Inside This Issue

- HPPAE Updates
- Caregiver Family Therapy with Aging Veterans
- Community Fundraising for Parkinson’s Disease
- Older Adults’ Experience with Sexuality
- The GRACE Program
- Chicago Bridge Program
- GSWEC in Greater Los Angeles
- Gerontological Social Work in Disguise
- The POLST Movement
- Internships in Aging Project Endowment
- Older African Americans in Urban Nursing Homes
- HPPAE at the University of Pittsburgh
- CLiA’s Webinar on Career Development
- Medical Non-Compliance as a Psychological Issue
- Experiences, Messages and Other Thoughts Shared by CLiA and HPPAE Members

Thank You:
A message from Nora OBrien-Suric

With this final edition of HPPAE Happenings, I’d like to extend the deepest appreciation and the utmost praise from the board of Trustees and the entire staff of the John A. Hartford Foundation to the staff of the Hartford Partnership Program for Aging Education, the Committee on Leadership in Aging Volunteers, the student leaders who contributed articles for the e-newsletter, and to all of the dedicated social work students reading it. The mission of the foundation is to improve health care for older adults. Our health care system and community-based services are in desperate need of a workforce educated and trained in geriatrics. We, at the foundation, believe that social workers are essential health care team players in providing comprehensive coordinated, continuous care to older adults. We know that MSW students become the next generation of social work leaders. We hope that you will continue to be inspired and to inspire your peers in order to meet the needs of our aging population.

Thank you,
Nora OBrien-Suric, PhD
Suric senior program officer at the John A. Hartford Foundation and a social worker with over 25 years of experience in aging services and program development.

Enjoy this final addition of HPPAE Happenings newsletter. HPPAE is now located at CSWE.

Photograph: William Mebane, John A. Hartford Foundation
VHA/GRECC & HPPAE Orientation Gainesville, VA January 2014
HPPAE Updates!
A new home at CSWE

A message from the Social Work Leadership Institute

To further the expansion and sustainability of HPPAE it has now become institutionalized at the Council on Social Work Education (CSWE). This integration is a result of the positive impact the HPPAE program is having in graduate schools of social work. Since 2012 the Veterans Health Administration (VHA) and the Geriatric Research Education and Clinical Centers (GRECC) have also been critical partners, along with the John A. Hartford Foundation (the program’s original funder) to implement HPPAE in select VHA GRECC sites and non-GRECC VHA sites. With CSWE’s continued support, HPPAE will continue to achieve the goal of creating a social work workforce with expertise in working with older adults.

As a result of the institutionalization of HPPAE to CSWE the HPPAE Happenings newsletter and Generativity online student and alumni e-journal will not continue. We would like to congratulate and thank the Committee on Leadership in Aging (CLiA) for the successful publication of Generativity and the newsletter for the past six years. Your work has been enormously valuable. You give us confidence that the future leadership of gerontologic social work is in very capable hands! The committee’s activities, commitment and enthusiasm have elevated and promoted HPPAE student and graduate leadership in the field of aging. We greatly appreciate the dedication and work of this volunteer group to CLiA and the development of services and programs to care for the older adult population. Current and past editions of the newsletter and e-journal can be found on the website at: socialworkleadership.org.

Patricia Volland, MSW, MBA
Director Social Work Leadership Institute
Silberman School of Social Work
Within the VA system, statistics show that 42.6% of the Veteran population is 65 and older and mostly male, while women Veterans over the age of 65 make up about 16.4%. Medical as well as mental health issues such as the rates of new onset depression, suicide and cognitive impairment are also increasing in the population, making it clear that mental health treatment for older Veterans is central to the mission of the VA. The Salt Lake City VA Healthcare system (VHASLCHCS) aims to address these needs by training our next generation of social workers specializing in the area of geriatrics in the Veteran population.

Using the backdrop of Ecological theory of Aging and Adaptation (see reference below), the VA Office of Mental Health Operations is encouraging VA mental health providers to add an understanding of "environmental press" and its impact on the behaviors exhibited by older Veterans and in their interactions with their providers to the already growing practice of recovery oriented mental health treatment. One way an ecological frame of reference could be operationalized is by the use of Caregiver Family Therapy developed by Sarah H Qualls and Ashley A Williams.

This Caregiver Family Therapy could be used to develop a systems approach to working with families and facilities that care for our nation's aging Veteran population. By basing intervention on the environment's understanding of the medical and mental health status and functioning of the aging Veteran receiving care, a supportive structure is built that can lead to effective problem solving and appropriate treatment.

The SLCVAHCS HPPAE program is proposing to incorporate training in the Caregiver Family Therapy model over the next academic year in our training program in order to address the need for support for the growing aging Veteran and Caregiver population. VA healthcare and mental health providers are also in need of this information, and an in-service regarding this therapy model has also been proposed. With the VA's highly rural, blended, multigenerational and culturally diverse aging population who are impacted by complex medical and mental health issues, this task is a formidable one. Utilization of the principles of Ecological theory and Caregiver Family Therapy could prove useful tools to help with this challenge.
Over the past year and a half in my position as the Center Coordinator and Clinical Social Worker of the National Parkinson Foundation (NPF) Center of Excellence at the University of North Carolina at Chapel Hill, I have had the utmost pleasure of working with and learning from many people with Parkinson’s disease (PD). PD is a chronic and progressive neurological disorder, involving both motor and non-motor symptoms, and currently affects over 1 million people in the U.S. The more PD patients I work with, and the more I learn about this disease, the more I find that our general public seems to have a number of misconceptions about PD, such as believing that it is the same as Alzheimer’s, that it is a death sentence, or that all people with PD experience it the same. Such misconceptions are unfortunate because what I have observed, and what my patients share with me on a almost daily basis, is that people can live meaningful, relatively functional lives for quite a long-time after receiving their PD diagnosis. PD just makes them slower, but does not take away who they are. With an optimistic yet realistic attitude and a proactive approach, there is really so much a person can do to live well with PD. I felt compelled to educate our community about this, as well as to increase the number of programs in our area of North Carolina that enhance the quality of life of people with PD.

In the fall of 2013, I decided to research what it would take to establish an event to raise both awareness and funds for PD in our state. A few years ago NPF had launched Moving Day®, an official walk for PD; but one had never been done in North Carolina because we do not have a NPF chapter. However, our area is unique and fortunate in that we have two NPF Centers of Excellence here, UNC Chapel Hill and Duke University. Last December I approached NPF, the neurologists at UNC and Duke, some of our PD patients and a number of other passionate health care professionals (including my former HPPAE advisor from my MSW program!) with my idea and everyone was on board. We formed a planning committee and set our initial goals for Moving Day® NC Triangle at $50,000 and 300-400 participants.

(Continued on Page 5)
The planning of such an event was quite an undertaking – a second full-time job, really. Along with the support of my planning committee, I booked a big venue, bought advertising space on radio and television, ordered 250 bagels, drew and re-drew many maps, compared bouncy castle companies, recruited and trained 50 volunteers, wrote out a full emcee script, and sent out hundreds of letters – just to name a few of the many logistical tasks.

Then, somehow, after months of planning craziness, it all came together. November 2, 2013 was picture-perfect autumn morning. We had over 800 excited participants show up! PD-affected families, friends and health care workers spent the half-day together participating in yoga and dance classes in our Movement Pavilion, taking a celebratory walk around a gorgeous lake, perusing our vendors, jamming to blue grass music, relaxing with free chair massages, getting their faces painted, making new friends and hugging old friends. Through the support of those 800+ attendees, a few sponsors, and many supporters who could not be present, we raised over $117,000!

The creativity, adaptation and resilience I witness everyday among my PD patients and their families never ceases to impress me. Standing in front of the stage on November 2nd, looking out at a field of hundreds of people who had all banded together in the effort to make a difference for people with this complex disease, I was humbled and moved. Every second of our planning effort over the previous year had been worth it. And now, as we shift into planning for Moving Day® 2014, we look forward to continuing to grow and unite the supportive PD community in North Carolina and beyond and to show the world that you can move to live well with PD.
Throughout my time as a student in a social work master’s program and a human sexuality program, I always worked with older adults. Now as a doctoral student in human sexuality I continue to work with older adults in a geropsychiatry unit. When deciding my dissertation topic, I wanted to combine my two interests: aging and sexuality. How do older adults experience their sexuality? Do they talk to their peers, partners, helping professionals? What affects these experiences? That is when my dissertation: *Older Adult Experiences of their Sexuality: A Phenomenological Inquiry* was born.

It is no surprise that older adults are often ignored when it comes to sexuality. Many people hold the myths that older adults are not sexual or worse yet they infantilize older adults and their sexuality. Often these myths and stereotypes are internalized and the older adult themselves may start thinking these are indeed true (Levy, 2009).

The current generations of older adults, i.e. baby boomers born between 1946-1964, and the silent generation born between 1925-1942, were not brought up to talk freely about sexuality, especially older women. Women learned that they should not enjoy sex as much as men and they should never initiate sex. These attitudes can bring reluctance when it comes to speaking about sex with a sexual partner and/or in a health care setting (Kessel, 2001).

Research indicates that older adults do continue to engage in sexual activity. Lindau, Schumm, Laumann, Levinson, O'Muircheartaigh, and Waite (2007) found that older adults continue to be sexual; however, the amount of sexual activity decreases as one ages. They looked at the frequency of sexual activity among adults from the ages of 57–85. Of the sample collected, more than 38.5% of individuals between the ages of 75–85 reported engaging in sexual activity in the past year. However, they did find that generally sexual activity decreased as a person aged. According to this study, women’s sexual activity is significantly less than men’s, regardless of age. This is because of many women being widowed and not having a partner. The researchers also found that the healthier the person was, the more likely he or she was to engage in sexual activity.

When I set forth on collecting my data I was curious on what I would find. I was conducting 60-90 minute interviews with older adults ages 65-85. I felt very privileged that I was let into that intimate part of their lives. Although, I am still collecting data, I wanted to share some of the patterns that have emerged.

First and foremost both men and women continue to be interested in sex, however men seem more interested than women. The main reason that men stopped engaging in sexual activity was either because a partner died or their partner had medical problems that wouldn’t allow for sexual activity. In most men masturbation is a big part of their lives, although they don’t find it as rewarding.

(Continued on Page 7)
Women’s experience of their sexuality varies. Some women have a very active sex life, where as other women have health problems or a lack of partner that restricts sexual activity. There was no common pattern with women regarding sexuality, however there was a strong interest in companionship.

The one frustrating result was the lack of attention to sexuality that helping professionals provide. When speaking about their helping professionals, they were mostly referring to their primary care doctors and possibly a specialist, such as a gynecologist, urologist or cardiologist. Many of the doctors they mentioned did not ask them about their sexuality or provide them with information about how a health condition or medication may complicate sexual activity. When men asked about their erectile dysfunction a pill was given to them and they were sent on their way.

Communication with each other was limited as well. Most of the sexual content that they spoke to with their peers was humorous. Sex was a joke to them, which suggests that some of the negative stereotypes about sexuality and aging have been internalized.

Granted these are my preliminary findings and a short summary of what the dissertation actually includes, however I think there are a few lessons to be learned from these results:

1. Older adults continue to be sexual, even though their definition of sexuality may change and the frequency may change.
2. Older adults feel like they are in their 30s, even though the mirror tells them differently. Treat them as such, but still honor the aging process.
3. Helping professionals need to learn talk to their older clients about sexuality. They need to be educated that sexuality is indeed an important issue in the lives of older adults.

I am excited to continue on with my research and see what I can find. Ideally, with this research I want to help advocate the sexual needs of older adults, as well as educate helping professionals on this very important topic.

References:


The Motivation

As social work researchers, educators, and administrators, we are motivated to find enhanced opportunities to help our doctoral students gain skills in research and evaluation of gerontology-focused programs and services. We have considerable capacity to address the needs of older adults in the Detroit area. First, we have several gerontology-focused researchers, including two Hartford Faculty Scholars (Drs. Cheryl Waites and Faith Hopp), a former Hartford Doctoral Fellow (Dr. Tam Perry) and two Michigan Center for Urban African American Aging Research (MCUAAAR) fellows (Drs. Jamie Mitchell and Fayetta Martin). We also have an established graduate-level gerontology certificate program and Hartford Partnership for Education (HPPAE) program at the M.S.W. level, as well as extensive research partnerships with the Wayne State University Institute of Gerontology. Several years ago, we began discussions with the Wayne State University administration about the development of a dual-title program as a means of enhancing doctoral education at our university by drawing on and enhancing gerontology capacity and expertise to meet the needs of a growing aging population.

The Ph.D. in Social Work with a Dual-Title in Gerontology

Based on our considerable institutional capacity in aging and our assessment of the need to enhance gerontology-focused doctoral education, we recently developed the nation’s first dual-title Ph.D. program in social work and gerontology. Beginning with the fall 2013 semester, Ph.D. students who select the dual-title option can add nine credits of gerontology-focused courses to their standard doctoral-level classes, participate in a gerontology-focused research practicum, and write both a substantive paper and a doctoral dissertation with mentorship from gerontology faculty.

(Continued on Page 9)
As a means of supporting our new dual-title program and other gerontology initiatives, we have also established a Gerontology Affinity Group. This group is designed to support and enhance aging/gerontology research, education, training and community engagement within the school and to position the school for interdisciplinary collaboration. We expect that the Affinity Group will take on a leadership role in gerontology at Wayne State University by integrating education, research and community engagement for students and faculty. This group will also: 1) strengthen and contribute to the school’s aging/gerontology research, curricula programs, workforce development and community engagement; 2) explore funding opportunities for research and program enhancement; 3) enhance student recruitment to the certificate and dual-title Ph.D. programs as well as students’ success in earning scholarships, fellowships and other awards and recognitions; and 4) disseminate information regarding aging/gerontology research, professional development, curricula innovation, student mentoring, community innovations, and policy to the larger Detroit community and nationally.

The Future

Wayne State University has a long and distinguished history in the field of gerontology, and is therefore positioned to play a key role in preparing the next generation of faculty and researchers to meet the growing and diverse needs of older adults. Our newly developed Ph.D. in Social Work with a dual-title in Gerontology is designed to give students extensive exposure to gerontological knowledge from a wide range of fields and prepare them to address the need for research and policies related to urban elders. Drawing on the considerable expertise of faculty members who have an interest and background in gerontology and on the strong gerontology expertise at Wayne State University, this program will help students gain interdisciplinary-focused research knowledge and skills and apply them to practice interventions that address the needs of older adults.

For further information about this program, please contact Dr. Weisz at aa4495@wayne.edu
The Gerontology Resources and the Aging Community in Education (GRACE) Program is a field-based education program designed to increase students’ knowledge of and experience with older adults. The GRACE program is coordinated by Sarah Swords, LCSW, Clinical Assistant Professor, and is implemented in the field by licensed social workers serving as Field Instructors at agencies in the Austin area that provide services to older adults.

The GRACE Program aims to address the shortage of trained professional social workers in gerontology. The program, which began in 2009, builds on the School of Social Work's successful participation in the Hartford Partnership Program for Aging Education and utilizes field education, educational enrichment, and community building with practicing gerontologists to encourage MSSW students to explore social work practice with older adults. MSSW students in foundation placements and in advanced concentration placements are selected for internships at community agencies serving older adults and receive intensive field instruction from licensed social workers. A number of the participating Field Instructors are HPPAE alumni.

To support the program and build practitioner community, Field Instructors participate in regular meetings with the GRACE Program coordinator. At these meetings, connections are built between the classroom and field by sharing ideas, for example, on addressing social justice issues, ethics, and group interventions in practice with older adults. These meetings also provide the opportunity to plan a series of educational enrichment events for the year. These events, held six times each academic year, make use of local and regional experts in the field of aging, and give additional training opportunities to students in micro, mezzo, and macro practice. Recent events have focused on Medicaid, Medicare, and the Affordable Care Act, the role of the social worker in end of life care, sexuality and older adults, differential diagnosis of depression and dementia, and the use of telecounseling with linguistically isolated older adults. The academic year culminates with the day-long Gerontology Resources Symposium, featuring a speaker with a national or international reputation, attended by students, Field Instructors, faculty, and community practitioners.

(Continued on Page 11)
The Chicago Bridge is a grassroots organization that was formed in 2003 to provide opportunities for professional development, leadership, and support to emerging Chicagoland professionals in the field of aging. The Bridge currently has around 500 members. The organization’s programming is member-driven, and includes monthly social and educational events; a mentorship program; a blog; a creativity and aging special interest group; and a Google group for sharing resources, questions, and job opportunities in the field of aging. As the Events Director, Laura manages the monthly event coordinators as they determine speakers, location and food sponsors, and ensures that the events fulfill the mission of the Chicago Bridge. She also collaborates with the rest of the Chicago Bridge Leadership Core on other programming areas.

Laura Sutherland, AM, LSW graduated in 2012 from the School of Social Service Administration at the University of Chicago, where she was a Geriatric Leadership Fellow, a Kott Gerontology Scholar, and the recipient of the Sonia Berz Honor Award for outstanding work and promise in the field of aging. Her HPPAE internship was at Aging Care Connections in La Grange, IL.

Laura is currently staying home with her new baby, but she most recently worked for the North Shore Senior Center in Northfield, IL as the Service Coordinator for a low-income senior apartment building. She is also continuing her volunteer position as the Events Director for the Chicago Bridge.

You can find out more about Chicago Bridge at http://www.thechicagobridge.org/

(GRACE Program, Continued from Page 10)

A key component of the program is the provision of student stipends for these internships, creating a meaningful incentive to rise to the challenge of gerontology work. In academic year 2012-2013, the program coordinator wrote a grant and received $50,000 from a local community foundation to provide fellowships for GRACE Program students. Due to the success of the program and the foundation’s commitment to issues around aging and professional education, the foundation generously increased this year’s funding to $100,000. This will help defray the cost of graduate school for more than 20 MSSW students.

The GRACE Program has grown substantially in the last three years, as evidenced by an increase in the number of participating agencies, students placed in field, and attendance at the educational events. The partnership between the University, community-based geriatric social workers and the local foundation will help to sustain the program long into the future.
7 Questions for Martha S. Waite, MSW, LCSW, who is the GSWEC Coordinator Social Work Service Associate Chief, Site Manager, and Supervisor of Social Work Service at the Veterans Administration (VA) of the Greater Los Angeles (GLA) Healthcare System, Sepulveda Ambulatory Care & Community Living Center in California.

Throughout the year, Social Workers and HPPAE interns in GLA focus on assisting Veterans by providing them counseling for their personal growth, assisting them with their family relationships, referring them to community resources for their financial and/or housing needs, and educating them on life skills. The objective is for each veteran to live a more enriched and satisfying life in an increasingly complex society. Social workers and interns serve within a variety of programs across GLA. Programs include; medicine/surgery, specialty clinics, mental health, geriatrics and extended care, homeless services, substance abuse/treatment, supportive employment and a number of other program areas. We are allied health professionals educated and trained to serve all of our Veterans.

1. First what does the acronym stand for? And when and how did GLA GSWEC program get started? GSWEC stands for Geriatric Social Work Education Consortium. In 1998, the John A. Hartford Foundation started to fund programs designed to strengthen geriatric social work education, prepare competent social workers, and improve the care and well-being of older adults and their families. The Hartford Partnership Program for Aging Education (HPPAE) (formerly the Practicum Partnership Program) developed out of this initiative. June Simmons, MSW and CEO of the Partners in Care Foundation, and JoAnn Damron-Rodriguez, PhD and LCSW from GLA’s GRECC and now at UCLA, co-founded the GSWEC program, the biggest PPP in the nation. GSWEC includes 5 Schools of Social Work and 9 Centers of Excellence. Since the VA GLAHS has stipends and training opportunities for students to work with older adults, it is one of the first Centers of Excellence invited to participate.

2. What initially attracted you to get involved in social work at the VA? I served as a Social Work intern in 1982-83 at the VA when Sepulveda was a separate Medical Center. My clinical focus was in the area of geriatrics and I received my stipend from the Interdisciplinary Team Training and Development in Geriatrics (ITTG) Program, (now ITT&D). I never thought I would work in geriatrics or the VA, but I fell in love with the team approach to geriatric care which is for me, the most exciting area of Social Work. It is very dynamic working with a team and the older veteran population has taught me volumes about the human experience. I was appointed GLA GSWEC Field Instructor Coordinator because of my interest, commitment and experience in Geriatric Social Work. Having worked at the VA as a Social Worker in Geropsychiatry and Geriatric Medicine for 6 years, and then in the GRECC for 17 years as Director of the ITT&D Program.

(Continued on Page 13)
3. What are the key programs that CSWEC conducts?
GSWEC offers training to students we call “the best the brightest,” those who show leadership in Geriatric Social Work and a commitment to providing clinical and policy changes in the field of aging. It is an exciting and challenging area and our students are highly motivated and rewarding to work with. Plus, our focus for Social Work Month, which involves bringing new talent into the field, is exemplified in GSWEC, as we have recruited over 20 GSWEC Graduates into our GLA Department of Social Work as fulltime employees over the last 10 years.

4. Based on your first-hand experience, what are the challenges you see in the field of geriatrics?
Geriatrics is currently facing the dilemma of aging baby boomers that are cresting the aging boom. We have older adults and not enough healthcare professionals in the field of aging to serve them and that includes Social Workers, Nurses, Physicians, Psychologists, Physician Assistants, Nurse Practitioners, OTs, PTs, KT, RTs, Audiologists, Speech Pathologists, Pharmacists and countless others. The good news is that those who go into the aging-related workforce are ensured of job security. The down side is that professionals unfamiliar with the field do not know how exciting and rewarding the area of aging is as a career.

5. What are you most proud of concerning the program?
Nationally, we celebrate having trained over 400 graduates in Social Work specializing in Geriatrics. GSWEC won the HPPAE Outstanding Community Partner Award in 2010, which is testament to the excellence we have created. One of the cornerstones of the program is our collaborative model of working with different populations and services across the spectrum of care for older adults. We also developed a Geriatric Social Work Curriculum that is used at all five schools and agencies in Southern California and has been adopted nationally to ensure that the competencies are consistently taught to new students. It is a special calling I am honored to be involved.

6. How does this training translate into benefits for our veterans?
Many years ago, GLA’s GRECC (Geriatric Research Education and Clinical Center) recognized the need to educate professionals in geriatrics and gerontology. GSWEC has embraced that approach by encouraging students to expand their expertise in working with older adults. Geriatric care is more cost effective, enhancing the quality of life of older veterans in multiple ways. GLA Social Workers specializing in older adults have a special mission to learn, understand and excel in the biopsychosocial approach of caring for older Veterans.

We look at Veterans as individuals in their own environment – not a diagnosis, but a whole person whom we assist by increasing their life's worth in meaningful ways. We make sure they get all of the resources they need from all providers in the VA and in the community. It may be a simple intervention, like connecting a dying veteran with his estranged family in our Community Living Center or Hospice. Or, it may be more broad-based, like ensuring that a policy is in place through research programs that prevent falls and, thereby, allow Veterans to live independently for the remainder of their lives.

7. Our last question. What would you want GLAToday readers to know about your efforts and the efforts of GSWEC?
GSWEC is about passion and harnessing Social Work energy to make a difference in Veterans' lives. GSWEC is about marrying theory with practice so that Veterans get the care and expertise in aging that they deserve.
At first glance, my work last year was neither social work nor gerontology. In fact, however, it was both. In the summer of 2013, I completed a year in the development department of a Jewish non-profit organization in New York City. My work there was not clinical or discharge planning or coordination of services; my title was not Social Worker and my clientele includes anyone interested in our mission of cultural preservation. Nevertheless, in enriching the intellectual, cultural and spiritual lives of our constituents, I felt that my work reached into the very heart of social work.

According to one definition, the mission of social work is “to enable all people to develop their full potential, enrich their lives, and prevent dysfunction.” The YIVO Institute for Jewish Research studies, teaches and preserves Yiddish history, language and culture and their influence in America, celebrating a vanished world that was largely decimated or transplanted during WWII. Its focus is the souls and intellects of its constituents – that is, their culture, language, ideas and visions. Most of the approximately 1,800 members of the YIVO Institute are older adults, although YIVO will ultimately have to engage younger generations to make its work sustainable. Although many of my "clients" are privileged in terms of their socioeconomic status, the collective trauma that Jews have experienced in the last century as a people underscored a need among many Jews that YIVO fulfills. Moreover, many of YIVO’s donors are Holocaust survivors themselves.

Since older adults are YIVO's primary constituency, we considered the interests, needs and wishes of older adults in all of our administrative work. My day-to-day activities with constituents included receiving them at our public programs, assisting them in becoming members or facilitating their philanthropy and coordinating events such as one that honored partisan fighters during WWII and commemorated the liquidation of the Vilna ghetto. I regularly drew on what I learned during the HPPAE fellowship and my gerontology classes in this work and it was a joy to work with older adults in this fundraising and membership position, a prime example of organizational social work.

One of the perks of my position was that I had the opportunity to study Beginner’s Yiddish, a weekly language class, at YIVO. I studied Yiddish so that I can both literally and metaphorically speak the language of the majority of the older adults of my socio-ethnic and religious group. The organization’s mission to capture the memories, stories and music of Jews in Eastern Europe and Russia is particularly urgent given that its original members are gradually passing on. I regularly heard from older adults who expressed how much it meant to them that younger generations are taking an interest in Yiddish and keeping their world from Eastern Europe and Russia alive.

This spring, Yiddishists will celebrate the yartzheit, or anniversary of death, of the famed Yiddish writer known as Sholem Aleichem. Sholem Aleichem wrote the series of short stories upon which the Broadway musical, Fiddler on the Roof, are based. His protagonist, Tevye, is at once dreadfully cynical and yet deeply faithful, resounding among readers secular and religious alike. Sholem Aleichem himself was no stranger to tragedy; he lost his mother as a child and lost one of his children as an adult. Using humor to depict the plight of Jews living as a persecuted minority in the Diaspora, he demanded that he be remembered after his death with laughter or not at all. Sholem Aleichem's granddaughter, Bel Kaufman, similarly prevailed against tremendous difficulty and even discrimination upon her immigration to the U.S. from Europe in becoming a successful New York schoolteacher and writer, publishing in 1965 the bestselling novel Up the Down Staircase.

Social workers, like Sholem Aleichem and Bel Kaufman, struggle against great odds to support the vulnerable and do well to find humor and moments of light against the dark backdrop of what is often great suffering and alienation. The lives and work of Sholem Aleichem and Bel Kaufman were an inspiration to me in my work at YIVO, where through my organizational role in development, I had the opportunity to work with, and learn from, older adults in a profoundly meaningful capacity.
As many social workers will agree, advance directives are crucial in ensuring that the end-of-life care preferences of individuals are respected. However, most social workers will also acknowledge their many shortcomings in practice. Advance directives work best in helping to stimulate conversations between patients and family regarding end-of-life wishes and ensuring (hopefully) that everyone is on the same page about these care preferences. However, just because an advance directive has been completed doesn’t mean that physicians and other health care providers are aware of these decisions and preferences, and the onus for communicating these wishes falls on the patient and family.

To address the issues inherent with advance directives, Oregon developed the POLST document in 1991, followed by National POLST Paradigm in subsequent years. POLST stands for Physician Orders for Life Sustaining Treatment, and the paradigm is an approach to end-of-life planning that emphasizes 1) advance care planning discussions between patients, health care providers, and family members, 2) shared decision-making between patients and physicians regarding end-of-life care, and 3) honoring patient wishes. The POLST document was developed to complement advance directives for individuals with serious illness or frailty. Whereas advance directives facilitate conversations between patients and family, the POLST document facilitates conversations between patients and health care providers, as it requires signatures from both the patient and physician to make it actionable. The POLST helps translate advance directives into medical orders that health care professionals can follow, and the document provides legal immunity to those professionals obeying the signed order. The National POLST site asserts “the POLST form assures patients that health care professionals will provide only the care that patients themselves wish to receive, and decreases the frequency of medical errors.”

As professionals who are often charged with initiating advance care planning discussions, social workers can play a vital role in POLST dissemination and education. Ultimately a physician needs to continue this discussion and complete the document with the patient, but social workers are in an optimal position to initiate these conversations. They can help to identify patients approaching the end-of-life who may be eligible for the POLST document, and they can begin the POLST discussion with the patient and family. They may even be charged with logistically organizing POLST usage within their worksites, developing protocols for POLST usage and training staff on the interpretation for the document.

(Continued on Page 16)
Currently, I am working with Alliant GMCF, the Medicare Quality Improvement Organization of Georgia, to improve POLST adoption in Georgia by hospitals, skilled nursing facilities, and Medicare Beneficiaries. Georgia is the 16th state to become an Endorsed POLST program in the country, meaning that we have a statewide program that has become a standard component of advance care planning in our location. Through our POLST project, we are educating medical facilities and beneficiaries in two target sites, Central Georgia and the Savannah area, over a ten-month period. By increasing POLST usage in our state, we hope to reduce unnecessary hospital admissions as well as ensure the end-of-life care preferences of our Medicare beneficiaries are respected and honored. More information about our program can be found at www.gapolst.org.

While not all states have a POLST program, most states are in the process of adopting the program. Depending on the state, the document may be referred to as the POLST, the MOST, the POST, or the MOLST as well. Information on the National POLST Paradigm can be accessed at www.polst.org, and visit www.polst.org/programs-in-your-state/ to learn about local POLST initiatives.
The University at Albany’s Internships in Aging Project (IAP) alumni wanted to “give back” to the program and recently succeeded in establishing an endowment to support incoming IAP students. In 2010, IAP alumni (under the leadership of Kristen Prusky ’08 and Amanda Vance ’08) formed a committee to launch the Internships in Aging Project Alumni Endowed Scholarship, making a multi-year pledge of $25,000 to establish an endowment. With the generous support of a Troy Savings Bank Charitable Foundation (which included a $10,000 grant, half in a $5000 matching challenge grant) and the tireless efforts of the IAP alumni on the committee (more recently chaired by Madeline Kennedy and Rebecca Thomas, both class of ‘11), they were able to generate the additional support needed from faculty, staff, alumni, agencies and community members to fully endow the new IAP scholarship in 2013. "This grant helps inspire and leverage new matching funds to further advance our treasured IAP Scholarship Program,” said School of Social Welfare Dean Katharine Briar-Lawson.

As one of the original HPPAE programs, the University at Albany School of Social Welfare’s 2014 MSW class brings our Internships in Aging alumni total to 165. With so many alumni working with older adults in the local (and not so local) community, our graduates are spreading gerontology knowledge and expertise throughout the state.
As large numbers of baby boomers reach old age, an increased need for nursing home care in the future is inevitable. Older people face more complex health issues that often lead to debilitation or disability and thus the need for long-term care. The numbers of consumers needing long-term care services will more than triple during the next 30 years.

African Americans compose less than 10% of nursing home residents and even at age 84 and older, when the likelihood of nursing home placement is higher, proportionately fewer African Americans live in nursing homes. The underrepresentation of ethnic groups in nursing homes appears to reflect cultural differences in the willingness to institutionalize older persons, greater availability of family supports, or institutionalized discrimination implicit in admission policies against older adults of color.

The avoidance of nursing home placement is changing and several factors are contributing to the change. One factor is the lack of home caregivers caused by the increased participation of women in the workforce (Davis & Waites, 2008). Also, with African Americans experiencing increased longevity and more access to long-term care facilities, families have become more willing to place their relatives in these facilities (p.163).

Using a phenomenological approach, I conducted a study to examine the lived experiences of African American residents in urban nursing homes. The information gained by interviewing older, African American adults and allowing them to give an oral history of the events leading to living in a nursing home would possibly add to the knowledge base of gerontological studies and services of nursing homes which will provide a richer, thicker insight regarding the needs of older adults living in nursing homes. Hence, providing a realistic service base that more closely meets the needs of African Americans in nursing home settings.

The outcome of the study suggests that the lives of African Americans who reside in nursing homes would be more meaningful if: 1) the facility owners, administrators, and employees of nursing homes were culturally sensitive to their needs (such as music, art); 2) the nursing home residents were given the choice of the types foods they like to eat; 3) family members are provided documents that provide a clear understanding of the nursing home’s cost and fees; and if 5)the facilities hired staff who were capable of communicating empathically with the residents.

Examples of culturally appropriate nursing homes are: one that is located in San Francisco and another located in Seattle. Seemingly in both of these communities there is a large Asian population. Japanese and Chinese American older adults can enter nursing homes operated and staffed by people who speak their languages and serve the specific foods of their culture (Hooyman & Kiyak, 2005).
The findings of the study implied for culturally sensitive nursing home care, caregivers such as social workers, nurses, and administrators can enhance residents’ wellbeing by being sensitive to their special needs.

References


Main Takeaways from CLiA’s Webinar on “Career Development & Geriatric Social Work: Challenges & Opportunities”

Jessica Katz, MSW, LCSW-A
Movement Disorders Center, University of North Carolina at Chapel Hill
HPPAE Graduate, UNC School of Social Work

On November 14, 2013, five members from the Committee on Leadership in Aging (CLiA) had the unique opportunity to present a webinar to HPPAE students, alum and faculty. We chose to speak about the general career path of geriatric social work, including job opportunities, challenges in the field and career development during a MSW program. Our webinar encouraged interesting discussion among the presenters and attendees. Here were our main takeaways from the webinar:

**Job Opportunities for Geriatric Social Workers:**

- Demand for community-based services for older adults is increasing
- You can “think outside of the box” when researching and/or developing a position in geriatric social work!
- Examples of geriatric social work areas of practice: Geriatric care management, in-home care agencies, private practice psychotherapy, senior centers, adult day care, inpatient geriatric psychiatric units, outpatient medical settings, elder protection services, long-term care facilities, hospice

**Challenges in Geriatric Social Work:**

- Social work specifically with older adults can be considered a niche practice
- Many social work students tend to view geriatrics as undesirable
- Positions that are considered “clinical” varies state-by-state
- Certain agencies will only hire geriatric social workers who already have their LCSW
- Older adults can be reluctant to seek supportive and/or therapeutic services
- There is a need for greater collaboration between geriatric social workers across the country

**Recommendations for Career Development:**

- Crafting a resume:
  - Students may not know where to begin or if they have a resume, it should be reviewed and polished
  - Encourage them to ask for feedback from professors, recent graduates and university career services
- Interviewing:
  - Preparation is crucial!
  - Direct students to career services for practice in-person interviews, cover letter templates and other helpful resources
- Network Network Network!
  - Networking should not start near or after graduation
  - Look for networking opportunities – Gero-Ed conferences, class guest presenters, shadow social workers already in the field, connect with recent geriatric social work alumni
- Job hunting can be lonely - once employed, it is gratifying for graduates to reach out to their schools of social work and offer to be connected with current geriatric social work students in order to help them with the process

Thank you to all who attended! If you would like access to the full powerpoint, please visit: http://www.nyam.org/social-work-leadership-institute-v2/publications-and-resources/current/

And a big thank you to our webinar presenters from CLiA: Emma Barker, Jenny Cox, Jessica Katz, Tova Messer, Erin Mickelwaite and Lindsay Prizer
I am a former HPPAE student at California State University (CSU), Chico. I completed the HPPAE program in 2008, but due to life’s complications, did not finish my culminating activity required for graduation until summer 2013. I was on a requested academic leave until that time. I have now obtained my MSW degree.

I am employed at a small rural acute care hospital whose population is, on average, 35 to 40% age 65 and older. I have found my HPPAE training to be extremely valuable in recognizing the specific issues facing this population such as avoiding stereotyping or ageist language, the importance of maintaining independence and autonomy and the sensory as well as psychosocial adjustments to the aging process.

I have completed a manuscript on medical non-compliance from the perspective of registered nurses. This is an original paper and has not been presented or published previously. I received approval for this study through the CSU, Chico Institutional Research Board. I have submitted the paper through the plagiarism software “turn-it-in” to ensure that I did not have any citation errors. The abstract for this paper is printed here. The entire paper can be requested from Tara Pilla at: tpilla@orohosp.com

MEDICAL NONCOMPLIANCE AS A PSYCHOSOCIAL ISSUE: PERSPECTIVES OF HOSPITAL REGISTERED NURSES

Abstract

In the hospital setting, medical noncompliance can be a frustrating issue for providers. Hospitals traditionally are based on a medical model where tests, procedures, and medications are administered to a patient based on providers’ expertise. When patients do not follow the provider recommendations that emerge from these diagnostic tools, they may be labeled noncompliant. This study utilized a focus group consisting of registered nurses to gain data on how this label is placed on a patient, what the label means, how it influences patient care, and how it affects the patient. The prevalence of medical noncompliance suggests that there might be more to this issue than simple refusal to take an action that a patient has been told will improve their health. This study was designed to attempt to understand these underlying issues. It explored some of the actions providers can take that have been proven to increase compliance with medical advice including providers’ bedside manner, inclusion of patients in care planning, level of health literacy, and satisfaction with hospital care.

Key Words: Medical Noncompliance; psychosocial issues and noncompliance, nurses’ perspectives and non compliance
I joined the Committee on Leadership in Aging (CLiA) one year ago at the beginning of my final semester of my MSW at Rutgers School of Social Work. It was exciting to begin carving my professional path while still in school. Working with others on the committee who had more and varied experience than I, as well as those who were just beginning their social work degrees was an enriching experience.

In my current position as a nursing home social worker, I am learning about both the challenges and rewards that come with practicing social work in such a facility. Building relationships with residents and their families, helping to enhance their experiences and working to ease transitions are very fulfilling aspects of the job. Some of the challenges include following and enforcing state regulations that are questionable as to whether they serve residents’ best interests and trying to make the best use of resources to assist residents who have no family and no financial assets.

Another rewarding experience is integrating my knowledge and skills as a massage therapist and energy worker into my position at the nursing home. I practice a healing modality that is similar to Reiki, which has been demonstrated to have a myriad of benefits for people in all walks of life such as decreasing recovery time after surgery and easing pain. I have been able to practice energy work at the nursing home and to witness first-hand the benefits that residents experience as a result. As the body of research on integrative medicine grows and continues to appear more and more in mainstream healthcare, I am excited about the opportunities that lie ahead for continuing to combine my holistic bodywork skills with my social work endeavors.

As CLiA draws to a close, I am grateful for the opportunity to have published an article in the newsletter and to have been part of the collaborative efforts to create publications that further the future of gerontology in social work.

As a MSW student at Dominican University I was accepted onto the Hartford Partnership Program for Aging Education (HPPAE). This focus in gerontology guided me into a practice of working with older adults in the hospital setting as a licensed social worker. Before beginning my career I was able to experience an internship in a medical setting. As an intern I was able to combine the knowledge I obtained in school with the practical experience I gained in the workplace setting. Interning in the hospital allowed me to observe and work with older adults in a few different settings. I was able to see them as not only patients but also as family members. There were different types of interactions that were present in each setting. As I connected the theories I learned in class about types of interactions among older adults with my real experience, it prepared me very well for my current position.

Learning about the process of aging in class prepared me well for my internship and current position as a social worker in a hospital setting where I interact with patients and their families to set up discharge plans. The goal of the program is for the patient to be able to discharge and thrive in their home setting so as to avoid readmissions into the hospital. Knowing about how older adults view their home settings and support systems is an important key to planning a successful discharge.

As a hospital social worker figuring out how to interact with the patient and their families is an important requirement of the job. This is something that is learned over time and am always learning. As I learned in class, every patient is going to react differently to each situation and it is the social worker’s job to be able to connect with them and help make things understandable. Learning is something that will never end in the field of social work. I know that all of my experiences in class and in my internship greatly prepared me for my position, but I know there will always be more to learn. One of the best things I took away from my studies was that I should always be prepared to learn and I know I will continue to do so.
In September of 2011 I interviewed for a field placement at a skilled nursing facility, St. Matthew Center for Health. At the time I had little experience working with older adults and was unsure what to expect. I also applied for the Hartford Partnership Program for Aging Education (HPPAE), and to my surprise I was one of the lucky people to be accepted!

Since HPPAE is based in a rotation model, I had the opportunity to gain experiences in a number of areas. In the long-term care unit I experienced appreciation from residents and families as we tried to create the best quality of life possible. When educating staff on the importance of resident’s ability to make choices I experienced the struggle of “Culture Change”.

Part of my rotation included spending a couple hours per week on the memory care unit. I quickly learned that working with older adults with dementia was very different to working with the residents on the other long-term care units. People on the memory care unit do best with a routine and structured environment. Everyday events consisted of activities of daily living such as combing hair and putting on make-up for the women and combing hair and shaving for the men with lots of music. Everyone was required to attend an all-day training geared specifically to people with dementia. Part of the training included a “Virtual Dementia Tour.” The tour incorporated what it actually felt like to have dementia. Participants wore goggles with black circles on the front, headphones that diminished hearing, and gloves with peas in the finger-tips. We were then given three tasks to complete in a limited time. The exercise really helped me understand what it could be like for an older adult experiencing the changes associated with dementia.

The last part of my rotation included spending some time on the short-term rehab unit, the most intimidating rotation of all. I experienced a different type of stress than on the long-term care units. As an intern I struggled with the constant turnover of residents; it was difficult to spend time with the residents knowing they would soon be discharged.

I am now the Interim Director of Social Services at St. Matthew Center for Health. I primarily work on the rehab unit as the discharge planner. Ironically this was the rotation that was most intimidating for me as an intern. I take everything I experienced in my rotation and put it to use every day! HPPAE prepared me for a well-rounded career working with older adults!

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Catherine Jablonski, MSW  
Interim Director of Social Services  
St Matthew Center for Health  
HPPAE Graduate, Dominican University

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With Much Appreciation

I want to express my enormous gratitude to Pat, Emma and all of the HPPAE team over the years. Participating in the HPPAE program allowed us to develop a large and thriving Aging Program at Boston University School of Social Work. We continue to employ the HPPAE model in our Lowy-GEM Program in Aging with 26 students participating this year. The program attracts strong and committed applicants to BUSSW as well as students already enrolled in the MSW program.

We have developed wonderful and loyal community partners who have supported the program over the years. Our alums are working in the Boston area and across the country, with many serving as our current field instructors and in other leadership positions. None of this would have been possible without the vision, support and guidance from the HPPAE team.

Reeve Goldhaber  
Director of Program Integration & Lowy-GEM Program in Aging  
School of Social Work  
Boston University

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Thank you to all past and present members of the Committee on Leadership in Aging, to those who have contributed to HPPAE Happenings and Generativity over the years and to the students, alumni and staff members of the Hartford Partnership Program for Aging Education.

The Social Work Leadership Institute
HPPAE Happenings was brought to you by the Committee on Leadership in Aging

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