



Hartford Partnership Program for Aging Education (HPPAE) Career Tracking Survey*

Thank you for agreeing to participate in this study and for completing this questionnaire. We are interested in learning about your work since you obtained your Masters of Social Work (MSW) degree. We would also like your opinions about how participating in the HPPAE may have affected your career choices and opportunities.

Your responses will remain confidential.

Today's date (month/day/year): ___/___/___

Please provide your birthday (This information is used to link Career Tracking responses to previous survey responses)

Your birthday (month/day/year): ___/___/___

What university did you receive your MSW from? _____

Indicate the academic year(s) that you participated in the HPPAE.

I. CURRENT POSITION

1. Please indicate your current employment status (including volunteer/internship positions):

- 1 Employed full-time
- 2 Employed part-time
- 3 Employed full and part-time (i.e. a full-time and a part time job)
- 4 Not employed at this time
- 5 Other (please specify): _____

* Many of these questions are adapted from the *Standardized Survey Instrument for Graduates of Gerontology Program*, designed by the Research Committee of the Association for Gerontology in Higher Education.

2. What is the title of your current job?

For questions 2 to 13, if you are employed in more than one job answer the questions for the job you work in most.

PLEASE READ

Throughout the survey, consider a job as aging-related if it requires you to provide any of the following services to older adults (persons over age 60), their caregivers, or address other issues related to of aging for at least HALF of your time.

- Administer or plan programs for older adults
- Provide direct service to older adults
- Train or teach older adults or people who work with them
- Do research on older adults
- Consult on topics related to older adults

3. Is your current job aging-related according to the definition above?

Yes

No

Other (please describe): _____

IV. INTEREST IN AGING

25-1. If you are NOT employed in an aging-related job, why not? (Indicate the most significant reasons)

- a. Lack of job opportunities in the field of aging
- b. Salaries are too low
- c. Positions are low statues
- d. Poor working conditions
- e. Interest in other population/ issues
- f. Can use skills/knowledge more effectively in another area
- g. Poor opportunities for advancement
- h. No aging jobs in my community
- i. Not currently working
- j. Other (please specify): _____

25-2. If you are NOT employed in an aging-related job, why not? (Indicate the 2nd most significant reasons.)

- a. Lack of job opportunities in the field of aging
- b. Salaries are too low
- c. Positions are low statues
- d. Poor working conditions
- e. Interest in other population/ issues

- f. Can use skills/knowledge more effectively in another area
- g. Poor opportunities for advancement
- h. No aging jobs in my community
- i. Not currently working
- j. Other (please specify): _____

25-3. If you are NOT employed in an aging-related job, why not? (Indicate the 3rd most significant reasons.)

- a. Lack of job opportunities in the field of aging
- b. Salaries are too low
- c. Positions are low statuses
- d. Poor working conditions
- e. Interest in other population/ issues
- f. Can use skills/knowledge more effectively in another area
- g. Poor opportunities for advancement
- h. No aging jobs in my community
- i. Not currently working
- j. Other (please specify): _____

25A. Have you looked for an aging related job

- 1 Yes
- 2 No

I. CURRENT POSITION

4. What percentage of your time on the job is spent in aging-related activities?

- 1 100%
- 2 75%-99%
- 3 50%-74%
- 4 25%-49%
- 5 under 25%

5. In what type of setting do you work?

(if more than one option applies, choose the one that best describes the setting)

- 1 Hospital/Medical Center
- 2 Medical clinic/outpatient facility
- 3 Community health center
- 4 Psychiatric Hospital
- 5 Other mental/behavioral health agency
- 6 Home health care agency
- 7 Long-term care
- 8 Assisted living facility
- 9 Hospice
- 10 Group home
- 11 Social service agency
- 12 Case management agency
- 13 Senior center

- 14 Adult day care
- 15 Employee Assistance Program
- 16 Private practice (solo or group)
- 17 Public policy/advocacy
- 18 Educational institution (school, university)
- 19 Area Agency on Aging
- 20 Insurance company/health plan
- 21 Information and referral service
- 22 Community development
- 23 Prison/detention center
- 24 Criminal justice agency
- 25 Government/Public health agency
- 26 Government/Public social service agency
- 27 Business
- 28 Other (specify) _____

6. Please indicate the type of agency you work in:

- 1 Government/Public Agency
- 2 Private Non-Profit
- 3 Private For-Profit
- 4 Self Employed
- 5 Other (Please specify) _____

6A. *If government*, please specify:

- 1 Federal
- 2 State
- 3 Local (e.g. county, city)

7. Was this agency one of your HPPAE Internship/Field Practicum sites? 1 Yes 0 No

8. What is your primary work activity in your current job?

(Circle the number that corresponds to your primary activity from the list below. If asked, please specify in box 8A.)

- 1 Administration/ management
- 2 Program Planning and evaluation
- 3 Community Practice
- 4 Financial/Accounting
- 5 Direct Service (Please specify in line 8A.)
- 6 Teaching or training (Please specify in line 8A.)
- 7 Research/evaluation
- 8 Policy
- 9 Advocacy (Please specify in line 8A)
- 10 Other (Please specify): _____

8A. For responses #5, #6, #9, please specify: _____

9. Besides your primary activity, what other activity (secondary activity) do you do most often?
(Circle the number that corresponds to your secondary activity from the list below. If asked please specify in box 9A.)

- 1 Administration/ management
- 2 Program Planning and evaluation
- 3 Community Practice
- 4 Financial/Accounting
- 5 Direct Service (Please specify in line 9A)
- 6 Teaching or training (Please specify in line 9A)
- 7 Research/evaluation
- 8 Policy
- 9 Advocacy (Please specify in line 9A)
- 10 Other (Please specify): _____

9A. For responses #5, #6, #9, please specify: _____

10. What is the annual salary of your present job (before taxes or deductions)?

- 1 no salary (e.g. volunteer, internship)
- 2 under \$20,000
- 3 \$20,000 - \$29,999
- 4 \$30,000 - \$39,999
- 5 \$40,000 - \$49,999
- 6 \$50,000 - \$59,999
- 7 \$60,000 - \$69,999
- 8 \$70,000 or more

11. How many hours per week do you work in this job?

- 1 10 hours or less
- 2 11-20 hours
- 3 21-34 hours
- 4 35 hours or more
- 5 Not applicable

12. How long have you been working at your current job?

- 1 Less than 6 months
- 2 6 months - < 2 years
- 3 2 years - < 5 years
- 4 5 years or more

Thinking of the last social work position you had before receiving your MSW:

14B. What was your job title? _____

14C. What percentage of your time in that job was spent in aging-related activities?

- 1 100%
- 2 75%-99%
- 3 50%-74%
- 4 25%-49%
- 5 under 25%

14D. Was this job full-time?

- 1 Yes
- 0 No (if No, indicate average hours per week: ____)

14E. Was this job in the same agency as your current job?

- 1 Yes (if yes, skip to 15)
- 0 No

14F. Was this agency one of your HPPAE Internship/Field Practicum sites?

- 1 Yes
- 0 No

15. Since graduating, have you had any social work positions other than your current job?

- 1 Yes
- 0 No (if no, skip to question 16)

Thinking of your last social work position before your current one:

15A. What was your job title? _____

15B. What percentage of your time in that job is spent in aging-related activities?

- 1 100%
- 2 75%-99%
- 3 50%-74%
- 4 25%-49%
- 5 under 25%

15C. Was this job full-time?

- 1 Yes
- 0 No (if No, indicate average hours per week: ____)

15D. Was this job in the same agency as your current job?

- 1 Yes (skip to 16)
- 0 No

15E. Was this agency one of your HPPAE Internship/Field Practicum sites?

- 1 Yes
- 0 No

16. Were you ever hired by any of your HPPAE Internship/Field Practicum sites?

- 1 Yes
- 0 No

III. PROFESSIONAL QUALIFICATIONS AND ACTIVITIES

17. Are you currently licensed by one or more states to practice social work?
1 Yes 0 No

17A. *If not*, are you pursuing social work licensure?
1 Yes 0 No

18. Are you currently a member of any professional organizations in social work or aging?
1 Yes 0 No

18A. *If YES*, please circle the names of professional organizations in which you hold membership:

- 1 National Association of Social Workers (NASW)
 - 2 Council on Social Work Education (CSWE)
 - 3 Gerontological Society of America (GSA)
 - 4 American Society of Aging (ASA)
 - 5 American Geriatrics Society (AGS)
 - 6 State Society on Aging
 - 7 Other (Please Specify)_____
- _____

19. In your capacity as a social worker and/or aging specialist, are you currently involved in any of the following activities? (*circle all that apply*)

- 1 Non-Profit Board member
- 2 Advisory Committee Member
- 3 Presentations at professional conferences
- 4 Presentations at educational programs for the public
- 5 Teach or train professionals
- 6 Teach or train students
- 7 Other: Specify_____

20. Have you received any awards for your work in the aging and/or social work fields?
1 Yes 0 No

20A. *If yes*, please specify: _____

21. Do you identify yourself as a social worker to other people?
1 Yes 0 No

21A. *If NO*, how do you identify yourself professionally? _____

22. Do you now or have you ever served as a field instructor to social worker students?
1 Currently serve as a field instructor
2 Not serving as a field instructor but have done so in the past
3 Never served as a field instructor

IV. INTEREST IN AGING

23. To what extent are you interested in/focused on an aging related career (choose one)?

- 1 Would like my work to focus primarily on aging adults
- 2 Would like my work to include aging adults and other populations
- 3 Would like my work to focus primarily on populations other than the aging adults

24. To what extent would you say participation in the HPPAE affected your interest in working with the aging adults?

- 1 Increased my interest
- 2 Interest stayed the same
- 3 Decreased my interest

V. HPPAE PROGRAM

26. Please indicate the extent of agreement or disagreement with this statement: The HPPAE was important in preparing for my career.

- 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

27. What was most useful about the HPPAE?

28. How could the program have been improved (including, content, knowledge, skills, or experiences that should have been included in the program)?

29. Please describe how your expectations for employment in social work and/or aging have or have not been met:

30. In what areas do you desire to further your education in order to improve your social work practice? (Circle all that apply.)

- 1 = Ethical Issues
- 2 = Assessment: Older adults and Family
- 3 = Program Needs Assessment
- 4 = Interventions
- 5 = Application of Theory to Practice
- 6 = Knowledge of Programs and Policies
- 7 = Interdisciplinary Skills
- 8 = Evaluation and Resource Application

9 = Leadership Development
10 = Other (please list): _____

31. Additional Comments: _____

IV. DEMOGRAPHIC AND EDUCATIONAL INFORMATION

32. Gender: 1 Female 2 Male 3 Other (please specify: _____)

33. Race/Ethnicity:
1 African/American
2 Asian or Pacific Islander
3 Caucasian
4 Hispanic/Latino
5 Native American
6 Other (Please specify): _____

34. Please provide information about all college or university degrees that you have completed.
(Mark all that apply; also write in the major and year completed)

Degree	Major/Discipline	Year Completed
___ Bachelor's	_____	_____
___ Masters in Social Work	_____	_____
___ Other Master's	_____	_____
___ Doctorate	_____	_____

34A. Were any of these degrees focused on aging?
1 Yes 0 No

35. What was your method specialization or concentration in the MSW program? (Circle all that apply.)

- 1 Micro (Direct Practice with Individual, Groups and/or Families)
- 2 Macro Practice (Community Organization/development, Management, Social Policy)
- 3 Generalist
- 4 Not applicable (did not have specialization by method)
- 5 Other (please specify): _____

36. What was your field of practice or population specialization in the MSW Program? (Circle all that apply.)

- 1 Aging, Gerontology, or Gerontological Social Work
- 2 Children and Families
- 3 Health
- 4 Mental Health
- 5 Not applicable (did not have specialization by field of practice or population)
- 6 Other (please specify): _____

37. Are you currently pursuing an additional academic degree?

1 Yes 0 No

37A. *If yes, please provide information about the college or university degrees that you are pursuing (Mark all that apply; also write in major and year expected)*

Degree	Year Expected	Major/Discipline (indicate)
<input type="checkbox"/> Bachelor's	_____	_____
<input type="checkbox"/> Masters in Social Work	_____	_____
<input type="checkbox"/> Other Masters	_____	_____
<input type="checkbox"/> Doctorate	_____	_____

37B. Are your current degree studies focused on aging? 1 Yes 0 No

Thank you for your time and assistance!

