

Service-Learning Award 2013 Application

Lisa M. Brown, PhD
Associate Professor
School of Aging Studies
College of Behavioral and Community Sciences
University of South Florida
13301 Bruce B. Downs Blvd. MHC 1318
Tampa, FL 33612-3807
813-974-0098 (office)
813-974-5788 (fax)
lmb@usf.edu

Focus 2: Aging

It is well recognized that there is a significant shortage in the global workforce trained to care for the elderly. The World Health organization estimates that this shortage will continue to dramatically increase as the number of people aged 65 or older doubles from 11% to 22% by the year 2050. To meet the growing needs of an aging population, a wide range of professionals with health and social service expertise are needed to help older people live independently and with dignity. Research on service-learning in gerontology indicates that this type of coursework plays a vital role in changing students' perceptions and confidence about working with the elderly and exposing students to career opportunities in the field of aging.

A service-learning course offered by the School of Aging Studies, College of Behavioral and Community Sciences, University of South Florida at ElderNet, a telephone safety and reassurance program located at the Crisis Center of Tampa Bay, Hillsborough County, Florida provides a venue for students to learn by meaningfully interacting with older adults and various community providers. Moreover, the students' service-learning experience alleviates pressure on existing healthcare services and potentially delays ElderNet clients use of long-term care services. This innovative service-learning program benefits students, ElderNet clients, agency personnel, and the community at large.

As people age the tendency to have comorbid medical and psychiatric conditions such as arthritis, hypertension, heart disease, diabetes, respiratory disorders, anxiety, and depression increases. To prevent avoidable hospitalizations, excessive or inappropriate use of healthcare services or placement in long-term care, assistance and support may be particularly important for homebound older adults who are ill, socially isolated, frail, or disabled.

Social support systems are critical to the physical and mental well-being of older adults. Research shows that the degree of social embeddedness, that is the size, closeness, and activity level of the person's social network, is directly related to mental health functioning and physical wellbeing. Unfortunately, these socially protective resources are particularly vulnerable to decline with age because of smaller social networks, decreased access to transportation, and reduced financial resources. In response to changing demographics that are coupled with a workforce shortage of trained geriatric providers, a telephone safety and reassurance program is a novel, tailored-design service for the elderly that has the potential to augment existing healthcare and social assistance programs while providing a valuable opportunity for educating students.

Research examining technology-based interventions reveals that telephone programs overcome a number of structural barriers for homebound elders such as access to providers, transportation problems, time constraints, lack of available and accessible community services, and cost. Importantly, telephone interventions have been reported to result in improvements on

measures of psychological well-being, perceived self-efficacy, resolving problems, and permitting older adults to remain at home. Studies show that adherence to telephone treatment programs tends to be very good. These findings are consistent with the low attrition rates reported by the ElderNet program.

Through ElderNet, 300 low and moderate income homebound elderly with limited support systems receive free daily safety checks and reassurance calls from ElderNet service-learning students and community volunteers. The purpose of the program is to reduce social isolation, assess their current mental and physical status, and provide a safety link to prolong independent living and avoid institutionalization. Safety checks include ongoing monitoring for physical and cognitive changes. Nearly all clients have chronic medical conditions and some type of hearing, visual, or mobility impairment. Over a third are 85 years of age or older. Older adults may be referred to ElderNet by individuals, hospital discharge planners, law enforcement, social services agencies, faith-based organizations, home health agencies, and friends and relatives. In addition to providing a safety check, ElderNet provides older adults, who would otherwise be isolated, with a friendly, caring person who calls daily to reduce loneliness and isolation. On a needs basis, ElderNet also connects clients with programs and community resources that provide both short and long-term services (i.e., home repair and maintenance, transportation, advocacy) to help them maintain their independence.

The service-learning literature shows that students significantly benefit from applying classroom knowledge and skills in real world settings and reflecting on those experiences. Service-learning experiences enhance education outcomes and personal learning. Studies report that students who participate in service-learning courses learn and comprehend class material better than their non-service-learning counterparts.

In general, the goals of service-learning are to integrate classroom and community-based learning while focusing on interpersonal and developmental changes in student's attitudes and skills. Unlike internships or volunteering, service-learning focusing on students providing service to the community, which often results in students, faculty and community agency personnel growing and learning from the experience. Compared to internships in secondary education, service-learning can be completed with less skill preparation and prerequisite courses. Service-learning in aging meaningfully connects theory with practice, increases students' ability to provide quality care, enhances skills, provides networking opportunities, and exposes the broader community to the field of gerontology.

The objectives and learning outcomes for this particular service-learning course focused on student acquisition of knowledge and experience using select screening tools to evaluate health functioning in older adults; obtaining a basic understanding of health issues and ethical concerns; learning about the services provided and healthcare issues addressed by community-based non-profit agencies; and acquiring experience with isolated homebound elders by providing reassurance and safety telephone calls in a supervised environment.

In class, students engaged in role play, didactic learning, course discussions and presentations, weekly check-in sessions, writing and presenting reflection papers, and a final exam. As a class, face-to-face meetings were conducted throughout the semester to facilitate ongoing communication between the students and the ElderNet administrators. At the ElderNet students received on-site supervision and feedback, case management training, and instruction on how to document interactions and make referrals to other agencies.

An evaluation of student outcomes showed that all enhanced their interpersonal skills in talking to older adults who have little social support and live with multiple, chronic conditions. Other intended benefits derived by students ranged from increased interactions with older adults, enhanced understanding of community resources, and feeling good about helping older isolated adults. Some of the unintentional benefits included learning about how funding can affect

delivery of services provided by community non-profit agencies. Similar to other local agencies, during the previous year the ElderNet program had experienced a significant budget cut that forced them to move from exclusively using paid staff to make telephone reassurance calls to using a mix of staff and trained, supervised volunteers. Having a cadre of motivated and educated students made a critical difference in the number of calls that could be provided to ElderNet clients.

The transition from a paid staff to a volunteer and paid staff mix made the community partner receptive to soliciting the opinions of the students about ways to improve, stabilize, and grow the ElderNet program. This process enabled the students to understand how a nonprofit program is organized and operated day-to-day. In addition to honing their skills, students helped the community partner strengthen their program overall by providing ongoing constructive feedback about their volunteer experience, perceived client needs, and management and clinical oversight. Students' critical reflection, analysis of client and agency needs, and application of service experiences enabled learning at a deeper and more meaningful level. There was universal agreement among those enrolled in the class that integration of service-learning into the curriculum was a valuable addition that greatly enriched their learning experience.

Each semester there are students who are struggling with major academic and career choices as they near completion of their degree. Many express a possible interest in pursuing an advanced degree in a clinical program, but understandably are concerned about the time and financial costs of such an effort without prior exposure to an older adult population. From attending this service-learning course, students obtained a solid foundation in various screening measures used to evaluate cognitive functioning and mood as well as an opportunity for direct application of their newly learned skills in a real world setting.

Service-learning had positive effects not only for the students, but also for agency staff. ElderNet administrative staff reported that the presence of service-learning students in the agency resulted in greater effectiveness and increased morale of paid staff. Students made and documented exchanges made with clients during telephone calls, presented new ideas to existing program challenges, and initiated discussions about age related topics of interest. Importantly, ElderNet clients also reported satisfaction as well as increased emotional and social wellbeing after interacting with student volunteers.

By blending experiential and academic learning, this service-learning course effectively addressed student, client, agency, and community needs. The clients needed competent and caring telephone interaction, the agency wanted volunteers who could provide much needed services to their elderly clients, and the students desired an opportunity to apply their newly acquired knowledge with real clients in a supervised environment. Development of service-learning gerontology courses has the potential to address critical shortages in our geriatric workforce. Student involvement in telephone reassurance programs like ElderNet, can help meet the growing needs of an aging population when daily face-to-face contact is not available or feasible. Programs like the ElderNet service-learning program provide a cost effective way for students to reach elders from culturally and racially diverse communities who are at risk for adverse outcomes. Adoption of this type of endeavor could build a trained workforce and can help elders avoid unnecessary hospitalizations and institutionalizations, enhance quality of life, and reduce social isolation.