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HOW MUCH DO SOCIAL WORK STUDENTS AND OLDER ADULTS KNOW ABOUT MEDICARE PART D?

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The Medicare prescription drug benefit (Medicare Part D) is the biggest change to Medicare in decades. Knowledge of the plan among social work undergraduate students and older adults in the community was assessed. Sequential cohorts of students completed a short questionnaire assessing knowledge about Medicare Part D. Among social work students, an increase in knowledge was apparent. Older adults with Medicare knew more about the program than students. For social work students and older adults, Medicare Part D requires extensive learning about a program that is different from all other Medicare benefits, plans, and programs.

Since 2006, Medicare recipients have had the option to choose a Medicare Prescription plan, with participants in most states having dozens of choices. Such variety has transformed the pharmacy industry and overwhelmed older adults and their helping care professionals (Moczygemba, 2006). Pharmacists and social workers, for example, have educated clients and sorted through dozens of plans and

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premium choices to help people make informed decisions about the best plan (Winter, Balza, Caro, Heiss, Jun et al., 2006). Training programs for pharmacists have had a promising response (Zagar, 2007), with doctoral students in pharmacy programs (Pharm D) scoring 94% on assessments of knowledge about Medicare Part D (Urmie, Farris, Herbert et al., 2007). Some social work programs have incorporated teaching modules about Medicare Part D into their fieldwork and practice curricula. The CSWE Gero-Ed Center, funded by the Hartford Foundation (www.gero-edcenter.org) contains assignments regarding the program on its Web site. Because prices and premiums can change yearly (Greenwald, 2007; Hoadley, Thompson, Hargrave, Merrell, Cubanski et al., 2007; Kilian &Stubbs, 2007), older adults and helping professionals must keep abreast of information and regularly consult the Medicare Web site. However, empirical research on knowledge among healthcare professionals has not extended beyond pharmacists.

Undergraduate social work students combine classroom and practicum education in their training. Some students may be placed in fieldwork settings that serve older adults; however, others may not obtain such direct gerontologic practice experience. In addition to practicum assignments, new and complicated policy changes like Medicare Part D require incorporation into the training of students and professionals. For students who are not in gerontological placements, the social work curriculum requires learning modules in practice classes. Peer-reviewed research on the success of training social work students and social work professionals on Medicare Part D has not yet been published.

Older adults who have Medicare are responsible for choosing their Medicare Part D plan and, thus, must know enough about the plan to choose wisely. In a survey by the American Association of Retired People (AARP) from October–December 2005, just as the first enrollments were accepted, understanding of Medicare Part D among Medicare recipients was low; participants on average answered more than half of questions about Part D incorrectly (Hibbard, Greene, & Tusler, 2006). The researchers noted that in the final two weeks of the study, participants scored an average of six points higher on the questionnaire, suggesting that knowledge about the program was increasing in the final weeks before benefits started.

The AARP funded another survey of over 3500 older adults in the fall of 2006, about 9–10 months after the benefits began (Keenan, 2006). The survey assessed knowledge via self-report, asking older adults how much they knew about the plans. Ninety percent of the respondents reported knowing something about the Part D plan,
although only about one quarter reported understanding it extremely well or very well. Few elderly respondents (10%) reported knowing very little or nothing at all about the plans. Of those enrolled in a plan, satisfaction was high: two-thirds of enrollees reported being very or extremely satisfied with their plan. While this is a promising picture of the perceptions of Medicare Part D in older adults, only self-reported knowledge about the plans was assessed.

In a follow-up survey of 400 adults with Medicare, satisfaction was assessed again: 59% reported being extremely or very satisfied with their plans (Keenan, 2007). The AARP surveys demonstrate general satisfaction with Medicare Part D plans and a probable increase in knowledge about the plan, at least in self-reports.

The current study directly assessed knowledge about Medicare Part D via a short questionnaire about different aspects of the plan. The purpose of the study was to understand how well individuals understand Medicare Part D, both in the classroom and in the community.

**METHOD**

Social work students, in three spring semester sections of Senior Seminar, at The Richard Stockton College of New Jersey completed a 10-item Medicare Part D questionnaire in April 2006 ($n = 61$). A different cohort of social work students completed a similar 9-item questionnaire in April 2007 ($n = 61$). Each questionnaire was administered to the students about one month before they graduated with a bachelor’s degree in social work. Students also reported on their knowledge and experience in working with older adult Medicare clients in field work.

In January 2007, Medicare recipients ($n = 30$) were recruited from either a local 55+ retirement community ($n = 12$) or county nutrition sites ($n = 18$). Older adult volunteers completed a 9-item questionnaire about Medicare Part D, and they also reported on age, satisfaction with Medicare Part D, sources of help in choosing a plan, and sources of education about Part D.

Questionnaires were anonymous, self-administered with pen and paper, and took approximately 15 minutes to complete. Institutional review board (IRB) approval was obtained, and consent was implied by completing the anonymous questionnaire. The nonexperimental design compared social work students’ responses in 2006 to those in 2007.

The questions about Medicare Part D were formulated around basic information about the program provided on the Medicare
Web site. Objective multiple choice and true/false questions were included, and a copy of the questionnaire is included at the end of this article. Internal consistency for social work students was measured with Cronbach’s alpha, which was at an acceptable level ($\alpha = .880$).

**RESULTS**

Table 1 reports findings mean and standard deviations of percentage correct for both cohorts of social work students and older adults.

**Social Work Students**

The first time social work students were surveyed in spring 2006, students had a mean score of 31.3% ($s = 28.8$) on the questionnaire. Students answered “I don’t know” to 54.2% ($s = 38.4$) of questions, and 26.2% of respondents answered “I don’t know” to all questions. Although 86% reported that it is part of their job as a social work student to know about Medicare Part D, they answered an average of 3 of 10 items correctly on the questionnaire. Just over half (50.8%) of students reported that they had not yet worked with any Medicare clients in their training.

In spring 2007, the students answered a mean of 4.2 items correctly on the 9-item questionnaire (46.99% correct, $s = 29.8$%). This is significantly higher than the mean score in 2006, $t(120) = -2.949$, $p < .01$. Students answered “I don’t know” to an average of 33.9% ($s = 30.85$) of questions. In 2007, only 6.6% of students answered “I don’t know” to all questions, which was significantly lower than the 2006 mean, $t(120) = 3.068$, $p < .01$. The vast majority of students (85.2%) reported that it was part of their job to know about Part D, and 44.3% reported that they had not worked with any Medicare patients.

**Older Adults**

For the older adult sample ($n = 30$), who only responded once to the questionnaire in January 2007, 63.3% of the participants ($n = 19$)

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Date</th>
<th>Mean percentage correct (%)</th>
<th>Standard deviation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work students</td>
<td>Spring 2006</td>
<td>31.3</td>
<td>28.8</td>
</tr>
<tr>
<td>Social work students</td>
<td>Spring 2007</td>
<td>46.99</td>
<td>29.8</td>
</tr>
<tr>
<td>Older adults</td>
<td>January 2007</td>
<td>71.1</td>
<td>14.76</td>
</tr>
</tbody>
</table>
were enrolled in a Medicare Part D plan. Older adults were more knowledgeable about Medicare Part D than both cohorts of social work students, with a mean 71.1% ($s = 14.76$) of questions answered correctly. Of those enrolled, the mean satisfaction score was 2.94 ($s = 0.83$) on a 4-point Likert scale: not at all, a little, quite a bit, very much ($n = 17$, 2 participants did not answer satisfaction question). None of the participants reported not being satisfied at all with their Medicare D plan. There were no significant correlations between age, satisfaction with Part D, and number of questions correct among the older adults.

**DISCUSSION**

For social workers, health care professionals, and older adults, the introduction of the Medicare prescription drug program requires extensive learning about a program that is quite different from any other Medicare benefits, plans or programs. Overall, older adults had sound general knowledge about the program basics, and they answered the majority of questions correctly (mean score 6.4 of 9 items correct). They also reported general satisfaction with their plans, both in a large survey (Keenan, 2006) and this much smaller community sample.

Undergraduate social work students demonstrated a significant improvement in knowledge about Medicare Part D between 2006 and 2007. However, social work students do not appear to be as knowledgeable as reported in research with PharmD students (Urmie et al., 2007). The questionnaires were administered to the first group of social work students just four months after the program started, and few of them had even worked with Medicare clients in their coursework. This may explain the low scores and high number of “I don’t know” responses. It is also notable that while scores did improve, in the second cohort the students on average still answered about half of questions incorrectly. Such scores existed even though one section in the second cohort of Senior Seminar students completed a Medicare Part D experiential assignment and read a course module on Medicare Part D policy a few weeks before they completed the study questionnaire. Although practical knowledge about Medicare Part D would only be required of students in placements providing direct consultation with older adults choosing plans, incorporating new policy into coursework is an important part of an undergraduate curriculum that emphasizes policy and the inextricable links between policy, practice, and research. For graduates working in long term
care and other settings with older adults, knowledge about the intricacies of the program will be essential (Stevenson, Huskamp, Keating, & Newhouse, 2007).

The limitations of this study include the use of small convenience samples and the use of a new measure for assessing knowledge about Medicare Part D. The social work students were essentially all exposed to the same curriculum at Stockton, and future research should examine knowledge in students from varied undergraduate programs. The older adult sample was small \((n = 32)\) and not all participants had experience with Medicare Part D.

The measure used to assess knowledge about Medicare was new. However, reliability was within an acceptable range. Two patterns in the data suggest the scale is a valid measure of knowledge: (a) the second cohort of students had higher scores (and 20 of them had a Medicare Part D assignment in their course curriculum), and (b) the older adults with Medicare D had higher scores than those without. However, future research can further test the reliability and validity of the scale with larger samples of older adults and health care professionals. This nonexperimental design prevents any conclusions regarding causality of changes in scores. However, we can conduct further research that directly tests the effectiveness of classroom exercises or other pedagogy focused on Medicare Part D.

Overall, data indicate that informing those involved with Medicare Part D has been more successful with older adults who are directly affected by policy changes than with social work students who are about to begin working as health care helping professionals. Both groups may benefit from additional education about this important change in the Medicare benefit program, and further research on knowledge about Medicare Part D is warranted.

Findings from this study may inform social workers who are involved in policy, direct practice, and applied research. As client advocates and educators, social workers must keep abreast of Medicare Part D policy and work collaboratively with clients, their physicians, and pharmacists to assure understanding and facilitate wise choices. As direct practitioners, social workers will require increasing knowledge about gerontology and home health and community-based services that are associated with Medicare Part D services and payments. And related to research, social workers ought to frame research questions and engage in studies to further examine how the perceptions and experiences of older adults who sign up for Medicare Part D plans and health professionals who administer such plans change over time. Ultimately, this study points to the utility of social work programs integrating modules about new policies and social
services into either the coursework or fieldwork components of their curriculum. Such integration may better serve both social work professionals and the older adult clients they serve.

REFERENCES


