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A National Training Program in Aging Research for Social Work Faculty

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Population aging is the most significant trend of the 21st century. It is widely known that United States and other industrialized countries have witnessed significant growth in their older population. However, it is less widely known that this population is growing fastest in developing countries. Of the current fifteen countries with more than 10 million older persons, seven are developing countries. At the present time, Japan has an older population of more than 30 percent; by 2050, 64 countries are expected to join Japan with an older population of more than 30 percent. In absolute numbers, China currently has the largest number of persons age 65 and older (102 million) which is expected to reach 322 million by 2050. In addition, the Chinese population age 80 and older is also the largest in the world (13 million versus 9.2 million in the United States). It is projected this population will reach 100 million by 2050. The growth in the population of old-old in the developing countries is due to factors such as improved sanitation, medical care, immunizations, better nutrition, and declining birth rates (Hooyman & Kiyak, 2011)). Given these dramatic trends, it will be important for social work faculty in all countries to conduct aging research and use evidence-based practices in serving older adults and their families.

Despite the recognition of social work as one of the largest allied health professions in the US and one with significant clinical expertise and distinctive training, the profession is still under-represented in the aging-research enterprise. (Raveis, Gardner, Berkman, & Harootyan, 2009). We have, therefore, developed, implemented, and evaluated a research training program in aging for social work faculty in the United States (called the Institute on Aging and Social Work, IASW). Since 2004 this training program has been supported by the National Institutes of Health (specifically, the National Institute on Aging and Office of Behavioral and Social Sciences Research) and the John A. Hartford Foundation and hosted by the College of St. Scholastica in Duluth, MN. To date, more than 130 social work faculty have participated in the IASW. Most of them are early to mid-career faculty members representing considerable variety with regard to their ethnic and cultural background, institutional affiliation, teaching responsibilities, and research interests.

To create widespread awareness of the IASW both in the U.S. and other parts of the world we have published papers in professional journals and given presentations at national meetings that described the program's goals, design, content, and evaluation (See for example, Mehrotra, Townsend, & Berkman, 2009). However, evaluation has mainly focused on ratings of IASW sessions, outcome data, and logistical aspects of the IASW. Quantitative data regarding the number of participants who have secured external support for their

research, incorporated recent advances in their courses, and engaged their students in aging research is reported in Mehrotra, Townsend, & Berkman (2013).

The IASW has now reached a stage where it will be beneficial to supplement quantitative data with stories and examples of how participants benefited from this training, what steps they took to launch their research agenda, what sources they used to secure external funding, what difficulties they encountered in getting their research funded, how they addressed these difficulties, what research they have now conducted, how they have strengthened the curriculum, and how they have engaged their students in research. We believe that presenting a variety of stories in some detail will bring numbers to life. It will inspire readers from across the globe to undertake research in their areas of interest, further contributing to the program's overarching goal of expanding the pool of faculty engaged in aging research.

Overview of the Special Edition

As indicated above, the primary purpose of the Special Edition is to share participants' experiences with the IASW, the steps they took to obtain grant support, and the research they conducted with external funding. With this goal in mind, the editors invited seven participants to contribute to this special issue. Six participants were selected using the following criteria: post-IASW success in securing grant support, a variety of funding sources and mechanisms, a diverse set of research projects (i.e., aims, designs, methods, disciplines), an array of study populations with special representation of vulnerable and under-researched groups, diverse academic settings with varying levels of research infrastructure support, and willingness to engage in self-reflection about the training experience and links to their research. Of the six grants described, four were funded by institutes within the National Institutes of Health (NIH; National Institute of Nursing Research [NINR], National Institute on Aging [NIA], and National Institute on Drug Abuse [NIDA]), one by the Alzheimer's Association's International Research Grant Program, and one by the Centers for Disease Control and Prevention [CDC]. A seventh IASW participant and a collaborator were selected to write the final article for this special issue based on qualitative interviews with key informants: namely, invited IASW faculty and representatives from NIH.

The editors reviewed the outlines and provided comments and suggestions aimed at ensuring consistency with regard to the extent to which they described what they learned in the training program and how it helped them in first securing grant support and then conducting aging research in their area of interest. We now proceed to provide a brief overview of each of the projects included in this special issue, why we selected this particular project, what funding agency and funding mechanisms supported it, and what the focus of the project was.

In the first paper, Waldrop (2013) describes her project on making decisions about treatment and options for care at the end stage of an advanced chronic illness. Support for her research was provided by NINR through the R21 mechanism intended to encourage new exploratory and developmental research projects. The R21 provides support for the early and conceptual stages of projects. Given the interdisciplinary nature of good care at life's end, research in this area also needs to be interdisciplinary. Waldrop developed collaborations with nationally known researchers in nursing and medicine who worked with her in all phases of research. In addition, she developed collaborative research partnerships with a number of hospice and home health care agencies with the goal of creating a regional hospice research network. These relationships were essential not only to secure NIH support but also to conduct the proposed research and ensure its credibility. We included this paper to illustrate the value of interdisciplinary teams, fostering partnerships with service agencies, matching the proposed project with the appropriate funding agency and its funding priorities, and conducting pilot studies before preparing and submitting a grant application to NIH.

The R21 mechanism was also used by Joan Davitt (2013) in obtaining support, but from the NIA, to study racial/ethnic disparities in home health care and the factors that contribute to inequities in this system. This mixed methods study combined secondary analysis of Medicare administrative data with qualitative focus groups with home health agency staff. Davitt found significant differences in outcomes for racial/ethnic minority groups compared to White home health patients even with risk adjustment procedures; the path to disparities varied by racial/ethnic subgroup as well as by outcome measure. Upon completion of data analysis, Davitt plans to develop interventions aimed at alleviating disparities in home health care. It should be noted that while both Waldrop and Davitt used the R21 mechanism, there are important differences between the two studies in terms of funding institute within NIH that supported their research, the program announcement they used to seek funding, as well as their research focus, population, data sources, and data analysis methods. At the same time, Waldrop and Davitt are similar in that they both conducted pilot studies with support from the Hartford Foundation and other sources, used mixed methods designs, worked with an interdisciplinary team and involved students during all phases of research.

An entirely different funding mechanism was used by Butler (2013) to obtain federal support for a longitudinal mixed methods study of turnover among home health care aides. Butler devoted particular attention to the impact of workers' age on job retention. This research was supported by the NIA through its R15 Academic Research Enhancement Award (AREA) grant program. This mechanism, intended to stimulate biomedical and behavioral research, targets educational institutions that provide baccalaureate or advanced degrees for a significant number of the nation's research scientists but have not been major recipients of NIH support. In addition to investigators' research, graduate institutions are expected to benefit from a research environment strengthened through AREA grants and students are expected to benefit from exposure to and participation in research. Given the mission of the AREA grant program, two nursing students and three social work students participated actively in all phases of Butler's research. Butler, like Waldrop and Davitt, also emphasizes the value of forming an interdisciplinary team in preparing her grant proposal and conducting her research. Unlike Waldrop and Davitt, though, Butler's article illustrates successful research supported by a less-well-known funding mechanism uniquely intended to enhance educational environments that lack a strong history of prior NIH funding and to explicitly meld research and educational aims.

The paper by Savundranayagam (2013) focuses on her research examining the communication strategies used with persons with Alzheimer's disease (AD) and how those strategies affect caregiver burden. Savundranayagam's 3-year project was supported by the New Investigator Research Grant from the Alzheimer's Association's International Research Grant Program. This paper, like Davitt (2013), employed secondary data analysis, generating findings that have important implications for future interventions, but Savundranayagam (2013) illustrates that funding agencies other than NIH support this sort of research. As the title of her paper indicates, for Savundranayagam sustained mentorship was the most influential aspect at the IASW. It gave participants an opportunity to apply the knowledge gained at the initial institute in developing a research proposal and then obtaining feedback on their drafts at subsequent meetings.

In addition to funding investigator-initiated research through grant mechanisms such as R21, R03, and R15, many institutes within NIH also provide support for career development experiences, for example the Mentored Clinical Scientist Research Career Development Award (K08). The primary purpose of this award mechanism is to prepare qualified individuals for careers that have a significant impact on the health-related research needs of the country. The K08 awards provide support and "protected time" to individuals with a clinical doctoral degree (such as Ph.D. in social work) for an intensive, supervised research

career development experience in the fields of biomedical and behavioral research leading to research independence. Since a large proportion of the participants in the IASW are early career and midcareer faculty, seeking grant support through a K award appears attractive to some of them. We have, therefore, included a paper by Rosen (2013) who had participated in the training program and was successful in obtaining a K08 Award from NIDA. Rosen (2013) describes the problem-solving therapy intervention he designed and the randomized clinical trial approach he used to assess the intervention's effectiveness for older adults with substance abuse disorders in a community-based methadone clinic. As we have noted in other papers, Rosen also emphasizes the importance of developing relationships with the key staff members of the community-based agencies where the research is conducted. In addition, he also shares his reflection about the role played by the IASW in developing his research agenda and securing grant support to carry it out.

Another federal agency that provides support for aging-related research by social work faculty is the Centers for Disease Control and Prevention (CDC). Given the widespread concern that findings from federally funded research are often not used to design program and services that would make a difference in human lives (Palinkas & Soydan, 2012), the Diabetes Translational Division of the CDC supports application of basic diabetes research discoveries into daily practice with vulnerable populations. Since social workers have the knowledge, expertise, and commitment to address health-related needs of underserved populations, CDC represents a valuable resource for social work researchers. Faul (2013) reports how she partnered with the regional Area Agency on Aging to secure a five-year grant from the CDC's Diabetes Translational Division. Faul describes her project designed to mobilize, empower, and assist community partners in the development, implementation, and evaluation of community-based interventions to reduce the risk factors influencing health disparities associated with diabetes. The three counties she selected for the CDC-supported project have high percentages of diabetes-related health disparities, high percentages of older residents, and strong presence of negative social determinants of health. Faul focuses on one aspect of the CDC study, namely, the testing of a conceptual model explaining dietary self-management practices for adults living with diabetes as well as potential strategies to overcome individual and contextual barriers to dietary self-management adherence. This represents the kind of translational research in which social workers are well-suited to take the lead, according to Palinkas and Soydan (2012). As in other papers included in this issue, Faul also discusses how she continues to draw upon the knowledge and skills developed at the IASW.

An important feature of the IASW has been the contributions of distinguished scholars who served as visiting faculty. Without their continuing contribution for nine years, the training activities would not have been possible. We have, therefore, included a paper by Bonifas and Mehrotra (2013) that focuses on why these scholars agreed to serve as faculty, in what ways they contributed, how their work in the program affected them, and what suggestions they would give to others interested in designing and implementing similar programs. Based upon the interviews with these scholars, Bonifas and Mehrotra (2013) report that personal and professional satisfaction stemming from mentoring early career academics strongly motivated distinguished scholars to serve as visiting faculty on a continuing basis. In addition, they appreciated the mutual learning that arose as they shared their expertise with the participants.

Our hope is that the papers presented in this issue will help stimulate readers from around the globe to initiate new training programs aimed at preparing early and midcareer faculty to conduct aging research, to launch their own research agenda in aging, to incorporate research advances in the curriculum, and to engage their students in aging research. In combination with quantitative evaluation results for the St. Scholastica IASW (Mehrotra et

al., 2009 and Mehrotra et al., 2013), we hope that the present qualitative articles provide readers with “food-for-thought” regarding the essential elements in creating a successful postdoctoral research training program and inform readers about the range of possible funding sources and funding mechanisms open to researchers in aging, as well as the outstanding contributions that the social work researchers represented here are making to new knowledge in aging. Of course, our ultimate hope is that these activities will lead, in turn, to continuing improvements in the programs and services provided to diverse older adults both within the United States and around the world.

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