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ANNUAL REVIEW OF GERONTOLOGY AND GERIATRICS, 2009

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- 9. Environmental Influences on Life Time Disparities
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SECTION I

EVOLUTION OF GERONTOLOGY AND GERIATRICS EDUCATION

This section provides an overview of gerontology and geriatrics education, starting from a past perspective, and projecting into the future, both for the United States and internationally. The section is led by a chapter titled “The Evolution of Gerontology Education Over Three Decades: Reflections and Prospects,” by Harvey L. Sterns of The University of Akron and Kenneth F. Ferraro of Purdue University. They trace the development of gerontology education in the United States and discuss current and future challenges for growth and development of gerontology as a discipline and the relationship to other disciplines.

The next chapter is by Marie A. Bernard of University of Oklahoma and is titled “Workforce Needs in the Future: The Institute of Medicine 2008 Report—Retooling for an Aging America.” Dr. Bernard provides a summary of the background considerations and recommendations from the Institute of Medicine committee report that was released April 14, 2008. The committee made recommendations for enhancement of training of all health care professionals in geriatrics, increased recruitment and retention of geriatrics specialists, and reconfiguration of health care provision to optimize the care provided to older individuals. This chapter details those considerations.

The third chapter is by John E. Morley, Miguel A. Paniagua, Joseph H. Flaherty, Julie K. Gammack, and Nina Tumosa at St. Louis University and is titled “The Challenges to the Continued Health of Geriatrics in the United States.” Dr. Morley et al. provide a summary of the history of the development of geriatrics in the United States and an accounting of current geriatrics workforce availability. They discuss the challenges to the maintenance of the geriatrics workforce and make predictions for the future of geriatrics in the United States.

Suzanne R. Kunkel of Miami University concludes this section with a description of gerontology education across the globe. Her chapter, titled “Global Aging and Gerontology Education: The International Mandate,” discusses global aging rates. She then provides details regarding gerontology education in the United States, Israel, Japan, the European Union, and Kenya. She argues for the need for cross-national perspectives within gerontology education and presents methods by which this education can be provided.

The Evolution of Gerontology Education Over Three Decades

Reflections and Prospects

Harvey L. Sterns and Kenneth F. Ferraro

Gerontology is, in many ways, a young scientific field of study, and systematic discussion of how to educate gerontologists is an even more recent phenomenon. As gerontology scholars have sought to define the field, there is the related question of how to educate students interested in the study of aging. More specific questions abound: What curriculum is deemed essential? Is there a paradigm for the field that can be cogently expressed to students? How should gerontology education programs be structured?

These and other questions received systematic attention in the United States during the 1970s. Sensing the magnitude of the task, a multidisciplinary collection of gerontology scholars spearheaded the creation of the Association for Gerontology in Higher Education (AGHE) in 1974. And the energy of AGHE's early years resulted in a spurt of reports and books addressing the aforementioned questions (e.g., Seltzer, Sterns, & Hickey, 1978; Sterns, Ansello, Sprouse, & Layfield-Faux, 1979). Although it is not our aim to comprehensively answer those seminal questions in this chapter, we believe there is value in (a) reviewing some of the major changes during the past 30 years and (b) identifying salient issues that have yet to be resolved. Indeed, in some ways, it has been argued that many of the debates have not advanced much at all (Ferraro, 2006). In other ways, the changes have been dramatic.

AUSPICIOUS BEGINNINGS: GERONTOLOGY AS A GROWTH INDUSTRY

Over 30 years ago, a number of important vectors came together to produce an increased interest—and excitement—in the field of aging as well as new expectations for postsecondary education related to an aging society (Sterns, 1978). First was the growth in the older segment of the population—prompting some to call for 20/20 vision when the Baby Boom moves en masse into retirement (Ferraro & Sterns, 1990). Second was the increased interest in research in life span/life cycle development and gerontology. Third was the increased funding from federal, state, and local agencies for education and training in the field of aging. Fourth was the dramatic increase in agencies and institutions providing direct services to older people—a consequence of the Great Society initiatives of the 1960s. These included federal agencies, state units on aging, area agencies on aging, local government offices, planning agencies, multipurpose senior centers, older adult services agencies, preretirement preparation programs, older adult housing and planned retirement communities, long-term care facilities, nutrition programs, and numerous other paid and volunteer organizations.

In the midst of these trends, the environment seemed ripe for gerontology as a growth industry. Especially because of the increase in service agencies and programs, it seemed only logical that there was a need for workers and administrators with training in gerontology. This perceived need was anticipated at the paraprofessional, administrative, technical, and professional levels. Thus, many also felt an immediate need to augment the training of in-service personnel and to include gerontology education in the preservice preparation of students in existing degree programs. How could workers appropriately organize and deliver services to older adults without some type of education in gerontology? Gerontology educators felt that the future was bright for program expansion to adequately address the human resource expectations. Many identified a growing need for college-level researchers and teachers to carry out the training and education of potential and current workers in the field.

The enthusiasm of the 1970s was tempered by a variety of concerns, including the appearance of so-called instant gerontologists, quality academic programs, the need to focus on research to provide a better scientific base for the field, funding for research and program development, and even the need for quality textbooks, handbooks, and other educational materials. Building on the earlier volumes, a more formal treatment of gerontology education emerged with Peterson and Bolton's (1980) book *Gerontology Instruction in Higher Education*. This book captured many of the core issues with which

gerontology programs struggled, and many of these issues remain eerily similar to contemporary debates.

Educational institutions had increased opportunities to offer workshops and seminars, noncredit courses, and credit courses for both preservice and in-service students. In a number of states, training officers from state units on aging helped to stimulate educational opportunities using state and local Title III and IV-A funds. Some educational institutions found this to be an exciting challenge and a natural extension of ongoing programs, while some had to be dragged in, and still other institutions failed to become involved at all.

The responses of particular educational institutions at the time were determined by interest, history, and faculty strength. There were a number of mature gerontology programs in this country, some going back to right after World War II. The vast majority of educational institutions, however, found themselves responding to these new demands during the 1970s.

A relatively small number of faculty members trained in established programs in life span/life cycle development, gerontology, or geriatric care had the opportunity to implement development of gerontology education on their campuses. Many of these faculty had been hired in traditional departmental settings and had begun to develop relevant course work, degree programs, and in some cases university-wide programs. Other faculty decided to retool themselves, perhaps with a postdoctoral fellowship, so that they were better prepared to stimulate educational and research initiatives on their campuses. Federal training funds from the Administration on Aging, Title IV-A and IV-C were available to support the development of new higher education programs. Some states like Ohio developed cooperative state-wide collaborations between educational institutions and the Area Agencies on Aging. Ohio also allocated funding through the Ohio Board of Regents to create Offices of Geriatric Medicine and Gerontology in all seven medical schools in Ohio during the late 1970s.

At the national level, the AGHE came into being during 1974 and held its first national meeting in 1975. The national meeting has become a major forum for gerontology education and program development (Binstock, 2007). Literally hundreds of educational programs were birthed at institutions, including community colleges and research-intensive universities. For the most part, gerontology was delivered via a minor, certificate, or specialization.

The excitement and growth of this early period of development continued into the 1980s but was interrupted during the Reagan Administration, which eventually cut training funds allocated under Title IV. Although Administration on Aging funding for gerontology education was sharply reduced, there has been funding from the National Institute on Aging (NIA) for specific

pre- and postdoctoral training. Since 1985 the Bureau of Health Professions also funded Geriatric Education Centers (see chapter 11, this volume), albeit with the unfortunate loss of funding for 1 year and the resulting interruption even though funds have since been made available.

One of the great success stories of gerontology education is that through the commitment of colleges and universities using both internal and external funding there are now over 770 programs representing over 350 institutions in gerontology and geriatrics (AGHE, 2008). These include certificate programs; minors and specializations; associate, bachelor, and master's degrees; fellowships, post-docs, and residencies; and six PhD programs in gerontology. Gerontology emerged as a science with a substantial educational network for the next generation of scholars interested in aging (Achenbaum, 1995; Wilmoth & Ferraro, 2007).

The intellectual capital for gerontology also increased during the time that gerontology programs proliferated on campuses. For instance, 11 gerontology journals were created during the 1970s, and 31 gerontology journals were added during the 1980s (Ferraro, 2007). Discussions of a paradigm for gerontology emerged in the 1990s, prompting consideration of a gerontological imagination for scholars regardless of their field of study (Ferraro, 1990). Gerontology penetrated the core disciplines, transforming them to attend to major themes in aging research (e.g., skepticism about aging effects, modifiability of aging, ageism). At the same time, there have been efforts to create a more integrated approach to gerontology education, and many scholars favor a new discipline for the study of aging.

All in all, the future for gerontology education remained bright, despite some challenges to institutional development of gerontology programs. The net result, as Ferraro (2006) described, was that "gerontology at most colleges and universities is by and large a nice supplement to existing programs. Many universities are trying to do more with less, and gerontology often finds itself in this position" (p. 573). It could be argued that many successful academic programs remain fragile, suggesting the need for sober attention to local institutional histories when seeking to develop gerontology programs. Beyond the structural issues of gerontology's location in the university, there have been important debates regarding the need for gerontologists.

ESSENTIAL OR ENDEARING: WHO NEEDS A GERONTOLOGIST?

It is widely acknowledged that gerontology, the scientific study of aging, is a field of inquiry that draws from many disciplines including biology, psychology,

sociology, political science, history, anthropology, economics, humanities, and ethics (Bass & Ferraro, 2000). The definition of a gerontologist is someone who is committed to the *science of aging*. At the same time, we expect that scientific discoveries will be translated in such a way as to optimize the benefit to humanity. For gerontology, this leads to a focus on application: "To be an applied gerontologist is to be an interventionist" (Sterns & Camp, 1998, p. 177). Those individuals who specialize in the application of medical knowledge to the care of older people and related research are geriatricians. Geriatric medicine has become well established throughout the world but is still coming of age in the United States (see chapters 2 and 3 in this volume).

In many discussions of professional education in the United States, there has been a focus on whether we need specialists to *meet the needs of older adults* or whether all members of a profession should be well-trained in aging. In the latter case, specialization is not required. There is little debate that there should be basic knowledge in gerontology and geriatrics for all professionals serving older adults. However, the last three decades have taught us that at least at this point in time that we also need to have specialists in gerontology, persons who are uniquely qualified to understand and advocate for high-quality services for older adults. All of the professional groups since the 1940s have developed special sections, divisions, interest groups, and so forth in gerontology and/or geriatrics, and many of these sections are promoting specialty guidelines and qualifications.

The question for our time is *whether our society needs gerontologists*. In some ways, educating a gerontologist is a logical, perhaps essential, response to the trends that we are observing: both the aging of the population and the growth in life expectancy. At the same time, the core disciplines and professions are incorporating many of the discoveries and extant knowledge into their programs of study, thereby muting the need for distinctively trained gerontologists. Especially for service professions, such as social work and nursing, that require certification, gerontology seems to be having a difficult time being treated as a legitimate sister occupation. Indeed, few positions in today's society are described for gerontologists. In many situations, it seems that gerontologists have to use other credentials to gain access to positions dedicated to serving older people.

A major point of discussion 30 years ago by leaders in gerontology education was that the field of gerontology needed to be able to develop on each campus with an appreciation of the history and strength of individual institutions. Mildred Seltzer, Harold Johnson, and Hiram Friedsam, among others, were also concerned that gerontology would become highly proscriptive as had happened with social work and nursing. Although certification

was eschewed, the Foundations for Gerontology Education project provided an important step in the development of the field with its emphasis on a core curriculum (Johnson et al., 1980). The consensus at the time was that the core curriculum was decidedly multidisciplinary, and that no single academic discipline, profession, or department had a lock on the field of gerontology. Indeed, this is one point that has changed very little in nearly three decades (Ferraro, 2006). The eloquent discussion of gerontology as an emerging discipline by Alkema and Alley (2006) supports the importance of gerontology further developing into an *integrative* discipline.

We believe that there is a need for a full spectrum of professionals specializing in aging *within* the widely established disciplines. At the same time, there is value in promoting the development of *gerontology as a discipline*. Degree programs in gerontology need to be supported as a key part of the long-term development of the field of aging. However, we have witnessed an unpleasant side effect where people with degrees in gerontology are not recognizing well-trained individuals with certificates, minors, and other specialized qualifications as gerontologists. At this point in time, the field needs to offer mutual support to multiple paths to being a gerontologist.

The demographic imperative of an aging world needs to be embraced, and action is needed. Instead, what we have seen is immobilization. The core demands for well-trained individuals to provide direct services, planning, and administration by Area Agencies on Aging and State Units on Aging must be met. Low levels of funding have many agencies providing the most basic of services. We are not able to apply a great deal of gerontological knowledge that we have today because of limited resources. There has also been continued resistance to develop career ladders and to integrate paraprofessional education into our higher education system.

There remains a need for traditional degrees such as BSN, MSN, BSW, and MSW to fill positions in service to older adults. Programs that add gerontology with certificates and specializations can meet much of the need for trained individuals. At the same time, we need to promote the highest level of new developments in the field. New degrees in gerontology will require new professional categories and licensure. The developments here have been discussed for many years, but many gerontologists remain concerned about the push for licensure and certification.

Other important innovations include the creation of new areas such as bringing gerontology into colleges of business or administration. The AGHE Task Force on Business and Aging has promoted ways to implement aging in business courses. Courses in finance, marketing, consumer behavior, and human resource management need to address aging issues. One example of

this approach is the new MBA/MSG at the University of North Carolina at Greensboro.

With the proliferation of graduate degrees in gerontology, we see a key distinction between master's and doctoral degrees. Although many see master's degrees in gerontology as a step toward a PhD in gerontology, we believe that master's degrees in gerontology represent an excellent way to address the *service* needs of elders. In many ways, master's degrees in gerontology may be less than optimal for students seeking a PhD because most doctoral programs are heavily developed from the core disciplines. Thus, students with gerontology MS degrees may be disadvantaged when applying for PhD programs in the core disciplines. By contrast, we propose greater attention to a MSG as a terminal degree for service professionals, parallel to the MSW and the MPH. The master's degree would be focused on the practice of gerontology (i.e., intervention), perhaps with optional specialties such as long-term care administration, financial planning, and wellness.

The conventional path to doctoral education in gerontology is to study in a more established discipline, whether anthropology or pharmacy administration, and integrate gerontology into that plan of study. Some of the new doctoral programs are basically structured in an inside out fashion. Instead of gerontology being the specialty as in the most traditional PhD programs, many gerontology PhD programs make gerontology the major, with a minor that is often a major field of study (e.g., nutrition). The packaging of such credentials remains a matter of considerable debate. Some programs offer gerontology doctoral credentials that minimize the risk of employment uncertainty for students. One example is offered by Purdue University in Indiana, which pairs gerontology with an established discipline in a dual-title PhD program.

GERONTOLOGY LEADERSHIP IN THE MAKING

As we think of the evolution of gerontology education, it may also be useful to conclude by briefly considering how the field is changing from a life span perspective. One can also view gerontology's evolution through the lens of cohort flow.

In the science of aging, we recognize normative history-graded influences on a particular cohort, a group of people who share a similar experience at the same time (in this case developing gerontology programs). For instance, consider the faculty who were trained in the late 1960s and early 1970s. These scholars experienced a period of rapid growth and support for gerontology program development and the availability of considerable government funding for gerontology *education* programs. Some of these faculty

also played an important role in training the new group of individuals to provide direct service via community agencies.

Nonnormative life events are unusual events that may occur at an atypical time in development. Such events can be positive or negative. One example is the major change in funding for academic gerontology during the Reagan Administration when funding went from over 20 million to 5 million at a critical time in program development in the early 1980s. Another example would be the recent defunding (and, a year later, refunding) of Geriatric Education Centers.

In terms of cohort flow, time is running out for the first generation of gerontologists who received fellowships from either the first wave of National Institute of Child and Human Development or from the Administration on Aging. These faculty members who embraced university leadership have created and implemented programs in gerontology in one form or another on their campuses. Their contributions have helped to shape the present, but their legacy will become clearer with time. Whatever the case, the real issue is how the torch will be passed to the next generation.

When one considers how these general trends map onto specific campuses, which have their own developmental histories, one can see that there is a wide diversity of outcomes. Some programs are very successful, some are moderately successful, some are barely surviving, and others have been discontinued. This has occurred at a time when the need for personnel in the field of aging remains critical.

Gerontology educators and researchers are divided by a number of approaches to gerontology education. These differences go back decades ago when the first certificates in gerontology were given with traditional disciplinary degrees. There have been significant advances within the traditional disciplines with a focus on issues of aging and the emergence of courses and major areas of research. Master's and doctoral programs in gerontology emerged starting in the 1970s and 1980s, respectively. Although many of these programs are flourishing, it could be argued that "the field has reached its current state through substantial struggles. In truth, the field's remarkable gains remain quite fragile" (Binstock, 2008, p. 3).

Binstock (2008) further summarized the situation by noting that these struggles are played out in the lives of persons interested in gerontology.

In the early 1960's, fewer than 10 college and university programs focused on aging, although a growing number of individuals were becoming interested in the subject. Today the Association for Gerontology in Higher Education lists an impressive 772 programs in gerontology and geriatrics.

These range from certificate programs and fellowships to master's and Ph.D. programs. . . . Funding for many of the programs is tenuous and remains an ongoing concern for education leaders in gerontology. . . . Many researchers have found that focusing on aging has posed difficulties for their career advancement and success. (p. 4)

Indeed, the same concerns led Pelham (2008) to describe the fragile status of gerontology as follows.

Many gerontology programs are . . . comparatively small programs administered and taught by few, often part-time faculty. . . . Although the offering of gerontology coursework in other disciplines is valuable and the participation of interdisciplinary faculty is welcome, helpful and enriching to the field, the long term health of a gerontology program ultimately requires discipline-based resources and recognition. (p. 3)

Gerontology is endearing to an aging society, but it is not in many ways deemed essential. We believe that we must first make a stronger case for the need for gerontologists, and we hold that it is important to distinguish roles for those educated at the master's and doctoral levels. For professionals serving older adults directly or administering services, we recommend that the master's programs be charged with educating the next generation of gerontologists. For leadership in gerontology education, we believe the diversity of approaches will ultimately serve the field well as it slowly evolves toward a new discipline.

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Geriatrics. May 042017. Get IT free here.Â Geriatric Imaging. Annual Review of Gerontology and Geriatrics. Study medical photos. Pages. Differential Gerontology and the Stratified Life Course: Conceptual and Methodological Issues. Article. Feb 1988. Dale Dannefer. Like other domains of scientific inquiry, gerontologyâ€”still a young field-has had to begin by establishing the importance of its subject matter; it has therefore focused on the power of age as a predictor variable through the assemblage of vast catalogs of age-based generalizations. Although age has long been recognized as an important attribute of persons and roles and as a basis of social organization, a burgeoning body of research findings now underscores the prem