

**Gerontology & Geriatrics Training for
Rural Health & Social Service Professionals in
Western and Central New York**

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Executive Summary

This study documents the gerontology/geriatric training needs and training format preferences reported by 342 professional-level health and social service workers in rural central and western New York. It also explores 46 administrators' ideas about the importance of gerontology and geriatric training for professional staff, and reports on the ability of organizations to support such training.

Nearly 3/4 of health and social service workers who responded expressed interest in further training in gerontology and geriatrics. Among those:

- Workshops that provide CEUs were of interest to nearly all respondents, and workshops without CEUs were of interest to more than 80%;
- Individuals interested in a gerontology/geriatric certificate program (over 70%) preferred one that carries college credit, and 81 individuals indicated they would be very likely to enroll in a certificate program if it met their expectations regarding cost, distance, college credit and scheduling of classes/sessions;
- When asked what they hoped to gain by obtaining a certificate, respondents noted the ability to do a better job with patients/clients (95%), credentials toward promotion (39%), greater job satisfaction (38%) and higher pay (25%);
- Respondents expressed interest in training that incorporated distance learning; *and*
- Topics most in demand were Alzheimer's Disease and other dementias, medications and drug interactions, mental health issues, physical health and diseases, the aging process, and case management.

Administrators agreed that a gerontology or geriatrics background was an asset in a potential employee, and noted a shortage of workers with such background. However, both administrators and professional staff identified high cost, long travel distance, limited time and scheduling issues as the greatest barriers to pursuing further training. This study revealed that:

- Many parts of the surveyed region are located further from existing programs (offered primarily in urban areas) than these working professionals state they are willing to commute;
- Most existing training programs in the region take the form of certificate programs for college credit at private colleges, attainable at significant cost; *and*
- The financial support and work release time that organizations provide for staff to pursue training may be limited by staffing shortages and tight budgets.

A blended approach combining face-to-face presentations with either interactive teleconferencing or email and the Web has the potential of greatly increasing physical and financial access in rural areas.

The data suggest that a significant portion of the workforce we surveyed is nearing retirement. We believe a wise approach would address education and training for both current workers and students preparing for these professions. This study indicates that if we are to meet the growing needs of older adults in rural central and western New York, we must employ more resources, creative strategies and collaborations to improve access to gerontology and geriatrics training for health and social service professionals.

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Introduction

It is well documented that the nation's health care workforce lacks adequate training in how to best respond to the health and social problems experienced by older adults. While critical today, the need for such training will become even more pressing in the future as the Baby Boom ages. Not only is the need for such training driven by a demographic imperative, it is compounded by the fact that many experienced health care workers, especially in nursing, are themselves nearing retirement age. This means much of the knowledge of aging gained though "on the job experience" will soon be lost to many organizations offering health services to older adults.

The need for training on aging is particularly acute in rural areas, which not only face shortages of health care services and specialists, but also contain higher percentages of older adults than urban areas. The New York State Office for Aging highlights the special vulnerability of rural communities to gaps in trained professionals in its *Project 2015: The Future of Aging in New York State* report. Closer to home, rural communities in central and western New York typify this vulnerability. According to the 2000 U.S. Census, 138,000 older adults (age 65+) live in these regions in the following rural counties: Allegany, Cattaraugus, Chautauqua, Chemung, Genesee, Livingston, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates. While the Ithaca College Gerontology Institute (ICGI), under the umbrella of the Finger Lakes Geriatric Education Center (FLGEC), provides training on aging issues to rural paraprofessionals in central New York, no analogous program exists for professionals.

Despite this need, we have little information on the demand for gerontology/geriatric training among rural New York health and social service workers in professional positions, their interest in specific aging topics, or the nature of programs and methods of instruction that would best meet their schedules and resources. To obtain this information, The Western New York Rural Area Health Education Center (WNYRAHEC) contracted with the ICGI to assess the need for gerontology/geriatric training and/or a certificate program for rural health and social service professionals in western and central New York.

Goals

The primary goal of this project was to gauge interest in gerontology and geriatric training programs among health and social service professionals in rural western and central New York, with specific attention to the feasibility of a gerontology/geriatric certificate program. Secondary goals included learning about existing programs and characteristics of successful certificate programs, identifying professionals' and administrators' perceptions about specific training needs, and building relationships with potential community partners with whom we might collaborate to develop and implement future training.

Background

Exploration of Existing Gerontology Certificate Programs

In order to gain a sense of gerontology and geriatric certificate programs nationwide we conducted an initial online search. We then reviewed the results of a very recent survey sponsored by the State Society on Aging of New York which identified gerontology certificate programs in New York, and specifically in the central and western regions. Programs designed for working professionals that served at least some rural areas were contacted by e-mail and telephone. Ultimately, we spoke at length with the coordinators of gerontology/geriatric certificate programs at California State University, Fresno; Geriatric Education Center/PA - Pennsylvania State University; University of Wisconsin – LaCrosse; University of Colorado, Colorado Springs; and Keuka College, Keuka Park, NY. These program coordinators generously shared the stories of developing their programs and lessons learned, as summarized below. We subsequently spoke briefly with the Lifespan/St. John Fisher College program in Rochester, NY.

Certificate program coordinators stressed the following points:

Format/Access

- Certificate programs must be short enough that the average enrollee can complete it within approximately two years or less.
- More successful programs offered courses on weekday evenings and on weekends.
- Programs in rural areas must be offered in accessible locations.
- On-line courses or programs without face-to-face interaction are not preferred learning methods for many health and social service workers seeking to expand their understanding of gerontology/geriatrics; students consider interaction with other professionals and instructors to be one of the greatest benefits of these programs.

Credit

- Offering either continuing education or college credits for workshops or certificate programs increased enrollments.
- Continuing education credits were more effective at increasing enrollment in states whose licensing contained a CEU requirement.

Audience

- The primary audience is nurses, but can include social workers, occupational and physical therapists, dieticians, medical students, physicians, dentists, optometrists, podiatrists, undergraduate students and community caregivers.
- Almost all participants are women.
- If scholarships are offered, some paraprofessionals may be able to enroll in the programs.

Faculty

- Faculty rated highly by students often possessed a combination of hands-on expertise in the field and clinical research.

- Successful faculty members demonstrate skill and experience with practicing principles of adult education.
- Faculty who were elders themselves helped students break down their own stereotypes of older adults.
- Faculty who had attained community renown for their work served as a draw for programs.

Impact

- Certificates are sought after as a way of demonstrating a body of knowledge; enrollees gain a sense of accomplishment by completing the program.
- In an impact evaluation of the LaCrosse program, graduates revealed that their gerontology/geriatric certificate did not lead to job promotions or pay raises, but had affected how they worked with older adults; graduates felt able to do better work and better about themselves in relation to their work.

Each gerontology/geriatric certificate program accessible to central and western New York has at least one faculty expert on aging. These existing efforts can serve as an important resource in developing programs that provide greater access to the region's health and social service workers. A listing of gerontology/geriatric certificate programs accessible to central and western New York can be found in Appendix A.

Methodology

Telephone interviews were conducted with 46 administrators in health and social service organizations to gather their perceptions of needs and priorities for gerontology/geriatric training at their facility, as well as resources available to support such training. We then conducted a mail/Web survey of 342 health and social service professionals in order to learn about their gerontology/geriatric training needs and preferences.

Administrator Telephone Interview

Administrator Telephone Interview Schedule

In addition to applying insights gained from conversations with certificate program coordinators, the development of questions for administrators was informed by a conversation with an administrator in a non-target county who had recently completed a Gerontology/Geriatric certificate program. Her highly positive experience with the program and perceptions about important considerations when developing successful training/education for rural professionals helped us frame our questions and later illuminated some of the briefer comments from administrators in target counties.

The telephone interviews were intended to serve several purposes:

- to gather information about administrator perception of training needs and priorities, and resources available to support gerontology/geriatric training at their workplace;
- to motivate administrators to take the survey themselves;
- to inform the development of the survey instrument;

- to raise awareness that rural gerontology/geriatric training was being considered and might be available in the future, laying the groundwork for future marketing, should a training or education program unfold;
- to capture and confirm current contact information for each agency, which could potentially be used in marketing; and
- to capture administrator interest in and commitment to distributing the mail and Web versions of the survey to their workers.

Following are the open-ended questions asked during the telephone interview:

1. Do you have professional staff that might benefit from additional training in aging studies, the aging process or geriatrics?
2. If someone were applying for a job there, would you consider a gerontology/geriatric certificate an asset?
3. Is a gerontology/geriatric certificate something you would seek in a job applicant?
4. Are you able to support staff by paying for some or all of their training fees?
5. Are you able to support staff by allowing them to attend training during work hours or otherwise paying their time spent in training?
6. What would you look for in a training series you would recommend for your staff?

Sample

The convenience sample for the administrator interviews and professional survey was derived through several means. The Area Health Education Centers (AHECs) of western and central NY and the FLGEC shared their lists of contacts at nursing homes, hospital and rural health networks. Tompkins County Department of Social Services (DSS) offered us internal contact information for each county office, while our Tompkins County Office for the Aging (COFA) offered to contact all the 14 COFAs on our behalf. We obtained many other contacts by referral and from online searches. Rural health network coordinators, the Ithaca College FLGEC coordinator and the adult services director at the Tompkins County DSS also suggested valuable strategies for contacting and surveying health facilities and departments of social services, respectively, in our target counties.

We selected health and social service agencies who count older adults as a significant portion of their clientele to serve as sites for the administrator interviews. These included facilities such as home care agencies, offices for the aging and nursing homes, as well as less obvious sites, including a variety of hospitals, an ARC (serving developmentally disabled adults) and departments of social services. We also identified managed long-term care/PACE programs in Buffalo, Syracuse and Rochester. Even though these programs are located in urban areas, they are located in counties next to our target area, and provide the unique perspective of the successful PACE model of elder care. According to a former director, PACE programs have placed a new emphasis on rural care, and may become a relatively significant market for a gerontology certificate or training program.

We telephoned approximately 71 organizations to develop our convenience sample, choosing from as wide a variety of facilities as possible within each county. At least one facility – usually several - from each of our 14 target counties participated in the needs assessment. Moreover, one organization based in Wayne County actually serves elders in Wayne, Ontario and Seneca counties.

Two of the administrators we interviewed stated that older adults do not account for a significant portion of their clientele at this time. One was an inpatient mental health and chemical dependency program. Another was a human service agency serving very low income people. Their data is included because they provide a unique perspective on services to older adults, they do provide some services to this population, and may offer more in the future as the population ages.

Data Collection

Appropriate contact people (“administrators”) at the worksites were identified and 46 completed the interview, yielding a response rate of 65%. Forty-four worked in facilities in the target area; two worked at managed long-term care/PACE programs, one in Syracuse and one in Rochester. Administrators were identified through contacts provided by the AHECs, FLGEC, and rural health networks. An appropriate administrator was one who had direct access to professional line staff and who had a level of responsibility such that they could respond to questions on the administrator interview schedule. Once identified, we initiated telephone contact with the administrator, explained the project, and conducted the interview (or scheduled an appointment to conduct it). Following the interview, we asked the administrator to help us distribute the mail survey to professional staff in their organization.

Figure 1 shows the types of facilities at which administrators were interviewed by phone. At least one administrator was interviewed in each of the 14 counties. Although it generally required only a brief conversation, completing the administrator questionnaire was often a challenge, and in at least one instance impossible, due to these supervisors’ busy schedules.

Figure 1. Administrator Interviews by Type of Facility

Type of Facility	Number interviewed
Hospital	6
Nursing Home	6
Home Health Agency/Hospice	3
County Health Department (often a home care provider)	8
Assisted Living/Adult Home	6
County Department of Social Services	8
County Office on Aging	3
Managed long-term care organizations	2
Adult Day Care	1
Inpatient Mental Health/Chemical Dependency	1
Human Services Agency	1
Agency serving the developmentally disabled	1
Total administrators interviewed	46

Survey of Health and Social Service Professionals

Mail Survey Instrument

Survey questions were developed based on the project sponsors' interest in learning about the need for training in rural New York as well as from ideas and instruments shared by coordinators of gerontology certificate programs. Early responses to administrator interviews also significantly guided development of the survey. Survey questions and responses can be found in Appendix C.

Early in the survey development process it became apparent that we would be able to reach some professionals with an e-mail that included a link to the survey if available online. Using Dreamweaver software, the survey questions were formatted for an online version and uploaded to the Gerontology Institute Web site.

Sample

A convenience sample was derived from administrators who, during the telephone interview, agreed to help us get surveys to professional staff in their organizations. Almost all administrators who completed the interview agreed to participate in either the mail or the online survey.

Administrators for the mail version of the survey were recruited first, since the response time for a mailed survey is slower than for an online survey. Since we assumed that many front-line health workers have less Internet access at work compared to social service agencies, health care worksites were recruited first.

For reasons of confidentiality, administrators were unable to provide a list of staff names for a direct mailing. As an alternative, they agreed to distribute surveys and reminders to professionals in their organizations by placing the survey packets in mailboxes or by handing them out at staff meetings. Each administrator indicated the number of survey packets they would need.

Data Collection

A total of 607 paper surveys were sent to 26 worksites serving 14 rural counties in central and western NY. Most mail surveys were sent to health care worksites, since many front-line health workers do not have easy Internet access at work, whereas more social service agencies seemed to offer this access. However, 23 mail surveys were sent to social service offices that did not have Internet access: two DSS offices and an office serving the developmentally disabled office. One DSS office that agreed to participate was unable to because the supply of mail surveys was exhausted and they lacked access to the Internet.

Each mail survey packet included a cover letter, survey, a stamped, self addressed envelope, and a pen as a token of appreciation and incentive to complete the survey – all in a large envelope. These packets were mailed to the administrators with a letter that reiterated some important points about the survey, which had been discussed in the earlier phone conversation. The letter stressed that: 1) the survey should be given to all

professionals in certain departments (usually placed in mailboxes); 2) the survey was completely voluntary and they should in no way require an employee to complete it; and 3) that the staff member's letter instructed them to complete the survey and mail it back in the envelope provided; administrators were not to collect and return the surveys.

Administrators whose professional staff had access to both e-mail and the Web received the cover letter via e-mail that included a link to the online survey. These were most often staff in offices for the aging and county departments of social services and health. Ultimately, links to the online surveys were distributed through e-mail to county offices on aging serving the 14 counties, county departments of social service offices in nine counties and health departments in seven counties. An unknown number of survey links may have been forwarded to other facilities; several completed Web surveys were returned from sites we had not contacted.

Approximately ten days after the initial mailing/e-mailing, administrators received a reminder to pass on to the staff who had received the survey. In the case of the mail survey, administrators received a packet of brightly colored reminder postcards to distribute to mailboxes. In the case of the Web survey, administrators received a short reminder e-mail with the link to the Web survey that they could forward to appropriate staff.

The 14 target counties had distinguishing characteristics that made it impractical to send an equal number of surveys to each county. More populous counties, such as Chautauqua, contained more potential survey sites with numerous staff, and therefore received more surveys than did less populous counties. Other counties (e.g. Seneca) were almost exclusively rural, with few services based in the county, and few employees at each worksite. Although a significant effort was made to recruit between two and five distinct worksites in each county, at least one health and one social service, the number of worksites in each county that ultimately agreed to participate varied from one to six.

A total of 342 completed surveys were received. Of the 607 surveys mailed to worksites, 260 were returned, yielding a response rate of 43%. Eighty-two individuals completed the Web version of the survey. The overall response rate (including responses to both the paper and Web-based survey) cannot be accurately quantified, since many worksites received the Web-based survey via an e-mail.

Several facilities who reported having adequate e-mail and Web access subsequently found their access inadequate, and sent back the survey printed out onto paper. Anonymity in these cases may have been compromised.

In Figure 2, the shaded areas represent the counties that were targeted for surveys. Completed surveys were received from all of these counties. In addition, two respondents lived within the target counties, but commuted to work in Monroe county (see Figure 3).

Figure 2. Counties Targeted for Survey

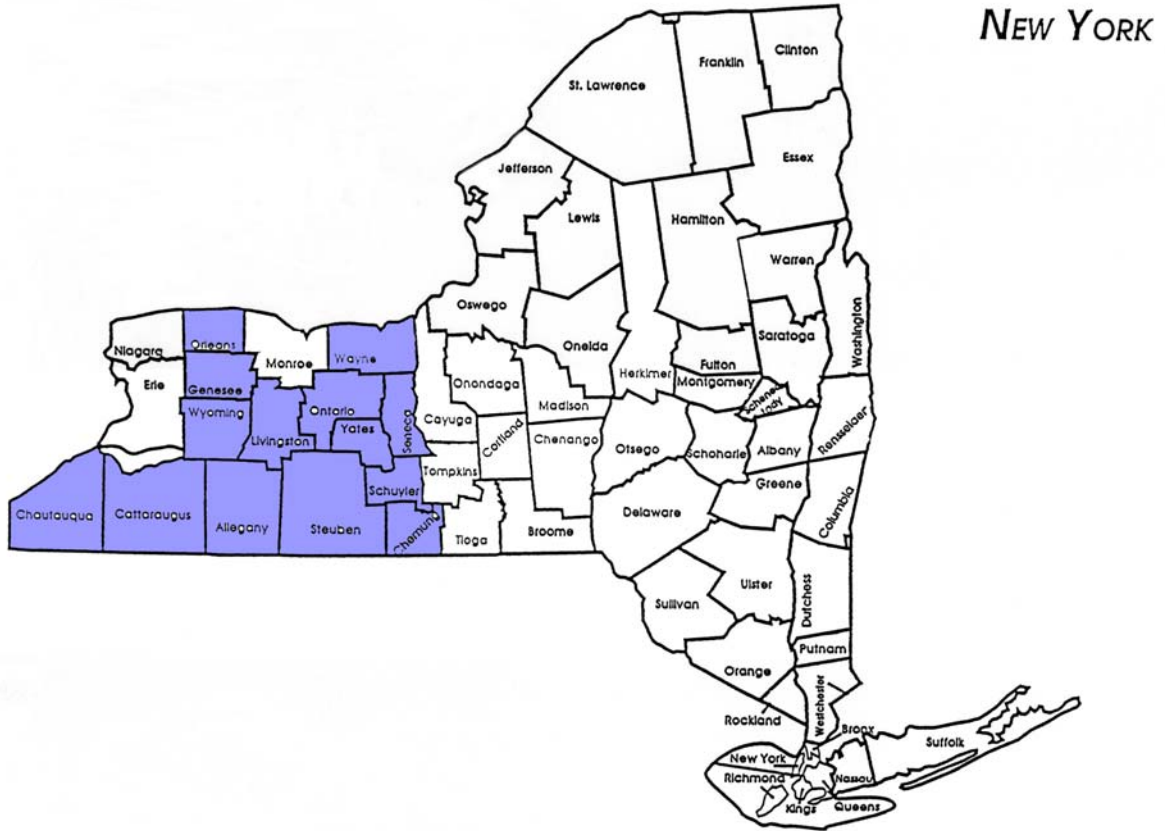


Figure 3. Counties Responding to the Survey

County (n=338)	Number	Percent	County	Number	Percent
Allegany	34	10.1%	Orleans	5	1.5%
Cattaraugus	32	9.5%	Schuyler	10	3.0%
Chautauqua	33	9.8%	Seneca	2	.6%
Chemung	16	4.7%	Steuben	10	3.0%
Genesee	36	10.7%	Wayne	25	7.4%
Livingston	91	26.9%	Wyoming	22	6.5%
Monroe	2	.6%	Yates	12	3.6%
Ontario	8	2.4%			

Although surveys were received from every target county, there was sizable variation in the number of responses from county to county, as seen in Figure 3. This variation can be attributed to several factors. As mentioned above, some counties received significantly more paper surveys than others; the paper surveys seemed to demonstrate a better response rate. In addition, the number of worksites that agreed to participate ranged from one to six. From the understaffing made apparent in some administrator interviews, it is

not surprising that some counties demonstrated stronger completion rates than others for a voluntary survey that required dedicated service professionals to take several precious minutes away from an overload of work.

In several cases, a worksite was based in one county, but served clients in (and potentially employed staff from) several counties. One example was a Wayne county-based home care agency that offered services in Wayne, Ontario and Seneca counties. Therefore, describing response rates or data by county is in some cases imprecise. Looking at the data by county is useful in a few instances, as in the case of available funding for training and education.

Findings

Administrator Telephone Interviews

An overwhelming majority (91%) of the 44 health and social service agencies administrators stated that they had staff members who would benefit from (additional) training in gerontology and geriatrics.

By almost as strong a margin (84%), they stated they would consider a gerontology/geriatric certificate an asset in a job applicant. However, when asked if they would seek job candidates with a gerontology/geriatric certificate, the response was more mixed. Most said it would not be a requirement, but rather “a plus,” and several mentioned it would positively influence a hiring decision, all other things being equal. Several said it was not something they would necessarily seek; a couple stated that experience was as important as education.

Administrators mentioned several factors influencing their responses:

Scarcity of geriatric-educated workers

- Encountering workers with gerontology or geriatric certificates is rare, especially in areas where the shortage of workers is severe.

Civil Service

- County agencies must adhere to Civil Service procedures on hiring.

Service priorities

- At some facilities that serve a range of ages, such as some human service or home care agencies, geriatric education may not be considered the top priority.

When asked about their ability to support staff in obtaining gerontology/geriatric education or training by paying some or all of the training fees, responses varied. About half the administrators said they were able to pay fees, but many stated that training budgets were limited. Another 27% said they might be able to pay for training, but funds were very limited or minimal. Ten sites (23%) could not pay for training; of these, two county agencies elaborated that the State provides them with mandated training, and another indicated that the mandated trainings were adequate for their needs. Overall, six administrators (14%) mentioned that their workplace offers a tuition reimbursement program for employees pursuing further education relevant to their work.

Fully two-thirds of the 44 administrators stated that their worksites would allow staff to attend training during work hours or otherwise pay the time they spend in training. Another 16% said they would agree if staffing permitted, and the time they are allowed to take off might be limited. Another 16% said it was a possibility, but the time would have to be very limited due to severed staffing shortages. Only one administrator said no.

The managed long-term care/PACE programs differed from the other organizations in that they not only sought, but required advanced gerontology/geriatric training for some staff, such as recreation therapists and social workers. One of the directors had earned a gerontology certificate. They also had significant resources available for staff training and education, including tuition reimbursement. However, while one organization was able to allow staff to attend training during work hours as well as pay their time in training, another said that it was currently not possible due to a staff shortage.

Finally, administrators were asked what they would look for in a training series they would recommend for their staff. Below is a summary of the training characteristics and topics described by administrators in the target counties.

Training Characteristics

- Certified, expert, dynamic faculty with field/clinical as well as research experience
- Cutting edge, practical, reality-based information relevant to their skill level and their daily work in rural settings
- Affordable cost
- Accessible location
- Hands on/interactive teleconferencing
- Daytime working hours
- Resources to walk away with (handouts, websites, etc.)
- Short, easy to complete, condensed, limited number of sessions
- One suggestion was a “Grand Rounds-type” format - short-term, repeated series of expert-led discussion of case studies through which staff can gradually build knowledge and skills

Topics

- Medication – effects on elderly, interactions, side effects, appropriate and inappropriate use
- Physical health issues – skin care, assessment, weight loss prevention, bowel and bladder training
- Aging process - physiological changes
- Mental health issues – depression, alcoholism
- Alzheimer’s, dementia – how to work with different activity levels
- Services and support systems – how to identify and access; legal issues
- Training families to assess changes
- Motivating elders to undergo desired behavior changes
- Communications - with older clients; among staff

- Behavior management – aggressive behaviors; behavior modification
- Working with developmental delays

Like the other programs, PACE programs also mentioned affordability, practicality and multi-media, interactive programs that provided staff with handouts. In contrast, they preferred training that helped staff learn to manage their time and stress and that encouraged creativity and resourcefulness.

Survey of Health and Social Service Professionals

The tables in Appendix C provide the frequencies and percents for responses to the survey questions.

Who Responded

Profession

Almost 60%^{1,2} of respondents were nurses, and social service workers represented another 18% (see Figure 4). Nearly one in ten respondents listed administration under profession (these respondents were grouped with administrators, even if they indicated a second profession such as nursing). The rehabilitation therapies (defined here as physical therapy, occupational therapy and recreation therapy), psychotherapy & counseling, and dietetics combined represented 10.3% of the sample. This breakdown reflects that nurses represent the largest job category at many of these worksites, while rehabilitation therapists often work on contract, and are therefore present at a given worksite less frequently.

Figure 4. Survey Responses by Profession

Profession (n = 342)	Number	Percent
Administration	32	9.4%
Nursing	203	59.4%
Nutrition/Dietetics	6	1.8%
Occupational Therapy	5	1.5%
Pastoral Counseling	1	0.3%
Physical Therapy	13	3.8%
Psychotherapy	7	2.0%
Recreation Therapy	3	0.9%
Social Work	62	18.1%
Other	10	2.9%

Place of work

More than half of respondents, regardless of profession, worked in some sort of non-residential health and long-term care services organization (mental health included),

¹ Numbers are approximate and rounded to the nearest integer. For exact figures, please see appendices.

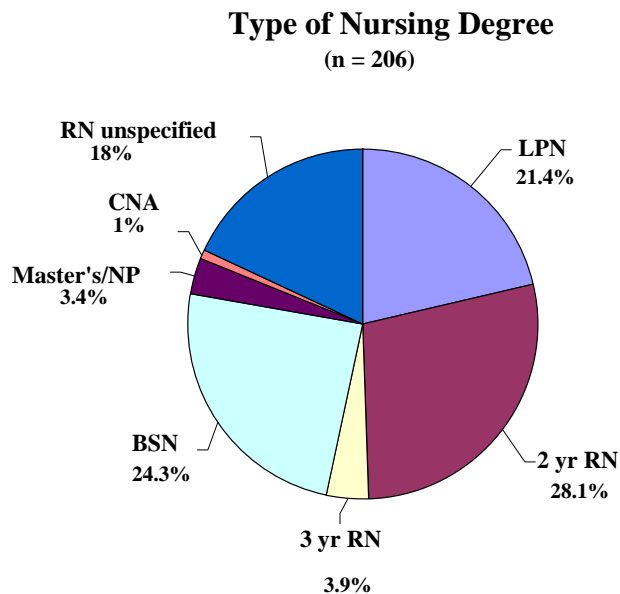
² All descriptions, tables, charts and graphs are based on data from respondents who answered the question.

primarily home care and hospitals. Residential settings that offered both health and/or social services represented 28%, with nursing homes the most frequent selection (23% of total). Another 16% worked in community-based settings offering social services, including county departments of social services and offices on aging.

Education level

Knowing the respondents' education level is helpful in determining what type of credit would be most attractive in a potential certificate program. The survey asked nurses to specify the type of degree they hold, as an indicator of their years of nursing education. Most nurses (82%) answered the degree type question, and of these, more than half had less than a bachelor's level of training in nursing (see Figure 5). Twenty-eight percent had attained a BSN or above; 3% had a masters.

Figure 5.



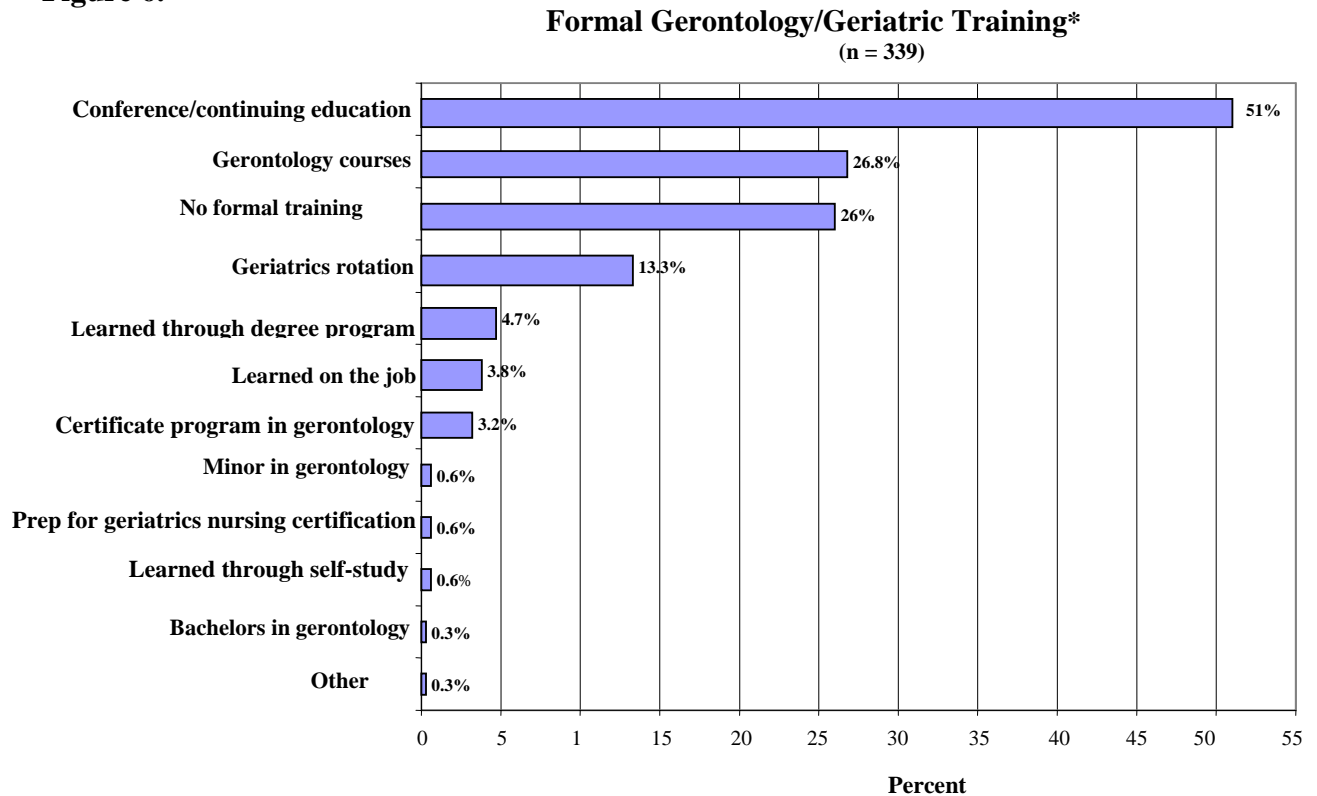
The educational background of respondents who identified their profession as social work was unclear, since the survey did not request this information. Several respondents who described themselves as case workers or case managers were included in the social work group, unless they indicated they were nurses (these were included in the nursing group). Therefore, the term “social worker” here represents a group defined not by a social work degree but by self-identification as carrying out the functions or profession of social work.

Training and Experience in Gerontology/Geriatrics

Respondents were asked what type of formal gerontology/geriatric training, if any, they had received. As seen in Figure 6, one quarter of respondents indicated that they had received no prior formal training in gerontology or geriatrics. Half stated that they had received training through some form of continuing education, such as conferences or workshops. More than 25% had taken a course in gerontology or geriatrics, and

approximately 5% indicated that they learned about gerontology or geriatrics through their degree program. One in eight had completed a geriatrics rotation. Only 3% had a gerontology/geriatric certificate and less than 1% combined had a bachelors or minor in gerontology. In contrast, nearly 4% (all of whom also reported having had formal training) went out of their way to explain that they had learned about gerontology/geriatrics on the job.

Figure 6.



*Percentages do not add up to 100 because the question allowed multiple responses.

This last point deserves emphasis. Aside from formal training, respondents bring an enormous amount of knowledge gained through on-the-job experience to geriatric services in central and western New York (see Figure 7). A full fifty percent claimed more than 15 years of experience in their profession, nearly half of whom had *over 25 years* under their belts. Only 19% of respondents had five years professional experience or less. Clearly, health and social service workers contribute a wealth of hands-on knowledge and skills to any formal training in the subject, and these can be tapped to enhance the learning experience. At the same time, many of these workers may be nearing retirement, underscoring the importance of addressing this training in less experienced workers.

Figure 7.



Interest in Further Education or Training

The survey asked respondents to indicate their level of interest, if any in further education or training in the field of gerontology and geriatrics. Nearly three-quarters of respondents expressed some interest in further education or training in the field – 46% were somewhat interested and 28% were very interested. Figures 8, 9 and 10 show the overall level of interest in further gerontology/geriatric training or education, a breakdown of interest within professions, and a breakdown by profession of the respondents who expressed the most interest, respectively.

Figure 8.

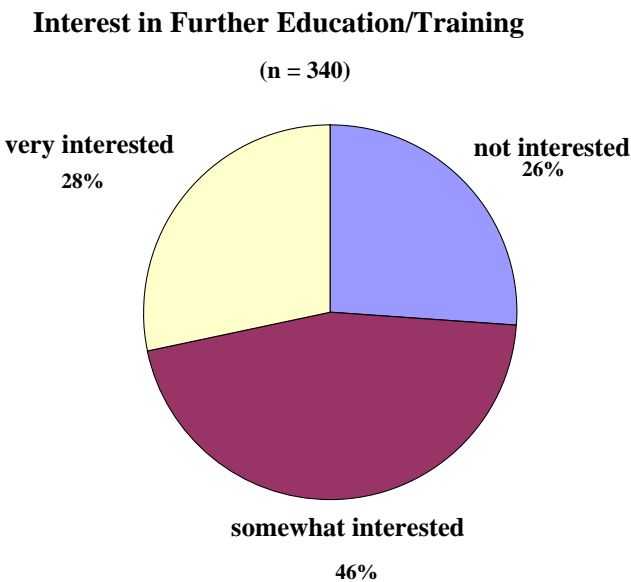
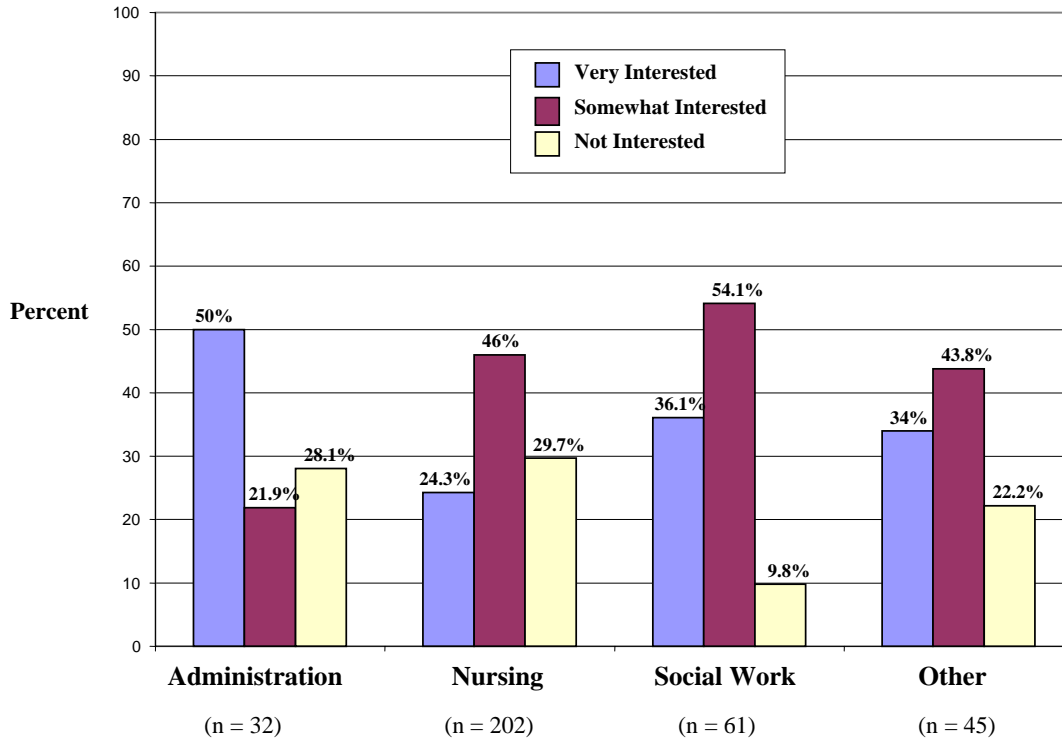


Figure 9 illustrates the considerable variation in levels of interest in further gerontology/geriatric training or education within professions. Social workers were more likely to demonstrate some level of interest (either very or somewhat interested), while half of administrators were very interested.

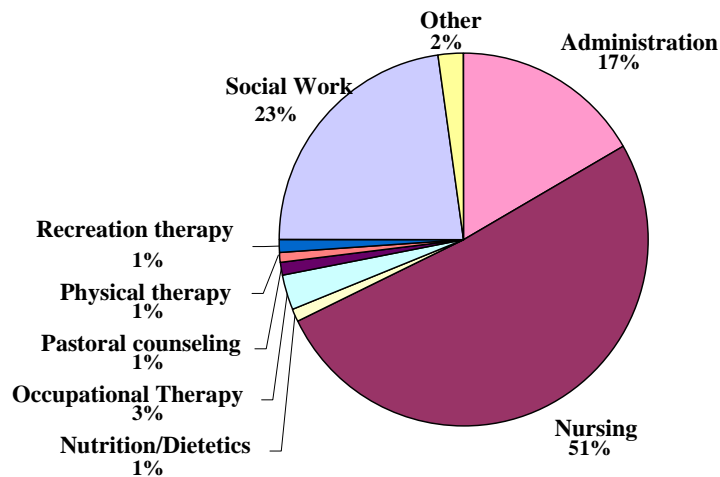
Figure 9. Level of Interest in Further Training/Education within Profession



Among respondents who were very interested in further training, 51% were nurses, 23% were social workers, and 17% were administrators, as seen in Figure 10. This high percentage of nurses among those very interested reflects their predominance in our sample.

Figure 10.

Percent Very Interested in Further Training/Education by Profession
(n = 96)



Respondents who stated that they were not interested in further training were instructed to stop and return the survey. Eighty-seven did so, and 255 individuals continued the survey.

What They Want to Learn

Our open-ended question eliciting respondents' top three suggestions for training topics yielded a rich array of information. More than 500 responses from 205 respondents were subsequently coded into 80 discreet topics in 17 topic categories (see Appendix B for a complete listing of topics). Because an open-ended question was used, the large number of congruencies among the responses take on additional significance. Several categories and subcategories emerged as training topics "most needed or wanted", of which the most frequent selections are listed here in order:

1. Medications (indicated by 39% of respondents)
Respondents expressed concern about the effect of medications on older adults, drug interactions, and unwanted effects and reactions, especially related to the use of multiple pharmaceuticals.
2. Alzheimer's disease/dementia (indicated by 37% of respondents)
Respondents were interested in assessment and differentiation between the various dementias, the behavioral changes and how to manage them, a better understanding of treatments and therapies, and how to provide support and activities for people with these conditions.
3. Mental Health Issues (indicated by 24% of respondents)
Respondents requested training about mental/emotional health and illness, including such issues as grief, loneliness and denial. Depression was the overwhelming concern; indeed, of all training topics suggested, depression was the fourth most requested, garnering 4% of all responses. There was also significant interest in how to assess mental status and capacity.
4. Physical health issues (indicated by 22% of respondents)
Respondents were interested in assessment methods, therapies and activities related to an assortment of health problems ranging from incontinence to cardiac care. By far the most frequent mention was preventive skin care and wound care. There was significant interest in rehabilitation therapies. Interestingly, common chronic conditions such as diabetes and osteoporosis received virtually no requests. This may indicate that current training in these areas is adequate, or the problems associated with these conditions may be of lower priority or unknown to workers.
5. The aging process (indicated by 21% of respondents)
Respondents clearly wanted to learn more about the aging process, including normal physiological and psychosocial changes experienced in the later years of life, as well as health conditions commonly encountered in older adults.

6. Case management (indicated by 21% of respondents)
The top concern here was community resources and how to access them, followed closely by government benefits and insurance. Legal issues such as competency evaluations, and financial issues such as financial management, also received several mentions, more if financial elder abuse is included.

Figure 11 ranks the three topics most frequently mentioned by nurses, social workers and administrators by how frequently they were mentioned.

Figure 11. Top Three Training Topics by Profession

Profession	First	Second	Third
Nurses	medications	Alzheimer's/dementia	physical health issues
Social workers	case management	Alzheimer's/dementia	mental health issues
Administrators	case management	Alzheimer's/dementia	aging process; physical health issues; medications (tied)

How They Want to Learn

Preferred Learning Format

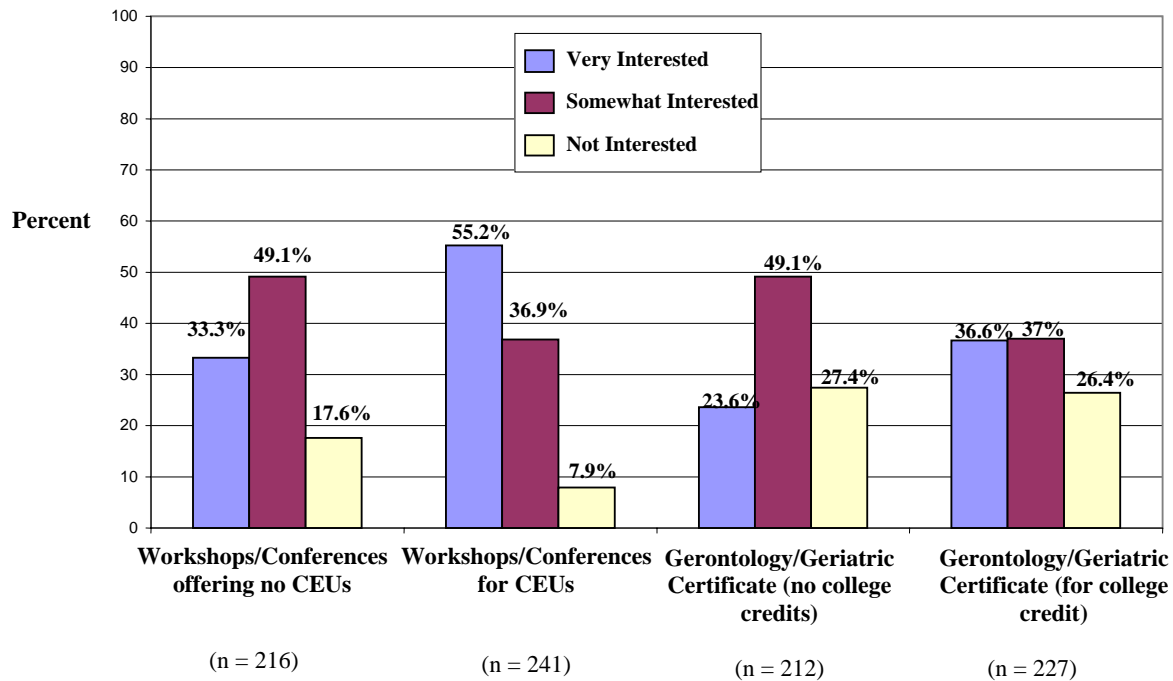
The survey asked respondents who had indicated their interest in further training to rank their interest in the following four types of gerontology/geriatric training or education: workshops/conferences offered with and without continuing education credits (CEUs), and a certificate program offered with and without college credit.

Overall, respondents indicated more interest in workshops and conferences than in certificate programs (see Figure 12). Of the four options, workshops/conferences for continuing education credits (CEUs) received the greatest interest, with over 92% of respondents expressing some level of interest and more than half stating they were very interested. The least well-received scenario was a certificate program that earned no college credit. Even so, it garnered some amount of interest among 72% of respondents.

Focusing on only those who were very interested, workshops/conferences for CEUs again ranked highest. A certificate program for college credit was ranked a distant second, followed closely by workshops/conferences for no credit.

Figure 12.

Level of Interest in Program Types



Respondents were then asked how important it was to receive professional CEUs for their training. Professional CEUs were very important to 33% of respondents and somewhat important to 41%. Every rehabilitation therapist, psychotherapist and pastoral counselor ranked CEUs as somewhat or very important, while 81% of nurses, 61% of administrators and 53% of social workers did so. Clearly, although CEU requirements vary by profession, CEUs are in demand among all these professionals and should be made available, if possible.

Distance learning

Based on our discussions with other certificate programs nationwide, we were aware of the mixed success and appeal of distance learning programs. Several administrator and survey respondent comments reiterated that interaction among students and instructors is one of the greatest benefits of trainings/courses. Through discussion with others in their discipline and across disciplines, participants learn from one another and gain respect and knowledge of other fields. Significant networking takes place during the course of the programs, assisting career development and collaboration.

Since interaction seems a key component of successful training, we had decided in this survey to explore a blended approach. In our questions, we asked respondents to speculate about programs that integrated distance technologies with face-to-face presentations. About half of respondents stated they would be attracted to courses that included e-mail and the Web, 35% said they might be attracted to them, and only 15% said they would not. Three quarters of respondents said they did have the needed Internet access for such courses. Of those who were or might be attracted to these distance

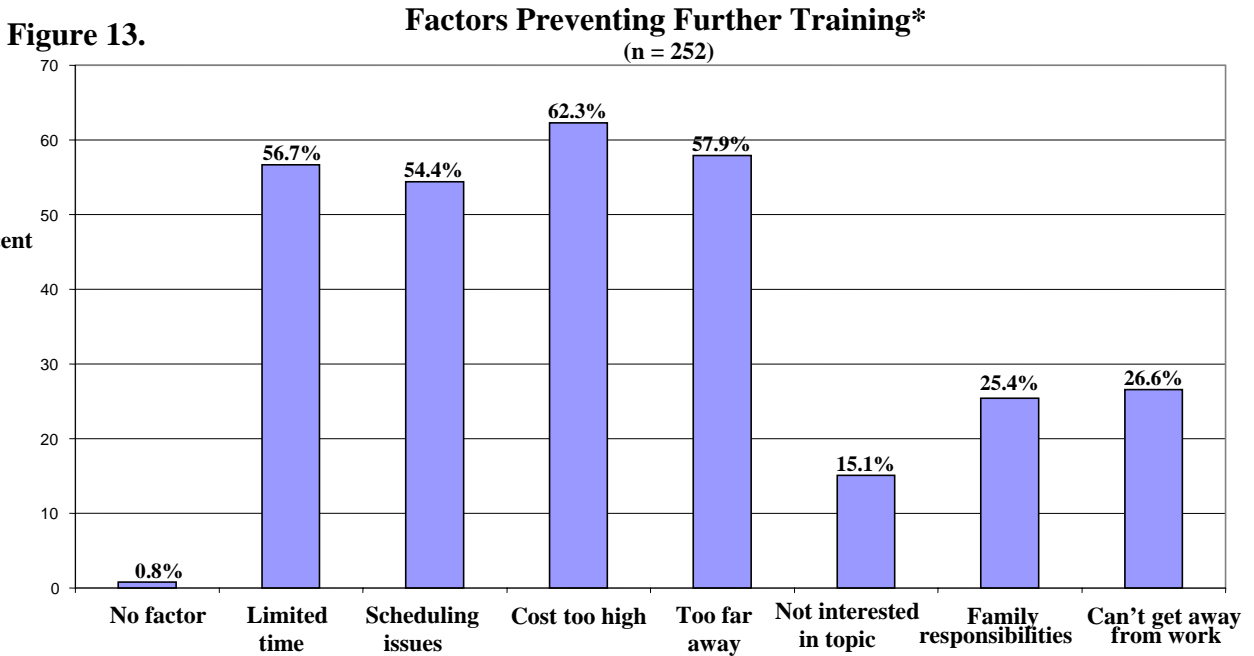
learning courses, 85% had the needed Internet access and another 10% said they might have it.

Responses were similar for courses that included some presentations via interactive teleconferencing, with about 20% stating they would not be interested in such courses. Administrators noted that teleconference facilities are available in every county, usually through county office facilities.

Respondents were much better able to participate in trainings held during work hours. Half of respondents stated that they could attend training with pay during their work hours, while another 27% said they might be able to. In contrast, only 27% stated that they were able to participate in training with pay outside work hours and 31% stated that they could not.

Resources and Barriers

The survey asked about the top three factors that would prevent the individual from pursuing further training. More than half of respondents cited high cost (62%), long distance to travel (58%), limited time (57%), and scheduling issues (54%), respectively, as the top four barriers to receiving further training. Figure 13 shows all seven barriers and percentages.



*Percentages do not add up to 100 because the question allowed multiple responses.

Honing in on the cost issues, over 41% of respondents indicated that their workplace could pay fees associated with training, another 29% said maybe and 17% said they were unsure. Only 13% stated that their workplace did not.

Responses on the amount of funding available for staff training and education varied widely among workplaces. Due to question wording, we were unable to determine an

average dollar amount that workplaces have available. However, most had training budgets of less than \$500 per staff member, and accessing those funds required administrative approval. Ten percent of respondents said their workplace would pay all training fees, if the training were approved. Twenty-four percent of respondents stated that their workplace would pay training fees, depending upon the cost and need for the training. Interestingly, 36% of respondents did not know what funding might be available for their training or education.

The professionals surveyed rely on their workplaces for training. Only 18% of respondents stated that they were willing and able to pay for training not supported by their workplace and another 45% said they might be. Of that group who would pay for their own training, most would be willing to pay at least \$50 for a 3-hour session (see Figure 14).

Figure 14.

Amount Willing to Pay for Training
(n=36)

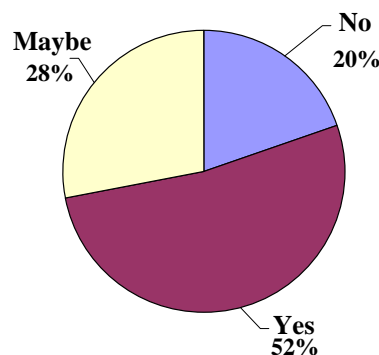
Amount would pay for 3-hr session	Number	Percent
\$25-49	8	22%
\$50-74	11	31%
\$75 or more	17	33%

Certificate Program

We presented a scenario describing a hypothetical 80-120 classroom hour Gerontology Certificate program that encompassed a core curriculum on the aging process and elective courses or workshops on specialized topics such as end of life issues or Alzheimer's. College credit was not specified. Fifty-two percent said they would be interested in such a program and 28% said maybe, as seen in Figure 15.

Figure 15.

Interest in Certificate Program
(n = 253)



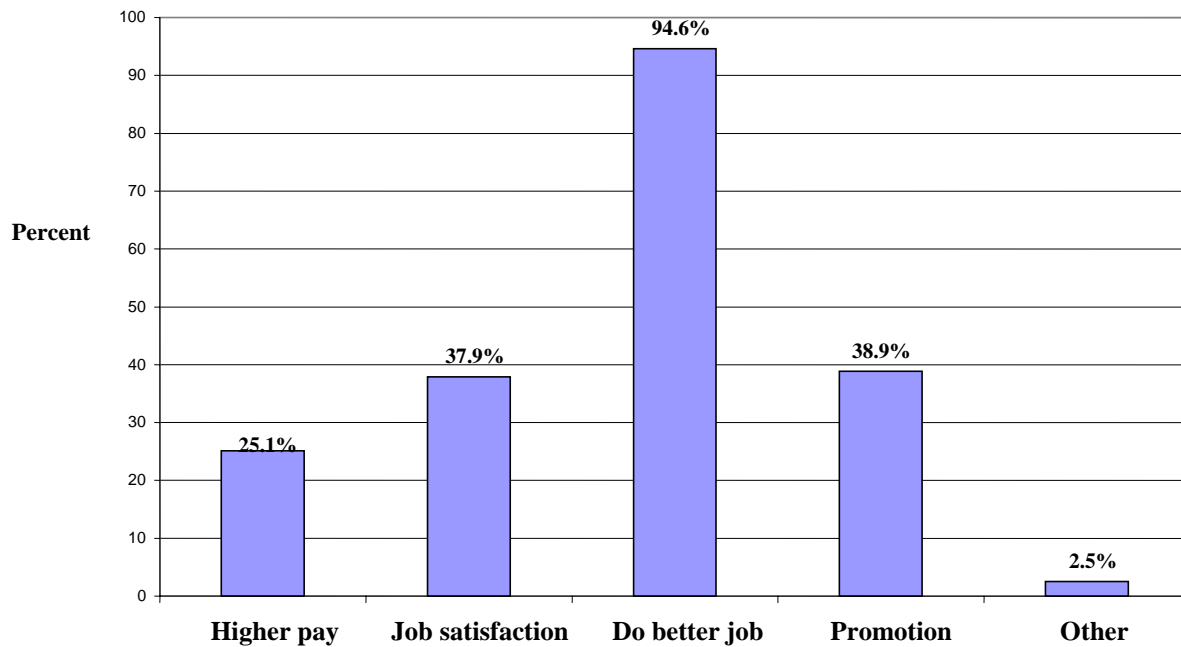
Respondents who expressed no interest in the certificate program were asked in an open-ended question to state why they weren't interested. More than half responded that too

much time was required, 16% said they already had the training they needed, and 11% explained that they were retiring soon.

People who said they were not interested in the proposed certificate program were instructed to stop and return the survey. A total of 207 respondents continued the survey.

The dedication of these professionals was revealed when asked what they would hope to gain from obtaining a certificate. As illustrated in Figure 16, an overwhelming 93% stated they hoped to gain an ability to do a better job with their patients/clients/residents. Credentials toward a better position and greater job satisfaction garnered 38% and 37%, respectively. Only 25% hoped for higher pay. Other mentions included personal growth, job security, graduate credit, and the ability to start their own business.

Figure 16. What Professionals Hope to Gain from a Gerontology Certificate*
(n = 203)

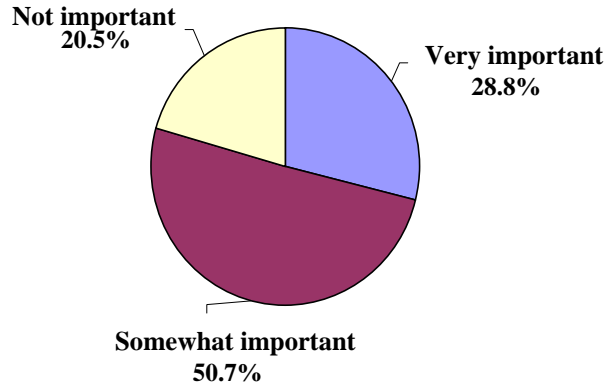


*Percentages do not add up to 100 because the question allowed multiple responses.

Respondents interested in a certificate program were asked whether college credit for the program was important to them. As shown in Figure 17, 28% stated that college credit was very important and another 51% indicated that it was somewhat important.

Figure 17.

Importance of College Credit
(n = 205)

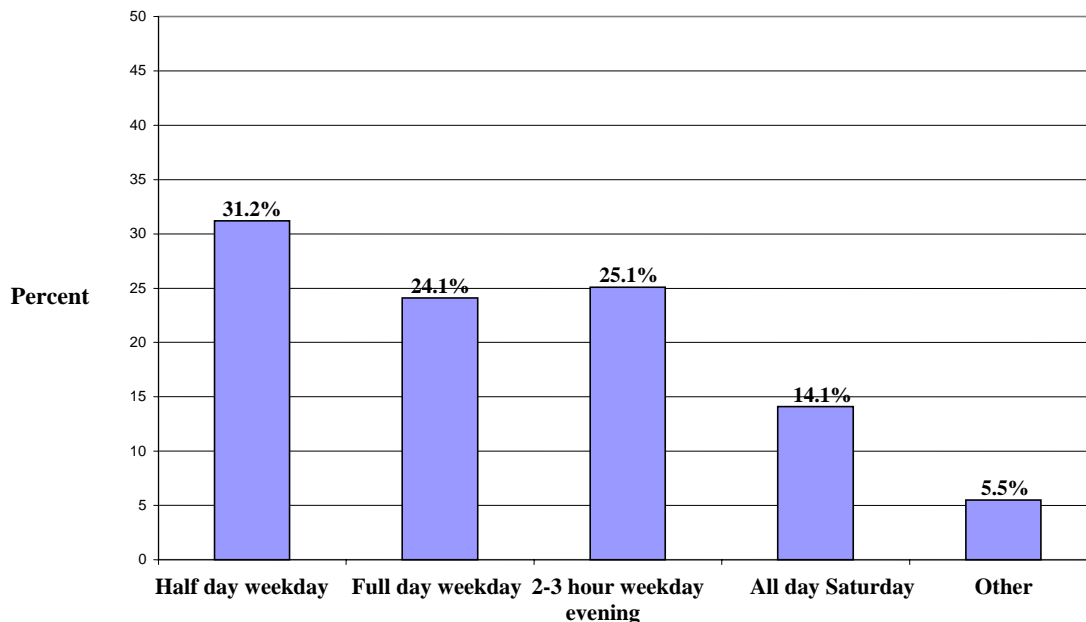


Scheduling and travel

As we have seen already, scheduling and travel time are obviously important to rural professionals who often must travel distances to worksites and clients on uncertain roads, especially in winter. The survey asked respondents to select from a list of scheduling options that might work for them, and then asked to indicate a first choice. In order of preference, respondents selected half-day sessions on weekdays as a top choice, followed by full-day sessions on weekdays, and 2-3-hour sessions on a weekday evening (see Figure 18) for certificate program classes or sessions. Few expressed interest in weekend training.

Figure 18.

1st Choice Training Schedule*
(n = 199)



*Percentages do not add up to 100 because the question allowed multiple responses.

When asked how far they would consider traveling one way to attend weekly workshops or classes for a certificate, 73% of respondents indicated a maximum of one hour, as illustrated in Figure 19. If sessions were held monthly, 40% held to one hour maximum one-way travel time (see Figure 20). However, others were willing to travel further - another 20 percent would drive 1½ hours, and 18 percent indicated they would drive 2 hours.

Figure 19.

Time Willing to Travel One Way Weekly
(n = 186)

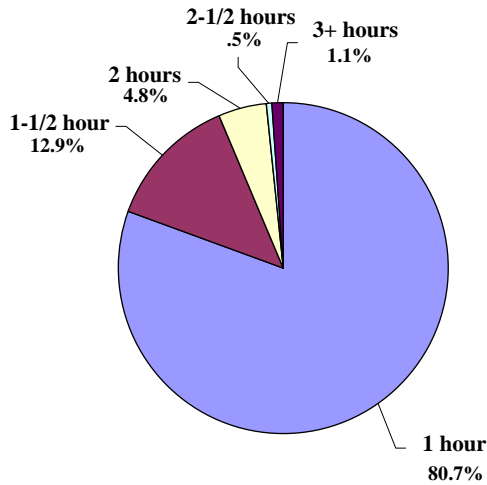
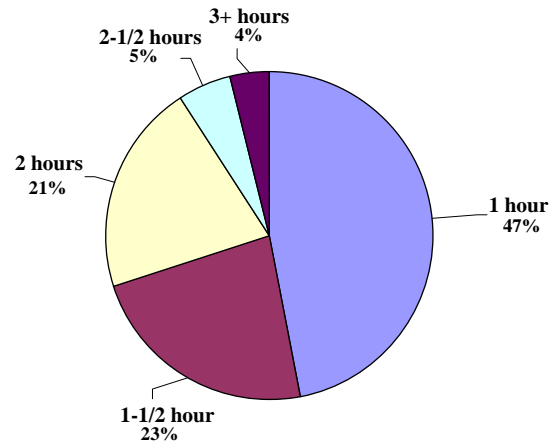


Figure 20.

Time Willing to Travel One Way Monthly
(n = 177)

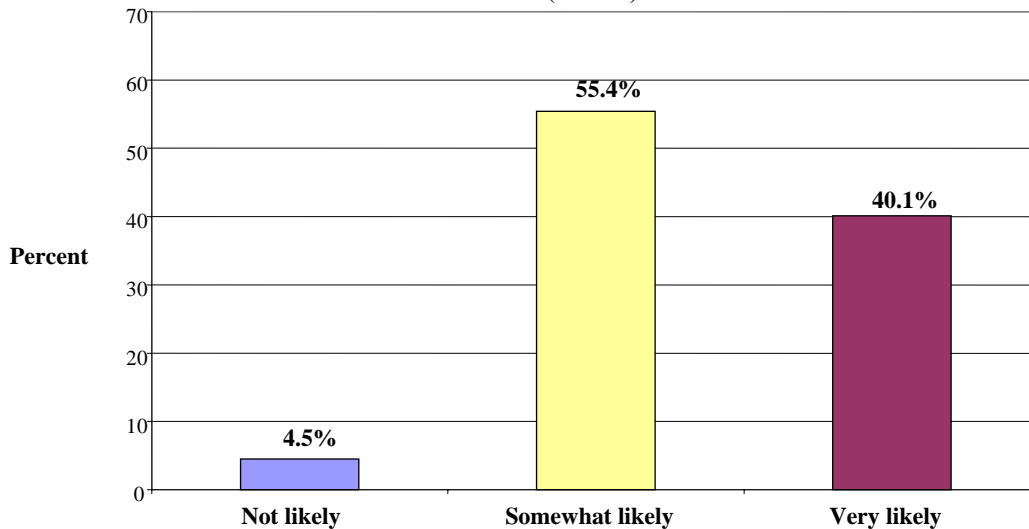


Likeliness to Enroll

Finally, we asked how likely they would be to enroll in the next three years in the type of certificate program described in the scenario, given that a majority of their preferences regarding scheduling, cost, credit and travel distance were met. A compelling 40% of the 202 respondents stated that they would be very likely to enroll and 55% said they would be somewhat likely.

Figure 21.

Likelihood to Enroll in Next 3 Years
(n = 202)



Differences by Profession

For analysis purposes, the professions were broken down by three groups: nurses; social workers; and “other”, which includes administrators, rehabilitation therapists, counselors and psychologists, dieticians and nutritionists, and others.

Social workers were considerably more interested in further training or education than were the other professions. Only ten percent said they were not interested, compared to 30% of both nurses and other. When asked to compare different training formats, social workers showed significantly more interest in workshops/conferences for no CEUs than did nurses and others. Every social worker expressed some interest in this format, while 25% of nurses and 18% of others stated no interest. On the other hand, workshops/conferences for CEUs garnered much more interest among nurses and others than among social workers. Nearly 60% of both groups indicated they were very interested in this format, compared to 39% of social workers. Nurses and others were significantly more interested in CEUs than were social workers. Only approximately 20% of nurses and others expressed no interest in CEUs, compared to 47% of social workers.

An open-ended question was used to request topics respondents most needed or wanted. Because respondents were invited to suggest their own topics rather than prompting them with a list of topics, patterns of congruence and difference between the professions take on additional significance. Five topics demonstrated significant differences by profession. As indicated on page 15, three of these - physical health, mental health and case management - were among the topics requested by the most respondents. Social workers were almost three times as likely as nurses and twice as likely as others to mention mental health; in contrast, they were least likely to indicate physical health issues, which were of equal concern among nurses and others. Other professions were nearly three times as likely as nurses and twice as likely as social workers to indicate healthy aging topics. Social workers were four times as likely as nurses and almost twice as likely as others to mention case management. Of the few respondents who listed elder abuse, social workers were twice as likely as others and eight times as likely as nurses to do so.

Nurses and others were much more likely to be interested in our hypothetical certificate program scenario than were social workers. Forty percent of social workers expressed no interest, compared to only about 14% of both nurses and other. Of the 207 respondents who expressed interest in the certificate program, there were no significant differences among the professional groupings in the importance of college credit or likeliness to enroll.

Summary and Conclusions

This study reports on the perceived gerontology/geriatric training needs and preferences for training format in 342 professional-level health and social service workers in rural central and western New York. It also explores ideas held by 46 administrators about the importance of gerontology and geriatric training for professional staff, and reports on the ability of these organizations to support such training.

The study results demonstrate a great deal of interest in further training and/or education about gerontology and geriatrics. Nearly three-quarters of health and social service workers who responded expressed interest in further training in gerontology and geriatrics. Although one type of program would not work for all the professionals surveyed, workshops that provide CEUs were of interest to nearly all respondents, and workshops without CEUs were of interest to more than 80% of respondents. However, those who wanted to earn a certificate found one that carries college credit most desirable.

Administrators agreed that a gerontology or geriatric background was an asset in a potential employee, and noted that the shortage of workers educated about aging issues generates demand for training in organizations that serve older adults. Administrators and health and social service professionals agreed on the topics that most need to be addressed. Topics mentioned most frequently were: Alzheimer's Disease and other dementias, medications and drug interactions, mental health issues, physical health and diseases, the aging process, and case management.

Organizations serving older adults would welcome additional training options. They support training both financially and by allotting work time for staff to pursue development of skills and knowledge, but their support may be limited by staffing shortages and budgets. Some workplaces completely covered training fees, tuition for education and travel expenses. Others, particularly county-funded sites that have experienced severe budget cutbacks in recent years, could pay very little. This was most evident in county agencies such as health departments and departments of social services. As indicated in both the administrator interviews and the survey of professionals, some counties had additional sources of funds to help bridge the gap for staff training needs, while others simply had to limit or eliminate training and education opportunities.

Administrators and professional staff identified high cost, long distance to travel, limited time and scheduling issues as the greatest barriers to gaining further knowledge and skills. Most existing gerontology/geriatric training or education programs in central and western New York take the form of certificate programs for college credit at private colleges, attainable at significant cost – perhaps at greater cost than most of these professionals can manage. Two exceptions are the St. John Fisher/Lifespan program (Rochester) and the Training Program in Interdisciplinary Geriatrics and Gerontology (with sessions in Syracuse and Binghamton), which offer certificate programs without college credit. Few workplaces offer tuition reimbursement for an education program such as a certificate.

In addition to cost, geographic accessibility is a major barrier. Many parts of the surveyed region are located further from existing programs than the 1 or 1½ hour distance that these working professionals state they are willing to commute. Most existing training is located in urban areas: Rochester, Buffalo, Syracuse, Ithaca and Binghamton, too far, for example, from Livingston or southern Chautauqua counties. One exception is the certificate program at rural Keuka College, which is designed as a mobile series of courses that can be offered on-site for workplaces or partnerships with sufficient student

interest. Another exception is the Finger Lakes Geriatric Education Center, which coordinates on-site training in rural counties. Current funding, however, limits FLGEC training to workshops in only about half of the counties targeted in this study.

Health and social service professionals prefer to learn through interaction with faculty and other students. However, respondents expressed interest in training that incorporated distance learning and they had good access to distance-learning technologies. A blended approach combining face-to face presentations with either interactive teleconferencing or e-mail and the Web has the potential of greatly increasing physical access to professionals in rural areas. It may also bring down cost, further increasing access for individuals and workplaces.

The professionals we surveyed are highly experienced and the majority has received some formal gerontology/geriatric training. However, with access to outside training so limited, training and updates on providing care for older adults has largely been confined to what they can glean on the job. In terms of understanding the aging process and its consequent myriad health and social issues, as well as staying current with best care practices, professionals state here that they need and want to learn more.

Finally, the data suggest that a significant portion of the workforce we surveyed is nearing retirement. This begs the question, how prepared is the next generation of health and social service professionals to offer care to our growing aging population in central and western NY? While training for the existing workforce is clearly necessary and important, individuals currently in school for these professions need gerontology/geriatric education to meet the needs of older adults in the coming decades. We believe a wise approach would address education and training for both of these populations.

This study indicates that if we are to meet the growing needs of older adults in rural central and western New York, we must employ more resources, creative strategies and collaborations to improve access to gerontology and geriatric training for health and social service professionals.

APPENDICES

APPENDIX A: Gerontology Certificate Programs

Gerontology/Geriatric Training & Certificate Programs Available to Central & Western New York

The following programs that offer classes or workshops are geared at least partly for working professionals and are located in or near central and western New York at the time of this writing. Other programs may exist that are not found here. This list is for information purposes only; we make no claims as to their quality, and inclusion on this list does not constitute a recommendation by the authors or sponsors. For more information, please contact the programs directly.

Gerontology Certificate Program

Genesee Community College, Batavia
Undergraduate credit: 30 credit hours
Phone: (585) 345-6800 Web: www.genesee.edu

Gerontology Certificate Program

Keuka College, Keuka Park (Yates County, but this is a mobile program)
Undergraduate credit: 24 credit hours
(866) 255-3852 www.keuka.edu

Gerontology Certificate Program

St. John Fisher College/Lifespan, Rochester
CEUs may be available
(585) 244-8400 www.lifespan-roch.org/gerontology_schedule.htm

Gerontology Certificate Program

Ithaca College, Ithaca
Undergraduate credit: 24 credit hours
(607) 274-1965 www.ithaca.edu/aging

Gerontology Certificate Program

Canisius College, Buffalo
Undergraduate credit: 30 credit hours
(716) 888-2861 www.canisius.edu/academics/fact_gerontology.asp

Training Program in Interdisciplinary Geriatrics and Gerontology

Consortium of NY Geriatric Education Centers (sessions held in Syracuse and Binghamton)
Geriatric Scholar Certificate awarded for 40 contact hours
CEUs available in several disciplines
(212) 998-5618 www.nygec.org

Online Programs

The following programs offer a certificate 100% online.

Certificate in Gerontology

Wagner College (New York)
26 contact hours
800-221-1010 www.wagner.edu/external/online/hcpract.html

Online Credit Certificate in Gerontology

University of Wisconsin
Undergraduate credit:
Phone: (866)374-1326 Web: www.learn.wisconsin.edu/gerontology/ E-mail:
gerontology@learn.uwsa.edu

APPENDIX B: Training Topics List

Aging Process

Aging Process - general

Psycho-social

Diseases

Physiological

For special needs populations- includes developmentally disabled

Alzheimer's/Dementia

Alzheimer's/Dementia- general

Treatment/therapies-includes psychotherapy, maintaining mobility, drug interactions

Behavior - includes management

Support/social activities

Assessment

Mental health issues and needs

Depression-unspecified; assessment; treatment

Mental health issues and needs-general

Mental health assessment, status; state; capacity

Grief-bereavement, & loss, counseling

Mental illness

Isolation, loneliness

Denial

Physical Illnesses/Diseases

Skin Care- prevention, assessment-includes positioning; infection control, wound care, MRSA

Physical Illnesses/Diseases- general; includes assessment, treatment

Rehab (includes PT, OT, rehab) - about tx; techniques-splinting, adaptive equip, clothing

Incontinence

Chronic, multiple diagnoses

Cardiac

Diabetes

Feeding; dealing with loss of taste smell, sensory functions

Osteoporosis

CVA-NDT (stroke)

Healthy Aging

Healthy Aging/Maintaining Well-being

Physical- exercise, balance, motor skills, gait, hygiene

Mental- coping, changing thinking, memory

Social

Behavior Problems

Behavior Problems - assessment, management

Aggressive/combatative

Hoarding

After medication

Manipulative, resistant

Self-neglect (also fits under elder abuse)

Alcoholism

Motivational interviewing (therapy)

Communication

With patients and families

Teamwork - RN/MD, in care planning

Communication-general

Among staff with difficult behaviors
Raising community awareness of elder issues

Dietetics/Nutrition

Dietetics/Nutrition-includes hydration

Medications

Medications- general; effect on older adults

Interactions- includes disease-related

Side effects & reactions (especially polypharmacy)- includes behavior, dementia, long-term

Usage/dosage

Psychoactive

Compliance- includes cost impact of; drug holidays

End of Life Issues

End of Life Issues/Death & Dying- includes supporting patients on; quality of life

Decisions- includes advance directives

Case Management

Community resources/services- how to access, research, for developmentally disabled

Benefits-Medicaid, Medicare; Social Security

Insurance- includes health, long term care

Legal-rights; competency evaluation process; use of restraints

Case Management-general

Financial-issues, management, transferring resources for family

Transportation

Alternative living options

Discharge planning

Employment for elders

Disabled access

Caregivers

Caregivers' issues

Of dying patients

Of those with Alzheimer's/dementia, includes grief

Support/counseling of

Elder Abuse

Exploitation-includes financial

Environment

Falls prevention

Risk assessment

Environment-general

Palliative Care

Palliative Care-general

Hospice

Pain Management

Pain Management-general

Other

Career development- competency training, grant writing, administration, planning, rec therapy

Stress management - stress reduction, time management

Improving quality of nursing home

APPENDIX C: Survey Questions and Responses

1. What is your primary place of work?

Place of Work (n = 342)	Number	Percent
Acute Care/Hospital	77	22.5
Adult Day Care	1	.3
Ambulatory Care	7	2.0
Assisted Living	16	4.7
Educational Institution	2	.6
Health Dept.	18	5.3
Home Care	46	13.5
Hospice	25	7.3
Mental Health Dept.	8	2.3
Nursing Home	78	22.8
Office for Aging	15	4.4
Private Practice	3	.9
Senior Housing	2	.6
Social Services Dept.	26	7.6
Other Human Services	13	3.8
Other	5	1.5

2. What is your home zip code? (not calculated)

3. What is the zip code at your workplace? (zip code converted to county)

County (n = 338)	Number	Percent
Allegany	34	10.1
Cattaraugus	32	9.5
Chautauqua	33	9.8
Chemung	16	4.7
Genesee	36	10.7
Livingston	91	26.9
Monroe	2	.6
Ontario	8	2.4
Orleans	5	1.5
Schuyler	10	3.0
Seneca	2	.6
Steuben	10	3.0
Wayne	25	7.4
Wyoming	22	6.5
Yates	12	3.6

4. What profession do you practice at your primary workplace?

Profession (n = 342)	Number	Percent
Administration	32	9.4
Nursing	203	59.4
Nutrition/Dietetics	6	1.8
Occupational Therapy	5	1.5
Pastoral Counseling	1	0.3
Physical Therapy	13	3.8
Psychotherapy	7	2.0
Recreation Therapy	3	0.9
Social Work	62	18.1
Other	10	2.9

Type of Nursing Degree

Nursing Degree (n=206)	Number	Percent
LPN	44	21.4
2 yr RN	58	28.2
3 yr RN	8	3.9
BSN	50	24.3
Master's/NP	7	3.4
CNA	2	1.0
RN unspecified	37	18.0

5. How many years of experience do you have in this profession?

Years Experience (n=336)	Number	Percent
0-5 years	62	18.5
6-15	106	31.5
16-25	93	27.7
25+	75	22.3

6. Please indicate the formal training you have received related to gerontology or geriatrics. (Check all that apply)

Type of Training (n = 339)	Number	*Percent
No formal training	88	26.0
Gerontology courses	91	26.8
Certificate program in gerontology	11	3.2
Geriatrics rotation	45	13.3
Conference/continuing education	173	51.0
Minor in gerontology	2	.6
Bachelors in gerontology	1	.3
Learned on the job	13	3.8
Learned through degree program	16	4.7
Learned through self-study	2	.6
Prep for geriatrics nursing certification	2	.6
Other	1	.3

*Percentages do not add up to 100 because the question allowed multiple responses

7. How interested are you in obtaining (further) education or training in gerontology and geriatrics?

Interest Level (n=340)	Number	Percent
Very interested	96	28.2
Somewhat interested	155	45.6
Not interested	89	26.2

8. Name the three topics related to serving older adults on which you most want or need training.

Topics (n=205)	Number of individuals requesting topic	*Percent of individuals requesting topic
Alzheimer's/dementia	80	39.0
Medications	75	36.6
Mental health issues	50	24.4
Physical health issues	46	22.4
The aging process	43	21.0
Case management issues	42	20.5
End of life	28	13.7
Healthy aging	26	12.7

Topics	Number of individuals requesting topic	Percent of individuals requesting topic
Behavior problems	22	10.7
Palliative care and hospice	18	8.8
Falls prevention and risk assessment	16	7.8
Caregivers issues	14	6.8
Communication issues	12	5.9
Pain management	11	5.4
Elder abuse	10	4.9
Nutrition/dietetics	10	4.9
Other	9	4.4

*Percentages do not add up to 100 because the question allowed multiple responses

9. Please rate your interest in each of the following types of programs we might offer.

Program	Very Interested		Somewhat Interested		Not Interested	
	Number	Percent	Number	Percent	Number	Percent
Workshops/conferences offering no credits (n=216)	72	33.3	106	49.1	38	17.6
Workshops/conferences for continuing ed credit (n=241)	133	55.2	89	36.9	19	7.9
Gerontology certificate/ (no college credit) (n=212)	50	23.6	104	49.1	58	27.4
Gerontology certificate/ (college credit) (n=227)	83	36.6	84	37.0	60	26.4

10. How important is it to you to receive professional CEUs for the training sessions you attend?

Importance Level (n=252)	Number	Percent
Very important	84	33.3
Somewhat important	103	40.9
Not important	65	25.8

11. If a course or workshop that interested you required using email and the Web in addition to face-to-face presentations,

a. ...would you be attracted to taking it?

Attracted? (n=252)	Number	Percent
Yes	125	49.6
Maybe	88	34.9
No	39	15.5

b. ...would you have the Internet access you need to take it?

Access to Internet (n=249)	Number	Percent
Yes	192	77.1
Maybe	27	10.8
No	30	12.0

12. Would you be interested in courses or educational programs that offered some presentations via interactive satellite or video teleconference?

Interested? (n=251)	Number	Percent
Yes	120	47.8
Maybe	82	32.7
No	49	19.5

13a. Are you able to attend training with pay during work hours?

During Work Hours (n = 253)	Number	Percent
Yes	129	51.0
Maybe	67	26.5
Don't know	34	13.4
No	23	9.1

b. Are you able to attend training with pay outside your working hours?

Outside Work Hours (n = 253)	Number	Percent
Yes	69	27.3
Maybe	59	23.3
Don't know	47	18.6
No	78	30.8

c. Does your workplace pay the fees for some or all of your training?

Workplace Pay Fees? (n = 253)	Number	Percent
Yes	105	41.5
Maybe	72	28.5
Don't know	44	17.4
No	32	12.6

If yes, up to what cost?

What cost? (n = 78)	Number	Percent
< \$100	3	3.8
\$100-250	5	6.4
\$251-500	9	11.5
\$501-1000	2	2.6
All if approved	8	10.3
Depends on cost, training need, or must be approved	19	24.4
Limited or minimal	4	5.1
Don't know	28	35.9

14. Are you willing and able to pay for training opportunities not supported by your workplace?

Willing to Pay Fees? (n = 247)	Number	Percent
Yes	45	18.2
Maybe	111	44.9
No	91	36.8

If yes, how much would you be willing to pay for a 3 hour session?

Amount would pay (n = 36)	Number	Percent
\$25-49	8	22.2
\$50-74	11	30.6
\$75 or more	12	33.3
Don't know/depends	5	13.9

15. What are the top three factors that might prevent you from receiving further training?

Factors (n = 252)	Number	*Percent
No factor	2	.8
Limited time	143	56.7
Scheduling issues	137	54.4
Cost too high	157	62.3
Too far away	146	57.9
Not interested in topic	38	15.1
Family responsibilities	64	25.4
Can't get away from work	67	26.6

*Percentages do not add up to 100 because the question allowed multiple responses

Please read the following scenario and respond to the questions that follow:

Suppose that a high quality **Gerontology Certificate** program for health professionals is being offered in your region of New York. Certificate completion requires between 80 and 120 classroom hours. The **required core curriculum** offers an overview of the aging process, including the social, psychological, and physiological aspects of aging. **Elective courses or workshops** include titles such as: End of Life Issues: Advances in Palliative Care; Drug Interactions in Older Adults; Strategies for Preventing Falls; Emerging Issues in Healthy Aging; and Understanding Alzheimer's Disease & Related Behaviors.

16. Would you be interested in the certificate program described above?

Interested? (n = 253)	Number	Percent
Yes	132	52.2
Maybe	71	28.1
No	50	19.8

If no, why not?

Reason (n = 38)	Number	Percent
Already have needed training	6	15.8
Too much time	20	52.6
Retiring soon	4	10.5
Not helpful for job	4	10.5
Other	4	10.5

17. What would you hope to gain by obtaining a gerontology/geriatric certificate? (check all that apply)

Hope to Gain (n = 203)	Number	*Percent
Higher pay	51	25.1
Job satisfaction	77	37.9
Do better job	192	94.6
Promotion	79	38.9
Start own business	1	.5
Graduate credit	1	.5
Job security	1	.5
Personal growth	2	1.0

*Percentages do not add up to 100 because the question allowed multiple responses

18. How important is it to you to receive college credit for the time you spend in classes/sessions for a certificate program? (n = 205)

Importance level (n = 205)	Number	Percent
Very important	59	28.8
Somewhat important	104	50.7
Not important	42	20.5

19. Please indicate the training session schedule(s) that would work for you. (check all that apply)

Schedules (n = 202)	Number	*Percent
Half day weekday	102	50.5
Full day weekday	69	34.2
2-3 hours weekday evening	94	46.5
All day Saturday	67	33.2
All day Saturday/half day Sunday	20	9.9
Distance learning	5	2.5
Other times	5	2.5

*Percentages do not add up to 100 because the question allowed multiple responses

20. Now, please indicate your first choice of training session schedule. (Check only one.)

1 st Choice Schedule (n = 199)	Number	Percent
Half day weekday	62	31.2
Full day weekday	48	24.1
2-3 hours weekday evening	50	25.1
All day Saturday	28	14.1
All day Saturday/half day Sunday	1	.5
Distance learning	4	2.0
Other times	6	3.0

21. What is the maximum length of time you would consider traveling one way to attend classes/workshops in order to earn a Gerontology/Geriatric Certificate if classes were held... (Please answer both a. and b.)

a. ...once per week

Travel Time per Week (n = 186)	Number	Percent
1 hour	150	80.6
1-1/2 hour	24	12.9
2 hours	9	4.8
2-1/2 hours	1	.5
3+ hours	2	1.1

b. ...once per month

Travel Time per Month (n = 177)	Number	Percent
1 hour	83	46.9
1-1/2 hour	41	23.2
2 hours	37	20.9
2-1/2 hours	9	5.1
3+ hours	7	4.0

22. If a majority of your preferences specified in the last few questions were met, how likely would you be to enroll in this type of Gerontology/Geriatric certificate program in the next three years?

Likelihood to Enroll in Next 3 Years (n = 202)	Number	Percent
Very likely	81	40.1
Somewhat likely	112	55.4
Not likely	9	4.5

23. We would appreciate any additional comments you might have related to education and training in gerontology and geriatrics.

- Being RCC of a 30 bed residential setting, this type of further education would be very beneficial to my job.
- Better training of understanding geriatric patient would eliminate some stress on worker and patient. I think training on this subject would be useful.
- CEUs are very important!!
- Cost would be a major factor.
- Financial factors play role in attending any continuing education. Workplace reimbursement is poor.
- Good luck! On-line only would be fine!
- I'm 60 yrs old and getting to end of my career-do enjoy learning about things that apply to my position, but don't want pressures of tests, papers, etc. I go to all continuing education courses.
- I'm a cardiac, peds, OB nurse-feel I already have enough on my plate. Would still like to broaden my knowledge base.
- I currently only need adult & aging psychology for my certificate in Gerontology-the course offered conflicts with my work schedule.
- I did take courses in Gerontology when offered a few years ago at St. John Fisher-used vacation time, paid myself. Courses were basic-would like more in depth courses.
- I eventually would like to become an Ombudsmen.
- I think programs like this should be offered more often.
- I would be more interested if I knew credits could be applied to a MSN program

(comments, continued)

- I would hope this would be general enough to apply to those of us who work with senior population but don't work in nursing home, assisted living, etc.
- Mental illness & psych issues are very under addressed in this population-feel many of us are deficient in our knowledge in this area.
- Offer courses that could be applied to degree major or certification ie licensed nursing home administration.
- On-line courses would be wonderful. I'd do it in a heart beat. Thank you, please keep me posted.
- Open to going to any workshops that reinforce what I've learned.
- Suggest training be provided in each county if internet format not used.
- Survey too long!
- Thanks for the opportunity
- There is more than ever a need for increased focus on geriatric issues in almost any area of nursing.
- This is certainly an area that needs to be explored, especially with aging baby boomers. Colleges in area send professors to local community colleges to provide courses.
- This would be good as I have been thinking about going for my certificate in gerontology.
- Trainings are great, but time is very tight here.
- Unsure what a certificate will afford me besides obvious knowledge.
- We need on-going training but have had less and less access to it in recent years with budget constraints.
- What time frame are you looking at? Keep me on your mailing list (gave name and address).
- Would be nice if workplace actually helped us get better education by being flexible with schedule.