



COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK

Leadership in Research, Career Advancement, and Education

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October 5, 2012

Helen Lamont, Ph.D.

HHS Office of the Assistant Secretary for Planning and Evaluation

Room 424E, Humphrey Building

200 Independence Avenue, SW

Washington, DC 20201

Re: Public Comment to the Advisory Council on Alzheimer's Research, Care, and Services

Dear Dr. Lamont:

On behalf of the Council on Social Work Education (CSWE), thank you for the opportunity to provide written comment on the National Plan to Address Alzheimer's Disease.

CSWE is a nonprofit national association representing about 2,500 individual members as well as nearly 700 graduate and undergraduate programs of professional social work education. Founded in 1952, this partnership of educational and professional institutions, social welfare agencies, and private citizens is recognized as the sole accrediting agency for social work education in the United States. Social work education focuses students on leadership and direct practice roles helping individuals, families, groups, and communities by creating new opportunities that empower people to be productive, contributing members of their communities.

CSWE thanks the Department of Health and Human Services (HHS) and the Advisory Council for incorporating into the National Plan goals and strategies aimed at building a workforce equipped with the necessary skills to meet the needs of those living with dementia, including *Strategy 2.A: Build a Workforce with the Skills to Provide High-Quality Care*. It is critical that supports and additional training be provided to workers already in practice to ensure that they can adequately meet the needs of those they are serving. However, we remain concerned about the preparation of the future workforce. The goal of producing a workforce that incorporates all necessary players—including social workers—with the necessary skills cannot be achieved without enhanced investment in recruitment, training, and retention of students in the health professions who will be working with older adults. The workforce pipeline must be considered if real progress is to be made and sustained.

To this end, CSWE strongly endorses the recommendations made by the Advisory Council in May 2012 that call on Congress to appropriate additional funding for health professions workforce programs. In particular, we strongly support the **Clinical Care Subcommittee's Recommendation 8**, which urges the prioritization of geriatrics education and training programs, including the Title VII and Title VIII programs at the Health Resources and Services Administration (HRSA), as well as loan repayment and other incentive initiatives. While social work is recognized throughout the Plan as a contributing member of the care team, without the workforce investments recommended by the Council, the social work profession will not have the capacity to meet such demand. It is estimated that by 2050, the number of social workers needed in long term care will grow to approximately 109,000 (nearly double the current

workforce in this area) (DHHS, 2006). In 2009–2010, only an average of 5 percent of all social work graduates completed a specialization in aging (CSWE, 2011).¹ This number of graduates cannot begin to meet the workforce demands, especially in light of the retirement of increasing numbers of geriatric social workers. The social work profession will undoubtedly reach a breaking point if new investments are not made today to nurture a social work pipeline that generates a new crop of professionals skilled to work with older adults and specifically with the competencies to work with those with dementia and their family caregivers

Second, as an organization guided by an educational mission, CSWE plays a central role in the development and dissemination of curriculum covering a variety of practice areas. Through our John A. Hartford-funded National Center for Gerontological Social Work Education, we have enhanced the capacity of faculty and prepared students with competencies to work effectively with older adults and their families. We applaud the Council's recommendation that HHS partner with health professions programs and organizations to work toward the development and use of geriatrics-specific curricula and would be eager to help disseminate such curricula to our member programs. CSWE has begun conversations with HHS on how we may be able to contribute on behalf of the social work education community and we welcome opportunities to ensure the dementia capacity of our faculty members and their students.

Thank you for the opportunity to express these views on behalf of the Council on Social Work Education. CSWE is hopeful that the updated National Plan will address the pipeline concerns highlighted above. I would be happy to provide additional information about CSWE and our efforts to promote geriatric competencies among social work students. Please do not hesitate to contact me with any questions.

Sincerely,



Darla Spence Coffey, Ph.D.
President, Council on Social Work Education

¹ Council on Social Work Education (CSWE). (2011). 2009 Statistics on social work education in the United States. Retrieved from <http://www.cswe.org/CentersInitiatives/DataStatistics/ProgramData/47673.aspx>
National Association of Social Workers (NASW). (2006a). Assuring the sufficiency of a frontline workforce: A national study of licensed social workers—Special report: Social work services for older adults. Retrieved from: <http://workforce.socialworkers.org/studies/aging/aging.pdf>
U.S. Department of Health and Human Services (DHHS). (2006). The supply and demand of professional social workers providing long-term care services. Report to Congress. Retrieved from <http://aspe.hhs.gov/daltcp/reports/2006/SWsupply.htm>