

## DOCUMENT RESUME

ED 301 230

JC 880 438

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 TITLE Rural AGE: Accessing Gerontological Education.  
 INSTITUTION Kansas State Univ., Manhattan. Center for Aging.  
 SPONS AGENCY Fund for the Improvement of Postsecondary Education  
 (ED), Washington, DC.  
 PUB DATE 87  
 GRANT G008302735  
 NOTE 153p.  
 PUB TYPE Reports - Descriptive (141) -- Reference Materials -  
 Bibliographies (131) -- Tests/Evaluation Instruments  
 (160)

EDRS PRICE MF01/PC07 Plus Postage.  
 DESCRIPTORS Associate Degrees; College Curriculum; Community  
 Colleges; Consortia; \*Curriculum Development;  
 Curriculum Evaluation; \*Educational Gerontology;  
 \*Faculty Development; \*Intercollegiate Cooperation;  
 Older Adults; Population Trends; Program  
 Descriptions; Program Evaluation; \*Rural Education;  
 Rural Population; Rural Schools; State Universities;  
 Two Year Colleges

## ABSTRACT

An overview is provided of "Rural AGE: Accessing Gerontological Education," a 3-year curriculum and faculty development project in Kansas aimed at transferring gerontological expertise and educational capacities from state universities to a consortium of seven rural community colleges. Introductory sections explain the purpose, background, and origins of the project, discuss the need for gerontological services in rural Kansas, and identify the principle participants in the project, Kansas State University's (KSU's) Center for Aging, the Western Kansas Community Services Consortium, and the Kansas Gerontology Consortium. The next section describes Rural AGE, highlighting the following activities: (1) community college gerontology teams were formed to serve as links between the staff at KSU and the community colleges and to develop courses and curricula; (2) five conferences were held to monitor progress, disseminate project materials, and permit face-to-face contact between participants; (3) community college teams were encouraged to attend gerontological conferences to consult with other professionals in the field; (4) \$500 awards were provided for purchasing course and curriculum materials; (5) annual site visits were conducted; (6) six of the community colleges held mini-conferences; (7) a guide, "Developing Gerontological Curricula: A Process for Success," was prepared; (8) information about the project was disseminated in newsletters and conference presentations; and (9) the project was evaluated. Next, project results are enumerated for each year of the project, indicating that at least 35 courses serving 1,887 learners are now offered on a repeated basis at the colleges. The bulk of the report consists of appendixes, including the curriculum development guide, information about the conferences, a handbook of gerontology resources, and evaluation forms and reports. (AACZ)

ED301230

Rural AGE: Accessing Gerontological Education

Awarded to

Kansas State University  
Manhattan, KS 66502

by The Fund for the Improvement of Postsecondary Education

9/1/83 to 4/30/87

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IC 880 438

Grantee Organization:

Kansas State University  
Center for Aging  
Fairchild Hall #1  
Manhattan, KS 66502

Grant No.:

G008302735

Project Dates:

Starting Date: 9/1/83  
Ending Date: 4/30/87  
Number of Months: 42

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Grant Award:

Year 1	\$ 69,745
Year 2	\$ 79,833
Year 3	\$ 75,230
TOTAL	<u>\$224,808</u>

Rural AGE: Accessing Gerontological Education  
SUMMARY

In the fall of 1983, the Kansas State University Center for Aging joined forces with seven western Kansas community colleges to develop gerontological curricula at the colleges. The three-year project was a marriage of two consortia, the Western Kansas Community Services Consortium comprising the community colleges and the Kansas Gerontology Consortium comprising four university gerontology centers.

Campus/community teams at each college assessed needs and developed and marketed courses in gerontology. Course offerings included Introduction to Gerontology at each college and a range of credit courses in traditional disciplines such as sociology, biology, and nursing, continuing education for professionals and paraprofessionals employed in agencies serving the elderly, and noncredit courses specifically for older people.

The project gave rise to three other synergistic grants which expanded its scope to include noncredit gerontological modules, faculty development, and a four-state geographic region.

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Project Product: Developing Gerontological Curricula: A Process for Success  
A Networking Guide for College Administrators

Rural AGE: Accessing Gerontological Education

EXECUTIVE SUMMARY

Awarded to

Kansas State University  
Manhattan, KS 66502

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9/1/83 to 4/30/87

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## OVERVIEW AND PURPOSE

Rural AGE was funded by FIPSE as a three-year collaborative curriculum and faculty development project between the Kansas State University (KSU) Center for Aging and a consortium of rural community colleges composing the Western Kansas Community Services Consortium (WKCSC). The intent of the project was to transfer expertise and educational and training capacities in gerontology from the universities to the community colleges. The project was a response to needs recognized and expressed by the community colleges, and it built upon an existing relationship between KSU and WKCSC.

Once project activities were underway, we recognized that Rural AGE had potential application beyond the geographic area we were involved in. The model-like aspects of the project were examined critically and subsequently supplemented by additional grants from FIPSE and the Administration on Aging.

## BACKGROUND AND ORIGINS

Population aging will be a nationwide phenomenon by the year 2000. Older people living in rural settings experience the process of aging with the same range and diversity of individual difference that urban elders have. It is the rural context which sets apart aging people from their urban counterparts. Factors such as geographic dispersion and isolation, more limited access to specialists, and a smaller number of specialists available, mean that rural settings often represent "undermanned" settings in terms of the numbers and concentration of gerontological specialists and services for older people.

The overwhelming majority of educational programs in aging have been developed in four-year colleges and universities where the orientation has held a distinct urban bias. Federal investments in gerontological education over the past decade have been made primarily to build the capacities of university-based programs. Community colleges are the principle providers of higher education in rural areas of the United States. They provide an important, and sometimes sole, source of education and training for several learner groups. Community colleges, although they have received little federal funding, are strategically located to respond to gerontological, educational and training requirements, and needs.

The principle participants in the project were the Kansas State University Center for Aging, the Western Kansas Community Services Consortium (WKCSC) and the Kansas Gerontology Consortium (KGC).

The Western Kansas Community Services Consortium (WKCSC) comprises Cloud County, Colby, Dodge City, Garden City, Hutchinson, Pratt, and Seward County Community Colleges and the KSU Division of Continuing Education. Collectively, they serve 57 of the 105 Kansas counties and an older population of over 80,000. Their student body in a given year approaches 10,000 learners, and includes such groups as health care providers, non-medical service providers and informal support system caregivers, older adults, and young people aspiring to careers in gerontological or geriatric settings.

The Center for Aging serves as the focal point at KSU for gerontological training, research, and outreach activities. Thirty-nine tenure track faculty from six University colleges and 18 departments contribute to its three gerontological curricula.

The Kansas Gerontology Consortium (KGC) years is composed of the KSU Center for

Aging and the Gerontology Centers at the University of Kansas and Washburn University, and it draws upon the of faculty and staff of the University of Kansas Medical Center Long-Term Care Gerontology Center. More than 50 gerontological faculty form our cadre of expertise in numerous disciplines. These faculty were available as consultants to Rural AGE and became a vital resource base for long term project continuation.

Collegiality was a critical factor in the success of the project. Nationally, little interaction had been occurring between gerontological programs housed in universities and community colleges. This was true for Kansas as well. If gains made through the project were to be sustained following the grant, we would have to be able to work cooperatively with one another. In addition to fostering collegiality at the individual level, this project also demonstrated the viability and effectiveness of a consortium approach to training and education.

### PROJECT DESCRIPTION

As initially proposed, Year One of the project emphasized community college gerontology team and curriculum development, Year Two focused on curriculum completion, and Year Three emphasized curriculum continuity and project dissemination.

Each college formed a gerontology curriculum team, composed minimally of a dean, a faculty member, and one or more potential learners. Crucial to the success of Rural AGE, the teams linked project staff at KSU to their emerging programs, faculty, and administration; they facilitated curriculum development, conducted needs assessments, and marketed the newly developed courses.

Five project conferences facilitated linkages between team members and KGC consultants, oriented project participants to project activities and objectives, facilitated the development of gerontology courses and curriculum planning, provided a forum for resource sharing, and allowed staff to monitor project progress. Three of the conferences were sponsored by Rural AGE, and two were activities of complementary projects funded by the Administration on Aging—one focused on the development of non-credit gerontological educational modules, and the other provided graduate education to community college faculty.

During the project, we realized the close interrelationship between curriculum and faculty development. Two approaches enhanced faculty development: linking KGC consultants with community college teams, and college faculty attending gerontological conferences. Small seed monies from the grant, supplemented by college funds, helped colleges purchase curriculum development materials.

Annual site visits to each college by project staff served a dual purpose: reviewing with full teams the project-related activities, and conveying a symbolic value by meeting our colleagues on their home territories.

Workable mechanisms for communication and reporting evolved during the three years of the project. We ultimately determined that regular correspondence and telephone communication was the most effective way to obtain information, supplemented by annual self-assessment forms.

### PROJECT RESULTS

By the end of the project: (1) Each community college had developed an Introduction to Gerontology course which could articulate with universities, and,

altogether, at least 35 courses in gerontology serving 1887 learners were developed and offered on a "repeated" basis at the colleges. (2) The gerontological courses and curricula were listed in each college' catalog. (3) Gerontology curriculum teams were firmly in place at the schools and continue to play important planning roles. (4) Faculty and administrators at the colleges have become active participants and presenters at professional society meetings regarding project activities and its spin-offs. (5) A guide for community college administrators Developing Gerontological Curricula was published and distributed nationwide. (6) Teams acquired substantial gerontological curriculum resources for their colleges through leveraging seed monies from the grant and sharing among themselves.

The teams have remained viable campus units that have increased in strength. Virtually every college team leader has indicated the importance of the teams to the development of its gerontology program and has stated the intention of retaining this planning unit. This is one reason that we are optimistic that the thrust of the project will continue although grant funding is over.

For faculty development, the concept of taking the team to consultants through participation in gerontological meetings was an approach which worked well. WKCS has affiliated with AGHE, and team members have attended and participated as presenters at meetings sponsored by AGHE, the Mid-America Congress on Aging, the American Society on Aging, and the American Association for Community and Junior Colleges.

Developing Gerontological Curricula: A Process for Success, published in Year Three, outlines the process by which community college administrators can replicate the model for developing gerontological curricula which we tested with FIPSE support. Over three hundred copies have been distributed nationwide, including complimentary copies to project participants and key national and aging network organizations, and over 200 copies sold at \$8.00 each.

A FIPSE dissemination grant, combined with a simultaneously funded AoA grant has allowed us to extend the Rural AGE model to three additional states (Iowa, Missouri, Nebraska) and another part of Kansas. Our experience in "Brokering Rural AGE" has convinced us of the viability and authenticity of the model created through Rural AGE. In addition, AGHE has established a Task Force on Community Colleges, and, through it, the essence of the Rural AGE model stands a good chance of being implemented across the nation.

### CONCLUSIONS

Our project was learner-centered at several levels. Community college faculty were learners, and, through participating in Rural AGE, they then created courses and curricula directly responsive to multiple learner groups in their service areas. Project staff and consultants were learners of the realities, opportunities, and constraints of gerontological education in community colleges. At another level, Rural AGE was "systemic." We proposed that through collegial and collaborative endeavors, universities and community colleges could cooperatively create a system of education and training responsive to the multiple demands of diverse learner groups. Rural AGE results suggest that such an endeavor is both feasible and potentially productive. There is no reason why university/community college collaboration must be limited to gerontology; a potential spin-off of the project could be the application of this model to other areas of university/community college interaction and exchange.

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## PROJECT OVERVIEW

Rural AGE: Accessing Gerontological Education addressed six interrelated premises: (1) Rural areas of the country and Kansas are experiencing population aging at a rate which matches or exceeds urban sectors'. (2) The needs of the rural aged are like those of the urban aged, but rural areas typically are both underserved and "undermanned" regarding the availability of and access to services. (3) The gerontological education and training capacities of institutions of higher education have been greatly enhanced over the past decade by the investment of federal funds. These investments have been directed primarily to build the capacities of university-based gerontology programs. (4) Rural community colleges are strategically located to respond to important local educational and training needs. (5) It is unlikely that massive resources — whether in funds or expertise — will be moved toward community colleges or the rural areas they serve. (6) A feasible, cost- and program-effective strategy for responding to the gerontological education and training needs of rural dwellers is to enhance their indigenous educational and training capacities.

Rural AGE was funded by FIPSE as a collaborative curriculum and faculty development project between the Kansas State University (KSU) Center for Aging and a consortium of rural community colleges composing the Western Kansas Community Services Consortium (WKCSC). The intent of the project was to transfer expertise and educational and training capacities in gerontology from state universities to community colleges which were attempting to respond to needs in their areas. The project was a response to needs recognized and expressed by the community colleges and because of an existing relationship between KSU and WKCSC.

By the end of the project: (1) At least 35 courses in gerontology serving 1887 learners were developed and offered on a "repeated" basis at the colleges. (2) All seven colleges had established gerontological courses and curricula and listed these in their catalogs. (3) Gerontology curriculum teams are firmly in place at the schools and play important planning roles. (4) Faculty and administrators at the colleges have become active participants and presenters at professional society meetings regarding project activities and its spin-offs. (5) A guide for community college administrators Developing Gerontological Curricula was published and distributed nationwide (see Appendix 1).

The "model-like" character of the Rural AGE project was recognized by FIPSE staff and our project officer, Joann Grayson, before we fully grasped this potential ourselves. Their advice, both critical and encouraging, was crucial for articulating the model into a form potentially useful and usable to others.

## PURPOSE

The overwhelming majority of educational programs in aging have been developed in four-year colleges and universities where the academic as well as research orientation has held a distinct urban bias. For example, of the 80 career gerontology training programs listed in AoA-Funded Discretionary Programs (October, 1980), only four specified a rural focus; three of these programs were located in large universities, and one was a community college. While titles do not always accurately reflect the nature of a program, the predominant mind-set in gerontology has been one based on gerontological training for which the underlying client has been assumed to be an urban resident. The gerontological educational and training investments over the past decade have been made primarily to build the capacities of university-based gerontology programs.

Although it is true that numerically the largest segment of the older population resides in urban areas of the country, the highest proportionate concentration of older persons is found in small towns and rural areas. Older people living in such settings experience the process of aging with the same range and diversity of individual difference that urban elders have. It is the rural context which sets apart aging people from their urban counterparts. Factors such as geographic dispersion and isolation, more limited access to specialists, and a smaller number of specialists available, mean that rural settings often represent "undermanned" settings in terms of the numbers and concentration of gerontological specialists and services for older people.

Community colleges are the principle providers of higher education in rural areas of the United States. They provide an important, and sometimes sole, source of education and training for several learner groups. For example, as the health care system responds to the graying of America, health care professionals and paraprofessionals need to update and expand their skills; and they look to local community colleges for training. Similarly, non-medical service providers and informal system caregivers view the community colleges as a logical and convenient source of continuing education and training. Many young students destined for careers in human services find their introduction to these fields at the community college before transferring to four-year colleges and universities. Finally, many of the best developed community college programs in aging are those geared to older people themselves. Community colleges, although they have received little federal funding, are strategically located to respond to gerontological, educational and training requirements and needs.

The purpose of Rural AGE was to transfer gerontological expertise and educational and training capacities from state universities where they had been concentrated to a consortium of seven community colleges serving rural western Kansas.

It was important to the success of the project that activities be conducted in a collegial fashion. This was necessary for two reasons. First, a tradition of joint work did not exist between the community colleges and the state universities. Second, if gains made through the project were to be sustained following the grant, the state universities and community colleges would have to be able to work cooperatively with one another.

During the project, we realized that curriculum development and faculty development were closely interrelated. As we worked with community college colleagues to develop their gerontological curricula, we strongly recommended exchanges with gerontologists located at the several state universities, and we encouraged community college colleagues to attend and participate in gerontological conferences. Small seed monies from the grant, supplemented by college funds, helped colleges purchase curriculum development materials.

#### BACKGROUND AND ORIGINS

Rural AGE was an outgrowth and response to three contextual factors: (1) the larger environment and the implications for the well-being of older people who were aging in rural and small town Kansas settings; (2) demands placed upon community colleges to respond to legitimate requests for training and educational services from diverse Kansas groups; and, (3) a pre-existing formal relationship between Kansas State University which possessed a well-developed program in gerontology and the seven community colleges comprising WKCSU.

### Need, Rationale, and Setting

Kansas is one of a small number of states experiencing the full impact of population aging which will be a nationwide phenomenon by the year 2000. Kansas ranks ninth in the U.S. in the proportion of people 65 years and older (13.3%, 1980 Census). The majority of older Kansans (67.4%) live in its 101 non-urban counties. Forty of these non-urban counties have 20% or more of their population aged 65 or older.

Rural areas do not have the numbers and concentration of gerontological specialists and services for older people typically available in urban settings. Gerontologically trained persons in rural settings are often less accessible to their service areas because of geographical distance; and their roles must be more diverse because small towns and rural areas do not have the resources and capacity to support large numbers of diverse specialists as urban areas do. In rural areas, greater emphasis must be placed on educating and training paraprofessionals and other community members for fulfilling tasks that might be accomplished in more populated settings by an existing cadre of professionals.

Rural areas can be legitimately conceived as "undermanned" and underserved. Manpower studies show that over 70% of individuals with degrees or credentials in gerontology are located within 25 miles of their alma maters (Ketrone Report, 1981). Since rural areas must look to indigenous educational institutions to meet training needs, it is both feasible and cost effective to implement a mechanism for transferring training capacities and resources through upgrading the skills of local rural populations.

Community colleges have long played a key educational and training role in the nation generally, and they have special significance in gerontologically underserved rural areas like Kansas. For example, the seven community colleges that were collaborators in the project serve 57 of the 105 Kansas counties, with an older population exceeding 80,000 (see map, Appendix 2). Collectively, their student body in a given year approaches 10,000 learners. In addition to traditional age day-students and older learners, their student clientele includes the range of professionals, paraprofessionals, and community members whose involvement with the elderly is crucial in rural areas. Three factors make these community colleges appropriate foci for the development of gerontological resources and training expertise: demographics, ownership, and respect. The community colleges are sensitive to the increasing significance of the issues of aging since they serve areas in which aging populations are prevalent. An increasingly large part of their clientele are older people, practicing professionals, and paraprofessionals. Second, the community colleges are "owned" by community members in ways not typically true of larger colleges and universities. Such ownership may represent the effects of size; because they are smaller, it may be easier for community members to feel that they are part of their college and that they can have impact on its activities. The fact that people support the community college as taxpayers and stand a better chance of seeing immediate outcomes for their money may contribute to a sense of ownership. Finally, one community college serves a more delimited geographical area than does a university with a statewide or nationwide mission. This geographic focus may also increase a sense of ownership; and with the sense of ownership goes a corresponding element of respect for the institution and its activities.

Population demand, respect, and ownership, while necessary components to program development, are not sufficient to assure the quality of programs offered.

Quality gerontological programs are a direct reflection of the curriculum offered and the competence and expertise of the faculty.

Nationally little interaction had been occurring between gerontological programs housed in universities, with concomitant concentrations of expertise and resources, and the community colleges which were attempting to respond to the gerontological training and educational needs of clientele in their areas. Our contacts with the American Association of Community and Junior Colleges indicated that such exchanges were few in number; they typically focused on a narrowly defined set of issues or concerns; they were seldom truly collaborative in the sense of involving participants as partners in creating the model; and they only rarely were designed to continue beyond the life of the specific contract or agreement. In an attempt to bridge this gap, we conducted this nationally replicable collaborative program of curriculum and faculty development.

#### Community College Responses to Diverse Learner Groups

Community colleges are the principle providers of higher education in rural areas of the United States. Kansas is no exception. The WKCSO schools were receiving increasing demands to provide continuing education and credit offerings to several learner groups. Rather than respond in piecemeal fashion, the schools recognized the need to organize their offerings in the form of programs and curricula. The learner groups included health care providers, non-medical service providers and informal support system caregivers, older adults, and young people aspiring to careers in gerontological or geriatric settings.

#### Rural AGE Participants

The principle participants in the project were the Kansas State University Center for Aging, the Western Kansas Community Services Consortium (WKCSO) and the Kansas Gerontology Consortium (KGC). Valuable assistance was provided by the University of Kansas Medical School Long Term Care Gerontology Center, the Wichita State University Gerontology Center, the Association for Gerontology in Higher Education (AGHE), and the American Association of Community and Junior Colleges (AACJC).

1. KSU and the Center for Aging has both commitment and versatile resources to contribute to the well-being of the State's rural and small town elderly. KSU has eight undergraduate colleges, Graduate School, and Divisions of Continuing Education and Cooperative Extension. With a teaching faculty of nearly 1500 and an Extension staff of 500, KSU conducts a full range of teaching, research, and service activities. Of its 65 departments, 32 offer programs through the doctorate. The university's annual research expenditure is \$40.4 million. Most of KSU's students come from rural areas, towns, and small cities in Kansas. Many of its graduates remain in the State, forming a substantial portion of the professional, business, technical and service personnel in these areas.

The Center for Aging serves as the focal point at KSU for gerontological training, research, and outreach activities. Thirty-nine tenure track faculty from six University colleges and 18 departments contribute to the Secondary Major, Long-Term Care Administration Emphasis, and Graduate Emphasis curricula in gerontology. These multidisciplinary programs give the Center regular involvement with students and faculty throughout the university. An additional 25 professional staff from non-departmental campus units regularly participate

in our activities. Faculty committees on Education, Research and Outreach guide program planning and implementation. Institutional support for Center activities comes through the Graduate School and the Provost's Office with approval of the President. Additional support in past years has come from the Administration on Aging (AoA), and many of the materials used in Rural AGE were developed with IV-A funds from AoA. Two AoA grants and a FIPSE dissemination grant supplemented Rural AGE.

2. The Western Kansas Community Services Consortium (WKCS) comprises Cloud County, Colby, Dodge City, Garden City, Hutchinson, Pratt, and Seward County Community Colleges and the KSU Division of Continuing Education (see map, Appendix 2). Collectively, they serve 57 of the 105 Kansas counties and an older population of over 80,000. The Consortium was organized in the early 1970s to serve as a vehicle for addressing concerns and administering projects in the western part of the state. Each community college is represented by the Dean/Director of Continuing Education/Community Services. KSU is represented by the Director of Development in the Division of Continuing Education. Officers are elected from these representatives and serve without pay. Each representative has access to the resources and personnel of his/her own institution. WKCS has a sound financial base, with each institution paying an annual membership fee of \$1,000. The Consortium sponsors a professional development conference annually for member institutions and other representatives of higher education in the state. The Executive Director serves in a half-time capacity, but the schedule may vary according to program demands and available grant funds. WKCS is set up to respond to grants and to deal with continuing education/community service projects which may impact on the member institutions. The Consortium has averaged 1-3 grants per year since its founding in 1972, including Title I grants from the Kansas Board of Regents, the Kansas Arts Commission, The National Endowment of the Arts, the Kansas Department on Energy, developmental program grants from the Kansas League of Municipalities, funding from the Kansas State Department of Vocational Education for projects dealing with sex equity, and AoA grants. Through Rural AGE, WKCS became a member of and regular program participant at AGHE and the Mid-America Congress on Aging. WKCS members have served as consultants in an AoA grant to extend the Rural AGE model to other midwestern states.

3. The Kansas Gerontology Consortium (KGC) has been in existence for nearly eight years. It is composed of the KSU Center for Aging and the Gerontology Centers at the University of Kansas and Washburn University. It also draws upon the expertise of faculty and staff of the University of Kansas Medical Center Long-Term Care Gerontology Center. With federal funding from the Administration on Aging and other sources, the KGC has developed extensive training, educational, and curricula materials in gerontology. The products and resources of all three KGC institutions were available to Rural AGE. From its inception, the KGC has emphasized the development of multidisciplinary, statewide, and regionwide career preparation programs and educational programs. More than 50 highly trained gerontological faculty throughout the state form our cadre of expertise in numerous disciplines. These faculty were available as consultants and technical assistants to Rural AGE and became a vital resource base for long term project continuation.

This project demonstrated the viability and effectiveness of a consortium approach to training and education.

## PROJECT DESCRIPTION

Rural AGE was a three year project designed to transfer gerontological expertise and educational and training capacities from Kansas universities, where they were concentrated, to a consortium of seven community colleges serving rural areas. Project activities focused upon gerontological curriculum and faculty development at the community colleges. Through the project, we hoped to achieve sustainable and relevant gerontological curricula having appeal to multiple learner groups at the colleges, to develop faculties who could deliver such curricula effectively, and to build a network of collegial exchange among the universities and community colleges. As the project progressed, we realized that we were testing a model of expertise transfer that could be replicated in other states.

### Project Activities:

As initially proposed, Year One of the project emphasized community college gerontology team and curriculum development, Year Two focused on curriculum completion, and Year Three emphasized curriculum continuity and project dissemination. Although these were the principle thrusts for each year, elements of all goals were present throughout the project. We will therefore describe project activities by type and function rather than chronologically.

#### 1. Community college gerontology teams.

Gerontology curriculum teams, composed minimally of a dean, a faculty member, and one or more learners to be served by Rural AGE, were formed at each of the colleges. (See page 28 in Appendix 1.) These teams were crucial to the success of Rural AGE, since they provided the key link between the project staff at KSU and the programs, faculty, and administration at the colleges. They facilitated the process of curriculum development through their collective knowledge of learner needs, manpower implications, faculty capability, and dissemination strategies. In the early stages of the project, team members were principle actors in conducting assessments of curriculum and resource needs, engendering interest and knowledge about the project and its import for their college among faculty and administrators, engaging in course and curriculum planning and development, and instructing project staff as to the politics and organizational constraints of community colleges. As the project developed, team members continued to play these important roles, but they also assumed responsibility for assuring that project plans were implemented at the colleges. Although their membership changed over the life of the project because of job changes, moves, and shifts in college responsibilities, the teams have remained viable campus units that have increased in strength. Virtually every college team leader has indicated the importance of the teams to the development of its gerontology program and has stated the intention of retaining this planning unit. This is one reason that we are optimistic that the thrust of the project will continue although grant funding is over.

During Year One, curriculum teams depended heavily upon project staff for guidance, technical assistance, and reassurance. We noted a distinct shift away from depending upon project staff during Year Two as they implemented their curricula and as we began to emphasize faculty development activities to support their curricula. Although technical assistance from project staff continued throughout the project, its substance and nature shifted dramatically to one of professional collegial exchanges. We view the formation and maintenance of college teams as an essential element to projects such as Rural AGE.

## 2. Conferences.

Five conferences were held during the project; three in Year One; one in Year Two, and one in Year Three. (Conference agenda are shown in pages 33-36 of Appendix 1, and in Appendix 3.) Two of the Year One conferences were sponsored under Rural AGE and one under Rural GEM, a complementary project funded by AoA. It involved the community college teams, the KGC, and Rural AGE staff to develop non-credit gerontological course offerings at the community colleges. The purposes of the initial Rural AGE conference was to launch the project, introduce team members and KGC consultants to one another, orient project participants to project activities and objectives, facilitate the development of introductory gerontology courses at the colleges, initiate curriculum planning, and generally encourage sharing and learning among project participants. The second Rural AGE conference, which was held through teleconferencing, retained most of these objectives and allowed us to gauge progress on curriculum planning and introduced representatives of the Aging service network. The Rural GEM conference, while focusing on gerontology module development, enhanced interaction among community college teams, gerontology consultants, and Rural AGE staff. In Year Two of Rural AGE, Rural GEM course modules were integrated into the community college gerontology curricula.

The fourth conference launched the second year of Rural AGE. It focused on techniques of curriculum development and laid the groundwork for curricula implementation during Year Two. It also provided an excellent opportunity to review first year activities and firm up team commitments to the project.

The fifth conference, which occurred in Year Three, was not anticipated in the original proposal. A spinoff of Rural AGE was a project funded by AoA which was specifically oriented to community college faculty. Through that project, 27 WKSCS community college faculty received graduate level training in gerontology. The conference was a "wrap-up" for the AoA faculty development project, and it allowed us to integrate the results of Rural AGE and the AoA grant with a view toward ensuring continuity following the conclusion of the projects.

In addition to providing opportunities for monitoring progress on grant activities, the several conferences allowed us to introduce important project materials and, given the geographic dispersion of project participants, created occasions for face-to-face meetings among teams.

## 3. Project consultants/faculty development.

In our original proposal, we emphasized our intent to encourage and facilitate strong working relationships between community college teams and project consultants from the KGC. Although excellent and fruitful ties occurred during project-sponsored conferences, on-going relationships were not as strong as we desired between conferences. This caused us to alter our strategy in regard to linking teams with appropriate consultants. While continuing to encourage on-going relationships with KGC faculty, we urged teams to attend relevant national, regional, and state conferences for exposure to gerontological specialists and materials relevant to their project activities. This concept of taking the team to consultants rather than bringing the consultants to the teams worked well and also helped us to accomplish project faculty development aims. In addition to receiving exposure to some of the "top-name" persons in the field, many team members became active participants and presenters at the conferences. They were able to obtain needed consultation while enhancing their own

self-confidence and image in the field. These experiences proved invaluable for enhancing the project on their home campuses and with their colleagues.

#### 4. Resource allocation.

Small awards (\$500 per year) from the grant allowed the community college teams to purchase gerontological course and curriculum materials. Some allowance was made in the use of these funds to defray partially the costs of attending relevant professional conferences. The benefits received far exceeded the dollar value of these small investments. Additionally, each community college at least matched, and most exceeded, the grant funds. These seed monies were perceived by the teams as an essential element in establishing the importance of gerontology on their campuses. The funds and the materials they purchased became a visible and lasting sign to the colleges of the seriousness with which FIPSE and KSU took the project. (See Appendix 4 for a listing of materials acquired.)

#### 5. Site visits.

Project staff conducted annual site visits to each college, in order to assess progress on project activities, deal with problems related to the grant, and meet with the entire team. In addition to the technical project-related aspects of the visits, we discovered that our presence carried important symbolic value. The fact that we were willing to travel 300-400 miles for a site visit was impressive to the teams, since typically they were the ones expected to travel in order to attend meetings. We cannot stress strongly enough the importance of on-site visits, especially for rural areas, for projects such as Rural AGE.

At least one project staff person attended the monthly WKCSC meetings. The presence of Rural AGE issues on the agenda and project staff at the meetings was important to the visibility of the grant on the campuses and among the schools.

#### 6. Reporting mechanisms and participant interaction.

Given the complexity of the project and dispersion of participants, it was crucial to create workable mechanisms for communication. In the initial stages of the project, course data and bi-monthly progress reports were requested of all teams. Early in the project these were provided with fair regularity. As the project progressed, we discovered a reluctance by teams to submit such materials, perhaps because of other demands on the team leader's time. Ultimately we resolved this problem by obtaining needed information by telephone.

As the project progressed, we determined that regular correspondence and telephone communication was the most effective way to obtain information. Contacts were typically with the Deans, who headed the teams, and the Executive Director of WKCSC. Periodically we obtained gerontology expertise inventories, resource acquisitions, course descriptions, self-assessments and evaluations.

The inter-institutional and multi-level interactions of Rural AGE participants were highly complex. In retrospect, the three year period allocated for the project was optimal, given our objectives and activities. Even though all participants desired collegial relationships, we had to invest significant effort in establishing ties between different types of institutions. For example, differences among institutions in budgeting and accounting procedures meant that we had to find creative ways of meeting institutional requirements while satisfying project objectives. It simply took time to establish good working

relationships, coordinate activities in the context of different institutional timetables, institute new curricula, and grapple with the logistics of project activities involving eight geographically separated institutions.

The consortia arrangements existing among the community colleges and universities helped us resolve many problems. Although consortia are neither necessary nor sufficient components of the Rural AGE model, they greatly facilitated our project activities. In the AoA project to extend Rural AGE to other states, the community colleges and university gerontology centers possess the same type of excitement about the potentials for developing gerontological programs, but they lack the continuity of on-going interaction which consortia afford.

#### 7. Community college miniconferences.

Six of the community colleges held a miniconference during Year Three. They were designed to increase the visibility of each college's gerontology programs within its service area, recruit new learner audiences, and continue to strengthen instructors' gerontological expertise. Target audiences were older people, and service providers from agencies such as social and rehabilitation services, Area Agencies on Aging, Social Security, Health and Environment, hospitals, home care, nursing homes, health departments, and senior centers.

#### 8. The Guide: Developing Gerontological Curricula: A Process for Success

The principle emphasis in Year Three was project dissemination. A major activity was the preparation and distribution of a guide intended for college administrators wishing to develop gerontological curricula (Appendix 1). The guide drew upon our experiences in Rural AGE and its companion grants to outline the model for those wishing to replicate or borrow upon it.

#### 9. Dissemination.

Numerous newsletter articles about the project appeared over the three years throughout the project's geographic area. Project dissemination also occurred through project staff and team member participation and presentations at relevant national, regional, and state professional society meetings. The miniconferences and guide were additional dissemination activities. In addition to the companion grants to Rural AGE which expanded its scope during the three project years, we have received subsequently two additional grants to foster its replication.

#### 10. Evaluation.

Evaluation activities are discussed in greater detail in the Results section of this report. Appendix 5 contains the project's comprehensive evaluation plan.

### PROJECT RESULTS

Because Rural AGE spanned three years and, with the award of a FIPSE dissemination grant, was extended for nearly an additional year, we have chosen to present project results year-by-year. This, we believe will provide a more accurate picture of the process we went through in achieving project goals and will highlight the incremental nature of this process. Each year's specific project objectives are stated, followed by results in terms of those objectives.

## Year One

1. A minimum of eight new courses will have been offered at the community colleges, serving an estimated 150 learners.

Two colleges developed and offered new introductory gerontology classes in Year One, and three others first offered them in the fall of 1984. One college had an introductory class on the books prior to the FIPSE project. One college obtained introductory course transfer approval to Regents institutions. Six additional courses were developed at three of the colleges during Year One. These additional courses focused mainly on training for in-home and health care for the elderly. They ranged from 1/2 to 3 credit hours, were primarily offered in the evening, and were held in both on and off-campus sites. A total of 143 learners enrolled in the courses. In addition, most of the community colleges developed and offered three-hour modules for the Rural GEM project funded to WKCS by AoA.

2. Community colleges will have developed good intra- and inter-team relationships. Teams will have shared successes and supported each other in problem solving.

Initially, and throughout the project, the development of intra- and inter-team relationships was an on-going process. During Year One, the teams were remarkably stable in their membership, having five to eight members each. Five persons resigned their position during Year One, and 15 new members were added.

While the teams varied in the frequency of their meetings, each met minimally five times during Year One. Team members were participants in project-sponsored activities. An average of three to four members (range two to six) attended project conferences, each team provided input into conference planning, and teams reported on progress and problems at each conference. Course syllabi and Rural GEM modules were shared among the schools as they were developed.

Three conferences were held during Year one (two under Rural AGE and one under Rural GEM). The initial Rural AGE conference was attended by 22 team members and 10 KGC consultants; the Rural AGE telenet conference involved 20 team members, four project staff consultants, and Area Agency on Aging staff. The Rural GEM conference involved 27 team members; in addition, a special conference focusing on the GEM modules of one of the colleges involved that colleges team and a number of members of other teams.

Additional activities designed to facilitate intra- and inter-team relationships were site visits, regular submission of course data and bi-monthly progress reports, project staff attendance at WKCS monthly meetings, and correspondence and telephone communications. The submission of written progress reports proved to be counterproductive, leading us to make less frequent requests for written reports, to formalize the reporting mechanism through a standard format, and to depend more heavily on telephone communications and case-by-case problem solving.

3. Each community college team will have developed a working relationship with at least one consultant from the KGC.

We made efforts to nurture consultative relationships between the teams and KGC members. KGC consultants were most effectively employed in the context of project conferences. Ten consultants were involved in the initial Rural AGE conference, seven at the initial Rural GEM conference, and six at the Year Two Rural AGE launching conference. Consultants from each of the KCC schools were

present at each of the conferences. A total of 18 different KGC consultants were used as well as six non-KGC consultants. In addition to making substantive presentations at the conferences, the consultants met individually with teams and with groups of teams. Three of the colleges formed fairly regular consultative relationships with four KGC consultants. We encouraged several of the colleges to consult with the geographically proximate Wichita State University Gerontology Center for identifying and obtaining needed educational resource materials.

As mentioned in the previous section, we shifted the consultant-team strategy to include the concept of taking the team to consultants through participation in gerontological meetings. This approach worked well, and we would highly recommend it as an effective strategy. As a result, WKCSG has affiliated with AGHE, and team members have attended and participated as presenters at meetings sponsored by AGHE, the Mid-America Congress on Aging, the American Society on Aging, and the American Association for Community and Junior Colleges. The outcomes proved to be synergistic, since those attending various conferences reported back to their own and other WKCSG teams.

4. An inventory of gerontological expertise in the two consortia (KGC and WKCSG) will be prepared and disseminated.

This was done. Twenty-three KGC and 13 WKCSG resource persons were identified.

5. All community colleges will possess at least five videotapes and substantial development material pertinent to the courses already offered or being planned.

Twenty KGC educational and two other videotapes for gerontological education were available for team previewing at each of the conferences. All teams had ample exposure to the videotapes during Year One, and several teams borrowed videotapes until obtaining their own. All teams obtained copies of the KGC videotapes during Year One or by early in Year Two, through an agreement with the University of Kansas which produced the set under an earlier KGC grant from AoA. All teams selected non-KGC audiovisual instructional materials to purchase for curriculum support, including filmstrips, audio cassettes, and films. Books, manuals, gerontological memberships, and other publications rounded out each team's acquisitions in Year One. Appendix 4 contains a listing of materials acquired over the life of the project. In addition to materials obtained under Rural AGE, the listing includes items acquired under AoA-funded companion grants.

6. WKCSG will have expanded to include a seventh community college serving an additional eleven counties in western Kansas with a total population of 20,000 aged 65 and over.

Cloud County Community College joined WKCSG in June 1984. A site visit by project staff informed the WKCSG Dean and a faculty member of Cloud County Community College about Rural AGE and welcomed their participation.

7. Evaluation of Year One activities.

A comprehensive evaluation plan was employed throughout the project (Appendix 5). A copy of the full Year One Evaluation Report which was conducted and compiled by the project evaluator is found in Appendix 6. Highlights of that report are summarized here: the Year One evaluation focused on assessments made by community college participants, KGC consultants, and project staff. Specific items and activities evaluated were the conferences, consultants, the provision of support

materials, project staff, team organization, course development, faculty development, and the integration of the Rural AGE project with companion grants.

a. Views of community college participants.

The initial planning conference was judged to be successful in launching the project. Participants indicated satisfaction with accomplishments during Year One. Curriculum support materials were highly rated. Although consultants and project staff were regarded as respected experts, community college participants did not make heavy use of either. An inference can be drawn that respondents were reluctant to impose on "busy experts," and there may have been some additional barriers to making full use of professional assistance.

Participants completed bi-monthly progress reports identifying their objectives, steps to achieve them, progress and barriers, and assistance received from the project. Four of the six colleges reported regular progress on reaching Year One goals. Two offered and taught new courses during the spring; two others had new offerings proposed for fall 1984. One offered a new course which failed, and one failed to offer a planned course.

Each college experienced some barriers, and most found the Center for Aging staff helpful in overcoming external problems. Some, however, had mistaken notions as to how much direct financial support (for consultants or other costs) would be made available. One team appeared to establish overly ambitious goals, and subsequent frustration kept them from attaining even modest progress. Participants became aware that their plans and aspirations had to be accommodated in the framework of institutional missions and priorities.

b. Views of consultants.

Consultants reported in two ways: they evaluated the initial conference, and, toward the end of the year, they responded to questions about the project's accomplishments, its strengths and weaknesses, and their consulting activity. Nearly all consultants viewed the launching conference positively; they considered it particularly successful in building identification with and respect for colleagues and in giving participants an opportunity to explore options before choosing a curriculum development plan. Consultants were cautious about the degree to which teams might make future use of them; only one or two felt confident that the teams were well acquainted with the type of expertise the consultant possessed or knew how to make optimum use of the consultant. These apprehensions were confirmed in the spring correspondence. Few consultants made on-campus visits. There was some feeling expressed that teams were reluctant to display ignorance, protective of their own control over plans, and, in some instances, less than fully committed to the project. The hope that teams would make regular use of consultants (other than project staff) was not generally realized.

c. Views of project staff.

Staff evaluation was culled from site visit reports and staff telephone and meeting notes. Staff felt that team organization demonstrated an uneven performance, probably reflecting variations in team leadership. Regarding course development, four colleges showed good progress, and two experienced difficulty. All teams displayed interest in faculty development, and project staff helped identify opportunities and mechanisms for insuring their use.

Little use was made of consultants; problems appeared to be both attitudinal and financial. We noticed considerable interaction and appreciation for our advice and recommendations curriculum resource materials. We were heartened by the progress in coordination and cooperation between the Rural AGE and Rural GEM projects. Overall, good progress was apparent at four colleges. Difficulties developed at two: one had too much turnover, leaving the continuing staff overwhelmed; the other developed goals which were too ambitious and grandiose.

d. Overall Evaluation.

The project had a fairly successful first year. Its initial conference established appropriate expectations and plans for achieving goals. Progress toward those goals was, for the most part, encouraging; in a minority of instances, however, it was disappointing.

A number of aspects of the program did not work out as well as expected. Consultants were used much less extensively than planned. Team leaders were not always effective managers nor personally dedicated to the project. Although most teams made good progress, none experienced widespread campus support. Strategies for improving the campus-wide status of the teams needed to be explored.

Year Two

1. Repeat offerings on 40% of the new courses in Year One; a minimum of 16 new courses total for Years One and Two, serving an estimated 350 learners.

Of the eight new gerontology courses reported offered in Spring 1984, five were offered again in Year Two (62.5%). Gerontological course development jumped exponentially in Year Two. Twenty-six new courses were developed in Years One and Two, serving approximately 850 learners. Some of these new courses were expansions of those developed in Year One; others resulted from Rural GEM modules; and others derived from team analyses of learner needs in gerontology.

2. Full curricula will be in place in at least two of the community colleges; plans for full curricula will be detailed with timetables for the other colleges.

Full curricula were implemented in two of the six original WKCS member community colleges: Colby and Hutchinson. Pratt reported that implementing a full curriculum was in process. Dodge City had plans for an AA in Gerontology, but its realization was probably several years away. Cloud County, the newest member of WKCS, had a pre-existing cadre of courses which they developed into an AA in Gerontology, using new courses resulting from the project. All colleges planned to list the gerontology courses in their catalogs. Since most of their catalogs were revised the previous summer and were valid for two years, courses and curricula not currently listed could not be included until 1987. It is important to note that the term "curriculum" at the community college level is not synonymous with a university curriculum. Each college defined its curriculum according to the needs of its learners.

3. Modules from the Rural GEM project will be absorbed into Rural AGE curricula, along with responsibility for further development and refinement of modules.

Since the Rural AGE and Rural GEM projects complemented each other so well, the

community college teams did not view them as separate projects but rather as mutually useful resources for gerontological curriculum development. The separateness of the projects existed primarily in the minds of the respective project staff. College faculty, however, used all available resources in developing their courses, without highlighting the origins of the materials. We traced some inter-college resource sharing in course development: three of the seven community colleges reported using materials from other community colleges or universities in developing new courses.

4. All community colleges will possess at least 9 videotapes as well as substantial other curriculum support materials; each community college will have identified at least three faculty for continued training investment.

Five of the community colleges had full sets of the self-instructional gerontological videotapes developed by the University of Kansas. As additional videotapes were created, we alerted the teams. Each Team acquired books, manuals, films and other audiovisual materials pertinent to its gerontological curriculum.

Faculty training emerged as a major factor in the project's success. We encouraged WKCS Deans to send team members and other faculty to gerontological conferences. Appendix 7 lists the record of participation and presentations by all project participants over the project period. An exciting spinoff of the project was AoA's funding of a project specifically oriented to community college faculty training in gerontology. Over 40 faculty indicated interest in this project, and 27 ultimately participated in the three graduate level courses.

5. Strong working relationships will exist between each community college team and at least two Kansas Gerontology Consortium consultants.

We revised the emphasis we placed on using KGC consultants, given the diversity of needs of teams and individual community college faculty. Hutchinson continued to use consultants in innovative ways during Year Two: (1) they arranged to be a training site for the University of Kansas Long Term Care Gerontology Center course on clinical assessment of the frail elderly, taught by one of the KGC consultants who participated at the Year Two fall conference; (2) they provided a training site for a K-State faculty member who conducted a program on counseling the elderly; and (3) they drew upon contacts made at the AGHE meeting in Year One — hosting an Ohio gerontologist and telephoning a Chicago colleague for consultation. Other teams used consultation to some extent also: three members of the Pratt team spent a full day at the Wichita State University Gerontology Center, and all teams made varied consultative requests of the KSU project staff during the year.

6. Each community college team will have assessed the feasibility of and made a commitment for course and curriculum continuity past Year Three.

A major portion of the Year Two self-assessment by each community college was devoted to course and curriculum development, including long-range plans for sustained gerontological offerings. The project evaluator's analysis of these assessments concluded that "participants reported significant progress in obtaining formal recognition of their programs as a continuing responsibility of their institution. There were no apparent obstacles to achieving full incorporation into the college's ongoing and continuing programs." (See full report in Appendix 6).

7. Preliminary steps will have been taken to establish articulation agreements between the community colleges and the three universities in the KGC.

During Year Two, articulation was less of an issue than we had anticipated. We know that several of the colleges successfully obtained transfer credit for a few of their gerontology courses, not only to the three KGC universities but also to Wichita State University. Based on responses about transfer credit in the self-assessments, the project evaluator concluded "it appears that good progress has been made in facilitating transfer to 4-year institutions." While the project staff at the Center for Aging do not have jurisdiction over awarding transfer credits for gerontology courses, we knew from experience with the community colleges that we would have heard from them if there had been major problems with articulation.

8. Strengthen community college relationships with Area Agencies on Aging and other regional and statewide service providers to the rural aging.

At least three of the colleges developed ties with their respective Area Agencies on Aging during Year Two. Colby's Second Annual Northwest Kansas Conference on Aging, co-sponsored by the college and RSVP, and attended by 30 people, featured the Executive Director of the Northwest Kansas Area Agency on Aging as its keynote speaker. The Pratt team leader was elected Chairperson of the AAA Sub-region Council and also was elected to the AAA's Regional Board of Directors. The Dodge City team worked with the Southwest Kansas AAA on long range plans including a new building on campus that would house the Department of Nursing, an adult day care program, and a child care program. The Dodge City Community College AAA relationship has given rise to several post-project activities of major proportions. The other teams, while not located geographically proximate to their AAAs, included local service providers as team members and invited AAA staff and other professionals in aging to lecture in courses.

9. Evaluation of Year Two activities.

The Year Two evaluation process included site visits to all colleges during the spring and a comprehensive self-assessment by team leaders during the final month of the project year. The five-page self-assessment form was developed by the Pratt team leader. Details on specific curriculum development objectives, course transfer case, effectiveness of project methods, community/learner response, and unexpected positive spinoffs are contained in the report (Appendix 6). Here we summarize the project evaluator's conclusions: Relatively important changes in curricula and courses occurred during Year Two. Meetings and conferences led to a variety of accomplishments relevant to the needs and circumstances of the participating colleges. Participants generally followed through with their plans to develop new courses and syllabi. They were guided in this effort by some form of needs assessment, but were occasionally influenced by other factors too. Participants reported significant progress in obtaining formal recognition of their programs as a continuing responsibility of their institution. There were no apparent obstacles to achieving full incorporation into the colleges' ongoing and continuing programs. Although only three colleges took advantage of the courses and seminars offered at other WKCS schools, it can be concluded that the objective of avoiding duplication of effort was at least partially achieved. Good progress was made in facilitating course transfers to 4-year institutions. There was substantial evidence of increased faculty involvement in the project and its activities. Publicity efforts employed at the colleges were largely successful in aiding recruitment. The community responses to the project were

neither hostile nor apathetic. It was most positive among those who had close ties to the senior citizen population.

In terms of project methods, the "materials acquisition funds" made available through the project were generally regarded as valuable; monthly meetings and the mid-year teleconference were viewed as less valuable (at least in a relative sense), and the value of other methods were largely institution-specific. The success of this project can best be judged by examining all of its effects, not just those that were planned; in nearly all instances, important unexpected benefits were realized.

From the overall ratings, and from the responses to other parts of the survey, we conclude that project participants perceived the project in a favorable light. To support their positive attitudes, they offered a variety of specific and relevant evidence. Although there is clearly room for improvement, it appears that the project's personnel have overcome the serious logistical and communications problems which cooperative projects create. There have been substantial accomplishments which appear to be pertinent to improving society's capacity to respond effectively to the needs of its older citizens.

### C. Year Three

1. Repeat offerings of 60 percent of the courses developed in Years One and Two; a minimum of 24 new courses for the three-years, serving an estimated 600 learners.

2. Full curricula will be in place in all community colleges.

For these two objectives, each college varied in its interpretation of what a gerontological curriculum means. For some, it meant a full-fledged Associate of Arts or Associate of Science Degree; for others it meant a cohesive group of courses offered within a discipline such as nursing or social sciences. Given these different interpretations, all seven community colleges reported having gerontological curricula in place by the end of the third year; Cloud County had an AA in Gerontology, Colby had 16 courses in gerontology (six of which were developed through the project) which were offered regularly to diverse learner audiences; in Dodge City, gerontology was integrated into the nursing program, and they fostered a college-wide attitude that it is important to encourage older people to come to campus; Garden City offered gerontology courses both through its nursing and social sciences departments; Hutchinson offered Introduction to Gerontology yearly and rotated a variety of health care courses particularly for professionals; Pratt had a vocationally approved AS in Gerontology and planned to develop one-year career track certificates within that program; Seward County encountered a barrier to formalizing a gerontological curriculum because the State Department of Education disapproved duplicative programs among colleges, so it continued to offer the Introduction to Gerontology course and the continuing education modules developed under the Rural GEM project, and expanded the non-credit course offerings.

3. Teams will include faculty from regular day programs as well as continuing education programs.

All teams expanded and adjusted to member turnover during the three years. At the site visits for Year Three, all team leaders were present as well as most of the faculty and community team members of each college. The twenty-seven faculty

who took graduate level training in gerontology under the AoA grant strengthened both campus commitment and teams at each college.

4. Gerontological curriculum continuity will be assured at each community college.

All seven community colleges had catalog listings for their gerontological courses and curricula. Limitations by the State Department of Education precluded every college having a formal AA or AS in Gerontology. The transferable credit curriculum in gerontology, however, is only one facet of gerontological programming at the colleges. Courses and workshops for continuing education credits and non-credit programs for older people and their informal caregivers are equally important to the learners served by the community colleges. It is our opinion that the team leaders and members have both the intent and the ability to access the needed resources to continue their gerontological activities indefinitely in their service areas. At the Year Three site visits, many of the teams reported to us that their colleges now recognized the "demographic imperative" of an aging population.

5. The manual will be distributed to all participants and significant others in Kansas and the nation; it will be disseminated at cost to all others.

The major product of Year Three was the publication of Developing Gerontological Curricula: A Process for Success (Appendix 1). This 44-page guide outlines the process by which community college administrators can replicate the model for developing gerontological curricula which we tested with FIPSE support. Complimentary copies of the guide were distributed to all team leaders, and team members requesting it; to representatives of the National, Regional, State, and Area Agencies on Aging in Kansas; the AARP National Gerontology Resource Center; the Association for Gerontology in Higher Education (AGHE); ERIC; the American Association of Community and Junior Colleges (AACJC); and selected individuals and departments at Kansas State University including the President's Office, Cooperative Extension Services, and the University Library. Complimentary copies were given to participants and aging network representatives in the projects funded by AoA and FIPSE to disseminate the model to 17 community colleges in a four-state region.

Five hundred copies of the guide were printed, and we publicized it nationally through educational and gerontological newsletters and organizations. At \$8.00 per copy, over 200 copies have been sold thus far.

6. Twelve formal dissemination presentations will be conducted by team members and project staff; three project displays will be arranged at national or regional conferences.

During Year Three, a total of eighteen different conference presentations were made involving 46 presentations by 19 unduplicated team members and project staff. Presentations occurred at the following meetings: AAACE (American Association of Adult and Continuing Education), AACJC, ACHE (The Association for Continuing Higher Education), AGHE, ASA (American Society on Aging), GSA (Gerontological Society of America - AGHE Standards Committee Meeting), KAEA (Kansas Adult Education Association), Kansas Governor's Conference on Aging, KCCSCE (Kansas Council for Community Services and Continuing Education), KCSW (Kansas Conference on Social Welfare), MVAEA (Missouri Valley Adult Education Association), and our wrap-up conference for the AoA Faculty Development Project.

Over the life of the project 33 presentations were made (see Appendix 7).

We were given a unique opportunity to acknowledge WKSC and the community college team members in September 1986 at the annual Kansas Association of Community Colleges meeting in Kansas City. By presenting a plaque to the President of WKSC in front of 400 of his peers from across the state, we recognized and publicized the accomplishments of our community college colleagues.

7. Each community college will participate in a miniconference to market its gerontological curriculum to area service providers.

Six of the seven community colleges held a miniconference during Year Three. Seward County Community college was unable to schedule a miniconference and returned the funds for the conference to the other colleges to supplement their conference budgets. Seward County planned to fund its own miniconference in the fall of 1986 after the third year of the grant ended. Overall, the miniconferences were a positive experience for the colleges. Cloud County held an afternoon and evening open house for older adults with community information booths, demonstrations, and exhibits. A buffet in the cafeteria and dance proved very popular. Over 250 individuals attended, and the team felt that it was excellent public relations with the community and launched making the college available to older adults. They plan on having an annual event. Colby's miniconference was a continuation of its annual service provider and older adult conferences. This year's theme was economic aspects of aging. Attendance was 42 for the first day, 12 for the second day, and 250 for the dinner and dance. The team plans to continue these annual conferences with funding support from the Thomas County Council on Aging and the Northwest Kansas Area Agency on Aging. Dodge City held its second annual Senior Days on Campus at the end of Year Three. The team plans to continue senior citizens week annually. Garden City's miniconference was on Alzheimer's Disease and Related Dementias, and its occurrence helped rejuvenate a family caregiver support group in the community. Hutchinson's miniconference consisted of a four-session series of four courses for older people including computers, fitness, recording family history, and stress management. Enrollments were 78 for the four courses, with a total of 64 individuals participating. The team plans to offer similar series twice a year. Twenty-five service providers and presenters attended Pratt's miniconference "Aging: The Youngest Profession." Although audience evaluations were favorable, the team leader felt that the effort was not worth the result, and they will repeat it.

As intended, the miniconferences helped develop and support relationships between the community college teams and community agencies involved in aging issues. Colby's conference was particularly successful in establishing a good working relationship with the Area Agency on Aging, since there had been serious tensions between the two at the onset of the project.

8. Articulation agreements will exist between each community college and the KCC universities for Introduction to Gerontology courses and other courses as appropriate.

Articulation was anticipated as one of the more persistent challenges of this project. We and our community college colleagues found that the lack of consistency within and between our institutions is a barrier to achieving full articulation of all gerontology courses developed during the project. We addressed this issue at each of the site visits held in the summer of 1986,

however, and the general consensus was that articulation is not a major problem related to the project. In general, universities have accepted those courses that community colleges have requested to be transferred. Some of the colleges have simply not requested transfer; others leave it to the individual students to request transfer on a course-by-course basis.

We consider this a priority issue, however, and we have received data from our admissions department on the number of students who have transferred to Kansas State University from each of the seven community colleges. Although we do not know how many of them have taken gerontology courses, we are prepared to advocate for the acceptance of gerontology courses if needed, and we continue to keep in touch with the other university gerontology centers on this issue.

9. Teams will have close relationships with gerontological faculty of the KCC and/or other universities' gerontological faculty through attendance at conferences, so that post-project gerontological support is assured.

The faculty development grant funded by AoA in the third year of Rural AGE enhanced our accomplishing this objective. Twenty-seven faculty now have become acquainted with three KSU faculty through three-credit hour graduate courses. The wrap-up conference for the AoA project in September of 1986 also served as a wrap-up of the FIPSE project. The community college team members, faculty development participants, and KSU faculty and project staff clearly had developed a comradeship that will persist well past the end of the funded projects.

In addition, team members who presented at national and regional conferences often did so on panels with project staff, and thus they had an opportunity to enhance their collegial relationships further during the final year of the project. Fifteen of the 19 presenters were community college participants, and all of them presented at least once in a panel with a project staff member.

#### 10. Evaluation of Year Three activities.

As in Year Two, the Year Three evaluation process included site visits at all colleges by project staff and a fairly comprehensive self-assessment form developed by the Pratt team leader. Appendix 6 contains the project evaluator's full report, summarized here:

"In an overall sense, the third year of this project must be viewed as a success. Not every college made satisfactory progress, but as a group they accomplished each of the nine objectives at a satisfactory level: Courses and curricula were created. Substantial numbers of students were provided with basic gerontological backgrounds. Faculty resources were identified and committed to the curricula. Formal recognition of the courses and curricula was obtained. Relationships were established with professional colleagues. Related organizations and agencies were generally supportive as a consequence of public information efforts. Project results were widely disseminated.

Additional work needs to be done on developing articulation agreements. Despite the substantial successes they experienced, community college staffs appear to lack professional confidence. They would profit from continued support from their university colleagues. The advances made through the project have not yet become normalized; continued nurturance through follow-up and consultation is indicated to complete the establishment and acceptance of these innovative developments in gerontology education."

## 11. FIPSE Dissemination Grant

A FIPSE dissemination grant was awarded to allow us to introduce and extend the Rural AGE model to two additional states: Iowa and Missouri. The intent was to convene a conference involving community college faculty and administrators and university gerontology center faculty from those states and transmit to them the materials, methods, processes, and structures of Rural AGE. Fortunately, AoA simultaneously funded a larger 17-month project to extend the model to three states (Iowa, Missouri, Nebraska) and another part of Kansas (see Appendix 8).

The dissemination conference intended as a closing point for Rural AGE became a launching pad for an additional test of the model. The conference which was held in December 1986 was attended by 46 people, representing 17 rural community colleges and four university gerontology centers. Hans O. Mauksch, a FIPSE Mina Shaughnessy Scholar, served as conference facilitator. Five WKCS faculty and administrators were consultants to the project and conference. Appendix 3 contains a copy of the conference agenda.

We are now past the half-way point in the AoA project. We are even more convinced now of the viability and authenticity of the model created through Rural AGE. We have also learned some valuable lessons. Our work in a multiple state project highlights the diversity which exists among the states and their community college systems. It is difficult to maintain a common underlying theme while respecting diversity. Our task in Rural AGE was greatly facilitated by the presence of the community college and university consortia. The lack of a consortium arrangement on the AoA project has complicated the achievement of project goals and objectives. Finally, the constraints of a 17-month timeframe, instead of three years, severely limit the ability for participants to allow new ideas to sink in and be tested and altered, and to achieve the sense of collegiality which we now know was crucial to the success of Rural AGE. Despite these caveats, the AoA project is working, and the Rural AGE model seems to have merit for a larger geographic region.

As a result of the several projects described in this report, AGHE has established a Task Force on Community Colleges. Dr. Peters co-chairs the Task Force, and a number of Rural AGE participants are active on it. The essence of the Rural AGE model stands a good chance of being implemented across the nation.

### CONCLUSIONS

Our project was learner-centered at several levels. Community college faculty were learners, and, through participating in Rural AGE, they then created courses and curricula directly responsive to multiple learner groups in their service areas. Project staff and consultants were learners of the realities, opportunities, and constraints of gerontological education in community colleges. At another level, Rural AGE was "systemic." We proposed that through collegial and collaborative endeavors, universities and community colleges could cooperatively create a system of education and training responsive to the multiple demands of diverse learner groups. Rural AGE results suggest that such an endeavor is both feasible and potentially productive. There is no reason why university/community college collaboration must be limited to gerontology; a potential spin-off of the project could be the application of this model to other areas of university/community college interaction and exchange.

#### APPENDIX A

Several forms of assistance from FIPSE were valuable throughout the project. We will comment specifically upon three of these: technical assistance, the annual project directors' meetings, and the flexibility of FIPSE.

The FIPSE program staff were exceptionally responsive to our needs throughout the project. This was particularly so with our project officers —initially Joanne Grayson, then Lelia Helms, and, finally, Jay Donohue. As mentioned previously in this report, it was Joanne and other FIPSE staff who saw early on the model-like character of the project and who worked extensively with us to realize that potential. As we have come to know other FIPSE project officers, we see that this approach is a hallmark of how the project officers approach their work. From the point of view of project staff, this is immensely helpful. Our experience was that our project officers were intimately acquainted with other FIPSE projects which could provide insight into Rural AGE, and they shared their information with us systematically. The technical assistance we received from FIPSE included project problem solving, problem anticipation and prevention, and creative and innovative advice and context-creation.

An important opportunity for us as project directors was the annual project directors' meetings. These meetings provided a chance to share information on many diverse projects well beyond our regular exposure in gerontological meetings. We highly valued the opportunity to examine new directions in educational planning and research and to think about our respective projects in light of these non-gerontological frameworks.

FIPSE allowed for flexibility in approach to and the conduct of our project. This was true both on financial and program issues. Changes in our approach were necessary over the three years of Rural AGE. FIPSE staff both eased us through the changes and gave us advice and options that we had not considered.

On the "down" side, none of our project officers was able to make a site visit. We would have found this to be useful, and on several occasions tried to make it possible. For projects such as ours, FIPSE might seriously consider introducing a project officer site visit. Aside from the additional support such a visit could provide, it could hold great symbolic and morale-building significance. Although our community college colleagues became aware of the national importance of Rural AGE, Western Kansas remains somewhat apart from the centers of educational action.

#### B. Future projects of this sort.

One of the outcomes of Rural AGE is that community colleges and universities can collaborate in mutually productive ways and collegial ties can lead to sustained cooperation. It is clear to us that a period of initial funding is critical to establish sustained programming. We are now embarked on an extension of Rural AGE to community colleges and their university gerontology centers in three additional states with funding from AOA. We are already feeling the constraints that a 17-month project places on establishing the model in those states. In many ways, the three year funding cycle we had under Rural AGE was optimal. Our point to FIPSE is that projects such as Rural AGE should be funded only if sufficient time is allowed for the project to reach fruition.

We found that an important component of the project was making small "seed" moneys available to community colleges for resource acquisition and professional faculty development. Throughout the project, we realized the value of these modest investments and now consider them necessary for cementing relationships and programs. These funds generated additional money from the community colleges, and giving them control over the funds increased their sense of ownership of the project, reduced their sense of dependency on the university, and created a sense of partnership.

We discovered that curriculum development and faculty development are intimately intertwined. Projects such as Rural AGE must take both into account in planning, activities, objectives, and goals.

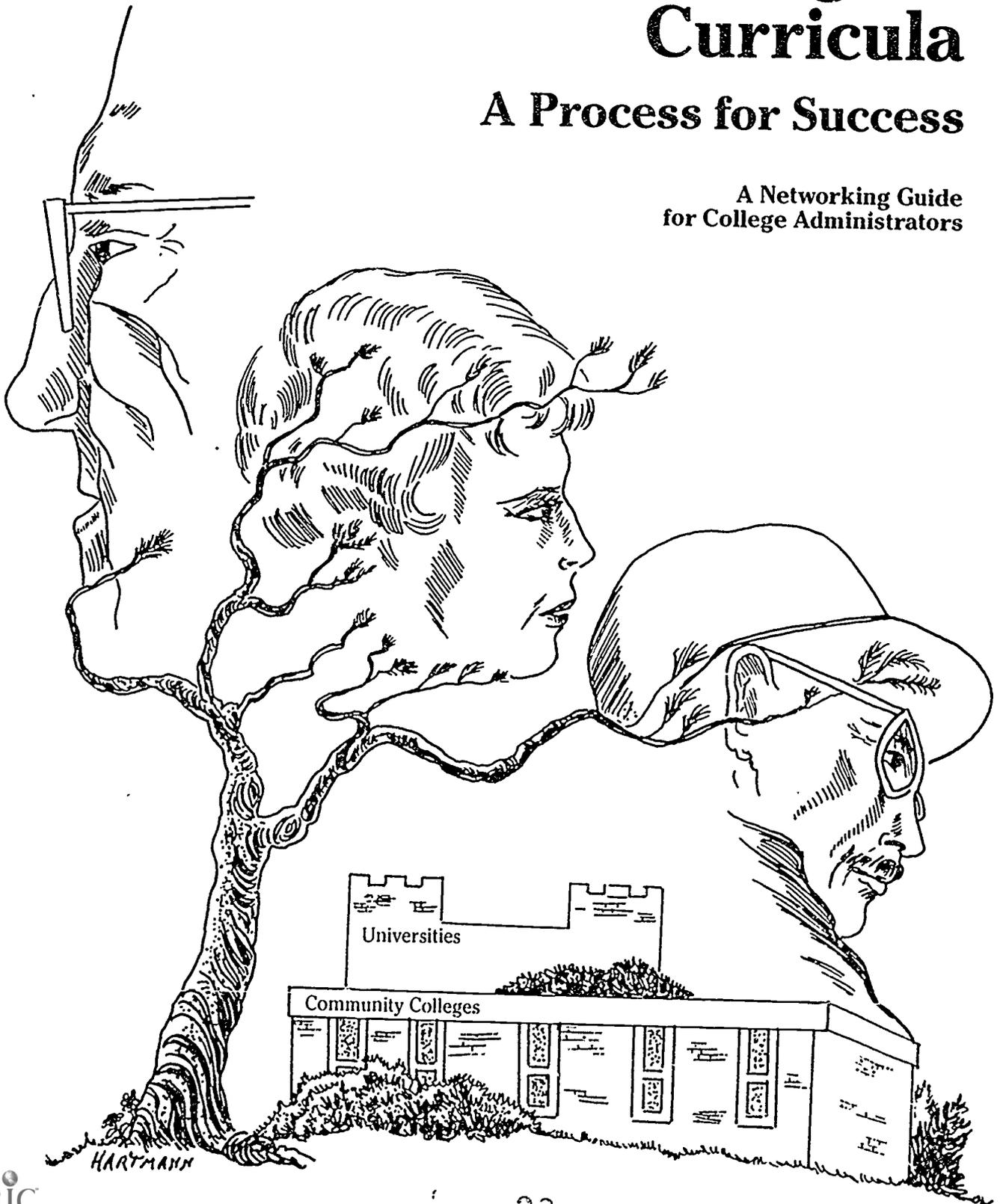
In certain respects, the most notable outcomes of the project rest on the synergistic "spinoffs" of the project. We have enjoyed funding from complementary grants from AoA which have advanced our efforts; our community college colleagues now play active roles in national, regional, and state professional societies; and the work we have done shows promise of spawning increased attention to community colleges in AGHE. Through all of this, FIPSE staff encouraged our actions and facilitated them where legitimate and possible. Such support was immensely helpful and, from our perspective, should continue to be a normal part of the interactions between FIPSE staff and their projects.

APPENDIX 1

# Developing Gerontological Curricula

## A Process for Success

A Networking Guide  
for College Administrators



# **Developing Gerontological Curricula**

## **A Process for Success**

**A Networking Guide  
for College Administrators**

by

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Funded in part by The Fund for the Improvement of Postsecondary Education (FIPSE),  
Grant Number G0083 02735  
Based on projects funded by FIPSE, Grant Number G0083 02735, and the Administration on Aging,  
Grant Numbers 90 AT0091/01 and 90 AT0166/01.

# Foreword

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Three years ago the staff of the Center for Aging at Kansas State University contacted AACJC to see if we knew what (if anything) community colleges were doing in the area of gerontological education. We knew that many community colleges were offering a variety of courses for the older American; however, we were not sure of the extensiveness of gerontological education oriented to professionals and others interested in aging.

We at AACJC recognized the importance of providing an educational curriculum for learners working with or aspiring to work with the elderly. Because community colleges are a major provider of educational programs for the elderly as well as working adults, the project developed by the Center for Aging was and continues to be extremely important for community, technical, and junior colleges.

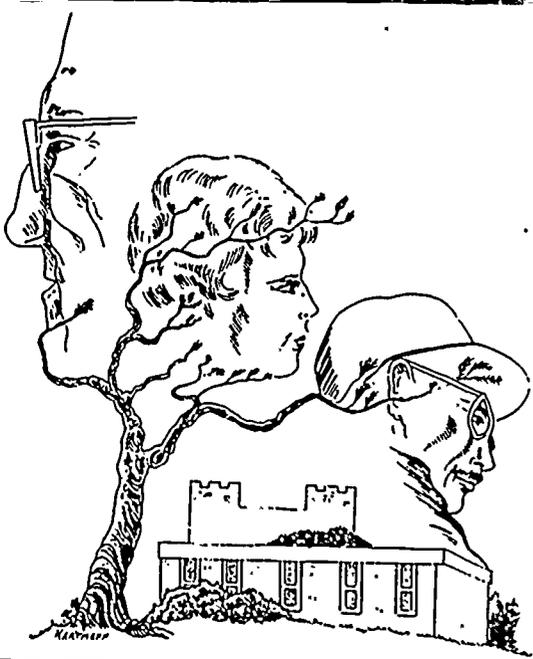
This project is exemplary in that it represents a true collaboration between several community colleges and a major state university. One of the major reasons why the model can and does work is because of the collegiality that exists between the staff at the Center for Aging and the faculty at the community colleges.

This guide is oriented to issues related to the development of gerontological curricula at community colleges. The guide describes the development of a particular kind of partnership; however, the process of partnership development can entail other entities, e.g., high school/community college, community college/university.

What we are presented with here is not a traditional manual; rather, we are provided a process by which colleges can end up with a product. The guide presents a series of fundamental issues that must be addressed and not a set of formulas for proceeding. It describes the process by which collaborations develop. The readers of the guide will ultimately develop their own products.

The leadership of the Center for Aging at Kansas State University and the Western Kansas Community Services Consortium must be commended for developing this exemplary model and guide.

Dale Parnell, President and  
Chief Executive Officer  
American Association of  
Community and Junior Colleges



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# Preface

The "graying of America" reflects the increasing median age of our country's population. Its impact on you, the educational recruiter, is not just personal, however; it indicates the potential of a plentiful and powerful older adult market.

The purpose of this guide is to provide college administrators with the essential ingredients for creating gerontology courses and curricula—courses about, for, and by older people. Culminating three years' experience by seven community colleges in western Kansas, this guide synthesizes a broad spectrum of approaches to gerontological curriculum-building.

The older adult market includes several learner populations. Older adults themselves are interested in a wide range of instrumental and expressive courses: some are preparing for second or third careers and want vocational training; some, anticipating their own aging or that of their parents, want information about the aging process; some seek knowledge in the arts, sciences, and humanities, just for the sheer joy of knowing. A second major learner population in the older adult market comprises the professionals and paraprofessionals who serve older people. These are nurses, social workers, senior center staff, home care providers, and a multitude of other people whose jobs bring them in regular contact with older people. Thirdly, the vast majority of older people have family members and friends who care about them. These people in the "informal support system" form another

important learner population for the college which offers gerontological courses. Finally, there are those younger students who, while not yet a part of the older adult market, seek careers in the rapidly growing field of gerontology. The gerontological education these students are now receiving will increase their capability to deal with aging personally and professionally.

This guide will address ways to set up a gerontological curriculum when you've never done it before, when your faculty has very little training in gerontology, and when your community is only beginning to learn what gerontology means.

Although our experience was in a predominantly rural area covering over half the state of Kansas, readers who represent urban areas can equally benefit from this information. The "demographic imperative" of an increasingly older population applies both to rural and urban areas. The more rural the area, the higher the proportion of older people; urban areas of the country, however, contain three-quarters of the older population.

This guide lays out a process, not a product. Gerontologists agree that there is no formula for the "right" gerontological curriculum. What we offer here is a model, with step-by-step instructions for developing the interpersonal and inter-institutional relationships which will enhance your efforts in developing gerontological curricula.

## Acknowledgments

Many individuals, organizations, coalitions, and networks participated in Rural AGE: Accessing Gerontological Education, the pilot project which gave rise to this guide. The idea for Rural AGE originated at Kansas State University among staff of the Center for Aging and the liaison from the Division of Continuing Education. The Fund for the Improvement of Postsecondary Education (FIPSE) of the Department of Education provided the necessary funds to pilot test the model over a three-year period. A complementary one-year project entitled Rural GEM: Gerontological Education Modules was funded by the Administration on Aging (AoA) of the Department of Health and Human Services. Kansas State University provided matching faculty time, and the participating community college, provided untold hours of administrative leadership in implementing their gerontological curricula.

One of the features of a project like this is that no one person can be said to be more crucial than any other. Individuals, however, are the critical force behind any endeavor, and we would like to thank:

Ted Wischropp, who made the initial connection between the Center for Aging and the Western Kansas Community Services Consortium;

Ed Berger, Darrell Cottingham, Jim Lenz, Joe Mildrexler, Doug Radohl, Gene Schneider, Betty Stevens, and Dennis Thompson, Deans of Continuing Education and Community Services, who took the stand for building gerontological curricula in their respective community colleges;

Helen Connors, Ron Harper, Carol Ann Holcomb, Nancy Intermill, C. Clyde Jones, Marvin Kaiser, Robert Lowman, Russ Mills, Katherine Newell, Lynn Osterkamp, Linda Redford, Donna Schafer, Jim Shay, and Pat Walstedt, gerontological consultants from the four university gerontology centers composing the Kansas Gerontology Consortium.

Current and former members of the seven Community College Teams:

*Cloud County Community College:* Darrell Cottingham, Dean; Lu Losh, Director of Nursing Program; Jim Haritatos, Nursing Home Social Worker; Ruth Pauliette, Retired; Joyce Siefert, RN Instructor in Nursing Program.

*Colby Community College:* Joe Mildrexler, Dean; Janice Aldrich, RSVP Assistant; Ruth Borthwick, RN, former Nurse Educator; Nancy Buer, Home Health Nurse; Joyce Hansen, Chair, Health, Physical Education and Recreation; Ann Hubert, former RSVP Director; Larry Koon, Sociology Instructor; Marion Richter, RN, Continuing Education Coordinator for Nursing; Laura Withington, RSVP Director.

*Dodge City Community College:* Jim Lenz, Dean; Charles Barnes, Governor's Council, Citizen; Jenise Braley, RSVP Director; Ed Herrin, DCCC Division Director and Sociology; Harlow McCosh, Director of Development; Karen Minks, Assistant Director Housing Authority; Anita Ness, Director of Nursing; Roger Pickerign, former Social Sciences Instructor.

*Garden City Community College:* Gene Schneider, Dean of Community Services; Joyce Boone, Head of Social Sciences Division; Cindy Coates, Director of Senior Center; Marjie Clarke, Hospital Volunteer Services Director; Donna Kennedy, Head of Nursing Education Program; Angie Miller, RN, Hospice Nurse, Mobile Agency SW Health; Jarla Oller, Social Worker; Sarah Osborn, Social Science Instructor; Melinda Spanenberg, former Public Relations Director; Dennis Thompson, former Dean of Community Services.

*Hutchinson Community College:* Ed Berger, Dean; Debbie Berndsen, RSVP; Judy Babb, Reno County Health; Lois Churchill, Director of Nursing Degree Program; Janet Hamilton, Continuing Education Administration; Wilma Kelley, Home Health and Gerontology Instructor.

*Pratt Community College:* Betty Stevens, Dean; Obie Benson, former Chief of Social Services, Pratt SRS; Ken Church, former Drama Instructor; Ken Clouse, Director of Voc./Tech./Con. Ed.; Don Hullman, former Dean of Instruction; Bob Romine, Sociology Instructor; Martha Sanders, Coordinator, Health Occupations, Continuing Education; Mike Westerhaus, former Biology Instructor.

*Seward County Community College:* Doug Radohl, Dean; Judy Davis, RN at Nursing Home, Director of Continuing Education; Jone Friesen, Director of Nursing; Betty Hollman, Education Coordinator for SW Medical Center; Dr. Thomas Jolinnykutty, Chair, Allied Health Programs; Rev. John Loucks, Minister; Susan Roberts, Senior Citizen Center Director; Helen Sloan, Nursing and Gerontology Instructor; Roger Thompson, Nursing Home Director.

Joann McDonald Grason, our Program Officer at FIPSE;

Gerald Bailey and Harvey Littrell, KSU consultants on curriculum development;

Myrna Bartel, Linda Fornelli, and Teresa Young, Rural AGE conference presenters;

Faculty and staff of the Wichita State University Gerontology Center and others who gave generously of their time to support the developing curricula at the community colleges.

We also appreciate the support of organizations which encouraged the project's dissemination: the Association for Gerontology in Higher Education; the American Association of Community and Junior Colleges; the Mid-America Congress on Aging; the American Society on Aging; the Gerontological Society of America; the American Association of Adult and Continuing Education; the Missouri Valley Adult Education Association; the Kansas Adult Education Association; and the Association for Continuing Higher Education.

Joyce Hartmann, Executive Director, WKCS  
Edith L. Stunkel, Project Co-Director  
George R. Peters, Project Co-Director  
April 1986



## Introduction

### Why Gerontological Curricula?

Helen Rhodes is a 57-year-old bookkeeper living in a small town. She lives with her mother who is becoming increasingly frail and cannot stay alone. They have applied to a local nursing home, but it has a waiting time of over one year. Miss Rhodes has wondered how she can make her home safer and how she can learn new skills for caring for her mother. "I'm afraid she'll break her hip when I help her in the bathtub." Miss Rhodes wishes night courses at the local community college were offered in home care and communicating with older people. She has friends who could stay with her mother while she attends classes.

Paul Simpson has been an orderly at the rural regional hospital for fifteen years. He has noticed that more and more elderly patients are being admitted now than when he began working. Dr. Moster, the hospital physician, recently praised his conscientiousness with the elderly patients, and Mr. Simpson would like to advance his education to understand better how to care for the elderly. At this point, however, he doesn't even know the word "geriatric" exists. Meanwhile, the Dean of Continuing Education at the community college 70 miles away wonders how he can develop advanced in-service training for nursing home staff.

Seven elderly people have been taking arts and humanities classes at the senior center for two and a half years. Bob Fraser and Jerrine Soberby from the area's community college teach the courses. After a recent class in literature in which they read *King Lear*, they stayed to talk about how different it is to be growing old now compared to Shakespeare's time. "It's going to be almost as different for our children, you know," said Mrs. Ricer. Mrs. Fournette replied, "It's too bad our community college doesn't have classes for young folks to help them get ready for being old."

Melissa Franklin will enter Hutchinson Community College this fall. Her involvement in a 4-H project during her senior year in high school introduced her to Area Agency on Aging programs in her home community. As a result, she plans to

seek a career in gerontology as a social worker. Fortunately for Melissa, Hutchinson Community College offers courses in gerontology which will transfer to a state university where she can complete her career preparation goals.

### Audiences for Gerontological Curricula

Community colleges are the principal providers of higher education in rural areas of the United States, and these hypothetical vignettes represent the kinds of educational programming community colleges are being challenged to provide. Four basic types of gerontological curricula are needed for different audiences.

#### 1. Health Care Providers

Health care for the frail elderly is a growth industry, and professional health care providers (physicians, nurses, therapists, etc.) need to update and expand their skills as medical research discovers new avenues of treatment. Paraprofessionals in health care (aides, orderlies, medics, volunteers, etc.) need to understand the basic processes of aging, and to refresh and advance their skills regularly. In rural areas, acute care hospitals and nursing homes are primary settings where we find learners for this type of curriculum.

#### 2. Other Caregivers

A second learner group for gerontological curricula includes social workers, senior center staff, homemaking aides, mental health workers, legal assistants, retailers, and others who provide services to older people outside medical facilities. Family, neighbors, church members, and other friends are also integral to this learner group (these informal support members provide 80 percent of the care for the elderly!). The courses in a gerontological curriculum for this vast audience can cover a broad range of topics from basic information about aging to specific practical skills such as communication, home modification, exercise regimens, etc.

### 3. Older Adults

Community colleges' gerontological programs have traditionally been strongest in offering courses for older adults themselves. Often, older adults take courses for expressive reasons. Given sufficient leisure time and available resources, they enroll in courses to satisfy personal desires for learning which may not have been possible at earlier times in their lives. Others seek practical advice for pragmatic concerns such as wills, estate planning, investment strategies, and sensible ways of dealing with complex issues of Social Security and health care. Still others ponder the possibility of new careers or other employment and seek courses to make such options possible. As we look to the future and the likely continued employment of many older workers, we must consider the need for more vocational training as well as expanding the kinds of avocational courses offered now.

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This guide will address ways to set up a gerontological curriculum when you've never done it before, when your faculty has very little training in gerontology, and when your community is only beginning to learn what gerontology means.

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### 4. Career Track Students

Increasingly, younger students are viewing the field of gerontology as a viable career arena. Although many students will want to complete their education and training in gerontology within university settings, the community college provides an important avenue for entry into this field of study.

## Why Gerontology at Your College?

### 1. People are growing older

If you serve a rural area, your elderly population is probably over the national average of 11.3 percent. Some rural counties have 30 to 40 percent elderly. If you consider age 60 or 55 to be elderly, then the proportion is even higher.

### 2. Old people are living longer

People over age 75 are the fastest growing segment of our population. By the middle of the next century, there will be a higher percentage of people over age 75 than there are now over age 65!

### 3. Gerontology and geriatrics careers are growth fields

Many of the jobs people have today serving older people did not exist just five years ago; five years from now there will be even more professional and paraprofessional jobs in the field of aging.

### 4. Gerontological curricula are multidisciplinary

Networking among faculty from different disciplines can result in creative outcomes. Networking with gerontological advocates throughout your college's service area can result in a powerful source of human resources and rapid feedback for marketing programs.

### 5. Community colleges share a mandate

Community colleges serve diverse learner populations in their service areas. As the number of older people increases and the issues of aging become a more prevalent and relevant concern in our society, so also must the programs of institutions of higher education change to reflect these concerns.

### 6. Local programs support the local workforce

A major study of workforce needs in gerontology showed that a majority of students trained in gerontology get employment within a 50-mile radius of their alma mater. If your college is in an area remote from institutions with gerontological curricula, then you could establish a program which would make a significant contribution to the workforce for aging services in your region.

## How Do You Go About It?

This guide presents a model of gerontological curriculum development tested over three years in seven community colleges. One of the model's features is a unique relationship between community colleges and university gerontology centers whose faculty and staff provide expertise in the content areas of gerontology as each community college develops its particular focus and specific course offerings in the field.



## What Is a Gerontology Curriculum?

There is no single best way to define what constitutes a gerontology curriculum. You can correlate curricula with different learner audiences, such as those represented in the four vignettes in the introduction to this guide: informal caregivers, paraprofessional and professional service providers, older persons themselves, and the "traditional" student. Workforce needs, such as career education in direct and administrative services to the elderly or training in second careers, may be used to define the parameters of a curriculum. Institutional settings often determine curricula, whether they provide undergraduate, graduate, postgraduate, or secondary and elementary education. Institutional mandates or constraints always have some effect on curricula. For example, institutions with statewide educational responsibilities may have different curricula from those serving a sub-state geographic area. Institutional resources and size may also shape curriculum development. Perhaps the most widely debated dichotomy in gerontological education is whether gerontology should be presented as a unique discipline or whether it is inherently multidisciplinary.

Our approach in this guide is predicated not only on the three-year partnership with seven western Kansas community colleges but also on ten years' experience developing university undergraduate and graduate curricula. We also draw upon the seven-year partnership with three other Kansas university gerontology centers and intensive involvement by faculty and staff with the Association for Gerontology in Higher Education's (AGHE) ongoing discussion and debate about the disciplinary or multidisciplinary nature of gerontology. We encourage you to peruse AGHE's literature for provocative discussions into what constitutes gerontology in education (Bibliographic References #4 and 7).

### Gerontology's Core of Knowledge

In 1979, AGHE conducted an extensive study to determine what academic and practicing gerontologists viewed as essential content for gerontological education. Published as Part II of *The Gerontologist* (Vol. 20, No. 3, June, 1980),

"Foundations for Gerontological Education" identifies the following topics which should be included in any gerontological curriculum:

1. Psychology of aging (normal changes);
2. Health and aging; and
3. Biology of aging (normal changes).
4. Sensory change;
5. Demography of aging;
6. Sociology of aging; and
7. Environment and aging.

In addition, the respondents, representing over a dozen professions and disciplines, recommended that the core also include a skills approach that emphasizes:

8. Understanding aging as normal experience.

### Implications for Community Colleges

Two themes clearly emerge from this list of recommended courses for a core curriculum in gerontology. First, gerontology covers a diverse range of topics and content areas and therefore must be conceived in a *multidisciplinary framework*. This multidisciplinary focus can be maintained whether the curriculum is administered by a specified unit such as a department or center or as a coordinated college-wide program. Second, the core gerontology curriculum focuses on *aging as a normal process*, in contrast to abnormal, problem-oriented, or pathological approaches. Given these themes, and the above recommended topics, your college will develop its own unique gerontological curriculum pertinent to your service areas' needs, resources, and interests. You may integrate gerontological information into existing courses; you may develop an associate degree in gerontology; or you may create something in-between. Whatever the format, administrative structure, or targeted audiences, the *intended result will be to improve the quality of life of older people*, either directly or indirectly.

# Framing the Curriculum in Terms of Learner Audiences

## Three-Tiered Curriculum for Degree-Seeking Students

The degree-seeking student who may transfer to a four-year institution before launching a career is one of the major audiences for whom a core curriculum, such as the one recommended by AGHE, should be designed.

The cornerstone of any gerontological curriculum is a *multi-disciplinary introductory course*. This course should be primarily descriptive, rather than theoretical or analytical, and should cover the core content areas of psychology, health, biology, sociology, demography, and environment, all from

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This guide presents a model of gerontological curriculum development tested over three years in seven community colleges.

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the perspective of aging as normal experience. Although the course may be taught by a single instructor, many colleges have found it worthwhile to create the course partly in a guest lecture format, drawing upon faculty from the various disciplines covered in the core curriculum. Guest lecturers may also include local service providers and other consultants in gerontology. The primary disadvantage to the guest lecture format is discontinuity between presentations. Ways to offset that problem include orienting presenters to the goals and objectives of the course and allowing for ample discussion times.

The second tier of courses in a core curriculum in gerontology are the *disciplinary ones from psychology, health, biology, and the social sciences*. These may be created newly or revised from existing courses. Specific criteria may be needed to assure gerontological content. At Kansas State University, a course must contain at least one third gerontology content to be considered for the gerontological curricula.

The third tier of gerontological curricula is the most *variable*. Some colleges develop career ladders, or tracks, for specific professions that work with older people. In the AGHE Foundations Study, three career "clusters" were found to be viable ways of organizing gerontological curricula. These clusters relate to *biomedical specialties, psychosocial functioning, and the socioeconomic environment*. The cluster model may be most feasible for large institutions with many departments and disciplines, but variations on the model can be considered for two-year institutions as well, especially in such fields as nursing, home care, and paramedical services.

It may not be realistic or feasible for a community college to offer the entire three-tiered curriculum described above.

This is an area in which discussions with university-based gerontology centers may be useful for developing ways to integrate and articulate your programs with those offered at other institutions. See Section III of this guide for details on the community college/university interface.

## Professionals and Paraprofessionals

Continuing education and recertification for professionals and paraprofessionals working in the field of aging may involve state-mandated topics and content for coursework. State Departments of Health, Aging, Social Services, and Public Administration can provide you with the licensing and recertification requirements for various professions. Professional and advocacy organizations in allied health, aging, and education also may have developed recommendations for continuing education in aging. See Appendix 1 for a listing of each State Unit on Aging from which you can request referrals to other review organizations. In order to insure that students receive professional accreditation for courses, it is important to establish ongoing relationships with those agencies which can approve continuing education credits for certification or relicensure.

It is important to know, however, that the accreditation for many professions does not specifically require gerontological knowledge. Educational requirements are often disciplinary, focusing for example on nursing, social work, dietetics, or counseling. Professionals in such fields may be serving older people without having had formal education about their clientele. Gerontological coursework and workshops offered through local colleges can significantly upgrade the understanding and skills of people working directly with the elderly.

For many service-providers to the elderly, there are no prescribed educational standards except those required by the employing agency. Many of the positions in the "Aging Network" are not within the jurisdiction of a state or national accrediting organization: e.g., Area Agency on Aging staff, senior center directors and staff, transportation directors, housing directors, etc. Education about the aging process could certainly enhance the services provided by people holding these jobs.

## Informal Caregivers

Education for family and other informal caregivers is a burgeoning field. Unlike the traditional student, these individuals probably are not interested in obtaining a degree, and their educational interest will undoubtedly span more than the typical two-year duration. Nevertheless, they can benefit from core curriculum courses in gerontology as well as continuing education and courses specially designed to meet their unique needs.

## Older Adults

Creating a curriculum of education for older people minimally takes no more than reaching for a current college catalog. All currently offered courses can be marketed for older people, assessed for handicapped access, and scheduled and located for ease of attendance by older people.

Education for older people may be either expressive or instrumental. Expressive courses generally include the arts and humanities, but they also draw from science, social science, and technical courses. Instrumental courses often address employment opportunities for older persons, preretirement planning, estate planning, preparation of wills, and volunteer training. The Older Americans Act, for example, mandates that all advisory boards and councils involved in implementing the Act contain over 50 percent older people, so training of older people about the aging process could complement their training as members of boards.

Ideas for new courses and workshops for older people are practically endless. See Appendix 2 for a sample of course listings suggested for a learning center designed specifically for older people.

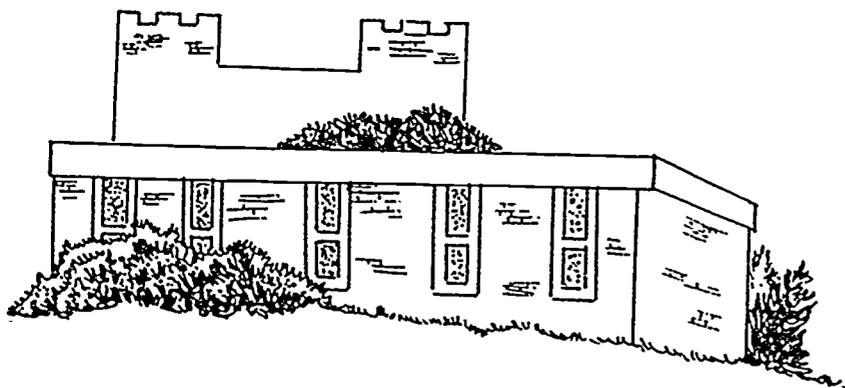
At two of the community colleges in the pilot project, Senior Olympics events were held, complete with athletic and recreational competition and awards. One college also sponsors an annual aging conference in addition to its standard curriculum. Another college has developed annual Elderhostel classes. See Appendix 3 for examples of these programs.

## The Synergy of Gerontological Curricula

Wherever you start developing gerontological programs, you will likely find a ripple effect that impacts on other areas of the college. The traditional academic curriculum may generate sensitivity on campus to gerontological issues in numerous departments; gerontological content may emerge in courses outside the original "core" curriculum. At Kansas State University, an English course *Literature and Aging* was developed a few years after our undergraduate curriculum began. The above-mentioned Senior Olympics and Elderhostel programs are examples of unanticipated spinoffs of gerontological curricula. If you begin with continuing education in gerontology, you may find that the professionals and paraprofessionals attending the courses provide you with channels to market programs directly to older people.

Programs for older people, especially if offered on campus, can create awareness about aging among traditional students as they interact with their older peers in learning.

Workshops for the informal caregiver can give your college exposure to a new potential learner group for a variety of courses, not necessarily just in gerontology. Adult students who first take courses to help them cope with personal issues may branch out into other subject areas once they are familiar with your college's resources.



# Networks: Key Ingredients for Developing Gerontology Programs

Let's assume that you have no experience with gerontology programs at your college. Where do you start?

Three different networks will ultimately interconnect to advance your progress:

1. A local gerontology team will contain representatives from your local service area.
2. University gerontology centers will give you access to faculty with expertise in research, theory, education, and practice in aging.
3. A community college coalition or consortium will strengthen and facilitate your program development plans.

## The Gerontology Team

Invite your colleagues to form a Gerontology Team. Ideally, the team will include at least one college administrator, faculty, and some key members of the community who are interested in aging issues.

### A Gerontology Team Can . . .

- Address the multidisciplinary nature of gerontology;
- Provide a vehicle for cooperation among different units and organizations throughout the community college and its service area;
- Sensitize community college administrators, faculty, and community members to the need for gerontology on the campus and in the service area;
- Assess various mechanisms and provide different viewpoints on how to meet the need for gerontology programs;
- Facilitate coordination of community college and other community-based educational services;

- Stimulate action by all participants toward common goals;
- Aid rapid acquisition of information and resources;
- Advocate for the development of new programs and curricula;
- Generate support for new programs among various constituents;
- Provide a forum for idea exchanges;
- Recognize and acknowledge the contributions of each team member and serve as a support system.

### Creating the Gerontology Team

You may have an idea of the kind of gerontology programming your college might initiate: if so, include those administrators who are crucial for the success of such initiatives. Since many of the programs for older people and professionals in the field include continuing education or off-campus courses, the Dean of Community Services, Continuing Education, or equivalent, is often one appropriate administrator for the Team.

Team members from your college should reflect your institutional missions, whether they be oriented toward vocational, liberal arts, or professional training. The disciplines from which you may consider faculty are as diverse as your existing programs: allied health, nursing, social sciences, biology, speech, drama, and humanities are good places to start looking for interested faculty. Don't overlook part-time faculty—they often have community links which become vital to the team.

While it is certainly feasible to start new programs and curricula solely from within your college's administration and staff, and many excellent programs do start that way, our experience shows that including community representatives on the Gerontology Team facilitates your new initiatives in a num-

ber of ways. Community representatives have the ear of older people, service providers, and the informal support systems of the elderly in your service area; they can provide important assessments on program needs; they know others who may be useful as guest lecturers or even adjunct faculty for newly developed courses; they have strategies for program publicity and dissemination; and they know, through training and/or experience, current issues in aging. You may find these community representatives in such places as senior centers, nursing homes, Retired Senior Volunteer Programs, hospice programs, hospitals, Area Agencies on Aging, and County Councils on Aging. If you have no leads, contact your public library for names of organizations that serve older people; also, your state department on aging (see Appendix 1) can link you up with your region's Area Agency on Aging and other resources.

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Wherever you start developing gerontological programs, you will likely find a ripple effect that impacts on other areas of the college.

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Appendix 4a lists individuals who participated in the Gerontology Teams of the seven community colleges in the pilot project.

### The Gerontology Team's Agenda

Now that you have four or more on your Gerontology Team, it's time to launch the planning process. This is an area in which you as college educator have a lot of expertise, so we will just briefly list the issues the Team should address:

#### a. Documenting the need:

- Who are the target audiences?
- What are their educational needs?
- What resources currently exist in your college and community to meet these needs?
- How aware and/or sensitive is your college administration to these needs?
- How well are these needs being met now?
- How do you propose to improve meeting these needs?
- How will the community as a whole benefit?

#### b. Setting program goals:

- What learner and community needs can your college best serve?

- How will various participants benefit (learners, faculty, governing board of the college, older people, etc.)?
- What are the team's short and long-range visions for gerontology programs at your college?
- Who needs to be informed of the goals, and what is the most effective means of presenting them?
- What activities are necessary to achieve the goals?

### Establishing Roles

Now you need to determine what tasks have to be done to initiate the gerontology program your team has chosen, identify who on the team is best suited to do them or who knows someone who can do them. What resources are available to accomplish the tasks? The tasks at hand will range from the concrete to the abstract—from mustering specific resources such as textbook recommendations and identifying potential faculty to rallying support, selling the idea, and marketing your team's chosen project.

Your administrative style and the preferences of team members will determine how often and with what formality your team meets. No one style necessarily produces better results than another. What works for your college and community is best determined by you and your team.

### Intra-Team Support

Regardless of the frequency and type of your meetings, it is important to keep all team members up-to-date about program plans. Each team member will have his or her unique network of resource information relevant to gerontology programs, and a system to share these materials will expedite your progress. It may simply be a matter of circulating at each meeting new resources like newsletters, publication fliers, and journals; or, you may want to develop an intra-team routing system to keep members abreast of latest developments between meetings. Whatever the system, remember that what appears to one member as an informational dud could be the entree for another to develop the next program thrust.

For another view on team development, see "Developing Interdepartmental Relationships" by Jody Olsen (Reference #3).

## Gerontological Consultants

Your team's community representatives will serve as local consultants for gerontological issues, but you also need gerontologists with expertise in theory, research, and application of knowledge in this multi-disciplinary subject. The primary resource for such expertise can be found in gerontology centers at universities and other institutions of higher education which do research, teaching, and outreach in aging. Every state has such gerontological centers (see Appendix 5 for the list of member institutions in the Association for Gerontology in Higher Education. AGHE can provide

your team with an overview of each institution's gerontology programs and a contact person).

Gerontology centers usually serve as focal points in their institutions for information about gerontological faculty and resources in other departments of the university. The more specific your inquiry, the more likely you will be linked up with the most appropriate person to meet your team's planning needs.

Don't overlook your state's Cooperative Extension Service; many states have gerontological specialists or other home economics specialists with gerontological expertise.

A later section deals with the advantages of networking with other community colleges.

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University gerontology centers serve as focal points in their institutions for information about gerontological faculty and resources in other department.

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### **The Role of the University Gerontologist in Community College Program Development**

Community College Gerontology Teams may tap the expertise of university gerontologists in a number of ways. Possible roles for you to consider are:

- Use university faculty as consultants to your team throughout the planning process.
- Ask university faculty with expertise in specific content areas to assist developing new courses or revising existing ones.
- Invite university faculty to give guest lectures in gerontology courses.
- Request bibliographies and recommendations about audiovisual and other resources for course development.

Such relationships with university faculty may begin with telephone contact or correspondence and result in their visiting your campus. Another way to use university faculty is at their own campus, by sending a delegation or envoy from your team to the university gerontology center. A well-planned trip could result in your team meeting with several faculty and staff of the gerontology center, touring their facilities, exchanging mutual interests, and exploring areas for joint program development.

A third way for your team members to benefit from the expertise of university faculty is by attending statewide, regional, and national gerontology conferences where faculty

present the latest findings in teaching, research, and outreach in aging.

### **The Value of Community College/University Ties**

In a time when we perceive the pie to be shrinking, we can't waste any resources in achieving our goals. Community colleges and universities both are institutions of higher education, and we can complement each others' strengths in developing and providing programs to meet society's educational needs. Our experience in the pilot project has been that a joint project can surmount the traditional institutional turfdom and benefit each of us as well as our citizens—more so than any one of us could achieve alone.

Specific advantages to community colleges include:

- Providing research-based and theoretically conceptualized knowledge about aging processes.
- Improving the process of course transfer approvals by involving university faculty in developing the courses in the first place.
- Motivating community college faculty to pursue advanced degrees in gerontology or related fields at participating universities.
- Accelerating access to key materials and curriculum development resources.

Advantages to universities include:

- Assuring high quality courses in gerontology for transfer students.
- Developing new linkages for possible research projects.
- Enhancing the likelihood of student transfers.
- Addressing outreach missions and/or helping improve the quality of higher education in state or area.

### **Tasks for the University Gerontologist**

If you are a university gerontologist perusing this guide, it would be your task to contact community colleges in your state and let them know the human and material resources you have available for them.

- Do you have a gerontological library from which community college faculty could borrow books and other documents?
- Do you have colleagues who would be willing to consult with Gerontology Teams as they develop new courses and programs?

- Do you have audiovisual materials which could be used in new course offerings at community colleges?
- What research are you and your colleagues conducting that is relevant to the various learner audiences of community colleges?
- Do you publish a newsletter, journal, monographs, etc. which you could make available to your community college colleagues?
- Do you offer a seminar series or other programs that could be taken "on the road" to community colleges?

complementary curricula, and foster creative problem-solving.

Both of these scenarios are based on the assumption that someone has something to gain. In the first scenario, one institution's gain is another's loss. In the second scenario, everyone can gain. In fact, the second scenario allows for the creation of new resources to support the initial investment of each institution. In order for scenario 2 to work, however, the coalition or consortium must be structured in such a way that all colleges opting to participate must have something to *gain* in addition to their initial investment.

### Benefits to Community College Networking

Assuming you have chosen to pursue the second scenario portrayed above, you probably appreciate the general philosophical basis for cooperation. Just as the Gerontological Team at the local community college level provides many benefits to your program development in gerontology, so, too, you will find several compelling benefits to joining at least informally with your colleagues in other two-year institutions:

1. Gerontological consultants may participate more willingly if their input serves several colleges.
2. Several colleges can exchange syllabi, resources, and other information and materials on existing courses they offer in the field of aging.
3. By pooling scarce funds, several institutions may be able to acquire and share valuable resources such as audiovisual materials which one institution alone could not afford.
4. Even minimal investment of in-kind resources such as administrative time and travel may result in products that create income for each college, such as joint conferences or modules from which new courses can be developed. (See Appendices 6 and 7 for examples of such products arising out of the pilot project.)
5. Coalitions can be useful to influence state policies on education and gerontology, such as certification requirements for service and health care providers to the elderly.
6. Friendships from working together toward a common goal create a network for continual sharing of ideas, solutions for problems, and generation of new products and projects.

### What Does A Community College Network Look Like?

Coalitions may be formed specifically for gerontological program development, or they may be part of a larger view supporting many areas of mutual program development. In Michigan, for example, community colleges joined together to form a statewide consortium specifically for developing programs in aging, in Kansas, western rural community colleges used an existing consortium to add a gerontological focus. While it is not necessary to have pre-existing relations with other institutions in order to launch cooperative ven-

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Recognizing the power of strength in numbers, or committed to a deeper sense of sharing, community colleges can come together to form coalitions or consortia—to share knowledge about and open up access to resources, support mutually beneficial program development, conceptualize complementary curricula, and foster creative problem-solving.

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## Networks With Other Community Colleges

### Alternative Scenarios

In an economy of shrinking resources and high learner expectations, community college educators must grapple with the challenges of initiating, developing, and expanding gerontological programs and curricula. Best intentions can be overwhelmed by the barriers of funding, access to resources, and faculty overload. Compounding the problem is the intense competition among agencies and organizations that want to serve the elderly. Two patterns may emerge from this scenario:

1. The strong and more aggressive institutions of higher education gain access to funds, and thus resources, and the weaker ones bow out of the race. In this way, direct learners, the students of the successful institutions, benefit, but the elderly who live in areas where the programs succumb will often be underserved.
2. Recognizing the power of strength in numbers, or committed to a deeper sense of sharing, community colleges can come together to form coalitions or consortia—to share knowledge about and open up access to resources, support mutually beneficial program development, conceptualize

tures in gerontology, it certainly is to your benefit to capitalize on any momentum from other joint projects with sister institutions.

Higher administrative levels of networking among institutions probably lend more clout to coalitions. A statewide project in Arizona for curricula in long term care was strengthened by well-received presentations to the State Board of Directors for Community Colleges and the Colleges' Council of Presidents. The Kansas pilot project involved a consortium of Deans of Community Services/Continuing Education.

Flexibility and accommodation to members' preferences for meeting structure appear also to be key components of consortial longevity.

## Coalitions and Consortia: A Continuum of Networking

There is no single or magic formula for building coalitions or consortia. In fact, such structures are not necessary to create a high quality gerontological curriculum. Many colleges have developed strong programs quite independently of involvement with sister institutions.

Our experience in the pilot project indicates that a coalition or consortium approach is cost- and program-effective when community colleges:

- Have mandates, expectations, or desires to respond to new learner populations;
- Must respond within a context of limited resources; and
- Are willing to transcend feelings of institutional superiority and embrace colleagues as co-equals.

### Informal Networking

Networking may be informal, formal, or somewhere in-between. Informal networking occurs irregularly and may be triggered by serendipitous meetings between colleagues at meetings scheduled for other purposes. Informal networking also includes occasional mail and telephone communications which are not pre-planned. Informal networking for gerontological curriculum development works satisfactorily for exchanging information on such items as program descriptions, articulation issues, marketing strategies, and achievement of program visibility.

### Formal Networking

Formal networking is often labeled a consortium or coalition and involves written agreements between participating institutions. Such agreements can range from memoranda of understanding to full-blown articles of incorporation and by-laws. The agreements delineate collective projects and courses of action which the consortium will undertake. There is theoretically no limit to the kinds of activities that a formal network can pursue. Some advantages to formal networking include providing: institutional commitment to your project (and sometimes funding); clear expectations for participation; strengthened relationships that can help tide over lean times and override intraorganizational conflict; and an extra-institutional identity for participants which can lead to active creation of new joint projects.

### Intermediate Networking

Networking can take on any gradation between the formal and informal types. If creating a formal consortium unduly diverts your efforts from curriculum-building, you may consider informal verbal or written agreements in lieu of institutionalized ones. Minutes of meetings are a good way to keep track of such agreements. Intermediate networking is effective for activities such as: updating participants on progress on joint projects; exchanging training materials and advice on course development; and providing opportunities for your college's faculty to meet with their counterparts and with gerontological consultants.

### The Pilot Project

The pilot project demonstrated that various levels of networking can work simultaneously to create gerontological curricula. The seven participating community colleges were a pre-existing formal consortium which, prior to the pilot project for gerontological curriculum development, had not worked on aging projects. Each college contributed an annual fee to support a part-time director, and meetings were held monthly on a rotating schedule of locations. The university gerontology center involved in the pilot project was a member of an informal network with three other gerontology centers in the state. Through this informal network, the gerontological resources of several universities were mobilized to work with the community college consortium, and, in the process of the project, the informal university network evolved more into an intermediate network.

Where along the networking continuum you choose to participate depends on circumstances existing in your state and service area. Our experience in Kansas demonstrated that intermediate and formal networking is workable, powerful, mutually beneficial, and effective for gerontological curriculum development at community colleges.



## Integrating the Networks

Once your gerontological team is formed and you have identified key contacts in each of the other two networks (university gerontology centers and sister colleges), the task is now to integrate all these actors. Ideally, your counterparts in sister colleges will have also convened a gerontological team. Our experience in the pilot project demonstrated that a conference is the most effective way to combine the three key networks essential to launching gerontological curriculum development at community colleges.

### The Launching Conference

The purpose of a conference is to bring together members of your gerontological team, teams from other community colleges, and university gerontological consultants to generate momentum in each community college toward gerontology programming. A prerequisite to the conference is to have all the relationships established between yourself and the three key networks: your team, university gerontology center contacts, and other community college colleagues. The timing of the conference, then, will vary depending on your progress in establishing these relationships. It may not necessarily precede the development of gerontology courses at your college.

A launching conference could:

- Build a sense of collegiality among community college teams;
- Introduce teams to the variety of possible gerontological curricula;
- Share current community college resources in gerontology;
- Coordinate curriculum choices among teams whose service areas are contiguous or serve overlapping constituencies;

- Expose team members to gerontological consultants in a variety of subject areas;
- Display training materials available from university gerontology programs;
- Identify gaps in resources;
- Address transfer of credit issues between community colleges and universities;
- Create timelines for developing and implementing gerontological curricula;
- Initiate and create commitment to ongoing relationships among all actors.

Appendix 6 shows agendas and supplemental materials from the three conferences held during the pilot project. Any of the goals and activities would be appropriate in your initial launching conference.

### Alternate Conference Formats

While the pilot project's conferences were freestanding, there are several other formats available.

#### Piggybacking

Many professional conferences in gerontology and adult and continuing education offer pre- or post-workshop sessions. By piggybacking your launching conference onto an existing organization's annual conference, you will avoid many of the logistics problems encountered in creating a freestanding conference. Another advantage is that the costs could be lower for network members attending the existing conference. Disadvantages could be that the conference site is not convenient to your network members, the timing is poor for some of the network members, and the time commitment is too great for those already planning on attending the existing conference.

If scheduling a formal conference piggybacked to another meeting is not feasible, and you and your networks are ready to meet, at least plan to use the existing meeting to get together informally to plan the next steps in your joint projects.

### Teleconferencing

Teleconferencing is an alternative to a freestanding or piggybacked conference. Teleconferences may be set up through regular national or regional telephone companies, or you may find that one of the universities with whom you are networking offers a low-cost teleconferencing service throughout your state. In Kansas the Regents system has a TELENET system, with sites at many community colleges, all the regional offices of Social and Rehabilitation Services (welfare offices), and some high schools.

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A prerequisite to the conference is to have all the relationships established between yourself and the three key networks: your team, university gerontology center contacts, and other community college colleagues.

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1. *Advantages* to teleconferencing are: it's cheaper; it can often be set up faster; there are fewer participant logistics (no meals or lodging); and it can include consultants from outside your networking area at lower cost (no travel fees, and fewer hours of consultant involvement resulting in lower consulting fees if any).

2. *Disadvantages* to teleconferencing are: it is more difficult to establish rapport and initiate networking relationships without in-person contact; the agenda must be tight and expertly convened in order to maintain momentum; conferencing hours are fewer when people meet by teleconference; it is difficult to expose all participants to the training materials that gerontological consultants would otherwise bring for display at a face-to-face conference; and participant materials must be sent in advance to each site.

## Maintaining the Networks

The outcomes of your launching conference will determine to a great extent the nature and frequency of inter-network communication as each community college team develops and implements gerontological curricula. In the pilot project, we found that geographical distance hindered the community colleges' using gerontological consultants at their campuses. Telephone and mailed correspondence was the norm for university-community college communication. A good way to maintain your team's ties with university gerontologists is by sending them minutes of your meetings.

Among community colleges, there are opportunities to maintain ties through statewide meetings and existing or newly formed administrative coalitions or consortia. Team members should be encouraged to keep in touch with their counterparts at other community colleges as they develop courses and marketing plans and seek instructional materials. Inter-team sharing through the minutes of meetings should also be considered.

An annual conference or teleconference is one of the best ways to maintain ties, update all participants on progress, share new resources, and explore new opportunities for interaction in the future.

Serendipitous outcomes should be anticipated. In the pilot project, the community college faculties' interest in gerontology precipitated a subsequent project focusing specifically on faculty development.



## Funding and Resources

Obviously, a new curriculum or program has a price tag, and to a great extent, the more money you are willing to allocate for the program, the easier its implementation will be.

### Funding Sources

There are at least four arenas in which funds for gerontology curricula can be sought: (1) your college; (2) other community colleges; (3) universities with gerontology centers; and (4) sources outside of institutions of higher education.

#### Your College

You know best the resources of your own college and how flexibly they can be mobilized for gerontological curricula. In-kind resources should not be overlooked in supporting your new program: long-distance telephone access, administrative time, library acquisitions, etc. A new credit course offering in gerontology which addresses well-documented learner needs may create revenues for you. (One of the community college deans in the pilot project also recommended a new course offering as one of the best ways to test the market!)

#### A Pooling of Funds

You and several of your colleagues at other community colleges might consider pooling a small amount of seed monies for gerontological curriculum development. An initial investment of a few hundred dollars could be all you need to launch the networks and programs. It is not necessary to create a formal consortium in order to administer such funds, if you and your colleagues have the commitment to spend the time necessary to oversee your joint venture.

#### University Gerontology Centers

University gerontology centers may have some discretionary funds to assist in the development of new programs. They also may be able to allocate in-kind resources such as training materials, audiovisual loans, and faculty travel.

#### Grants

Outside funding can be sought through grants to governmental or private funding agencies. Appendix 8 lists private foundations which have an interest in gerontological programs. The major federal agency which funds gerontological training programs is the Department of Health and Human Services' Administration on Aging. Your university liaison or State Unit on Aging (Appendix 1) can provide you with the current contacts for gerontological training. Some State Units on Aging contract out training funds for personnel in the State and Area Agencies on Aging and local service providers funded by them. Your service area's Area Agency on Aging is also a possible resource for funds, if your educational programs have a service component that matches their annual plan.

Fund-raising may need to be one of the goals of your team, if your program goals exceed your available budget. Be aware, however, that grantwriting may skew your plans, if the funding agency's goals do not match those of your Team.

### Resources

We cannot encourage you strongly enough to use the gerontological resources within your state: university gerontology centers, and the State Unit on Aging and the rest of the "aging network" (Area Agencies on Aging and local service programs for the elderly). Appendix 1 lists each State Unit on Aging through which you can gain access to the rest of the aging network in your state. Appendix 5 lists the institutions which are members of the Association for Higher Education in Gerontology (AGHE). AGHE is also sponsoring a nationwide survey of all gerontological programs that extends past its own members.

## Often-Asked Questions

Community college teams during the pilot project raised some persistent questions, some of which we answered elsewhere in this guide. Briefly, we repeat them here with summary answers:

- What credentials are required in gerontology? There are no nationally agreed-upon credentials in gerontology.
- What constitutes a basic gerontology curriculum? Core content areas are: psychology, health, biology, sensory changes, demography, sociology, and environment, with the major content focus on aging, and in the context of aging as normal experience.

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**We cannot encourage you strongly enough to use the gerontological resources within your state: university gerontology centers, the State Unit on Aging, and the rest of the "aging network."**

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- What is the best textbook for an introductory gerontology course? We recommend you tap your state's gerontology center for this one. There are numerous good texts, and your choice should depend on your course objectives, target audience, and instructor's preference.

- How do we market gerontology courses? That depends on who the target audiences are. Professionals in the field can be reached through health care facilities, Area Agencies on Aging, ministerial alliances, and contacts that your team members know about. Family and other informal caregivers can be reached through churches, the mass media, word-of-mouth, and team member contacts. Older persons can be reached through Area Agencies on Aging, senior centers, word-of-mouth, and team member contacts. Undergraduate students can be reached through faculty advisors, college catalogs, admissions offices, regular recruitment processes, and team member contacts.

- Will our gerontology courses transfer to universities in the state? Your university gerontological contacts can work with you to achieve articulation of your basic gerontology courses.

- How can I get more information about existing courses? Some introductory texts have accompanying instructor's manuals. Your university gerontology networks should be able to provide you with appropriate syllabi of courses you are interested in developing.

We also anticipate you may have additional questions about the pilot project and its participants. Appendix 4 lists the participants in the community college consortium; Appendix 9 contains the members of the university network involved in the pilot project. We look forward to hearing from you!

# Bibliography

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## Appendices

### Appendix 1

#### National Association of State Units on Aging

March 17, 1986

#### Alabama

Emmett Eaton, Executive Director  
Commission on Aging  
State Capitol  
Montgomery, AL 36130  
(205) 261-5743

#### Alaska

Jon Wolfe, Executive Director  
Older Alaskans Commission  
Department of Administration  
Pouch C-Mail Station 0209  
Juneau, AK 99811  
(907) 465-3250

#### Arizona

Michael Slattery, Director  
Aging and Adult Administration  
Department of Economic Security  
1400 West Washington Street  
Phoenix, AZ 85007  
(602) 255-4446

#### Arkansas

Herb Sanderson, Director  
Office of Aging & Adult Services  
Dept. of Social & Rehab. Services  
Donaghey Building, Suite 1428  
7th & Main Streets  
Little Rock, AR 72201  
(5) 441

#### California

Alice Gonzales, Director  
Department of Aging  
1020 19th Street  
Sacramento, CA 95814  
(916) 322-5290

#### Colorado

William Hanna, Director  
Aging & Adult Services Division  
Dept. of Social Services  
717 Seventeenth Street  
P.O. Box 181000  
Denver, CO 80218-0899  
(303) 294-5913

#### Connecticut

Mary Ellen Klinck, Executive Director  
Department on Aging  
175 Main Street  
Hartford, CT 06106  
(203) 566-3238

#### Delaware

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Division on Aging  
Dept. of Health & Social Services  
1901 North DuPont Highway  
New Castle, DE 19720  
(302) 421-6791

#### District of Columbia

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Office on Aging  
1424 K Street, N.W., 2nd Floor  
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(202) 724-5626

#### Florida

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Program Office of Aging & Adult Svcs.  
Dept. of Health & Rehabilitation Svcs.  
1317 Winewood Boulevard  
Tallahassee, FL 32301  
(904) 488-8922

#### Georgia

Fred McGinnis, Director  
Office of Aging  
878 Peachtree Street, N.E., Room 632  
Atlanta, GA 30308  
(404) 894-5333

#### Guam

Franklin Cruz, Director  
Public Health & Social Services  
Government of Guam  
Agana, Guam 96910

**Hawaii**

Renji Goto, Director  
Executive Office on Aging  
Office of the Governor  
335 Merchant Street, Room 241  
Honolulu, HI 96813  
(808) 548-2593

**Idaho**

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**Indiana**

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**Kansas**

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**Kentucky**

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275 East Main Street  
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**Louisiana**

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25-1700

**Maine**

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Dept. of Human Services  
State House-Station #11  
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(207) 289-2561

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Baltimore, MD 21201  
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**Northern Mariana Islands**

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**Oregon**

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**West Virginia**

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# Appendix 2

## Suggested Activities for Older Adult Learning Centers

Older Adults bring diverse backgrounds and life experiences to class. Administrators of senior learning centers/recreation departments/community education will find older adults enrolled in a variety of subjects from anthropology to zool-

ogy, looking for challenging courses, not mere time-fillers and meaningless activities. Some ideas for short workshops, non-credit courses or other educational activities follow:

### **Anthropology and Archeology**

Afro-American History and Culture  
American Culture  
Archeology  
Aging Around the World

### **Basic Education**

General Education Development (GED)  
English Refresher  
English as a Second Language

### **Communications**

Storytelling  
Creative Writing  
Journal Keeping  
Poetry Workshop  
Films of the '30s and '40s  
Writing Your Family History

### **Consumer Education**

Money Management  
Saving on Your Utility Bills  
Economical Auto Repair  
Income Tax for Older Adults  
Law for the Layperson  
Wills and Estate Planning

### **Crafts**

Ceramics  
Glassblowing  
Jewelry and Metalcraft  
Furniture Refinishing  
Woodcarving  
Needlework  
Quilting  
Weaving  
Calligraphy  
Leathercraft

### **Current Events**

What's Happening in the World?  
Analysis of Current Events

### **Dance and Exercise**

Fitness After Fifty  
Wheelchair Exercise  
Ballroom Dance  
Aerobic Dance  
Folk Dancing

### **Earth Sciences**

People and Environment  
Desert Landscape  
Astronomy

### **Economics and Business**

Today's Economy  
The World of Computers  
Understanding Economic Issues

### **Foreign Languages**

Spanish/French/German for Fun  
Mini-Course for Travel in  
Spanish/French/German Speaking Countries  
Japanese

### **Health**

Healthy Living  
Alcoholism in the Later Years  
Arthritis  
Heart Attack Prevention  
Understanding Drugs  
Medicare Changes  
Alzheimer's and Related Disorders:  
What We Know and How We Cope  
Nutrition  
Wellness

### **History**

America: Where Are You Going?  
History You've Lived Through  
(State): The Land and the People  
People  
Genealogy  
Our State Heritage

### **Home Maintenance**

Repairs Around the Home  
Fix-it Yourself  
Moving Out of Your Home  
Homemaking for Men

### **Humanities and Arts**

Art History  
Music of Yesterday and Today  
History of Dance  
Human Values  
Introduction to the Humanities

### **Information and Referral**

Peer Counseling for Senior Citizens  
Information Please  
Legal Assistance  
Interview and Outreach

### **Leadership Development**

Legislation Affecting the Elderly  
Senior Power  
Know Your Legal Rights  
The Law and How To Use It  
The Silver-Haired Legislature

### **Life Sciences**

The Human Body  
Human Sexuality  
Human Aging  
"Senile" Behavior and its Cause

### **Literature**

Adventures in Literature  
The Novel  
Short Stories  
Great Russian Novelists  
The Bible as Literature  
Great Books

### **Mathematics and Science**

Fundamental Math  
The Metric System  
Science for Today  
Electricity

### **Music and Drama**

Our Heritage in Music  
Gospel Music  
Rhythm Band  
Play Reading  
Drama Workshop

### **Nature: Inside and Out**

Horticulture  
Vegetable Gardening  
Wildflowers  
Birdwatching  
Watching the Weather

**Nutrition**

Creative Cooking on a Budget  
Vitamins—Miracles or Myths  
Cooking Class for Men  
Nutrition for One  
Gourmet Cooking  
Microwave Cooking

**Occult**

Astrology  
ESP  
Psychic Phenomena

**Personal Appearance**

Fashion, Figure, and Makeup  
Recycling Clothing  
Sewing for Fun  
Dress for Success

**Personal Development**

Living and Aging  
Positive Values—The Joy of Living  
Sex Over Sixty  
Coping with Widowhood

**Philosophy**

Humanity, Reason and Behavior  
Great Decisions  
Plato and Aristotle  
Ethics in Health Care

**Political Science**

American Government  
The American Presidency  
Current Events from a Historical  
Perspective  
World Trouble Spots

**Psychology**

Human Behavior  
Dream Analysis  
Anxiety and Fears  
Human Relations

**Religion**

Great Religions of the World  
Bible History  
Women in Religion

**Retirement Life-Styles**

Retirement: Ready or Not  
Creative Use of Leisure Time

**Safety**

Security and Self Defense  
Crime Prevention  
Safety in the Home  
Defensive Driving

**Sensory Skills**

Lip Reading  
Sign Language  
Speed Reading

**Sociology**

Modern Social Problems  
The Family in a Changing Society  
The Older Woman in America  
The Post-industrial Revolution

**Sports and Games**

Swimming for Exercise and Enjoyment  
Bicycling  
Tennis  
Chess  
Bridge  
Senior Olympics

**Travel**

Armchair Travel  
Walking Group  
Famous Places in Europe

**Visual Arts**

Drawing and Sketching  
Painting Workshop  
Sculpture  
Photography

**Work**

Second Careers  
Voluntarism  
Ombudsman Training  
Own Your Own Business  
Resume Writing and the Job Interview

# Appendix 3

## Courses about and for the Aging Offered at the Seven Member Community Colleges of the Western Kansas Community Services Consortium

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### Degree and Certificate Programs

Courses vary at individual institutions; common programs are:

Nurse Aide (Geriatric) certificate (license)  
Activity Director (nursing home) certificate (license)  
Social Service Designee (nursing home) certificate (license)  
Nursing Home Administrator (Associate Degree) (license)  
Associate Degree with Gerontology Emphasis  
(Licenses granted by the state; courses qualify for state exams.)

### Courses

Introduction to Gerontology  
Nurse Aide I  
Medication Aide  
Nursing Home Activities Colloquium  
Nursing Home Administration  
Activities for Nursing Home Residents  
Geriatric Activity Therapy  
Social Service Designee  
Aging Process  
Biology of Aging  
Sociology of Aging  
Psychology of Aging  
Drugs and the Elderly  
Social Psychology  
Sexuality and Aging  
Gerontological Assessment  
Fitness for Life  
Fitness for Older Americans: Leader  
Training Workshop  
Death and Dying  
Gerontology  
Death and Children

Grief Process

Preretirement Planning

Gerontology & Services for the Elderly

Pharmacology for the Elderly

Effective Communications with Older Americans

Wills and Estate Planning

Nutrition

The Later Years

Professional Leadership Roles in Long Term Care  
(Others)

### Short-Term Education/Training

Nurse Aide (Geriatric)

Activity Director (Nursing Home)

Social Service Designee (Nursing Home)

Workshops presented in above areas. Courses are approved for continuing education for nurses, allied health, and other professionals.

Other workshops and short courses are provided for the elderly themselves, to enhance their quality of life. These courses may be anything from general education to specialized and innovative courses such as computers for seniors, water exercise for arthritis, etc. One college presents an annual aging conference on many such topics.

### Special Opportunities for Older Adults

Seniors are encouraged to enroll in regular classes on campus. In many cases, the courses are brought to them: at senior centers, in churches and activity centers, in nursing homes, and even in their own homes where feasible. Some WKCS colleges offer reduced tuition rates to people over 55; others grant 50 percent tuition scholarships.

# Appendix 4a

## Rural Age Teams and Participants

---

### **Cloud County Community College**

2221 Campus Drive  
Concordia, KS 66901  
913-243-1435  
Dr. Darrell Cottingham, Director of Community Education  
Lu Losh, Director of Nursing Program  
Jim Haritatos, Nursing Home Social Worker  
Ruth Paullette, Retired  
Joyce Siefert, RN Instructor in Nursing Program

### **Colby Community College**

1255 S. Range  
Colby, KS 67701  
913-462-3984  
Joe Mildrexler, Dean of Community Service  
Marion Richter, RN, Continuing Education Coordinator  
for Nursing  
Ruth Borthwick, RN, former Nurse Educator  
Ann Hubert, former RSVP Director  
Larry Koon, Sociology Instructor  
Nancy Buer, Home Health Nurse  
Joyce Hansen, Chair, Health, Physical Education  
and Recreation  
Janice Aldrich, RSVP Assistant  
Laura Withington, RSVP Director

### **Dodge City Community College**

14th & Bypass 50  
Dodge City, KS 67801  
316-225-0186  
Jim Lenz, Director of Community Services  
Karen Links, Assistant Director Housing Authority  
Charles Barnes, Governor's Council, Citizen  
Anita Ness, Director of Nursing  
Jenise Braley, RSVP Director  
Ed Herrin, DCCC Division Director and Sociology  
Harlow McCosh, Director of Development  
Roger Pickerign, former Social Sciences Instructor

### **Garden City Community College**

801 Campus Drive  
Garden City, KS 67846  
316-276-7611  
Gene Schneider, Dean of Community Services  
Sarah Osborn, Social Science Instructor  
Melinda Spanenberg, former Public Relations Director  
Angie Miller, RN, Hospice Nurse, Mobile Agency SW Help

Marjie Clarke, Hospital Volunteer Services Director  
Jarla Oller, Social Worker  
Joyce Boone, Head, Social Sciences Division  
Cindy Coates, Director of Senior Center  
Donna Kennedy, Head of Nursing Education Program  
Dennis Thompson, former Dean of Community Services

### **Hutchinson Community College**

1300 N. Plum  
Hutchinson, KS 67501  
316-665-3500  
Ed Berger, Dean of Continuing Education  
Debbie Berndsen, RSVP  
Judy Babb, Reno County Health  
Lois Churchill, Director of Nursing Degree Program  
Wilma Kelley, Nurse Home Aide and Gerontology Instructor  
Janet Hamilton, Continuing Education Administration

### **Pratt Community College**

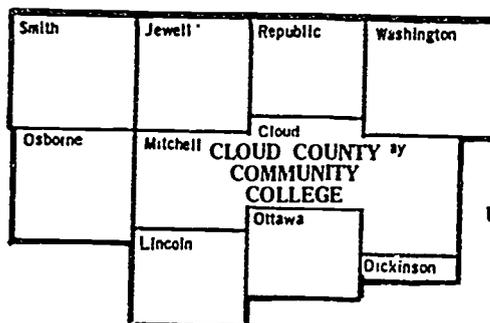
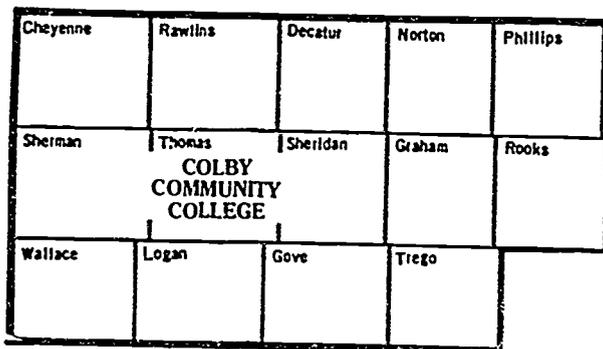
Hiway 61  
Pratt, KS 67124  
316-672-5641  
Betty Stevens, Director of Academic Continuing Education  
Don Hullman, former Dean of Instruction  
Ken Clouse, Director of Voc./Tech./Con. Ed.  
Martha Sanders, Coordinator, Health Occupations,  
Continuing Education  
Obie Benson, former Chief of Social Services, Pratt SRS  
Ken Church, former Drama Instructor  
Bob Romine, Sociology Instructor  
Mike Westerhaus, former Biology Instructor

### **Seward County Community College**

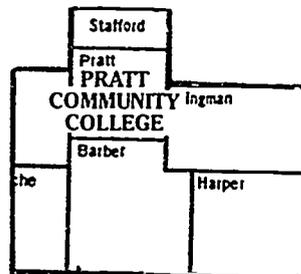
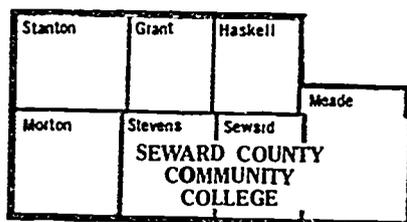
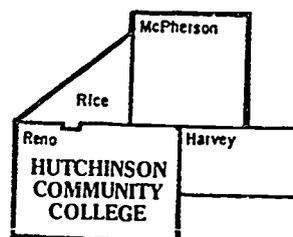
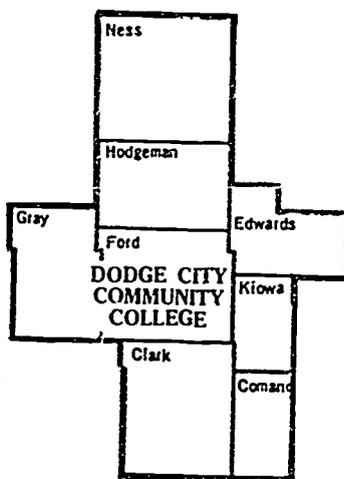
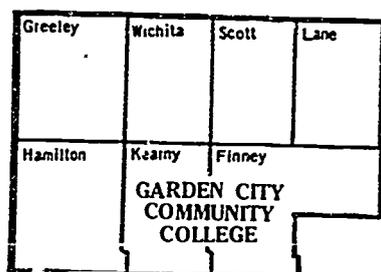
P.O. Box 1137  
Liberal, KS 67901  
316-624-1951  
Doug Radohl, Dean of Community Services  
Dr. Thomas Johnnykuty, Chair, Allied Health Programs  
Jone Friesen, Director of Nursing  
Helen Sloan, Nursing and Gerontology Instructor  
Roger Thompson, Director of Liberal Nursing Home  
Judy Davis, RN at Nursing Home, Director of Continuing  
Education  
Betty Hollman, Education Coordinator for SW Medical  
Center  
Susan Roberts, Director of Senior Citizen Center  
R v. John Loucks, Minister

# Appendix 4b

## Service Area of Western Kansas Community Services Consortium 1986



KANSAS STATE UNIVERSITY



## Appendix 5

### National Directory of Educational Programs in Gerontology, 1985

#### Geographical Index of Members of the Association for Gerontology in Higher Education

600 Maryland Ave., SW  
West Wing, Suite 204  
Washington, DC 20024  
(202) 484-7505

#### Alabama

Alabama, University of  
Alabama, University of, at Birmingham  
Alabama Center for Higher Education (Consortium)  
Jacksonville State University

#### Alaska

(no members)

#### Arizona

Arizona, University of  
Arizona State University

#### Arkansas

Arkansas, University of, at Little Rock  
Arkansas, University of, at Pine Bluff

#### California

Beverly Foundation (Organizational Affiliate)  
California Polytechnic State University  
California, University of, Davis  
California, University of, Los Angeles  
California, University of, San Francisco  
California State University-Chico  
California State University - Sacramento  
Levi Strauss Foundation (Organizational Affiliate)  
Mount Saint Mary's College  
Palomar College  
Saddleback Community College  
San Diego State University  
Santa Clara, University of  
Southern California, University of

Stanford University  
Western Gerontological Society (Organizational Affiliate)

### **Colorado**

Colorado, University of, Colorado Springs  
Colorado State University  
Denver, University of  
Northern Colorado, University of

### **Connecticut**

Bridgeport, University of  
Connecticut, The University of  
New Haven, University of  
Saint Joseph College

### **Delaware**

Delaware, University of

### **District of Columbia**

American Association of Retired Persons (Organizational Affiliate)  
Catholic University of America, The  
District of Columbia, University of the  
George Washington University  
Georgetown University  
Gerontological Society of America (Organizational Affiliate)  
Veterans Administration (Organizational Affiliate)

### **Florida**

Bethune-Cookman College  
Boca Raton, The College of  
Florida, University of  
Florida International University  
Florida State University  
Miami, University of  
South Florida, University of

### **Georgia**

Georgia, University of  
Georgia State University  
Kennesaw College (Educational Affiliate)

### **Hawaii**

Hawaii, University of, at Manoa

### **Idaho**

Boise State University  
Idaho State University (Educational Affiliate)

### **Illinois**

DuPage, College of  
Eastern Illinois University  
Elgin Community College  
Illinois Benedictine College  
Illinois, University of (Consortium)  
Moraine Valley Community College  
National College of Education  
Roosevelt University  
Rush University  
Southern Illinois State University

Southern Illinois University at Carbondale  
Southern Illinois University at Edwardsville  
Triton College (Educational Affiliate)  
Western Illinois University

### **Indiana**

Ball State University  
Evansville, University of  
Indiana Central University (Educational Affiliate)  
Indiana State University  
Indiana University  
Saint Mary-of-the-Woods College

### **Iowa**

Drake University  
Iowa, University of (Consortium), Iowa Gerontology Project  
Iowa, University of  
Iowa State University  
Waldorf College

### **Kansas**

Kansas City Kansas Community College  
Kansas State University  
Kansas, University of  
Washburn University of Topeka  
Western Kansas Community Services Consortium  
Wichita State University

### **Kentucky**

Eastern Kentucky University  
Kentucky, University of  
Kentucky State University  
Louisville, University of  
Morehead State University  
Southern Baptist Theological Seminary  
Western Kentucky University

### **Louisiana**

Crambling State University  
Northeast Louisiana University  
Southern University in New Orleans

### **Maine**

Southern Maine, University of

### **Maryland**

Baltimore, Community College of  
Baltimore, University of  
Maryland, University of  
Maryland Consortium for Gerontology in Higher Education  
Prince George's Community College

### **Massachusetts**

Brandeis University  
Bunker Hill Community College  
Harvard Geriatric Educational Center (Consortium)  
Lowell, University of  
Massachusetts, University of  
North Shore Community College  
Southeastern Massachusetts University

## **Michigan**

Aquinas College  
Central Michigan University  
Delta College  
Eastern Michigan University  
Grand Rapids Junior College  
Lansing Community College  
Madonna College  
Mercy College of Detroit  
Michigan, The University of  
Michigan State University  
Mott Community College  
Oakland University  
Wayne County Community College  
Wayne State University  
Western Michigan University

## **Minnesota**

Mankato State University  
Minnesota, University of  
Minnesota, University of, Technical College, Crookston  
Saint Scholastica, College of

## **Mississippi**

Mississippi State University  
Southern Mississippi, University of

## **Missouri**

Missouri, University of, and Lincoln University (Consortium)  
Saint Louis University  
Saint Paul School of Theology  
Southeast Missouri State University  
Southwest Missouri State University  
Washington University  
Webster University

## **Montana**

(no members)

## **Nebraska**

Nebraska, University of, Medical Center  
Nebraska, University of, at Omaha

## **Nevada**

Nevada, University of, Las Vegas

## **New Hampshire**

New Hampshire, University of  
New Hampshire College

## **New Jersey**

Fairleigh Dickinson University  
Jersey City State College  
Kean College of New Jersey  
Ramapo College of New Jersey  
Rutgers University  
Saint Elizabeth, College of  
Stockton State College  
State College  
State College

## **New Mexico**

New Mexico State University

## **New York**

Adelphi University  
Canisius College  
Columbia University  
Columbia University, Center for Geriatrics and Gerontology  
D'Youville College  
Elmira College  
Fordham University  
Hunter College  
Iona College  
Marist College  
Molloy College  
New Rochelle, College of  
New School for Social Research  
New York City Technical College  
New York Medical College  
New York, State University of, at Albany  
New York, State University of, at Buffalo  
New York, State University of, College at Cortland  
New York, State University of, at New Paltz  
New York, State University of, College at Old Westbury  
New York, State University of, at Stony Brook  
New York, State University of, College of Technology  
at Utica/Rome  
New York University  
Niagara University  
North Country Community College  
Orange County Community College  
Robert's Wesleyan College  
Saint John Fisher College  
Saint Thomas Aquinas College  
Syracuse University  
Utica College of Syracuse University  
Yeshiva University

## **North Carolina**

Appalachian State University  
Duke University  
East Carolina University  
North Carolina, University of, Chapel Hill  
North Carolina, University of (Educational Affiliate),  
Charlotte  
North Carolina, University of, Greensboro

## **North Dakota**

North Dakota, University of

## **Ohio**

Akron, The University of  
Baldwin-Wallace College  
Benjamin Rose Institute (Organizational Affiliate)  
Bowling Green State University  
Capital University  
Case Western Reserve University  
Cleveland State University  
Jewish Hospital of Cincinnati, Inc. (Organizational Affiliate)  
Kent State University

Lakeland Community College  
Miami University  
Northeastern Ohio Universities College of Medicine  
Ohio, Medical College of  
Ohio State University, The  
Ohio University  
Wright State University  
Youngstown State University

### **Oklahoma**

Oklahoma, University of  
Oklahoma City Community College  
Rose State College (Educational Affiliate)

### **Oregon**

Oregon, University of  
Oregon State University  
Portland, University of

### **Pennsylvania**

Alvernia College (Educational Affiliate)  
California University, of Pennsylvania  
Edinboro University of Pennsylvania  
Gannon University  
Gwynedd-Mercy College  
King's College  
Misericordia, College  
Mount Aloysius Junior College  
Pennsylvania State University, The  
Philadelphia, Community College of  
Pittsburgh, University of  
Scranton, University of  
Shippensburg University of Pennsylvania  
Slippery Rock University  
Temple University  
TirLawyn (Organizational Affiliate)  
York College of Pennsylvania

### **Rhode Island**

Brown University  
Newport College-Salve Regina  
Rhode Island, University of  
Rhode Island College

### **South Carolina**

South Carolina, University of

### **South Dakota**

(no members)

### **Tennessee**

East Tennessee State University  
Fisk University  
Meharry Medical College  
Memphis State University  
Tennessee, University of, Center for the Health Sciences  
Tennessee, University of, Knoxville

### **Texas**

Abilene Christian University  
Baylor University  
North Texas State University  
Paul Quinn College  
Saint Edward's University  
Stephen F. Austin State University  
Texas, University of, Health Science Center at Dallas  
Trinity University

### **Utah**

Utah, University of  
Weber State College

### **Vermont**

Vermont, University of

### **Virginia**

Ferrum College  
George Mason University  
Hampton University  
Lynchburg College  
Norfolk State University  
Presbyterian School of Christian Education, The  
Southside Virginia Community College  
Virginia Commonwealth University, Medical College  
of Virginia  
Virginia Polytechnic Institute and State University  
Virginia Union University

### **Washington**

Central Washington University  
Washington, University of

### **West Virginia**

West Virginia University

### **Wisconsin**

Milwaukee Area Technical College (Educational Affiliate)  
Mount Mary College  
Wisconsin, Medical College of  
Wisconsin, University of, Eau Claire  
Wisconsin, University of, Madison  
Wisconsin, University of, Milwaukee  
Wisconsin, University of, Oshkosh

### **Wyoming**

(no members)

### **Commonwealth of Puerto Rico**

Puerto Rico, University of

### **Canada**

British Columbia, University of  
Quebec, University of, in Hull  
Simon Fraser University  
Toronto, University of  
Victoria University of

# Appendix 6a

## Tips on Conferences

Our community college people have attended and planned many conferences. On the whole, they like:

- Fast-moving presentations.
- Practical applications to their jobs or personal lives.
- A variety of interesting presenters.
- A variety of presentation methods/techniques; handouts summarizing presentations; the use of visual aids; audience involvement and participation when possible.
- Opportunities to mix informally and build networks; breaks over coffee, social hours, tours, special shows, etc. Conferences (and education) should be fun!
- Opportunities for physical movement, a change of pace from sitting all day.

- Comfortable chairs, good food, and other amenities.

- A schedule allowing for travel time.

They do not like:

- Speakers who perceive that their main goal is to impress the audience, whose main thrust is theoretical, with very little practical application to jobs or personal lives.
- Prolonged sitting without breaks.
- "Workshops" which are really lectures, with no audience involvement.
- Speakers who do not adhere to the major point of a conference.
- Too tight a schedule: no time for audience questions after presentations.

# Appendix 6b

## Rural AGE Year 1 Conference

November 1-2, 1983

All Seasons Motel, 1501 Tuttle Creek Blvd  
Manhattan, KS 66502

funded by FIPSE grant #G0083 02735

Tuesday, November 1

- |                |  |
|----------------|--|
| 6:00-7:00 p.m. | Registration   |
| 7:00-8:00 p.m. | Opening remarks and welcomes: introduction, overview   |
| 8:00-8:15 p.m. | Break  |
| 8:15-9:30 p.m. | Tom Hickey, D.P.H., University of Michigan Health Gerontology. "Accessing Gerontological Education." |

9:30-10:30 p.m.

Reception for Conference Participants

Wednesday, November 2

- |                  |   |
|------------------|---|
| 7:30 a.m.        | Buffet Breakfast  |
| 8:30-10:00 a.m.  | Team meetings with consultants  |
| 10:00-10:15 a.m. | Break   |
| 10:15-11:45 a.m. | Tom Hickey, D.P.H., remarks and general session discussion  |
| 12:00-1:30 p.m.  | Luncheon presentation by C. Edwin Vaughn, Ph.D., University of Missouri, Columbia. "Gerontological Curriculum Building in Rural Areas." |
| 1:30-2:30 p.m.   | Teams meet with consultants   |
| 2:30-3:00 p.m.   | Wrap-up   |

Sponsored by  
 Kansas State University Center for Aging—(913) 532-5945  
 Kansas State University Division of Continuing Education  
 Western Kansas Community Services Consortium  
 Kansas Gerontology Consortium

**Purpose of Conference:**

1. To develop relationships and linkages between the six community college teams and their members and gerontological faculty from the three Kansas Gerontology Consortium (KGC) institutions.

2. To obtain an overview about gerontological education in general and explore the uniqueness of gerontological education in rural settings.

3. To gain familiarity with instructional support materials.

4. To build upon the strengths within each team to develop and implement gerontological courses and curricula.

**Intended results of conference:**

1. Each team identify and become acquainted with one or more KGC consultants who could assist in conceptualizing, developing, and implementing a spring or summer gerontological course offering.

2. Each team identify and become acquainted with one or more KGC consultants who could assist in conceptualizing and developing a gerontological curriculum appropriate to the team's community college.

3. Each team document the steps necessary to develop and implement a spring or summer course offering and/or gerontological curriculum.

**“Positive Aging”**

**A Conference for Gerontological Training**

**February 16–17, 1984**  
**Red Coach Inn, Salina, KS**

Sponsored by the Western Kansas Community Services Consortium, and funded by the U.S. Dept. of Health and Human Services, Administration on Aging, Grant #A90AT0091/01.

**February 16**

10:00 a.m.–12:00 noon *Early Bird Bonus*. Videotape Festival and Book Fair: Regency II

11:30 a.m.–12:00 p.m. Registration: Courtyard

12:00–1:00 p.m. Lunch: Courtyard  
 Welcome and introductions  
 Announcements and focus of conference

1:00–1:45 p.m.

Conditioning and Aerobics for Older Americans: Joyce Hansen (Participation: wear clothes that allow freedom of movement, tennis shoes): Regency I

1:45–2:30 p.m.

Module Development  
 Needs Assessments  
 Helen Connors: Regency I

2:30–3:00 p.m.

Intergenerational Communications:  
 Lynn Osterkamp: Regency I

3:00–3:45 p.m.

Water Exercises for People with Arthritis  
 Joyce Hansen (Wear swimsuit): Pool

3:00–3:30 p.m.

Nutrition and the Elderly  
 Kay Newell: Regency I

3:30–4:00 p.m.

Break

4:00–4:30 p.m.

Volunteerism: Marvin Kaiser  
 Regency I

4:00–4:30 p.m.

Preretirement Planning: Edith Stunkel: Regency II

4:30–5:00 p.m.

Sexuality in the Elderly  
 Carol Holcomb: Regency I

4:30–5:00 p.m.

Safety in the Adult Care Home  
 James R. Shay: Regency II

5:00–5:30 p.m.

Dispelling the Myths about Aging  
 Nancy Intermill: Regency I

5:30–6:30 p.m.

Hospitality Hour: a chance to visit with consultants and colleagues: Suite 150

6:30–7:30 p.m.

Banquet: Courtyard  
 Gerontopia: Marvin Kaiser

7:30–9:00 p.m.

Resources available. human, videotapes, and books: Regency II, Courtyard

**February 17**

8:00–9:00 a.m.

Buffet Breakfast: Courtyard

9:00–10:00 a.m.

Colleges choose modules  
 Regency I

10:00–11:00 a.m.

Choose module design:  
 Regency I  
 Assisted by consultants  
 Helen Connors, Nancy Intermill,  
 Lynn Osterkamp

11:00-12:00 p.m.	Each college meet separately: Regency I & II Decide on consultants Visitation schedule Develop action steps for implementation Develop timetable Wrap-up	2:00-3:00 p.m.	Gerontological Curriculum Resource Guides: Refining our Curricula: Regency I
12:00-1:00 p.m.	Lunch	3:00-3:15 p.m.	Break
12:00-1:30 p.m.	WKCS meeting College teams may reconvene to continue planning, if desired Resources also available for browsing	3:15-4:30 p.m.	Curriculum Work Session: Regency I
		4:30-5:30 p.m.	WKCS Meeting: Hospitality Suite 150 Resource Fair: Lobby
		5:30 p.m. +	Happy Hour: Hospitality Suite 150 Dinner: Lobby
		7:00 p.m.	WKCS Meeting: Hospitality Suite 150 Resource Fair: Lobby
		3:00 p.m. +	Open evening

**Notes: Dress Casually**

Resource Fair will be available all day. Door buster special freebies will be available as long as supplies last. Come early—stay late!!

Kansas Gerontology Consultants on September 17 will be: Nancy Intermill (Washburn University), Pat Wahlstedt (KU Long Term Care Gerontology Center), and Marvin Kaiser, George Peters, Edith Stunkel (Kansas State University).

## Rural AGE Year 2 Conference

**Salina Red Coach Inn, September 17-18, 1984**  
funded by FIPSE grant #G0083 02735

### Monday, September 17—WORKDAY

8:00-9:00 a.m.	Breakfast, Registration, and Resource Fair: Lobby
9:00-9:30 a.m.	Welcome, introductions, announcements Conference objectives and Year 2 expectations: Regency I
9:30-11:00 a.m.	Curriculum Development Processes—Overview Presentation by Gerald Bailey, Ph.D. and Harvey Littrell, Ph.D., (retired), Department of Curriculum and Instruction at KSU: Regency I
11:00-11:15 a.m.	Break
11:15 a.m.-12:30 p.m.	Scope and Sequence Charts: Outlining our Curricula: Regency I
12:30-1:15 p.m.	Lunch: Lobby
1:15-2:00 p.m.	Young at Heart: Fitness for Life. Teresa Young, M.Ed. (Exercise Specialist, Health Plus, Kansas City): Regency I

### Tuesday, September 18

6:30-7:30 a.m.	Optional Fitness Hour Run: Jim Lenz Brisk Walk: Wilma Kelley Swim: Joyce Hartmann Zen Sit or Tai Chi: George Peters Yoga Bed Press: Betty Stevens
8:00-8:45 a.m.	Breakfast (buffet), announcements Knights
9:00-10:45 a.m.	Recap and overview of Day 2 of conference. Team sharing on Year One Rural AGE courses, GEM modules. Moderated by Joe Mildrexler. Regency I

- 10:45-11:15 a.m. Concurrent Sessions
1. The Kansas Home Health Aide Curriculum. Linda Fornelli, R.N. and Myrna Bartel, R.N. (Consultants to Department of Health and Environment)
  2. Paying for Programs in Gerontology. Robert P. Lowman, Ph.D. (Assistant Dean for Research Services, KSU)  
Regency I & Suite 150
- 11:15-11:45 a.m. Concurrent Sessions
1. Senior Citizen Olympics. Ann Hubert (Colby), Joyce Hansen (Colby), Joyce Hartmann (WKCS)
- 11:45 a.m.-12:30 p.m. Wrap-up: conference evaluation, site visit scheduling, what is needed from KSU, how to integrate GEM modules into curricula, how to integrate concurrent session ideas into curricula, etc.  
Regency I
- 12:30-1:30 p.m. Lunch and farewell  
Lobby
2. Motivating Gerontologists: Opportunities for Team members and other faculty. Edith Stunkel (KSU Center for Aging)  
Regency I & Suite 150

## Appendix 7a

### Order Form for Gerontological Education Modules

Western Kansas Community Services Consortium (WKCS)  
1007 West Eighth St., Pratt, KS 67124  
(316) 672-2566

These modules are instructor-based, and were written and field-tested by WKCS community colleges. To order, copy this form and place the quantity desired in the space provided to the left of each module title. Allow 3 weeks for delivery.

**Written and tested by Dodge City Community College:**

- \_\_\_\_\_ \$3.50 "Dealing with Death, Bereavement, Grief, and Mourning" (for health care provider and layperson)
- \_\_\_\_\_ \$2.50 "Drugs and the Elderly"
- \_\_\_\_\_ \$2.00 "Well-being in Old Age" (Above two modules for people 65 and over)

**Written and tested by Garden City Community College:**

- \_\_\_\_\_ \$5.00 For four short modules on home care designed for family members, homemakers, health aides, senior companions, and community volunteers who provide in-home services: "Introduction to Home Care"; "Keeping your loved one at home"; "Home care of the elderly with chronic illnesses"; "Home care of the elderly with cancer".

**Written and tested by Seward County Community College:**

- \_\_\_\_\_ \$2.00 "Psychotropic Drug Therapy and the Older Adult"
- \_\_\_\_\_ \$2.00 "Non-pharmacological Intervention in Behavioral Disturbances of the Geriatric Client"
- \_\_\_\_\_ \$2.00 "Cardiovascular Drugs in the Geriatric Client"
- \_\_\_\_\_ \$2.00 "Overview of Pharmacokinetics in Gerontology"

**Written and tested by Hutchinson Community College:**

- \_\_\_\_\_ \$3.50 "Physical and Psychological Changes of your Aging Parent"
- \_\_\_\_\_ \$3.50 "Living Arrangements for your Aging Parent"
- \_\_\_\_\_ \$3.50 "Communicating with your Aging Parent"
- \_\_\_\_\_ \$3.50 "Community Resources for your Aging Parent"

\* \* \* \* \*

\_\_\_\_\_ \$35.00 All modules

**ADD**

- \_\_\_\_\_ \$1.00 Postage and handling for 1 to 4 modules
- \_\_\_\_\_ \$3.50 Postage and handling for 5 or more modules

Total # of modules ordered \_\_\_\_\_ Amount Enclosed  
(Make checks to WKCS) \$ \_\_\_\_\_

# Appendix 7b

## Guidelines for Gerontological Module Development\*

### Purpose/Definition

Each module will consist of a self-contained three-hour gerontological topic, written for an instructor, and suitable for an audience of elderly people or those who care for the elderly. Modules will be competency-based and designed to enable students to develop specific skills, knowledge, and attitudes.

### Module Format

Each module should include the following components for uniformity and sharing.

1. *Name of topic:* Be brief and specific.
2. *Synopsis:* Provide a summary or description of the main topics covered in the module in one or two sentences.
3. *Rationale:* Discuss the significance of the module content and its application to the target audience, in two to four paragraphs. Describe how the module will ultimately benefit the elderly. If the module is designed for service providers, explain typical situations and settings in which the human service workers would be likely to use the knowledge, skills, and attitudes learned in the workshop.
4. *Resources:* Provide an annotated list of books, articles, films, videotapes, human resources, and anything else an instructor could use to prepare or present the module. Limit the list to no more than ten books or articles, three audio-visual resources, and, if available, one or two other types of resource materials.
5. *Suggested presentation content and methods:* This section should provide enough information to enable the instructor to plan a lesson, but need not include full details. Instructors who use our modules must have familiarity with the subjects, but will be able to develop better presentations by using the recommended resource materials and selected ideas for presentation methods. This section includes three parts:
  - a. *Topic outline:* The main topics (three to six) should be organized in a logical presentation order.
  - b. *Student competencies:* Include objectives for student or trainee learning, usually one to four per topic, stated in behaviorally measurable terms. Include knowledge, skills, and/or attitudes. Be concrete and emphasize practical applications.

c. *Suggested presentation methods:* Present two to four ideas for presenting each topic in a classroom setting. They will probably not correspond exactly with trainee competencies, but should be presented with enough information so that the instructor will know what main areas to cover and how to structure the presentation. Lectures and audio-visual presentations will meet cognitive objectives; and most skills and attitudes are best fostered through experiential methods such as discussion, practical exercises, problem-solving groups, case analysis, role playing, simulations, etc. Also consider methods such as guest lecturers or panels, debates, brainstorming, etc. Try to draw on participants' experiences and encourage them to apply their learning to their "back-home" settings.

6. *Assessment:* Objective post-test questions (multiple choice, true/false, and/or completion items) covering the main topic areas should be included, along with the correct answers. If desired, a pre-test can be included.

7. *Sample lesson schedule:* A sample schedule of how you might conduct the instruction during the three hours should be included. Obviously all the presentation methods would not be used, but it should cover all the main topics outlined.

8. *Optional additional materials:* If you have any brief aids to instruction such as illustrations, charts, short articles, etc., please attach them and document the source.

### How The Modules Will Be Used

Each community college will develop at least four modules in gerontological topics. They will test/teach them on their own site, make any necessary module revisions, and provide the Western Kansas Community Services Consortium with a copy of each of their modules. In turn, each college will receive twenty additional modules from the other colleges, providing access to twenty-four total modules for unit and curriculum building.

The module developers will retain the right to copyright, publish, adapt, or otherwise use their materials, with the understanding that the Western Kansas Community Services Consortium may use them for educational purposes.

\*These guidelines were distributed at the G.E.M. conference and were used to develop the WKCS modules. They are adapted from material provided to WKCS by Dr. Debra David, former Director of the Gerontology Program, Elgin Community College, Elgin, IL 60120.

# Appendix 8

## Sample of Foundations Which Fund Gerontological Projects

Name, Address, & Phone	Areas of Interest	For Further Information
AARP Andrus Foundation 1909 K Street, N.W. Washington, DC 20049	Grants to universities for action research in gerontology aimed at producing practical information for AARP, its members, and society at large.	Criteria and application information are available. Address inquiries to Dr. Kenneth Cook, Administrator
Florence V. Burden Foundation 630 Fifth Avenue New York, NY 10111	Grants on problems of the elderly and crime and justice; emphasis on practical solutions, management improvement, policy research, and demonstration projects.	Policy statement and grant application guidelines are in annual report. Initial approach by letter.
Dorr Foundation P.O. Box 231 Bedford, NY 10506	Grants primarily for conservation; support also for special education projects on the aged with some emphasis on conservation.	Initial approach by full proposal in five copies, including 1 or 2 page summary.
The Education Foundation of America 35 Church Lane Westport, CT 06880	Grants largely for higher education, including education for American Indians, medical education; also population control, children's education, and research in gerontology.	Initial approach by letter. Submit one copy.
The General Foods Fund 250 North Street White Plains, NY 10625 914/335-2400	Grants on highly selective basis to national programs addressing needs of women, the elderly, youth minorities, and the disadvantaged with focus on health care (diet and exercise).	Program policy statement available. Initial approach by letter.
Paul F. Glenn Foundation for Medical Research 72 Virginia Drive Manhasset, NY 11030	Grants on biology of aging; causes of the aging process; to increase stature of gerontology; broaden public understanding of aging; educate public on ways to delay or prevent senility.	Focus is very much on medical research. Small foundation with no published procedures for applications.
The Kresge Foundation P.O. Box 3151 Troy, MI 48007 313/643-9630	Challenge grants only for building construction or renovation projects, including project for four-year or graduate higher education or the care of the aged.	Program policy statement and application guidelines available. Initial approach by letter or telephone.
The Ralph M. Parsons Foundation 1545 Wilshire Blvd. Suite 410 Los Angeles, CA 90017 213/483-8030	Giving primarily to higher education & social impact areas, including assistance to children, battered women, and seniors.	Program policy statement and application guidelines available. Initial contact by letter. Submit two copies.
Public Welfare Foundation 2600 Virginia Ave., N.W. Room 505 Washington, DC 20037 202/965-1800	Grants primarily to grass roots organizations. Programs must serve low income population, with preference to short-term needs. Programs for seniors are considered if they meet the above criteria.	Program policy statement and application guidelines available in annual report. Initial approach by full proposal in one copy.
Retirement Research Foundation 325 Rouhy Avenue Park Ridge, IL 60068 312/823-4133	Grants to conduct research on problems of industry and of individuals arising from the retirement of workers from regular gainful employment, and the problems of aging. Model projects also supported.	Program policy statement and application guidelines available. Initial approach by letter or full proposal in three copies.

# Appendix 9

## University Participants in Pilot Projects

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### **Kansas State University Participants:** Manhattan, KS 66506

Gerald Bailey, Professor, Curriculum & Instruction, Bluemont Hall 913-532-5847

Gwen Bailey, Action Agenda Project Coordinator, Continuing Education, Umberger Hall, 913-532-5560.

Carol Ann Holcomb, Associate Professor, Human Development and Family Studies, Justin Hall, 913-532-5510

Clyde Jones, Professor, Management, Calvin Hall, 913-532-5875

Marvin Kaiser, Head, Sociology, Anthropology and Social Work, Waters Hall, 913-532-6865

Marilyn Legg, Administrative Assistant, Center for Aging, Fairchild Hall, 913-532-5945.

Robert Lowman, Assistant Dean for Research Services, Graduate School, Fairchild Hall, 913-532-6195

Sue Maes, Director of Planning and Resource Development, Continuing Education, Umberger Hall, 913-532-5560.

Kathleen Newell, Professor, Foods and Nutrition, Justin Hall, 913-532-5508

Harold Orbach, Associate Professor, Sociology, Anthropology and Social Work, Waters Hall, 913-532-5510.

George R. Peters, Professor, Sociology, Anthropology and Social Work, and Director, Center for Aging, Fairchild Hall, 913-532-5945

Edith L. Stunkel, Assistant Director, Center for Aging, Fairchild Hall, 913-532-5945

Ted Wischropp, former Director of Development, Continuing Education, Umberger Hall, 913-532-5560

### **University of Kansas Participants:** 316 Strong Hall Lawrence, KS 66045

Ron Harper, former Director, Gerontology Center, 913-864-4130

Lynn Osterkamp, Gerontology Center, 913-864-4130

Donna Schafer, Gerontology Center, 913-864-4130

### **Washburn University Participants:** Topeka, KS 66619

Nancy Intermill, Director, Gerontology Program, Benton 30, 913-295-6619

Jim Shay, former Assistant Professor, Industrial Safety and Health, 913-295-6619

### **University of Kansas Medical School Participants:** 39th & Rainbow Kansas City, KS 66103

Helen Connors, Assistant Professor and Coordinator of Continuing Nursing Education, 913-588-1634

Russ Mills, Director, Long Term Care Gerontology Center, 913-588-1209

Linda Redford, Associate Director, Long Term Care Gerontology Center, 816-588-1210

Pat Wahlstedt, Educational Director, School of Nursing, 913-588-1632

# Appendix 10

## "Link Up for Gerontology"

*AACJC Journal April/May 1986 by Joyce Hartmann*

*According to some colleges in Kansas, caring is sharing resources*

One of the most important trends affecting college enrollment today is the graying of America. We must respond to ever increasing numbers of older Americans by providing gerontological curricula for the general public and for direct service providers to this population segment.

While college administrators may recognize this need, often they do not have trained gerontological faculty. A pragmatic solution can be found if colleges would link up with agencies in existing networks on aging.

Our consortium of western Kansas community colleges and a state university developed one coalition after another to achieve dramatic and fast results in curricular development. By sharing our ideas here, we add another chain to our link.

### **The Graying of America**

Demographic experts tell us that aging is an international phenomenon. In our country the older population (persons sixty-five and over) numbered 27.4 million in 1983: 11.7 percent of the U.S. population. This number increased by 1.7 million, or six percent, since 1980, compared to a population growth of three percent for those under sixty-five. Older people are predominantly women, with 149 older women for every 100 older men. This skewed sex ratio increases with age.

Since 1900 the percentage of older Americans has almost tripled, with the eighty-five-plus group increasing twentyfold. By 2030 older Americans will number about sixty-five million, two and one-half times their 1980 number, about twenty-one percent of the total population.

In 1983 nearly half of older Americans lived in seven states: California and New York each had over two million, and Florida, Illinois, Ohio, Pennsylvania, and Texas each had over one million. Persons sixty-five and older made up at least thirteen percent of the population in eleven states: Florida, seventeen percent; Arkansas, Iowa, Missouri, Pennsylvania, Rhode Island, and South Dakota, fourteen percent; and Kansas, Maine, Massachusetts, and Nebraska, thirteen percent. In twelve states the sixty-five-plus population has grown by more than ten percent since 1980.

Greater numbers of elderly people are found in rural areas. Kansas ranks eighth among the fifty states in the proportion of persons sixty-five and older. The highest proportion of older Kansans live in small towns (19.5 percent of the residents live in small towns with a population of 1,000 to 2,500; 18.1 percent live in small towns with a population of 2,500 to 10,000).

### **WKCSC's Solution**

In a land where hostile prairie winds can develop into eighty-mile-per-hour blizzards, farmers and ranchers learn early that survival may depend on having a friendly neighbor. And so it was not unusual that our first "linkage," the Western Kansas Community Services Consortium (WKCSC), evolved in 1971, long before this educational jargonese became fashionable. Present membership consists of the community colleges of Colby, Cloud County, Dodge City, Garden City, Hutchinson, Pratt, and Seward County, with a service area of fifty-seven out of 105 total Kansas counties, and Kansas State University (KSU) in Manhattan, a land-grant institution.

Our purpose is to expand and improve community service programs by combining forces, coordinating activities, and eliminating duplication. Cooperating in this manner is a very practical solution; it makes "cents" to unite forces in these times of budget cutbacks.

Member colleges are represented by the dean/director of continuing education/community services; KSU is represented by the director of development in the division of continuing education. Elected officers serve without pay. Each representative has access to institutional resources and receives travel time to attend about ten meetings a year. Each institution pays \$1,000 annual dues.

An executive director is retained to obtain further funding, direct projects, and administer WKCSC business. This position, presently full-time, varies according to programs. Since its existence WKCSC has averaged one to three grants annually.

The Kansas Gerontology Consortium (KGC) provides us with a strong link to human and material resources. This loosely structured organization has no dues, staff, or regular meetings, uniting primarily to coordinate programs. Members are the center for aging at KSU, the gerontology center at the University of Kansas, the long-term gerontological care center at the University of Kansas Medical Center, and the gerontology program at Washburn University in Topeka.

### **Curricular Development**

In 1983 WKCSC received a grant from the Administration on Aging, U.S. Department of Health and Human Services, to develop gerontological curricula in a project called Rural G.E.M.: Gerontological Education Modules. The center for aging at KSU, in collaboration with WKCSC, also received a three-year grant from the Fund for the Improvement of Post-Secondary Education in 1984 for a project called Rural A.G.E.: Accessing Gerontological Education. Rural G.E.M. developed noncredit courses, instructor-based modules, and short courses. Rural A.G.E. developed credit courses and laid the groundwork for sequential curricular offerings. Each

project complemented the other end and, in fact, more than doubled results.

In order to develop curricula we needed professional development for our faculty and staff. Our initial source of expertise was KGC and particularly the KSU center for aging. We came to rely on the administrative staff of George Peters, Edith Stunkel, and Marilyn Legg to advise us about available texts, videotapes, references, organizations, and consultants.

It was through their counsel that we interacted with the Association for Gerontology in Higher Education, the American Society on Aging, Mid-America Congress on Aging, Kansas Department on Aging, and area agencies on aging, among others. Colleges also linked up with the gerontology center at Wichita State University and gerontologists at proximal universities in bordering states. Helpful consultants at these agencies led our faculty and community to greater awareness of the scope and nature of gerontology (not to be confused with, as some of our citizenry thought, gynecology). Funds were available for faculty to attend conferences sponsored by these professional organizations; this in turn led to further growth, networking, and new ideas.

The colleges organized gerontological teams, task forces of five to eight members, to set and achieve goals and objectives for the development of curricula in their own institutions. Team members included administrators of continuing education; instructors in nursing, sociology, and biology; directors of nursing homes, senior centers, and Retired Senior Volunteer Programs; and social workers. Task forces were often expanded to include additional representatives from local agencies on aging in all college service counties. Community advisory councils of twelve to fifteen members continue to provide input concerning curricula needs assessment.

These gerontology teams and advisory councils have been a tremendous resource to the colleges in their development of new curricula. The colleges have experimented with and modernized other curricular offerings as well, including such topics as death, drugs, intergenerational communications, stress, wellness and stereotypes of aging. Participants in WKCSC meetings and conferences have shared successes and failures, in turn generating new ideas and experimentation. Funds were used to acquire new materials, references, films, and videotapes.

To implement some of our curricula in Rural G.E.M. four colleges developed sixteen modules on such topics as drugs and the elderly, wellness, death and dying, home care of the elderly, and the aging parent. These instructor-based modules are intended to cover three hours of instruction, but can be easily condensed or expanded into one- or two-day workshops. Each is self contained but can be combined with other related modules to form a class (five three-hour modules make up the fifteen-contact-hour college credit) or can be integrated into existing courses.

## Convention Focus: Gerontology

Kansas ranks high among the fifty states in the number of residents aged sixty-five and older. It remains to be seen which states will head the list fifty years from now when the older American population doubles.

The experiences of the Western Kansas Community Services Consortium in caring for the elderly and educating the public to the needs of the elderly are the focus of Forum 103, "Pathways to Gerontology: Follow the Gray Brick Road." Joyce Hartmann moderates this Wednesday morning event (10:15-11:30), which will present strategies for curricular development in gerontology, and ideas for linking up with other agencies to improve community services. Presenters Darrell Cottingham, Gene Schneider, and Ed Berger will also discuss consortia types and advantages, advisory councils, interagency linkages, staff development, and marketing.

Each module contains a brief synopsis, a rationale, a list of useful and current resources, suggested presentation methods, and various teaching aids. (These modules, field tested and shared by WKCSC members, can be obtained at cost from WKCSC, 1007 West Eighth Street, Pratt, KS 67124; 316/672-2566.)

We developed for Rural A.G.E. a how-to manual for college administrators, with pragmatic suggestions and step-by-step procedures to implement gerontological curricula. The manual also serves as a reference guide. (To obtain a copy, contact KSU Center for Aging, Fairchild 1, Manhattan, KS 66506; 913/532-5945.)

### Wealth of Achievements

We build on commonalities, yet we possess Montaigne's "most enviable quality: diversity." Each college has achieved unique results, depending on individual community resource and needs.

Colby Community College, for instance, for the convenience of residents in its large, fourteen-county service area, often plans one- and two-day events to make travel time worthwhile. Events sponsored last year include the first annual Northwest Kansas Gerontology Symposium, a two-day workshop for nurses, nursing home administrators, social workers, and the like; the second annual Northwest Kansas Conference on Aging, for senior citizens and the interested public; and the second annual Northwest Kansas Senior Olympics, a community service event to promote fitness and fun for older Kansans.

A new policy has been put in place at Colby last year: CCC is paying all tuition and fees for senior citizens of Thomas County.

"Even though we've had gerontology courses in place since 1970, the grants caused us to examine our curricula and content, expand upon it, and modernize it," said Joe Mildrexler, dean of community services at Colby and WKCSC president.

"They provided a valuable focus for us," added Jim Lenz, director of community services at Dodge City Community College. "Because of these projects we've extended our offerings much farther into the community. Other results include more awareness of aging problems and populations and closer cooperation among divisions within the colleges."

Hutchinson Community College, our most urban member (population 40,284), is regarded by many in the community as an informal center for aging. Gerontology is frequently featured in evening workshops. Some of the more innovative include the Split Brain: Implications for the Stroke Patient and Counseling of Older Adults (a direct request from the local advisory council). HCC also taught its first Elderhostel class last summer.

In conjunction with new course offerings, Janet Hamilton, coordinator for continuing education, has developed a monthly newsletter called *The Gerontologist*. Sent to attendees of gerontology workshops, nursing homes, service providers, and other individuals working with the aging population, the newsletter has a circulation of 500.

Activities, newsletter, awareness, professional memberships, and courses—most would not have happened without the linkage provided by the consortium. "Our contacts with WKCSO have given us enough gerontological knowledge that we could pursue what we needed," said Lois Churchill, chair of the allied health department and director of HCC's nursing program.

Churchill spent one summer conducting a survey of gerontological curricula in community colleges across the nation. Findings are being used to upgrade HCC's curricula and are being shared with other WKCSO colleges for their use in improving curricula.

Garden City Community College, which emphasizes home care, has also found the WKCSO sharing valuable. "It allowed us to know the why's and how's of other community colleges in gerontology," said Gene Schneider, dean of community services and WKCSO vice president. GCCC's most recent activity involved organizing a community support group of caregivers for older parents and relatives/friends. If successful, this support group could well evolve into an advocacy group.

At Pratt Community College the multidisciplinary nature of gerontology is evidenced in the new courses Sociology of Aging, Biology of Aging, and Psychology of Aging. One- and two-day workshops are also frequently offered to appeal to a broad spectrum of people. Betty Stevens, director of continuing education, reports increased involvement in policymaking and advocacy as a result of PCC's gerontological emphasis.

Although Cloud County Community College is the newest consortium member, it has the oldest clientele. CCCC's ten counties average 23.12 percent of the population of persons 65 and older—nearly one in four persons.

"This year the catalog will reflect a full-blown program in gerontology, featuring the associate in arts degree with an emphasis on gerontology," said Darrell Cottingham, director of community education. Courses include Social Gerontology, Fitness for Life, Sexual Enhancement in the Later Years, and Life-Span Review.

At one of the WKCSO conferences we had a session to share accomplishments. About this session Doug Radohl, dean of community services at Seward County Community College, said, "It was exciting to see what was done individually at institutions concerning curriculum development, but it was almost breathtaking to see what was done as a consortium of seven community colleges. Personally I was not looking forward to listening to what I thought was going to be a boring morning of show-and-tell. But as the morning unfolded I was actually feeling chills up my back at the vast nature of the curriculum developed. And to add to the beauty of the whole circumstance, community colleges can share with each other what was accomplished and not have to reinvent the wheel as a result of the consortium."

Ted Wischropp, director of development in the division of continuing education at KSU, found many positive outcomes stemming from KSU's link with community colleges. He believes that this cooperative relationship between the university's center for aging and WKCSO could serve as a catalyst and a mechanism for future projects.

### A Most Refreshing Soup

We of the Western Kansas Community Services Consortium take a positive approach to aging, choosing to believe that there is no problem because people live longer (as many people think), but only when the quality of that long life is poor. We strive to improve the quality of life for our elderly through education, with a resultant spinoff being an improved positive image for each college.

In a presentation at the Association for Gerontology in Higher Education (February 1985 in Washington, D.C.) Radohl summed up the nature of linkages, comparing it to a magician (center for aging) who prepared a soup for hungry villagers (community colleges). In a large pot of water he placed magic stones (grant money, expertise of consultants, encouragement, etc.). As he tasted the brew he said, "Hmm... not bad, but it needs some salt" (local expertise). He tasted it again and said, "I think it needs some carrots" (local resources). And again he tasted it, suggesting celery (enthusiasm). The magician continued in this manner until he had a most refreshing soup that fed the entire village to their delight.

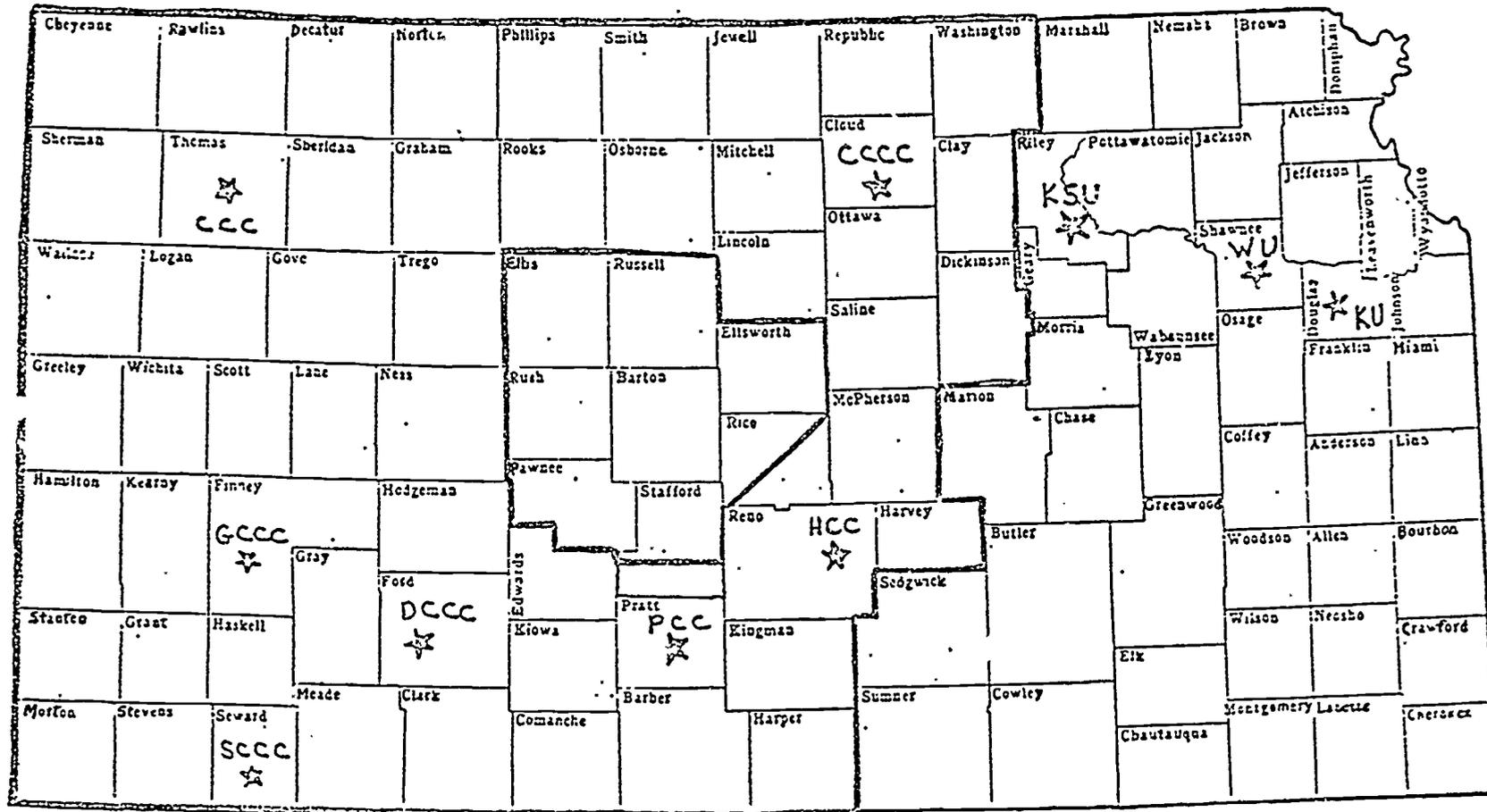
"Let us hope we can continue to make our soup until all the needs of the elderly are met," Radohl concluded.

Our nation's colleges will be challenged to meet those needs. We can meet this challenge by seeking the golden opportunities at the end of life's rainbow, and linking up for gerontology.

APPENDIX 2

WESTERN KANSAS COMMUNITY SERVICES CONSORTIUM

Member Community Colleges Service Area  
March 1984



WKCS MEMBERS

- CCC: Colby Community College
- CCCC: Cloud County Community College
- DCCC: Dodge City Community College
- GCCC: Garden City Community College
- HCC: Hutchinson Community College
- PCC: Pratt Community College
- SCCC: Seward County Community College

KS. GERONTOLOGY CONSORTIUM

- KSU: Kansas State University
- WU: Washburn University
- KU: Kansas University

APPENDIX 3

December 1, 1986

Brokering Rural AGE Conference Agenda

Wednesday, December 3

11:00 - 11:15 a.m.	Welcome, Introductions, and Overview
11:15 a.m. - 12:30 p.m.	"The Seduction of Mutual Disdain" Session Facilitator: Hans Mauksch
12:30 - 1:30 p.m.	Lunch
1:30 - 2:30 p.m.	"The Technology of Transferring Knowledge and Support" Session Facilitator: Hans Mauksch
2:30 - 3:30 p.m.	"Walking Over the Bridge: A Retrospective View" Panel: WKCSC Consultants
3:30 - 3:45 p.m.	Break
3:45 - 5:00 p.m.	Discussion All participants
5:00 - 5:45 p.m.	Summary and Preparation for Dec. 4-5 Conference Panel: George Peters, Hans Mauksch, Edith Stunkel
5:45 -	Social Hour
Dinner on own	

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December 1, 1986

Brokering Rural AGE Conference Agenda

Thursday, December 4

- 9:00 - 9:10 a.m. Welcome and overview
- 9:10 - 9:30 a.m. Introductions
- 9:30 - 11:45 a.m. Cooperation between university and community college faculty and administrators: the exploration of opportunities and obstacles when establishing new relationships.  
Session facilitated by Hans Mauksch  
Break times included
- 11:45 a.m. - 12:45 p.m. WKCS panel: problems, pitfalls, preconceptions, pleasures, and purposes of participation
- 1:00 - 2:00 p.m. Lunch - together
- 2:00 - 4:00 p.m. Community College Team presentations: 7 minutes each  
introductions of Team leader and Team members both present and absent  
information about college expectations, hopes, anticipation, and concerns for conference and project.  
(serve-yourself refreshments)
- 4:00 - 4:30 p.m. Resource Fair set-up and preliminary exhibit time.  
Break - Individual linkages  
Opportunities to sign up for meetings around mutual interest areas.
- 4:30 - 6:30 p.m. Our perceptions, conceptions, and images of gerontology.  
Session facilitated by Hans Mauksch  
Break times included
- 6:30 - 7:30 p.m. Hospitality Hour in Resource Fair room
- 6:30 - 10:30 p.m. Resource Room Open
- Dinner on our own

December 1, 1986

Brokering Rural AGE Conference Agenda

Friday, December 5

- 8:00 - 9:30 a.m.            Developing State Plans: Meetings of all community college teams with their respective state universities.  
Consultants available to state groups:  
    • Darrell Cottingham - Nebraska  
      Betty Stevens - Missouri  
      Ted Wischropp - Iowa  
      Wilma Kelley - Kansas  
      Joyce Hartmann and Hans Mauksch - rotate
- 9:30 - 10:00 a.m.            State Reports (7 minutes each)
- 10:00 - 10:15 a.m.            Break
- 10:15 - 10:45 a.m.            Gerontological Workshops: Concurrent Sessions  
    repeated  
    10:50 - 11:20 a.m.            (1) Myths and Realities of Aging  
                                  Joyce Mercier and Ed Powers, Iowa State University  
                                  (2) Introductory Courses in Gerontology  
                                  George Peters and Edith Stunkei, Kansas St. Univ.  
                                  (3) Resource Fair
- 11:25 - 11:55 a.m.            (1) Health Issues in Aging  
    repeated                    Jim Thorson, Univ. of Nebraska, Omaha  
    12:00 - 12:30 p.m.            (2) Education, Programs for Older People  
                                  Nick Knight, Univ. of Missouri, Rolla  
                                  (3) Resource Fair
- 12:30 - 1:30 p.m.            Lunch together
- 1:30 - 3:30 p.m.            Opportunities, strategies, and tactics for moving into effective cooperative programming.  
                                  Session facilitated by Hans Mauksch  
                                  Break times included
- 3:30 - 4:00 p.m.            Wrap-up

NOTE: During the conference, Joyce Hartmann will lead brief exercise sessions with the dual purpose of energizing participants and demonstrating possible exercise regimes for various older audiences.

Gerontology Conference  
Agenda  
Hutchinson Holiday, September 26 - 27, 1986

Friday, September 26

- 7:00 - 8:00 a.m. Golden Registration, continental breakfast
- 8:00 - 8:30 a.m. Golden Welcome, overview, and introductions. James Stringer, President, Hutchinson Community College; George Peters, Director, KSU Center for Aging.
- 8:30 - 10:15 a.m. Golden Community College deans and faculty comment on Gerontology at Western Kansas Community Colleges: Impact of the FIPSE and AoA Gerontology Projects - Joan Hamel, Cloud County; Roger Hale, Colby; Jim Lenz, Assoc. Dean of Instruction, Dodge City; Gene Schneider, Dean of Community Services, Garden City; Lois Churchill, Hutchinson; Martha Sanders, Pratt; Doug Radohl, Dean of Community Services, Seward County; Wilma Kelley, Faculty Development Courses, Hutchinson; Betty Stevens, Dean of Continuing Education, Pratt, commentator and moderator.
- 10:15 - 10:30 a.m. Golden Break
- 10:30 - 11:30 a.m. Golden Gerontology Program Options That Can Work at a Community College Level. Irene Mazieczko, Lansing Community College (Michigan).
- 11:00 - 12:00 p.m. Golden The Role of Higher Education in Responding to the Challenge of Demographic and Economic Change - Jim Thrig, President, Cloud County Community College; Bob Krause, Vice-President for Institutional Advancement, Kansas State University; Jim Tangeman, President, Colby Community College; Ted Wischropp, President, Seward County Community College; George Peters, moderator.
- 12:00 - 1:30 p.m. Harvest Lunch. The American Association of Community and Junior College's perspective on our projects; R. Stephen Nicholson, AACJC Board Member and President, Oakland Community College (Michigan).
- 1:30 - 2:30 p.m. Golden Employment Opportunities in the Field of Gerontology. J. Richard Connelly, Gerontology Center, University of Utah.

(OVER)

- 2:30 - 3:30 p.m. Golden Panel on Perspectives on Service and Training Needs in Kansas. Lyndon Drew, KDOA; Cathy Rooney, Health & Environment; Dick Morrissey, Bureau of Adult & Child Care Facilities; Rosalie Sachs, Adult Services, SRS. Rich Connelly, moderator.
- 3:30 - 3:45 p.m. Break
- 3:45 - 4:45 p.m. Golden After a Good Start - the Nuts and Bolts of Making Gerontology Work in a Community College Setting. Dialogue with Irene Kazieccko, Lansing Community College (Michigan).
- 4:45 - 6:15 p.m. Golden The Future of Gerontology in Kansas: Partnerships in Planning. Focused group planning. Rich Connelly, Irene Kazieccko, and Kansas resource persons. Stephen Nicholson, facilitator.
- 6:15 - 6:30 p.m. Golden A Look ead
- 6:30 - 7:30 p.m. Harvest Hospitality hour - wine, soft drinks, snacks

Saturday, September 27

- 8:30 - 10:30 a.m. Terrace Breakfast with Rich Connelly, Irene Kazieccko, and Stephen Nicholson. Included will be conference reactions, open dialogue, and wrap up.

APPENDIX 4

Western Kansas Community Service Consortium  
Gerontology Resource Handbook

Type	Title Author Publisher Description	School. Contact person Address Phone
book	How to Teach Adults  Learn Manual 20 copies	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
book	Aging Persons - Holistic Approach	Colby Community College, Larry Koon, 1255 S. Range, Colby, KS, 67701, 913-462-3984
book	Aging and Health Promotion	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
book	Infection Control in Long-Term Care	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
book	Alzheimer's Disease - Discharge Planning  American Journal of Nursing	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	A Guide to Managing Stress  Krames Communications 60 copies	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Aging and the Mental Disorders: Psychological Approaches to Assessment and Treatment Zarit, Steven H. Prece Press	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Alzheimer's Disease - Coping with Confusion  American Journal of Nursing	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Care of the Older Adult Breitung, Joan Carson Tiresias Press	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Endurance of Life Burnet, McFarlane Cambridge University Press	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Fact Book on Aging National Council on Aging, Inc.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321

Western Kansas Community Service Consortium  
Gerontology Resource Handbook

Type	Title Author Publisher Description	School Contact person Address Phone
book	Geriatrics: A Study of Maturity Caldwell, Esther Delmar	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Gerontological Nursing Eliopoulos, Charlotte Harper & Row	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Growing Old Johnson, Elizabeth S. Holt, Rinehart, & Winston	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Helping Geriatric Patients Intermed Communications	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Homburger & Bonner's Medical Care and Rehabilitation of the Aged and Chronically Ill Homburger, Freddy Little, Brown	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Policy Wise Chasen, Nancy H. Scott Foresman	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Psychiatric Disorders in Old Age Whitehead, Tony Springer Pub. Co.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Sensory Change in the Elderly American Journal of Nursing 55 copies	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Symposia on Adolescent Health Care, and Gerontological Nursing W. B. Saunders	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	Symposia on Obesity and Drugs and the Older Adult W. B. Saunders	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321

Western Kansas Community Service Consortium  
Gerontology Resource Handbook

Type	Title Author Publisher Description	School Contact person Address Phone
book	The Care of the Aged, the Dying and the Dead Worcester, Alfred Arno Press	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	The Dynamics of Aging Berghorn, Forrest J. Westview Press	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
book	60+: Planning it , Living it, Loving it Fromme, Allan	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Abkhasians: The Long-living People of the Caucasus Benet, Sula Holt, Rinehart, and Winston:New York	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Ageing: The Facts Coni, Nicholas	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Aging Social Issues Resources	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Aging Myths: Reversible Causes of Mind and Memory Loss Kra, Siegfried J.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Aging Parents: Whose Responsibility? Goodman, Jane Goz	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Aging Patients: A Guide for their Care. Falconer, Mary W.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Aging and Health Kart, C.S., Metress, E.S. & Metress, J.F. Addison-Wesley Publishing Company	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611

Western Kansas Community Service Consortium  
Gerontology Resource Handbook .

Type	Title Author Publisher Description	School Contact person Address Phone
book	Aging and Health Promotion Wells, Thelma Aspen Systems Corporation	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Aging: Scientific Perspectives and Social Issues. 2nd Ed.(1983). Hardback Woodruff, D.S. & Birren, J.E. Brooks/Cole: Monterey, CA	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	All About Home Care--A Consumer's Guide	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Being a Home Health Aide 1 Zucker Prentice Hall, Inc.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	By Youth Possessed: the Denial of Age in America Secunda, Victoria	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Care of the Older Adult. 2nd edition Birchenall, Joan	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Dementia, 1983. Paperback. Aeston, Leonard & White, June.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Economics of Aging. Revised Ed. Schultz, James Wadsworth Publishing Company	Garden City Community College, Boone and Osborne, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Every Day is Sunday Schoenstein, Ralph	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Growing Old--Staying Young Hallowell, Christopher	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611

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04/03/87

Western Kansas Community Service Consortium  
Gerontology Resource Handbook

Type	Title Author Publisher Description	School Contact person Address Phone
book	Health Assessment of the Older Individual Lezey, Mathy Doval	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Home Nursing Care for the Elderly Hogstel, Mildred O. Brady Communications Company, Inc. 1985	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	In-Service Education for Volunteers Working in the Field of Gerontology	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Kate Quinton's Days Sheehan, Susan	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Later life. 2nd edition Aiken, Lewis R	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Mental and Physical Health Practices of Older People Brody,, Elaine M. Springer Publishing Company, Inc. 1985	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Mirror, Mirror: The Terror of Not Being Young Melamed, Elissa	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Normal Aging III: Reports from the Duke Longitudinal Studies, 1975-1984.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Physiology of Aging Kenney, Richard A Year Book Medical Publishers, Inc.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Providing for the Older Adult: A Gerontological Handbook Lewis, Sandra Cutler	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611

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Type	Title Author Publisher Description	School Contact person Address Phone
book	Sensitizing People to the Processes of Aging: The In-service Educator's Guide Senst, Marvin	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 76846, 316-276-7611
book	Sexuality and Aging. Revised Ed. 1978. Solnick, R.L., ed. Ethel Percy Andrus Gerontology Center	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Sociology of Aging Harris, Diana K. and Cole, William Houghton Mifflin	Garden City Community College, Boone and Osborne, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	The Aging Person, A Holistic Perspective Gress and Bahr The C. V. Mosby Co. 1984	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	The Economics of Aging. 3rd Edition. Schulz, James H.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	The Experience of Old Age: Stress, Coping, and Survival Lieberman, Norton A.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	The Nursing Home Dilemma: How to Make One of Love's Toughest Decisions. Manning, Doug	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	The Nursing Process in Later Maturity Murray, Ruth	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Toward Healthy Aging Ebersole and Hess The C. V. Mosby Co. 2nd ed., 1985	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Vitalizing Long-Term Care: The Teaching Nursing Home and Other Perspectives	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611

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Type	Title Author Publisher Description	School Contact person Address Phone
book	Wellness and Health Promotion for the Elderly	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
book	Ethnicity and Aging Gelfand Springer Publishing Company	Pratt, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	36 Hour Day: Family Guide Mace John Hopkins University Press	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	A Aging: Guide to Resources Balkema, John B.  1983 Edition	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	A Healthy Old Age: A Source Book for Health Promotion with Older Adults Stephanie FallCreek & Molly Mettler  Revised Edition	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Activities and the Well Elderly Phyllis M. Foster	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Adult Day Care Weiner Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Advocacy for the Aging Krauskopf West Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Ageism: A Growing Concern Shirley L. Patterson, Ph.D., & Marcia A. Tollaksen  accompanying videotape	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Aging Network, Second Edition Gelfand Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Aging and Old Age Sheila C. McKenzie	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641

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book	Becoming Old Morgan Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Clinics in Geriatric Medicine, Common Surgical Problems G. V. Brindley, Jr., M.D.  Volume 1/Number 2, May 1985	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Clinics in Geriatric Medicine, Falls in the Elderly: Biologic and Behavioral Aspects Teresa Sluss Radebaugh, Sc.D., Evan Hadley, M.D.,  Volume 1/Number 3, August 1985	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Clinics in Geriatric Medicine, Hematologic Disorders Michael L. Freedman, M. D.  Volume 1/Number 4, November 1985	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Clinics in Geriatric Medicine, The Aging Process Michael C. Geokas, M.D., Ph.D.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Controversial Issues in Gerontology Wershow Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Counseling Elders & Their Families Herr. Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Drama Activities with Older Adults: A Handbook for Leaders Ann H. Thurman & Carol Ann Piggins  Volume 2, Numbers 2/3, 1982	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Gerontology Instruction in Higher Education Peterson Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Croup Work with the Frail Elderly Shura Saul  Volume 5, Number 2, 1983	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641

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book	Handbook of Physiology in Aging Masoro, Edward J.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Helping Your Elderly Patients Conahan Tiresias Press, Inc.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Helping the Elderly: The Complementary Roles of Informal Networks and Formal Systems Litwak, Eugene  1985 Edition	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Hope: The Pre-Retirement Planning Guide Brower, Hugh C.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	How to Systematic Attention and Approval R. Vance Hall, Ph.D & Marilyn C. Hall Ed.D.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Intergenerational Communications: A Manual for Instructional Programming Lynn Osterkamp. Ph.D.  1982 Edition	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Invisible Lives Unruh Sage Publications, Inc.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Longitudinal Studies of Adult Psychological Development K. Warner Schaie	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	NRTA Program Guide for Pre-Retirement Planning American Association of Retired Persons  1978 Edition	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Nontraditional Theory and Counseling With Aging Sargent Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Old Age On New Scene Kastenbaum Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641

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book	Older Person As a Mental Health Worker McCaslin Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Open Care for Aging Little Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61], Pratt, KS, 67124, 316-672-5641
book	Pep Up Your Life: A Fitness Book for Seniors  The Travelers Insurance, Co. 100 copies	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Projective Assessment of Aging Method Starr Springer Publishing Company	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Promoting the Well-being of the Elderly: A Community Diagnosis Thomas T. H. Wan, PhD., Barbara Gill Odell, MA,	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Sex and Gender: The Human Experience Doyle, James A.  1985 Edition	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Small Business: Course for Older Americans  Instructors Guide	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Social Gerontology: An Introduction to the Dynamics of Aging Decker, David L.	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	Telephone Counseling for Home-Based Adults Solomon Arbeiter, Carol B. Aslanian,...	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
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book	The Uses of Reminiscence: New Ways of Working with Older Adults Marc Kaminsky	Pratt Community College, Betty Stevens, Highway 61, Pratt, KS, 67124, 316-672-5641
book	A Healthy Old Age: A Sourcebook for Health Promotion with Older Adults FallCreek, Stephanie & Mettler, Molly Haworth Press	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951

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book	Aging & Communication: Problems in Management Hawthorth Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Aging & Prevention: New Approaches for Preventing Health... Haworth Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Aging and Income Herzog, Barbara Human Sciences Press, Inc.	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, ks, 67901, 316-624-1951
book	Alone - Not Lonely Seskin, Jane AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Caregiving - Helping An Aging Loved One Horne, Jo AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Contemporary Social Gerontology: Significant Developments in the Field of Gerontology Bell, Bill D. C.C. Thomas Publishers	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Creative Arts with Older Adults: A Sourcebook Weisber, Neida and Wilder, Rosilyn Human Sciences Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Family Relationships in Later Life Brubaker, Timothy Sage Publications, Inc.	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Freedom to Die Russell, Ruth O. Human Sciences Press, Inc.	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS. 67901, 316-624-1951
book	Handbook of Aging and the Social Sciences Binstock, Robert & Shanas, Ethel Van Nostrand Reinhold Co. Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951

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book	Handbook of Social Gerontology: Social Aspects of Aging Tilbitts, Clark Univ. of Chicago Press	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Higher Education and the Older Learner Apt. Patricia Human Science Press, Inc.	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	It's Your Choice Nelson, Thomas AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Life After Work Fromme, Allen AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Philosophical Foundations of Gerontology McKee, Patrick Human Sciences Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Policy Wise Chasen, Nancy AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Promoting the Well-being of the Elderly: A Community Diagnosis  Haworth Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Retirement Communities: An American Original  Haworth Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Teaching Undergraduate Courses in Adult Development and Aging Hulicka & Whitbourne Beech Hill Publishers	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	The Acting-Out Elderly: Issues for Helping Professionals  Haworth Press, Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951

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book	The Economics of Aging, 3rd Ed. Schultz, James Van Nostrand Reinhold Co. Inc.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	The Essential Guide to Wills, Estates, Trusts, Death Taxes Soled, Alex AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	The Last Frontier Fontana, Andrea Sage Publications, Inc.	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	The Myth of Senility Henig, Robin AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Ties That Bind: The Interdependence of Generations Kingman Hershorn & Cornman Seven Locks Press, Publishers	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	What to Do with What You've Got Weaver & Buchanan AARP/Scott, Foresman & Company	Seward County Community College, Doug Radohl, P.O. Box 1137, Liberal, KS, 67901, 316-624-1951
book	Writers Have No Age: Creative Writing with Older Adults Coberly, L. M., & McCormick, J., & Updike, K. Haworth Press	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951

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periodical	How to Live to Be 100 - or More Burns, G. Reader's Digest Dec. 1983, p. 217-218+	Dodge City College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	65 and Over - Where They Are  U. S. News & World Report July 5, 1982, O. 65	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	A Gift From the Older Generations: Continuity...Bringing Old and Young Together in Commo Tice, C. H. Children Today September-October 1982, p. 2-6	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Abusing the Aged: the Unreported Crime  U. S. News and World Report April 13, 1981, p. 10	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Accumulation of D-aspartic Acid with Age in the Human Brain Man, E. H. Science June 24, 1983, p. 1407-1408	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Aged Rats: Recovery of Motor Impairments by Intrastriatal Migral Grafts Gage, F. H. Science Sept. 2, 1983, p. 966-969	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Aging Women and Health Gelcin, J. L. Topics in Clinical Nursing Jan. 1983, p. 56-68	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Aging Worker: Asset - and Liability Sheler, J. L. U. S. News & World Report May 4, 1981, p. 76-77	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Aspects of Aging in Planned Communities Hornum, B. Topics in Clinical Nursing April 3, 1981, p. 85-97	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Assisting Adult Children Understand Their Aging Parents Allen, L. Canadian Journal of Psychiatric Nursing April-June 1981, p. 13-15	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Attitudes and Perceptions of Older People Toward Technology Brickfield, C. F. Vital Speeches of the Day Sept. 15, 1983, p. 721-724	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Avoiding Postop Pitfalls with Hip Fracture Patients Brown, S. L. RN May 1982, p. 48-54	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	B. F. Skinner and Old Age Greenberg, J. Science News August 28, 1982, p. 141	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Brain Acetylcholine Synthesis Declines with Senescence Gibson, G. E. Science August 7, 1981, p. 674-676	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Brain Aging Correlates: Retardation by Hormonalpharmacological Treatments Landfield, P. W. Science Oct. 30, 1981, p. 581-584	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Breaking the Age Barrier Kent, S. Health June 1982, p. 24-27+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Business and the Graying America Morrison, M. H. Saturday Evening Post October 1981, p. 30+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Business and the Graying of America Beach, M. H. Vital Speeches June 1, 1981, p. 488-492	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Calcium and Age in Fibroblasts From Control Subjects and Patients with Cystic Fibrosis Shapiro, B. L. Science April 23, 1982, p. 417-419	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Can Aging Be Controlled? Begley, S. Newsweek March 16, 1981, p. 68	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Caught Between Young and Old  U. S. News & World Report October 25, 1982, p. 72	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Cellular Aging: Further Evidence for the Commitment Theory Holliday, R. Science Sept. 25, 1981, p. 1501-1507	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Congress Looks for Ways to Help the Nation's Elderly  U. S. News & World Report July 4, 1983, p. 68-69	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Creativity in Old Age Skinner, B. F. Psychology Today Sept. 1983, p. 28-29	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	DNA Coils: Link to Aging  Science Digest April 1983, p. 85	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	DNA Methylation Decreases in Aging but not in Immortal Cells Wilson, V. L. Science June 3, 1983, p. 1055-1057	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Day Care Centers for the Old  Time Jan. 18, 1982, p. 60	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Day-Care Nursing Homes Mason, R. Health October 1982, p. 19	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Delivery of Care to Older People: Issues and Outlooks German, P. S. Topics in Clinical Nursing April 1981, p. 1-13	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Dietary Restriction Retards the Age-Associated Loss of Rat Striatal Dopaminergic Receptors Levin, P. Science Oct. 30, 1981, p. 561-562	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Doctor for all Ages Nixon, S. Health Nov.-Dec. 1981, p. 16+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Economics of Old Age Samuelson, P. A. Newsweek March 30, 1981, p. 70	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Elderhostel: Using a Lifetime of Learning and Experience Kaplan, M. Change Jan-Feb. 1981. p. 38-41	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Expanding Older Persons' Belief Systems Alford, D. M. Topics in Clinical Nursing January 1983, p. 56-68	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Food for Thought in the Elderly Archart-Freichel, J. Science News June 4, 1984, p. 358	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	For These Youngsters Life Begins at 80 Ebony Feb. 1981, p. 58-60+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Form and Function in Brain Aging Archart-Freichei, J. Science News October 30, 1982, p. 283	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Getting Credit When You're Older Changing Times Feb. 1981, p. 65	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Gold Watches are not Health Hazards Young, P. Psychology Today Sept. 1983, p. 72	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Gray Pages MS January 1982, p. 83-86	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Growing Old, Feeling Young Gelman, D. Newsweek Nov. 1, 1982, p. 56-60	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Growing Up to Be a Salty Old Woman Bird, C. MS August 1983, p. 102	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Growing Up...and Up...and Up MS Jan 1982, p. 45-50+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	He's Too Busy to Die Bolling, D. Saturday Evening Post March 1981, p. 36+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Health Insurance: A Crucial New Choice for Older Workers Changing Times November 1983, p. 70	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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Type	Title Author Publisher Description	School Contact person Address Phone
periodical	Health Promotion and the Assessment of Health Habits in the Elderly Moyer, N. C. Topics in Clinical Nursing April 1981, p. 51-58	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Hearing Loss and Aural Rehabilitation of the Elderly Heller, B. R. Topics in Clinical Nursing April 1981, p. 21-29	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Home is Where the Money is Wattersson, T. Saturday Evening Post October 1982, p. 30+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	How America Treats its Elderly Langway, L. Newsweek Nov. 1, 1982, p. 60-62	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	How Older People View Children Seefeldt, C. Children Today March-April 1982, p. 16-20	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	How People Can Beat Mental Aging - Tips from a 78 Year Old Expert  U. S. News & World Report Sept. 6, 1982, p. 56]	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	How a Man Ages  Ladies Home Journal August 1983, p. 96-97	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	If You Have to Care For Your Aging Parents  U. S. News & World Report October 3, 1983, p. 75-76	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Images of Aging From Around the World Goldsmith, A. Popular Photography July 1982, p. 6	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Increased Sensitivity of Lymphocytes from People Over 65 to Cell Cycle Arrest & Chromosoma Staiano-Coico, L Science March 18, 1983, p. 1335-1337	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Inflation's Vicious Bite Stone, M U. S. News & World Report Feb. 23, 1981, p. 86	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Insights for the Later Years Kragnes, E. N. Christian Century May 13, 1981, p. 533-534	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Kate Quinton's Days (I) Sheehan, S. New Yorker November 21, 1983, p. 58-60+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Kate Quinton's Days (II) Sheehan, S. New Yorker November 28, 1983, p. 56-80+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Light Up Your Aging Parents Lives Otten, J. Reader's Digest December 1981, p. 14+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Living Independently: New Options for Older Americans Kaercher, D. Better Homes & Gardens November 1983, p. 103+	Dodge City Community College, Linda Sanko, US. 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Longevity of Guard Cell Chloroplasts in Falling Leaves: Implication for Stomatal Function Zeiger, E. Science Nov. 12, 1982, p. 680-682	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS. 67801, 316-225-1321
periodical	Love Letter Selzer, R. Reader's Digest April 1981, p. 157-158+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Making Old Age Measure Up Miller, J. A. Science News August 1, 1981, p. 74-76	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Maximizing Psychological Adaption in an Aging Population Lancaster, J. Topics in Clinical Nursing April 1981, p. 31-43	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Millions Who Are Old and Alone  U. S. News & World Report Feb. 21, 1983, p: 56	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Mother and the Nursing Home Ghazarbekian, B. Reader's Digest June 1983, p. 1330136	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Movement Therapy With the Aged Goldberg, W. C. Nursing Research Nov-Dec 1980, p. 339-346	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	New Home-Sharing Options for Older People  Changing Times December 1983, p. 35	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	New Hope for Old Brains  Science News Feb. 14, 1981, p. 110	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	New Life for the Aging Allen, M. Saturday Evening Post March 1981, p. 28+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	New Police Worry: Old Lawbreakers  U. S. News & World Report March 29, 1982, p. 10	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Nursing Student's Attitudes Toward Sexually Active Older Persons Damrosch, S. P. Nursing Research July-August 1982, p. 2520257	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Nutrition in the Elderly Rhodes, C. Journal of Practical Nursing October 1982, p. 24-28	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Old Before Her Time Barrett, K. Ladies Home Journal August 1983, p. 46+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Old Enough to Know Better Time Sept. 20, 1982, p. 77	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	On Reverse Mortgages Quinn, J. B. Newsweek March 30, 1981, p. 75	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Oral Hygiene for the Elderly Ramos, L. Y. American Journal of Nursing April 1981, p. 1468-1469	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Oral Hygiene for the Elderly Ramos, L. Y. Journal of Practical Nursing April 1982, p. 29-30	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Overdosing the Elderly Clark, H. Newsweek August 30, 1982, p. 75	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Parenthood's Dim Rewards Hirsch, B. Psychology Today May 30, 1981, p. 14+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Physical Assessment of the Elderly Bailey, P. A. Topics in Clinical Nursing April 1981, p. 15-19	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Piecing Together Problem Solving Science News April 4, 1981, p. 222	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Promoting Healthful Aging Through Strengthening Family Ties Brewer, C. K. Topics in Clinical Nursing April 1981, p. 45-50	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Property Rich, Cash Poor  Time October 19, 1981, p. 77	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Retirees Costs - 25 Area Survey  U. S. News & World Report Nov. 1982, p. 16-21	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Senile Dementia Metaphor for our Time Barlow, A.R. Christian Century Be. 16-23, 1983, p. 151-153	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Senior Class Middleton, T. H. Saturday Review March-April 1983, p. 36	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Sensory Changes in the Elderly: Programmed Instruction Cohen, S. American Journal of Nursing October 1981, p. 1851-1880	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Sex After 60: Plateaus Not Valleys  Science News Oct. 17, 1981, p. 248	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Sex in the Nursing Home? For Lord's Sake, Why Not? Fox, N. L. RN Oct. 1980, p. 95-96+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Sexuality in the Later Years Yoselle, H. Topics in Clinical Nursing April 1981, p. 71-83	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	Should You Lie About Your Age O'Poole, P. Vogue July 1982, p. 92	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Sleep Behaviors of Older Persons Mayter, J. Nursing Research July-August 1983, p. 242-246	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Soaring Seniors Marty, M. E. Christian Century July 20-27, 1983, p. 695	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Social Aging  Scientific American March 1983, p. 70+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Solving the Age-Old Problem Tunzo, C. Money January 1982, p. 70-72+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Subperiosteal Expansion and Cortical Remodeling of the Human Femur and Tibia With Aging Ruff, C. B. Science Sept. 3, 1982, p. 945-948	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Talents of Elderly Wasted in a Youth-Centered Culture Van'tassel, D. U. S. News & World Report Dec. 14, 1981, p. 55	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	The Aging Body Tierney, J. Esquire May 1982, p. 45-47+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	The Elderly: Better Off Than We Think  U. S. News & World Report August 25, 1983, p. 7	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	The Invisible Guests  Health August 1982, p. 11+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	The Man Who Would Live Forever...Undernutrition Without Malnutrition Kahn, C. Health August 1983, p. 24-27	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	The Patient in the Middle: Caring for Your Middle-Aged Patients Meiner, S. Journal of Practical Nursing Sept. 1981, p. 25-26	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	This Way to the Poorhouse Gordon, D. B. Newsweek Sept. 27, 1982, p. 11	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Those Golden Years?  Canadian Journal of Psychiatric Nursing April-June 1982, p. 7-9	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Touching Is For Everyone Tobiason, S. J. R. American Journal of Nursing April 1981, p. 728-730	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Trapped Between Your Children and Your Parents Tevis, C. Successful Farming November 1983, p. 22+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Vintage Sex: Does It Get Better? Handelbaum, S. MS January 1982, p. 34	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	When Assessing the Aged, Don't be Fooled by These False Alarms Tichy, A. M. RN Sept. 1981, p. 58-62+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	When Mom and Dad Need Help Walker, G. Ladies Home Journal March 1982, p. 30+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321

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periodical	When Older Parents Need Help  Changing Times Nov. 1981, p. 80+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	When You're Not Ready - 'or Able to Retire  MS January 1982, p. 85	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Your Body & Mind as the Years Go By  Changing Times April 1982, p. 54+	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Your Time is Up Theodoracopulos, T. Esquire May 1983, p. 135	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City,, KS, 67801, 316-225-1321
periodical	Generations  2 year subscription	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
periodical	Journal of Gerontological Nursing  3 year subscription	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
periodical	Mini-Lessons in Care of Elderly  1 year subscription	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
periodical	Parent Care  One year subscription	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
periodical	The Gerontologist: For the Professional Who Keeps Abreast of New Developments in the Aging  Volume 25/Number 4. August 1985	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641

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videotape	Home Health Care: The Clinicare Rehabilitation Team Clinicare Home Health Agency, K. C., Kansas K.U. Long Term Care Gerontology Center Shows the cooperation of professionals in serving clients as a whole person.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Colby, Deans of Cont. Ed./ Community Services, , , , ,
videotape	AGEISM: A Growing Concern  K.U. Long Term Care Gerontology Center Focus on biases toward older persons as worker, etc.. Current research included	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , , ,
videotape	Creating a Mutual Aide Group with Partners of Institutionalized Spouses Garfied, Goodwin and Jess, Jan K.U. Long Term Care Gerontology Center Development of a mutual aide group for those whose spouses are in a nursing home	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , , ,
videotape	Drug Use and the Older Person Domann, Dave, Clinical Pharmacist K.U. Long Term Care Gerontology Center Ways in which pharmacists can contribute to the care of the elderly.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , , ,
videotape	How to Interview an Older Person Moore, Steve, M.S.W. K.U. Long Term Care Gerontology Center Simulated interview with an older person with both visual and auditory losses.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Services, , , , ,
videotape	Human Sexuality and Older People Dailey, Dennis, DSW K.U. Long Term Care Gerontology Center Human sexuality issues in regard to older persons.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , , ,
videotape	Issue of Power in the Family  K.U. Long Term Care Gerontology Center Changing position in the family by the elderly.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , , ,
videotape	Issues of Independence  K.U. Long Term Care Gerontology C. Older person's point of view in conflict.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Dean of Cont. Ed./ Community Service, , , , ,

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videotape	Issues of Respect  K.U. Long Term Care Gerontology Center Common negative stereotypes of older persons & impersonal commun.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , ,
videotape	Life Enrichment Courses for the Older Person: Group Process at the Shepherd Center Phelps, Kermit K.U. Long Term Care Gerontology Center Using small group settings to help elderly sharen their skills in communicating	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./Community Service, , , ,
videotape	Nutrition and the Older Person Dassenko, Sandra K.U. Long Term Care Gerontology Center Physiological changes as a person ages that influence diet and nutrional needs.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , ,
videotape	Physical Changes and the Older Adult Schweinitz, Louise K.U. Long Term Care Gerontology Center Dr. Louise de Schweinitz discusses physical changes	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , ,
videotape	Rehabilitation Team: The Student Team in Gerontology Tulloch-Price, Judy, R.N. K.U. Long Term Care Gerontology Center A student nursing and social work team in action.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./Community Service, , , ,
videotape	Speech/Language Problems of the Aged  K.U. Long Term Care Gerontology Center Descriptions of 3 different speech/language problems.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./Community Services, , , ,
videotape	The Psychological Problems of Aging: Organic Brain Syndrome & Other Mental Health Cond. Crockett, Walter K.U. Long Term Care Gerontology Center Description, possible causes, and professionals help organic brain syndrome.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./ Community Service, , , ,
videotape	Theories of Aging: Exercise Intervention for the Older Person Osness, Wayne K.U. Long Term Care Gerontology Center The importance of exercise as one mode of intervention in the aging process.	Cloud, Colby, Dodge, Garden, Hutch., Pratt, Seward, Deans of Cont. Ed./Community Service, , , ,

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videotape	How to Interview an Older Person	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
videotape	Stress in an Older Person - What Can Happen	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
videotape	A Doctors Story Art Carney, Howard Rollins, Jr.  April 23, 1984	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Biologic Changes of Aging: Function and Capacity	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Helping Older Adults: Peer Counseling in Rural America	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Intergenerational Communication Series: "Issues of Power in the Family"	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Intergenerational Communication Series: "Issues of Respect"	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Issues of Independence	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Issues of Power in the Family  August 1982	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641
videotape	Physical Changes and the Older Adult: An Interview with Dr. Louise deSchweinitz	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641

includes "Speech and Language: Problems of the Aged"

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videotape	Stress and the Older Person: What Can Happen	Pratt Community College, Betty Stevens, Highway 61, Pratt,, KS, 67124, 316-672-5641

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filmstrip	Arthritis, Knowing the Facts  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Coping with Visual Losses  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Infection Control  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Keep Going Straight  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Patient/ Resident Bill of Rights  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Point the Way  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Safety Aids for Patients  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Staff Ethics  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-241435
filmstrip	Turn Toward Identity  American Health Care association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435
filmstrip	Your Role on the Health Care Team  American Health Care Association To be used on a Labelle projector	Cloud County Community College, Darrell Cottingham, 2221 Campus Drive, Concordia, KS, 66901, 913-243-1435

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film	Aging	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
film	The Final Proud Days of Elsie Wurster	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
film	Volunteerism  set of three	Colby Community College, Larry Koon, 1255 South Range, Colby, KS, 67701, 913-462-3984
filmstrip	Challenges of Aging: Change and Loss  Medcom, Inc.	Dodge City & Hutchinson Community College, Linda Sanko, Wilma Kelley (Hutch.), US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
filmstrip	To Hell With Grandma  Career Aids, Inc. set of 4	Dodge City & Hutchinson Community College, Linda Sanko, Wilma Kelley (Hutch.), US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
filmstrip	Biological Changes of Aging/Appear, Senses  Medcom, Inc.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave, Dodge City, KS, 67801, 316-225-1321
filmstrip	Biological Changes of Aging/Funct, Capac.  Medcom, Inc.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave, Dodge City, KS, 67801, 316-225-1321
filmstrip	Care of the Geriatric Patient  Career Aids	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
filmstrip	Geront. Nursing-Breed/Growing Need  Medcom, Inc.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
filmstrip	Grow Old-A Cultural Perceptive  Medcom, Inc.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave, Dodge City, KS, 67801, 316-225-1321

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Type	Title Author Publisher Description	School Contact person Address Phone
filmstrip	Human Sexuality with Aging Medcom, Inc.	Dodge City Community College, Linda Sanko, US 50 By-pass and 14th Ave., Dodge City, KS, 67801, 316-225-1321
filmstrip	Gramps Sunburst Cms.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
filmstrip	Human Development: Successful Aging Concept Media Series on Aging Set of 3. Series 128.	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
filmstrip	My Mother, My Father. Terra Nova Filmstrip Rental	Garden City Community College, Gene Schneider, 801 Campus Drive, Garden City, KS, 67846, 316-276-7611
filmstrip	Minnie Remembers	Hutchinson Community College, Wilma Kelley, 1300 North Plum Street, Hutchinson, KS, 67501, 316-665-3500
filmstrip	Hum. Dev. Successful Aging Concept Media Concept Media Series on Aging. Set of 2. Series 128.	Seward County Community College, Doug Radohl, P. O. Box 1137, Liberal, KS, 67901, 316-624-1951

APPENDIX 5

## ATTACHMENT C

RURAL AGE 1983-86EVALUATION PLAN

<u>ACTIVITY</u>	<u>PURPOSE(S)</u>	<u>RESPONSIBILITY</u>	<u>TIME SCHEDULE</u>	<u>ANALYSIS</u>	<u>REPORT TYPE</u>
1. PROGRESS REPORTS.	1. ENCOURAGE AND MONITOR PROJECT DEVELOPMENT; EARLY DISCOVERY OF PROBLEMS OR SPECIAL NEEDS; DOCUMENT ACCOMPLISHMENTS OR PROGRESS ON PLANS.	1. TEAM LEADER	1. BI-MONTHLY, 1ST 2 YEARS.	1. O.E.R.	1. CA
2. REACTIONS TO PLANNING CONFERENCE.	2. EVALUATE EFFECTIVENESS; DISCOVER STRENGTHS AND WEAKNESSES.	2. DESIGN: OER. ADMINISTRATION PROCESS: CA	2. NOVEMBER 2, 1983; FALL, 1984	2. O.E.R.	2. CA
3. RATINGS OF SUPPORT SERVICES.	3. EVALUATE CONSULTANTS; SUPPORT MATERIALS; CA ASSISTANCE.	3. DESIGN AND ADMINISTRATION: OER	3. SPRING, 1984	3. O.E.R.	3. CA
4. SURVEY OF ENROLLEES, I.	4. DETERMINE ENROLLMENT SIZE AND CHARACTERISTICS; EFFECTIVENESS OF VARIOUS RECRUITING TECHNIQUES.	4. DESIGN: OER. ADMINISTRATION: TEAM LEADER.	4. POSSIBLY SPRING, 1984, FALL 1984.	4. O.E.R.	4. CA
5. OTHER REPORTING.	5. INFORMING CAMPUS PERSONNEL AND PROJECT STAFF.	5. TEAM LEADER.	5. MONTHLY REVIEW IN DEANS MEETING; SEMI-ANNUAL REPORT TO PROJECT DIRECTOR.	5. CONSORTIUM DEANS, PROJECT DIRECTOR.	5. -
6. SURVEY (LOCAL) CONSTITUENTS.	6. DETERMINE IMPACT OF PROGRAM ON INSTITUTIONS AND COMMUNITIES.	6. OUTLINE DRAFT: OER. DESIGN AND ADMINISTRATION: TEAM LEADER.	6. NOVEMBER 1984 OR MARCH 1985.	6. O.E.R.	6. CA
7. SURVEY OF ENROLLEES, II.	7. EVALUATE QUALITY OF CURRICULUM AS IMPLEMENTED.	7. DESIGN: OER. ADMINISTRATION: TEAM LEADER.	7. MARCH, 1985.	7. O.E.R.	7. CA
8. CONSULTANT REACTION.	8. OBTAIN CONSULTANT INPUT ON PROJECT EFFECTIVENESS.	8. DESIGN: OER. ADMINISTRATION: CA	8. FALL 1984	8. O.E.R.	8. CA
9. CASE HISTORY	9. DOCUMENT EVOLUTION OF CURRICULUM DEVELOPMENT	9. TEAM LEADER	9. SPRING 1986	9. O.E.R.	9. CA

YEAR TWO EVALUATION

LOCAL ASSESSMENT FORM

(To be completed by official representative at each WKCS community college)

Due at WKCS office on or before September 23.

Explanation: This evaluation is divided into three parts. The first is an evaluation of Two Year Objectives as stated in the original proposal. The second part covers other evaluation criteria as implied in the proposal. The third part allows you to assess your evaluation of the entire project at a point of two-thirds through the entire period.

Some of the items are quantitative and therefore are objective. On those items where judgement is required, an attempt has been made to quantify your subjective response for tabulation purposes. Your responses will be more reliable if you read the entire form through before you answer anything. If you have comments not covered by the questions, attach a sheet.

Attachments requested (as available) are: A list of new courses developed at your institution as a result of this project; a list of instructional personnel involved in the project in any way; and copies of printed material intended to advertise or disseminate information about your gerontology curriculum.

PART I: ACCOMPLISHMENT OF OBJECTIVES

Objective "a": Implementing corrections in curriculum design and content determined at the curriculum completion workshop. This will include modification of training materials introduced in Year One and introducing new materials.

- 1. Number of curriculum DESIGN changes made during Year Two: \_\_\_\_\_
- 2. Number of curriculum CONTENT changes made in Year Two: \_\_\_\_\_
- 3. Number of new courses developed during Year Two as a result of curriculum CHANGES: \_\_\_\_\_
- 4. Number of new courses OFFERED during Year Two, as a result of curriculum changes: \_\_\_\_\_
- 5. Relative importance of changes made during Year Two:

<u>Type of Change</u>	<u>Minor</u>	<u>Major</u>		
Curriculum Design.....1	2	3	4	5
Curriculum Content.....1	2	3	4	5
Course Design.....1	2	3	4	5
Course Content.....1	2	3	4	5

- 6. Explain the impact of meetings and conferences in the kinds of changes made during Year Two:



c. \_\_\_\_\_

Objective "e": Increasing Faculty Involvement.

1. List faculty (part-time or full-time) who were involved for the first time during Year Two and the type of involvement (developing courses, teaching, staff development, meeting, etc.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

Objective "f": Broadening learner recruitment through publicity and curriculum publicity and curriculum information dissemination.

1. List publicity methods used during Year Two and attach copies.

2. Which of the above do you believe are most effective?

3. During Year Two, was the cost of publicity justified by learner numbers?

4. If not, do you think it will "pay off" in the near future?

5. Will you use different methods in the near future? if so, explain.

PART II: OTHER EVALUATION CRITERIA

a. Transfer ease. What evidence can you say indicates transferability from WKCSC colleges to KGC colleges? Write "yes" or "no" for each.

1. One or more successful transfer have been completed. \_\_\_\_\_
2. One or more new courses have been formally recognized as transfer equivalents. \_\_\_\_\_
3. Personal contacts between faculty or administrators have been developed to facilitate transfers. \_\_\_\_\_
4. KGC universities have shown more flexibility in gerontology course acceptance. \_\_\_\_\_
5. KGC universities have issued "transfer equivalent guides" for gerontology. \_\_\_\_\_
6. WKCSC institutions have made efforts to meet existing KGC requirements. \_\_\_\_\_
7. KGC curricula are so different in scope or nature that transferability from 1 and 2-year curricula is irrelevant. \_\_\_\_\_

B. Effectiveness of project methodology. Rank the following activities according to their value to your college in carrying out this project. (No. 1 will be the most valuable; No. 10 is least valuable)

<u>Value rank</u>	<u>Activity</u>
_____	Access to KGC faculty
_____	Two day "kick-off" meeting for Year Two
_____	Monthly WKCSC meetings
_____	Faculty compensation funds
_____	Materials acquisition funds
_____	Copies of syllabi and materials from KGC
_____	Copies of syllabi and materials from WKCSC
_____	Interpersonal communications, KGC and WKCSC
_____	Mid-year teleconference
_____	Travel funds

C. Community and learner response. Check the type of response you have received from the following groups. If no response has been made, leave blank. Attach evidence if available.

<u>Type of group</u>	<u>Positive</u>	<u>Neutral</u>	<u>Negative</u>
Senior citizen.....	_____	_____	_____
Hospitals.....	_____	_____	_____
Nursing homes.....	_____	_____	_____
Home health agencies.....	_____	_____	_____
Nurses.....	_____	_____	_____
SRS.....	_____	_____	_____
Churches.....	_____	_____	_____
Educational agencies.....	_____	_____	_____
Community leaders.....	_____	_____	_____
"Traditional" students.....	_____	_____	_____

"Re-training" students..... \_\_\_\_\_  
 New kinds of learners..... \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

D. Unexpected positive spin-offs or developments. Describe and explain the significance of any unexpected positive developments that have occurred because of this project.

PART III: OVERALL EVALUATION

A. Compare this project to other grants in the following criteria.

<u>Criterion</u>	<u>Worse/less</u>		<u>More/better</u>		
1. Great need for the project	1	2	3	4	5
2. Flexibility of design	1	2	3	4	5
3. Overall effectiveness	1	2	3	4	5
4. Quality of project leadership	1	2	3	4	5
5. Quality of participation	1	2	3	4	5
6. Ease of participation	1	2	3	4	5
7. Availability of money	1	2	3	4	5
8. Categories of money available	1	2	3	4	5
9. Appropriate time commitments	1	2	3	4	5
10. Long range value	1	2	3	4	5

B. Write on the back of this sheet any other comments related to the evaluation of Year Two of Rural A.G.E.

RURAL A.G.E.  
YEAR THREE EVALUATION  
LOCAL ASSESSMENT FORM

COLLEGE NAME: \_\_\_\_\_

(To be completed by official representative at each WKSCC community college.)

Explanation: This evaluation is divided into three parts. The first is an assessment of specific third-year objectives as stated in the original proposal. The second part covers other evaluation criteria as implied in the proposal. The third part allows you to assess your judgment of the entire project.

**PLEASE LOOK THROUGH THE ENTIRE FORM BEFORE ANSWERING ANYTHING!**

ATTACHMENTS REQUESTED:

1. All syllabi for new or revised gerontology courses.
2. Copies of catalogs, fliers, etc. that describe your curriculum.
3. Copies of letters, student evaluations, etc. that reflect community response to the project.
4. List of names and positions of all individuals from your community who have participated in this project (other than as students or audience).

PART I: ACCOMPLISHMENT OF OBJECTIVES

OBJECTIVE 1: Repeat offerings of 60% of the courses developed in years one and two; a minimum of 24 new courses for the three year project, serving an estimated 600 learners.

1. How many new courses were offered AGAIN during the third year at your college? \_\_\_\_\_

2. How many new or revised courses were added to your gerontology curriculum during the three-year project? \_\_\_\_\_

3. How many new courses were added during year three? \_\_\_\_\_

4. How many students enrolled in courses that were new during year three? \_\_\_\_\_

5. How many students enrolled in all your gerontology courses during the third year? \_\_\_\_\_

During all three years of the project? \_\_\_\_\_

OBJECTIVE 2: Full curricula will be in place at all community colleges.

1. Is a gerontology related curriculum in place at your college? \_\_\_\_\_
2. If you have more than one gerontology curriculum, how many do you have? \_\_\_\_\_
3. What is the official name(s) of your gerontology curriculum or program? \_\_\_\_\_  
\_\_\_\_\_

OBJECTIVE 3: Teams will include faculty from regular day programs as well as continuing education programs.

1. List names of regular faculty who have been team members.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
2. List names of continuing education faculty who have been team members.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

OBJECTIVE 4: Gerontological curricula will be assured at each community college.

1. Has your gerontological curriculum been officially accepted by

The KS Dept. of Education?	YES ___	NO ___
Your Board of Trustees?	YES ___	NO ___
Your curriculum committee?	YES ___	NO ___
Other official body? _____	YES ___	NO ___

2. Has your gerontological curriculum been included in your

college catalog (current or next)?            YES\_\_\_    NO\_\_\_

3. How many students are currently (officially) pursuing a certificate or an associate degree in gerontology at your college? \_\_\_\_\_

4. How many students will be pursuing a certificate or an associate degree in gerontology during the next academic year? \_\_\_\_\_

OBJECTIVE 5: The manual will be distributed to all participants.

1. How many copies of the manual do you want for your college?

OBJECTIVE 6: Twelve formal dissemination presentations will be conducted by Team Members and project staff; three project displays will be arranged at national or regional conferences.

1. List names of people from your college who have made presentations or displays as described above, the name of the presentation, the name of the conference, place, and date.

A. Presenter: \_\_\_\_\_  
Title: \_\_\_\_\_  
Meeting: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

B. Presenter: \_\_\_\_\_  
Title: \_\_\_\_\_  
Meeting: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_

OBJECTIVE 7: Each community college will participate in a miniconference to market the gerontological curricula to area service providers.

1. Have you had a miniconference?            YES\_\_\_    NO\_\_\_

2. If not, is one planned?            YES\_\_\_    NO\_\_\_

3. What was (or will be) the date of your miniconference? \_\_\_\_\_

4. Who was (or will be) the leader of the miniconference?

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

5. What groups or service providers were (or will be) represented at your miniconference?

- |                           |         |        |
|---------------------------|---------|--------|
| 1. Area Agency on Aging   | YES ___ | NO ___ |
| 2. Senior Citizen Centers | YES ___ | NO ___ |
| 3. Nutrition Sites        | YES ___ | NO ___ |
| 4. Care Homes             | YES ___ | NO ___ |
| 5. Hospitals              | YES ___ | NO ___ |
| 6. Retirement communities | YES ___ | NO ___ |
| 7. S. R. S.               | YES ___ | NO ___ |
| 8. Other _____            | YES ___ | NO ___ |
| 9. Other _____            | YES ___ | NO ___ |
| 10. Other _____           | YES ___ | NO ___ |

OBJECTIVE 8: Articulation agreements will exist between each community college and K.G.C. universities for Introduction to Gerontology and other courses as appropriate.

1. Has your college requested any gerontology articulation agreements with KSU, KU, or WU?

YES \_\_\_ NO \_\_\_

2. List the courses for which articulation agreements with K.G.C. now exist:

Course: \_\_\_\_\_  
Course: \_\_\_\_\_  
Course: \_\_\_\_\_

OBJECTIVE 9: Teams will have close relationships with gerontological faculty of the K.G.C. and/or other universities' gerontological faculty through attendance at conferences so that post-project gerontological support is assured.

1. List names and universities of individuals whom you or someone at your college would be likely to contact for information, assistance, or cooperation in gerontological matters.

NAME	UNIVERSITY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List organizations, committees, and similar groups that your team members or faculty have joined or attended as a result of this project.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

PART II: OTHER EVALUATION CRITERIA

A. Explain any evidence or indications you can cite about the transferrability from WKCSK colleges to K.G.C. colleges.

B. Rank the following activities according to their value to your college in carrying out this project. (No. 1 will be the most valuable; 10 the least valuable.)

ACTIVITY	VALUE RANK
Travel funds	_____
Interpersonal communication, WKCSK and KGC	_____
Curriculum materials from WKCSK colleges	_____
Curriculum materials from KGC universities	_____
Funds for materials	_____
Funds for faculty compensation	_____
Regular WKCSK meetings	_____
Staff leadership	_____
Access to KGC faculty	_____

National and regional conferences

C. Check the type of response you have received from the following groups. If no response has been made, leave blank. Attach evidence, ESPECIALLY COPIES OF STUDENT EVALUATION FORMS OR SUMMARY SHEETS THEREOF, as available.

TYPE OF GROUP	POSITIVE	NEUTRAL	NEGATIVE
Senior Citizens	---	---	---
Hospitals	---	---	---
Nursing Homes	---	---	---
Home Health Agencies	---	---	---
Nurses	---	---	---
SRS	---	---	---
Churches/religious groups	---	---	---
Educational agencies	---	---	---
Community leaders	---	---	---
"Traditional" students	---	---	---
"Re-training" students	---	---	---
New kinds of learners	---	---	---
Other _____	---	---	---

D. Describe and explain the significance of any unexpected positive developments that have occurred because of this project (not already reported for year two).

### PART III: OVERALL EVALUATION

A. Compare this project to other grants in the following criteria.

CRITERION	BETTER	SAME	WORSE
1. There was a real need.	---	---	---
2. Design was flexible.	---	---	---
3. Overall effectiveness	---	---	---
4. Practical guidelines	---	---	---
5. Project leadership	---	---	---
6. Availability of money	---	---	---
7. Categories of funding	---	---	---
8. Time required vs. result	---	---	---
9. Long range value	---	---	---
10. Attitude of participants	---	---	---

B. Write on the back of this sheet any other comments related to the evaluation of Year Three of Rural A.G.E.

APPENDIX 6

## Highlights of First Year Evaluation

Donald P. Hoyt  
Office of Educational Resources

### I. Views of Participants.

#### Initial Planning Conference

Participants evaluated the initial Planning Conference by rating their satisfaction with (a) progress on four objectives and (b) consultants. Between two-thirds and three-fourths of the respondents were either "Quite satisfied" or "Very satisfied" with the progress they made in (1) building colleague relationships, (2) becoming familiar with available materials, (3) becoming acquainted with faculty, and (4) having a full opportunity to explore options. Most (73%) knew who their consultant was and only one of 16 respondents expressed reservations about this. The conference was judged to be quite successful in getting the project launched.

#### First Year Accomplishments

At the conclusion of the first year, participants made evaluations of three services provided by the project: consultants, support materials, and assistance from the Center on Aging. In addition to overall ratings, respondents rated specific characteristics or features which presumably were responsible for their overall evaluations.

Consultants. Of the 13 who rated the helpfulness of consultants, 8 checked "Very helpful" or "Extremely helpful", while 5 checked "Of some help"; no participants regarded the consultants to be of only minor, or no, help.

These ratings were consistent with the ratings of the characteristics of consultants; over 60% rated all four characteristics as "Strong". Consultants were regarded as especially strong in "Expertise" (82% "Strong") and least strong in "Willingness to assist" (64% "Strong").

The five respondents who did not use consultants cited various reasons for this, the most prominent of which were "No need" (5/5), "Skeptical on consultants' interest" (4/5), and "Mechanics/hassle" (3/5).

Support materials. Overall, ratings of the quantity of supporting materials were very favorable (70% "Sufficient"). Most (82%) regarded their quality as either "Excellent" (36%) or "Good" (46%).

Nearly all respondents reviewed texts and video tapes, while about half also reviewed bibliographies, supplemental readings, and films/filmstrips. The majority also received materials in four of these categories; only a minority, however, received films/filmstrips.

A small minority felt that there was need for improvement in communication about available materials. But only 4 respondents indicated that their failure to use supporting materials was due to a lack of knowledge as to what was available.

Center for Aging. For the most part, respondents did not make heavy demands for assistance from the Center on Aging. Two asked for critiques of draft proposals, while five requested each of three other types of assistance (proposal strategy; specific features of proposal; referrals). Of the 17 who rated the Center, 4 rated overall effectiveness as "Excellent", 7 "Good", 5 "Fair", and 0 "Poor". Over half regarded the staff's professional expertise, communication skill, and willingness to help as a "Strength". Half had some reservations about the staff's "Forcefulness", and about two-thirds rated "Availability" as "In between" or "Weakness".

Summary: Participants indicated considerable satisfaction with accomplishments during the first year. The provision and utilization of support materials was a particularly strong point. Although consultants and the Center on Aging staff were regarded as respected experts, community college participants did not make heavy use of either. An inference can be drawn that respondents were reluctant to impose on "busy experts"; aside from the realities of time pressures, there may be some additional barriers to making full use of professional assistance.

Participants also completed bi-monthly progress reports in which they identified their objectives, the steps needed to achieve objectives, progress and barriers to completing the steps, and the assistance they received from the project. Four of the six community colleges reported regular progress on reaching first year goals. Two were able to offer and teach new courses during the spring; two others had new offerings prepared for fall, 1984. One offered a new course which failed, and one failed to offer a planned course.

Each college experienced some barriers; most found the Center on Aging staff helpful in overcoming external problems. However, some had mistaken notions as to how much direct financial support (for consultants or other costs) would be made available. One appeared to establish overly ambitious goals; subsequent frustration kept them from attaining even modest progress.

Overall, considerable progress was made. Participants became aware that their plans and aspirations had to be accommodated in the framework of institutional missions and priorities. They appeared to gain less support and encouragement from each other than was thought possible and desirable.

## II. Views of Consultants.

Two attempts were made to gain evaluative input from consultants. First, they completed a survey form after participating in the fall conference. Toward the end of the year, they were asked to respond to four questions about the accomplishments of the project, its strengths and weaknesses, and the consulting activity.

At least 10 of the 11 consultants believed all 4 objectives of the planning conference were achieved at an acceptable (or better) level. In their views, the conference was particularly successful in building identification with and respect for colleagues and in giving participants an opportunity to explore options before making a commitment to a curriculum development plan.

Two consultants had reservations or were dissatisfied with the consulting arrangement; one of these felt victimized by the need to make some last minute changes in assignments. The consultants were somewhat apprehensive about the degree to which teams might make future use of them; only one or two felt confident that the teams were well acquainted with the type of expertise the consultant possessed or knew how to make optimum use of the consultant.

These apprehensions were confirmed by the spring follow-up. Only one consultant was asked to make on-campus visits. There was some feeling expressed that teams were reluctant to display ignorance, protective of their own control over plans, and, in some instances, less than fully committed to the project. In any event, the hope that teams would make regular use of consultants (other than the Center on Aging project staff) was not generally realized.

### III. Views of Center on Aging Staff.

Through the fall conference, telephone and mail interactions, and on-site visits, the Center on Aging staff also formed some judgments of first year progress. These are summarized below:

Team Organization. An uneven performance. It was concluded that the team leader needs special skills and predispositions; when these are lacking, the team does not develop the cohesiveness and positive morale needed to insure accomplishment and future commitment.

Course Development. In this area, staff reiterated information drawn from participants' progress reports cited previously.

Faculty Development. Nearly all teams displayed interest. Specific opportunities, and mechanisms for insuring their use, require expanded attention.

Consultants. Little use was made. Problems appear to be both attitudinal and financial.

Resources. Considerable interest in and appreciation for the efforts made by the Center staff to advise on (and make available) materials relevant to needs.

Integration. Good progress in coordination/cooperation with GEM and PHS. Some rough spots, but in general good relationships and sharing.

Overall, good progress was apparent at four colleges. Difficulties have developed at two; one has had too much turnover leaving the continuing staff overwhelmed; the other developed goals which were too ambitious and grandiose.

## Overall Evaluation

The project had a fairly successful first year. Its initial conference appeared to establish appropriate expectations and plans for achieving goals. Progress toward those goals was, for the most part, encouraging; in a minority of instances, however, it was disappointing.

A number of aspects of the program did not work out as well as had been expected. Consultants were used much less extensively than planned; this appeared to reflect reluctance to expose naivete, some lack of dedication to project, and some discouragement with financial arrangements. More attention needs to be given to the problem of using consultants.

Team leaders were not always effective managers nor personally dedicated to the project. It may be desirable, in the future, to make team leaders responsible to both their institution and the Center (through salary sharing), an arrangement which would help insure quality leadership.

Although most teams made good progress, none experienced special campus support. Strategies for improving the campus-wide status of the team should be explored.

## RURAL AGE: EVALUATION OF YEAR TWO

Donald P. Hoyt  
Planning and Evaluation Services

In September, 1985, the official representative of each of the seven WKCS community colleges completed a five-page survey designed to assess progress on the project's second year's objectives. This report summarizes and interprets those replies.

### Achieving Specific Objectives

Six specific objectives were identified. In the following section, each is listed prior to the presentation of information relevant to the degree to which it was achieved.

Objective 1. To implement improvements in curriculum design and content as determined at the curriculum completion workshop. Four of the survey questions asked respondents about the number of changes which were made in Year Two. Three of the seven colleges made a change in curriculum DESIGN. All seven made at least one change in curriculum CONTENT; three of the seven made more than one such change. Similarly, all seven developed at least one new course during Year Two as a result of curriculum changes; two colleges developed three such courses, one developed six, and another developed seven. Most of these new courses were offered during Year Two; a total of 20 such courses were offered and only one college failed to offer any new courses.

Respondents were asked to rate the importance of the various changes they had made in curricula or courses. A five-point scale was used, ranging from 1=Minor to 5=Major. Of the 23 changes which were rated, only one was regarded as "Minor", while five were considered "Major". In all, 15 of the 23 were rated either "4" or "5", and only 2 were rated "1" or "2".

To complete the evaluation of this objective, respondents replied to a request to "Explain the impact of meetings and conferences on the kinds of changes made during Year Two". Six of the seven responded. Two stressed the development of "know how"--specific tools or techniques for achieving goals. Two others identified contributions to the management of their projects and efforts. One mentioned the clarification of direction for the project, and another credited meetings and conferences with helping them extend their offerings much further into the community than they had initially planned.

**Conclusion:** Relatively important changes in curricula and courses occurred during Year Two. Meetings and conferences led to a variety of accomplishments relevant to the needs and circumstances of the participating colleges.

Objective 2. To develop new courses or syllabi. Respondents were asked how many new courses or syllabi were planned for Year Two and how many had actually been developed. A total of 23 were planned, of which 16 were actually developed. Every participant developed at least one new course or syllabus.

Another question asked respondents to list factors which influenced the number of new courses developed during Year Two. Six of the seven replied. Five of these mentioned "Need", though they had different ways of assessing it; methods varied from a formal "needs assessment" to "Task Force deliberation". Also mentioned were "transferability of credits" (one college) and "Increased faculty interest and involvement stemming from earlier project activities" (one college).

Conclusion: Participants generally followed through with their plans to develop new courses or syllabi. They were guided in this effort primarily by some form of needs assessment, but were occasionally influenced by other factors too.

Objective 3. To assure that curricula will be a continuing part of each institution's offerings by appropriate "formalizing" procedures. Eleven procedures were listed which colleges commonly use to formalize their acceptance of responsibility for specific programs. Respondents indicated whether or not each was required at their institution and, if so, the degree to which the procedure was complete. All seven colleges required three of these procedures--administrative input, state approval, and inclusion in the catalog. Four had completed the first of these, and the other three reported progress. Three had obtained state approval, and four had initiated requests for approval. Only two college catalogs contained the appropriate curriculum description; for three other colleges, this was in process, while for the other two no progress had been made.

Two colleges required formal approval of new programs; neither had made any progress on obtaining this. One required a waiting period which had not yet started. Other than for these two procedures, at least partial completion of all other requirements was reported. The number of "completions" and "partial completions" was nearly identical. Conclusion: Participants reported significant progress in obtaining formal recognition of their programs as a continuing responsibility of their institution. There were no apparent obstacles to achieving full incorporation into the college's ongoing and continuing programs.

Objective 4. To introduce curricula developed at other WKCSO institutions when they are consistent with learner demand

and institutional resources. Respondents were asked to identify the courses or seminars which they "borrowed" from other WKSC institutions, in whole or in part. Three of the seven identified at least two such courses or seminars, and one identified three. In all except one instance, only part of the course or seminar was used by the "borrowing" institution. Although only three of the participating colleges took advantage of this opportunity, it can be concluded that the objective of avoiding needless duplication of effort was at least partially achieved.

Objective 5. To increase faculty involvement. Respondents identified a total of 25 faculty members who became involved in the project for the first time during Year Two; from two to five faculty members were identified at each institution. The specific type of involvement was not specified for 12 of these faculty members. For the others, three were involved in all activities, and the others in some combination of course development, teaching, staff development, or meetings and conferences. Because of this substantial evidence of increased faculty involvement, it was concluded that Objective 5 was achieved with good success.

Objective 6. To broaden learner recruitment through publicity and information dissemination. Respondents identified the methods they used to publicize their programs, and evaluated their relative success. Nearly all used multiple methods, with newspaper stories and brochures being the most common. Other methods included radio, TV, course schedule publication, personal contact with targeted groups, and needs assessment. Respondents did not agree as to the most effective method, though all felt that the costs of their efforts were more than offset by the subsequent enrollments. Two felt local newspaper stories were most effective, while three felt their brochures had the most impact. One mentioned radio/TV and another mentioned "Personal contact". It was concluded that publicity efforts were largely successful in aiding recruitment, and that the selection of specific publicity channels should reflect local circumstances.

#### Other Criteria

In addition to the six specific objectives discussed above, the survey sought reactions to four other matters related to the effectiveness of the project. Results are presented and discussed in this section.

A. Transfer ease. It is generally desirable if courses completed at a community college are accepted for transfer credit at four year institutions. A set of six indicators of transferrability was developed, and respondents indicated whether or not they had a positive experience with each. On one of these, there was a unanimously negative answer; KGC (4-year)

institutions have not issued "transfer equivalent guides". Only two of the seven colleges reported that one or more successful transfers had been completed; the others simply had not had this matter tested yet. On all other indicators, at least four of the seven gave a positive response. Four had one or more new courses formally recognized as transfer equivalents; five reported that personal contacts to facilitate transfers had been made with faculty or administrators; four reported 4-year institutions to be more flexible in accepting gerontology courses; and six said that their institutions had made efforts to meet existing requirements of the KGC institutions. Conclusion: It appears that good progress has been made in facilitating transfer to 4-year institutions.

B. Effectiveness of project methods. A number of specific techniques have been employed in an effort to serve the community colleges participating in this project. Ten of these were listed on the survey form, and respondents were asked to rank them from "1" (most valuable) to "10" (least valuable). For the most part, there was little consensus. There were three exceptions to this conclusion: (a) All respondents ranked "Materials acquisition funds" as either first or second; (b) no one rated the monthly WKCS meetings any higher than sixth of ten; and (c) no one rated the mid-year teleconference higher than sixth. Other than for these exceptions, there was little agreement; at least one respondent ranked each other method in the top three and at least one ranked each in the bottom three. It was concluded that the "Material acquisition funds" was generally regarded as valuable, that the monthly meetings and mid-year teleconference were not valuable (at least in a relative sense), and that the value of other methods was largely institution-specific.

C. Community/learner response. Twelve community agencies or groups were listed, and respondents were asked to describe the type of response they had received from each. No negative reactions were reported. Positive reactions outnumbered neutral ones by a 52-24 margin. All seven indicated positive responses from senior citizens, and all but one said responses had been positive from nursing homes, home health agencies, retraining students, and "new kinds of learners". Four of the seven respondents reported neutral reactions from churches, traditional students, and Social Rehabilitation Services. Reactions of hospital personnel were evenly divided between positive and neutral, while there were more positive than negative reactions from nurses and educational agencies. The community response was neither hostile nor apathetic. It was most positive among those who seemed closest to the senior citizen population.

D. Unexpected positive spinoffs. Five of the seven

respondents described unanticipated positive developments. One noted that faculty/staff attitudes toward senior citizens had changed in service-oriented ways. Another noted closer cooperation among college divisions and more sensitivity to aging. A third was pleased to have their introductory course accepted as a way of meeting a Physical Therapy admissions requirement at a four-year university. Another perceived their Task Force and their newsletter as unanticipated positive benefits. And the last cited matters related to professional development--the leadership one of their members had assumed in the Area Agency on Aging and the voluntary upgrading of qualifications on the part of two faculty members. The success of this project can be best judged by examining all of its effects, not just those that were planned; in nearly all instances, important unexpected benefits were realized.

#### OVERALL EVALUATION

Respondents were invited to compare the project with other funded projects with which they had been involved. A total of ten criteria were rated on a scale varying from "1=Worse/less" to "5=More/better". In general, respondents regarded the project favorably. There were no ratings in the lowest category, and only 6 at the second point on the scale. A total of 20 ratings were in the middle column, 34 in the fourth column, and 8 in the highest column.

Five of the ten criteria received a rating of "4" or "5" from at least five respondents. These criteria were: need for the project (6 of 7), flexibility of design (5 of 7), quality of project leadership (5 of 6), availability of money (5 of 7), and long range value (7 of 7). Criteria in which improvements appeared to be most needed included appropriate time commitments and ease of participation.

Conclusion: From the overall ratings, and from the responses to other parts of the survey, it seems safe to conclude that these official representatives perceived the project in a highly favorable light. To support their positive attitudes, they offered a variety of specific and relevant evidence. Although there is clearly room for improvement, it appears that the project's personnel have overcome the serious logistical and communication problems which cooperative projects create. There have been substantial accomplishments which appear to be pertinent to improving society's capacity to respond effectively to the needs of its older citizens.

## RURAL A. G. E.: YEAR THREE EVALUATION

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The evaluation of year three was focussed primarily on the achievement of the nine stated objectives. A special "Local Assessment Form" was prepared for this purpose, a copy of which is included in the appendix.

One of the shortcomings of survey instruments is that the questions are subject to different interpretations by the various respondents. This occurred in the present evaluation, primarily because the word "course" was not clearly defined. Some respondents limited themselves to courses which earned college credit; others included relatively brief, non-credit workshops, as a "course". This ambiguity makes it hazardous to form clear conclusions about the first objective.

In general, the survey form asked for documentation of events or accomplishments. However, Parts II and III asked for some valuative judgments. Ratings from these parts are subject to biases resulting from differences in standards, differences in the accuracy of perceptions, and differences in the desire to please the project sponsors. Therefore, they should be interpreted with caution.

### PART I: ACHIEVEMENT OF OBJECTIVES

#### Objective 1.

- a. Repeat offerings of 60% of the courses developed in years one and two.
- b. Provide a minimum of 24 new courses for the three year project, serving an estimated 600 learners.

To evaluate this objective, six questions were asked--number of new courses offered for the second or third time during year three; total number of courses added to the gerontology curriculum over the three years; number of new courses offered for the first time during year three; number of students enrolled in courses initiated in year three; total student enrollment in gerontology courses during year three; and total enrollment for the three year project.

For the seven participating community colleges, 19 courses which had previously been developed were repeated--an average of 2.7 courses per college. Only three courses were added during year three. Therefore, of the 52 courses developed over the three year period, 49 (an average of 7) were developed during the first two years. Since only 19 of these were repeated in year three (39%), the project fell short of its 60% objective. However, results for one college were so disparate from the others that a misunderstanding was inferred; when that college's results were excluded, a year three average of 2.0 courses were repeated of the average of 2.6 which were developed in the first two years (77%). Therefore, it was concluded that the project was reasonably successful in achieving its goal of adding relatively "permanent" courses to the curriculum.

The goal of adding at least 24 courses to the curriculum over the three

year period was also difficult to judge due to the previously cited anomaly in reporting from one college. The goal projected an average of 3.4 courses per college; the actual average was 7.4 courses for all 7 colleges, but only 3.0 when the "outlier" was excluded. It was concluded that, using the most conservative figures, the project came relatively close to achieving this goal.

Another goal was to serve at least 600 students. This goal was easily met. Even when results from the "suspect" report were excluded, a total of 823 students were served over the three year period; when these results were included, the total more than doubled.

Conclusion: Objective 1 was achieved, at least at a minimally satisfactory level.

Objective 2. Full curricula will be in place at all community colleges.

Five of the seven participating colleges responded affirmatively to the question which asked if a gerontology related curriculum was in place; two answered negatively. In two of the colleges, there were three such curricula.

Conclusion: The second objective was only partially achieved; at two of the seven colleges, full curricula were still not in place at the time of the evaluation.

Objective 3. Teams will include faculty from regular day programs as well as continuing education programs.

Respondents were asked to identify participating faculty who were part of the regular day program and those who were affiliated with the continuing education program. All seven reported at least one affiliated faculty member from each of these two sources. A total of 21 from the regular day program and 18 from the continuing education program were identified--averages of 3.0 and 2.6, respectively.

Conclusion: Objective 3 was met without exception.

Objective 4. Gerontological curricular will be assured at each college.

- a. The curriculum will be accepted by the Kansas Department of Education, the college's Board of Trustees, and the curriculum committee.
- b. The curriculum is included in the college catalog.
- c. A significant number of students will pursue a certificate or associate degree in gerontology.

With one exception, Goal "a" was achieved; all colleges had curricula accepted by their curriculum committees, but one had not yet achieved acceptance from either the Kansas Department of Education or their own Board of Trustees.

All seven college catalogs listed the gerontology curriculum(s). However, only three of them reported that students were pursuing degrees or certification through such a curriculum.

Conclusion: The colleges have made good progress in achieving official recognition and, thus, "legitimacy". The full blossoming of certificate or

degree programs has not yet occurred. It was probably optimistic to expect that, in three years, curriculums could be designed, courses prepared, faculty identified and trained, official approvals obtained, and degrees/certificates be awarded. It would be wise to monitor this last indicator for at least two more years.

Objective 5. The manual will be distributed to all participants.

Respondents were asked how many copies of the manual they needed for local distribution. One college requested none. The others all requested a number which equalled, or slightly exceeded, the number of faculty participants which they had previously reported.

Conclusion: It appears that the colleges are making appropriate provisions to distribute the manual to all participants.

Objective 6. An active dissemination effort will be made.

- a. At least 12 formal dissemination presentations will be conducted by team members and project staff.
- b. At least 3 project displays will be arranged at national or regional conferences.

Respondents documented 14 different presentations or displays. Ten of these were at national or regional conferences.

Conclusion: Objective 6 was successfully achieved.

Objective 7. Each community college will participate in a miniconference to market the gerontological curricula to area service providers.

Respondents were asked to document their miniconference activities by identifying the date(s) and leader(s) of each. Four of the colleges were able to do so; two others had scheduled a miniconference.

Conclusion: Miniconference activity was conducted at the level expected by the project directors. The only exception was the one college where little activity of any sort had occurred.

Objective 8. Articulation agreements will exist between each community college and KGC universities for "Introduction to Gerontology" and other courses as appropriate.

Respondents indicated whether or not articulation agreements had been reached with Kansas State University, the University of Kansas, or Wichita State University. They also listed specific courses for which articulation agreements existed.

Only three of the seven colleges had obtained articulation agreements. In each instance, it was for the "Introduction to Gerontology" course.

Conclusion: Articulation agreements for transfer of community college credits to universities have been a concern for many years. Despite the cooperative arrangement under which gerontology courses have been developed in

the participating community colleges, articulation agreements have been effected in only three instances. The project directors may have to play a more direct role if improvements are to be made.

Objective 9. Teams will have a close relationship with gerontological faculty at the KGC and/or other universities' geronteological faculty through attendance at conferences.

Respondents identified, by name and institution, university faculty from whom they would seek assistance. They also indicated organizations, committees and similar groups which they (and their team members) had joined or attended as a result of this project.

At six of the seven community colleges, from two to five specific faculty members at KGC institutions were identified. Project staff members from KSU were identified with the greatest frequency. Six of the seven respondents also indicated that new professional group contacts had been made possible by the project; an average of 2.3 per college was reported.

Conclusion: The project was successful in increasing participants' access to professional colleagues and professional development opportunities.

#### Part II. Other Evaluation Criteria

Respondents were asked to rank order a set of 10 services which had been available through the project. There were substantial institutional differences in the value assigned to each service. On an overall basis, "Funds for Materials" ranked first; five of the seven ranked it either first or second. "Interpersonal communication (between community college and university faculty)" and "Travel Funds" were perceived as the next most valuable. A set of three other services were ranked in the middle--"Curriculum Materials from KGC", "Funds for Faculty", and "(Project) Staff Leadership"; the remaining four services were consistently ranked low ("Access to KGC Faculty"; "Curriculum Materials from WKSC"; "Regular WKSC Meetings"; and "National and Regional Conferences"). It can be concluded that participants were especially grateful for financial support for the project and for the interpersonal support they felt from university personnel; they were relatively unimpressed with the assistance they could provide for each other, or with large scale conferences.

Respondents were also asked to characterize the responses they had received from 12 different groups, ranging from "Senior Citizens" to "New Kinds of Learners". One community college failed to respond. Either five or six of the six remaining colleges reported "Positive" responses from 6 of the 12 groups--senior citizens, hospitals, nursing homes, educational agencies, "re-training" students, and new kinds of learners. Four of the six indicated positive responses from home health agencies and from churches/religious groups. Only one "negative" characterization was received ("traditional students), and only one audience had a majority of "neutral" reactions (Social Rehabilitation Services). Given the number and diversity of "interested" audiences, the community college efforts to establish a gerontology program were generally valued. Reasons for the reserved view of SRS should be explored in future evaluation efforts.

Conclusion: The services most appreciated were those which directly

supported curriculum construction--funds for materials, interpersonal communication with project staff, and travel funds. Participants, at least in this early stage, were much more dependent on university "experts" than upon colleagues in other community colleges. For the most part, the programs were successful in building positive images with the publics which share concern for gerontological problems.

### Part III. OVERALL EVALUATION

In the last section of the survey, respondents were invited to compare the project with other funded projects in which they had been involved. One college failed to respond to this section. Of the remaining six:

1. All thought the long range value was better for this project.
2. Five thought that the need was more real, the design was more flexible and the overall effectiveness was better for this project than for the comparison projects.
3. Four thought that the attitude of participants was better for this project.
4. The project was rated as "comparable" to other funded projects in terms of its practical guidelines, project leadership, and categories of funding.
5. Four thought it was worse than other projects in terms of "cost-benefit ratio" (time required compared to the results).

Conclusion: On an overall basis, the project was viewed as meeting a real need with unusual effectiveness, leading to high long range value. Participants generally believed that, given its results, the project demanded too much of their time.

#### Summary

In an overall sense, the third year of this project must be viewed as a success. Not every college made satisfactory progress, but as a group they accomplished each of the nine objectives at a satisfactory level.

- Courses and curricula were created.
- Substantial numbers of students were provided with basic gerontological backgrounds.
- Faculty resources were identified and committed to the curricula.
- Formal recognition of the curricula and courses was obtained.
- Relationships were established with professional colleagues.
- Related organizations and agencies were generally supportive as a consequence of public information efforts.
- Project results were widely disseminated.

Additional work needs to be done on developing articulation agreements. Despite the substantial successes they experienced, community college staffs appear to lack professional confidence. They would profit from continued support from their university colleagues. The advances made through the project have not yet become "normalized"; continued nurturance through follow-up and consultation is indicated to complete the establishment and acceptance of these innovative developments in gerontological education.

APPENDIX 7

Presentators and Participants at Professional Meetings  
from Community Colleges and Kansas State University

Year	Organization Presentation Date	Title	Presenter(s)	Representing
Year 1	Association for Gerontology in Higher Education, 84-02-23	Participation	Joyce Hartmann, Wilma Kelley, Lois Churchill	WKSCS Director, Hutchinson
Year 1	Kansas Governor's Conference on Aging, 84-05-15	Developing Gerontological Curricula in Community Colleges	Joyce Hartmann, Barral Cottingham, Ted Wischropp	WKSCS Dir., Cloud C., KSU
Year 2	Amer. Alliance for Health, Physical Educ., Recreation, Dance, 85	District Representative	Joyce Hansen	Colby
Year 2	Association for Gerontology in Higher Education, 85-01-14	University-assisted Community College Curriculum Development	Edith Stunkel	KSU
Year 2	Association for Gerontology in Higher Education, 85-02-14	A Community College Perspective on Gerontological Curriculum Building	Doug Radohl, Ted Wischropp	Seward County, KSU
Year 2	Association for Gerontology in Higher Education, 85-02-14	Pragmatics of Gerontological Development in the rural Community	Lois Churchill, Wilma Kelley	Hutchinson
Year 2	Association of Gerontology in Higher Education, 85-02-14	A 'Gen' of an Idea: Instructor-Based Modules for Cooperative Community College Curricular Developm.	Joyce Hartmann	WKSCS Director
Year 2	Health Promotion and the Older Adult, 84	Participation	Rebecca Harrel, Jim Lenz, Anita Ness	Pratt, Dodge City
Year 2	Mid-America Congress on Aging, 85-04-02	Participation	Lu Losh, Joyce Siefert	Cloud County
Year 2	Mid-America Congress on Aging, 85-04-02	Gerontological Education Modules: A G.E.M. of an Idea	Joyce Hartmann	WKSCS Director
Year 2	Mid-America Congress on Aging, 85-04-02	Developing Gerontological Curricula in Community Colleges	Edith Stunkel	KSU
Year 2	Missouri Valley Adult Education, 85-04-25	Designs for Rural Delivery	Hartmann, Berger, Stevens, Lenz, Cottingham, Schneider, Wischropp	WKSCS, Hutch., Pratt, Dodge, Garden, KSU
Year 2	Western Gerontological Society, 85-03-16	Participation	Osburn, Schneider, Sloan, Davis, Koon, Richter, Withington, Cottingham, Losh	Garden City, Howard C., Colby, Cloud C.
Year 2	Western Gerontological Society, 85-03-16	A G.E.M. of an Idea: Gerontological Education Modules	Joyce Hartmann, Joe Mildrexler	WKSCS Director, Colby
Year 2	Western Gerontological Society, 85-03-16	Implementing Home Companion volunteer Training Programs	Ruth Borthwick	Colby

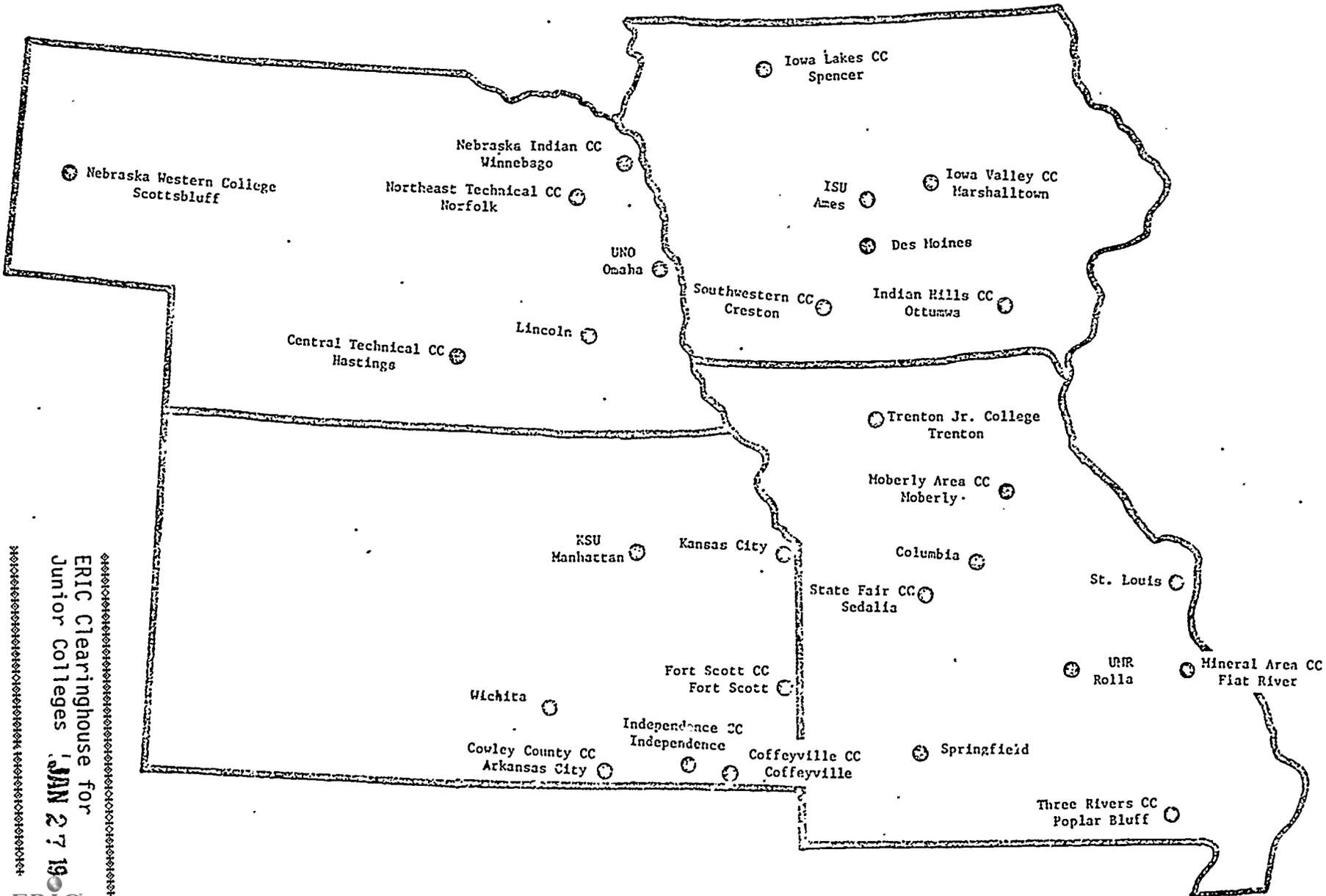
Presentators and Participants at Professional Meetings  
from Community Colleges and Kansas State University

Year	Organization Presentation Date	Title	Presentator(s)	Representing
Year 3	American Association of Adult and Continuing Education, 85-11-14	Unlocking Your Potential in Gerontology	Wilma Kelley, Joyce Hartmann, Doug Radohl, Ted Wischropp	Hutchison, WKSCS, Seward C.
Year 3	American Association of Community and Junior Colleges, 86-04-16	Pathways to Gerontology (Follow the Gray Brick Road)	Ed Berger, Darrell Cottingham, Joyce Hartmann, Gene Schneider	Hutchinson, Cloud C., WKSCS, Garden C.
Year 3	American Society on Aging, 86-03-24	Rural Gerontology: Strengthening Programs with Faculty Development	Edith Stunkel	KSU
Year 3	Association for Gerontology in Higher Education, 86-02-27	A Cookbook for Gerontological Curricular Development	Joyce Hartmann	WKSCS Director
Year 3	Association for Gerontology in Higher Education, 86-02-27	Higher Education in Consortium: Strengthening the Model Through Faculty Development	George Peters, Edith Stunkel	KSU
Year 3	Association for Gerontology in Higher Education, Standards C, 85-11-23	Accountability in Curriculum Development	Betty Stevens	Pratt CC
Year 3	Association of Continuing Higher Education, 85-10-28	Linkages Among Higher Education Gerontology Programs	George Peters	KSU
Year 3	Brokering Rural AGE Conference I, 86-12-04	WKSCS Panel: Problems, Pitfalls, Preconception, Pleasures, and Purposes of Participation	Darrell Cottingham, Joyce Hartmann, Wilma Kelley, Betty Steven, Ted Wischropp	Cloud C., WKSCS, Hutch., Pratt, Seward C
Year 3	Gerontological Society of American, 85-11-22	Building Organizational Ties: The Case of Universities, Gerontology Centers, and Community Colleges	George Peters	KSU
Year 3	HDS Research and Demonstration Conference, 85-07-31	Readying Underserved Regions for Academic Leadership in Gerontology	George Peters	KSU
Year 3	Kansas Adult Education Association, 85-11-22	The Excitement of Delivery	Joyce Hartmann	WKSCS Director
Year 3	Kansas Conference on Social Welfare, 86-03-25	Partnerships with Your Community Colleges Linkages with Senior Citizens Groups	Janet Hamilton, Joyce Hartmann, Doug Radohl, Betty Stevens	Hutchinson, WKSCS, Seward C., Pratt
Year 3	Kansas Council for Community Service and Continuing Educat., 86-03-18	Where We Are: Programs for Change	Joyce Hartmann	WKSCS Director
Year 3	Kansas Governor's Conference, 86-05-21	Education and the Rural Elderly	Darrell Cottingham, Joyce Hartmann, Wilma Kelley, Edith Stunkel, Marjie Clark	Cloud C., WKSCS, Hutchinson, KSU

Presentators and Participants at Professional Meetings  
from Community Colleges and Kansas State University

Year	Organization Presentation Date	Title	Presentor(s)	Representing
Year 3	Mini-conference at Pratt, 86-08-13	The University View of Aging: the Youngest Profession	George Peters	KSU
Year 3	Missouri Valley Adult Education Association, 86-04-24	Team Up for Training and Recruitment	Joyce Hartmann, Joe Mildrexler, Ted Wischropp	WKCS, Colby, Seward C.
Year 3	Rural Gerontology Conference, 86-09-26	The Role of Higher Education in Responding to the Challenge of Demographic and Economic Change	Presidents: Jim Ihrig, Jim Tangeman, Ted Wischropp	Cloud C., Colby, Seward C.
Year 3	Rural Gerontology Conference, 86-09-26	Impact of the FIPSE and AoA Gerontology Projects	J. Kamel, J. Lenn, G. Schneider, L. Churchill, M. Sanders, W. Kelley, B. Stevens	Cloud C., Dodge, Garden, Hutch., Pratt
Year 4	American Association of Community and Junior Colleges, 87-04-22	Resources for an Aging Society	J. Hartmann, J. Mildrexler, E. Sankel, T. Wischropp	WKCS, Colby, KSU, Seward C.

APPENDIX 8



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