



# Working with Older Adults: Charting the Future of Workforce Training and Education in New York

*Listening Sessions Summary & Next Steps*



New York State  
Office for the Aging

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2008

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As part of a collaborative partnership, this Report was prepared jointly by the New York State Office for the Aging and the State Society on Aging of New York.

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2008

Dear Colleagues:

The New York State Office for the Aging (NYSOFA) is very pleased to be partnering with the State Society on Aging of New York (SSANY) on the important topic, *Working with Older Adults: Charting the Future of Workforce Training and Education*. Between October, 2006 and October, 2007, NYSOFA staff and members of the SSANY Presidents Circle traveled across New York State to host a series of eight Listening Sessions to talk about future education and training issues for working with older adults in urban, rural, and suburban locations.

The Listening Sessions were very successful in bringing together people in the community with people from academic, planning and service, local and state government, and advocacy groups to clarify and provide focus to the critical issues we face in workforce training and education for individuals working with older adults, and to outline strategies to further this agenda. I want to thank the SSANY Presidents Circle members who have been our collaborative partners in this project. Thank you to Dr. Deborah Heiser, Current President, Dr. Patricia Brownell, Immediate-Past President, Dr. Judith Howe, Dr. Beverly Horowitz, Dr. John Krout, and Dr. Robert Maiden, for working together with us and sharing their expertise, passion, and dedication to the successful completion of this initiative. I am very pleased that our agency and the State Society on Aging are jointly issuing this Report, *Working with Older Adults: Charting the Future of Workforce Training and Education: Listening Sessions in New York – Summary and Next Steps*.

It is our mission at NYSOFA, in partnership with the network of 59 local Area Agencies on Aging and other public and private organizations that serve our older population, to assist older New Yorkers to be as independent as possible for as long as possible through delivery of high quality, person- and family-centered, cost-effective programs and services. Our efforts to address the challenges presented by a growing older population are rooted in the deepest principle of our aging services philosophy: to promote the independence of seniors by serving them where they want to be served and where it is most cost-effective to serve them – in their homes and communities. Preparing a workforce to work well with older adults is vital to achieving our goals.

It is my hope that this Report will foster further discussion, deepen interest, and lead to appropriate actions in education, labor, and the health and human services sectors in order to address the education and training needed to best prepare our workforce to interact with and serve older adults. It is my commitment that NYSOFA will continue to actively participate in fostering dialogue and solutions to address these important issues into the future.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Burgess". The signature is written in a cursive, flowing style.

Michael J. Burgess

*Promoting independence and quality of life  
for older New Yorkers*



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# State Society on Aging of New York

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2008

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Dear SSANY Colleague:

It is my great pleasure to provide you with the results of a collaborative report on New York State workforce needs. The State Society on Aging of New York (SSANY) and the New York State Office for the Aging (NYSOFA) partnered during the 2006-2007 year to determine what workforce needs would best provide services to older New Yorkers and their families. To that end, we tapped the collective wisdom of stakeholders and community leaders across New York State.

The findings from the Preliminary Report were presented at the 35<sup>th</sup> Annual Conference for the State Society on Aging in October, 2007, and will be presenting aspects of this Report at the American Society on Aging's annual meeting in Washington, D.C., as well as other venues. We also will distribute the report widely through mailings and by posting on the SSANY ([www.ssany.org](http://www.ssany.org)) and NYSOFA ([www.aging.state.ny.us](http://www.aging.state.ny.us)) Web sites.

The findings and recommendations from the Listening Sessions will form the basis of a collaborative action agenda for both SSANY and NYSOFA. This represents a partnership among government, academics, leaders in aging service delivery, and older people themselves who participated in eight Listening Sessions held across the State.

I want to thank the SSANY members who participated in this study. I also want to give very special recognition to the NYSOFA and Laurie Pferr, Executive Deputy Director, and Jennifer Rosenbaum, Bureau Director for Policy Analysis, Research and Management, for bringing their expertise, knowledge, skills, and dedication to the successful completion of this project. In addition, I would like to thank Dr. Patricia Brownell, Immediate-Past President, and Dr. Judith Howe and Dr. Beverly Horowitz, co-chairs of the President's Circle, who conceptualized, proposed, and managed this project for SSANY. I would also like to thank Dr. John Krout and Dr. Robert Maiden for their conceptual, methodological, and analytical expertise. This project would not have succeeded without their hard work and dedication.

I look forward to these findings being used to help develop programs and initiatives to create a workforce ready to deal with the aging population in New York State.

Sincerely,

Deborah Heiser

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The State Society on Aging of New York Presidents Circle and the New York State Office for the Aging wish to thank the following organizations for generously hosting Listening Sessions during 2006-2007 and for reaching out to constituent networks to participate in the Sessions:

- ❖ State Society on Aging of New York – Fall Conference 2006 (*Saratoga Springs, NY*)
- ❖ Alfred University (*Alfred, NY*)  
Local leader: Robert Maiden, PhD
- ❖ Isabella Geriatric Center (*New York, NY*)  
Local leader: Deborah Heiser, PhD
- ❖ Ithaca College Gerontology Institute, Ithaca College (*Ithaca, NY*)  
Local leaders: John Krout, PhD and Marilyn Kinner
- ❖ Fordham University and New York Southern Area Agency Network  
– focus on suburban issues (*New York, NY*)  
Local leader: Janna Heyman, PhD
- ❖ Fordham University and the Institute for the Puerto Rican and Hispanic Elderly (IPR/HE)  
– focus on issues of diversity (*New York, NY*)  
Local leaders: Patricia Brownell, PhD and Suleika Cabrera Drinane (IPR/HE)
- ❖ SUNY Oswego (*Oswego, NY*)  
Local leaders: Paul Roodin, PhD and Jeff Grimshaw
- ❖ University of Rochester Medical Center (*Rochester, NY*)  
Local leaders: Thomas Caprio, MD and Diane Rehse

### *Acknowledgements, continued*

The State Society on Aging of New York's Presidents Circle is an ad-hoc organization that brings together current and past presidents of the State Society on Aging of New York to deliberate and collaborate on current critical topics in the fields of gerontology and geriatrics. The SSANY Presidents Circle has been instrumental in focusing attention on the critical topic of workforce training and education in gerontology. Several members of the Circle provided strong leadership and guidance throughout the initiative, and their time and effort is gratefully appreciated:

- ❖ *Chair*: Judith L. Howe, PhD Associate Professor of Geriatrics, Mount. Sinai School of Medicine; Associate Director/Education, Bronx, New York Harbor GRECC; Director, New York Consortium of Geriatric Education Centers
- ❖ *Co-Chair and SSANY Past President (2006)*: Beverly Horowitz, PhD, LMSW, OTR/L, BCG, Clinical Associate Professor, Stony Brook University (Stony Brook, NY).
- ❖ *SSANY Immediate Past President (2007)* Patricia Brownell, PhD, Associate Professor, Fordham University Graduate School of Social Services (New York, NY).
- ❖ John Krout, PhD, Director and Professor, Ithaca College Gerontology Institute, Ithaca College (Ithaca, NY).
- ❖ Robert Maiden, PhD Professor of Psychology, Alfred University (Alfred, NY).
- ❖ *SSANY President (2008)*: Deborah Heiser, PhD, Director of Applied Research and Analysis, Isabella Geriatric Center (New York, NY).

In addition to the members of the SSANY Presidents Circle noted above, the following members of the SSANY Presidents Circle were actively engaged in at least one of the Listening Sessions and provided valuable assistance during the year-long process: Joanna Mellor, DSW (May 15 Listening Session facilitator); Carol Hunt and James O'Neal (August 8 Listening Session, James O'Neal facilitator); and Harvey Catchen, PhD (May 15 participant). Additional active members of the SSANY Presidents Circle are: Jurgis Karuza, PhD, Cynthia Stuen, PhD, Rose Kriss, PhD, Neal Bellos, PhD, Joann Reinhardt, PhD, and Amy Horowitz, PhD.

We gratefully appreciate the work of Deborah Heiser, PhD, Director of Applied Research and Analysis, Isabella Geriatric Center (New York, NY) and President of SSANY (2008), who took the lead in coordinating and writing about the qualitative data analysis for this Report. We are grateful as well to Suleika Cabrera Drinane MSW, President and CEO, Institute for the Puerto Rican and Hispanic Elderly (IPR/HE), who brought focused attention to the need to have a Session specifically about issues of diversity and workforce education and training, which was successfully carried out.

Laurie Pferr, Executive Deputy Director for the New York State Office for the Aging was integral to the success of all the Sessions. She participated in the Sessions, listened to participants, and brings continued, focused attention to the workforce education and training issues raised at the Sessions. Beverly Horowitz, PhD, Project Coordinator for SSANY, and Jennifer Rosenbaum, Project Coordinator for NYSOFA were vital to the success of the Sessions, taking care of details and contacts in order to assure that the Sessions went smoothly, and for coordinating the writing, editing, and completion of this Report. We are grateful to all the organizations, staff, and participants who made the Sessions so very engaging and informative.

## Preface

As we prepare for the impact of the increasing numbers of older adults in New York on our programs, services, and products, one of the pressing issues that calls for attention is preparing the workforce -- reviewing current practices and considering future needs in *training and education about older adults*. In 2005, the New York State Office for the Aging (NYSOFA) and the State Society on Aging of New York State (SSANY) surveyed all institutions of higher education in New York State to find out about gerontology-based majors, aging-related programs, and free-standing courses that are available at colleges and universities across the state. The results of that project were stark, indicating a scarcity of degree programs, certificate programs, free-standing courses, and credential in aging studies program<sup>1</sup> at New York's colleges and universities. Yet, appropriate workforce training and education are needed for effective aging service delivery, and this need will continue and grow as we see the numbers of older adults increase and diversify in New York State.

In order to provide a forum to engage people in a wide range of locales and disciplines in discussions about such workforce training and education issues, a collaborative partnership was formed in 2006 between the Presidents Circle of the State Society on Aging of New York (SSANY), and the New York State Office for the Aging (NYSOFA) (hereafter referred to as the SSANY Presidents Circle—NYSOFA collaborative) to carry out a series of Listening Sessions on the topic.

SSANY is the State's premier state-level association comprised of faculty, policymakers and program leaders from across New York who specialize in gerontology and geriatrics. NYSOFA, the State Unit on Aging for New York State, is the independent state agency for more than 3.4 million New Yorkers who are 60 years of age and older. Its responsibilities include advocating at all levels of government and the private sector, with the involvement of concerned organizations and older persons, on myriad issues affecting older adults. NYSOFA also administers federally funded programs under the Older Americans Act and a variety of state-funded programs that serve older adults and their caregivers.

The SSANY Presidents Circle—NYSOFA collaborative actively sought input from people across the state and across multiple disciplines about training and education needs about older adults for the workforce in our State. The collaborative developed eight Listening Sessions titled, *Working with Older Adults: Charting the Future of Workforce Training and Education* that took place between October, 2006 and October, 2007. The sessions represented urban, rural, and suburban locations, and were facilitated by members of the SSANY Presidents Circle and NYSOFA.

Members of SSANY and staff at NYSOFA worked collaboratively to sponsor the Listening Sessions, collect information from all eight sessions, analyze the content from the sessions, and develop this Report. The two primary goals for the Listening Sessions were to:

1. Provide an opportunity for participants to offer input about workforce education and training issues, including: pre-training; on-the-job training; higher education's role in preparing the future workforce in disciplines such as social work, nursing, medicine, the therapies, and the paraprofessional workforce; diversity and cultural competence, and options for certification and credentialing in aging in various disciplines.
2. Increase the level of input into the issues across a wide range of disciplines and locales, thereby improving the ability of the SSANY Presidents Circle—NYSOFA collaborative to identify effective, innovative, practical and needed strategies to consider as next steps.

The Listening Sessions used a common set of questions in each of the Sessions as a basis for discussion. A qualitative content analysis was conducted by the SSANY Presidents Circle—NYSOFA collaborative, which helped identify the major themes emerging from the Listening Sessions and guided the development of the solution ideas that are included in this Report. This Report is a product of collaboration among selected members of the SSANY Presidents Circle and NYSOFA staff to outline the rationale, results, and the strategies and suggested solutions that emerged to address workforce education and training issues through the Listening Sessions.

## Introduction

New York is home to 3.4 million individuals aged 60 and older, ranking New York third in the nation in the number of older adults. Like the rest of the country and the world, New York's aging baby boomer cohort will further swell the ranks of the State's older population in the coming years.

New York's demographic structure reflects some of the same major demographic forces that have formed the nation's population; however, the State's population characteristics are also unique in many ways: New York's population size, distribution, and composition have been driven by very dynamic demographic events both internal and external to the State. Such forces as foreign immigration, high levels of domestic in- and out-migration, and the high fertility rates of the State's large and expanding ethnic populations have shaped New York's population, and will continue to do so in the future.

The dynamics of population change provide us with challenges as well as tremendous resources and opportunities to make our communities the best places to live, work, play, and grow old. One of those challenges is how to assure that there is a trained and ready workforce to provide appropriate services to help meet the needs of our older adult population – and, in order to successfully meet the challenges we face in delivering quality services to older adults, part of the response needs to include both having the right set of professionals and paraprofessionals to work with our older adult population, and also providing appropriate education and training for that workforce.

The topic of workforce training and education for individuals working with older adults is large and complex. It challenges us to consider all aspects involved in preparing the workforce: current pre-professional, in-service and paraprofessional and professional training and educational needs and opportunities; training credentials, certifications, and/or other requirements; issues of cultural competency; issues of funding; and career ladder opportunities.

In a recent study conducted by the University at Albany's Center for Health Workforce Studies, it was found that the United States as a whole is unprepared to meet the care challenges posed by an aging population. According to the study, people are living longer and are more aware of available services, the older adult population will be larger, more ethnically diverse, and have a higher education level than previous generations. As demand for care services grows, large numbers of workers providing care will be retiring at the same time, making shortages likely.<sup>2</sup>

The need for a workforce that is knowledgeable about older adults is growing and increasingly important due to the demographic forces that are shaping our communities. In 2006, the Association of Gerontology in Higher Education (AGHE) conducted an environmental scan of employers and employees to gain perspectives about the topic of certification in gerontology.<sup>3</sup> The survey included employees and employers working in fields associated with older adults. The results from the AGHE environmental scan about certification in gerontology showed that certification would enhance employment opportunities, clarify expectations, ensure individuals are better prepared for jobs, and add value to one's professional standing.

The impact of certification on clients and community was explored, which found that certification could demonstrate employees' public accountability by showing that they had met the minimum standards required of the field. Furthermore, certification may increase the quality of care for older adults. One comment summed up the issue: "If employers buy in, then certification will be important, otherwise not."<sup>4</sup>

Another topic area covered in the AGHE survey was the impact of certification on practice. The results found that the drive for certification could potentially raise the bar for a minimum entry-level standard, provide opportunity for career ladders, clarify expectations of clients and the community, and increase the quality of services for older adults.

The AGHE scan also looked into the impact of certification on academia. Results showed that respondents overall believed that certification would compel the standardization of core competencies, encourage enhancement of specialty areas, delineate levels of education, and increase demand for online courses by students.

In New York, we need to take a close look at how we are preparing the workforce for an older and more diverse population. We know that future successful older adult care service delivery is dependent upon a well-prepared workforce to provide aging services in our state. The State and our communities do not yet have the health and long-term care service delivery or workforce systems in place to meet future – let alone current – demands. This situation is occurring precisely at a time when the population most reliant upon these systems, those aged 85 and over, is growing at the fastest rate.

According to the New York State Department of Health, 11 percent of the population aged 65 and older is currently in need of help with routine or personal care activities, and it is projected that this trend will increase significantly over the coming years, with the entry of the baby boomers into the elder cohort.<sup>5</sup>

The Center for Health Workforce Studies reported that nationally, we experienced a 6 percent nursing shortage in 2005, and that is projected to fall 29 percent below predicted requirements by 2020.<sup>6</sup> New York also lacks enough people trained as geriatric specialists in health and human service disciplines to meet the needs of the growing cohort of older adults; despite a rapidly growing elderly population, the number of certified geriatricians fell by a third between 1998 and 2004.<sup>7</sup>

In addition to shortages in nursing and geriatric medicine, one of the major gaps facing New York is a lack of social workers trained in gerontology and geriatrics. The demand and opportunity for social workers in the field of gerontology is clear. According to the New York Academy of Medicine's Social Work Leadership Institute (NYAM/SWLI), social work is a profession that has developed and continued to provide expertise in navigating multifaceted systems of service.

While nursing and geriatric medicine shortages are well recognized, significant shortages also exist in rehabilitation therapies, specifically occupational therapy, speech therapy, and physical therapy; at the same time, demand is anticipated to continue.<sup>8</sup> Workforce shortages and high

vacancy rates are reported for occupational therapists, physical therapists, and speech therapists in hospitals, rehabilitation centers, and public schools.<sup>9</sup> Competition for therapists exists between geographic areas and employment settings – particularly among hospital, geriatric rehabilitation, home health, and long-term care settings, who then advertise the benefits of working for their organizations. With this range of employment options, therapists can select positions that best address their interests and needs, such that therapists working with older adults often choose these practice areas. Positive educational experiences, including clinical educational experiences in geriatric practice, coupled with professional opportunities and competitive salaries, increase the likelihood that therapists will choose to work with older adults.<sup>10</sup> In addition, demographics and health care demands are such that rehabilitation programs provide care for large numbers of older patients.

Geropsychologists also are in high demand but in short supply. Geropsychologists are clinical psychologists with specialized expertise to work with older adults. They are trained to conduct competency examinations and to provide evidence-based treatment regimens for depression, sleep problems, stress experienced by caregivers of older adults, and non-pharmacological techniques to treat behavioral problems among adults with dementia. Alarming, Heath Gordon (Personal Communication, January 11, 2008) found in his dissertation research based on a national web-based survey that 88 percent of psychology trainees had completed only one course or less in aging. Lamentably, in part because of this lack of training among psychologists (as well as psychiatrists), Bartels<sup>11</sup> noted, “older people with mental disorders are significantly more likely to receive inappropriate and inadequate treatments compared to younger adults.” Moreover, psychology doctoral students who want to serve the older population are challenged to find pre-doctoral internships in aging due to a critical lack of geriatrics training infrastructure. Yet, the demand for geropsychological services – which has never been higher – will continue to increase in the near future because the baby boomers are more prone to experiencing depression, anxiety disorders, and substance abuse than is the current generation of older adults.<sup>12</sup>

Furthermore, we continue to need well-qualified paraprofessional and professional front-line workers, including home care workers, certified nursing assistants, social adult day services providers, and case managers, including individuals trained in geriatric care management. Finding ways to recruit and retain frontline long-term care workers has become a priority for many states, including New York. Major issues include pay and benefits, transportation costs, childcare resources, the work environment, training and preparation, career ladder opportunities, and ‘competition’ from other employers such as fast food operations, malls, etc. For paraprofessional and professional workers who are engaged in delivering care to older adults, such efforts include improving wages and benefits, developing additional training and opportunities for career advancement, and creating additional employee supports.

## **The Listening Sessions**

To learn about and consider the future training and education needs for workers delivering care and services to older adults in our state, a collaboration was formed in 2006 between the Presidents Circle of the State Society on Aging of New York (SSANY) and the New York State Office for the Aging (NYSOFA).

One of the unique aspects of this project is this strong collaboration between NYSOFA and SSANY. The partnership enabled the development of:

- A viable approach to collecting information.
- Assurance that both academic and policy aspects of the future workforce to serve an older adult population were addressed.
- Significant issues about cultural competence that were woven into the Listening Sessions.
- Targeted recommendations for action about how best to proceed with education and training policies and practices, including certification and credential options for working with an older adult population, as well as data collection, and evaluation.

The collaborative determined that input was needed from across the state and across multiple disciplines about future training and education needs for the state's workforce that currently is – and, in the future, will be – working with older adults. The collaborative produced eight Listening Sessions titled, *Working with Older Adults: Charting the Future of Workforce Training and Education* that were co-facilitated by faculty members of the SSANY Presidents Circle and NYSOFA and held across the State, representing urban, rural and suburban locations (see Appendix A).

The Listening Sessions used a common set of questions that guided each of the Sessions (see Appendix B). A qualitative content analysis was conducted by the SSANY Presidents Circle—NYSOFA collaborative, in order to identify the major themes emerging from the Listening Sessions and to help rank issues of importance.

### **Listening Sessions: Goals and Objectives**

The two primary goals for the Listening Sessions were to:

1. Provide an opportunity for participants to offer input about workforce education and training issues, including: pre-training; on-the-job training; higher education's role in preparing the future workforce in disciplines such as social work, nursing, medicine, and the therapies; certification and credentialing options in various disciplines; and paraprofessional training issues.
2. Increase the level of input into the issues across a wide range of disciplines and locales, thereby improving the ability of the SSANY Presidents Circle—NYSOFA collaborative to identify effective and broadly supported strategies about next steps.

The Listening Sessions used a collaborative approach among state government, academia, providers and consumers to make the Listening Sessions a success. Together, SSANY and

NYSOFA employed a core set of common questions that framed the discussion in each of the Listening Sessions. The objectives of the Listening Sessions were to:

1. Hear from a wide range of stakeholders to identify strategies to best educate and train a workforce to effectively and compassionately serve the needs of older adults.
2. Determine if there are common themes among urban, suburban, and rural communities about workforce training and education issues.
3. Prepare a qualitative content analysis of the Listening Sessions in order to identify the major themes emerging from the Listening Sessions and to help rank issues of importance.
4. Learn about workforce issues related to diversity from a specially designed Listening Session representing collaboration among Latino, African American, and Asian leaders in aging service delivery that focused on workforce issues in aging among Latino, African American, Asian, and other ethnic groups.
5. Learn about curriculum issues and suggestions for change that emerged in the Listening Session discussions.
6. Learn about perspectives on state certification of professional geriatric services, including geriatric care management and gerontological social work.
7. Learn about public-private partnerships where different roles are assumed by different partners with the objective of collaborating on a learning process that culminates in a product for wide dissemination.
8. Learn about successful strategies in ensuring that older people are full partners with government, professional provider, and academic communities in discussing needed workforce changes to better serve older people and their families.
9. Learn about ideas to inform policy, program, and practice changes that are anticipated outcomes of this collaborative project in New York State.

## **Results: Qualitative Content Analysis**

The Listening Sessions each used the same seven questions to frame the facilitated discussions at each Session, and note takers at each location recorded the Session discussions. For this Report, the notes taken during all of the Listening Sessions were compiled, and a content analysis was conducted to systematically identify key words and phrases used at each Session to determine important structures and themes. The results are based on ratings provided by three independent raters who identified and tallied themes discussed at each of the Listening Sessions.

The independent raters used a coding frame and a frequency for each topic was tallied for each Session. The researcher compiled the results from the independent raters and a comprehensive list of key topics discussed along with the frequency rating for each topic was tallied. A total frequency and percent of discussion associated with each key topic was determined for each of the seven major discussion questions that framed the Listening Sessions.

There were consistent themes that emerged across the urban, rural and suburban Session sites. These findings are presented in this section. The results are broken down by question and are as follows:

***Question 1: Do you see a need for more education about aging for staff in your organization?***

In response to the question about the need for more education about aging for staff within organizations, there were 13 topics discussed at the meetings. The overarching theme of “more training is needed” highlights the fact that at this time, there are no specific education requirements for jobs working with older adults. Some professionals may receive training, notably nurses, social workers, and therapists; however, paraprofessionals, such as home care aides, receive very little and only basic skills training. The only experience a person often has to show is that they have had prior work experience with older adults. The breakdown of the key points of the discussions is as follows:

Most of the discussion (50 percent) focused on the need for more/expanded training for aides, which needs to be provided at the level of their comprehension, and should include incorporating education about gerontology. Aides receive only the mandated basic training opportunities, whereas training opportunities are often afforded to nurses and social workers (although, this was described as too limited at least once). This limitation was identified multiple times at three sites (upstate and downstate). Discussion also focused on barriers to education (8.7 percent) and that job requirements do not stipulate the need for education/training in gerontology (13 percent), primary experience required for a job is simply having worked with the elderly (6.5 percent), and civil service requirements rarely require training (2 percent). Discussion focused on several additional issues that were brought up twice (each 4 percent): housekeepers and other facility staff would benefit from training, the need for minimum competencies, training for HIV/AIDS, and the usefulness of needs assessments. Finally, training in emergency preparedness was brought up once (2 percent).

**TABLE 1.** Need for more education about aging for staff in organizations working with older adults

More training needed for aides, which needs to be at the level of their comprehension	9	19.6%
Job requirements do not stipulate need for training in gerontology	6	13.0%
Gerontology needs to be incorporated into CNA training	6	13.0%
Aides would benefit from expanded training	5	10.9%
Barriers to education	4	8.7%
Primary experience requirement is working with the elderly	3	6.5%
Nurses and social workers have many training opportunities, but aides receive only the mandated basics	3	6.5%
Housekeepers and other staff would benefit from training	2	4.3%
Needs assessment	2	4.3%
Need basic level education/minimum competencies	2	4.3%
Training for HIV/AIDS	2	4.3%
Civil service requirements rarely include need for training	1	2.2%
Emergency preparedness	1	2.2%
<b>TOTAL</b>	<b>46</b>	<b>100.0%</b>

**Question 2: On what topics would you like to see more education?**

There were 33 topics recommended at the Listening Sessions about which more education was described as needed. The topics were quite varied, and at the same time, highlight the overwhelming need to provide education across the board to include aging studies, and to provide positive information on aging in educational settings. The most frequently discussed topics by Sessions participants for which they suggested more education was for positive aging and human development, and relatedly, to address ageism (12.5 percent), followed by the topic of disabilities and developmental disabilities (9 percent). The topics of elder abuse, caring for individuals with Alzheimer’s Disease and other Dementias, cultural issues, and family, each accounted for 5.7 percent of the discussion. Next, legal issues and sensory deficits (4.5 percent) were followed by psychosocial and physiological changes, chronic illness, career mapping, long term care insurance, and communication issues, each at 3 percent. In descending order in the discussion were hoarding, gender issues, consumer-directed care, and wellness/leisure, loss/grieving, and ageism at 2 percent, and finally, topics discussed once, or about 1 percent were: acute care, self neglect, emergency preparedness, computer skills, palliative care, values and ethics, assessment skills, entitlements, Medicare, teamwork, stress management, caregivers, working with an older workforce, and independent living.

**TABLE 2** Aging-related topics about which Session participants would like to see more education

Positive information about aging, human development; address ageism	11	12.5%
Disabilities and developmental disabilities and aging	8	9.1%
Elder Abuse	5	5.7%
Caring for individuals with Alzheimer's Disease and other Dementias	5	5.7%
Cultural issues	5	5.7%
Family	5	5.7%
Legal Issues	4	4.5%
Sensory Deficits	4	4.5%
Psychosocial as well as physiological changes	3	3.4%
Chronic illness	3	3.4%
Career mapping	3	3.4%
LTC insurance	3	3.4%
Communication issues	3	3.4%
Hoarding	2	2.3%
Gender Issues	2	2.3%
Consumer Directed Care	2	2.3%
Wellness/Leisure	2	2.3%

**TABLE 2** (continued)

Loss/grieving	2	2.3%
Ageism	2	2.3%
Acute Care	1	1.1%
Self-neglect	1	1.1%
Emergency preparedness	1	1.1%
Computer skills	1	1.1%
Palliative Care	1	1.1%
Values/Ethics	1	1.1%
Assessment Skills	1	1.1%
Entitlements	1	1.1%
Medicare/health care providers	1	1.1%
Teamwork	1	1.1%
Stress Management	1	1.1%
Caregivers	1	1.1%
Working with an older workforce	1	1.1%
Independent living	1	1.1%
TOTAL	88	100.0%

***Question 3: How should training and educational opportunities be presented?***

There were 18 topics recommended at the Listening Sessions. While the topics were varied, the most frequently discussed topic was the need for online training and education (24 percent) followed by work-site training/mentoring and face-to-face training at 17 percent. Next, classroom (10 percent) and incorporating all of them (8 percent) were followed by video conferences (5 per cent) and audio conferences (3 percent). Work study programs and booklets were brought up twice each (2 percent) and the following were each a focus of 1 percent of the discussion: in-service training, correspondence course, credit for life experience, college courses, intensive program training, community forums, mobile teams of educators, modular programs, and evening programs.

**TABLE 3.** How should training and educational opportunities be presented

Online(with good modules)	21	24.1%
Work-site training and mentoring	15	17.2%
Face-to-face training	15	17.2%
Classroom	9	10.3%
Incorporating all of them	7	8.0%
Video conferences	4	4.6%
Audio conferences	3	3.4%
Work study programs	2	2.3%
Booklets	2	2.3%
In-service training	1	1.1%
Correspondence course	1	1.1%
Credit for life experience	1	1.1%
College courses	1	1.1%
Intensive program training	1	1.1%
Community forums	1	1.1%
Mobile teams of educators	1	1.1%
Modular programs	1	1.1%
Evening programs	1	1.1%
TOTAL	87	100.0%

***Question 4: What credentialing and certification should be considered?***

From this question, there were 14 topics discussed at the Listening Sessions. Most frequently discussed was the topic of “no incentives” (25.4 percent) are in place for credentialing or certification for selected disciplines where service is provided to older adults. This was followed by the thought that some staff would want to pursue a certificate, but some would be intimidated and that funding is limited, and many people cannot take time out of their working schedule to participate in such a program (14 percent). Approximately 10 percent of the discussion focused on the idea that people need to be certified, but there was still a question as to the incentives for staff to obtain a certificate/degree. Participants (5.6 percent) also raised each of the following issues: not everyone wants to further their education; a certificate is not always the answer; and more intergenerational gatherings are needed. Nearly 3 percent of the discussion focused on the question of whether selected workshops could be bundled for a certificate. And finally, discussion topics brought up once (about 1 percent) were: certificate programs “die on the vine,” certificate programs are good, minimum competencies, and both training and Continuing Education Units (CEUs) are more important than certification.

**TABLE 4.** What credentialing and certification should be considered?

No incentives	18	25.4%
Some staff would want to pursue a certificate but others would be intimidated	10	14.1%
No funding and a lot of people can't take time out of the working schedule	10	14.1%
People need to be certified/receive more training so that they understand situations better and are more able to help	7	9.9%
What is the incentive to workforce to obtain a certificate/degree	7	9.9%
More intergenerational gatherings	4	5.6%
Not everyone wants to further their education just to better themselves	4	5.6%
Certificate is not always the answer	4	5.6%
Could workshops be bundled for a certificate?	2	2.8%
Certificate programs "die on the vine"	1	1.4%
Certificate programs good	1	1.4%
Minimum competencies	1	1.4%
Training more important	1	1.4%
Continuing Education Units (CEUs) are more important	1	1.4%
TOTAL	71	100.0%

***Question 5: Should gerontology be infused into college curricula? Across disciplines?***

Question 5 led to five (5) topics that were raised at the Listening Sessions. Overwhelmingly, rather than focusing on infusing gerontology into college curricular or to include it across disciplines, most of the discussion focused on the idea that understanding about aging needs to start with young (grade school-age) children (71 percent). Following this, several topics were discussed once each (7 percent): bridge public health and aging, guidance counseling needs to provide information about aging services fields, gerontology is not a respected field, and gerontology should be added to college curriculum.

**TABLE 5 Should gerontology be infused into college curricula, and/or should it be infused across disciplines**

Understanding aging needs to start with school children - it should be incorporated into grade school curriculum	10	71.4%
Bridge public health and aging	1	7.1%
Guidance counseling (provide information about aging services fields)	1	7.1%
Gerontology is not a respected field	1	7.1%
College curriculum (add gerontology)	1	7.1%
TOTAL	14	100.0%

***Question 6: What is the ability of organizations to support education/training for employees?***

There were 3 topics discussed at the Listening Sessions as part of the question about the ability of individual organizations to support education and training for employees. Discussion was focused as follows: the need for funding for advanced education (42 percent), payment for scholarships and pay increases (38 percent), and time off for education/training (21 percent).

**TABLE 6.** What is the ability of organizations to support education/training for employees?

Need the funding for advanced education	10	41.7%
Payment for and scholarships/pay increases	9	37.5%
Time off	5	20.8%
TOTAL	24	100.0%

***Question 7: Other comments***

At the end of each Session, participants were provided the opportunity to add any additional comments about this subject that they wished to raise. There were 12 additional comments raised at the Listening Sessions including: the disconnect between employers and academic institutions (17.5 percent); the separation between state government and providers, the need for federal/state/county incentives for training, and work force training fragmentation (12.5 percent each); the need for facilities to build training expenses into their budgets, the need to build career ladders to help paraprofessional aides work toward an LPN/RN degree, and the major shortage of workers in aging services (10 percent each). The next most cited concern was a lack of funding given to educate individuals working with older adults, even though there is a lot of funding given to those working with children (5 percent).

Each of the following topics held 2.5 percent of the discussion: Specific rules apply to long-term

care insurance regarding paid caregivers, and thus, training requirements may need to be developed, there is a lack of geriatric curriculum in medical school, and there is a major nursing shortage. Finally, the role of the social worker in health care and social service organizations is diverse (i.e., they conduct hospital discharge planning, counseling, establish programs and services, determine eligibility for programs, provide education), which requires education and training in many areas.

**Table 7 --- Other Comments**

There is a disconnect between employers and academic institutions	7	17.5%
There is a disconnect between state government and providers	5	12.5%
Federal/state/county incentives are needed for training	5	12.5%
Work force training is very fragmented. There needs to be a comprehensive approach to aging education	5	12.5%
Facilities need to build training expenses into their budgets	4	10.0%
There is a need to build career ladders to help Aides work toward LPN/RN	4	10.0%
Major shortage of workers in aging services	4	10.0%
There is a lot of funding to educate individuals working with children, but not for individuals working with older adults	2	5.0%
LTC insurance have specific rules regarding paid care givers - training requirements may be developed	1	2.5%
Lack of geriatrics curriculum in medical school	1	2.5%
Major nursing shortage	1	2.5%
Diversity in social work roles	1	2.5%
<b>TOTAL</b>	<b>40</b>	<b>100.0%</b>

## Discussion

The input from the Listening Sessions provides a rich source of information that is useful for identifying key interests, concerns, observations, experiences and recommendations of the participants. The success of efforts to recruit, train and educate, retain, and maintain a workforce to care for older adults is dependent on a variety of interrelated factors. One important influence on individuals' decisions to enter into and remain in fields serving older adults such as gerontological social work, nursing, or case management is how society values those jobs.<sup>13</sup> Conditions in the labor market are also important influences in the decision by individuals to enter the older adult care workforce.

The future demands placed on older adult care systems will not only include a need for a greater number of workers, but may involve changes in the way services currently are provided to people needing care. Workers will need to develop new skills and learn new procedures. Sensitivity to the needs of older adults will be important in training and education settings.

Workforce training and education issues include planning for and preparing a workforce to provide culturally and linguistically appropriate care; identifying strategies to recruit/retain and train a workforce to deliver high-quality health, long-term community-based care, and other services; ensuring equal access into professions working with older adults for people of all ethnic and racial backgrounds; and identifying funding for more education in aging studies. A major gap that was identified was the limited training, education and opportunities for advancement for paraprofessionals serving older adults in a number of settings, including home care, home health care, and long-term care including institutional settings.

The social work profession was singled out by Listening Session participants as a key discipline for ensuring adequate and coordinated services are provided for older adults and their families; at the same time, this discipline was identified as experiencing shortages in qualified professionals with training and education in gerontology and geriatrics. Nursing was identified as having shortages in qualified practitioners, and medicine was another discipline that has been losing geriatricians due to unfavorable reimbursement and lengthy specialized training.

There was a lack of clarity from participant responses about the relative value of education and training in and of itself, and in ensuring quality care service delivery capacity. Mixed responses pointed to the lack of consensus about certification or credentialing as a means to improve the quality of care, since what they involve is so unclear -- yet it was clearly supported that workers (professional and paraprofessional) providing direct services to older adults, as well as those with supervisory roles in the aging services network, should have core knowledge about aging.

Funding for advanced education and the need for strategies by government to promote a qualified workforce to serve older adults now and in the future also were highlighted.

Other comments included the need for a more diverse workforce in aging, and the need to provide supports in the way of scholarships and loan forgiveness, especially for minority health professionals and their clients.

Overall, the objectives of the Listening Sessions were met. The analysis of Listening Sessions' data points to the continuing challenges for the various disciplines serving older adults and their families in New York State. Workforce development and support will be vitally important; through curriculum development and continued education and training, a variety of methods may be employed to raise the bar on workforce development in the fields of geriatrics and gerontology. Continued across-sector activity around workforce education and training in aging, as well as active engagement of academic institutions, provider organizations, and government, acting in concert, will be critical to continued development of an adequate workforce that is prepared to work with older adults into the future. Focused, collaborative efforts are needed to ensure an adequately educated and trained workforce – of social workers, geriatricians, nurses, therapists, case managers, geropsychologists, etc., to serve a growing older adult population and their families.

## **Strategies & Suggested Solutions Put Forth by Listening Session Participants**

This section of the Report identifies strategies and suggested solutions put forth by Listening Session participants. The concepts are intended to foster focused attention and facilitate further discussion and clarification about key considerations for improving workforce training and education for working with older adults in New York State. To this end, these are presented in bulleted form, without additional narrative or justification. The solution ideas are presented within three groupings:

- (1) Education: Innovative ways to help prepare students to work with an older adult population;
- (2) Training: On-the-job training that is needed to work with older adults; and
- (3) Systems: How the systems of training and education need to be reshaped in order to develop a workforce that is prepared to work with older adults now and into the future.

## *Education*

### **Innovative ways to help prepare students to work with an older adult population**

- **PARTNERSHIPS:** Partnerships among academia, education, government, philanthropies, and service providers should be developed and strengthened to specifically consider the roles of each in addressing critical workforce issues for working with older adults.
- **FIELDS OF PRACTICE:** Gerontological curricula need to be further developed, strengthened and made readily available in the disciplines of social work, nursing, medicine, the therapies, and other allied professions to better prepare professionals to work with older adults in health and long-term care- related fields of practice. Cross-disciplinary curricula in gerontology and geriatrics should also be further considered for applicability in various disciplines to meet education requirements to be prepared to work with older adults.
- **INCREASE NUMBER, TYPE and LOCATION of EDUCATIONAL PROGRAMS:** More educational programs as well as free-standing courses should be available in aging studies across disciplines for professionals and paraprofessionals. An increase and improvement is needed in the number, type, and location of classes offered in gerontology. Further education is needed of faculty offering accessible on-line and evening degree and non-degree courses. Review education that is provided to health professionals and paraprofessionals to determine if such education could be further enhanced, including interdisciplinary education related to meeting needs of older adults.
- **CAREER LADDERS:** Consider mapping current career ladders in key fields and industries associated with working with older adults, including health, aging network, and long-term care services.
- **BEGIN WITH THE YOUNG:** Begin education about older adults with younger people – Aging awareness should begin in elementary school, and should continue from grades K-12. Such education is important to develop intergenerational awareness and understanding, as well as to prepare young people to be prepared for the aging society in which they will live, grow, and work.
- **EXPAND THE SCOPE OF EDUCATION BEYOND TRADITIONAL FIELDS:** Provide gerontology education in disciplines and fields beyond the health, aging network and long-term care workforce. For example, business, marketing, and communications fields would benefit from having a gerontology component.
- **FIELD PLACEMENTS:** Review and identify methods to shore up field placements for students in health and human services fields to further expand opportunities in aging-related fields.
- **TRANSLATING RESEARCH INTO PRACTICE:** The translation into and use of research findings in practice needs to be furthered in order to improve the quality of care in aging services.

## *Training*

### **On-the-job training that is needed to work with older adults**

- **CONTINUING EDUCATION:** Explore and foster continuing education opportunities, including on-site and off-site, on-line and in-classroom training for paraprofessionals and professionals on the job.
- **TRAINING MODULES:** Further explore training modules that can provide the building blocks toward a gerontology certification or credential.
- **TARGET NON-TRADITIONAL STUDENTS:** Develop targeted opportunities to reach adult, non-traditional students as potential health, aging network, and long-term care service workforce members.
- **INCENTIVES:** Incentives for individuals and institutions to educate, train, and retain health, aging network and long-term care service providers in different communities should be considered. Explore idea of incentive funds for front-line workers and supervisor training.
- **INNOVATIVE TRAINING MODALITIES:** Need a critical mass to offer courses. In rural areas, consider video feeds, on-line classes, and study-at-home.
- **FUNDING:** Employers often can provide time for training but no money. Need to identify funding sources to implement training more widely.
- **TRAINING TOPICS:** Workers in different settings need more knowledge on chronic care and other issues: e.g., Alzheimer's disease and other dementia, elder abuse, legal issues, self neglect, hoarding.
- **TRANSPORTATION TO TRAINING** Consider how to address transportation needs in order to attend training and educational opportunities.
- **MORE INFORMATION NEEDED:** More in-depth and specific information is needed about what individuals are looking for and how they would like to learn. Need to know how difficult it is for them to keep up.

## *Systems*

### **How the systems of training and education need to be reshaped in order to develop a workforce that is prepared to work with older adults now and into the future**

- **CERTIFICATION & CREDENTIALING:** Further explore systematic certification and credentialing in gerontology, while continuing to think through the perceived usefulness of a certificate or credential.
- **ADDRESS FRAGMENTATION:** Workforce training is very fragmented. There needs to be a comprehensive approach to training and education about older adults.
- **PROFESSIONAL REQUIREMENTS:** If the gerontology education requirements were to be standardized for professionals, then it could be applied across a variety of disciplines with unique training to specific disciplines.
- **NON-TRADITIONAL LABOR POOLS:** Identify and consider how best to reach out to population subgroups for potential participation in working with older adults. Create an environment where the workers are valued, and the older person is valued. For example, low-income persons, persons from minority groups, persons who are foreign-born, and non-English-speaking people provide pools of people to reach out to and further develop for successful workforce participation. Some programs to consider may include: augmenting English-as-a-second-language in primary, secondary, and vocational school programs; using bilingual training to increase participation among skilled and paraprofessional workers with language barriers; partnering with health, aging network and long-term care providers and organizations to develop mentor programs; and providing funding awards to providers who recruit low-income persons, including funding for education and training. Take advantage of the skills and talents of the growing pool of retired people and people with disabilities.
- **ESTABLISH CROSS-DISCIPLINE AGING-BASICS COURSES:** Consider establishing “Aging ABCs” courses.
- **MENTORS:** Consider role of mentors in health, aging network, and long-term care organizations for new hires.
- **CAREER LADDERS:** Build career ladders to help paraprofessionals work toward LPN/RN or social work degrees, particularly in the health, aging network, and long-term care fields.
- **COLLABORATIONS & NETWORKS:** Foster collaboration among schools, providers, professional agencies, funders, and workers. There needs to be cross-fertilization.
- **ADULT CONTINUING EDUCATION:** Expand adult continuing education programs to prepare older people and retirees to work in needed occupations and volunteer areas. Use local schools, colleges, libraries, etc. as sites for lifelong learning.

- **FOCUS ON MATURE WORKERS:** Expand opportunities for older workers who remain in the workforce or are re-entering the workforce. Review and work to remove identified barriers to the employment and retention of retired professionals such as teachers, librarians, military personnel, rehabilitation workers, and those retired from cultural institutions. Consider recruitment and retention policies to attract and retain workers, Examples include: flexible work schedules, part-time employment, pro-rated benefit packages, telecommuting, raising the income ceiling for retirees returning to work, and phased retirement plans.
- **INFORMATION & MARKETING** Consider a Senior Day --- seniors come in; see how they look at the work and at the world. Launch a “Bring your senior to work/class day.” Promote the value – and fun – of working with older people.

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## Appendix A

### Working with Older Adults: Charting the Future of Workforce Training and Education

#### SSANY-NYSOFA Listening Sessions

<b>DATE</b>	<b>LOCATION</b>	<b>SPONSORS</b>
<b>Oct. 27, 2006</b>	<b>Saratoga Springs, NY</b>	NYSOFA
<b>April 19, 2007</b>	<b>Alfred, NY</b>	Alfred University, NYSOFA
<b>May 15, 2007</b>	<b>New York, NY</b>	Isabella Geriatric Center, NYSOFA
<b>May 23, 2007</b>	<b>Ithaca, NY</b>	Ithaca College Gerontology Institute, NYSOFA
<b>May 24, 2007</b>	<b>New York, NY</b> <i>(focus on urban and suburban counties / part of conference)</i>	Fordham University, New York Southern Area Agency Network, and NYSOFA
<b>August 8, 2007</b>	<b>New York, NY</b> <i>(focus on diversity)</i>	Institute for the Puerto Rican/Hispanic Elderly, Fordham University, NYSOFA
<b>Sept. 17, 2007</b>	<b>Oswego, NY</b>	SUNY Oswego, NYSOFA
<b>Oct. 4, 2007</b>	<b>Rochester, NY</b>	University of Rochester Medical College, NYSOFA

## **Appendix B**

### **Working with Older Adults: Charting the Future of Workforce Training and Education**

#### **SSANY-NYSOFA** Listening Sessions: Questions

1. Do you see a need for more education about aging for staff in your organization?
2. On what topics would you like to see more education?
3. How should training and educational opportunities be presented?
4. What credentialing and certification should be considered?
5. Should gerontology be infused into college curricula? Across disciplines?
6. What is the ability of organizations to support education/training for employees?
7. Other comments.