provide a variety of services. Psychosocial assessments are a critical part of social work practice in health care settings. Social workers in hospitals and hospices provide family support services, discharge planning, and death and dying counseling. Discharge planning occurs before a client is released from an inpatient medical or mental health facility, as well as a home health agency. The social worker helps the client determine where he or she will go and the type and scope of supportive care needed, and links the client to community resources and family supports. Social workers in psychogeriatric settings, such as public or private mental health facilities, also conduct psychosocial assessments and provide therapy for elderly persons who are depressed or are struggling with other emotional disorders. **Psychogeriatrics** is a combination of psychiatric and mental health care and services for older people. Gerontological social workers in health care settings generally work as part of a multidisciplinary team. They collaborate with doctors, nurses, and psychologists to provide comprehensive services to clients.

Social workers make every effort to help people who are older stay in their own homes. Comprehensive assessments are used to determine the mental, physical, environmental, social, and financial condition of older clients. The findings are used to identify clients' strengths as well as the supports needed to help them remain safely independent. Networking and information and referral services are critical in helping clients and their families locate companionship services, home care aides, transportation services, meal programs, adaptive devices, and in-home nurses and therapists. Regardless of the setting, gerontological social workers usually provide case management services and act as advocates for the elderly. They also serve as liaisons to community agencies.

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Finally, social workers in gerontology work as policy makers, quality improvement specialists, and administrators. Social workers in the field of aging, although focused primarily on direct care, participate in the development of new programs and policy development demonstrations and engage in multidisciplinary team efforts with the medical community to improve the overall care and wellness of our elders.

Diversity LO 3

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Estimates suggest that about 42 percent of older people will be members of nondominant groups by 2050, as compared with 22 percent today (Administration on Aging, 2016). The percentage of increase of Americans who are older is shown by group in Table 8.1, with Asians, Pacific Islanders, and Latinos projected to have the largest increases.

The multigenerational, multiracial, multiethnic twenty-first century requires gerontological social workers to be aware of cultural and ethnic attitudes about aging, illness, family responsibility and obligation, institutionalization, and death and dying. As people age, they have strengths and resources that can aid them in the aging process. Hooyman and Kiyak (2011) highlighted inherent cultural strengths that gerontological social workers can utilize when working with diverse elderly. For example, Latino families

Table 8.1 Projected Increase of People in the United States over Age 65 from 2015 to 2060

	2015 Percentage (%)	2060 Percentage (%)
Indigenous	1.5	1.8
Asian	5	8
Latino	18	31
African American	13	15
White	62	43
Multiracial	2.5	6

Source. US Census Bureau (2012b).

have traditionally provided emotional support to elders, especially in rural areas. Social workers can often rely on informal supports within the Latino community to help elderly clients remain in their homes. African American elderly are more likely than whites to be members of extended families that help care for their older relatives in the home. Older people who are African American are the least likely to be admitted to skilled nursing facilities, but they have more of an honored place in their families. They thus report a greater level of satisfaction than whites. Indigenous older people are the least likely to utilize government services. Many First Nation communities do not trust the government. Government social, medical, and health services are often miles away, and transportation is a problem. Many indigenous elders prefer traditional healing methods. Honoring and showing respect to elders is a significant part of indigenous peoples' value systems; the elderly have important roles, such as wise person, or storyteller and keeper of oral traditions.

The needs and strengths of older members of the LGBT community have been less studied than the needs and strengths of older people from other nondominant groups. However, research in this area has been expanding in recent years. This research suggests that older LGBT people express concerns about their partners being recognized and accepted in hospitals and residential care facilities, finding LGBT-friendly assisted living facilities, finding doctors with whom they can be open and who have knowledge about LGBT issues, finding social events for LGBT people of their age, and having access to LGBT-friendly social workers and mental health practitioners (Smith, McCaslin, Chang, Martinez, & McGrew, 2010). LGBT older adults likely share a strength with other nondominant older adult populations, in that a lifetime of challenges may increase resilience that can be helpful as people age.

The strengths of diverse communities can be used by gerontological social workers to assist clients. In fact, people from nondominant groups who have fully assimilated into mainstream culture tend to return to their cultural and ethnic roots as they get older (Hooyman & Kiyak, 2011). This makes it even more critical for social workers to recognize and use cultural strengths.