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Initiating New Community and Field Education Partnerships: The Congregational Social Work Education Initiative

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Abstract

The Congregational Social Work Education Initiative is an innovative community based field education program which prepares students to work in interdisciplinary teams in a non-traditional setting. Master and bachelor level social work students from North Carolina A & T State University and the University of North Carolina at Greensboro provide social work services to Greensboro area congregants. Partnering with nurses from the Congregational Nurse Program, the social work intern and congregational nurse provide direct or indirect health, mental health, and wellness services to designated churches and other faith based institutions. The Council on Social Work Education has identified social work field education as the signature pedagogy for social work education (CSWE, 2008). Accordingly, social work field education has a special responsibility for preparing students for effective practice with individuals, families, and communities. This field education model is funded by community health foundations to prepare BSW and MSW students for professional practice in congregational and community-based settings. The program's history, operation, and structure is reviewed; outcomes and implication for social work practice and field education are discussed.

Key words: Social work internship; Social work education; Fieldwork; Partnerships; Congregational social work; Interdisciplinary model; Religiously Affiliated Organizations (RAOs)

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INTRODUCTION

At the start of a new academic year in August 2007, the Joint Master of Social Work Program in Greensboro, North Carolina, launched a new field education venture – The Congregational Social Work Education Initiative (CSWEI). North Carolina Agricultural & Technical State University (NCA&TSU) and the University of North Carolina at Greensboro (UNCG) created and operate a single master of social work program which opened in 1997. The universities have a rich history of cooperation with managing a joint undergraduate social work internship program since 1978. The Council on Social Work Education has identified that field education as the signature pedagogy for social work education. The success of any field education experience is dependent upon having students complete their field education experience within community-based programs and services. However, such training opportunities have changed, which has placed more pressure in locating quality field educational sites or in the development of new models.

Recently, social work field education in North Carolina has been affected by forces outside of its control. With the slowing economy and the reduction of funding for health and mental health care services in the state

and communities, numerous service providers have been forced to shrink their operations, reduce available programs, reduce staff, and pressure many small agencies to merge or close their doors. One major impact has been the state's decision to radically reform the delivery of mental health services starting in 1997; by 2001 a greater effort was made to privatize and contract out both clinical and support services. The new plan separated the management of mental health services from delivery of services. This resulted in the closure of traditional community based mental health centers to assess and provide services. The new push was to a new structure of regional managed-care organizations to refer or direct prospective recipients to use private providers to obtain mental health services (Coletti, 2008; Fullwood, 2001). For social work education, field education opportunities would be reduced significantly. No longer in North Carolina would traditional mental health centers be the major setting to train new baccalaureate or master social work students for entry into the profession. Today in North Carolina there are 12 graduate and 23 undergraduate social work programs in the state. Competition is keen for quality field internship placements.

In 2005, the first author, a faculty member of the JMSW program was approached by the director of the Congregational Nurse Program (CNP), established in 1998, about the possibility of having MSW student interns work with congregational nurses to serve the 55 diverse congregations. The CNP served its potential outreach to over 83,000 individuals. Some of the congregational or parish nurses are paid by their home congregations; other nurses volunteer their services to their home congregation or serve several small congregations collectively. Here was the opportunity to build a new field education model and new field internship opportunity for the JMSW Program. The CNP's mission is to promote holistic wellness through integration of physical, emotional, and spiritual health. The congregational nurse focuses on the health concerns of the congregant, makes home; hospital, nursing home visits; may provide direct care in management of chronic diseases; organize and present relevant individual health education or health initiatives in their congregation or immediate community; and as needed direct monitoring of the health of individuals with reports to health provider. The director of the CNP noted a number of the nurses had spoken about "how ideal it would be for a parish or church hiring a social worker" or if there could be some way to have social work as part of their service mix. However, there are few institutions who could actually hire their own social worker. Many of the city's congregations faced dwindling membership, have difficulty meeting financial obligations such as salaries for ministers, insurance, utility bills, repairs necessary for older physical structures, and the growing number of middle-age and older adults in their membership base with limited financial means. Such changes reflect the national

trend of many churches unable to maintain its presence in their respective communities with younger individuals, couples, and families being drawn to larger faith or church centers offering a wider range of larger social and family-centered programs.

To get a better sense of what nurses were looking for social work to assist them, focus groups were held. They reported such needs as a) resource finding and timely referrals for community resources; b) short-term individual or group therapy in areas of coping and managing depression or anxiety; c) issues around death or loss of spouse, family member, or friends; d) school and parenting issues for grandparents raising their grandchildren; e) care giving and management issues around dementia; f) violence in areas of domestic violence, or elderly abuse or neglect and g) chronic illness, management of illness [e.g. dementia, diabetes, congestive heart failure, mental illness] and impact on spouse, caregivers and families. For many of the nurses, the opportunity to discuss or review a case with another professional was important to be assured there were no gaps or areas overlooked in developing a care plan.

Upon reviewing their comments and discussing the possibility of developing a new type of field internship by pairing a social work student either - BSW or MSW - with a nurse, this could have multiple benefits. Such field placements could provide: a) unique training for social work students to work with older persons and their families to promote independence and improve quality of life; b) address complex multi-dimensional physical, social, and mental health issues of middle-age adults, the elderly, and caregivers; c) learn about diversity by responding to changing needs of congregants in diverse community and religious settings and the formal or informal support systems and programs offered by different faith-affiliated based organizations like Jewish Family Services, Presbyterian Counseling, Lutheran Social Services, Salvation Army or Urban Ministries; d) utilize multidisciplinary assessments and construct intervention plan for resolution or rational action, and e) provide short-term individual, couple, family or group counseling under supervision of a clinical trained, social work professional.

Since promoting wellness and community-education modules were part of CNP's objectives, social work students could conduct research and design handouts and offer class or community presentations or workshops on a wide range of topics. These include health or mental health issues, blood-pressure management, healthy relationships, coping skills for veterans, identifying and action to address domestic violence, how to work with school counselors and principal in parenting for the second time.

Furthermore, as directed by the Council on Social Work Education (2008), classroom instruction and field instruction are interrelated and of equal importance within

the curriculum. However, it is in the internship practicum that students learn to apply theory and findings from evidence-based practice, and social work-values and skills. In fulfilling this purpose, professional social work has long emphasized the importance of field education in preparing competent social work practitioners. Research has found that students and graduates consider field education to be critical in preparing for professional practice (Bogo, 2010). In addition, the Council on Social Work Education recognizes the need for innovative field instruction programming to meet community needs (CSWE, 2008). Developing the Congregational Social Work Field Education Initiative as a field model addresses professional practice needs in meeting needs of citizens in different geographic locations and with diverse populations in preparing future competent practitioners as well as the meeting of local client and community needs.

The purpose of creating this initiative was to develop a specialized field- education program for preparing BSW and MSW students to work in congregational and community-based settings with congregational nursing professionals. Entitled the Congregational Social Work Education Initiative or CSWEI, this program has been operating continuously since it began in 2007 with funding from the Cone Health Foundation in Greensboro, NC. Now in its eighth year of operation, much more is known about effective working relationships with congregational settings, the selection and training of students, and employment outcomes following graduation. In addition, this program has expanded to serve more diverse populations such as persons who are homeless and who live in new geographic locations in North Carolina (Moore, 2005; Pearson, Moore, & Poole, 2013; Poole, Pearson, Rife, & Moore, 2009).

Accordingly, this article first presents a review of the project and then details the eight years of program experience in selecting students, providing a detailed pre-service training curriculum, staff and student professional development and interdisciplinary work with congregational nurses, and student employment outcomes following graduation.

1. SOCIAL WORK AND FIELD EDUCATION IN RELIGIOUSLY AFFILIATED ORGANIZATIONS

Field education has played a prominent role in the history of social work education. Professional social work's origins are found in the history of the Charitable Organization Society movement and the Settlement House movement, which provided "apprenticeship" education for aspiring social workers. These movements were often affiliated or supported by churches or sectarian agencies (Day, 2006; Sherr & Straughan, 2005) and applied field

training was an important part of the education of new social workers during this time.

With the continued development of professional social work education over the past century, religiously affiliated organizations (RAOs) have continued to play an important role in the education of social work students (Northern, 2009; Sherr, & Straughan, 2005; Sherr & Wolfer, 2003). Through history, churches, parishes, congregations and their religious organizations have provided social services for members (Cnaan, Sinha, & McGrew, 2004; Garland & Bailey, 1990). They also provide excellent employment opportunities for BSW and MSW graduates, and job duties may range from direct service with congregants and working with religious volunteers to social ministry leadership and programming (Garland, Myers, & Wolfer, 2008).

Nationally recognized RAOs such as Catholic, Jewish, Lutheran Social Services, the Salvation Army, and smaller religiously-affiliated agencies in many communities such as urban ministries and RAO outreach, emergency assistance, and indigent healthcare-related programs have certainly contributed greatly to social-work field and classroom education (Cnaan, Boddie, & Kang, 2005; Staral, 2003). Today, to achieve Council on Social Work Education (CSWE) accreditation, social work educational programs must demonstrate their commitment to diversity, including religion, in various learning environments such as the selection of field education settings and their clients (CSWE, 2008). Houses of worship, faith-based denominations, and RAOs can provide an important source of field instruction opportunities for BSW and MSW students given this accreditation expectation and their long history of social work involvement.

These opportunities require social work education programs to continue developing new working relationships with RAOs (Moore & Collins, 2002). The social work profession has often missed opportunities to join with these organizations in the delivery of services (Abbott, Garland, Huffman, & Stewart, 1990; Elliott, 1984). This has been particularly true for social work practice in child and family settings, mental health, and schools (Paul, Hussey, & Ansberger, 2002; Polson & Rogers, 2007; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000).

To address the need for quality field internship opportunity in the Greensboro, North Carolina area, the Congregational Social Work Education Initiative (CSWEI) was developed to provide students with high quality, interdisciplinary field instruction experiences, in concert with area congregational and community-based organizations (Moore, 2005; Poole, Pearson, Rife, & Moore, 2009). In developing the field education initiative, faculty members recognized the need to ensure achievement of the specific CSWE accreditation requirements for field instruction (CSWE, 2008). These

include connecting classroom theoretical content with field-based practice, providing generalist (BSW) and advanced (MSW) field experiences so that students can demonstrate the CSWE-required core competencies, and ensuring that BSW students complete a minimum of 400 hours and MSW students complete a minimum of 900 hours of field experience (CSWE, 2008).

In addition, field education programs must identify policies for selecting field education settings, and ensure that supervisors meet minimum professional qualifications. Programs must also provide orientation, field instruction training, and ensure ongoing communication with community agencies and instructors. The implementation of congregational social work initiative or “field unit”, such as the one described in this article, is certainly consistent with meeting these accreditation requirements.

2. OVERVIEW OF THE CONGREGATIONAL SOCIAL WORK EDUCATION INITIATIVE

The Congregational Social Work Education Initiative (CSWEI) project has three educational components: a) pre-service training in health, mental health, and gerontology; b) field instruction in religiously affiliated organizations serving older persons and community-based settings serving persons who are homeless; and c) the use of a collaborative team approach involving social work students, community health nurses, clergy, and other professional disciplines that are affiliated with congregations and/or RAOs served by the CSWEI (Moore, 2005; Poole & Moore, 2011). Under the supervision of the social work program director, the initiative offers adolescents, individuals, families, and older adults easy access to a number of services. Since fall semester 2007 through spring 2014, CSWEI has served over 3,854 individuals; most of those served were over the age of 50. Of that number 63% were male and 36% were female. In terms of racial and ethnic identity, 62% were African-American, 22% were Caucasian, 3% were Montagnard, 3% were Asian, 1.5% were Latino, and 0.7% were African. Income level averages include 54% with incomes less than \$499 per month, 21% between \$500-999 per month, and 13% between \$1,000-1,499. Since 2010 an increase for housing assistance was noted in the referral process: 159 people were served who are 50+ reported having no permanent housing, and 41 people reported being in non-permanent housing situations. The greatest needs are reported by the people served included social service assistance, housing, food, and medical concerns. As to indirect services, the social work interns developed and conducted various education workshops, special health classes, health forums or, in collaboration with CNP nurses wellness forums, health check-ups,

or health fairs offered to churches, temples, and faith-based agencies. Since 2007 through 2014, over 29,516 individuals participated in these activities (CSWEI Annual Report, 2013-2014).

Since this field education initiative was launched in the academic year of 2007-2008, an initial training manual was developed for the first in-coming group of students and has been revised annually to reflect the growth and sophistication of this program. Prior to entering fieldwork, students complete pre-service content on the biology and developmental psychology of the individual, interpersonal, social problems, substance abuse, and health and mental health issues including specific topics such as co-morbid or co-occurring mental and physical disorders. Content on the major developments in treatment and psychological dynamics of major physical illnesses, with specific focus on cardiac disease, dementia, diabetes, stroke, pain, and oncology, is also covered. Additionally, students discuss cultural competence and sensitivity, safety, holistic care, ethical considerations, service documentation, the role of medications and medication management, and risk assessment, including assessment for suicidal and homicidal concerns. Specific attention is given to conduct psychosocial and functional assessments, and service planning in a multidisciplinary environment (CSWEI Training Manual, 2013-2014).

Upon completion of this pre-service education, students are placed in area churches and other RAOs where they complete their field instruction as a member of a nurse-social worker team. MSW students complete two semesters of field instruction in this environment in the advanced year of their MSW education. BSW students complete two semesters of field instruction during their senior year. MSW and BSW students work together along with nurses from the Congregational Nurse Program (CNP), which has been in operation in the community for seventeen years. Using a strengths-based model of assessment and intervention, services provided by the social work of student-nursing teams include psychosocial and functional assessment, treatment planning, case management, referral, advocacy, education, and evaluation. In addition, students present workshops with faculty and nursing personnel on topics such as physical and mental health issues for young adults, adolescents, and middle-age adults. Direct counseling or workshops has focused on grandparents parenting for the second time; how to communicate with school teachers, counselors, and attendant compliance officers; how to access financial aid for college or addressing steps for adopting a grandchild. Programs focus on older congregants or community residents in areas of community services for older persons; care-giving issues not only for older couples but sandwich generation of adult children as caregivers; substance abuse; and healthy aging. Activities to enhance healthy aging are often developed and facilitated by the students, e.g., chair exercise groups. Participating students

receive an educational monetary fellowship funded by the foundations supporting this project (Moore, Pearson, Poole, 2009; CSWEI Training Manual, 2013-2014; Rife, Poole, Pearson, & Moore, 2008).

The CSWEI program director, a licensed clinical social worker and registered nurse, oversee the learning activities of the students and serve in the dual role of both clinical supervisor and field instructor/field liaison. One of the principal investigators, a licensed clinical social worker, supervises the program director. This flat administrative structure maximizes program coordination, minimizes human resource program cost, and role confusion for the student participants. In its current program configuration, the initiative accepts a maximum of 12 students, usually six MSW and six BSW (CSWEI Training Manual, 2013-2014; Moore, 2005; Moore, Pearson, & Poole, 2009)

Following successful completion of the required pre-service training, students receive their respective assignment to a local religiously affiliated organization. Students may be assigned up to five religious organizations, depending upon the intensity of service and level of need of the congregants. In the first year of the program, a majority of student assignments were to congregations with a large number of low-income members whose needs included a broad range of health and mental health concerns (CSWEI Training Manual 2013-2014).

A distinctive component of the initiative is the collaboration between the social work student and the registered nurse. Through its work as an interdisciplinary collaborative, the social work student and the registered nurse provide a continuum of care through direct services and referrals to other community-based services, helping to bridge the gaps that often occur as people attempt to navigate complex and complicated social service and health systems. Nurses initiate referrals to the CSWEI, since each RAO has an assigned nurse who is familiar with the congregation and its needs. Additionally, the student-nurse teams work closely with clergy and other representatives of the RAOs further enriching the interdisciplinary approach. The nurses' focus is physical health screening, education, and intervention. The students' focus is addressing the social welfare needs of the person served, including mental health and substance use (CSWEI Training Manual, 2013-2014; Moore, Pearson, & Poole, 2009).

A common scenario might be that a minister alerts a nurse to the needs of a congregant, prompting a screening. The nurse, after determining the needs of the congregant would involve the social work student. The student would work with the congregant to set goals that address the identified social welfare needs. At the MSW level the student may engage in the person served in a biopsychosocial assessment, counseling, referral, or educational activity, all based on service planning the person served. At the BSW level, the student may

work with the nurse and/or the MSW level student in case coordination, accessing services, and educational activities. Often, the students collaborate with each other and with other professionals to engage people served in the most efficient plan to meet their needs (CSWEI Training Manual, 2013-2014; Poole & Moore, 2011). A key component to the success of the interdisciplinary team approach used in CSWEI is the pre-service and its curriculum.

During the 2012-2013 academic year, the CSWEI program received additional funding from the Kate B. Reynolds Charitable Trust, Winston Salem, North Carolina to expand its efforts, along with the CNP, into Rockingham County, North Carolina, which is a rural county north of the city of Greensboro (Kate B. Reynolds, 2012). The program is entirely community-based without any office setting. Students are not in an office within the congregations where they work; rather, they are mobile and provide services in the person's environment. One church has been gracious to offer their church's educational building to hold trainings, workshops, and offices for students and the program director.

3. PRE-SERVICE CURRICULUM

The 45-hour pre-service training is integral to the success of the initiative. The intensive coursework, coupled with the small class size, enables the program director to assess the skill level and learning needs of each student intern prior to receiving his or her field assignments. Pre-service training also increases students' knowledge base and preparedness, thus increasing the quality of service and competence in delivering health and mental health services. Offered during the first three weeks of field instruction and utilizing a strengths-based, incentivized approach to instruction, pre-service instruction uses nontraditional pedagogical techniques to enhance learning and increase student confidence as they explore being a "risk-taker." Defined here as willingness to engage outside the comfort zone, "risk-taking" is a focus of pre-service in order to prepare students for a non-traditional internship experience. In addition to those topics already outlined, pre-service offers training in the following areas: intern safety, overview of mental illness and substance abuse, healthy aging, and resource development. Given the unique challenges of a nontraditional field placement, the pre-service training also provides extensive training in these additional areas: ethics, boundaries, confidentiality, and role differentiation, particularly concerning interdisciplinary team work and practice in RAOs Offered during the first three weeks of field instruction and utilizing a strengths-based, incentivized approach to instruction, pre-service instruction uses nontraditional pedagogical techniques to enhance learning and increase student confidence as they

explore being a “risk-taker.” Defined here as willingness to engage outside the comfort zone, “risk-taking” is a focus of pre-service in order to prepare students for a non-traditional internship experience (CSWEI Training Manual, 2013-2014).

Since the entire pre-service curriculum and its activities are built upon a strengths-based approach, there are no “losers” as everyone within the project will, at some point, step outside of their social work practice comfort zone. As students challenge themselves, other team members acknowledge this effort by supportive cheers and claps. The team members themselves become motivators and supporters of each other. From a group dynamic perspective, this also contributes to the evolution of the team, which is vital to the project. Due to the intensive materials covered during these training sessions, activities and rewards are built in to maintain the students’ attention, measure knowledge retention, and improve their active listening skills. Students are encouraged to volunteer and take risks by stepping outside their comfort zone and lead a role-play, group discussions or other curriculum reinforcement activity. The MSW students attend pre-service three days per week while the BSW students attend two days per week. On Thursdays both BSWs and MSWs are in pre-service together; the MSWs provide the instruction for the material they learned in the previous day. This solidifies their role as leaders to the undergraduates, improves their understanding of the material, increases their instructional skills, and provides them with group facilitation experience (CSWEI Training Manual, 2013-2014). The perception of leadership is important since, in most settings, BSW and MSW students are paired together, with the MSW student designated as the BSW’s task leader.

In 2009, evaluation of student enhancement of knowledge was initiated using a pre/post-test tool before and after completion of pre-service. Over the past three years, the BSW students averaged an increase of 159% in knowledge and the MSW students demonstrated an increase of 105% in knowledge. Class confidence related to entry into the field has also been measured, with BSW and MSW students combined assessing themselves as experiencing an increase of 94.2% in their confidence level after completing pre-service instruction. Pre-service includes numerous topics, some of which are outlined in Table 1. Note that guest speakers, usually practitioners, are invited to cover particular topics, e.g., substance abuse, psychotropic medications (CSWEI Quarterly Reports, 2009-2010; CSWEI Training Manual, 2013-2014). As noted above, students are quizzed often, and engagement is paramount for learning as well as team building. Not only are students building their knowledge base, they are building relationships with each other as members of a team, learning the importance of intra and interdisciplinary team work.

Table 1
Pre-Service Training for CSWEI

Outline of Pre-service training for CSWEI
<ul style="list-style-type: none">● Overall description of the project● Professional responsibilities and expectations● Interdisciplinary partnerships● Confidentiality and its limits● Boundaries, ethics● Acknowledging spirituality as a protective factor● Student safety, risk assessment, and crisis intervention● De-escalation● Overview of mental illness and substance abuse● Assessment and treatment planning● Resource development● Evidence-based practices● Administration of screening instruments● Data collection● Psychotropic medications● Cultural competence● Special population groups, including older adults

4. CASE EXEMPLARS

As part of its data collection methods to demonstrate program effectiveness to its funders, CSWEI routinely collects case studies and stories of impact, which demonstrate on an individual level the positive impact of the program upon the community (CSWEI Quarterly Reports, 2013-2014; CSWEI Training Manual 2013-2014). Review of the file of the person served and the student’s analysis of the case also help promote the critical thinking skills vital to successful social work practice, as well as enhancing the ability of the student to be successful in demonstrating the core competencies. Lastly, this distillation of the case aids the program director in evaluating the intern’s strengths and areas of growth and encourages the students to develop their own self-reflection/evaluation process to further enhance their practice.

The following cases not only highlights the CSWEI student’s assessment skills, but also highlights the benefits of an interdisciplinary team in the provision of service as each discipline has its own evaluative strengths and clinical focus.

The congregational nurse referred a 76-year-old white female who had fallen and broken her right shoulder to CSWEI. The woman was referred for case management and access to care services to link her to temporary supportive services, such as meals on wheels and a housekeeper, as well as medical follow-up. Following the referral, the social work student conducted a comprehensive, strengths-based, biopsychosocial assessment to link the woman to the appropriate community services. During the coordination of care process, the intern discovered that the woman’s husband of 53 years had died 5 months previously, and she was experiencing some unresolved grief. Under the supervision of a Licensed Clinical Social Worker, the student evaluated the client and initiated therapy services

to assist the client in processing her grief. This was a transformational learning experience for the student as it taught her to fully assess a client, “going beyond” the wounds that can be seen and assessing for those not seen (CSWEI Quarterly Reports, 2011-2012; Pearson, Moore, & Poole, 2012). It also reinforced the importance of recognizing other systems of support, such as faith communities and spirituality, which raised her awareness of the importance of holistic practice. Here, the student expressed that she learned not only how to engage in a full assessment, but how to engage in following up with services that targeted a specific need expressed by the person served. The service plan included means of accessing appropriate care and brief grief counseling conducted by the MSW student.

Another student experience involves one of CSWEI’s nontraditional, faith-based partners, the Interactive Resource Center [IRC] (CSWEI Quarterly Reports, 2013-2014; Pearson, Moore, & Poole, 2013). The IRC is an innovative day program for individuals seeking permanent housing, although most of its program participants are without any permanent housing. A number of interns are placed at the IRC due to the volume of people served (200+ per day). The acuity, complexity, and the high number of people have been dually diagnosed. Of note, a majority of CSWEI’s risk assessments, involuntary commitments, and psychiatric hospitalizations emanate from the IRC.

During the intern’s routine placement assignment, a 55-year-old African-American female was present at the IRC. The woman did not request any assistance from a CSWEI intern; rather, a member of the IRC Board of Directors requested that the intern evaluate the woman “who was having some issues.” The intern started an immediate bio-psycho-social evaluation, utilizing skills and knowledge of pre-service, CSWEI coursework, and materials from her MSW classes (CSWEI Quarterly Reports, 2013-2014; Pearson, Moore, & Poole, 2013).

Following the evaluation, the intern determined that the woman was experiencing an acute psychotic episode and was in danger of hurting herself and others. The woman refused to present to the local emergency room for mental health assessment voluntarily; therefore, the intern and Program Director initiated involuntary commitment through the civil magistrate. The woman subsequently underwent an emergency psychiatric hospitalization. During the process, although the intern was aware of the risk of harm and knew the appropriate clinical disposition, she was quite reluctant to participate in any endeavor that would curtail or deny the woman’s rights or freedom. The intern, exhibiting her competence regarding the social work value of self-determination, voiced her concern about maintaining the right to self-determination many times during the process and throughout the hospitalization procedure. The student acted as an advocate for the woman, making real the social work role

in case advocacy (CSWEI Quarterly Reports, 2013-2014; Pearson, Moore, & Poole, 2013).

Upon reflection and processing the case, the CSWEI student expressed concern that she had violated the client’s trust, confidentiality, and undermined any future potential therapeutic relationship. To the student’s surprise, the woman, her mother, and her boyfriend upon her discharge from the hospital, sought out the student to thank her for assistance. The woman expressed to the student intern, “I wasn’t well and couldn’t get help for myself. I am happy you cared enough about me to see me well.” Following this experience, the student reflected on her prior reservations and offered how she had learned that “care” had a broader meaning to her. Also, she learned how safety and self-determination can collide, and how best to use diagnostic evaluation and supervision to determine the best interest of the person served. Lastly, she discussed her initial ambivalence with the CSWEI class during a seminar session, demonstrating leadership and projecting her growing confidence in her clinical abilities. Feedback from classmates raised her awareness of her own competence (CSWEI Quarterly Reports, 2013-2014; Pearson, Moore, & Poole, 2013).

This next example illustrates how a student may work with clergy and congregants in situations that are unexpected or unusual. Here, the student was able to engage in direct practice as well as community-based coordination and supportive care.

As part of her field placement assignments, a MSW student in conjunction with her congregational nurse partner, was assigned to a local Native American Methodist Church. Since this was a new placement for the CSWEI program, the student also worked closely with the clergy to assist in the identification of congregant needs. As the semester progressed, the student, nurse, and pastor actively collaborated to identify needs and develop culturally appropriate services. During the last Sunday of field placement before winter semester break, the pastor exited the altar area at the conclusion of the service. As he was descending the steps, in full view of the congregation, he clutched his chest and collapsed, having experienced an acute myocardial infarction. Despite on-site resuscitation attempts, by both congregants and emergency medical services, he never regained consciousness and died. The intern was not present, but congregants, who were traumatized by the events, immediately telephoned her at home to inform her of the tragedy. As a former hospice employee, the intern helped facilitate and coordinate grief therapy services for the congregants and worked closely with church leaders to effectively deal with the loss of the pastor. This example illustrates how students can become an integral part of the faith communities they serve using their knowledge and skills to address concerns (CSWEI Quarterly Reports, 2010-2011; Pearson, Kanode, & Moore, 2011).

5. ADDRESSING CORE COMPETENCIES

Students participating in the CSWEI program demonstrate their growth and burgeoning skills as they pertain to Council of Social Work Education's (CSWE) Core Competencies through numerous learning activities, such as case presentations, role play, field logs, process recording, supervision, periodic formal self-evaluation, evaluation by the program director, and monthly team field file audits (CSWE, 2008; CSWEI Training Manual, 2013-2014). At the BSW level, 41 practice behaviors are addressed in the field internship. At the MSW level, there are 17 advanced practice behaviors that are addressed in the field internship. CSWEI students at both levels consistently score 4 or 5 on a 5-point scale in their final field evaluation with 5 being the highest possible score on each practice behavior.

The Program Director, serving as field liaison, discusses the relationship of competencies to the assignments and case dynamics, rates the students on the practice behaviors, and notes that students score particularly well on Core Competency 3 (Apply critical thinking to inform & communicate professional

judgments) and Core Competency 5 (Advance human rights and social & economic justice). Additionally, using a 5-point Likert-type scale, students rate themselves on their level of competency based upon the practice behaviors (CSWE, 2008). Table II illustrates the highest levels of self-assessment.

Students typically rate themselves lowest (3.5) on Core Competency 8 (Engage in policy practice to advance social and economic well-being and to deliver effective social work services) and on Core Competency 6 (Engage in research-informed practice and practice-informed research), with a mean rating of 3.8 on the 5-point scale. In order to address these lower scores, the Program Director has encouraged students to engage in intentional case and cause advocacy activities, and to use research more intentionally in the development of educational modules. Ratings on competencies for the academic year 2013-2014 are provided and assessed examined to assess if they fall below 3.0 standard. The competency ratings are used continuously to examine strategies for sustaining and/or improving the model (CSWEI Quarterly Reports, 2013-2014).

Table 2
Self-Assessment of Core Competencies

Competency	Mean score on self-assessment (1-5, 5 being most competent)
1. Identify as a professional social worker and conduct oneself accordingly	4.8
2. Apply social work ethical principles to guide professional practice	5.0
4. Engage diversity and difference in practice	4.8
10. Engage, assess, intervene and evaluate with individuals, families, groups, organizations and communities	5.0

As faculty and students adjust to competency-based, social work education, the CSWEI project offers students many opportunities to engage in generalist and advanced practice (JMSW Annual Report, 2013-2014; Pearson, Moore & Poole, 2011). It is important to note that the blend of MSW and BSW students creates a learning community that benefits both levels of students, as evidenced by students' successes post-graduation.

6. STUDENT OUTCOMES POST GRADUATION

CSWEI has not been able to collect post-graduation outcome data on every student that has been in the program. However, there are many students who keep in touch with the CSWEI Program Director or other faculty members once they have entered the workforce. The following is some examples of what CSWEI students are doing after they graduate.

In the third year of the program, a BSW student participated in CSWEI and as a result became inspired to work with older people. She went on to pursue her

MSW in the Joint Master of Social Work program and expressed how positive CSWEI was in her decision to pursue her graduate degree. According to T. Transou (personal communication, April 2014) summarized her enthusiasm for working with older adults started with her BSW internship, "My experience with CSWEI provided me a solid foundation for my graduate study and my passion for working with older adults and their families or caregivers." She completed her MSW advanced internship in a gero-psychiatric unit, and now works there as one of the lead clinical social workers. She continues to praise her CSWEI experience as positive and influential in her career path.

Two years ago, a MSW student led an effort to start a support group for older adults (60+) at one of the congregations where she was placed. She had specifically identified the need for such a group and called it Schmooze and News. The goals of the group were to decrease isolation, increase cognitive abilities, and improve mood. The group was very successful. She went on after graduation to work in a community mental health program as a clinical social worker with a focus on older adults (CSWEI Quarterly Reports, 2012-2013).

Another MSW student's work in CSWEI completed a comprehensive community mental health needs assessment and action plan for a specific "at-risk" neighborhood. This work was presented as a student poster at The Council on Social Work Education's Annual Program Meeting (2008) and has been highlighted in CSWEI training. This student has gone on to work for the Veteran's Administration with a focus on Post Traumatic Stress Disorder with a specific focus on homeless veterans across the state. L. Verbsky (personal communication, October 16, 2014) summarized his experiences,

Without CSWEI and their intensive focus on both micro and macro social work practices, I would have not advanced as quickly as I have within the VA system. My knowledge of community dynamics and how to engage "street wise" homeless people including "invisible veterans" was developed through my CSWEI experience. I tell prospective [MSW] students to try for admission into CSWEI.

He is now on the JMSW Advisory Board and maintains that CSWEI was one of the strongest influences in his career path.

Other examples of post-graduation employment of CSWEI students include hospice, mental health service agencies, hospitals, family service agencies, youth service agencies, and departments of social services. Undergraduate BSW graduates (at least one third), inspired by their work with the MSW students in CSWEI, have gone on to pursue their MSW degrees (CSWEI Annual Reports, 2007-2014).

DISCUSSION

The Congregational Social Work Educational Initiative (CSWEI) represents a unique and innovative approach to social work field education that was founded in part as a response to the challenge of locating stable, consistent internship opportunities where students could experience a broad variety of direct and indirect practice activities. In North Carolina, reform and reorganization of the mental health and substance abuse service delivery system has left in its wake a rather chaotic and unstable system of care that often overlooks those who are particularly vulnerable, from young adolescents to older adults and their caregivers. The Joint Master of Social Work program and the joint field education programs between North Carolina Agricultural and Technical State University and the University of North Carolina at Greensboro are committed to community engagement and CSWEI offers students a learning experience that is truly community-engaged (Coletti, 2008; Moore, 2005; Poole, Pearson, Rife, & Moore, 2009).

One of the greatest lessons learned in the process has been the importance of developing strong working relationships with professionals and providers in the community. The program director and the director of the Congregational Nurse Program have been very successful

in forging a close collaborative partnership, which has been key to the success of both programs working now in tandem. The nurse-student teams are likewise collaborative, offering people served a more holistic approach to care (CSWEI Training Manual, 2013-2014; Moore, Pearson, & Poole, 2009).

Additionally, co-location of services in the religiously affiliated organizations (RAOs) has been of paramount importance for facilitating access to care and addressing some of the stigma associated with receiving services. It is much easier for middle-age adults and especially for older adults, to see the nurse and student within the confines of their place of worship or home, versus risking stigma or intensifying anxiety by contacting a "mental health" clinic. The educational modules that are developed by students each year to offer congregants and clergy alike an opportunity to learn more about mental illness and substance abuse, while creating opportunities for people to approach the students about personal concerns after the educational session is complete. There are several instances where a person has come to a student following a presentation and requested help with concerns that were identified by material in the presentation, e.g., symptoms of depression. In some cases, student assessments in these instances have identified serious concerns about safety, leading to hospitalization of the person served. Most certainly, the people served by the nurse-student teams would often go unserved or underserved (Rife, Moore, W., Moore, C., & Poole, 2007; Pearson, Poole, Rife, & Moore, 2008).

While many congregations have larger numbers of older members who try to maintain and support their "house of worship," not every person served by the initiative is over 55; there are many younger people who may experience or struggle with a personal health or mental health crisis or issue. These have included divorce, making a decision to return to the dating scene, career changes or unemployment, financial upheaval. Often clergy refer a congregant or their family member who is dealing with domestic or partner violence. Many clergy are forthright in not having the skills to offer counseling to individuals or families struggling with addictions, problems with inappropriate adolescent behavior, or anger and explosive outbursts in the home or school. With the economic downturn, many individuals and families have been displaced both from their employment and may have to make unpleasant choices in their finances and living arrangements. Many single parents struggle in managing household, job, and child-care demands. Likewise, many older adults have responsibilities related to care for younger children or grandchildren; through individual casework or psycho-education support groups, older adults learn about family and financial dynamics in caring for their grandchild or grandchildren. Issues of policy, ethics, and research come into play with many of these situations, particularly

when the Department of Social Services is involved with custody or relative placement issues (CSWEI Training Manual, 2013-2014).

Additionally, the diversity of the communities served by the initiative offer students the opportunity to enhance cultural competency, e.g., work with refugee and immigrant communities. Greensboro, NC is a designated resettlement city to receive refugees. Since the post-Vietnam conflict Montagnard refugees have been settled in the city, with many Vietnamese also locating in the area. The city's Jewish community assisted helping Russian Jews resettle in Greensboro during the second wave of evacuation from the Soviet Union in the 1980s. Since 1997 the Greensboro area has experienced a large influx of Hispanic/Latinos to work in furniture, construction, and agribusiness adding to the existing migrant workers who as seasonal workers decided to settle and bring their families. The latest arrivals, escaping turmoil in their home country, have been from Southern Sudan and Liberia. (<http://cnnc.uncg.edu/immigrant-demographics-of-guilford-county/>). One of the most important aspects of the initiative is working with individuals, families, and their respective social networks through their connection to their faith communities.

The Congregational Nurse Program (CNP) serves over 50 congregations and CSWEI are involved with over half of these. Additionally, the CNP and CSWEI are involved with faith-based organizations including the Interactive Resource Center (IRC) as mentioned above, the Salvation Army, and the Greensboro Urban Ministries shelter and housing programs. Several of the churches served by the initiative focus their ministries on immigrant and refugee populations, offering further opportunities for students to engage in serving diverse population groups. As noted earlier, a large number of congregants served are often older adults; the CSWEI and CNP offer valuable, easily accessed services as well as opportunities for students to enhance competencies with older adults (CSWEI Quarterly Reports, 2013-2014; Pearson, Moore, & Poole, 2013; Poole, Pearson, Rife, & Moore, 2009).

Specific skills in assessment for dementia and depression are part of the CSWEI protocol with older adults, as is assessment for strengths and supports that can facilitate optimal levels of independence and functioning. Not only are students engaged with older adults who have what some might consider routine concerns, they are also engaged with older adults who have complex problems such as lack of stable housing and/or food security along with a history of serious mental illness. In these cases, students at both levels are challenged to triage and prioritize risks and needs, truly applying Maslow's hierarchy of needs as they formulate service plans. Students learn how to coordinate with other service providers in the medical and behavioral health care fields as well as in areas such as housing, social services, food

security, and financial services (CSWEI Training Manual, 2013-2014; Moore & Poole, 2013).

There are some programmatic limitations and challenges. In terms of care, there is no social work service continuity outside of the academic semester. Congregants receive care within an academic year schedule with an absence of CSWEI social work services during extended holiday and summer breaks. This may, on occasion, impose additional service responsibilities upon the nurse and interruption of services for the people served. Interns and the program director carefully review the needs of the people served, prior to spring and summer breaks to ensure that appropriate referrals and plans are developed for continuity of care (CSWEI Training Manual, 2013-2014). There have been some initial discussions to evaluate the viability of other university social work programs offering summer internships opportunities to provide coverage during breaks. Additionally, the ongoing shift in resources offered in the service landscape is quite challenging from year to year, affecting the continuity of the network of care. Perhaps one of the greatest lessons learned is that strong relationships with congregations, service providers, and other stakeholders are the key to maintaining quality, particularly with regard to students being able to easily immerse themselves in the model from year to year.

Lastly, the initiative and its partner the Congregational Nurse Program could not function without the support of the local Foundations that fund the efforts of both programs. The Cone Health Foundation and the Kate B. Reynolds Charitable Trust have both been very generous with their support, recognizing the importance of the work that is done by CSWEI and the CNP. The Cone Health Foundation has funded the project since the beginning, and recently awarded three more years of funding based on outcomes and community impact, along with congruency relating to their mission to help meet the health and wellness needs of the community. The Kate B. Reynolds Charitable Trust recently awarded the CNP and CSWEI funding for expansion of the model into a rural area, which is congruent with their mission. The support of these foundations further illustrates the importance of community engagement and collaborative efforts in establishing and maintaining successful programs that address the needs of vulnerable people. It is our hope that CNP and CSWEI continue to make its mark on the people served, the students, and the communities where it exists, and the broader community (CSWEI Quarterly Reports, 2013-2014; Kate B. Reynolds Trust, 2013).

The Congregational Social Work Initiative (CSWEI) has become an established and successful field education model, offering BSW and MSW students opportunities to engage in the provision of quality health and mental health services, refine their knowledge, skills, and values to work with diverse groups of people within different communities. These services include interdisciplinary

health and psychosocial assessments, case management, crisis intervention, individual or family therapy, personal mental and health counseling, screening clinics, educational programs on health and mental health issues, advocacy and care giving to members of urban and rural congregations in the Greensboro, North Carolina area of central North Carolina. The social work profession has long emphasized the ability to assess systems and people in their environment. The students in the CSWEI field education program, in collaboration with the Congregational Nurse Program, is built upon a strong interdisciplinary framework to provide individuals, families, groups, and communities the benefits of an additional dimension of quality health and mental health care and services. CSWEI is recognized by both universities and the Joint Master of Social Work Program as being leaders in community and university partnerships, providing excellence in interdisciplinary education, and delivery of quality health and mental health services to low income, unserved or underserved citizens in the Greensboro community and adjacent Rockingham County (School of Health & Human Performance, 2013-2014). CSWEI is a strong example of how an innovative program, through developing and forging links between nursing, clergy, religiously affiliated organizations, local service agencies, and educational institutions produce educational benefits for undergraduate and graduate social work students, and provide effective services for a diverse group of people.

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