



Association for Gerontology in Higher Education

Advancing gerontology as a field of study in institutions of higher education

Environmental Scan Report: Certification in the Field of Gerontology

Report Prepared by the Geriatric Education Committee
for the Executive Committee
of the Association of Gerontology in Higher Education

Contributors/Authors on behalf of the Committee:

Judith L. Howe, PhD, Chair, Geriatric Education Committee

Libbey Bowen, PhD

Janet Frank, DrPH

Robert Maiden, PhD

Melen McBride, PhD, RN

Derek Stepp

Halcyon St. Hill, Ed.D., M.S., MT(ASCP)

March 2007

Members of the AGHE Geriatric Education Committee
(as of March 2007)

Judith L. Howe, PhD, Chair
Edward Ansello, PhD
Libbey Bowen, PhD
Patricia Campione, PhD
Phillip G. Clark, PhD
J. James Cotter, PhD
Angela R. Curtis, PhD
Lorraine T. Dorfman, PhD
Sandra K. Edge-Boyd, MSW
G. Paul Eleazer, MD
Jolene Fassbinder, MSG, MACM
Esther M. Forti, PhD, RN
Janet Frank, DrPH
Ruth G. Garrett, PhD
Dennis Garvey
Marilyn A. Gipson, PhD
David A. Haber, PhD
William Holt, PhD
Kathryn Hyer, PhD
Elaine T. Jurkowski, PhD
Havva A. Kiyak, PhD
Jennifer L. Lee
Jose Loera, MD
Melen R. McBride, PhD, RN
Alice McDonnell, DrPH
M. Joanna Mellor, DSW
Jennifer C. Mendez, PhD
Heather L. Menne, PhD
Frank Prerost, PhD
Linda J. Redford, PhD
Julia H. Rose, PhD
Rosellen M. Rosich, PhD
Debra Sheets, RN, PhD
Halcyon St. Hill, Ed.D., M.S., MT(ASCP)
Bryan D. Struck
Anthony Traxler, PhD
Shirley Weaver, PhD
Ayn Welleford, PhD
Susan Wesley, PhD
Joan B. Wood, PhD

I. Background

The Association for Gerontology in Higher Education (AGHE) has implemented educational program standards through its Program of Merit (POM) since 1999. This voluntary program of review, available to any program in aging at the Master's, Bachelor's, or Associate's level, is basically a “stamp of approval”. Previously, AGHE decided not to credential programs or certify or credential individuals. However, during the last two years, there has been renewed interest in the issue of certification¹ of individuals working in the field of aging. The AGHE Executive Committee asked the AGHE Geriatric Education Committee (GEC) to conduct an environmental scan and submit a report.

II. History

At the February 25, 2005 GEC meeting, which was held during the AGHE annual meeting, the GEC passed two motions. One motion was for AGHE to take leadership in the certification of individuals in gerontology, and the second was that AGHE should develop an initiative for model state legislation on licensing in gerontology. The GEC formed a working group at that committee meeting comprised of Drs. Annabel Pelham, Alice McDonnell, and Melen McBride. Dr. Kathryn Hyer, Chair of the GEC at that time took the two motions to the AGHE Executive Committee. At that meeting, the Executive Committee asked the GEC to work with the AGHE Public Policy Committee in conducting an environmental scan. The report resulting from the environmental scan would

¹ For purposes of this report, “certification” is used interchangeably with “credentialing” although there are in fact technical differences.

be used to educate the Executive Committee so that it could make a decision as to how to proceed with the issue of individual certification in gerontology. (Note that subsequently the issue of developing model state legislation for licensure in gerontology was tabled; the environmental scan deals only with the issue of certification and not licensing.)

When Dr. Judy Howe assumed the Chairmanship of the GEC, her first task was to move forward on the issue of certification in gerontology. At the first Executive Committee meeting which she attended in July, 2005 in Indianapolis, IN the issue was discussed and further guidance was received by the GEC. At the November 2005 GEC meeting at GSA, Dr. Howe presented an overview of the environmental scan, detailed the process and expected outcomes, and asked for volunteers. At that time, Dr. Janet Frank, Past President of the California Council on Gerontology and Geriatrics, provided an overview of issues related to certification, and referred GEC members to the November/December 2005 issue of the *AGHExchange* that included an article by the AGHE Public Policy Committee on certification. At the GEC and Executive Committee meetings in February 2006 in Indianapolis, the topic of individual certification in gerontology was again discussed and resulted in the formulation of steps for the environmental scan. Dr. Howe convened a teleconference on May 10, 2006 call of the GEC with 17 members participating. During this call, Dr. Melen McBride agreed to take the lead in developing a survey to be sent to employees in the field of aging; Drs. Halcyon St. Hill and Judy Howe agreed to assist.

III. Overview of AGHE GEC Environmental Scan Activities

It was decided by the GEC that data was needed from both employees and employers in aging for a full circle view of certification in gerontology. Data was collected as follows: (1) from employees in aging through a web-based survey, (2) employers in aging through a web-based survey and (3) three focus groups. Derek Stepp, AGHE Executive Director, staffed the initiative.

IV. Definitions

As there is often confusion about the difference between accreditation, and certification, the GEC developed the following definitions to guide its data collection and discussions so as to avoid confusion:

A. Accreditation

Accreditation is a process by which a program achieves a credential by a national organization which recognizes its excellence in a particular field of study. This is usually through a self-study process followed by a site visit. Currently, there is no accreditation process for gerontology programs.

In gerontology, AGHE sponsors the Program of Merit, which is achieved by a voluntary program of review available to any program in aging at the Master's, Bachelor's, or Associate's level. The designation provides gerontology programs with an AGHE "stamp of approval." It is an approval process, not an accreditation process. However, the AGHE Program of Merit status can be used to verify program quality to administrators, to lobby for additional resources to maintain a quality program, to market the program, and to recruit prospective

students into the program. Each program is evaluated according to its own goals and objectives.

B. Certification

Certification is a voluntary process that allows an individual to demonstrate specialized knowledge, practice principles, and skills required in a practice discipline that are consistent with nationally specified quality standards and values. Certification differs from licensing in that it is a voluntary process which is usually offered through professional organizations. Licensing is a governmental process that gives an individual permission to practice in a particular state.

IV. Methods

A summary of the environmental scan data collection methods follows.

A. Survey of employees in aging

The Employee Survey was developed by a workgroup led by Dr. McBride, reviewed by the GEC subcommittee, and posted on the AGHE website between October 19, 2006 and January 12, 2007. It was also piloted by the GEC subcommittee before release to study participants. The survey was sent to all AGHE members with a known email address (3,336 individuals) and posted on the website for all other interested individuals. A notice about the survey was also placed in the Fall 2006 issue of the **AGHExchange**. There were a total of 395 responses.

B. Survey of employers in aging

The AGHE GEC Employer Survey was developed by a workgroup led by Dr. St. Hill and reviewed by the GEC subcommittee prior to distribution. It was also piloted by the GEC subcommittee online before release to study participants. It was launched on January 29, 2007 and closed on February 22, 2007 so that results could be analyzed prior to the AGHE annual leadership meeting in Portland, OR. The survey was sent to employers listed as appropriate to contact from individuals completing the employee survey. This included 121 employers that were contacted through email and an additional 20 individuals that were sent the survey by mail. In addition, the Employer Survey was sent to representatives of the 50 state departments of aging (37 contacted by email and 14 by mail). This yielded 51 responses.

C. Focus groups

During the May 19, 2006 GEC teleconference a group was formed to develop an abstract for a Preconference Institute on certification at the March 2007 AGHE annual meeting in Portland, OR. Organized by Drs. Halcyon St. Hill, Robert Maiden, Judy Howe, Annabel Pelham, Libbey Bowen, and Melen McBride, this Preconference Institute provided an overview of the history and issues related to certification in gerontology, clarified terminology, and presented perspectives from two states, California and New York, as well as views from a faculty member and a post-doctoral student. The panel was followed by facilitated focus groups as part of the GEC's environment scan.

Their discussions were guided by a set of questions (see Attachment #7 for the Focus Group Discussion Guide).

There were two goals for the focus groups: (1) to provide an opportunity for all participants to express their opinions about credentialing through professional certification in gerontology, and (2) to increase the level of input to the Geriatric Education Committee with regard to the environmental scan on the topic of credentialing- certification in gerontology requested by AGHE, thereby improving the Committee's ability to make effective and broadly supported recommendations to AGHE. Their discussions were guided by a set of questions (see Attachment #7 for the Focus Group Discussion Guide).

There were two focus groups composed respectively of 5 and 6 participants held during the Preconference Institute. There was a third focus group (n = 8) held immediately after the GEC meeting for interested GEC members (these GEC members were not part of the subcommittee working on the environmental scan) to participate in providing feedback. Each group represented a fairly broad base of interested stakeholders. It should be noted that several founders and board members of the National Association of Professional Gerontologists [NAPG] were involved in the two Preconference Institute focus groups. Each focus group was guided by a facilitator, included a recorder and used a list of prepared questions.

V. Findings

In this section the findings of the environmental scan are presented.

A. Survey of Employees in Gerontology

1. Application of knowledge

Tables 1 to 8 provide information on how gerontology knowledge is applied to respondents' work. As shown in Table 2, twenty five percent of responders identified gerontology as their primary discipline; 73% are associated with an organization or institution in the aging network. Expertise in gerontology/aging is used for teaching (76%), research (63%), program planning/evaluation (51%), management/administration (38%), and direct service (28%). (Table 7a) In their current position, they have contacts with service providers and community leaders (78%, respectively), older adults (77%), families (56%), and older ethnic minorities (52%). (Table 8) As indicated in Table 15, participants were from various states and outside the US with the largest representation from California (n=45), New York (n=31), Michigan (n=29), Ohio (n=24), and Florida (n=19).

2. Perspectives on professional training and involvement

More than 70% agreed that gerontology/aging studies are very useful or useful in getting a job in the aging network and to advance in these positions; and 64% agreed it is very useful in getting your first job in the field of aging. (Tables 3 and 4) Fifty two percent indicated annual salary between \$50,000 - \$80,000 and 25% earned over \$90,000. (Table 9) Over the past 15 years, 88% gave presentations on aging at a professional meeting, 74% lectured in academic courses, 74% taught academic course(s) in gerontology/aging, and 70% coordinated a continuing education program in aging. (Tables 10a and 10b) Membership to the top three professional gerontology/aging organizations were the Gerontological Society of America (GSA) (66%), Association for Gerontology

in Higher Education (AGHE) (59%), and American Society on Aging (ASA) (30%). (Tables 11a and 11b)

3. Perspectives on professional certification

Professional certification is considered beneficial because it adds value to the profession (80%), defines standards (72%), defines practice (70%), clarifies employee expectations (61%), enables career mobility (56%), clarifies consumer expectations (55%), and creates more opportunities. (Tables 12a and 12b) Seventy four percent prefer that a professional organization(s) offer certification, although most of those with a certificate in gerontology/aging were from academic programs (n=53). (Tables 13a and 13b) Responders were certified in gerontology/aging (21%) and in other fields (41%). (Tables 15a, 15b, 16, 17) However, 31% said they would participate in a certification process while 20% were either uncertain or wanted to know more about the process. Forty three percent were interested in a virtual discussion about certification.

B. Survey of Employers in Gerontology

For an overview of the Survey of Employers in gerontology refer to Appendix #7 which contains Tables 1 through 15. Fifty-one individuals responded to the survey. 47% described their roles as educators/faculty, 12% as gerontologists, and 8% as supervisors. 60% of respondents have been in their current positions for 6 to 20 years. (Tables 1, 2a, 2b) 61% of the respondents hold a doctorate and 29% hold a Master's degree. (Tables 4a, 4b) 86% of the respondents' organizations have staff with academic training in aging. (Table 5)

72% state that their organization would consider hiring additional individuals who are trained in gerontology. (Table 5) 59% of the organizations are universities or colleges. (Table 7a)

Respondents were asked their views about certification in gerontology. 78% agree or strongly agree that certification assures that a person has knowledge consistent with the standards of practice expected in the field and 75% agree or strongly agree that it will ensure that an individual has demonstrated skills to meet clients' needs as required in standard practice in the field. 75% agree or strongly agree that national certification in gerontology/aging studies will define professional standards of practice, and 77% agree or strongly agree that it will provide credibility in the standard of practice in the field. 79% agree or strongly agree that national certification will add value to academic professional credentials.

64% of respondents believe that a national organization such as AGHE should provide certification in gerontology. (Table 11) 90% stated that there should be more education for those working with older adults. (Table 5)

80% of the organizations surveyed support employees who seek aging studies education in a variety of ways. 63% of those responding currently serve as an internship site. (Table 5)

C. Focus Groups

Each of the focus groups responses were summarized, and are provided in Appendix 7. From this summarized grouping of responses, distinct themes

were identified and organized into four categories: (1) AGHE's role for certification; (2) the impact of certification on employment, clients and community, practice, and academe; (3) competencies (core and advanced); and (4) institutional support for certification.

The following summaries of each of the four themes or categories reflect the responses in each of the categories.

1. AGHE's Role in Certification

The first theme that emerged concerned AGHE's role in the certification process. The responses from the focus groups were wide-ranging, from one extreme of "no role" to the other extreme of AGHE taking on this activity. There was also discussion of AGHE having some responsibility but working in collaboration with other professional agencies in aging such as GSA and NCOA for this activity. While it wasn't mentioned by name, a separate national organization (like National Association of Professional Gerontologists, [NAPG]) was also identified as being a sponsor of certification. The majority of Focus Group 3 members felt that AGHE was a good fit for moving into certification and this process could be built onto the Programs of Merit (POM) program through an exit exam for POM graduates. Those graduating from a POM and passing the exit exam, would then receive their "certification".

2. Impact of Certification

The next theme concerned the impact of certification on employment, clients, community practice and academe, which were as follows. It was felt that certification would enhance employment opportunities, clarify

expectations, ensure individuals are better prepared for jobs, and add value to one's professional standing.

a. Within this theme, we also examined the sub-theme of the impact of certification on clients/community, which was as follows. Certification could demonstrate employees' public accountability through demonstrating 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".

b. Responses for the next sub-theme, the impact of certification on practice, were as follows. 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 may increase the quality of services for older adults.

c. In the last sub-theme, we look at the impact of certification on Academe, which was as follows. Certification would impel the standardization of core competencies, encourage enhancement of specialty areas, delineate levels of education, and increase demand for online courses by students. A recommendation was made that certification be sought by the leaders in the field; otherwise, state legislators may assume responsibility and impose licensure on them.

3. Core and Advanced Areas of Knowledge

The next major theme concerns identifying core and advanced areas for different levels gerontology certification.

a. Core Areas

1. *Biological* - physical health, epidemiology, biological aging process, chronic illness
2. *Psychological* - mental health, memory, cognition, psychosocial issues, substance use/abuse, medications (pharmacology), theories of aging, research methodology
3. *Social* - cultural competency, health disparities, population studies/demographics, caregiving, social relationships, sexuality, health promotion and education, theories of aging, research methodology communication, palliative end of life care (death and dying), living environments, programs and services for older adults, legal and ethical issues, public policy impacting older people, health education, home health, health promotion, hospice, theories of aging, life span development, intergenerational relationships, and research methodology.

There appeared to be agreement among the groups on content areas and that the range of core competencies should occur with increasing levels of specification such that the levels will occur hierarchical in terms of depth from beginning to advance gerontology studies.

One individual noted that gerontology in a four year setting *might* fit in better as a minor. It was also suggested that there should be different levels. Individuals in Group 2 proposed the following levels: associate/certificate; baccalaureate; baccalaureate with certificate and minors; baccalaureate continuing education programs; masters, graduate certificates, doctoral degrees, and fellowships. Masters, graduate certificates, doctoral degrees, and fellowships were identified as advanced. It was also noted that there is a continuum of sophistication in differing levels.

Group 2 further noted that advanced levels, those with masters, graduate certificates, doctoral degrees, and fellowships should also have the following specialization areas included for certification:

Substance use/abuse, medications (pharmacology), health education, home health, health promotion, hospice, interdisciplinary team approaches to communication among caregivers the older adult, the family, the community, and the healthcare team, caregiver scopes of practice in providing care and services for older adults

4. Institutional Support

There was general agreement among groups that institutions provide support for continuing education, travel, fellowships, academic coursework. In addition, institutions would need to provide supervision for internship, practicum experiences and assure that a curriculum was being taught consistent with core standards and create the opportunities to gain competencies as needed.

5. Focus Group Summary

Though focus group responses to guided questions concerning the issue of certification varied, the goals of the focus groups, 1) to provide an opportunity for certification discussion, and 2) to increase the level of input to the Geriatric Education Committee, were met. The participants of the focus groups were primarily supportive of certification for gerontology program graduates. The focus group guide did not include questions or probes about the costs, barriers, challenges, or the “negative” aspects of certification that might be encountered. Most focus group participants discussed the need for certification by field leaders. Moreover, focus group participants largely felt that employers, employees, the community, and academe could benefit from certification through an enhancement of employment opportunities, defined career ladders

and clarified employee expectations, job preparation, and professionalization. The benefits of certification to clients and older adults were also discussed. Certification could increase client accountability and quality of care. Certification could also be beneficial to academe, providing an opportunity to standardize core competencies, enhance specialty areas, and increase online course demand.

VI. Recommended Next Steps for AGHE Executive Committee

The GEC has been asked to collect data regarding certification of individuals in gerontology and not to make recommendations regarding AGHE's position on this issue.

1. It is the understanding of the GEC that this report will be transmitted to an *ad hoc* Task Force. If members of the Task Force have questions or need clarification GEC representatives are available.
2. It is suggested that the Task Force consult with the AGHE Program of Merit Committee as it considers its position on certification as there may be opportunities for testing a certification program with students at POM institutions.

Appendices

1. Summary of Employee Survey Responses (Tables 1-17)
2. Summary of Employer Survey Responses (Tables 1-15)
3. Survey of Employees in Aging
4. Survey of Employers in Aging
5. Preconference Institute Abstract
6. Preconference Institute Focus Group Discussion Guide
7. Summary of Findings of Focus Groups

Appendix 1

Summary of Employee Survey Responses (Tables 1-18)

AGHE SURVEY: SUMMARY OF EMPLOYEE RESPONSE

Table 1 Demographic Information

Category	Frequency	Percent
Age (years)	395	100
less than 25	05	01
26-35	31	08
36-45	50	13
46-55	137	35
56-65	136	34
66-75	31	08
75-84	05	01
Gender	395	100
Female	296	75
Male	99	25
Race/Ethnicity	396	
African American	17	04
American Indian/Alaska Native	02	01
Asian American	14	04
Caucasian	347	88
Hispanic/Latino	04	01
Pacific Islander	01	0
Other	11	03

Table 2 Educational background (primary discipline)

Question #7: What would you consider your primary discipline? (Choose one)

Discipline	Frequency	Percent
Administration/Management	21	05
Anthropology	04	01
Architecture	01	00
Biology	03	01
Dental professions	01	00
Economics	01	00
Education	22	06
Gerontology	100	25
Health/Public Health	15	04
Home Economics	01	00
Housing	01	00
Human Development	11	03
Medicine	09	02
Mental Health/Counseling	06	02
Nursing	34	09
Nutrition	02	01
Occupational Therapy	04	01
Optometry	00	00
Pharmacy	01	00
Physical Therapy	01	00
Policy/Planning	04	01
Psychology	25	06
Recreation/Activity Therapy	09	02
Social Work	46	12
Sociology	41	10
Other	32	08

Table 3: Usefulness of gerontology/aging training

Question 8: How useful was your training in gerontology/aging studies for the following:

Rating Scale	Getting a position that required education and experience in aging.		Advancing to a position that required education and experience in aging		Getting your first job in the field of aging	
	n	%	n	%	n	%
5=Very useful	192	55	179	52	157	47
4	67	19	70	20	58	17
3	45	13	49	14	41	12
2	20	06	16	05	25	07
1=not at all	23	07	31	09	56	17

Table 4. Duration of search for first job in aging.

Question 9: How long did you look for employment in the field of aging before obtaining your first job?

Duration	Frequency	Percent
Already had a job prior to completing program	167	50
Immediately found a job (within 2-3 weeks)	67	20
1-6 months	65	19
7-12 months	17	05
More than a year	19	06

Table 5a. Responder's association with the aging network

Question 10: In what capacity are you associated with an organization or institution that is part of the aging network? (check all that apply)

Role in aging network	Frequency	Percent
Employee	271	73
Volunteer	70	19
Other	91	24

Table 5b. Responders' other association with aging network

Other role in aging network (n=91; 24%)	Frequency	Percent
Educator	28	
Consultant	10	
Professional organization member	09	
Researcher	08	
Board member	06	
Student	06	
Project partners	05	
Staff	05	
Administrator	03	
Entrepreneur	02	
Service provider	02	
Retired	02	
Other	04	
Not applicable	01	

Table 6. Employment Status (N=390)

Question 11: What is your current employment status?

Status	Frequency	Percent
Fulltime	315	81
Part-time	40	10
Retired	09	02
Looking for employment	08	02
On disability	00	00
Consulting/contractual work	18	05

Table 7a. Responders' use of gerontology knowledge

Question 12: Currently, how are you using your gerontology/aging studies, education, skills, and experience? (check all that apply)

Application	Frequency	Percent
Teaching	295	76
Direct service	109	28
Research	245	63
Management/administration	148	38
Program planning/evaluation	198	51
Other (see Table 7b)	61	16

Table 7b. Responders' other use of gerontology knowledge

Other Application (n=61; 16%)	Frequency	Percent
Community service	15	
Policy/advocacy	13	
Curriculum/evaluation	11	
Consultancy	09	
Ministry/counseling	06	
Communication	05	
None	02	

Table 8. Responders' contacts in present position

Question 13: In your current position, which of the following do you have contact with? (check all that apply)

Contact	Frequency	Percent
Older adults	284	77
Service providers	288	78
Community leaders	287	78
Family	207	56
Older ethnic minorities	191	52

Table 9: Income distribution for responders (N=365)

Question 14: What is your current salary before taxes or deductions?

Income	Frequency	Percent
<20,000	24	07
>20,000	14	04
>30,000	21	06
>40,000	27	07
>50,000	62	17
>60,000	53	15
>70,000	33	09
>80,000	41	11
>90,000	75	21
>150,000	15	04

Table 10a. Activities of responders over the past 15 years (N=365)

Question 15: During the past 15 years, which of the activities below have you done?
(check all that apply)

Activity	Frequency	Percent
Made a presentation on aging at a professional meeting	334	88
Given lecture(s) in academic gerontology course(s)	299	79
Taught academic course(s) in gerontology	280	74
Coordinated a continuing education program on aging	266	70
Coordinate programs	163	43
Other (see Table 10b)	98	26

Table 10b. Other activities of responders over the past 15 years

Activity (n=98; 26%)	Frequency	Percent
Training/teaching	34	
Publication	15	
Research	13	
Program development	12	
Community service/volunteer	09	
Consulting	07	
Online/Web project	04	
Advocacy	04	

Table 11a. Membership to professional gero-organizations
 Question 16: In which professional organization(s) listed do you have current membership(s)?

Organization	Frequency	Percent
The Gerontological Society of America (GSA)	239	66
Association for Gerontology in Higher Education (AGHE)	215	59
American society on Aging (ASA)	109	30
National Association of Social Workers (NASW)	45	12
National Council on Aging (NCOA)	42	12
American Psychological Association (APA)	37	10
American Public Health Association (APHA)	34	09
American Geriatric Society (AGS)	30	08
American Sociological Association (ASA)	24	07
Council on Social Work Education (CSWE)	23	06
National Association of Geriatric Education Centers (NAGEC)	15	04
National Association for Geriatric Education (NAGE)	11	03
National Gerontological Nurses Association (NGNA)	11	03
Other (see Table 11b)	138	38

Table 11b. Other professional organizations

Organization (n=138; 38%)	Frequency
California Council on Geriatrics & Gerontology	06
Southern Gerontological Society	06
National Council on Family Relations	05
American Therapeutic Recreation Association	03
American Medical Directors Association	03
Canada Association of Gerontology	03
Association of Psychiatric Sciences	02
Society of Certified Senior Advisers	02
AGE-SW	02
Sigma Phi Omega	02
Other	102*

* One responder per organization

Table 12a. Effects of certification

Question 21: Do you believe professional certification in gerontology will have the following effects? (check all items to indicate “yes” response)

Effects	Frequency	Percent
Add value	300	80
Define standard of practice	271	72
Defines practice	262	70
Clarify employee expectations	227	61
Career mobility	211	56
Clarify consumer expectations	205	55
Create more opportunities	191	51
Economic advantage	178	48
Comment (see Table 12b)	60	16

Table 12b. Summary of comments related to question #21

Comment (n=60; 16%)	Frequency	Percent
Not necessary	10	
Don't know/Not sure	08	
Create barriers	04	
Need Certification	08	
Ensure core knowledge	02	
Need to clarify field	07	
Degree more value	04	
Certification by profession	02	
Protects programs	02	
Protects consumers	02	
Have flexible process	02	
Sets curriculum standards	01	

Training opened doors	01	
Better salaries	01	
Help practitioners and consultants	01	
Adds meaning to accomplishments	01	
Defines network	01	
State should certify	01	
Enhance service delivery	01	
Gero-career not valued	01	
NAPG was formed	01	

Table 13a. Preferred source of certification

Question 24: If offered, which organization/institution do you believe should provide certification of gerontologists?

Category	Frequency	Percent
National professional organization	271	74
State Professional organization	39	11
Institution of employee Corporation	9	02
Corporation	3	01
Comment (see Table 14b)	44	12

Table 13b. Summary of comments related to Question 24

Comment (N=44; 12%)	Frequency	Percent
University	16	
Professional organization	15	
State institution or organization	02	

Table 14. States of responders (N=393)

Question 4: In what state or country do you currently reside?

State/Country	Frequency	Percent
Alabama	03	
Arizona	03	
Arkansas	03	
California	45	
Colorado	08	
Connecticut	2	
Delaware	01	
Florida	19	
Georgia	06	
Hawai'i	03	
Idaho	02	
Indiana	07	
Illinois	13	
Iowa	06	
Kansas	06	
Kentucky	06	
Louisiana	03	
Maine	04	
Maryland	09	
Massachusetts	15	
Minnesota	07	
Michigan	29	
Missouri	12	
Nebraska	04	
Nevada	02	
New Jersey	06	
New Mexico	01	
New York	31	
North Carolina	14	
Ohio	24	
Oklahoma	07	
Oregon	06	
Pennsylvania	12	
Puerto Rico	01	
Rhode Island	02	
South Carolina	04	
South Dakota	03	
Tennessee	07	
Texas	14	
Utah	01	
Vermont	04	
Virginia	14	
Washington	06	
Wisconsin	05	
Canada	06	
Jamaica	01	
USA	26	

Table 15a. Credential in gerontology

Question 5: Indicate which credential you have received in gerontology or aging studies by listing the year completed and sub-specialization (if any) next to each appropriate category.

Type	Frequency	Percent
Undergraduate (BS)	03	
Masters	08	
Doctoral	11	
Post-doctoral	01	

Table 15b. Discipline of sub-specialty

Discipline	Frequency	Percent
Philosophy	07	
Gerontology	07	
Sociology	05	
Psychology	04	
Nursing	03	
Education	02	
Social Work	02	
Dentistry	01	
Economics	01	
Human Development	01	
Family Studies	01	
Environmental Sciences	01	
Medicine	01	
Public Health	01	
Urban Studies	01	

Table 16: Source of responders' certification

Question 18: What organization issued certification in gerontology?

Source	Frequency	Percent
Academic	53	
Professional Organization	18	
Service Organization	06	

Table 17. Source of non-gerontology certification
Question 20: What organization issued you certification?

Type	Frequency	Percent
State	78	
Professional organization	66	
University	10	
Out-of-USA	06	

Appendix 2

Summary of Employer Survey Responses (Tables 1-15)

AGHE EMPLOYER SURVEY

Table 1. Responders' current position
Question 1: What is your current position?

Position (N=53)	Frequency	Percent
Director	11	21
Professor	07	13
Associate Professor	07	13
Coordinator	06	11
Chair	03	06
06Program Manager	03	06
Assistant Director	03	06
Deputy Director	02	04
Executive Director	02	04
Dean	01	02
Associate	01	02
President/CEO	01	02
Associate Director	01	02
Chief Deputy Commissioner	01	02
Administrator	01	02
Assistant Administrator	01	02
Case Manager	01	02
Ombudsman	01	02

Table 2a. Responders' role in workplace
Question 2: Which of these areas best identifies your role in the organization (your current workplace)?

Role	Frequency	Percent
Educator	24	47
Gerontologist	06	12
Supervisor	04	08
Health care administrator	03	06
Nutritionist	01	02
Social worker	01	02
Other (see Table 1b)	12	24

Table 2b. Other roles of responders in workplace

Other Role	Frequency	Percent
Administrator	07	
Practitioner	03	
Manager	02	

Table 3. Years in current role

Question 3: How many years have you been in your current role in the organization?

Years	Frequency	Percent
1yr or less	04	08
2-5 yrs	11	22
6-10 yrs	15	30
11-20 yrs	15	30
21-30 yrs	04	08
more than 30 yrs	01	02

Table 4a. Educational level

Question 4: What is your highest level of education in your current discipline?

Education Level (N=53)	Frequency	Percent
Associate degree	00	00
Bachelor's degree	03	29
Master's degree	16	29
Doctorate	03	04

Table 4b Type of doctoral education

Question 5: If your highest level is Doctorate, please specify what type of doctorate degree you have.

Type of Doctorate	Frequency	Percent
Sociology	06	
PhD	06	
Clinical Psychology	04	
Gerontology	04	
Nursing	03	
Education	02	
Social Work	02	
Dentistry	01	
Family Studies	01	
Human Development	01	
Human Environmental Science	01	
Public Health	01	
Medicine	01	
Urban Studies	01	

Table 5. Agency support (Questions 6-7; 54; 56-57)

Question	Yes		No		Not applicable		Don't know	
	n	%	n	%	n	%	n	%
Q6: Does your agency/organization have a staff with academic training in gerontology/aging?	44	86	07	14	-	-	-	-
Q7: Would your agency/organization consider hiring additional individuals who are trained in gerontology/aging studies?	36	72	02	04	02	04	10	20
Q52: In your organization, do you believe there is a need for more education for those working with older adults?	45	90	05	10	-	-	-	-
Q54: Does your organization support employees who seek gerontology/aging studies?	41	80	10	20	-	-	-	-
Q56: Does your organization serve as an internship site?	31	63	18	37	-	-	-	-
Q57: would it be willing to serve as an internship site?	22	56	17	44	-	-	-	-

Table 6 Size of staff

Question 8: How many employees are employed at your current organization?

Number of employees	Frequency	Percent
1-10	06	12
11-50	13	26
51-100	03	06
101-200	02	04
201-300	00	00
Over 300	26	52

Table 7a. Type of responder's organization

Question 9: What is the type of organization with which you are employed?

Type of Organization	Frequency	Percent
University/College	30	59
Hospital	02	04
Area Agency on Aging	01	02
Assisted Living	01	02
Alzheimer's Association	01	02
Mental Health Agency	01	02
Private Practice	01	02
Veterans Administration	01	02
Other (see Table 7b)		

Table 7b. Other type of responder's organization

Type of Organization	Frequency	Percent
State Agency on Aging	05	
State Unit of Aging	04	
Professional association	02	
State government	01	
Service agency	01	

Table 8. Type of responder's agency

Question 10: Please indicate the type of agency you currently work?

Type of Agency (N=62)	Frequency	Percent
State government agency	22	36
Academic institution	12	19
Private, not for profit	09	15
Local government agency	03	05
Federal government	01	02
Social services agency	01	02

Table 11. Source for certification

Question 49: Which organization/institution should provide certification for gerontology/aging studies?

Source (N=59)	Frequency	Percent
National professional organization, e.g., AGHE, NAPG	38	64
State professional association	04	07
Education institutions	03	05
State service agency	01	02
Business corporation	01	02
Other	01	02

Table 12. Minimum level of education

Question 50: Minimum level of preparation should be at the following level:

Level of Preparation (N=59)	Frequency	Percent
Associate degree	09	15
Bachelor's degree	25	42
Master's degree	08	14
Certificate	04	24
Miscellaneous	04	24

Table 13. Benefits of internship

Question 51: What benefits do you think internships/field practice provide for those going into gerontology/aging studies?

Benefits (n=74)	Frequency	Percent
Be exposed to reality	18	24
Apply theory	14	19
Skill development	13	18
Build expertise	10	14
Help career planning	08	11
Interact with older adults	05	07
Job placement	02	03
Networking	02	03
Create commitment	02	03

Table 14. Hours per year for continuing education

Question 58: How many hours per year do you think would be realistic for your employees to pursue in continuing education related to older adults?

CE Hours Per Year (N=31)	Frequency	Percent
02-10	06	19
11-20	09	29
21-30	05	16
31-40	05	16
51-60	01	03
101-110	01	03
111-120	01	03
141-150	01	03
151-160	01	03
161-170	01	03

Table 13. Preferred method of gerontological/aging training

Question 53: Which of the following do you believe is/are preferred method(s) for educating individuals in the field of gerontological/aging studies (select all that apply).

Training Method	Frequency	Percent
Academic course work	47	92
Continuing education	45	88
Internship/practicum	39	76
Online	35	69
Self-study	23	45

Table 14. Institutional support for employee

Question 55. If your organization supports employees who seek education gerontological/aging studies, which of the following types of support apply? (select all that apply)

Institutional Support (N=102)	Frequency	Percent
Release time to attend education sessions	29	28
Tuition assistance	27	27
Continuing education	24	24
Academic program	21	21
In-kind support	01	<1

Table 15: Summary of Comments

1. As a university administrator (who is a Ger faculty member and former Ger chair) I am more supportive of the availability of certification in Ger for individual professionals. I am, however, not supportive of having our institution's Ger program being approved because of the significant institutional resources that are typically mandated by the accrediting bodies. It forces institutions to allocate resources to specific departments, leaving others routinely and unfairly left behind. It inherently creates a system of "haves and have nots".
2. I think certification by AGHE would not be credible to most employers. Many AGHE leaders are not themselves licensed practitioners and an academic group would not be appropriate to lead certification.
3. The scope of activities engaged in by "gerontologists" is so wide that it will be difficult to define a scope of practice that will be appropriate for certification without saying that it is "anything that people do with older adults".
4. Because the educational preparation and experiences for person working in gerontology is so varied, it does not make sense to have just one single type of certification. How could person be certified as "expert" in all areas pertinent to all older adults? A certification that is overly generalist becomes meaningless. It would be like having a single certification in kids or middle age folks (certification based on age and not on specific attributes). I would be more interested in looking at certifying person in specific areas with a gerontology focus like dementia care or health promotion.
5. Issues of housing and specifically the housing continuum, universal design, home modification, etc., for older adults was not listed as a core area for certification and it should be. That is not the same as home care...

6. Do we have any idea how many hours this program would require and if they would be CME certified?
7. There are a number of certification programs already in place in academic settings. If an organizational one were offered then it could have different requirements. I hold both academic certification and that through a certifying organization within nursing – which is required in my role.
8. I wasn't completely with all my answers because so many of the statements were absolutes when the answer is usually "it depends" on a lot of factors.
9. Given that I am in a university/college setting. Many of the questions did not really apply and I would have liked the option to answer as such.
10. I completed the program as an academic in the field of aging. We employ qualified academics. Some of the above questions do not apply.
11. Perhaps AGHE can initiate this process and it will spill over into Canada. The credentialing organization could be the Canadian Association on Gerontology.
12. Rural/frontier areas have major shortages, and we're lucky to find caring people to provide services. Certification for all of them may be a "pipe dream".
13. There will be a need to educate the public and private sector about what the field is doing and how important and valuable certification would be. Need to somehow capture it in an LCSW.
14. I don't believe all the areas you mention need full classes. Just included in core classes. For example a module on ethics and legal or a module on dementia would suffice.
15. Academic preparation need to be credentialed rather than certificated. Anyone can design and issue a certificate. A credential is academically based. There is an absolute need to professionalize the discipline of gerontology by credentialing those who have completed programs adhering to AGHE standards and guidelines.
16. I am currently employed in an area that does not require a gerontology background, but hope to transfer in the future.
17. NAPG has already undertaken the mission of credentialing Gerontologists.
18. I've been involved with other movements where there was an effort to "professionalize" the field. I don't know that the result was any benefit to those we serve – more it was status and the ability to garner a little extra money for the particular certification. Some of the most competent people doing this work are those without formal education – especially in a state like New Mexico. I believe it's a balance and would hate to see us exclude from jobs they are qualified for because they do not have the credentials to be "professionally certified". It's not like there are young college students flocking to geriatrics in droves either If we begin requiring certification (or encourage that they are required through funding sources) we eliminate people who bring valuable experience and have no one to replace them with.
19. The survey is poorly designed. The unbalanced options for responses .. not having a "disagree" option will bias results. Also, it is impossible to answer about certification that is so general. It must be specific to profession and level of training.
20. Seems a bit longer than necessary.
21. A good survey, except I needed a "don't know" response.

Appendix 3
Survey Instrument for Employees in Gerontology

Date: _____

Dear Colleague,

The Geriatric Education Committee of the Association for Gerontology in Higher Education (AGHE) was directed by the organization's Board of Directors to assist them in the decision making process to develop a policy about certification of professionals with training/education in gerontology. Your participation in this survey will help inform the discussions and deliberations on this important topic. Please respond to the items below and send the completed electronic file to _____ email address.

If you are using a printed copy, please return the completed survey to _____???

Thank you for your assistance and cooperation.

DEMOGRAPHIC INFORMATION

Age:

<input type="checkbox"/> less than 25	<input type="checkbox"/> 46-55	<input type="checkbox"/> 76 - 85
<input type="checkbox"/> 26-35	<input type="checkbox"/> 56-65	<input type="checkbox"/> 85 or older
<input type="checkbox"/> 36-45	<input type="checkbox"/> 66 - 75	

Gender: Female Male

Race / ethnicity:

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Asian American	<input type="checkbox"/> Other (please specify)

 Caucasian

In what state or country do you currently reside? _____

EDUCATIONAL BACKGROUND

When did you complete your gerontology program? _____

How long did it take you to complete the program? _____(months or years)

What type of program was it?

- _____ undergraduate
- _____ masters
- _____ doctoral
- _____ certificate
- _____ other, specify _____

What is your primary discipline? What if it is an interdisciplinary gerontology program without a primary discipline? Maybe need a category for this.

- | | |
|----------------------------|-----------------------------------|
| _____ Medicine | _____ Social Work |
| _____ Nursing | _____ Sociology |
| _____ Nutrition | _____ Recreation/Activity Therapy |
| _____ Occupational Therapy | _____ Other, specify |
| _____ Pharmacy | |
| _____ Physical Therapy | |
| _____ Respiratory Therapy | |

If you are currently continuing your education, please complete the information below:

- Degree being sought: _____
- Expected graduation date (month / year): _____
- Major or discipline: _____

EMPLOYMENT INFORMATION

How useful was your training in gerontology for the following:

	Not at all				Very
Useful					
a. Getting a position that required education and experience in aging	1	2	3	4	5
b. Advancing to a position that required education and experience in aging	1	2	3	4	5
c. Getting your first job in the field of aging	1	2	3	4	5

How long did you look for employment in the field of aging before obtaining your first job?

- ___ **Already had a job prior to completing program**
- ___ **Immediately found a job**

PROFESSIONAL ACTIVITIES

For the past 5 years, which activities below have you done?

- taught academic course(s) in gerontology
- gave lecture(s) in academic gerontology course(s)
- presented in continuing education programs on aging
- coordinated a continuing education program on aging
- presented a paper on aging in a professional meeting
- presenter a poster on aging in a professional meeting
- other, specify, _____

In which professional organization(s) listed do you have **current** membership?

- Association for Gerontology in Higher Education (AGHE)
- Gerontological Society of America (GSA)
- American Society on Aging (ASA)
- American Geriatrics Society (AGS)
- American Public Health Association, (APHA), Gerontology Section
- National Gerontological Nursing Association (NGNA)
- National Association of Geriatric Education Centers (NAGEC)
- National Association for Geriatric Education (NAGE)
- Other

PROFESSIONAL CERTIFICATION

Are you certified or licensed in your professions? If so, list:

Are you certified in gerontology in your primary discipline? Yes No

What type of certificate do you have? What organization issued it?

Do you believe professional certification in gerontology will have the following effects?

- Define professional practice of the gerontologist
- Define professional standards of practice
- Add value to professional credentials
- Improve economic advancement of the gerontologist
- Open more employment opportunities
- Improve career mobility in the aging field
- Clarify expectations of employers
- Clarify expectations of clients and the community

Comments:

Do you believe that your employment search would have been enhanced by a certificate in gerontology?

_____ Yes
_____ No
_____ Not certain

Comments:

As someone with training in aging/gerontology, would you participate in a certification process?

_____ Yes, _____ Depends on what's involved
_____ No _____ Not sure at this time

Comments:

Which organization/institution should provide certification of gerontologist?

_____ Institution that employs the gerontologist
_____ Business/Corporation
_____ State professional association
_____ National professional association, e.g. AGHE
_____ Other, specify _____

Comments:

Please provide information on your current or last employment.

Job Title: _____

Employer Name: _____

Institution/Organization's Name: _____

Address: _____

Telephone: _____

Email: _____

May we contact your employer to complete a survey about certification for gerontology trained professionals? _____ Yes _____ No

Would you be interested in joining a virtual network of gerontologists to discuss certification?

_____ Yes _____ No
If yes, please provide an email address below

Thank you for your time and cooperation.

Appendix 4
Survey Instrument for Employers in Gerontology

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION

SURVEY OF EMPLOYERS IN AGING
ABOUT CERTIFICATION IN GERONTOLOGY
DEVELOPED BY AGHE/GEC SUBCOMMITTEE ON CERTIFICATION
SURVEY:

Halcyon St. Hill, Judy Howe, Derek Stepp, Robert Maiden, Melen McBride and Elaine Jurkowski

The Geriatric Education Committee of the Association for Gerontology in Higher Education (AGHE) and the AGHE Board of Directors seek your input in the decision making process to develop a policy about certification of professionals with training/education in gerontology. Your participation in this survey will help inform the discussions and deliberations on this important topic. Please respond to each item below and send the completed electronic file to _____ email address. Thank you.

I. DEMOGRAPHIC INFORMATION

Your current position/title: _____

1. Which of these areas **best** identifies your role in the organization (your current workplace)? Select **one**:
a. ___ Health care administrator b. ___ Educator (faculty) c. ___ Supervisor
d. ___ Gerontologist e. ___ Geriatric Physician f. ___ Nurse
g. ___ Nutritionist h. ___ Occupational Therapist i. ___ Pharmacist
j. ___ Physical Therapist k. ___ Respiratory Therapist l. ___ Social Worker
m. ___ Sociologist n. ___ Recreational Therapist
o. ___ Other,
specify: _____
—

2. How many years have you been in your current role in the organization?
a. ___ 1 year or less
b. ___ 2 - 5 yrs
c. ___ 6-10 yrs.
d. ___ 11-20 yrs
e. ___ 21 - 30yrs
f. ___ more than 30 years

3. Indicate your **highest level** of education in your current discipline (identified in item 1 above):

- a. Associate's degree
- b. Bachelor's degree
- c. MBA
- d. Other master's degree
- e. Doctorate; specify _____
- f. Other (Specify) _____

4. Does your agency/organization have a staff with academic training in aging/gerontology? Yes
 No

5. If your agency/organization does not have a trained gerontologist, would it hire someone with this background?
 Yes No Not Applicable Don't Know

6. The size by number of employees of the organization in which you are currently employed is:

- a. 1-10
- b. 11-50
- c. 51-100
- d. 101-200
- e. 201-300
- f. over 300

7. Indicate the type of organization with which you are employed:

- a. Adult Protective Services
- b. Area Agency on Aging
- c. Assisted Living
- d. Alzheimer's
- e. Clinic
- f. CCRC
- g. Home health
- h. Hospital
- i. Hospice
- j. Long Term Care Facility
- k. Mental Health Agency
- l. Memory Clinic
- m. Pharmaceutical Company
- n. Private Practice
- o. University or College
- p. Veteran's Administration
- q. Other Private Health Related Firm; specify _____

Agency Type:

- a. Social Services Agency
- b. Federal Government Agency
- c. Local Government Agency
- d. State Government Agency
- e. Voluntary Non-profit Agency
- f. Health Insurance Organization
- g. Industrial Business Setting

- h. ___ Private, for Profit Business
- i. ___ Private, not for Profit Agency
- j. ___ Other (specify) _____

II. CERTIFICATION AND RELEVANCE TO PRACTICE

Definition: Certification is a voluntary process that allows an individual to demonstrate specialized knowledge, practice principles, and skills required in a practice discipline that are consistent with nationally specified quality standards and values. Certification differs from license in that it is a voluntary process through professional disciplines. License is a governmental process that gives an individual permission to practice.

Consider the work you and/or others do in gerontology and how certification applies to that work and the field. How important are the following to you in the field of gerontology? Rank each item by selecting (checking) one rating choice that is closest to your view:

4 = strongly agree - it is critical; 3 = agree - it is important; 2= neither agree nor disagree - of little importance; 1 = strongly disagree - not important 0 = no response

II. CERTIFICATION ITEM & RELEVANCE TO PRACTICE	RATING				
	4	3	2	1	0
8. Certification assures that an individual has knowledge that is consistent with the standards of practice expected in the field.					
9. Certification assures that an individual has demonstrated skills to meet clients' needs as required in standard practice expected in the field.					
10. Certification assures professional accountability to clients					
11. Certification indicates that an individual has met the minimum standards of practice that is acceptable in the field.					
12. Academic preparation varies among individuals who care for the elderly in the workplace.					
13. Academic preparation does not by itself assure that all individuals have met the minimum standards of practice that is acceptable in the field.					
14-29 National certification in gerontology will:					
14. Define professional standards of practice.					
15. Provide credibility in the standard of practice in the field of gerontology.					
16. Provide more accountability to clients and patients served in the field.					
17. Add value to academic professional credentials					
18. Improve economic advancement of the gerontologist.					
19. Open more employment opportunities.					
20. Have no impact on gerontology practice.					
21. Improve career mobility in the aging field					
22. Clarify expectations of employers					

23. Clarify expectations of clients	4	3	2	1	0
24. Clarify expectations of the community.	4	3	2	1	0
25. Stimulate an interest in the field of gerontology; increase number of people entering the field.	4	3	2	1	0
26. Serve as a barrier because it will cause wage increase	4	3	2	1	0
27. Serve as a barrier because individuals will not select the area of gerontology as a career path.	4	3	2	1	0
28. Serve as a barrier because there are not enough people with academic preparation in gerontology in the current workplace.	4	3	2	1	0
29. Serve as a barrier because many people in the workplace may not qualify	4	3	2	1	0
I. CERTIFICATION ITEM & RELEVANCE TO PRACTICE	RATING				
Continued					
29 - 45 Areas in the standards of practice for Certification in Gerontology should include:					
30. Mental health in older adults	4	3	2	1	0
31. Caregiving for older adults	4	3	2	1	0
32. Chronic illness and aging	4	3	2	1	0
33. Disaster preparedness, response, and recovery for older adults	4	3	2	1	0
34. Memory and aging	4	3	2	1	0
35. Communication with older adult populations	4	3	2	1	0
36. Physical activity, aging and physiological changes in aging	4	3	2	1	0
37. Policies and policy dimensions impacting older adults and service delivery	4	3	2	1	0
38. Substance use/abuse and medications (pharmacology) with older adults	4	3	2	1	0
39. Dementia and social and physical environments, and caregiving strategies	4	3	2	1	0
40. Health education, home health, health promotion for older adults	4	3	2	1	0
41. Hospice	4	3	2	1	0
42. Interdisciplinary team approaches to communication among caregivers the older adult, the family, the community, and the healthcare team at large.	4	3	2	1	0
43. Legal and ethical aspects of gerontology and client care	4	3	2	1	0
44. Issues in gerontology including socio-economic factors, ethnicity, and cultural diversity.	4	3	2	1	0
45. Caregivers scopes of practice in providing care and services for older adults	4	3	2	1	0

II. GENERAL/MISCELLANEOUS

46. Which organization/institution should provide certification for gerontology? Please select **ONE**

- a. _____ Institution that employs the gerontologist
- b. _____ Business/Corporation
- c. _____ State professional association

- d. _____ National professional association, e.g. AGHE
- e. _____ Other, specify _____

47. Minimum preparation in gerontology should be at the following level:

- a. _____ Associate's degree b. _____ Bachelor's degree c. _____ Masters
- d. _____ Internship/Field practice (include comments as needed) _____
- e. _____ Other

(specify _____)

48. In your organization, do you believe there is a need for more education for those working with older adults? _____ yes _____ No

49. Which of the following do you believe is/are preferred method(s) for educating individuals in the field of gerontology (check all that apply):

- _____ Academic coursework : a. _____ continuing education b. _____ online c. _____ self study
- _____ Internship/practicum

50. Does your organization support employees who seek gerontology education? _____ Yes
_____ No

If your organization supports employees who seek education in gerontology, which of the following types of support apply? (Select all that apply):

- a. _____ Tuition assistance b. _____ Release Time to attend education sessions
- c. _____ Continuing education sessions d. _____ Academic degree programs
- e. _____ Other (specify) _____

51. Does your organization serve as an internship site _____ Yes No _____

Would it be willing to serve as an internship site? _____ Yes No _____

If you answer yes, to question 49 or 50 you may include the name and contact information of the person to be contacted:

52. How many hours per year do you think would be realistic for your employees to pursue in continuing education related to older adults? _____

OTHER COMMENTS: Please state any other recommendations or comments regarding this survey here.

THANK YOU

**Please return to AGHE by ___Month day,____, 2007
If you use a printed copy of the survey, mail to ___ c/o AGHE.**

Appendix # 5

AGHE PRE-CONFERENCE PROGRAM An agenda-setting, participatory workshop Building a Roadmap for Certification in Gerontology: Where do we go from Here?

This participatory four-hour workshop will result in a report which will assist the AGHE Geriatric Education Committee and Executive Committee in building a roadmap for certification in gerontology. Over the past two decades there have been a number of discussions and initiatives related to the certification of graduates of educational programs in gerontology. Currently, there is not a certification examination process of graduates of programs at any level in the field of aging. This workshop will address issues related to certification in gerontology.

In the first part of the workshop, the history of the discussions and debates about certification will lay out the groundwork for the workshop. This will be accompanied by a brief report on the topic prepared by the AGHE Geriatrics Education Committee during the summer of 2006. This will be followed by a panel that includes perspectives from leaders of two state aging organizations in states that are addressing the topic, California and New York. The panel also includes a faculty member in gerontology, a gerontology student, and an aging social service provider who will provide perspectives on the rationale, competencies, and potential hurdles related to certification in gerontology.

During the second part of the workshop, participants will work in facilitated focus groups to respond to questions based on a guide developed by members of the AGHE Geriatric Education Committee. The groups will come together and briefly report on their discussions. The findings of the focus groups will provide the basis for a report on gerontology certification to be presented to the AGHE leadership to assist the organization in its decision making process.

4 hours
Minutes

0-10	Introduction and Goals - Howe
10-40	Overview and History - St. Hill
40-90	Panel: Perspectives from: (10 mins each) California - Pelham New York - Maiden Student/Recent Graduate - Bowen Faculty Member - McBride Employer - open
90-105	Q & A
105-120	Break
120-180	Focus Groups (discussion based on predetermined questions) – facilitated by faculty
180-220	Report out of Groups/Wrap-up

Appendix # 6

Pre-Conference Workshop Focus Group Discussion Guide

The Geriatric Education Committee of the Association for Gerontology in Higher Education (AGHE) and the AGHE Executive Committee seek your input in the decision making process to develop a policy about certification of professionals with training/education in gerontology. Your participation in this Focus Group will help inform the discussions and deliberations on this important topic; however, your participation is voluntary. Your response is taken as permission to use the information that you provide in public reports that result from this project without identifying you or others who participated. Your responses will be kept confidential and data will be presented such that you will remain anonymous.

1. Are you an:
Employer
Academic
Other _____

2. Do you have a certificate in gerontology? Yes No

If no, do you believe that your employment search/academic prospects would have been enhanced by a certification in gerontology/aging studies? If yes, how so?

3. If you are an employer, what effects do you feel a professional certification in gerontology would have for your business?

- Add value to professional credentials
- Clarify expectations of clients and the community
- Add credibility
- Other _____

4. If you are an academic, what effects do you feel professional certification in gerontology would have?

- Define professional practice of the gerontologist
- Define professional standards of practice
- Add value to professional credentials
- Improve economic advancement of the gerontologist
- Open more employment opportunities
- Improve career mobility in the aging field
- Clarify expectations of clients and the community
- Other _____

4. What would be the most important aging-related training aspect in your business/field and why?

6. As an aging professional, would you participate in a certification process?

7. If offered, what kind of organization(s) should provide certification of gerontologists?

8. With the goal of a multi-dimensional study of aging in mind, what do you believe are the core competencies for certification?
 - a. Physical health
 - b. Epidemiology
 - c. Biological aging processes
 - d. Mental health
 - e. Cultural competency
 - f. Health disparities
 - g. Population studies/demographics
 - h. Memory
 - i. Caregiving
 - j. Social relationships
 - k. Chronic illness
 - l. Health promotion and education
 - m. Communication
 - n. Psychosocial issues
 - o. Palliative and end of life care
 - p. Living environments
 - q. Programs and services for older adults
 - r. Legal and ethical issues
 - s. Public policy impacting on older people
 - t. Theories of aging
 - u. Substance use/abuse and medications (pharmacology) with older adults
 - v. Health education, home health, health promotion for older adults
 - w. Hospice
 - x. Interdisciplinary team approaches to communication among caregivers the older adult, the family, the community, and the healthcare team at large.
 - y. Caregivers scopes of practice in providing care and services for older adults
 - z. Other_____

9. Do you believe that your peers would agree with your answers to question 8?
- If you believe that your peers would not agree with your answers to question 8, can you share what their reasons for disagreeing would be, and what you believe they would recommend instead?
10. Does your organization/institution support continuing education in gerontology? If yes, how so?
11. Which are your preferred methods of training/preferred modes of instruction for certificate students?
- Classroom-based
 - Academic coursework
 - Continuing education
 - Online
 - Self study
 - Internship/Practicum
 - Peer mentoring
 - Dissertation work
 - Other _____
12. How would these be integrated into your business/university training program?

Thank you for your responses. You have provided helpful information, insights and an in-depth understanding of content that would best serve the workplace and client needs. Please write any comments about this focus group below.

Appendix #7
Geriatric Education Committee Focus Group Report
Focus Groups 1 and 2

Focus Group: Held at the GHE 33rd Annual Conference, Institute# 1 on March 1, 2004

Prepared 3/2/07 by: Halcyon St. Hill, Mary Elizabeth (Libbey) Bowen, and Bob Maiden

Attendees of the AGHE Institute#1, held on 3/1/07 in Portland, Oregon, joined in two forums to share their perceptions of certification or credentialing in gerontology. For clarity, certification was discussed as professional credentialing in gerontology. (I do not believe the following is the definition in our index of terms. We should change it to be consistent with that.) *Definition: Credentialing is a voluntary process that allows an individual to demonstrate specialized knowledge, practice principles, and skills required in a practice discipline that are consistent with nationally specified quality standards and values.*

Their discussions were guided by a set of questions - see Attachment for focus group questions.

The goal of the focus groups was twofold: (1) to provide an opportunity for all attendees to express their opinions about credentialing through professional certification in gerontology, and (2) to increase the level of input to the **Geriatric Education Committee** with regard to the environmental scan on the topic of credentialing-certification in gerontology requested by AGHE, thereby improving the Committee's ability to make effective and broadly supported recommendations to AGHE.

There were two focus groups composed respectively of 5 and 6 participants. Each group represented a fairly broad base of interested stake holders. In addition, a facilitator led each group and each group had a scribe. The facilitator guided the group through a list of prepared questions. (See attached.)

Findings

The Responses were summarized. From this summarized grouping of responses, distinct themes were identified and organized into four categories: (1) AGHE's role for credentialing; (2) the impact of credentialing on employment, clients and community, practice, and academe; (3) competencies (core and advanced); and (4) institutional support for credentialing.

The following summaries of each of the four themes or categories reflect the responses in each of the categories.

The first theme that emerged concerned AGHE's role in the credentialing process. The responses from the focus groups were wide-ranging. They go from one extreme of "no

role” to the other of collaboration with other professional agencies in aging such as GSA and NCOA. Moreover, it was noted that a recommendation was made that certification be sought by the leaders in the field; otherwise, state legislators may assume responsibility and imposed a licensure on them.

The next theme concerned the impact of credentialing on employment, clients, community practice and academe, which were as follows. It was felt that certification would enhance employment opportunities, clarify expectations, ensure individuals are better prepared for jobs, and add value to one’s professional standing.

Within this theme, we also examined the sub-theme of the impact of certification on clients/community, which was as follows. Credentialing would demonstrate employees’ public accountability through demonstrating they had met the minimum standards required of the field. Furthermore, credentialing would increase the quality of care for older adults.

Responses for the next sub-theme, the impact of credentialing on practice, were as follows. The drive for certification would raise the bar for a minimum entry-level standard, provide opportunity for career ladders, and increase the quality of services for older adults.

In the last sub-theme, we look at the impact of credentialing on Academe, which was as follows. Credentialing would impel the standardization of core competencies, encourage enhancement of specialty areas, delineate levels of education, and increase demand for online courses by students.

The next major theme concerns identifying core and advanced areas for different levels gerontology credentialing.

1. Core Areas

- 1) *Biological* - physical health, epidemiology, biological aging process, chronic illness
- 2) *Psychological* - mental health, memory, cognition, psychosocial issues, substance use/abuse, medications (pharmacology), theories of aging, research methodology
- 3) *Social* - cultural competency, health disparities, population studies/demographics, caregiving, social relationships, sexuality, health promotion and education, theories of aging, research methodology communication, palliative end of life care (death and dying), living environments, programs and services for older adults, legal and ethical issues, public policy impacting older people, health education, home health, health promotion, hospice, theories of aging, life span development, intergenerational relationships, and research methodology.

There appeared to be agreement among the groups on content area and that the range of core competencies should occur with increasing levels of specification such that the levels will occur hierarchically in terms of depth from beginning to advanced gerontology studies.

One individual noted that gerontology in a 4-year setting *might* fit in better as a minor. It was also suggested that there should be different levels. Individuals in Group 2 proposed the following levels: associate/certificate; baccalaureate; baccalaureate with certificate and minors; baccalaureate continuing education programs; masters, graduate certificates, doctoral degrees, and fellowships. Masters, graduate certificates, doctoral degrees, and fellowships were identified as advanced. It was also noted that there is a continuum of sophistication in differing levels.

Group 2 further noted that advanced levels, those with masters, graduate certificates, doctoral degrees, and fellowships should also have the following areas included for certification:

Substance use/abuse, medications (pharmacology), health education, home health, health promotion, hospice, interdisciplinary team approaches to communication among caregivers the older adult, the family, the community, and the healthcare team, caregiver scopes of practice in providing care and services for older adults

4. Institutional Support

There was agreement among groups that institutions provide support for continuing education, travel, fellowships, academic coursework. In addition, institutions provide supervision for internship, practicum experiences.

Summary

In sum, two focus groups discussed their perceptions of certification in gerontology using the definition that certification is professional credentialing in gerontology. Though focus group responses to guided questions concerning the issue of credentialing varied, the goals of the focus groups, 1) to provide an opportunity for certification discussion, and 2) to increase the level of input to the **Geriatric Education Committee**, were met. Most focus group participants discussed the need for credentialing by field leaders. Moreover, focus group participants largely felt that employers, employees, the community, and academe would benefit from credentialing through an enhancement of employment opportunities, defined career ladders and clarified employee expectations, job preparation, and professionalization. The benefits of credentialing to clients and older adults were also discussed. Decidedly, credentialing could increase client accountability and quality of care. Credentialing could also be beneficial to academe, providing an opportunity to standardize core competencies, enhance specialty areas, and increase online course demand.

Pre-Conference Workshop Focus Group #3
Summary of Discussion
Prepared by Janet Frank

Focus Group 3 Data
Pre-Conference Workshop Focus Group Discussion Guide

The Geriatric Education Committee of the Association for Gerontology in Higher Education (AGHE) and the AGHE Executive Committee seek your input in the decision making process to develop a policy about certification of professionals with training/education in gerontology. Your participation in this Focus Group will help inform the discussions and deliberations on this important topic; however, your participation is voluntary. Your response is taken as permission to use the information that you provide in public reports that result from this project without identifying you or others who participated. Your responses will be kept confidential and data will be presented such that you will remain anonymous.

1. Are you an:
Employer
Academic
Other _____

All were academic yet also considered themselves employers at the academic institution.

2. Do you have a certificate in gerontology? Yes No

3 have certificate in gerontology from an academic institution

If no, do you believe that your employment search/academic prospects would have been enhanced by a certification in gerontology/aging studies? If yes, how so?

3. If you are an employer, what effects do you feel a professional certification in gerontology would have for your business?
- Add value to professional credentials
 - Clarify expectations of clients and the community
 - Add credibility
 - Other _____

4 agreed with preferential hiring; all agreed to sub-items

4. If you are an academic, what effects do you feel professional certification in gerontology would have?

- Define professional practice of the gerontologist
- Define professional standards of practice
- Add value to professional credentials
- Improve economic advancement of the gerontologist
- Open more employment opportunities
- Improve career mobility in the aging field
- Clarify expectations of clients and the community
- Other _____

Professional standards, educational ladder and student recruitment

Comment: If employers buy in, then it will be important, otherwise not.

5. What would be the most important aging-related training aspect in your business/field and why?

Improve quality of care, enhance competencies and core knowledge

6. As an aging professional, would you participate in a certification process?

2 answered yes, 3 answered no, 2 didn't know

Comments: Probably most important for gerontology programs and those without recognized degrees. Provide normative data from programs, competencies should be tested by exam. AGHE's POM could add some teeth, identify competencies for the POM standards, this could lead to POM's having exit exams and bestowing certifications for its graduates.

7. If offered, what kind of organization(s) should provide certification of gerontologists?

A national well-known and established organization like AGHE – all agreed.

8. With the goal of a multi-dimensional study of aging in mind, what do you believe are the core competencies for certification?

- a. Physical health
- b. Epidemiology
- c. Biological aging processes
- d. Mental health
- e. Cultural competency
- f. Health disparities
- g. Population studies/demographics

- h. Memory
- i. Caregiving
- j. Social relationships
- k. Chronic illness
- l. Health promotion and education
- m. Communication
- n. Psychosocial issues
- o. Palliative and end of life care
- p. Living environments
- q. Programs and services for older adults
- r. Legal and ethical issues
- s. Public policy impacting on older people
- t. Theories of aging
- u. Substance use/abuse and medications (pharmacology) with older adults
- v. Health education, home health, health promotion for older adults
- w. Hospice
- x. Interdisciplinary team approaches to communication among caregivers the older adult, the family, the community, and the healthcare team at large.
- y. Caregivers scopes of practice in providing care and services for older adults
- z. Other _____

Bio-psycho-social + practice component. Melen provided her 12 content areas.

9. Do you believe that your peers would agree with your answers to question 8?

If you believe that your peers would not agree with your answers to question 8, can you share what their reasons for disagreeing would be, and what you believe they would recommend instead?

All-yes

10. Does your organization/institution support continuing education in gerontology? If yes, how so?

All-yes

Comments: universal curricula in gerontology; the GEC should provide these ideas to the POM committee.

11. Which are your preferred methods of training/preferred modes of instruction for certificate students?

- Classroom-based
 - Academic coursework
 - Continuing education

- Online
- Self study
- Internship/Practicum
- Peer mentoring
- Dissertation work
- Other _____

Did not address.

12. How would these be integrated into your business/university training program?

Did not address.

Thank you for your responses. You have provided helpful information, insights and an in-depth understanding of content that would best serve the workplace and client needs. Please write any comments about this focus group below.