



February 12, 2013

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 on the National Plan to Address Alzheimer's Disease

Dear Dr. Lamont:

On behalf of the Council on Social Work Education (CSWE), I am pleased to provide this written comment to the Department of Health and Human Services (HHS) as it works on the next iteration of the *National Plan to Address Alzheimer's Disease*.

First, allow me to thank you for your willingness to engage with CSWE over the last several months to hear about the issues and concerns of the social work education community with respect to tackling the challenges of Alzheimer's disease. We appreciate the opportunity to provide our community's perspective into this important dialogue and are hopeful that social work will continue to be recognized as a contributing participant in care for patients and families affected by Alzheimer's disease and that social work will be explicitly named alongside its partner professions in the next National Plan.

As discussed in our previous written comment to HHS and the Advisory Council on Alzheimer's Research, Care, and Services, CSWE remains primarily concerned about the preparation of the workforce to meet the needs of the Alzheimer's disease patient and caregiver community. The goal of producing a workforce that incorporates all necessary players—including social workers—equipped with the needed 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. Simply put, we will not have the capacity to meet the already overwhelming demand for services and supports if we do not invest today in the current and future workforce.

Therefore, CSWE wholeheartedly endorses **Recommendation 7** of the Council's **Clinical Care Subcommittee**, made in January 2013, to: "*Expand funding and incentives to encourage individuals to pursue careers in geriatric specialties,*" through interprofessional education and training activities, existing funding mechanisms, such as the Title VII and Title VIII programs at the Health Resources and Services Administration (HRSA), and through the creation of new loan repayment programs. While it is critically important to ensure that the current workforce receive the training it needs to provide adequate services, investment in the workforce pipeline is what will truly move the dial for Alzheimer's disease patients and caregivers. The current and projected workforce shortages across the health professions have been well-documented. With respect to social work, only an average of 5 percent of

all social work graduates completed a specialization in aging in 2009-2010 (CSWE, 2011).¹ We, the social work education community and the federal government, must get serious and creative about incentivizing more social workers to enter careers in geriatrics. The Advisory Council made this recommendation to HHS in May 2012 as well, and CSWE urges HHS to incorporate such a goal in the next National Plan.

Second, as an educational organization representing 2,500 individual members and nearly 700 graduate and undergraduate programs of professional social work education, as well as the national accreditor for social work education programs in the U.S., CSWE works with programs on the development and dissemination of curriculum covering a variety of practice areas, including geriatrics. We are appreciative of efforts by HHS to include CSWE in discussions about curricular needs for health professions involved in Alzheimer's disease care and hope to continue to engage with HRSA and other parts of the Department to this end to discuss the development and dissemination of educational materials.

However, it is important to clarify a few limitations with respect to Recommendation 4 by the Clinical Care Subcommittee and Recommendation 4 by the Long-Term Services and Supports Subcommittee dealing with the development of required dementia-specific curriculum for practitioners. The social work accreditation standards have been designed to ensure that all social work students achieve specified skills and knowledge or competencies but do not specify content to attain these competencies. At the baccalaureate level, programs are instructed to provide a generalist curriculum to ensure that graduates are prepared to function at the beginning professional level in the variety of settings in which BSW graduates are employed, which includes services to people across the lifespan and across different delivery systems. At the master's level, programs are instructed to build on these competencies and apply them in areas of specialization appropriate to their mission and responsive to their region. Currently, there are 52 master's programs offering a certificate in aging/gerontology and 57 master's programs offering a concentration; we would fully expect that these programs either already include dementia-specific curricula or would welcome the assistance in infusing this content into the curriculum. CSWE is committed to facilitating this process of ensuring that social work graduates are prepared to work with persons with dementia and their families.

Through initiatives such as CSWE's National Center for Gerontological Social Work Education, supported by the John A. Hartford Foundation, we are able to develop and disseminate curricular resources to our programs for their use. Though not *mandatory curriculum*, these resources can help shape program content and infuse the most up-to-date research and thinking on a given topic.

Therefore, with respect to the **Clinical Care Subcommittee's Recommendation 4:**

"Develop a unified curriculum for primary care practitioners to become more knowledgeable about Alzheimer's disease and enhance the skills necessary to deliver dementia capable care."

and the **Long-Term Services and Supports Subcommittee's Recommendation 4:**

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>

“State education and health agencies and others should include key information about [Alzheimer’s disease] in all curricula for any profession or career track affecting [long-term services and supports].”

while CSWE supports the development of dementia-specific curricular resources that ensure practitioners (including social workers) across the health care team are equipped with a common sense of understanding and necessary skills, and would disseminate such resources to our programs for their consideration, CSWE would not be able to *mandate* the use of a unified curriculum to our programs. I would be happy to provide additional information or clarification on the accreditation process of professional organizations like CSWE if it would be helpful to you.

Thank you again for your work on this important initiative and for the opportunity to express these views on behalf of the Council on Social Work Education. CSWE is hopeful the updated National Plan will address the pipeline concerns highlighted above and promote curricular and other resource development that reflects what is possible for professional organizations. 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,

A handwritten signature in black ink that reads "Darla Spence Coffey". The signature is written in a cursive style with a large, stylized 'D' and 'C'.

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