

***PROVIDER
WORKFORCE DEVELOPMENT
REPORT TO
THE CALIFORNIA
COMMISSION ON AGING***

Prepared for
**PLANNING FOR AN AGING
CALIFORNIA: AN
INVITATIONAL FORUM**
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The Purpose

The purpose of this document is to provide a status report of the work of the California Council of Gerontology and Geriatrics around working on implementation of “Planning for an Aging California Population” (Health and Human Service Agency October 2003).

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I. Forward

A. Who is the California Commission on Aging?

The California Commission on Aging (CCoA) was established in 1973 by the Burton Act. It was confirmed in the original Older Californians Act of 1980 and reconfirmed in the Mello-Granlund Older Californians Act of 1996.

The Commission serves as "*the principal advocate in the state on behalf of older individuals, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older individuals.*" As such, the CCoA is the principal advisory body to the Governor, State Legislature, and State, Federal and local departments and agencies on issues affecting older Californians.

B. SB 910—Aging Planning Legislation

California is home to nearly four million people over age 65—the largest older adult population in the nation. This number is expected to more than double over the next several decades as the baby boomers begin reaching this milestone. To address this impending reality, Senator John Vasconcellos wrote Senate Bill 910 (Ch. 948/99, Vasconcellos). The bill mandated that the California Health and Human Services Agency develop a statewide strategic plan on aging for long term planning purposes. On October 14, 2003, the *Strategic Plan for an Aging California Population—Getting California Ready for the Baby Boomers*, was completed with the major support of the CCoA and a plan development task team representing 25 older adult stakeholder organizations supported by 15 state departments. The Governor signed the plan in November 2003. (The Strategic Plan can be reviewed at http://www.calaging.org/works/population_files/population.pdf.)

C. CCoA's Monitoring Role of the Strategic Plan

SB 910 calls for periodic updates so that it can be continuously improved and reflect new circumstances, new opportunities and the changing socio-political environment. The CCoA agreed to assume responsibility for the monitoring and updating the Strategic Plan. In this capacity, the CCoA is responsible for convening stakeholders, holding meetings, and monitoring the progress of priority action items outlined in the Plan. The CCoA will report to the Legislature the progress of the Plan's implementation, and update the Plan's contents to reflect changing priorities and actions. Reports to the Legislature will be on a biennial basis.

The CCoA's approach to monitoring the Strategic Plan's implementation during 2003-2005 includes:

- Encouraging/facilitating work on Strategic Plan implementation by convening nine new stakeholder task teams, facilitating initial meetings and establishing partnerships with two previously formed stakeholder teams.
- Dialoguing with state officials at the March 8, 2005 Forum on the top 15 priorities in the Strategic Plan.
- Distributing and compiling the results of a baseline questionnaire on the Strategic Plan's 15 Priorities. The questionnaire was distributed to private, public and non-profit providers and aging advocates.
- Reporting to the Legislature by May 2005, on the progress of the Strategic Plan.

D. Stakeholder Task Teams

Eleven Stakeholder Task Teams have been charged with identifying and focusing efforts on several of the top priority recommendations, developing action plans to support or achieve implementation of these priorities and identifying necessary amendments or additions to the original Plan. These volunteer Task Teams have been meeting for the period October 2003 through December 2004, though some Task Teams started their efforts later than others. Written reports have been received from all Task Teams—copies are available from the CCoA office. The focus areas for the 11 stakeholder task teams are: Housing, Economic Security, Elder/Financial Abuse, Transportation, Wellness/Prevention, Mental Health, Oral Health, Long Term Care, Palliative/End of Life Care, Assistive Technology, Provider Workforce.

The choices and actions taken by the Task Teams are solely their own and do not necessarily represent the position of the CCoA.

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Provider Workforce Development Status Report

II. Background on Provider Workforce Development

The California Council of Gerontology and Geriatric (CCGG) is a professional association of individuals and organizations, which provides leadership in education in order to promote research, policy, and practices that enhance the quality of life of the state's diverse older population.

The focal point for the CCGG has been the on-going emphasis, as outlined in its mission statement: To promote research, policy, and practice that enhance the quality of life for older adults. Therefore, the workforce development focus was placed upon appropriate support to those involved in teaching in aging, consideration of access to education and training, on-going updates and information to those involved in policy development, appropriate enhancing collaborations, and the development of best practices.

The CCGG has taken a proactive approach to the issues that were identified in the *Strategic Plan for an Aging California Population* related to education and workforce development, as it impacts the various systems and levels of higher education in the State of California. Since the development of the plan, the CCGG has included a priority on workforce considerations in its annual conferences, hearings, and activities.

Future goals include continued hearings and annual conferences, on-going commitment to support and further develop the educational systems (community college, CSU, UCs and private colleges/universities) offering gerontology and geriatric education. A task force of representative professions and key stake holders will be convened for input from the workforce to assist with identifying best practices and the education required to support the workforce needs, including the preparation of older adults re-entering the workforce.

III. Current Status of Provider Workforce Development Task Team

Charged with the leadership of the Provider Workforce Development Task Team, the CCGG appointed Dr. Pauline Abbott following her role in the plan development, to continue to represent the organization, and be the liaison to the California Commission on Aging on its efforts toward the implementation of the Strategic Plan.

Building upon the strengths and expertise of its members, who are faculty teaching and researching within Gerontology and Geriatric education programs throughout the various systems of higher education in the state, the CCGG has embarked upon nine activities focused on workforce development in 2004. These activities include:

1. Hearings

The CCGG established a legislative/university partnership with the Senate Subcommittee on Aging and Long Term Care under the authorization of Senator Vasconcellos. In addition, Senate Bill 910 and 953 (Vasconcellos) included the CCGG as part of the development team of the *Strategic Plan for an Aging California Population*.

On February 3, 2004, in State Capitol Building, an informational hearing took place to the joint Senate and Assembly Aging & Long Term Care subcommittees and representatives of the Senate Education Committee entitled “*Developing a Diverse Labor Force to Care for Older Californians: Challenges and Opportunities*”. Speakers included Dr. Pauline Abbott (CSU Fullerton), Dr. Janet Frank (UCLA California Geriatric Education Center, President CCGG), Cheri Jasinski, MPA (Strategic Plan Facilitator), Dr. Andrew Scharlach (UC Berkeley/Commission on Aging), Dr. Gwen Yeo (Stanford Geriatric Education Center/Executive Director CCGG), Dr. Barbara Gillogly (American River Community College), Barbara Sauer, Pharm.D. (NorCal Geriatric Education Center).

The hearing provided an overview of the then recently released *Strategic Plan on Aging*, its general findings, followed by focused presentations on the provider workforce issues, recommendations outlined in the Plan and efforts to develop a representative workforce involving rural, minority, and low-income students. A second panel addressed ethno-geriatric issue, career ladders for gerontological education, efforts to leverage federal funds, and rural outreach education projects.

Questions posed for consideration during the hearing included:

- How is the State implementing the recommendations outlined in the *Strategic Plan on Aging* and what entity will be responsible for its implementation?
- What are the priorities that we must first address in the *Strategic Plan on Aging* to ensure we have an adequate supply of professionals and paraprofessionals trained to work with the aging population?
- How can we best promote jobs and careers in aging as a noble profession? Are there enough practical incentives for students to go in this direction?

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- If we have a shortage of individuals providing direct care assistance, are we going to increase competencies in gerontology as well?

This hearing built upon the February 18, 2003 hearing entitled *“Education for Professions in Aging: Issues and Recommendations”* that included one panel of gerontology trained professionals working in aging including representatives from aging services providers, and a second panel made up of faculty and students representing the various higher education systems and focused upon the implementation and follow up to Senate Bill 953 (Vasconcellos) and Assembly Bill 2202 (Alquist).

An informational hearing is planned for spring 2005 providing additional updates to legislated mandates, the education ladder that corresponds to a career ladder, and faculty development toward developing a workforce. The final date is to be determined upon confirmation of a new Senate Chair of the Aging/Long Term Care Subcommittee.

2. Conferences

A statewide conference for the CCGG was held on April 13, 2004, in San Francisco entitled *“Leadership in Tough Times: Creative Responses to Unfunded Legislative Mandates for Gerontology/Geriatric Education.”* The focus was on leadership strategies needed to respond creatively to unfunded legislative mandates, particularly Senate Bills 910, 953 and Assembly Bill 2202, and the Olmstead Act, as they impact gerontology/geriatric curriculum in community colleges and universities throughout the state. Each of these pieces of legislation related to preparation for an aging California.

Keynote speakers included Charles Ratcliff discussing the update of the California Master Plan for Higher Education, Sarah Sutro-Steenhausen presenting the Legislative Update for California’s Gerontology/Geriatric Educators, and panels of faculty with various expertise. The educational objectives for the conference included: 1) the discussion of the impact of policy initiatives and legislation on curriculum development in higher education and on services to older adults; 2) to describe systematic responses to legislative mandates by institutions of higher education in California, and 3) to describe and share creative leadership strategies for program development and maintenance with limited resources. Participants and presenters included the University of California Academic Geriatric Resource Programs (AGRP), representatives from practice-based programs focusing on the role of research in applied gerontology; efforts to establish an intra-system CSU gerontology program, Outcomes Assessment, Partnerships, and responses at the local level.

The Conference built upon the 21st annual meeting held April 4, 2003, at the Hotel Durant in Berkeley entitled *“Bringing Policy to Life in Gerontology Higher Education: Views from Students, Older Adults, Policymakers, and Practitioners”*. This featured Dr. Marty Lynch’s presentation of California Gerontology Education Legislation: The Impact on Services to Older Adults.

A conference is being planned for April 2005, at which time Dr. Harry Moody, the newly appointed to AARP’s Office of Academic Liaison, will present that organization’s strategies, interests, and emphasis on an adequately prepared workforce to meet the needs of the aging population.

3. Faculty Mentoring/Training

Workforce training and education start with a clearly defined and identified faculty base and with curriculum suited to the specific objective of preparation of students for practice. While some licensed professions have best-practice curriculum for working with older adults, the initial focus of the CCGG is upon those teaching in Gerontology/Geriatrics. Supported by the California Geriatric Education Center of UCLA under the direction of Dr. Janet Frank, a unique mentoring program was established throughout the state to enhance gerontology/geriatric education programs that were small, underdeveloped, and requested assistance. The program was titled the CGEC Leadership Academy and open to any faculty at any public institution of higher education. CCGG Member institutions from well established programs at the community college, CSU, and UC systems made themselves available as mentors to smaller, less well established programs in some cases where there was only one faculty member responsible for entire aging related curricula.

Fellows were identified to be mentioned from several campuses around the state and this included follow up from the California Geriatric Education Center as well as a team of gerontology/geriatric specialists. Fellows were identified from schools such as CSU Hayward, CSU Northridge, CSU Chico, CSU Fresno, and CSU San Luis Obispo and were assisted with sustainability through the identification of key administrators on each campus as well as off-campus support development and strengthening the curriculum.

Mentoring of the fellows included financial support to CCGG conferences and related activities to ensure that they could participate.

4. CCGG sponsored CSU System Wide Summits to strategize for accessible trainings for workforce development.

The CCGG provided support in collaboration with the California Geriatric Education Center to bring together the faculty of the CSU system along with administrators of various campuses and representatives from the Chancellors Office at two Summits to dialog about effective ways to offer easy access

education on Gerontology throughout the state. Dr. Debra Sheets and Dr. Rosalie Gilford took the leadership in organizing these Summits. The reason for the focus upon the CSU was two fold. First, the legislation AB 2202 specifically addressed the CSU system and mandated education for those who would work with older adults with a report back to the legislature; and second, the research data from R. Gilford et al, showed that the CSU provided the majority of Gerontology instruction at the Bachelors and Masters level in California.

The first Summit was held in fall 2003, at CSU Northridge and the second Summit was held in spring 2004, at CSU Fullerton. The emphasis of this endeavor was to explore the feasibility of an on-line system-wide gerontology certificate program. An expert from a model multi-campus education certificate program from the Midwest was brought in by CCGG to keynote the Summits.

5. CSU System-wide On-Line Certificate/Classes for Workforce Development

Following the first one-day Summit held to determine the feasibility of the On-Line Certificate option, a white paper was prepared in response to the concerns that were presented by the Administration and faculty. The second summit brought together faculty and administrators who expressed some interest in offering a certificate, to examine the logistics and issues around such a program. Concerns from campus administrators arose around logistical issues of equitable funding and reimbursement for individual campuses. Some of these issues were addressed with proportional registration requirements that would allow a certain number combination of seats for students on the specific home campus, a certain number for those entering through extended education, and a certain number kept for reciprocal registrations from other campuses. Dr. Debra Sheets, taking the lead in this project, identified two classes that could have impact toward the beginning of a Certificate program; however, the actual formulation of such a program is very rudimentary at this juncture.

In fall semester 2004, the Sociology of Aging course at CSU Fullerton, under the expertise of Dr. Joe Weber, was offered on-line and opened to any Gerontology student within the CSU system. In spring 2005, Dr. Debra Sheets is offering a course on Aging and Health Care Issues on-line to any Gerontology student within the CSU. These classes will be incorporated in to the student's academic program on an individual basis. Gerontology programs will support the use of the classes. The CCGG will continue to monitor the progress and provide support to this endeavor.

6. Work Force Development and AARP partnerships

The CCGG was pleased to elect Mr. Tom Porter, State Director of AARP, to its board of directors to incorporate a relationship between those teaching in the academic setting and those providing education and resources to the older adult population. Representatives of CCGG were provided an opportunity to meet with the AARP Executive Director, Mr. Bill Novelli, in spring 2004, at which time it was announced that a new office of Academic Liaison had been established at the national level and Dr. Harry Moody had been appointed to that position. This office would encourage and support student internships at state and local levels with AARP to enhance workforce preparation and provide scholarship assistance to encourage students to enter the fields of gerontology/geriatrics. Dr. Moody was invited to be the keynote speaker for the CCGG conference in April 2005, to further discuss the ways in which the two organizations can support the efforts toward a strong workforce development program encouraging students to enter gerontology/geriatrics and related professions working with older adults.

7. Support for Continuance of the San Francisco State University Gerontology Program

The SFSU Gerontology program, the oldest and largest such program in the CSU system, was slated for discontinuance in spring 2004, due to budgetary and policy related decisions. Recognizing that this decision flew in the face of the demographic imperative, of the workforce preparation need data, and the fact that elimination of that program would mean no CSU graduate gerontology preparation outside of the Southern California area, the CCGG rallied its support. Members were involved in a letter writing campaign to the campus President and Provost as well as the Chancellors Office. Support was further garnered from professional associations such as the Association for Gerontology in Higher Education and the American Society on Aging, from legislators associated with the Senate and Assembly Committees on Aging/Long Term Care, the Commission on Aging, and from the AARP.

While not yet re-instituted, the program was given a reprieve to reconstitute itself and has the potential to become stronger than ever. Among the issues that brought about the initial decision to make the cut included the fact that gerontology is not yet a licensed profession (which the CCGG has been addressing for some time) and that certain legislation (AB2202 and SB953) require a generalized education related to aging that raised the financial based question of the need for a specialized degree. The workforce-related issue in this case is predicated on the fact that we can not afford to lose programs that have been doing outstanding preparation in aging for the bay area and beyond.

8. Coordinated Gerontology Program Access Across All California Systems of Higher Education: A grant submitted to the Federal Dept of Education to the Fund for the Improvement of Post Secondary Education (FIPSE) from the CCGG

In the spring 2004, the CCGG in conjunction with the California Geriatric Education Center was involved in the preparation of a grant to coordinate all the systems of higher education in California around Gerontology instruction. In so doing, the articulation agreements between the community college, CSU, UC and private schools would be clearly outlined and an education ladder with faculty agreements and institutional agreements would be universal. Further, the project would include a piece that said the state would establish a model program of instruction that would include and address issues of workforce preparation in a career ladder that matched the education ladder.

The grant was not funded because it was determined that the scope and size of the project was far greater than feasible within the time line and budget constraints of the available grant. The grant took several months to prepare and many manpower hours. The Department of Education invited the CCGG to resubmit a more narrow focused project for the next fiscal grant cycle. The grant was rewritten with a narrower focus and submitted for spring 2005. The FIPSE office recently notified the CCGG that due to severe budgetary cuts the program funded only continuation projects this cycle and the future of the FIPSE program has not been determined and may not continue.

9. CALSWEC 2 Aging Initiative for Workforce Development

The California Social Work Education Center, whose primary work has been a child and families emphasis, implemented in 2004 an initiative to address workforce development with older adults for those in the social work profession. Dr. Pauline Abbott, as a representative of Gerontology in Orange County, although not in the Social Work profession, was invited to participate at the meetings. In so doing, she was able to represent the CCGG and the workforce development efforts.

An academic representative was paired with a practice-based professional from the human service/community service agency often in the adult protective service capacity. Key regions in the state were represented and met every three months. Dr. Joanne Damron-Rodriguez, a past president of the CCGG, was integrally involved in the project.

Key issues were identified by this group as Curriculum development needed for best practices in social work education, a workforce development component that addresses issues such as who enters the field and how to

make it more attractive, how to make compensation relevant, and needs for a corresponding career and education ladder;

This full agenda from a voluntary professional association speaks to the dedication, commitment and serious approach that the organization has made to workforce development.

IV. Provider Workforce Development Implementation Priorities and Action Plan

A task force of representative professions and key stake holders will be convened for input from the workforce to assist with identifying best practices and the education required to support the workforce needs, including the preparation of older adults re-entering the workforce.

Future goals include:

- Continued hearings and annual conferences, on-going commitment to support and further develop the educational systems (community college, CSU, UCs and private colleges/universities) offering gerontology and geriatric education.
- Development of Education Ladder that matches Career Ladder (based on the Child Service Worker model).

V. Barriers to Provider Workforce Development Priorities Implementation

Program funding is undoubtedly the most serious barrier to implementing the Strategic Plan recommendations on provider workforce development. Healthcare and social service workforce development has and will continue to be largely dependent upon public higher education, from vocational schools and Community Colleges, to the CSU and UC systems. Higher education in California suffers the same economic challenges experienced by all state institutions. Lack of funding creates a domino effect of additional barriers.

VI. Proposed Revisions to the *Strategic Plan for an Aging California Population*

The CCGG does not recommend revisions to the Strategic Plan Provider Workforce Development element at this time.