



# CalSWEC

## Aging Initiative

<http://calswec.berkeley.edu/>

# University Survey

*Curriculum Workgroup*

*With*

*Molly Ranney, Ph.D.*

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Funded in part by the Archstone Foundation



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## EXECUTIVE SUMMARY

California has the largest population of persons over 65 years of age, over 3.9 million persons, and the largest population of ethnic elders in the nation. In 2004 the California Social Work Education Center (CalSWEC), which has served since 1990 as a catalyst to increase the number and quality of social workers in California, created an Aging Initiative (AI). CalSWEC is composed of 17 schools of social work, the California County Welfare Directors and the California Mental Health Directors Association. The AI was formed with an overarching mission to develop a competent social work workforce to meet the needs of aging Californians and their families. Social workers provide services to individuals, families and communities, which optimize elders' independence and well-being.

In 2005, the Archstone Foundation provided support for specific geriatric AI labor force development projects including the delineation of geriatric social work competencies and a university survey of social work curricula in aging. The AI Curriculum Workgroup utilized the CalSWEC curricula model including the definition of first year and second year skill levels. The competencies developed nationally through the Hartford Geriatric Social Work Initiative particularly the Social Work Leadership Institute Practicum Partnership Program were used as guides for competency development. The Council on Social Work Education Gero Ed Center collaborated to disseminate the AI competencies through faculty development institutes. CalSWEC members and the Executive Board approved competencies through an extensive process of review.

The **goals** of the AI University Survey were: 1) To describe the current status of social work education in aging within the curriculum in California Schools of Social Work. 2) To provide baseline data for CALSWEC to use in assessing the level of competency-based social work in aging curriculum for both infusion and aging specialization. 3) To provide data for comparison of social work in aging in California with national surveys. **Research design** was a descriptive, cross-section design to collect baseline information regarding the aging content students are currently exposed to during their MSW programs in California. The **sample** was composed of all 17 social work (SW) programs (2 private and 15 public) in California. All SW program offer MSW degrees, in addition there are 10 BSW programs and 4 doctoral programs. **Data collection** consisted of first receiving permission to distribute the survey from Deans/Directors; the program's designee received an invitation to participate in the study using Survey Monkey.

**Findings** Aging Courses: California SW programs predominantly offer aging content either through infusion into generalist courses or elective content with 65% of the schools having no required courses in aging and 82% offering at least one elective course. Six schools report an aging specialization and one a sub-specialization. Students in Aging: The number of students in aging for specific years increased from 291 in 2003/04 to 313 in 2005-06. Adding in the sub-specialization students the total in 2005-06 was 12. An additional 91 MSW students who did not specialize in aging took gerontology electives. The combined figure of students taking at least one aging class is 416 (or 12.1%) for the 2005-2006 academic year. This is the number that would be expected to graduate out of a total of 3,430 currently in MSW programs. Additionally, two hundred and four graduate students participated in aging related research. Faculty. All SW programs had a least one classroom faculty with expertise in aging, 75% had 2 or more gerontology faculty. The average number of full-time faculty in aging was 3. The percentage of full-time gerontology faculty to all full-time faculties ranged from 7% to 40% with an average of 19%. Schools were less likely to have full-time field faculty with aging expertise, 33.3% reporting having no such faculty Field Placements: An average of 29.9 aging field placements were

available for student practicums. A wide range of field experiences was listed in health, mental health, and social services.

Barriers to California Social Work Curricula in Aging: The three “biggest” barriers were “existing curricula too full” (60%), “lack of student interest” (60%), and “Not a priority population” (26.7%). Less than one fourth of the schools rated “lack of faculty with aging specialization (20%) or “resistance on the part of faculty” 20% as barriers and on & 6.7% saw field placements as a issue.

Adoption of AI SW Competencies: Representatives were asked to assess each of the 72 AI competencies, which are related to the major domains of the MSW curricula: Not all schools completed all competency assessments (n ranges from 13-15). In HBSE, 35.3% of the responding schools reported 11 to 20% exposure to aging competencies. Practice classes appear to be one of the higher levels of exposure with 23.5% of the schools reporting 21-30% and 11.8% reporting more than 30%. Policy and Research were the lowest areas reporting 47.1% with less than 10% exposure. Diversity/social justice reported 23.5% with less than 10% exposure.

Conclusions and Implications: California Schools of Social Work have substantial resources and formidable challenges in meeting the needs of the state for competent social workers in the field of aging. Through in part participation in the Hartford Geriatric Social Work Initiative a strong cadre of gerontological academic faculty is in place with 19% of the faculty in aging compared to according to CSWE data 11.9% of faculty nationally. Additionally through the Hartford Practicum Partnership Program, California has developed community partnerships with a wide array of aging field placements. These are significant accomplishments though increased numbers of field faculty in aging are needed in order to maximize these field placements. Competency-based education in child welfare and now mental health has grown substantially and because of CalSWEC is a well-developed approach to education in the state. The GeroEd program has developed means to infuse aging competencies into generalist curricula and this appears to be taking place at this baseline point of assessment. According to CSWE data on MSW programs across the nation, 72.2% of programs reported no required courses in aging, and 91.4% of programs offered 1 or more elective aging courses in the 2005-2006 academic year, suggesting California has slightly more programs offering required courses and slightly fewer offering electives. At the same time the top barrier to aging curricula development is “existing curricula too full.” Assessing yet another long list of gerontological skills may be a further overload, as it appeared in the respondents somewhat spotty response patterns to competency assessment. It can be concluded that age competencies are not addressed fully in all aspects across the curricula. With an emphasis on infusion of the curricula, aging specializations are not the dominant approach for meeting the gerontological workforce demand with only 35.3% of the schools having a specialization in aging. One of the highest identified barriers was “lack of student interest.” In 2005-06, only 416 (or 12.1%) MSWs were trained, who either specialized or took an elective in aging. This figure will not meet the need for trained social work therapists, care managers, family caregiver counselors, program developers, and policy advocates in the state as the baby boom generation peaks in age.

## STATE AGING CURRICULA CALIFORNIA SCHOOLS OF SOCIAL WORK

### *School/Department Characteristics*

Table 1 presents the background characteristics of the 17 schools of social work participating in this survey. The majority (88.3% or 15) are public universities, compared to 11.8% (n=2) private institutions. Virtually all of the universities provide MSW/MSSW programs; over half (n=10, 58.8%) offer BSW-level degrees. However, only 23.5% (n=4) offer doctoral programs. The mean number of students enrolled in the BSW programs is 96.5. In terms of graduate programs, the average number of students enrolled is 201.7; 41.3% of the MSW programs have 101-200 students. Among four doctoral programs, half of them reported student size of 1-20. All (n=17) of the Schools/Departments of Social Work reported an average number of classes needed to obtain an MSW degree to be approximately 20.

Table 1: Background Characteristics: California Schools of Social Work (n = 17)

Variables	N	%
<b>School Description</b>		
Private	2	11.8
State	15	88.3
<b>Academic system of the school</b>		
Semester	11	64.7
Quarter	6	35.3
<b>Academic programs (multiple responses)</b>		
BSW	10	58.8
MSW/MSSW	17	100.0
Ph.D./DSW	4	23.5
<b>Number of BSW students</b>		
None	7	41.3
1-100	4	23.5
101 – 200	3	17.6
201 or more	3	17.6
<b>Number of MSW/MSSW students</b>		
1-100	4	23.6
101 – 200	7	41.3
200 or more	6	35.4

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Number of Ph.D./DSW students		
None	13	76.4
1 – 20	2	11.8
21 or more	2	11.8
Number of classes required to obtain MSW (Mean =20.2)		
14-15 classes	4	23.5
16-20 classes	5	29.5
21 or more classes	8	47.1

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*Aging Curricula and Students*

Table 2 provides information on the aging curriculum of the various schools of social work. Information was sought on the number of both required and elective classes devoted to aging content. In terms of the required classes, 64.7 % (or 11 schools) did not have any required courses devoted to aging curriculum. Two (11.8%) schools reported one (1) required course. Another 3 (17.7%) schools had 3-5 required courses. One school reported having 18 required classes devoted to aging content. With regards to the elective classes, while 3 (17.6%) schools reported “none,” the rest of the schools (82.3%) reported having at least one elective class devoted to aging curriculum. The vast majority (94.1%) of the universities teach students how to work with an interdisciplinary team (an essential skill for geriatric social workers).

Table 2: Aging Curriculum (n = 17)

Aging Curriculum	N or Mean (Std. Dev)	%
Number of required classes specifically devoted to aging content offered in the program	1.9 (4.4)	
None	11	64.7
1	2	11.8
3	1	5.9
4	1	5.9
5	1	5.9
18	1	5.9
Number of elective classes specifically devoted to aging content offered in the program	1.6 (1.2)	
None	3	17.6
1	5	29.4
2	5	29.4
3	3	17.6
4	1	5.9
Does MSW program teach students how to work with an interdisciplinary team?		
Yes	16	94.1
No	1	5.9
Does MSW program have an aging concentration/ specialization?		
Yes	6	35.3 <sup>1</sup>
No	11	64.7

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Does MSW program have aging subconcentrations?		
Yes	1	5.9
No	16	94.1
In past 2 years, number of MSW students participated in research projects directly relating to topic of gerontology (Mean: SD)	13.6(20.9)	Min = 0, Max = 80
None	1	6.7
1-10	8	53.5
11 or more	6	40.1

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<sup>1</sup>Note: One school reported that they just added a concentration in aging in 2005-2006, did not have one previously.

As shown in Table 2 and in Figure 1, only 6 (or 35.3%) of the schools reported having an aging concentration/ specialization in their MSW programs and 1 school reported a subconcentration. The data on the number of MSW students in an aging concentration/specialization shows a steady increase from 2003 to 2006. Specifically, the number of students in aging concentrations/specializations increased from 291 to 313 during this time period. In terms of the subconcentrations, the number of students showed little change from 2003 to 2006. Universities reported that, on average, 14 MSW students participated in gerontological research project during the past 2 years.

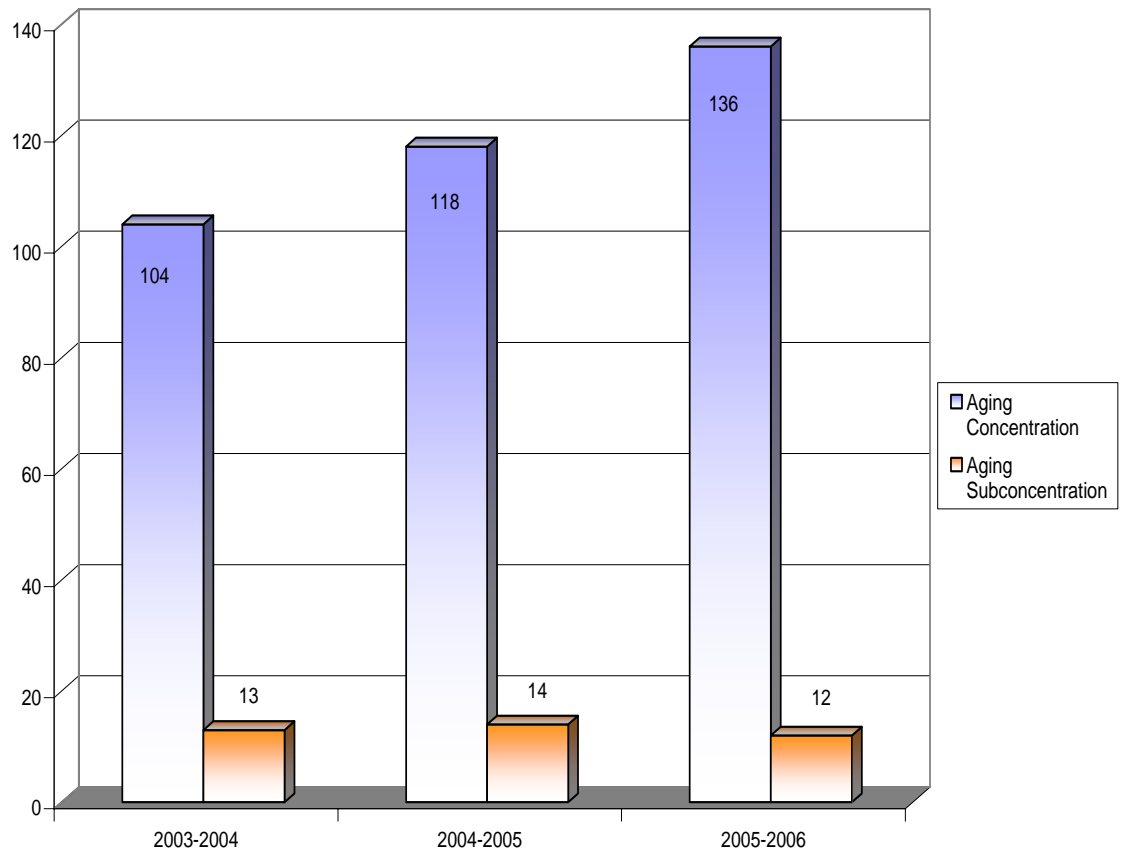


Figure 1: Total Number of Students in Aging Concentrations (n=6)  
and Aging Sub-concentration (n=1) from 2003 to 2006

## II. FACULTY CHARACTERISTICS

Table 3 provides information regarding data on faculty expertise on gerontology and involvement in gerontological research. Based on the data provided by schools, the mean number of full-time faculty is 17.0. When looking at the number of faculty with expertise or training in gerontology, the average numbers of full-time (FT) was 3.1 and field faculty was 1.5. As presented in Table 3, 20 percent of FT faculty, on average, reported to have expertise or training in gerontology. One-third of those reporting (5 universities) of FT field faculty had no gerontological expertise.

In regards to school faculty, an average of 2.6 faculty members are involved in gerontological research in the 17 responding universities, and only 17.6% (3 universities) had no faculty doing gerontological research. Thus, over 80% (14 universities) of the universities had faculty involved in gerontological research.

Universities were also asked about the number of full-time faculty needed to meet the program's current needs and the projected need in 5 years. However, in order to meet the program's future needs (i.e., 5 years), universities reported that more faculty members (an average of 4.5) will be needed.

An availability of a Gerontology Center (i.e. interdisciplinary, training and research) is one of the important on-campus resources for teaching and research on aging contents. Close to half (8; 47.1%) of participating universities reported having a Gerontology Center available on their campus, while 9 universities (52.9%) do not.

Table 3: Faculty member (n = 17)

Variables	N or Mean (Std. Dev)	Range or %
Number of faculty on teaching staff		
Full-time	17.0 (8.7)	Min: 8 Max: 37
Part-time	16.1 (13.7)	Min: 2 Max: 53
Classroom full-time faculty with expertise or training in gerontology on teaching staff	3.1 (1.8)	
1	4	23.5
2-3	8	47.1
4 or more	5	29.4
Classroom part-time faculty with expertise or training in gerontology on teaching staff	3.2 (4.4)	
None	3	21.4
1	4	28.6
2-4	5	35.7
5 or more	2	14.2
Ratio of Full-time (FT) faculty with gerontology expertise to total FT faculty	19.9 (11.0)	
7 - 10%	5	29.4
11 – 20%	5	29.4
21 – 40%	7	41.2
Full-time field faculty with expertise or training in gerontology on teaching staff	1.5 (1.6)	
None	5	33.3
1	5	33.3
2-4	4	26.7
5 or more	1	6.7
Faculty engaged in gerontological research	2.6 (2.6)	
None	3	17.6
1	5	29.4
2-4	6	35.4
5 or more	3	17.7
How many <u>full-time</u> faculty with expertise or training in the field of aging are necessary to meet your program's current needs?	3.2 (2.2)	

Variables	N or Mean (Std. Dev)	Range or %
1	4	25.0
2 – 3	7	43.8
4 or more	5	31.4
Full-time faculty with expertise or training in field of aging necessary to meet program's needs in 5 years (n=16)	4.5 (3.2)	
1	1	5.9
2 – 3	9	52.9
4 or more	7	41.3
Availability of Gerontology Center (i.e. interdisciplinary training and research center) at the university		
Yes	8	47.1
No	9	52.9

## FIELD PLACEMENTS

Table 4 provides information regarding the field opportunities for working with older adults for each university. Across the 17 universities that completed this question, an average of 29.6 field placements was available to MSW students that provide an opportunity to work with older adults. In regards to the type of available field settings, the most commonly available field setting was Adult Day/Health Care Center and hospice – each with 94.1% of universities having these placements. The second most available placement was in hospital settings (88.3%). This was followed by Adult Protective Services, Case Management/MSSP and outpatient mental health, each with 82.4% of universities. The rest included: inpatient mental health/gero-psych (58.8%); Area Agency/Office on Aging, assisted living facilities, home health and senior centers, each with 52.9%; IHSS (47.1%) and retirement communities/home (35.3%). The least available field site was in skilled nursing facilities (29.4% of universities).

Lastly, for year 2005-2006, the survey asked the number of MSW students who received Proposition 63 stipend to work with mental health settings that served older adults. The universities reported an average of 3.3 students.

Table 4: Field Opportunities (n=17)

Field Opportunities	Mean (SD) or %
Number of field placements available to provide MSW students an opportunity to predominantly work with older adults	29.6 (28.9)
Types of Field Setting Available	(%)
Adult Day/Health Care Center	94.1
Hospice	94.1
Hospital Settings	88.3
Adult Protective Services	82.4
Case Management/MSSP	82.4
Outpatient mental health	82.4
Inpatient mental health/gero-psych	58.8
Area Agency/Office on Aging	58.8
Assisted Living Facilities	52.9
Home Health	52.9
Senior centers	52.9
IHSS	47.1

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Retirement communities/home	35.3
Skilled nursing facilities	29.4
Number of students receiving Prop 63 (year 2005-2006) stipend to work with mental health settings that served older adults (n=16)	(Mean: SD) (3.3: 3.6)
None	37.5
1 – 5	31.4
6 - 10	31.3

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## MODEL COMPOSITE AGING CURRICULA

Table 5 presents information which allows for comparison of our survey findings with the previous study by Damron-Rodriguez and Lubben (1994). Similar to Damron-Rodriguez and Lubben's national study of accredited MSW programs, this study examined the adoption of gerontological curriculum. Among the California MSW programs, the two most commonly adopted criteria were the number of aging field placement sites and faculty in aging, which was also the case in Damron-Rodriguez & Lubben's study. Specifically, all California MSW programs had at least one full or part-time faculty in aging which met the basic criteria; and one or more full-time faculty in aging which met the substantial criteria. Additionally, all schools met both the basic criteria of two aging field placements and the substantial criteria of four or more aging field placement sites.

Approximately one-third (35.3% or 6) reported that they had one or more students specializing in aging, with 23.5% reporting that 5% or more of the MSW student body was in aging. For field faculty, 80% of schools reported that they had a least one part-time or one full-time specialist in aging and 66.7% reported that they had one or more full-time faculty who specialized in aging. For the composite adoption measure, 86.7% met four or more basic standards and 40.0% met four or more substantial criteria.

Table 5. Percentage of California MSW Program Meeting Minimal and Substantial Criteria for Gerontological Curriculum Adoption (n = 15)

<b>Criteria</b>	<b>Basic Standard</b>	<b>% meeting</b>	<b>Substantial Standard</b>	<b>% meeting</b>
Number of courses	1-2 Electives	82.4%	3+ Required	26.7%
Number of students in aging <sup>1</sup>	Any students	35.3%	5% of students <sup>1</sup>	23.5%
Faculty in aging	Any-full or part time	100.0%	1 or more full time	100.0%
Field faculty in aging	Any-full or part time	80.0%	1 or more full time	66.7%
Field placement sites	2 sites	100.0%	4 sites	100.0%
No. standards met	Two	13.3%	Two	26.7%
	Three	0.0	Three	33.3
	Four	46.7	Four	26.7
	Five	40.0	Five	13.3
Composite adoption measure	4 or more standards	86.7%	4 or more standards	40.0%

<sup>1</sup>The percent of students enrolled in aging was calculated by dividing the total number of MSW students enrolled in an aging concentration, subconcentration, and specialization by the total number of students in the MSW program in the 2005-2006 academic year.

### Barriers to Aging Curricula

Figure 2 provides the perspective of participating schools on future plans and potential obstacles in the development and implementation of an aging curriculum. In terms of the major obstacles to development and implementation of an optimum aging curriculum in the program, the most-frequently mentioned barriers as “biggest” included “existing curriculum too full” (60.0%), “lack of student interest” (60.0%), and “Not priority population” (26.7%). The rest of the obstacles included “lack of faculty with aging specialization” and “resistance on part of the faculty” and “lack of field placements,” 20.0%, 20.0%, and 6.7%, respectively considered these among the barriers.

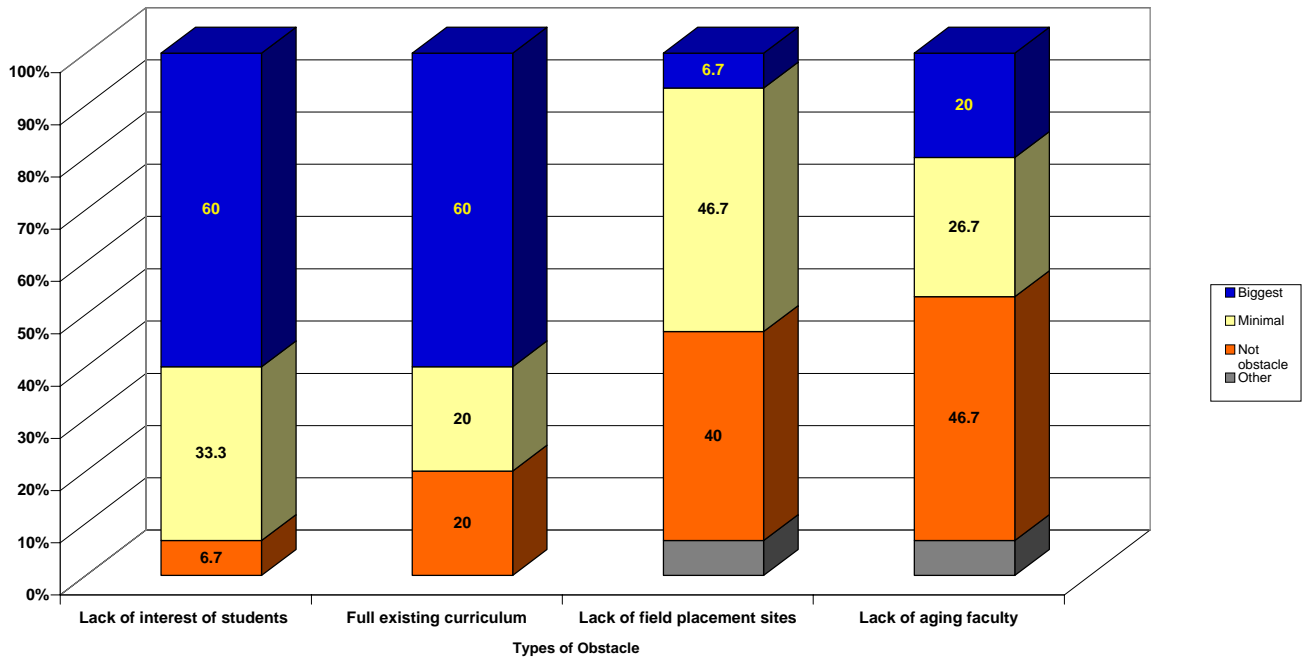


Figure 2: Major Obstacles to Development and Implementation of an Optimum Aging Curriculum

(n=15)

## RESULTS II: ADOPTION OF AGING INITIATIVE SOCIAL WORK COMPETENCIES

*Competencies by Domains*

Table 6 presents the self-assessed current level of each school’s exposure to aging content in major types of MSW curriculum such as HBSE, Practice, Policy, Research, and Diversity/social justice. Each school representative was asked to rate the percentage of exposure to aging content. In the Policy and Research classes, more than half of the schools reported having 1 10% or less of exposure to aging content, 60.0%, and 71.4%, respectively. In terms of HBSE, 40% of the schools reported having 11-20% exposure. Both the “Practice” and “HBSE” classes appears to have relatively higher levels of exposure to aging content than other classes, with 40.0% of the schools reporting its coverage as 21-30% or more in the curriculum. The “Diversity and Social Justice” class was one of the lowest exposure levels, with 27.3% of the schools having 0%.

Table 6: Exposure to Aging Content in the MSW Curriculum (N=17)

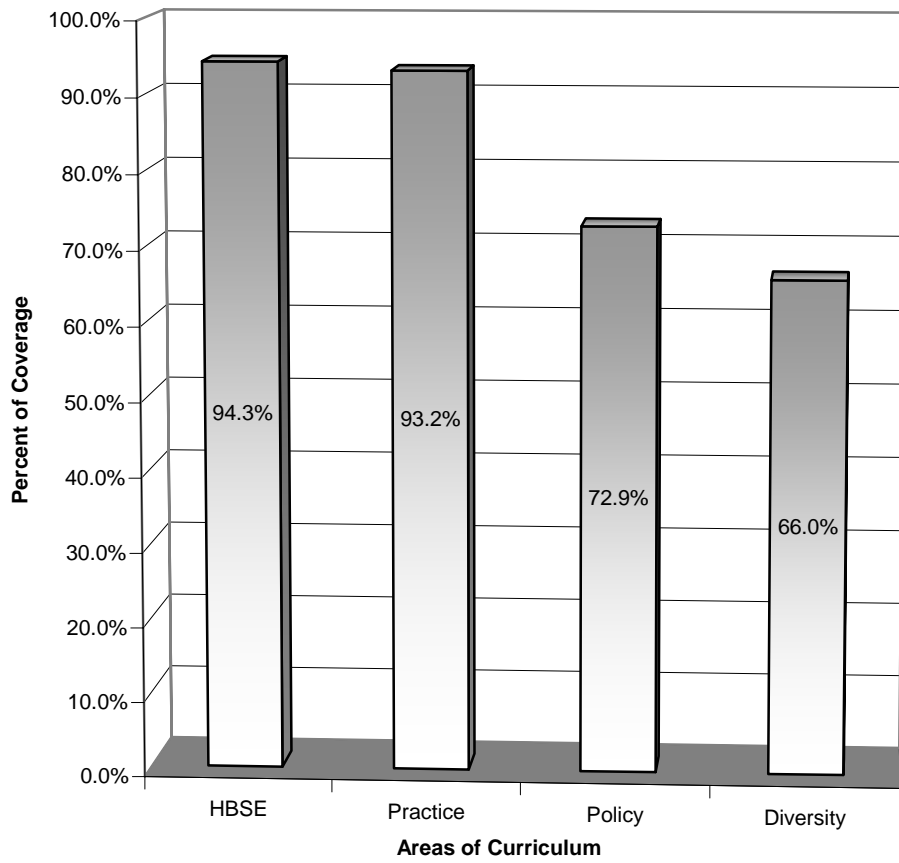
Current Level of Exposure to Aging Content	Classes of MSW Curriculum (%)				
	HBSE (n=15)	Practice (n=15)	Policy (n=15)	Research (n=14)	Diversity/ social justice (n=11)
0%	0.0	6.7	6.7	14.3	27.3
1-10%	20.0	33.3	53.3	57.1	36.4
11 – 20%	40.0	20.0	13.3	14.3	27.3
21 – 30%	26.7	26.7	26.7	14.3	0.0
More than 30%	13.3	13.3	0.0	0.0	9.1

Given the total number of competency items in each type of MSW classes, we counted the number of total competency items that participating schools reported covering in either foundation year classes, advanced year classes, and other classes: We then calculated the mean of items covered for responding universities. As presented in Table 7, there were 14 HBSE, 31 Practice, 17 Social Welfare policy, and 10 diversity/social justice competency items. For HBSE competencies, a mean of 13.2 out of 14 items (94.3%) have been reported to be covered in MSW classes. Out of 31 Practice competencies items, on average, 26.2 items were identified as being covered, which is 84.5%. However, the coverage percentages were lower with social welfare policy and diversity/social justice classes, 78.8% and 76.0%, respectively.

Table 7: Number of Aging Competencies Covered in the MSW Curriculum (N=17)

Types of Competencies	Mean Number of Aging Competencies covered in Classes of MSW Curriculum (SD)	Percent of Coverage as a ratio (%)
HBSE Competencies (0-14)	13.2 (1.6)	94.3
Practice Competencies (0-31)	26.2 (9.9)	84.5
Social welfare policy (0-17)	13.4 (5.3)	78.8
Diversity/Social Justice (0-10)	7.6 (3.5)	76.0

Note: Percent coverage is average number of items covered/ total possible items.



**Figure 3: Competency Items - Percent Coverage on Average (N=17)**

### Human Behavior and the Social Environment (HBSE)

In terms of each competency item (see Table 8), the percentage of universities addressing HBSE competency in the entire curriculum ranges from 88.1% to 100%, showing high exposure. More specifically, competencies dealing with aging and developmental theories and the life-span approach showed the highest level of exposure (mostly 100%). On the other hand, competencies related to mental health and medical issues were dealt with at an overall lower level of 93.5% and 94.1% of exposure, respectively. Most competencies were dealt with during foundation courses more than in advanced or other courses, with the exception of mental health needs and multiple conditions (item 6 and 10), theories (item 8 and 14) and design of interventions (items 12, 13), which were dealt with equally or more often in advanced or other classes.

Table 8: Aging Competencies in HBSE Classes by Types of Classes (N=17)

<b>Human Behavior and the Social Environment Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
1. Identify major concepts and theories of normal biological, psychological, and social aging including healthy and positive aging.	100.0	82.4	17.6	11.8
2. Identify stages, process, milestones of adult human growth and development and understand changes in functional capacity and disability associated with health conditions in old age.	100.0	76.5	29.4	23.5
3. Understand the connection between aging theories (life course, social exchange, political economy, and social capital) and social work perspectives, which have been related to practice with older adults (e.g., person-in-environment, social justice, strengths-based perspective).	88.1	47.1	17.6	23.5
4. Become knowledgeable about losses, changes, and transitions over the life cycle that impact older people and their families.	100.0	77.5	29.4	17.6

<b>Human Behavior and the Social Environment Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
5. Appreciate the influence of culture on roles, stages, & transitions in the life course.	100.0	76.5	29.4	23.5
6. Understands the unique mental health needs of people in transition between life stages.	93.5	35.3	23.5	35.3
7. Identify stages in the family life cycle including the late life family and differentiate generational roles and interaction.	100.0	64.7	22.5	23.5
8. Identify major theories regarding adaptive and maladaptive behaviors across the life-span, including the impact of these behaviors on the health and mental health of older adults.	100.0	52.9	41.3	29.4
9. Apply concepts, theories, and research of biological, psychological, and social aging to social work assessment and intervention.	100.0	47.1	11.8	41.2
10. Understand the effects and interactions of multiple chronic conditions, medication, nutrition, and sudden or on-going causes of changes in cognitive states and functional capacity.	94.1	29.4	35.3	29.4
11. Relate social work perspectives and theories to practice with older adults (e.g., person-in-environment, social justice, strengths-based perspective).	100.0	64.7	35.3	35.3
12. Design and conduct interventions related to losses, changes & transitions over the life cycle.	100.0	35.3	29.4	35.3
13. Develop intervention based on the stages in the late life-family & intergenerational roles & interaction.	100.0	35.3	35.3	35.3
14. Apply concepts, theories, and research of biological, psychological, and social aging to social work assessment and intervention.	100.0	52.9	29.4	35.3

Social Welfare Policy/Services

In contrast, policy/ services competencies were only dealt with by from 64.7% to 100.0% of the universities. As shown in Table 10, the most prevalent were competencies about adherence to laws, such as elder abuse, and the impact of policy on historically disadvantaged populations. Policy/ service competencies tended to be presented in advanced courses, and several were rarely covered at all during the foundation year (e.g., designing aging programs, outreach, research, assuring access, and engaging older adults in planning). BECAUSE TABLE SAYS 23.5%

Table 9: Aging Competencies in Social Welfare Policy/Services Classes by Types of Classes (N=17)

<b>Social Welfare Policy and Services Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
1. Identify organizational policies, procedures and resources of agencies to facilitate or act as barriers in the provision of services to diverse older adult populations and their family caregivers.	94.1	52.9	29.4	11.8
2. Identify service gaps, fragmentation, discrimination, and barriers that impact service utilization among older persons.	100.0	52.9	35.3	17.6
3. Incorporate the needs, values, and perspectives of older adults in planning and designing aging programs.	82.4	11.8	29.4	41.2
4. Adhere to laws and public policies related to older adults (e.g., elder abuse reporting, legal guardianship, powers of attorney, wills, advance directives, and Do-Not-Resuscitate orders).	100.0	47.1	23.5	35.3
5. Identify and understand major policies and eligibility that provide funding for aging programs and services.	94.1	64.7	17.6	11.8
6. Identify ways to outreach to older adults and their families to insure appropriate	76.5	5.9	23.5	47.1

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	use of the service continuum (e.g., health promotion, mental health, home and community based care, long term care) that includes understanding the diversity of elders' attitudes toward the acceptance of services				
7.	Advocate and organize service providers, community organizations, policy makers, and the public to meet the needs and issues of a growing older population.	88.3	29.4	35.3	23.6
8.	Use evaluation and research findings to improve practice and program outcomes for older adults.	82.3	5.9	23.5	52.9
9.	Assure appropriate access, utilization, continuity, coordination, and monitoring of the continuum of public resources for older persons including community-based care, residential care, nursing home, and health/mental health services.	70.6	5.9	29.4	35.3
10.	Assess and address impacts of social and health care policies on practice with historically disadvantaged populations.	99.9	58.8	23.5	17.6
11.	Develop program budgets that take into account diverse sources of financial support for older adult services.	82.3	23.5	35.3	23.5
12.	Develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons, including intergenerational approaches.	76.4	17.6	23.5	35.3
13.	Develop strategies to improve laws and public policies related to older adults and to encourage compliance with them, including elder abuse reporting, legal guardianship, durable powers of attorney, wills, advance directives, and Do-Not-Resuscitate orders.	70.6	11.8	23.5	35.3
14.	Collaborate with service providers, community organizations, policy makers, and the public to address and advocate for the needs and issues of a growing aging population.	88.3	29.4	29.4	29.4

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15. Engage older adults actively in planning and designing programs.	64.7	5.9	29.4	29.4
16. Adapt organizational policies, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers.	64.7	11.8	29.4	23.5
17. Evaluate and participate in continuous quality improvement to ensure the effectiveness of programs in achieving intended outcomes for older adults.	64.7	11.8	23.5	29.4

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Practice

Table 10 shows the current level of exposure of aging content in MSW practice classes by available data from nine schools. In terms of each competency items, the percentage of addressing practice competency in the entire curriculum ranges from 76.4% to 100%. More specifically, competencies dealing with assessment, care plans and basic interventions showed the highest level of exposure (ranging from 88.3% to 100%). On the other hand, competencies related to developing educational interventions for older adults, assessment and intervention strategies for substance/drug/alcohol abuse in later life, and comprehensive geriatric social work case management were dealt with at a lower level of university exposure (aggregate ranged from 76.4% to 88.3%). It is important to note that many of the practice competencies were reported to be addressed in either Advanced (from 29.4 % to 52.9% of universities) or Other (from 17.6% to 41.2% of universities) classes, not in the Foundation (from 5.9% to 64.7% of universities) classes. In fact, all competencies were more or equally likely to be presented in advanced or other courses than in foundation courses.

Table 10: Aging Competencies in Practice Classes by Types of Classes (n =17) REAL N?

<b>Practice Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
1. Establish rapport and maintain an effective working relationship with older adults and family members.	100.0	47.1	47.1	35.3
2. Use empathy and sensitive interviewing skills to engage older persons in identifying their strengths and problems.	100.0	52.9	35.3	29.4
3. Assess social functioning (e.g., social skills, social activity level) and social support of older adults.	100.0	47.1	41.2	35.3

<b>Practice Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
4. Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult.	100.0	23.5	47.1	35.3
5. Respect and promote older adult clients' right to dignity and self-determination within the context of the law and safety concerns.	100.0	64.7	35.3	29.4
6. Perform an assessment for service eligibility for older adults' seeking medical health services, mental health services, and community-based services, including their need for assistance with activities of daily living (ADL).	100.0	23.5	47.1	29.4
7. Be aware of standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam).	100.0	29.4	52.9	35.3
8. Develop clear, timely, and appropriate service or care plans with measurable objectives for older adults.	100.0	41.2	47.1	35.3
9. Adapt approaches (e.g., behavioral) and interventions (counseling and psychotherapy) to enhance older persons' coping capacities and mental health.	100.0	29.4	41.2	35.3
10. Provide social work case management to link elders and their families to resources and services and to conduct long-term planning.	100.0	41.2	52.9	17.6
11. Assess and assist caregivers in order to reduce their stress levels and maintain their own mental and physical health.	100.0	35.3	29.4	41.2
12. Utilize group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups).	94.1	29.4	35.3	29.4
13. Use educational strategies to provide older persons and their families with information related to wellness and disease management (e.g., Alzheimer's disease, end of life care).	100.0	23.5	35.3	41.2

<b>Practice Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
14. Engage, maintain rapport, and sustain effective working relationships with a wide range of older adults (including those with behavior problems, mental illness and dementia) and their family and caregivers.	100.0	35.3	35.3	35.3
15. Conduct a comprehensive geriatric assessment of psychosocial factors that affect older persons' physical and mental well-being.	88.3	17.6	35.3	35.3
16. Identify ways to ascertain the health status and physical functioning (e.g., ADLs and IADLs) of the older adult in order to provide assistance.	88.3	11.8	41.2	35.3
17. Conduct differential mental health diagnosis regarding dementia, delirium, depression with the interdisciplinary team and using diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam).	100.0	17.6	52.9	41.2
18. Design and implement service plans to help older people and their families manage/improve functioning with cognitive loss or mental health problems (e.g., depression, dementia, and delirium), health issues, and/or physical functioning.	94.1	17.6	41.2	35.3
19. Develop and implement service plans to assist older adults with health issues and difficulties in physical functioning.	88.3	11.8	29.4	47.1
20. Apply social work ethical principles to <i>decisions</i> on behalf of all older adult clients with special attention to those who have limited decisional capacity.	100.0	52.9	35.3	35.3
21. Develop and institutionalize educational interventions to enhance older persons' coping capacities and mental health.	82.4	5.9	35.3	41.2
22. Conduct assessment and intervention strategies for substance/drug/alcohol abuse in later life.	76.4	11.8	35.3	29.4

<b>Practice Competencies</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
23. Educate families and others to improve communication with older people in light of sensory, speech, and cognitive limitations of older adults.	100.0	35.3	41.2	29.4
24. Provide comprehensive geriatric social work case management to link elders and their families to resources and services to assist them with multifaceted problems and provide long-term care planning.	100.0	29.4	35.3	35.3
25. Intervene to assist individuals and families dealing with complex end of life issues regarding death, dying, bereavement, and loss.	100.0	23.5	58.8	35.3
26. Demonstrate collaboration skills and leadership with other disciplines in geriatric interdisciplinary practice with older adults, their caregivers, and in a variety of service setting including public social services, adult protection, advocates, rehabilitation services, Adult Day Health Care, and Hospice/Palliative Care.	76.5	11.8	29.4	35.3
27. Utilize family interventions with older adults and their families (e.g., promote safety, restore relationships) in order to assist caregivers to reduce their stress levels, maintain their own mental and physical health and promote better care of the elder.	82.4	29.4	41.2	11.8
28. Mediate situations with problem behaviors including angry or hostile older adults and/or family members.	88.3	11.8	47.1	29.4
29. Reevaluate and adjust service or care plans for older adults on a continuing basis.	82.4	11.8	41.2	29.4
30. Promote the well-being of older adults by actively campaigning for better services and policies.	88.3	23.5	29.4	35.3
31. Evaluate and conduct research into the effectiveness of practice and programs in achieving intended outcomes for older adults.	100.0	23.5	41.2	35.3

## Diversity/Social Justice

Table 12 shows the current level of exposure of aging content in MSW diversity/social justices classes by available data from nine schools. In terms of each competency item, the percentage addressing diversity competency in the entire curriculum ranges from 52.9 to 70.6% of universities. More specifically, competencies dealing with values, biases regarding aging and inequality, integration of life experiences into social work practice were addressed by more universities and therefore show a higher level of exposure of 70.6%. On the other hand, competencies related to intervention on elder mistreatment and cultural/spiritual sensitivity of the intervention were dealt with at much lower level of 52.9% and 70.6%, respectively. All of these competencies were more or equally likely to be addressed in the foundation year, except strategies to change policy (item 10)

Table 11: Aging Competencies in Diversity/Social Justice Classes by Types of Classes (n =17)

<b>Competencies (n = 11)</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
1. Identify and assess one's own values and biases regarding aging and, as necessary, take steps to dispel myths about aging.	70.6	47.1	5.9	17.6
2. Recognize inequality in the aging experience as it relates to gender, race/ethnicity, sexual orientation, functional ability and class.	70.6	52.9	11.8	5.9
3. Address respectfully the diversity of cultural, spiritual, and ethnic values and beliefs of older adults and families.	70.6	47.1	5.9	17.6
4. Identify how policies, regulations, and programs differentially impact older adults and their caregivers, particularly among historically disadvantaged populations (e.g., women and elders of color). (n=10)	58.8	23.5	5.9	29.4

<b>Competencies (n = 11)</b>	<b>Aggregate (entire curriculum) (%)</b>	<b>Foundation Class(es) 1st year (%)</b>	<b>Advanced Class(es) 2nd Year (%)</b>	<b>Other Class(es) (%)</b>
5. Understand and direct the ways one's own values and biases regarding aging impact work with older clients, their families, and the provision of aging health and mental health services.	59.9	35.3	0.0	17.6
6. Integrate into the practice of social work an understanding of the life experiences and unique needs of older adults belonging to specific racial, ethnic, socioeconomic groups; of men and women; and of those with different sexual orientations.	58.8	41.2	0.0	17.6
7. Incorporate into treatment and service planning the relationship of race, ethnicity, and culture on health status, health belief, help-seeking behaviors, health practice (i.e., traditional medicine), and health outcomes.	52.9	23.5	5.9	23.5
8. Intervene in elder mistreatment from a system's perspective and within context of the family, legal, and service delivery system.	52.9	17.6	11.8	23.5
9. Intervene sensitively to assist older adults and families who have diverse cultural, spiritual, and ethnic values and beliefs.	64.7	35.3	11.8	17.6
10. Develop strategies to change policies, regulations, and programs to improve the well-being of older adults and their caregivers, particularly historically underserved groups.	70.1	11.8	23.5	75.3

## **DISCUSSION AND IMPLICATIONS:**

The statewide survey of California Schools of Social Work demonstrates substantial resources and formidable challenges in meeting the needs of the state for competent social workers in the field of aging. Findings from the present survey will be discussed in comparison with CSWE national data on MSW programs with regards to the number of aging courses, the number of students in aging concentration, faculty, field placements, and aging and gerontology contents. Also, direct comparison of our findings with the work of Damron-Rodriguez and Lubben (1994) will be made to assess how results from California Schools fare with those of national survey of the Schools of Social Work over 20 years ago. Lastly, one significant contribution of the present survey is to present the degree to which Aging Competencies adopted in the state of California have been infused in MSW curriculum. This report will conclude with discussion and implication of the results on the Aging Competencies.

Competency-based education in child welfare and now mental health has grown substantially and because of CalSWEC is a well-developed approach to education in the state. The GeroEd program has developed means to infuse aging competencies into generalist curricula and this appears to be taking place at this baseline point of assessment. According to CSWE data on MSW programs across the nation, 72.2% of programs reported no required courses in aging, and 91.4% of programs offered 1 or more elective aging courses in the 2005-2006 academic year. In CA, most (64.7%, 11 of 17 schools) have no required courses in aging, while most schools offer 1 or more elective course in aging (82.4%, 14 of 17 schools). This suggests that California has slightly more programs offering required courses and slightly fewer offering electives.

All schools in the present study have at least one full-time faculty member specializing in aging. Through in part participation in the Hartford Geriatric Social Work Initiative, a strong cadre of gerontological academic faculty is in place with 19% of the faculty in aging compared to 11.9% of faculty nationally for academic year 2005-06 based on CSWE data. Additionally through the Hartford Practicum Partnership Program, California has developed community partnerships with a wide array of aging field placements. These are significant accomplishments though increased numbers of field faculty in aging are needed in order to maximize these field placements. Field placements represent an optimistic picture, with aging-related placements available at all universities and a good representation of important agencies within the long term care continuum.

According to the level of exposure to aging content in the MSW curricula, more schools in California appear to report higher percentage of exposure to aging content than national averages in HBSE and Social Welfare Policy and Services, Research. For example, on average, 66.7% of programs in CA reported 11-30% coverage of aging content in HBSE courses, compared with 42.9% of programs nationwide. Similar patterns were observed for Social Welfare Policy and Services (40.0% vs. 32.5%), and Research (28.6% vs. 17.8%), respectively. Similarly, with regards to courses on Social Work Practice, higher percentage of the schools in CA (46.7%) reported 11-30% of exposure to aging content than CSWE data (37.4%). Lastly, for Cultural Diversity courses, more than half of the programs in CA and nationwide reported 10% or less of exposure to aging contents, 63.7% and 59.6%, respectively.

Although the level of exposure to aging contents in the programs in CA is higher than national figure from CSWE, schools in CA still face challenges and obstacles to an aging curriculum. The major obstacles included “having an existing full curriculum” and “lack of

student interest.” In 2005-06 only 416 of MSWs were trained, including those who either specialized or took an elective in aging. This figure will not meet the need for trained social work therapists, care managers, family caregiver counselors, program developers, and policy advocates in the state as the baby boom generation peaks in age.

In comparison to the pioneering work of Damron-Rodriguez and Lubben (1994), conducted over 20 years ago, it should be noted that our present study did not use all of six criteria used in their work, and only represents California. For example, while the previous study defined number of students in aging as taking any aging class, we defined number of students in aging as in aging specialization. When results were comparable, the present study shows some progress in the areas of “field placement sites,” field faculty in aging, and classroom faculty in aging. While more current California schools had 1-2 electives, fewer had 3 or more required courses compared to this early study of aging curriculum. Number of students was lower in this California study, due to a more stringent criteria of “student in aging.”

One of the significant contributions of this present study is to provide empirical evidence on the level of adoption of Aging Social Work Competencies in the MSW curriculum by each participating school. Competency ratings on the degree to which each of Aging Competencies items are adopted and infused in the existing MSW curricula provide insight into structure of foundation- advanced curriculum. Our study shows that HBSE competencies were primarily adopted during foundation courses, with the exception of mental health needs, multiple conditions items, theories, and design of interventions, which were dealt with equally or more often in advanced classes. The HBSE competencies that addressed developmental theories and the life-span approach showed the highest level of adoption in the curriculum. On the other hand, the HBSE competencies related to mental health and medical issues had the lowest level of

exposure. Overall, the Practice competencies were more or less equally likely to be presented in advanced courses (or in “other”) than in foundation. The Practice competencies dealing with assessment, care plans and basic interventions showed the highest level of infusion. Developing educational interventions for older adults, assessment and intervention strategies for substance/drug/alcohol abuse in later life, and comprehensive geriatric social work case management were found at a lower rate.

On the other hand, the Policy competencies about adherence to laws, such as elder abuse, and the impact of policy on historically disadvantaged populations had the highest level of exposure. Additionally, Policy/Service competencies tended to be presented in advanced courses, with several rarely covered at all during the foundation year (e.g., designing aging programs, outreach, research, assuring access, and engaging older adults in planning). The Diversity competencies were the least covered overall by California universities. Those specific items dealing with values, biases regarding aging and inequality, integration of life experiences into social work practice had the highest level of adoption. Intervention on elder mistreatment and cultural/ethnic sensitivity of the intervention had the lowest level of exposure in this category.

Overall, the competency assessment showed highest adoption of HBSE and practice competencies, and lowest coverage of Policy and Diversity competencies. This was consistent for item competency ratings and for percent exposure to aging content ratings, where were global ratings. In other words, Aging Competencies are not addressed fully in all aspects across the curricula. With an emphasis on infusion of the curricula, aging specializations are not the dominant approach for meeting the gerontological workforce demand with only 35.3% of the MSW programs in California having a specialization in aging. Although we do see some good level of competency adoption, social desirability bias is certainly a contributor. These data

provide a baseline. With efforts made by the GeroEd Curriculum Development Institutes (CDI), we expect to see higher level of adoption in a more systematic and organized manner.

Finally, based on the results from the present survey, the following recommendations can be made in an effort to move forward with the goal of infusion of aging contents in the MSW curriculum. First, while the present survey was more focused on whether or not the competency items were covered (i.e., infused), little information can be learned as to how adequately these items were included or covered. This is in part because the methodology of our survey relied on one faculty member delegated to complete the survey. This means that future research may seek inputs from students to assess how the competencies items were received. Second, this study focused more on the infusion of aging contents into MSW curriculum and targeted all MSW students. Third, future effort should be made to develop more resources and infrastructure so that schools of social work in CA increase the systematic infusion of aging content. This is a significant area for further discussion, since this study also identified challenges, barriers, and obstacles to the infusion of aging contents. The major obstacles were full existing curriculum and lack of students' interest. Discussion should also be directed toward developing strategies that address such obstacles, such as more specializations in aging and more stipends to attract new students. One of the important roles of CalSWEC Aging Initiative would be to discuss, develop, and implement such strategies particularly aimed to secure continuous support and incentives for students pursuing their academic and professional interests in the field of gerontology.

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