field instructors for possible case ideas from the field agencies.

All of the cases had an older adult as the focus, taught generalist content, and challenged common stereotypes regarding the aging population. At least two of the cases also included intergenerational content. To increase the comfort level for the faculty to use the cases, faculty were provided with teaching casebooks that included content areas discussed in the case, teaching points and discussion questions, classroom activities, recommended supplemental media, background readings for faculty and recommended readings for students. Gutheil notes that there was a “significant shift toward [student] interest in working with older adults following the aging educational intervention compared to the earlier study”.

Hermoso, et al, (2006) developed an Intergenerational Advocacy Project (IAP) that was created with a partnership between the National Committee to Preserve Social Security and Medicare (NCPSSM) and CSWE. Students engaged in community organizing partnerships with older adults on issues affecting seniors (i.e., Medicare drug coverage, Social Security reform, grandparents raising grandchildren). Exposing students to active older adults and not just older persons at the end-of-life helped to challenge negative misconceptions students may have had about working with the older adult population. The intergenerational approach tapped into the strengths of each generation while increasing aging and advocacy competencies. Participants were provided with materials, resource lists, and websites with community groups. They were also encouraged to develop and maintain relationships with aging stakeholders. Some of the 13 pilot projects across the U.S. included: organizing a Legislative Advocacy Day on campus and meeting with the Lieutenant Governor on issues of Social Security, Medicare, and the American Disabilities Act (St. Mary’s College, Indiana, as part of HBSE II course); and hosting a screening of a documentary dealing with grand-parenting as caregiver issues such as housing and Social Security, and inviting legislators and local media (George Mason University, linked to BSW Senior Practicum). Responses to this project revealed that students had an increased interest in advocacy for aging issues and pursuing interests of older people, while also having a positive influence on students’ career preferences toward work with older adults after graduation.

## **Conclusion**

General lessons learned from examining GeroRich projects for infusing aging competencies in the social work curriculum are as follows: faculty buy-in is essential for infusion

success; field instructors often lack knowledge about aging; active support is needed from the dean, directors, faculty, and field directors; providing stipends for students and faculty is an effective incentive; securing additional funding for sustainability of programs after the Hartford Grant stimulus is finished is an ongoing challenge; and providing experiential activities with elders can have a positive influence on students' attitudes towards older adults.

Besides increasing gerontological competencies through the infusion of aging in curricula, additional benefits include providing students with leadership opportunities and advocacy training. Students can also learn about all stages of development through intergenerational projects and addressing a range of issues involving the families of elders. The hope is that through infusion of gerontological competencies, students will be more willing and able to meet the demand for social workers in the field of aging. This infusion approach complements the highly successful Hartford Partnership Program for Aging Education, the program funded by the Hartford Foundation and administered by the New York Academy of Medicine's Social Work Leadership Institute, to expose more social work students to practice with older adults.

### **The Hartford Partnership Program for Aging Education (HPPAE)**

#### **Overview of HPPAE**

The Hartford Partnership Program for Aging Education began in 1998 with RFPs for planning and demonstration. The six essential components of HPPAE are: 1) university-community partnerships; 2) competency-driven education; 3) rotations; 4) expanded role of the field instructor; 5) focused recruitment of students; and 6) leadership. Of the 127 graduate schools in social work nationwide in 1998, 65 schools submitted capability assessments and 29 of those schools were invited to submit planning grants. This resulted in 11 planning grants, 6 implementation grants, and 5 augmentation grants, which provided funding opportunities for 6 university-community partnerships involving 11 MSW programs, 409 graduates, and 120 agencies. Building on the success of these early programs, HPPAE continues to grow and expand to increasing numbers of social work programs.

HPPAE impacts a diverse group of stakeholders who benefit in a range of ways. Universities gain the benefit of being placed at the frontier of addressing aging issues in the field and also gain potential funders through university-community partnerships. Agencies, clients, and communities gain the added value of social work knowledge and skills to serve the aging population. Students are provided with enhanced training from the synergistic relationship between academia and their field rotation, as well as increased employment opportunities upon graduation.

Various contributing factors exist for why the HPPAE model works so well. Universities are provided with additional resources to promote the development of community partnerships. The flexibility of the HPPAE model makes it easily adaptable to any school-community setting. Expert-tested competencies specific to older adults are integrated into the existing MSW

curriculum, which can, in turn, spark student interest in working with the aging population and possibly increase recruitment to the field. All of this contributes to the multiplier effect of the initial investment of time and money.

The HPPAE Adoption Initiative was conceptualized from the early days of implementation and is a twelve-year initiative designed to: 1) educate over 2,600 social workers to work with older adults; and 2) establish the HPPAE as the norm for MSW programs. The current progress towards HPPAE's goals reveals that as of spring 2012, over 2,600 students will have graduated from HPPAE schools. At this time 72 schools have developed HPPAEs, encompassing 11 planning grant schools, 6 implementation grant schools, 5 augmentation grant schools, 10 schools in the 1<sup>st</sup> cycle of adoption, 25 schools in the 2<sup>nd</sup> cycle, and 21 schools in the 3<sup>rd</sup> cycle. The HPPAE objectives for continuing towards "normalization" are as follows: 1) identify 60 new university-community partnerships; 2) provide orientation and training to the HPPAE Adoption Sites; 3) assist each adoption site to develop skill in designing and implementing long-term funding strategies; 4) develop resources for sustainability; 5) expand the cohort of HPPAE leaders; 6) support HPPAE adoption as the norm in MSW programs; and, 7) conduct a program evaluation.

### **Activities and Accomplishments**

Regarding objective (1) of identifying 60 new university-community partnerships, so far 56 schools have been funded by HPPAE. Of those, ten cycle 1 schools are sustaining the HPPAE model without Hartford funding, 25 cycle 2 schools ended their funding in July of 2009 and plan to sustain the adopted model, and funding for 21 cycle 3 schools ended in July of 2011 and 12 of those schools received no-cost extensions. Washington University did not continue the program in its original state, but did plan on incorporating leadership content into gerontology classes, continued gerontological competencies, a rotation model and expanded role of the field instructor in their adapted gerontology concentration.

HPPAE's 2<sup>nd</sup> objective of providing orientation and training to the HPPAE Adoption Sites has translated into HPPAE-related workshops held at the CSWE-APM in October, 2011. This took the form of a partner meeting (Update on HPPAE Nationwide Including the VHA/GRECC Initiative, Building a Successful University-Community Partnership Towards Sustaining HPPAE, What Social Work Brings to the Inter-professional Team), the Third Annual Leadership Awards Reception for all grantees, PI, students, and partners, and the Leadership Academy Session 1. Principal Investigator conference calls included:

- HPPAE and Recruiting a Diverse Student Population facilitated by Karen Bullock, North Carolina State University, and included 10 participants;
- 'Disseminating HPPAE Outcomes and Publishing from the HPPAE Database' facilitated by Sara Sanders, University of Iowa, and Peter Chernack, Adelphi University, and included 21 participants;

- ‘Health Care Reform: Implications for Social Work with the Older Adult Population’ facilitated by Vicky Rizzo, Columbia University, with 16 participants; and,
- ‘The Hartford Partnership Program for Aging Education (HPPAE): Developing Innovative Practices and Programs across the Country’ facilitated by Paul Gould, Binghamton University, Karen Bullock, North Carolina State University, and Kris Hash, West Virginia University, with 18 participants.

Objective 3 of assisting each adoption site to develop skills in designing and implementing long-term funding strategies has been addressed by the Social Work Leadership Institute by maintaining a communications infrastructure for the continued learning of grantees. A variety of methods for maintaining communication are in place, including a Listserv, webinars and an upgraded website.

The HPPAE’s 4<sup>th</sup> objective of developing resources for sustainability has been addressed in several ways. First, there has been continued dissemination and training on sustainability through PI conference call series, webinars and partner meeting training. Assistance has been provided with marketing plans that guide partners in working with their development officers. Programs have been marketed widely through press releases and websites. Case statements have been developed, and mentor relationships with experienced schools have been developed. The Leadership Academy in Aging has been successful in broadening the knowledge of 13% of deans who are not experts in aging.

Objective 5 of expanding the cohort of HPPAE leaders reflects many accomplishments already made by faculty, field directors, deans/directors, and students. The mentoring program has continued which has trained 42 field directors and faculty and includes 31 mentoring HPPAE schools. The Leadership Academy in Aging has had 10-12 deans involved in each of its four years. The accomplishments of the continued student leadership strategic plan includes more hands-on outreach and “branding” by SWLI; the establishment of a student advisory committee; the creation of new student sites at <https://sites.google.com/site/hppaestudentnetwork>, [www.myspace.com/swli](http://www.myspace.com/swli), and [www.facebook.com](http://www.facebook.com); the creation of a student journal and prizes to stimulate research; the encouragement of student attendance and networking at conferences; the creation of a student newsletter, *HPPAE Happenings*; and, the opportunity to publish student/alumni papers in the online e-journal, *Generativity*.

The normalization strategy of adopting the HPPAE model into MSW programs as outlined in HPPAE’s 6<sup>th</sup> objective has several key components, including: 1) National Advisory Panel oversight and recommendations; 2) continuing to implement normalization via the “Breakthrough Series” Collaborative Model (IHI); 3) identifying “hubs for normalization” – providing orientations and mentorship for key leaders/partners in each hub; 4) conducting orientations and training programs; and, 5) maintaining ongoing oversight/mentoring toward implementation. The accomplishments so far are that four regions in the U.S. have been targeted for normalization involving 69 social work programs, five orientations, and 42 mentors. Currently, 16 schools are implementing the HPPAE model and 19 are in planning stages.

## Evaluation

The 7<sup>th</sup> objective, conducting a program evaluation, has been implemented by two evaluation teams: Linda Weiss, PhD, Vijay Nandi, MPH, and Jonathon Gass, MPH from The New York Academy of Medicine; and, JoAnn Damron-Rodriguez LCSW, PhD and Kayoko Nakao, PhD from UCLA. The following data snapshot covers programs involved in cycles 1-3 (2005 -2011). Table 1 displays student demographics which shows that, in general, students are between the ages of 20 and 29, female, white, and enrolled in full-time study. Table 2 shows that the vast majority of students have had previous experience working with older adults, in volunteer and other capacities. A large, 81% of students plan to work in the field of aging following graduation. Table 3 represents responses to satisfaction questions for cycle 1, 2 and 3 students. For each of the questions, at least 88% and greater responded positively about their HPPAE experience.

*Table 1*

| Characteristic           | N   | %   |
|--------------------------|-----|-----|
| <b>Age</b>               |     |     |
| 20-29                    | 577 | 59% |
| 30-39                    | 171 | 18% |
| 40+                      | 227 | 23% |
| <b>Gender</b>            |     |     |
| Female                   | 877 | 89% |
| Male                     | 107 | 11% |
| <b>Race/Ethnicity</b>    |     |     |
| White                    | 747 | 74% |
| African American         | 98  | 10% |
| Latino                   | 39  | 4%  |
| Asian/Pacific Isl.       | 38  | 4%  |
| Other/Mixed              | 81  | 8%  |
| <b>Enrollment Status</b> |     |     |
| Full time                | 805 | 82% |
| Part time                | 179 | 18% |

*Table 2*

| Characteristic                        | N   | %   |
|---------------------------------------|-----|-----|
| <b>Worked with older adults</b>       |     |     |
| Any                                   | 762 | 76% |
| Paid work                             | 394 | 40% |
| Volunteer work                        | 649 | 66% |
| <b>Planned field of practice</b>      |     |     |
| Aging                                 | 809 | 81% |
| Children                              | 19  | 2%  |
| Families                              | 55  | 5%  |
| Other                                 | 120 | 12% |
| <b>Previously taken aging courses</b> |     |     |
| Yes                                   | 516 | 52% |
| No                                    | 468 | 48% |

Table 3

|  | Strongly disagree or disagree | Uncertain | Agree or Strongly Agree |
|--|-------------------------------|-----------|-------------------------|
| My personal goals in learning to work with older persons and their families were achieved in my field practicum. | 4.6%                          | 4.4%      | 91.0%                   |
| The rotations enabled me to learn about the range of services to older people.                                   | 3.5%                          | 5.1%      | 91.4%                   |
| Having experiences in more than one field agency or department/program was useful                                | 3.3%                          | 6.1%      | 90.6%                   |
| I would recommend the Hartford Internship to other students in aging   | 2.1%                          | 3.5%      | 94.4%                   |

Analysis of cycles 2 and 3 revealed that there was a small but **statistically significant increase in knowledge** between the pre- and post-test. Out of a possible 25, the mean knowledge score on the pre-test was 10.7; on the post-test, the mean was 12.5. Students reported **an increase in skill level from pre- to post-test** in the areas of values, assessment, intervention, and aging services. For each of the items on this section of the pre-scale, an average of 19% of HPPAE students reported having advanced skill levels. On the post-scale, an average of 68% of students reported having advanced skill levels.

The institutional impact of HPPAE has been profound as the number of field instructors participating in each site’s HPPAE ranged from 1-22 and 72% of HPPAE programs provided special training for their field instructors. The majority of programs report having formal partnerships with between 8 and 20 agencies (range = 1 – 40). Implementation of HPPAE at all schools has facilitated increased relationships with local agencies serving older adults. The majority of sites (83%) agreed that they would continue to use the HPPAE rotational model in the future.

The HPPAE career tracking survey shows that two or more years after graduation 76% of HPPAE students report that their current position is aging related. HPPAE appears to facilitate social work careers focused on services to older adults; 24% of students two years or more years after graduation report being hired to work at one of their rotation sites following graduation. 85% of students two years or more after graduation report that HPPAE was important in preparing them for a career in aging.

### Lessons Learned

The current economic recession has had an impact on social work programs’ abilities to sustain the HPPAE model. The sustainability of stipends is essential in this competing environment. A key factor of HPPAE success is engaging educators into the field of aging and actively maintaining the university-community partnership. It has been found to be helpful to

continue to provide training/technical assistance and to maintain active communication and collaboration between and among schools to identify new ways of maintaining their HPPAE programs. The ongoing technical assistance (TA) has enormous benefit to the sustaining schools, such as through PI conference calls.

A lesson learned regarding the normalization objective is that even after the one-day training in normalization, there is a need for very active outreach and mentoring to assist schools with implementation. Doing normalization regionally has been found to be the most effective method.

### **Implications for the Future**

Supporting the collaboration among HPPAE partners is key to sustainability and program development. Program normalization requires focus on schools in the current four regions, Florida state and partnership with the VHA GRECCs in order to access an ongoing stream of stipends in aging.

For sustainability, there needs to be an active continuation of training and technical assistance, a focus in partner meetings on sustainability and continuation of regular listservs regarding individual funding sources. Also, an evaluation of HPPAE impact is needed to advance the institutionalization of the model in social work programs. By partnering with CSWE, HPPAE can be integrated into educational policy. Active participation in the Eldercare Workforce Alliance is needed, including Coordinating Council, Policy Committee and Models of Care Committee. In addition, active advocacy in the Patient Protection and Affordability Care Act is needed. The monitoring of relevant legislation with the potential to create scholarship opportunities and to actively communicate this to partners is critical for continued sustainability.

The development of an MOU with the VHA's GRECC programs to launch local HPPAEs and provide TA and training will encourage sustainability of the model. In addition, funding secured from the MetLife Foundation and continuing to identify additional funding sources is key. Working in partnership with the Hartford Foundation, SWLI is actively seeking interest from other private foundations. Working closely with NADD, HPPAE is well on its way towards implementing a self-sustaining financial model.

### **Community Partnerships and Interprofessional Education and Practice**

Building on the HPPAE model and often driven by opportunities gained through the Leadership Academy in Aging, social work administrators and faculty have been expanding their inter-organizational partnerships and interprofessional programs in promoting aging education.

“Interactions between social work programs and the community have played an important role in educating students of social work since the beginning of the profession; the preference for practice-based training over theory and research predominated as early as the late 19<sup>th</sup> century” (Volland & Wright, 2009, p.134). While field education is now prominently placed

as social work education's signature pedagogy in the Council on Social Work accreditation standards (CSWE, 2010), social work has always had as its heart the interface of the university and the community. There is an increasing trend in social work education where university-community relationships extend beyond practical experience for students, to include service to the community, applied research and workforce development (Baskind & Briar-Lawson, 2005; Briar-Lawson & Zlotnik, 2003).

Because social workers most often practice with older adults in settings where they are working with professionals from other disciplines, interprofessional/interdisciplinary collaboration needs to be a core component of social work students' education and should characterize social work faculties' research agendas in gerontology. Indeed, geriatric social workers have a long tradition of collaborative practice with other professionals. Interdisciplinary teams in health care originated with Richard Cabot in the early 1900s. Working for Massachusetts General Hospital, he proposed the idea of teamwork, suggesting that the social worker, doctor, and educator work together on patient issues (Cabot, 1929). The hospice movement developed out of an interdisciplinary team model. Cicely Saunders, founder of the modern hospice movement, serves as a role model for interdisciplinary work as she was herself trained as a social worker, nurse, and physician (Saunders, 1978). Again, the John A. Hartford Foundation has been a leader in this effort to better meet the needs of older adults through interprofessional efforts. In 2004, in partnership with the RAND Corporation, the Hartford Foundation began an initiative called *Building Interdisciplinary Geriatric Health Research Centers*. A primary goal of this initiative has been to develop infrastructure and incentives to encourage and facilitate interdisciplinary research.

Even with major efforts by the Hartford Foundation and research that shows that an interdisciplinary approach to geriatric care can improve survival, quality of life, quality of care, health outcome scores, patient satisfaction (Wetle & Pincus, n.d.), learners' attitudes towards one another's professions, improvements in knowledge of interprofessional collaboration, enhancement of collaborative behavior, and gains in the delivery of patient care (Reeves, Zwarenstein, Goldman, Barr, Freeth, Koppel, & Hammik, 2010), professional education in the United States continues to operate largely in silos where interdisciplinary education and research is the exception, not typical practice. Accreditation requirements, different professional norms and hierarchical issues (Clark, 2011) are often blamed. "Deans and department chairs are often hired and rewarded for their ability to be staunch advocates of their own programs. Seldom are they either rewarded for openness to sharing their resources and giving up control of their curriculum to others, or punished for being over-zealous in defending their turf." (Clark, p. 325).

In 1972 at the first Institute of Medicine (IOM) Conference, a program was held titled the "Interrelationships of Educational Programs for Health Professionals" and a subsequent related report was developed, "Educating for the Health Team" (IOM, 1972). In 2001, the IOM went further in addressing the need for a workforce that has been trained together with "interprofessional learning approaches" (Interprofessional Education Collaborative Expert Panel (IECEP), 2011, p.4).



Unfortunately teamwork training for interprofessional collaborative practice in health professions education has “lagged dramatically behind....changes in practice, continually widening the gap between current health professions training and actual practice needs and realities” (IECEP, 2011, p.5). Dr. Ramammasy, immediate past president of the World Health Assembly calls for eliminating silos and training across disciplines: “Unequivocally, we must change the way we train professionals for health services and we must change the milieu in which they work.....The development of an interdisciplinary, multidisciplinary and multidimensional workforce is critical.” (Ramsammy, 2010, p.134).

In 2011 an expert panel including primary representation from six healthcare disciplines came together to establish a set of core competencies for interprofessional collaboration. The goal was to “build on each profession’s expected disciplinary competencies in defining competencies for interprofessional practice” (Interprofessional Education Collaborative Expert Panel, 2011, p.i). While the initial objective was to establish competencies for practice, the panel understood that this work also entails “moving beyond... profession-specific educational efforts to engage students of different professions in interactive learning with each other” (p.i). In the conference that brought this expert panel together, Don Berwick, Administrator, Centers for Medicare and Medicaid Services stated that, “An aging and diverse population is living longer with chronic conditions like diabetes, heart disease or cancer that require coordinated care from a team of providers” (Interprofessional Education Collaborative, 2011, p.8). While social work was not a part of this conference, the goals of the expert panel are embraced by many social work practitioners and educators, especially those preparing social work students for practice with older adults.

Similarly, in 2008, the American Geriatrics Society assembled a meeting of 21 organizations representing ten different healthcare disciplines that work with older adults. This group of healthcare professionals (which did include representation from social work organizations), formed a loose coalition calling themselves the Partnership for Health in Aging (PHA). They also created a list of core competencies that are relevant to each of the health care disciplines, which stated essential skills that would be needed by the time health care professionals complete their entry-level degree in order to provide quality care for the aging population. Among these core competencies are the skills of communicating, consulting, and collaborating with health care professionals from other disciplines on the ongoing health care of older adults (Semla, et al., n.d.).

Social work leaders see the challenges in interprofessional education and research but are forging ahead in unprecedented numbers with innovative interprofessional programs designed to cross professional boundaries and develop best practices in gerontological care. A number of social work education programs are finding ways to enact the core competencies for interprofessional practice in health care outlined by the IECEP in their research, teaching and service delivery efforts. These include: a.) work with individuals of other professions to maintain a climate of mutual respect and shared values; b.) use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served; c.) communicate with patients, families, communities, and other

health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease; and, d.) apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-population-centered care that is safe, timely, efficient, effective, and equitable (IECEP, 2011).

The following section outlines six innovative examples recently and/or currently undertaken by social work programs as they enact these principles of interprofessional collaboration in geriatric education, research and service delivery.

**Barry University**  
**The Interdisciplinary Aging Research & Community Service Task Force**  
**Debra M. McPhee, Former Dean**

- *Goal* – The impetus for the project was two-fold – 1) a desire to coordinate the efforts of individual University faculty members specializing in aging research and/or professional practice projects; and, 2) to increase interest among University schools and departments in the promotion of interdisciplinary aging initiatives including research, service learning, and community service projects.
- *Program start date* – 2010
- *Funding* – Unfunded
- *Disciplines/Professions involved* – For well over a decade, the School of Social Work at Barry University maintained a unique public-private partnership in that the School serves as the Public Guardian for Broward County and runs the Broward County Office of the Public Guardian (OPG). The School and OPG are longtime active participants in the Aging Alliance of Broward County, which brings together 26 community agencies and organizations. Thus, this University-Community provided a solid foundation on which to build the project. University participants in the Aging Task Force included Social Work, Nursing, Psychology, Medicine (Podiatry), Physicians Assistants, Sociology, Business, and Public Health.
- *Focus* – Successfully meeting the project objectives required the completion of several steps. First, it was necessary to secure the support of the University Administration for the creation of the Interdisciplinary Aging Research & Community Service Task Force. Initial support was easily secured given that no resources were being requested from the University and the institution stood to benefit positively from the potential research, grants, and service projects initiated. Second, it was important to have as many University disciplines and departments participating as possible. I began by personally reaching out to my colleagues in other departments where I knew there was already interest or work being done in the area of aging. Interest among faculty quickly grew. Third, as the committee within the University was forming, I worked directly with the

primary community stakeholders with Aging Alliance in order to pave the way for meetings between the University Task Force and the community service agencies. I felt greater success and investment in the project would be secured by inviting each of the constituent groups to the table from the beginning and facilitating equal contribution to a shared vision and direction. Participants from both the University and the Community were particularly invested in the creation of interdisciplinary professional internship opportunities for students of the professional schools. There was equal excitement about the potential interdisciplinary aging research opportunities that the project offered. Unfortunately, and to the detriment of both University and Community constituents, the project was ultimately prevented from reaching its full potential due to a shift in University policy and the Administration's decision to discourage all projects with a strong community service component. Given the history of the University and particularly the School of Social Work, this was a significant shift from tradition, the impact of which is likely to be felt well into the future.

- *How it maximizes interprofessional efforts* – The Interdisciplinary Aging Research & Community Service Task Force was created to promote interdisciplinary initiatives in both research and service. Drawing on the community relationships established by the School of Social Work and the OPG, aging initiatives from across campus could easily and directly be connected to a variety of community agencies, aging populations, and resources. Given the shared interests and established commitment to the aged communities, together the Aging Alliance and the Task Force were perfectly positioned to facilitate University-Community opportunities in interdisciplinary research, professional field placements, and service learning.
- *Advice for others; lessons learned; challenges* – Currently the economic pressures within many institutions of higher learning are intimately intertwined with technological advances, shifts in the demands and expectations from students, and the inevitable pressures on the traditional pedagogical and delivery methods of education. As Universities increasingly grapple with the commodification of education, the leadership within many institutions across the academy find themselves seriously challenged. At the center of this challenge are the yet undefined requirements for institutional change in relation to the “new economy” and the elusiveness of precise skills required by academic leaders in order to successfully navigate the tensions between traditional priorities and commitments and the new and urgent pressure to “make change”. It might be argued that this task force became the causality of this larger dynamic.

**Binghamton University**  
**Institute for Intergenerational Studies; Southern Tier Center on Aging**  
**Laura Bronstein – Chair and Professor, Department of Social Work & Institute Director**  
<http://www.binghamton.edu/ifis/>

- *Goal* – This project grew out of the Leadership Academy in Aging. Binghamton's aging services community was rich in collaboration among providers but there was little

collaboration among researchers and educators at the university around aging. The Center on Aging was developed to bring together researchers in the university across an array of disciplines, to link them with community providers and with geriatricians at the clinical campus of the local medical school, SUNY Upstate Medical University. Because of the interest in issues that span the life cycle and researchers in the university interested in interprofessional and university-community collaboration around children, families and schools, the aging center was developed as part of an Institute of Intergenerational Studies with the other major Center being the Center for Best Practices in Full-Service Community Schools.

- *Program start date* – The Institute began in 2009
- *Funding* – As part of Binghamton University’s Division of Research, the Institute was awarded \$10,000. of start-up funds. In 2010 the university’s Division of Research supported the Institute with \$8,000. and in 2011 it was awarded \$6,500. We also have the opportunity (which we took advantage of one year) to have Graduate Assistant support from a doctoral student for the Institute.
- *Disciplines/Professions involved* – Currently professionals at the universities come from the disciplines of social work, engineering, medicine, nursing, psychology and education. Community providers span a larger array of disciplines including nutrition, business, and many others.
- *Focus* – The Institute is part of the Division of Research at the University and thus all activities have a research focus. It is an applied research emphasis where the interest of the Aging Center is on developing, implementing and assessing innovative team-based education for graduate students and improved service delivery methods.
- *How it maximizes interprofessional efforts* – The Aging Center is composed of approximately 50 research associates who meet together three times a year. They collaborate on an array of research projects, grants, educational initiatives and conferences. This year we received a grant from the John A. Hartford Foundation to support our Geriatric Consult Clinic. The Clinic has medical students and residents, and graduate nursing and social work students delivering consultations to older adults in a rural county in upstate NY. The consultation is two-part, including both a home and office visit. The students from the three disciplines have the opportunity to learn side-by-side. An evaluation is being undertaken to assess the impact of this interdisciplinary model on both the students as well as on the older adults and their caregivers.
- *Advice for others; lessons learned; challenges* – Collaboration is hard work and takes more time than doing things in silos, but the rewards are worthwhile. It is critical to persevere and to get a good team together with strong leadership from all disciplines involved. Our partners from different disciplines vary in their interest in the work and that is reflected in the quantity and quality of their involvement.

**California State University, Bakersfield**  
**Bruce D. Friedman, Professor**

- *Goal* – Identifying how social work services can be financially supported in order to improve the quality of life of the elderly. In using an academic medical model, medical schools create primary health clinics as training sites for students and residents and are able to receive Title XIX administrative funds and bill Title XIX for the services provided. Could that model be replicated for social work services?
- *Program start date* – 2009
- *Funding* – The project was not formally funded; however, the student placed at Kern County Public Health was part of CSUB's HPPAE project. As such, she did receive a small student stipend and the faculty field instructor was able to get reimbursed mileage for travel to the agency. The goal of the project was to look at ways to develop additional external funding sources to sustain the HPPAE project once Hartford Funding ended.
- *Disciplines/Professions involved* – There are a number of provisions associated with use of Title XIX funds. One aspect that is if it is a health factor, then it can be reimbursed at the 75% rate; whereas, if it is solely a service provision factor, then it is reimbursable at the 50% rate. Although social work looks at person in environment and has some services that look at physical health factors, other professionals look at the nature of social work services as providing well-being or assistance services and not health. Thus, in order for social work to be able to provide services that would be reimbursable at the higher health rate, it was important for social work to collaborate with either medicine or nursing. This led to the development of an interdisciplinary project between the Department of Social Work and the Department of Nursing (CSUB does not have a medical school). The goal is to access Title XIX funds at the higher 75% reimbursement and have social work and nursing students provide the services creating a paid internship and thus supporting their education.
- *Focus* – To begin operationalizing the plan, it was important to identify a public entity that provided adult protective services (a service that is reimbursable by Title XIX) and who is a fiduciary agent with the state Title XIX program. Initially the focus was to work through Aging and Adult Services (AAS), who provides Adult Protective Services; however, AAS is not a fiscal agent of the state as they subcontract through the county Department of Human Services. In addition, the state of California declared that they were only interested in reimbursing for services provided and not supporting services, such as training or research, which would be funded through the administrative fund side of Title XIX. This necessitated identifying a partner that provided Title XIX reimbursable services where social work students could become involved.
- Fortunately, the Department of Social Work had been working at developing a relationship with Kern County Public Health (KCPH) in order to introduce social work

services into their public health services to the community. KCPH is a state fiscal agent for Title XIX funds but is not accessing them for social work services since there are no social workers working with public health nursing. In addition, the Department of Social Work was working with the Department of Nursing at CSUB to provide more collaborative services and the target was to begin with the public health nursing curriculum. Thus, the plan was conceived for social work and nursing students to collaborate in providing in-home social services through public health nursing at KCPH. The social work student was in her final year of her MSW program while the nursing students were working toward their BSN. The goal was for the social work student to work closely with the nursing students in order to help them with their bio-psycho-social-spiritual assessments of the clients they saw and then to identify various community resources to assist with the intervention. The social work student also tracked each intervention in relationship to the reimbursable Title XIX services identified by the service reimbursement schedule for Title XIX. By conducting this analysis, it was identified that if KCPH had a social worker at Public Health, they would have been able to bill for \$72,000 for the social work services provided to those clients who are funded by Title XIX. This provided evidence that social work services could be provided and would be reimbursable through Title XIX.

- *How it maximizes interprofessional efforts* – A residual benefit to this analysis was that Public Health Nursing began to realize the benefit of having a social worker providing assessments in conjunction with the public health nurse. Both disciplines approach assessment a little differently and it was identified that by having a social worker collaborate with a public health nurse, that the overall quality of care of the client was greatly improved. There were times when the nurse would look at the physiological factors but not take into consideration some of the environmental factors and by both working together, then the overall wellness of the client was greatly improved. However, it was necessary for the social worker to be strong enough to advocate for the profession since the host discipline is nursing and there was a need for developing a level of trust and collaboration. The goal of accessing funds to assist with social work education is still being addressed, but this was a first step in engaging an agency, demonstrate the value, and then move to achieving the goal.
- *Advice for others; lessons learned; challenges* – Some of the barriers that we had to work through were that these services are reimbursable to licensed clinical social workers (LCSW), where we were looking at students providing the services. Thus, there was a need for having KCPH either contracting with a LCSW to sign-off on the work of the graduate student or KCPH actually hiring an LCSW. A problem with the state of California is that there is not an LBSW or LMSW license as other states have, meaning that there is no provisional license for a person providing services. If the state had an LBSW or LMSW, then the student would have to obtain the provisional license in order to work in conjunction with the LCSW to facilitate being reimbursed for the services provided. This is similar to the way medicine operates in that the resident has a medical

license but is still supervised by the attending physician, who holds a full independent practicing physician license.

There were a number of lessons learned. First, it is important to understand state and county politics and how the organizational systems work in order to take an idea and move it to reality. Second, once one has the idea, it is important to align oneself with the appropriate partners. Third, there is the need to prove oneself. Finally, when you think that it can be done in a short period of time, it is important to realize that it may take a year or so longer. Relationships are crucial and it is important to make sure that those relationships are developed to implement the idea.

**Cleveland State University Certificate Program in Gerontology**  
**Murali Nair, Professor and Coordinator, Gerontology Program**

- *Goal* – At Cleveland State University, there is already a Certificate program in Gerontology at the graduate and undergraduate level. This exists in the School of Health Sciences. The School of Social Work is taking the initiative to make this an interprofessional certificate program in Gerontology. The Hartford Foundation has been an inspiration to start this new program
- *Program start date* – 2010
- *Funding* – Unfunded
- *Disciplines/Professions involved* – Social Work, Anthropology, Center for Healing Across Cultures, Health Sciences, Psychology, Sociology & Nursing
- *Focus* – The focus is a combination of practice, service, research and education. BSW and MSW students are expected to do a minimum of two semesters of internship (around 450 hours per semester) in a gerontology setting, working on "one to one", family, small groups, community outreach, advocacy, planning, and program evaluation. Students are expected to take two courses in gerontology, and do a "poster session" at a research colloquium.
- *How it maximizes interprofessional efforts* – The uniqueness of this program involves special opportunities to do research at the university's center for healing across cultures, Center for Black Aged and on Centenarian research projects.
- *Advice for others; lessons learned; challenges* – Try to be visible in the campus and in the professional community. Carve out a special area of research interest, such as healthy aging, black aging, centenarians, etc. Collaborate with other disciplines in publications, field research, grant writing.

**Salem State University**  
**Center for Interdisciplinary Education and Workforce Development for**  
**Older Adult Services**  
**Cheryl Springer, Director, Salem State School of Social Work**

- *Goal* – The School of Social Work at Salem State University has laid the foundation for the formal establishment of the Salem State University Center for Interdisciplinary Education and Workforce Development for Older Adult Services in spring 2012.

From 2000 to 2006, there was a 31.7 percent increase in the number of adults aged 55 to 64 living in the northeast region of Massachusetts, as the population of families with young children decreased and the existence of retirement communities and relatively affordable housing seniors expanded. This cohort of older adults has remained in the northeast region of Massachusetts and has increasingly sought social and medical services within the northeast region rather than in the metro Boston area.

In Massachusetts, there are a few current social and health care projects that rely on care coordination, such as two medical home models based in large health care systems serving the elderly and Programs for All-Inclusive Care of the Elderly (PACE) based in outpatient health care settings. Nonetheless, there is little evidence that the professionals involved in these limited care coordination models have received education and training on how to work with other health care professionals. The Center for Interdisciplinary Education and Workforce Development for Older Adult Services will provide interdisciplinary education for the current and future workforce of social and health care providers in order to insure that they are prepared to engage in and advocate for interdisciplinary care for older adults.

- *Program start date* – Spring 2011
- *Funding* – In spring 2011, the Salem State School of Social Work received funding from the University's School of Graduate Studies to engage consultants with successful experience securing funding for projects focused on curricula and education for interdisciplinary older adult services. The three consultants respectively represent the disciplines of social work, nursing, and occupational therapy. One of the consultants will be continuing to work with the School's Director in applying to a local community foundation for funding to support the work with the Geography Department in order to map current older adult service agencies and institutions and the services they provide.
- *Disciplines/professions involved* – Salem State University School of Social Work is collaborating with the University's School of Nursing, Department of Occupational Therapy, the Geography Department and School of Graduate Studies. Because the Center for Interdisciplinary Education and Workforce Development for Older Adult Services will focus on graduate, continuing, and in-service education that is



interdisciplinary in curricula and methods, consultation will also focus on the development and evaluation of interdisciplinary learning as well as the development and implementation of a survey of the existing and future workforce needs among older adult service organizations and institutions.

- *Focus* – The need to establish a Center for Interdisciplinary Education and Workforce Development for Older Adult Services at Salem State University is based on two factors: one, the increased number of older adults in the northeast region of Massachusetts and two, recent proposed legislation seeking to further advance health care reform in Massachusetts by creating accountable care organizations that would place an emphasis on systems of care and care coordination.
- The Salem State University School of Social Work Director and three faculty from the School’s Master of Social Work (MSW) faculty have collaborated with faculty from the University’s School of Nursing and the Occupational Therapy Department in supporting three major efforts during its initial three years of operation:
  - A graduate course entitled *Interdisciplinary Care Coordination for Older Adult Services* co-listed at Salem State University for social work, nursing, and occupational therapy students; the course will be taught by faculty from all three disciplines with student enrollment representative of each discipline; the course will be taught as a week-long “institute” with required residential component for students as well as pre- and post-institute tasks and assignments.
  - The Center is seeking funding to conduct a workforce needs assessment survey of all nonprofit agencies and health care facilities in the northeast region of Massachusetts serving older adults; the survey would be designed in collaboration with the University’s Geographic Information Systems Department in order to identify the most pressing and future workforce needs for older adult services especially with regard to the implementation of accountable care organizations and care coordination.
  - The Center will develop and implement continuing education programming based on the ongoing evaluation of the graduate course described above and the findings of the survey described above; it is anticipated that some of the continuing education programming will focus on under-served and under-recognized older adults in need of interdisciplinary care coordination such as LGBT elders, elders diagnosed with HIV or AIDS, elders involved in domestic violence, elders who are victims of abuse or neglect, and elders with histories of trauma.
- *How it maximizes interprofessional efforts* – The Director of the School of Social Work initiated contact with faculty from other disciplines within the College of Health and Human Services following discussion with the Dean of the College as well as the Dean of the School of Graduate Studies who, by discipline, are respectively a social worker and

nurse. The deans' interest and investment in an interdisciplinary effort is strong and influential both with regard to potential funding and faculty support. Consultants that are being funded were identified through consultation with involved faculty and deans. In addition, faculty formally involved in the establishment of the Center and its activities collaborated in identifying major community-based professionals who will form the basis of a future Community Advisory Committee.

In order to highlight the Center's promise, the School of Social Work is currently working with North Shore Elder Services (NSES) to sponsor a major conference at Salem State University in March 2012 entitled *Working with LGBT Older Adults: Practice and Programming Challenges and Opportunities*. The conference involves collaboration with the LGBT Aging Project of Boston, the North Shore Old and Bold Coalition, NSES, and multiple disciplines including health care providers, funeral directors, hospice workers, occupational therapists, social workers, etc.

- *Advice for others; lessons learned; challenges* – The faculty/staff directly involved in the Center have included the Director of the School of Social Work, three faculty from the School of Social Work, one faculty member from the School of Nursing, one faculty member from the Department of Occupational Therapy, and a staff member from the University's Office of Grants and Sponsored Programs. One of the major challenges has been coordinating times when all members can meet. While communicating electronically is efficient and often used, it is critical that a group of professionals who are going to be working and teaching together commit themselves to regular in-person meetings. It is highly recommended that an established monthly meeting be held regardless of who is able to attend with minutes of meeting process and actions taken or recommended.

The Center's primary faculty has considered the pros and cons of an advisory committee but has decided to wait until we have completed all contacts with our various consultants and have recorded their recommendations. The early involvement of staff from the University's Office of Grants and Sponsored Programs has been especially valuable.

**University of Missouri School of Social Work  
Graduate Certificate in Gerontological Social Work  
Marjorie Sable, Professor and Director  
Colleen Galambos, Professor and Certificate Program Coordinator**

- *Goal* – The Graduate Certificate in Gerontological Social Work at the University of Missouri (MU) is designed to expand the pool of professionals who are qualified to work in settings with older adults and their families. The certificate focuses on practice strategies of social work intervention from micro, mezzo, and macro perspectives. This certificate is available to students enrolled in the MU School of Social Work master's program as part of their graduate training as well as a stand-alone entity to graduate level

clinical social work practitioners and graduate level policy, planning and administrative social work practitioners who wish to augment their knowledge and skills in this area.

- *Program start date* – Spring 2012
- *Funding* – The MU Interdisciplinary Center on Aging offers two courses on Aging that are cross-listed with the School of Social Work. The Center on Aging also funds mini-grants to faculty in the area of aging. Some funding is connected to student field placements, and Dr. Galambos is a co-investigator on grants from NSF, NINC, and AHRQ with colleagues from Nursing, Family Medicine, and Engineering.
- *Disciplines/professions involved* – Human Development and Family Studies or Family and Community Medicine, Nursing, Engineering.
- *Focus* – Participants in the Gerontological Social Work Certificate program will build awareness and expertise for work in settings that serve older adults and their families. Participants will be trained in micro, mezzo, macro and clinical strategies known to be effective in work with older adults and their families. An interdisciplinary, multi-level emphasis will be provided in the program since a large component of elder care is the coordination and management of services provided by various disciplines.
- *How it maximizes interprofessional efforts* – The Gerontological Social Work Graduate Certificate consists of 12 credit hours, including two required courses, one elective and one interdisciplinary course. The required courses include: 1) "Helping Strategies with Older Adults"; and 2) "Policies and Services for Older Adults". For the third course, students choose between several different courses based on their concentration. For the fourth class, students choose between a course offered by Human Development and Family Studies or Family and Community Medicine. During the final semester of the MSW Program, the full-time block practicum experience 40 hours/week (680 total hours) is arranged at a setting where students will gain skills practicing with older adults. Practicing MSWs only complete 12 hours of coursework and are not required to complete an additional practicum experience.
- *Advice for others; lessons learned; challenges* – Certificate program is yet to begin although coursework has been available.

### **Next Steps**

Social work educators' attention to, and expertise in gerontology has grown exponentially since the John A. Hartford Foundation began its investment. This monograph is a testament to this work and the fact that many projects are still just beginning. While the efforts highlighted in this monograph are ongoing including HPPAE normalization, infusion of gerontology content into curriculum, and interprofessional community-university partnerships geared at service

delivery, research and education, there still remain areas where we need to add our attention to make this effort even more comprehensive.

One area of need requires gathering data relevant to the workforce for geriatric social workers. This task involves collecting data regarding both current and projected numbers of geriatric social workers, in addition to data about vacancy rates and where the needs are for more geriatric social workers. Another area for further attention has to do with defining geriatric social workers' scope of practice with special attention given to delineating our role on interdisciplinary teams serving older adults. And then, given the most recent Council on Education EPAs, there is a need to tie techniques of infusion of geriatric content to social work competencies.

The social work education initiatives supported by the John A. Hartford Foundation have made huge inroads in the focus of social work education, including the leadership, knowledge and skills of social work administrators, faculty and students. All this translates into a more productive social work workforce and improved services for older adults. There is an enormous amount to be pleased with in the work that has been done, and much that lies ahead to continue.

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