

Engaging the University in Building Communities of Practice for Aging in Place

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Abstract

Based upon the principles of the Engaged University (Kellogg Commission 2001), The Institute of Gerontology (IOG) at the University of the District of Columbia developed a model for the scholarship of engagement by building communities of practice within the aging network which may support and enhance student learning outcomes and experiences. The Communities of Practice for Aging Networks (COPAN) model is presented along with a discussion of barriers to, and incentives for, success in an urban setting.

In a report entitled *Stepping Forward As Stewards of Place*, members of the American Association of State Colleges and Universities were encouraged to embrace public engagement as a core value by enhancing relationships with local partners, such as regional and community organizations, local governments, other educational providers, business, and industry (AASCU 2002). The Institute of Gerontology at the University of the District of Columbia, in collaboration with external partners from various District of Columbia agencies, developed a model for community engagement within the aging network, as a resource for the gerontology curriculum. The model is based on building communities of practice for enhancing individual and/or organizational capacity within the aging network and providing students with access to professional experiences in the field. The Communities of Practice for Aging Networks (COPAN) consists of a continuum of learning environments which include the classroom, online instruction, undergraduate research, independent study, and internships.

Trends in Aging and Gerontology

According to the U.S. Bureau of the Census, by 2030 the older population is projected to increase by 42 percent, from 310 million to 439 million (2010). Among the fastest growing age cohorts are individuals 85 years of age or older, who are projected to increase from 5.8 million in 2010 to 8.7 million in 2030. As the U.S. population continues to age, public policy makers will face challenges in providing quality services at the federal and state levels.

In *Living Long & Well in the 21st Century: Strategic Directions for Research on Aging*, the National Institute on Aging identified the following goals in addressing the challenges of an aging society (NIA 2007):

4. Improve our understanding of healthy aging and disease and disability among older adults.
5. Continue to develop and disseminate information about interventions to reduce disease and disability and improve the health and quality of life of older adults.
6. Improve our understanding of Alzheimer's disease, other dementias of aging, and the aging brain. Develop drug and behavioral interventions for treating these diseases, preventing their onset and progression, and maintaining cognitive, emotional, sensory, and motor health.
7. Improve our understanding of the consequences of an aging society and provide that information to inform intervention development and policy decisions.
8. Improve our ability to reduce health disparities and eliminate health inequities among older adults.
9. Support the infrastructure and resources needed to promote high-quality research and communicate its results.

In a recent report entitled *Why Population Aging Matters: A Global Perspective* (2007, 6), presented at the Summit on Global Aging, the following was projected:

We are aging—not just as individuals or communities but as a world. In 2006, almost 500 million people worldwide were 65 and older. By 2030, that total is projected to increase to 1 billion—1 in every 8 of the earth's inhabitants. Significantly, the most rapid increases in the 65-and-older population are occurring in developing countries, which will see a jump of 140 percent by 2030.

The costs and burdens of care for an increasingly aging society will become a major public policy issue for many state and local governments. According to the Institute of Medicine (IOM), the older adult population is projected to double between 2005 and 2030 and the nation is not prepared to meet their social and health care needs (2008). In order to address the growing workforce needs for older Americans, The IOM called for the following:

1. Enhance the geriatric competence of the entire workforce.
2. Increase the recruitment and retention of geriatric specialists and caregivers.
3. Improve the way care is delivered.

The Older Americans Act

The 2006 reauthorization of the Older Americans Act (42 U.S.C. § 311) mandated Area Agencies on Aging to provide home and community-based services in a comprehensive and coordinated long-term care system, while strengthening the Aging Services Network's leadership role in long-term care. The creation of the "Choices for Independence" reaffirmed Aging and Disability Resource Centers as the entry point for home and community-based long-term care services. The 2006 amendments also included additional support for state and community planning for the long-term care

needs of baby boomers; focus on prevention and treatment of mental disorders; outreach and service for family caregivers under the National Family Caregiver Support Program; and increased focus on civic engagement and volunteerism.

The Role of an Urban Land Grant University in the Scholarship of Engagement

Recent trends in higher education reflect an increased commitment to the scholarship of engagement (Boyer 1990; CIC 2005; Kellogg Commission, 2000, 2001). According to the Committee on Institutional Cooperation (CIC) Committee on Engagement, engagement is based upon the following core values: (1) engagement is scholarly and involves both the act of engaging universities and communities and the product of engagement or discipline-generated, evidence-based practices within communities; (2) engagement includes the missions of teaching, research, and service; and (3) engagement is reciprocal and mutually beneficial (2005).

A review of literature on the future of land grant universities identified the following roles: (a) helping communities across the country to reshape the future through collective leadership (Kellogg Commission 2001); and (b) engaging in applied research to address local, state, and national issues (Kellogg Commission 2000). According to reports by the Institute of Medicine (2008), the nation must be retooled to meet the social and health needs of an increasingly aging population, as well as address health equity by integrating health literacy with disparities reduction and quality improvement.

UDC Institute of Gerontology (IOG)

The University of the District of Columbia has a special mission and responsibility to provide academic programs, research, and scholarship that serve the needs and aspirations of the District of Columbia, the region, and the nation in the twenty-first century. Its vision is to “be nationally recognized as an intellectual community of vibrant, socially responsible teachers, scholars, and citizens from diverse backgrounds, who are engaged in and committed to delivering high-quality educational programs, research, public service and innovative solutions to urban, national, and global issues” (Sessoms and Baxter 2010).

Strategic Goals

1. To collaborate with interdisciplinary teams of faculty by creating communities of practice for research and instruction in gerontology at the undergraduate and graduate levels.
2. To conduct applied research on best practices in prevention and intervention to inform public policy.
3. To provide certification in gerontology at the undergraduate and graduate levels.

4. To solicit funding for pre/post doctorate training in gerontology.
5. To provide opportunities for community engagement among students and faculty within the DC aging network.

Using these trends as a blueprint for research and teaching activities at the Institute of Gerontology is critical to meeting the vision of the University of the District of Columbia as a flagship institution. The multidisciplinary nature of gerontology serves as a conduit for collaboration across disciplines, among universities, and internationally. With the projected increases in age and diversity, aging is not only a local but also a global challenge. According to the International Committee of the Association of Gerontology in Higher Education (AGHE), “thoughtful consideration of societal responses to the challenges and opportunities of an aging population requires decision-makers, planners and designers, service providers, political leaders, and citizens who are educated about aging” (2008). Within this framework, the University of the District of Columbia’s Institute of Gerontology is repositioning itself to address the increased demands for professionals with knowledge and expertise in aging. Established in 1971, the Institute of Gerontology is among the oldest institutes in the country and among the first at an urban historically black college and university (HBCU). The Institute of Gerontology’s mission is aligned with the University of the District of Columbia’s mission as an urban land-grant institution preparing students for the twenty-first-century workforce in health and aging through teaching, research, and service.

Vision

The vision of UDC’s proposed Gerontology Certification Program is to offer nationally recognized professional preparation programs in gerontology, health and aging which prepare students for the rapidly evolving professional-based careers within the aging and health workforce. The gerontology certificate program will welcome traditional and nontraditional students and prepare its graduates for careers and rapid advancement in within the aging workforce industry.

The educational experiences will emphasize real-world applications of gerontological knowledge through discovery, teaching, integration, and application of knowledge via undergraduate research and internship projects. The curriculum has been designed from a multidisciplinary perspective with input from national organizations, employer partners, and relevant departments, as well as from faculty in a broader group of disciplines at UDC.

Goals

6. To prepare the next generation of gerontology students to expand, train, and support all sectors of the aging and health care workforce in the United States and the National Capital area.

7. To prepare cohorts of graduates with advanced interdisciplinary health and behavioral knowledge, along with research and other skills needed to enter and advance rapidly in the aging workforce.
8. To recruit, retain, support, and graduate at least 90 percent of the gerontology certificate/minor students, with emphasis on underrepresented minorities and women, and transition them smoothly into relevant careers.
9. To establish, strengthen, and expand employer partnerships for future benefits to the university and its students, while concurrently contributing to local and regional economic development.

Multidisciplinary Competencies in Health and Aging

IOG utilized the national accreditation standards recommended by the Association for Gerontology in Higher Education for assuring appropriate alignment with accreditation standards, university missions, and gerontology curriculum development (2010). A unique feature of this curriculum is the opportunity for students to enrich their education and training through the scholarship of engagement by participation in independent study and research projects under the direction of IOG staff and partners directing community service projects in the Washington, DC, area. The undergraduates are exposed to the career pathways in gerontology.

In response to the 2008 Institute of Medicine report, *Retooling for an Aging America: Building the Health Care Workforce*, a set of core competencies was identified and endorsed by health professionals. Multidisciplinary competency domain areas identified by AGHE served as the basis for curriculum design and include the following domains:

DOMAIN 1: Health Promotion and Safety

DOMAIN 2: Evaluation and Assessment

DOMAIN 3: Care Planning and Coordination Across Disciplines

DOMAIN 4: Interdisciplinary and Team Care

DOMAIN 5: Caregiver Support

DOMAIN 6: Health Care Systems and Benefits

Table 1 is a profile of gerontology competencies by learning environments that will serve as the basis for curriculum design and evaluation.

Table 1. Profile of Gerontology Competencies and Learning Environments

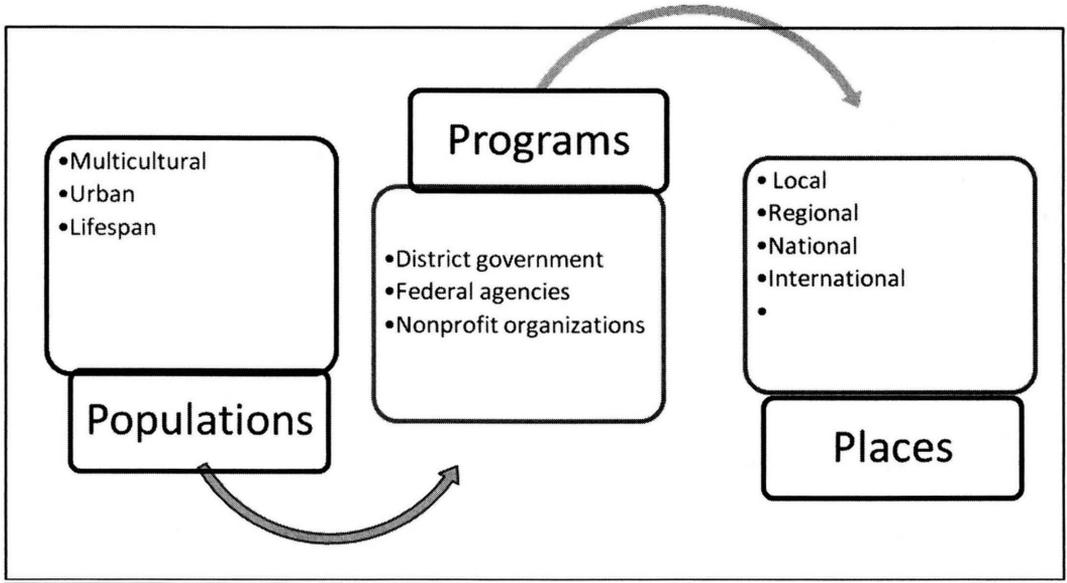
	Institute of Gerontology Classes			IOG Service Grants	Aging Partners
	Classroom	Online	Independent Study	Practicum Internship	Practicum Internship
DOMAIN 1: Health Promotion and Safety	Course	Course	Bodywise Health Promotion Program	Bodywise Health Promotion Program	Senior Centers
DOMAIN 2: Evaluation and Assessment	Course	Course	Bodywise Health Promotion Program	Bodywise Health Promotion Program	Long Term Care
DOMAIN 3: Care Planning and Coordination Across Disciplines	Course	Course	Assisted Living Home Care		Assisted Living Home Care
DOMAIN 4: Interdisciplinary and Team Care	Course	Course	Assisted Living Hospitals		Assisted Living Hospitals
DOMAIN 5: Caregiver Support	Course	Course	Senior Companion Respite Care	Senior Companion Respite Care	Home Care DC Office on Aging
DOMAIN 6: Health Care Systems and Benefits	Course	Course	Assisted Living Home Care		DC Office On Aging DC Health

IOG has a unique opportunity to collaborate and network in research and training both locally and nationally. For over a decade, IOG has been successful in securing continuous funding from the Corporation for National and Community Service. The Bodywise Health Promotion program has received awards from the DC Office on Aging. Satellite sites for the Institute are included in each of the eight wards within the District of Columbia, thus expanding outreach to a diverse aging population. The program portability of the Institute meets the national trend for aging in place by providing services “where the people are,” thus eliminating barriers to access and opportunity for District residents. These programs provide unique opportunities for engaging faculty and students in scholarship activities, as well as serving as a technical resource for area agencies.

The Institute of Gerontology has the only senior companion program and Bodywise program within the DC metropolitan area and is viewed as a model of best practices in urban areas. The distinctiveness of the UDC Institute of Gerontology is reflected by its “pathways and possibilities for academic inquiry,” which focuses on improving the quality of the lifespan via its access to populations, places, and programs on aging. IOG is in a unique location with access to a myriad of aging populations and age-related programs at the local, national, and international levels. This presents various

opportunities for collaboration and partnerships in the study of aging and its effects on public policy and service delivery.

Figure 1. Institute of Gerontology Pathways and Possibilities for the Study of Aging



Conclusion

The Institute of Gerontology Communities of Practice for Aging Networks (COPAN) Model will continue to be monitored and evaluated on its effectiveness in the scholarship of engagement on student outcomes, faculty research, and collaborating partners. In order to accomplish this, the Institute of Gerontology will solicit discipline-generated, evidence-based practices within communities and align curriculum goals with the university mission, national trends, and local needs. Meeting the needs of an increasingly aging and diverse society will require reciprocal engagement between partners within the aging network.

Additional research is needed on the relationships of learning environments to student success in career pathways for the future. Votruba (2003) identified the following criteria for assessing the quality of engagement: alignment with campus mission and vision, institutionalization of community engagement, role in evaluation of faculty, infrastructure support, faculty incentives, expectations and roles for faculty units, ongoing professional activities, and the extent to which community engagement is built into the undergraduate curriculum.

The multidisciplinary nature of gerontology may serve as a mechanism for engaging scholars, students, and members of the aging network in the design and delivery of quality services for older DC residents and ultimately assist them with aging in place.

Given the increasing costs and burdens of care for local governments, the urban land grant university has the responsibility to enhance the quality of life of its older citizens by developing interventions to improve function and independence in older adults with chronic conditions in the community; integrating studies of physiologic, biomechanical and psychosocial mechanisms affecting chronic conditions such as cardiopulmonary, heart disease, and diabetes; and fostering multidisciplinary research and research training for faculty and students.

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