

Working Papers

Institutional Capacity for Elder Service

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Abstract: *Given the demographic changes in our society and the positive effects of volunteering on older adults and on service recipients, service opportunities for older adults should be expanded. The development of institutions is a potentially powerful route to maximizing this potential. We propose five dimensions of institutional capacity, including expectation, access, information, incentive, and facilitation. Pilot data indicates that organizations offering service opportunities to older adults vary on these dimensions.*

Keywords: elder service, volunteer roles, institutional capacity, individual development, community development

Introduction and Overview of Paper

The eminent geriatrician Robert Butler predicts that the 21st Century will be the century of productive old age (Butler, 2001). He speculates that the remarkable achievements in extending human longevity will continue as new patterns of productive engagement of older adults in work and volunteer roles emerge. He advocates that we transform the outdated institution of retirement through work-life extensions and expanded volunteer roles, for the benefit of society as well as the individual (Butler, 1997). This paper considers one type of productive activity, service, that could be part of this transformation to new patterns of engagement by individuals in later life and throughout the life course. As described in other manuscripts in this volume, we view service as an organized period of substantial engagement and contribution to the local, national, and world community, recognized and valued by society, with minimal monetary compensation to the participant (Sherraden, 2001). Service can be viewed as a subset of volunteer activities, with certain distinguishing features: service occurs through highly structured volunteer or stipended roles in “named” programs (i.e. Experience Corps, Foster Grandparents) and requires a certain level of sustained commitment. Service activities are part of a larger organized effort, with the goal of improving a specific area of human or environmental affairs. Elder service, which has emerged as part of the intergenerational movement of the last twenty years, includes programs that actively seek older volunteers for their talents and experience and that engage older adults in tasks aimed at improving social conditions (Morrow-Howell, Carden, & Sherraden, in press). In this paper, we offer a rationale for promoting elder service, overview the current and potential contributions of older adults as volunteers, offer a conceptual framework that focuses on the development of institutions as a powerful route to maximizing this potential, and describe a strategy for assessing current institutional capacity for elder service.

Why Elder Service

The United States has seen a rapid development of service programs for older adults in the last decade. This movement was recognized and energized at the 1995 White House Conference on Aging, where there was a call for the engagement of older adults to meet the unmet human, educational, social, environmental, health and cultural needs of children and adolescents (David & Patterson, 1997). Although an enumeration of elder service programs at the national level is not available, we have highlighted some programs elsewhere (Morrow-Howell, Carden, & Sherraden, in press) and provide a sample of programs in Figure 1. These programs solicit older adults, give them challenging assignments, and support them in those roles with various levels of incentives, training, and supervision. Funding sources include foundations and private/corporate contributions, with some partnerships with state or local governments.

Figure 1. Examples of Elder Service Programs

	Program Description	Outcomes
<p>Family Friends National Council on Aging and Robert Wood Johnson Foundation (Temple University Center for Intergenerational Learning, 2000; National Council on Aging, 2000).</p>	<p>Older adults are matched with families experiencing stress and at risk for dysfunction due to strains of the child's disability. Volunteers provide respite care, encouragement, service linkage, and compassionate listening.</p>	<p>Outcomes include reduced hospitalization for children, increased well-being for adults, and reduced loneliness and isolation for families.</p>
<p>HomeFriends Temple University, Center for Intergenerational Learning (Temple University Center for Intergenerational Learning, 2000).</p>	<p>Older volunteers work as mentors and advocates for families at risk or reported for child abuse and/or neglect.</p>	<p>Preliminary results indicate reduced parental distress and increase in knowledge and use of community resources.</p>
<p>Experience Corps Civic Ventures (Blake, 2000; Civic Ventures, 2000)</p>	<p>Provides intensive tutoring and mentoring to poor children at risk for school failure. Volunteers develop after-school programs, parent involvement campaigns, fundraisers, education campaigns about the needs of poor schools, and tutoring programs</p>	<p>Improved literacy and basic math skills, enhanced student concentration and comprehension, improved study habits and attitudes about school, and augmented language development.</p>
<p>Environmental Alliance for Senior Involvement (Environmental Alliance for Senior Involvement, 2000)</p>	<p>Seniors work on environmental projects at the community level. Seniors work on radon testing, well-head protection, education on global climate change, animal protection, and testing of solar energy installations. Some programs are intergenerational</p>	<p>Outcomes not available at this time.</p>
<p>Seniors for Childhood Immunization Denton and Dallas, Texas (Center for Public Service, 2001)</p>	<p>Volunteers work in hospitals, immunization clinics, and community centers to increase immunization rates, especially within at-risk population groups. They also educate policymakers about immunization needs.</p>	<p>53% of babies born during the study period were contacted. 54% of these completed all 4 required immunizations. Without comparison data, it is unclear how effective this is.</p>

Figure 1. Continued

OASIS Intergenerational Tutoring Program (Kinnevy & Morrow-Howell, 1999)	Volunteers work one-on-one with children at schools to increase reading skills and esteem. .	Tutors are satisfied and 82% will continue next year; teachers and principals report positive impact on children and school. Tutors report improved well-being.
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Our work is motivated by an emerging body of evidence that documents the positive outcomes produced by elder service programs. More generally, we view service as one form of productive engagement, which serves as an important avenue toward meaning and fulfillment for some older adults (Morrow-Howell, Hinterlong, & Sherraden, 2001). For older adults, meaningful engagement in the form of volunteerism has been associated with improved health, mental health, life satisfaction, and mortality (Moen, Dempster-McClain, & Williams, 1992; Musick, Herzog & House, 1999; Oman, Thoresen, & McMahon, 1999; Van Willigen, 2000). Further, there is evidence of increased opportunity for personal growth and increased sense of generativity (Morrow-Howell, Kinnevy, & Mann, 1999; Bundens & Bressler, 2002). As seen in the above table, there is also evidence that elder service programs produce positive outcomes for the individuals and families who receive the services provided. For example, programs that facilitate older adults mentoring children with academic problems document improved performance, reduced absenteeism and decreases in school suspensions (LoSciuto, Townsend, Rajala, & Taylor, 1996; Rogers & Taylor, 1997). A program targeted at families with disabled children document reduced hospitalizations and increased family well-being (National Council on Aging, 2000). Similarly, Wheeler and his colleagues (1998) found, through a meta-analysis of 37 studies of volunteerism, that individuals receiving services by older volunteers reported significant improvements on dependent measures of well-being (i.e., lower depression scores).

These examples demonstrate the range of outcomes that can be achieved through elder service programs, and it is possible that in addition to benefits for the older volunteers and the recipients of the specific service being provided, benefits exist at the community level. As older adults engage in service roles aimed at improving societal conditions, civic participation increases and a variety of positive benefits may result. Yet measurement at this larger level is difficult, and examples from the literature are few. In one example, studies on intergenerational programming in nursing homes, report that nursing home staff felt that they benefited from having the program in the facility, despite lack of direct involvement (Goyer, 1998/99), and administrators believed that community relations improved for nursing homes sponsoring these programs (Hegeman, 1985).

In sum, there is evidence that engagement in service activities benefits the older volunteers and service recipients, and it is probable that benefits are accrued by the larger community as well. We, therefore, believe that the engagement of older adults in these programs should be maximized through expanded access to service roles, enhancements to existing service positions, and creation of new opportunities for engagement in service work.

Volunteerism Among Older Adults: Actual and Potential Contributions

Volunteerism is already quite high in the United States and there are indications that it will continue to grow. A recent survey documented that 57 percent of Americans aged 50 to 75 years volunteered in the last three years; and that 25 percent volunteered at least five hours a week (Peter D. Hart Research Associates, 2002). Rates of volunteering vary by age, and in 1996, 47 percent of people aged 55 to 64, 43 percent aged 65 to 74, and 37 percent over the age of 75 volunteered in some capacity (United States Bureau of the Census, 1996). There is evidence of an increase in volunteering among those over 75, with up to 43 percent engaging in volunteer work (Independent Sector, 1999).

Longitudinal data from a nationally representative sample (House, 1989; House, Kessler, Herzog, et al., 1990; House, 1997) show that 34.5 percent of adults over the age of 60 years volunteered at the first observation; of those who volunteered, the average number of hours was 71.5 hours a year. However, there is a large standard deviation in this estimate, with about 25 percent of volunteers reporting that they worked 160 hours or more a year. On the average, volunteers work for 1.7 organizations. They are most likely to affiliate with programs sponsored by religious institutions (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003; Van Willigen, 2000.) Further, these data reveal that the percentage of older adults engaged in volunteer work and their hours of contribution was quite stable throughout an eight year observation period (Hinterlong, 2002).

The graying of the population, both nationally and internationally, suggests that there will be a trend toward increased involvement in volunteering and other productive activities among older adults. Today's older adults are healthier, more educated, and more financially secure than previous generations (Federal Interagency Forum on Aging Related Statistics, 2002); and subsequent generations will likely experience even greater longevity. Recent evidence suggests that there will be a "compression of morbidity" (National Institute on Aging, 1999), and greater potential to "reactivate" the functional capacity of elders who have lost ability due to injury or illness (Svanborg, 2001), which will extend the years in which we have the capacity to remain active. Additionally, each generation of Americans goes further in the formal education system; thus, older adults will continue to possess higher levels of education. We can, thus, conclude that volunteerism will continue to grow among older adults, as both health and income have historically been positively associated with volunteering (Chambre, 1993; Fischer & Schaffer, 1993; Okun, 1994)

Recent surveys of middle-aged and older adults bolster the argument that the trend toward increased volunteerism will continue (Peter D. Hart Research Associates, 1999; Soo & Gong-Soog, 1998). Less than one-quarter of a sample of 600 Americans aged 50 to 75 years report that that their retirement will be a time of leisure and; most ascribe to a desire to remain involved and productive (Peter D. Hart Research Associate, 2002). Evidence suggests that 15 percent of people over the age of 55 who are not volunteering are willing to do so (Caro & Bass, 1995). It is estimated that for every two persons who are volunteering, another older person has reported being willing and able to volunteer (Caro & Bass, 1992). Clearly, all signs point toward the potential for an increase in service activities among older Americans.

Actualizing the Potential

Given evidence that volunteering benefits older adults as well as the consumers of the services they provide, it makes sense, from a public health perspective, that we should maximize the number of older volunteers engaging in service roles. The question becomes how to close the gap between actual and potential involvement of older adults in service roles; that is, how to maximize the potential of our aging society. There have been appeals from gerontologists over the years to focus less on individual people and more on social structures to increase the productive engagement of our aging population (Riley, Kahn, & Foner, 1994; Riley, 1998; Holstein, 1992; Estes & Mahakian, 2001). It has been suggested that we fail to engage as many

older adults as we could because of weak institutional arrangements to recruit and support older people in productive roles (Caro & Bass, 1997). We believe that a central principle guiding policy and community-based program development in an aging society should be that the productive engagement of older adults ought only to be limited by natural, not artificial, constraints. That is, individuals who would like to make contributions to the lives of others and their communities through service roles should have sufficient opportunities to fulfill that interest. They should not be prohibited or dissuaded from doing so because of mistaken notions related to their capacity to perform. Similar to previous arguments, we propose that actualizing the potential of the vast social resource represented by an increasingly talented, motivated, and healthy older population involves increasing the supply of service roles and assuring the quality of those roles. The challenge is to create enough service roles to engage the capacities of all older adults willing to access them.

Anecdotal evidence suggests that there is an emerging trend toward “structural lead” (Freedman, 2001). This refers to the appearance and reformation of organizations that have developed service opportunities for older adults with the assumption that there is a nascent and growing demand for such roles. They have counted on the idea that service opportunities sell themselves to older adults. Civic Ventures, an entity dedicated to promoting civic engagement among older adults throughout the United States, has used “if we built it, they will come”, as a theme (Civic Ventures, 1999). Freedman (1999) argues that older adults themselves are taking the lead in developing meaningful volunteer activities that most effectively utilize their time and talents; it is older adults themselves who are building the institutions that can facilitate new patterns of productive engagement in later life. This movement is consistent with assertions of elder advocates, over the years, that older adults are not satisfied with many of the current roles available to them (Morris & Caro, 1996); that they want more challenging responsibilities. This desire will increase with subsequent generations, given higher levels of education. In sum, it is the nature of the work that compels older adults to volunteer for these roles, if these roles are made available to them.

Simultaneously, there is talk of increasing social marketing to encourage older adults to engage in service activities. In the wake of the events of September 11th, President Bush has brought a national voice to this message by calling for older adults to come forward and serve their country by volunteering with the Freedom Corps (Corporation for National and Community Service). Currently, there is a media campaign conducted by RSVP (the federal program that provides a clearinghouse function for agencies seeking volunteers and older adults seeking volunteer involvement) underway in Westchester, New York to encourage older adults to volunteer, and the slogan “Volunteering: Think of it as a facelift for your spirit” is being used to convey the positive outcomes of volunteering for older adults (Uplift for volunteering, 2002). More marketing campaigns are in development; and these campaigns may increase the expectation for elder service in our society.

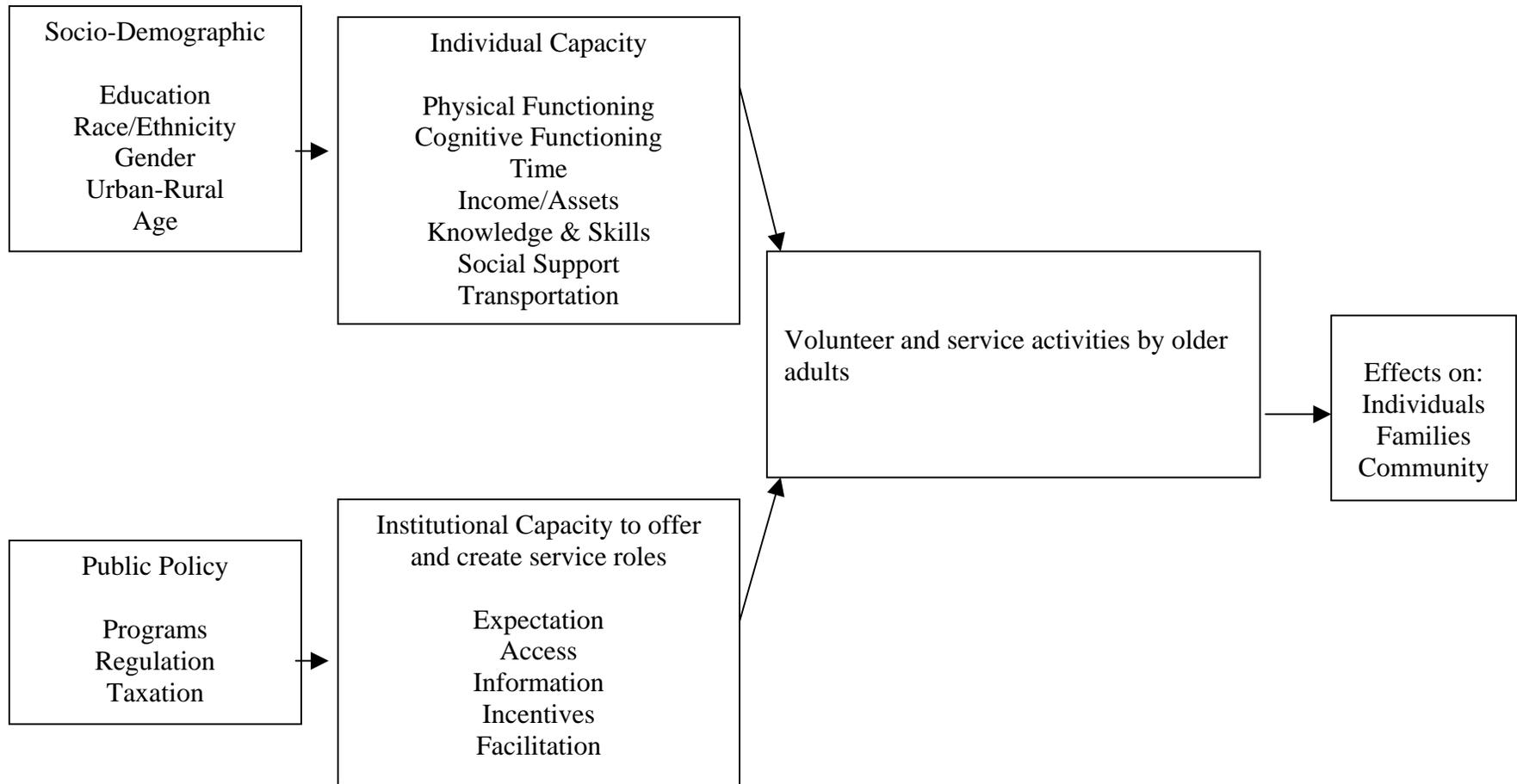
Changing expectations for service opportunities in later life seem even more realistic when we consider that retirement - a relatively new and already anachronistic institution in this society – is being actively and explicitly redefined by the current and forthcoming cohorts of older adults. Retirement has been described as a period of life where roles are not well-defined, and social norms to guide behaviors in this third-age of life are still emerging. Just as we are increasing the

expectation of service among college age youth by requiring service activities as part of college curricula, we can increase the expectation that older adults will devote some of their retirement to service. Although it is highly unlikely that older adults would ever be required to participate in service learning, expectations for service as a normative experience in later life is a real possibility. Clearly articulated expectations may cause older volunteers to engage more than would otherwise be anticipated, for people tend to do what they are expected to do, according to social-psychological research (Sherraden, Schreiner, & Beverly, 2002). We cannot forget that the burden is on the social institutions to provide opportunities to all older adults, without further marginalizing populations who have experienced inequalities throughout a life time and without excluding those with disabilities. Further, choice and opportunity, rather than coercion and exploitation, should remain the core values.

Expanding Institutional Capacity: A Strategy to Maximize the Potential

A variety of institutions, like businesses, churches, civic clubs, and public or private agencies can create and offer service roles for older adults. Yet these institutions can and do vary in terms of the number and type of roles made available to older volunteers and the extent to which they facilitate older adults' engagement in these roles (Sherraden, Morrow-Howell, Hinterlong & Rozario, 2001). In Figure 1, we suggest that an institution's capacity to create and offer roles can be described by five dimensions: expectations, access, information, incentives, and facilitation/support. Research is needed to identify the extent to which each of these dimensions affect the recruitment, retention, and effective utilization of older volunteers and moderate the multiple benefits that accrue from the occupancy and performance of these roles. However, we must first operationalize the dimensions of institutional capacity. Operationalizing and measuring these dimensions will be important in modeling them as both independent and dependent variables, as suggested in Figure 2.

Figure 2. Engagement in Service Roles: Individual and Institutional Capacity



Dimensions of Institutional Capacity for Elder Service

Expectation. Figure 3 outlines the five dimensions of institutional capacity and the associated constructs. As discussed earlier, expectations for elder service can be created by the larger society; but institutions can also promote the idea that engagement in service roles is useful and desirable for older adults. Institutions can take leadership roles in promoting messages, and they can recognize older adults for performing these critical functions. Rochester & Hutchison (2002) write about “instilling the habit” of volunteering (p. 1) and call for organizations to articulate a “clear and coherent vision of the rationale for involving older volunteers in the work of the organization” (page ix).

Figure 3. Dimensions of institutional capacity to create and offer service roles to older adults

1. EXPECTATIONS Stated norm that service is useful and desirable

Leadership Institutional leaders communicate that service is needed, and that serving is purposeful and beneficial.

Recognition Institution recognizes and applauds performance of service.

2. ACCESS Opportunity to occupy a given service role within the institution

Role Availability Open opportunities for engaging in service work, including the number of roles and the frequency with which they are open.

Role Eligibility Types and levels of individual capacity, or specific individual characteristics, necessary to occupy a role.

Role Flexibility Extent to which role demands can be adjusted to accommodate variability in occupant capacity and characteristics.

3. INFORMATION Efforts to provide knowledge about service roles

Role Specification Extent to which role dimensions are formally explicated, including requirements, responsibilities, boundaries (relationships to other roles within the institution), and cost/benefits of role occupancy.

Dissemination Extent to which role dimensions are communicated to potential role occupants.

Figure 3. Continued

4. INCENTIVES Institutional action taken or resources used to motive individuals to enter role

Compensation	Cash, cash-equivalent, or in-kind compensation for role occupancy and performance.
Skill Development and Experience	Training and/or practice in skills that increase opportunities for employment or are otherwise beneficial.
Psychosocial Benefits	Structured opportunities for increased psychological, social, and/or spiritual development.

5. FACILITATION Institutional actions taken or resources used to sustain the duration of role occupancy, improve the efficacy of role performance, and to create a positive experience for role occupants.

Training	Opportunities to improve individual capacity to perform role demands.
Supervision	Assistance or direction to individuals in role performance, and oversight to ensure that role demands are met.
Accommodation	Actions taken and resources applied to modify role demands to better fit with the capacity of current or potential role occupants.
Integration	Extent to which the boundaries and demands of the target role are coordinated with those for other roles, both within and outside the institution.

Access. Institutions vary in the extent to which they provide older adults with access to service roles. Access is dependent on the number of roles within the institution and how many of these roles are *available* at a given time. For example, in some geographic areas there are waitlists for certain volunteer positions, while in others, role supply exceeds demand. Availability may also be determined by the assessed fit between the demands of a given role and the capacities of applicants for that role. Some institutions are more selective in the volunteers they recruit, given the demands of the job or the nature of the work. That is, organizations desire or require certain characteristics and skills from volunteers, like gender, ethnicity, language proficiency, nursing skills, and so on. Thus, depending on individual characteristics and capacity, some older adults are solicited into or closed out of a volunteer position, depending on *eligibility* criteria. Also, service roles vary in the extent to which volunteers can set their own times and work patterns; and such *flexibility* may determine the accessibility of those roles for particular older adults. Indeed, previous work has highlighted flexibility as a critical ingredient in successful service programs (Freedman, 2001; Rochester & Hutchinson, 2002)

Information. Institutions vary also in the level of effort made to *disseminate* information about service roles; and this information may be in various levels of *specificity* about the service roles

available. Information about role demands, such as might be detailed in a job description, may or may not be broadcast or distributed to interested individuals. Knowing what is required of the individual, the responsibilities of the position, the interface between the service role and other roles (i.e., paid staff) in the organization, and the likely costs and benefits of role occupancy may be important to an individual's decision regarding an opportunity to serve. In addition, institutions will vary in how often and how widely information is disseminated with potential volunteers, which probably affect the success of marketing these roles to older adults.

Incentives. Institutions take actions and use resources to attract older adults into these roles, and the type and levels of incentives may affect how many and what type of persons seek access to an available service role. Incentives can assume various forms. Some involve *compensation* and can be either financial (like cash stipends) or in-kind (access to use of facility or organizational benefit). Opportunities for personal growth may act as powerful incentives if the older adult is aware of structures provided by the program to encourage the *development of job or practical skills* or the attainment of *psychosocial benefits* through psychological, social or spiritual development. These are opportunities often associated with a career job, and ones that older adults in retirement may be motivated to extend through voluntary service activities. Based on lessons learned through Experience Corps, Freedman (2001) suggests older volunteers are motivated by meaningful work and the opportunity to engage in leadership roles.

Facilitation/support. Once an older adult enters a service role, institutions facilitate their performance in various ways. Institutions vary in the extent to which they offer *training* and *supervision* to volunteers, and differences in these practices likely influence outcomes obtained. For example, one study documents that the amount of formal training is related to the length of trainees' involvement in the program (Grossman & Furano, 1999). Given that older adults are more likely to experience chronic conditions that limit their abilities to perform certain functions; volunteer programs acknowledge the problem of "aging in place," as older adults experiencing new chronic conditions encounter new barriers in job performance. The extent to which institutions *accommodate* the changing capacities of these individuals will likely affect the outcomes associated with their engagement. Finally, the volunteer literature describes the uncomfortable relationship that may exist between volunteers and staff members, especially as volunteer roles require more skill and recognition (Fisher & Schaffer, 1993). Institutions may take various actions to *integrate* volunteers into the organization and improve volunteer-staff relations. Facilitating productive and supportive relationships between paid and unpaid staff may be important to successful engagement and retention of volunteers.

In sum, we proposed that service programs differ on these various dimensions of institutional capacity and that important intermediate and ultimate outcomes will vary accordingly. Intermediate outcomes include number of volunteers, length of volunteer service, and satisfaction with the role. Ultimate outcomes include health, mental health, and life satisfaction of older adults; improved conditions of service recipients, like children or the environment; and communities with higher levels of civic engagement.

Pilot Work and Future Research Initiatives

We are currently developing a measure to capture the five dimensions of institutional capacity described above. Through this work, we seek to document the validity of these dimensions and demonstrate that there is variance among institutions on these dimensions. At present, we are piloting a measurement tool. For this, we identified a purposive sample of organizations that solicit older adults to provide service in the St. Louis metropolitan area. Through letters sent out by the St. Louis Council of Volunteer Directors, we gained the participation of 22 organizations. In a scheduled telephone interview with the volunteer director or staff person most responsible for volunteer management, we tested a set of questions that capture the five dimensions of institutional capacity overviewed in Figure 3.

These efforts have uncovered methodological challenges in assessing institutional capacity as it relates to the creation and maintenance of service roles. We found that collecting information about these dimensions required focusing on a single program, which is difficult when there are often many volunteer programs within one single agency. Even when focusing on one program, various discrete roles exist for older adults. Thus, it may be important to focus on a specific service role (mentor, group leader, advocate) in a specific program while documenting basic structural information (i.e., number of positions available, number of applicants) and assessing dimensions of institutional capacity. We also found that many organizations do not keep detailed records of applicants, the interviewing process, volunteer characteristics, etc. Thus, the volunteer director was often only able to provide an estimate for information that we requested, threatening the reliability of the information gathered. However, we did find that the dimensions and their related sub-constructs had face validity to the volunteer directors. Further validation of these concepts will be accomplished through focus groups with older volunteers currently involved in service work.

Data from the 22 interviews indicate that there is variation on these dimensions of institutional capacity. In regards to availability, 30 percent of the organizations had all volunteer positions filled, demonstrating that in general, there is a larger supply of roles than demand for these roles. Organizations tried to facilitate the engagement of older volunteers in that 70 percent made efforts to refer applicants elsewhere if they had no opportunity for them. Almost 80 percent had a formal application process, with about 70 percent requiring references and background checks, indicating that eligibility requirements vary among organizations. Most programs report that they provide a choice of positions or responsibilities and strive to obtain a “fit” between the older adult and the volunteer role; but about 20 percent indicate that they do not provide this flexibility. In regards to role specification, 68 percent of organizations have a job description that describes inclusion and exclusion criteria for volunteers; and only the minority of these job descriptions outlines costs/risks and benefits of the role. There is variability in the media used and frequency with which information about the role is disseminated. For example, 9 percent use radio announcements while 77 percent use the newspaper. Some organizations disseminate information on a daily basis, while some disseminate information only as needed or on a quarterly basis. Only 15 percent of organizations report that volunteers receive a stipend for the work involved, while 41 percent report that expenses incurred by volunteers are reimbursed. Most organizations recognize volunteers at special gatherings, but there is variation on other

types of recognition: A little over 30 percent acknowledge service in public media, 27 percent give discounted use of facilities or services, 41 percent provide specific opportunities for recreation. In regards to support/facilitation, most organizations report that they provide formal training (95 percent), but there is variation in the training procedures. For example, 64 percent described a one-time structured training session, while others described a series of meetings or understudy opportunities. Also, 18 percent report that the volunteers are tested over training materials. Almost one-third provide transportation, and almost all report that they make accommodations to meet individual needs.

Given the small sample size and the purposive sampling procedure, these data cannot be used to describe service program on these constructs. However, these data do demonstrate that these constructs can be assessed through interview questions and that the measures of these dimensions will vary among service programs. Future work will include the refinement of questions and development of summary measures that can be used to capture the five dimensions. These scores can then be used as dependent measures in research about the effects of policies or large organizational contexts on institutional capacity to provide service roles to older adults. Also, these scores can be used as independent variables to study their effects on outcomes.

The demographic revolution in America represents a tremendous increase in human resources that could be aimed at unmet social and environmental needs, both nationally and internationally. Simultaneously, more older adults are seeking increased involvement in productive roles, as they step back from full-time employment. We have the opportunity to recast the institution of retirement into a period with less emphasis on leisure and increased commitments of time and energy to service. From our perspective, the current limitations to maximizing the potential of our aging population are at the institutional level; that is, we do not have the number and quality of service roles needed to capture these human resources. Thus, the goal of this work is to increase knowledge to guide the expansion of institutional capacity to engage older adults in service to society.

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