Accreditation: The Missing Manual

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Accreditation of Gerontology programs will be an important theme of the November annual meeting of Gerontological Society of America (GSA) in New Orleans. In fact, AGHE is highlighting a Symposium: “Framing the Issues and One Vision for a Road Map Towards Accreditation.” AGHE’s emerging focus on accreditation represents a welcome new change of direction. Adopting a new approach to professional education is not unlike becoming familiar with a new electronic device. An “owner’s manual” can help guide the user through the functions and operation of a new system.

Getting Started

Accreditation: Accreditation is “…the act of accrediting or the state of being accredited; especially, the granting of approval to an institution of learning by an official review board after the school has met specific requirements” (American Heritage Dictionary, 4th edition, 2009). The key elements here are that academic institutions or programs are approved by an official organization based on meeting specified standards or requirements. It is important to understand that the national organization itself is acknowledged as representing the field and houses academic or professional leaders and claims responsibility for furthering the discipline or profession. The organization needs no other “permission” per se.

Certification: The terms “certification” or “certificate” are confusing because they can apply to academic programs, individual qualifications, or physical documents. Individuals can be certified in disparate professional fields. Some of the more amusing, but actual, ones include, “certified ethical hacker,” “traffic signal operations specialist,” “holistic information security practitioner,” and “master of wine.” While one cannot be certified as a Gerontologist, one can certainly have completed any of the many academic Gerontology certificate programs offered by colleges and universities. Unfortunately, you also can get a weekend workshop certificate and a piece of paper labeling you as a “Gerontologist.”

Licensure: After successfully completing an academic program in certain fields, an individual can obtain a license, which is granted only by an approved state agency. At present, there is no state-approved license for a Gerontologist. There are, however, myriad licenses for other specialties. For example, Washington State will license driver trainers and wrestlers; Utah licenses nail technicians and hunting guides; Mississippi soil classifiers or body piercers; in Michigan one can be a licensed boxer or carnival operator; and in New York one can obtain a license as an armored car guard and a pet cemetery operator. And yet, again, there are no licensed Gerontologists. The consequence is that students graduating from Gerontology programs are frustrated and disadvantaged in the marketplace because employers prefer licensed professionals (Woods, 2010).

Credentialing: A credential is “an attestation of qualification, competence,  

AGHE President’s Message

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Dear Colleagues,

This summer I had the pleasure of spending four weeks at Newcastle University in the North East region of England where I was a visiting scholar in the Department of Architecture, Planning and Landscape as part of the University’s Changing Age initiative. During my stay, I met with Valerie Laws, novelist and writer in residence, and Dr. Lynne Corner, ‘Years Ahead’ coordinator at the Institute for Aging and Health. Valerie and Lynne have been interviewing adolescents to discover their views on aging and are in the process of compiling a book on this topic. Their findings are alarming. Not only is ageism alive and well, but also young people, at least in this part of England, have a bizarre view of old people that reinforces the very worst stereotypes. Conceptions of old age are pervaded by: images of ugliness, physical incapacity, mental incompetence, sickness and death, mean spiritedness, lack of engagement in the contemporary world, irrelevance, and fear. The young people interviewed want to have nothing to do with elders. I believe that the situation is not very different in many parts of the United States. These, I remind you, are the people who in a few decades will become caregivers for elders.

Why are such universally negative images so persistent? There are a number of reasons. One may be fear of our own
Editor’s Musings

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Without a doubt, you recognized that these are greetings in 14 languages. I am not going to name all of the languages represented here so that you can have some fun – if you aren’t sure about one, do some research to find out what the language is (it’s pretty easy to look up online). You might end up with a learning a little about another culture as you do. My cultural foray into linguistics results from the knowledge that exciting things are happening globally in gerontology and education. This is reflected in the tag line for AGHE’s “Globalizing Education on Aging” – “Globalizing Gerontology and Geriatrics: Education: Learning from Each Other.” This is also reflected upon by Jackie Frank, in this issue’s International News, as she discusses the value of study abroad opportunities for students and a few of the existing programs – one of the best ways for students and faculty to really develop a global perspective. These opportunities are an important piece of the future of gerontological and geriatric education.

Speaking of the future of gerontological education, this edition’s feature article, “Accreditation: The Missing Manual” by Anabel Pelham and Donna Schafer, brings up a significant issue that is becoming one of THE topics in gerontological education. “To accredit or not to accredit” is a discussion that will need different voices and perspectives to be contributed so that informed decisions can be made about such an issue. Pelham and Schafer focus on the positives of accreditation, but the downsides must be considered as well, for if the field does indeed move in such a direction, then potential difficulties must be anticipated and planned for as much as the potential benefits to be gained. I myself have some questions about the place of the liberal arts in all of this, as accreditation is typically a process associated with primarily applied fields. Therefore, I am very open to hearing all views and knowing more about the implications of accreditation and how it might be operationalized for gerontology. It behooves all of us to become more educated on this issue and to consider how it could affect our students and us, for better and for worse, and what it could mean for gerontology and gerontological education. And that starts with conversations, conversations that stem from this article and from the symposium presented at the November meeting of the Gerontological Society of America (see In & Around AGHE for AGHE sessions at the GSA meeting) and conversations that continue on, beyond articles and symposia.

Speaking of learning from one another, this AGHEExchange introduces a new 3-part series, called What Works II: Innovations. I’ll let our inaugural author and series creator, Karen Kopera-Frye, do all of the explaining about how this column was inspired and came about. The series is produced by AGHE’s Academic Program Development Committee and focuses on sharing not just ideas but actions and plans that have been implemented at various institutions in order to give gerontology programs a fighting chance in a tough economy. Also, in the Teaching & Learning Resources section, we learn from other faculty at AGHE member institutions about successful teaching exercises. In one case, Cynthia Hancock shares an activity that can be done within a couple of class periods; in the other, Marilyn Gugliucci has provided information on a much larger project, in which medical students actually live in a nursing home for a brief period as a requirement of the program. These are just a couple of examples of the creativity and dedication that gerontology/geriatric educators bring to the classroom and to their students’ education.

As always, I invite readers to share their feedback. Share it with Dr. Rowles, AGHE President, on his ideas and suggestions regarding the future of gerontological education. Share it with me on AGHEExchange articles and the issues raised within these pages. Or on the AGHEExchange itself, as I and the associate editors work to make this a useful and readable resource for you. My email is CURCHLM@oneonta.edu and I really would like to hear from you. Who knows – maybe your comments might end up in a future issue of the AGHEExchange.

Happy reading!
Lisa

It is not by muscle, speed or physical dexterity that great things are achieved, but by reflection, force of character, and judgement; in these qualities old age is usually not only not poorer, but is even richer.
- Cicero (106-43 B.C.) in On Old Age

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Annual Meeting News

Whetting Your Appetite for AGHE 2011

Pam Teaster, Ph.D.
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The 37th AGHE Annual Meeting and Educational Leadership Conference – theme of “Living the Old Age We Imagine: Higher Education in an Aging Society” – will be from March 17 - 20, 2011 in Cincinnati, OH. The Local Arrangements Committee of AGHE invites you to CHECK out our location in Cincinnati, Ohio!

Preview the City!
You can get an overview of the city and view a video on this Midwest gem at The Cincy Visitors Bureau: http://www.cincyusa.com/.

Another good site to get an overview of the city can be found at The Cincy 2010 Visitors Guide: http://www.virtualonlineditions.com/publication/?i=30728.

Find Out What’s Happening While You’re There…
The City Beat has a comprehensive listing for everything going on in the city: http://www.citybeat.com/cincinnati/

Another source for what is going on in Cincy is Metro Mix: http://cincinnatimetromix.com/

Great Things to Do and See!
(Say AHHRT … Cincinnati has a great art scene)
A link to everything downtown (and close to Hilton): http://downtowncincinnati.com/Home.aspx

Pendleton Art Gallery: http://www.pendletonartcenter.com/

Everything having to do with the arts (e.g., Cincinnati Museum Center, Cincinnati Art Museum,
National Underground Railroad Freedom Center, Cincinnati Zoo, Contemporary Arts Center Playhouse in the Park, the Cincinnati Ballet): http://www.enjoythearts.org/hip-tips

(Say FISH…)
The Newport Aquarium: http://www.newportaquarium.com/
Tour the Underground: http://www.citybeat.com/cincinnati/

(Say Epicurian…)

Coffee Emporium: (A downtown coffee house that is a must): http://www.coffee-emporium.com/


And there’s Cincinnati Chili (e.g., Skyline, Gold Star and Camp Washington)!

(Say Dessert …)
Graeter’s Ice Cream: http://www.graeters.com/

Aglamesis Ice Cream for those venturing to Oakley Square http://www.aglamesis.com/

The Local Arrangements Committee invites you to encounter

AGHE 2011 in Cincinnnnati.

See you there!
In & Around AGHE

AGHE Director’s Message

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It was a busy summer and start to the fall! Here is some of what has been happening recently at the AGHE office and an update on our 2010 goals.

Summer 2010

This past July, we honored volunteer, Dr. Ken Cook, for 15 years of service. Ken has been a staunch supporter of AGHE and has provided office assistance since the mid 1990s. While Ken has performed a variety of duties during his years here, he currently serves as our webmaster. Ken is a valued member of the AGHE team and we thank him for all he has done to strengthen our organization.

Also in July, I celebrated my second anniversary as the AGHE Director. It has been a time of change, restructuring, and reorganizing and I believe we are beginning to see the results of our efforts.

We have worked diligently to enhance our internal operations and are seeing improvements in our financial management, data management, annual meeting planning, governance and communications to members.

Our Success Stories Thus Far

As we prepare for the upcoming GSA meeting in New Orleans, it is a great time to reflect on our success and to prepare for future demands. I am pleased to report that we are on target with the goals I presented for 2010:

- We are close to reaching our goal of a 5% membership increase – four new institutions have joined AGHE in the past 8 months.
- We held an annual conference that did not lose money and actually brought in a modest return.
- New clients have signed on for consultation assistance under the Consultation Program and the Program of Merit completed one review this year, another review is currently in process, and we are anticipating the submission of yet another application by the end of the year.
- We also continue to update and revise our standard operating procedures manual as needed.
- Our staff and volunteer leaders have been working behind the scenes to create a more efficient organization. These improvements are fundamental to our ability to tackle new initiatives such as accreditation.

Hope to See You Soon...

For those of you attending the GSA meeting in New Orleans, please stop by the joint GSA/AGHE booth for information on the 36th AGHE Annual Meeting and Educational Leadership Conference in Cincinnati, OH in March 2011. Also, be sure to visit our website periodically for AGHE news and conference updates.

K-12 Takes the Long Road

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Recently, members of the K-12 Task Force submitted a motion for consideration to the Executive Committee. The motion was a request in change of status from Task Force to Committee. The request was approved after an interesting and informative discussion about the history and impact of the task force.

The K-12 Task Force has enjoyed a long and productive tenure. Given the history of the task force, the ongoing work including the book award, the writing contest, and other important ongoing work, members of the K-12 Task Force requested that the Executive Committee consider their request for a change in status from task force to Committee. There are a variety of reasons for the change in status. Members of the K-12 task force have spent decades working to bridge the gerontological gap between higher education and K-12. The K-12 mission is in line with the AGHE mission and vision.

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It has taken 25 years, but now as a standing committee, we have arrived!

Acknowledgement: Thanks to Bill Lane for providing historical information on the K-12 Committee.
AGHE’s Newly Designed Consultation Program

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As the aging population continues to increase, so will the need for gerontology and geriatrics instruction. The Association for Gerontology in Higher Education (AGHE) offers a newly designed Consultation Program that actively contributes to assisting community, four-year colleges and universities, and other organizations engaged in developing curricula on aging in:

- Developing or evaluating a gerontology/geriatrics program
- Developing a strategy for long-term planning
- Obtaining an objective assessment, external review, or validation of a proposed or existing program of gerontology/geriatric instruction
- Obtaining resource materials for executing, expanding, and/or evaluating gerontology/geriatrics instruction. Also in identifying tools for designing and implementing gerontology/geriatrics content or courses.

The Consultation Program represents the collective efforts of a panel of national experts in the field of aging studies from AGHE Member Institutions through the leadership of Paul Roodin, Ph.D., Oswego State University and Marilyn R Gugliucci, Ph.D., University of New England.

Because the needs of each institution are unique, the Consultation Program has been designed to provide individualized assistance. The institutional program representative works with the AGHE Consultation Program Leaders to determine best approaches and time frames for the consultation process. Communication is a key component throughout the process.

Consultation Options and Fees

Fees may vary depending on the services requested. Below are some examples of possible consultation situations and their associated fee ranges:

A la Carte Consultation Option

The A la Carte Consultation Option, and associated Fee Structure, is based on a 2x2x2 Model. The Model can be adapted according to the needs of the institution, but is designed as follows:

- 2 days (14 hrs total) preparation for pre-site visit
- 2 days for the on-site visit
- 2 days (14 hrs total) post site visit to write the final report.

The site visit is optional and this model may be shortened or lengthened depending on the consultation goals and objectives put forth by the contracting institution. Should the institution decide to engage the consultant in a site visit, then the contracting Institution is responsible for reimbursing the consultant directly for travel costs including lodging and meals.

“Blue Plate Specials” Consultation Options

The following are options for AGHE Consultation services that have an estimated cost range from $500.00-$1,500.00. It is presumed no site visit is included; however, if the institution views a site visit as advantageous to the consultation, then a site visit may be included for an additional fee.

A. Feasibility Study Review
B. Curriculum Review and Redesign- Existing Programs
C. Curriculum Development & Implementation
D. Program Self-Study Review
E. Program Self-Study Consultation
F. Program Development (Comprehensive)
G. Program Evaluation Review and Design

AGHE NON-Member institutions will be billed an additional 25%, calculated at the time of invoicing from AGHE.

Since the redesign of the AGHE Consultation Program, we have been working with institutions in the US and internationally. This AGHE service has served institutions well for strategic planning and program development critical to growth and sustainability.

For more information contact:

Association for Gerontology in Higher Education
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Website: http://www.aghe.org/templates/System/details.asp?id=40634&PID=677877
Congratulations to 2011 Awards Winners

The Hiram J. Friedsam Mentorship Award
AGHE’s Hiram J. Friedsam Mentorship Award honors individuals who have contributed to gerontological education through excellence in mentorship to students, faculty, and administrators. Hiram J. Friedsam was a professor, co-founder, and director of the Center for Studies in Aging and Dean of the School of Community Service at the University of North Texas. The University of North Texas established the first gerontology program in the state of Texas and one of the first in the nation. He was an outstanding teacher, researcher, colleague, and mentor to students, faculty, and administrators, and a past-president of AGHE. The purpose of this award is to recognize those who emulate Dr. Friedsam’s excellence in mentorship.

The 2011 recipient of the Hiram J. Friedsam Award is Dena Shenk, Ph.D.!

Dr. Dena Shenk is Director and Graduate Coordinator of the Gerontology Program and Professor of Anthropology at the University of North Carolina – Charlotte. She is a cultural anthropologist and her work has involved conducting research and doing program development and evaluation in Denmark, Costa Rica, Peru, and the U.S. (http://anthropology.uncc.edu/research.html). Her areas of interest include Aging in cultural and environmental context; women and aging; direct care workers; people with dementia; elder abuse and mistreatment and disasters; using narrative approaches and photography (http://gerontology.uncc.edu/people/core-faculty.html).

Dr. Shenk has been a leader and dedicated advocate for gerontology education and gerontology students for many years. Having been involved in gerontological for over 30 years, her honors include the AGHE Distinguished Teacher Recognition in 2004. She is a charter Fellow of AGHE and has also been a Past President of AGHE. She is a Charter Fellow of the UNC Institute on Aging since 1999 and a Fellow of the Gerontological Society of America since 1997. She currently serves on the boards of several journals and is involved in leadership in several organizations.

Dr. Cynthia Hancock, a colleague at UNC-Charlotte, felt strongly that Dr. Shenk be considered for this award. Here is an excerpt from Dr. Hancock’s letter of nomination:

Dr. Shenk takes a nurturing and individually focused approach to help each student develop to the best of his/her potential. She works with each student to identify goals and direction and helps to locate financial support placing them in GSA positions within community agencies when funding allows. She encourages their participation at conferences, including the North Carolina Conference on Aging, The Southern Gerontological Society meetings, and the Association for Gerontology in Higher Education meetings. She chairs almost every thesis and applied project, and has also successfully co-authored scholarly articles with graduate students. She has taken responsibility for recruiting and supporting international students through the program. Two of the these students (one from the Philippines and one from Taiwan) are currently enrolled in doctoral programs in the U.S. In everything she does, Dr. Shenk strives to share her knowledge and help to develop others to serve as leaders in the field of gerontology.

The Clark Tibbitts Award
The AGHE Award was established in 1980 to recognize those individuals and organizations that have made an outstanding contribution to the advancement of gerontology as a field of study in institutions of higher education. In 1985, AGHE’s Executive Committee renamed the AGHE award as the Clark Tibbitts Award to recognize the major role that Tibbitts played in establishing and nurturing the field of Gerontological education. In addition, Tibbitts was key in establishing the Association for Gerontology in Higher Education.

The 2011 recipient of the Clark Tibbitts Award is Dr. Edward Ansello!

Dr. Edward Ansello is Director of the Virginia Center on Aging and is Professor in the Department of Gerontology at Virginia Commonwealth University in Richmond. His work in the field of aging spans more than 30 years, with focuses that include elder caregiving, aging with lifelong disabilities, pre-retirement planning, geropharmacy, coalition building, and the humanities, media and aging. The author of a dozen books, monographs, special issues, and book chapters, and over three dozen published articles, he has made over 600 presentations before professional and civic groups nationally and internationally. Recent works related to aging with lifelong disabilities include a book, Community Supports for Aging Adults with Lifelong Disabilities, co-edited with Dr. Matthew Janicki (2000); articles in Public Policy & Aging Report (Fall 2004) and the Journal of Elder Abuse and Neglect (2009); and a chapter in Aging and Disability, edited by Michelle Putnam, (2007), and a chapter, co-authored with Anthony Sterns, in the Annual Review of Gerontology and Geriatrics (2009).

Dr. Ansello is a Fellow of the Gerontological Society of America and of the Association for Gerontology in Higher Education. He was named Distinguished Academic Gerontologist by the Southern Gerontological Society in 1990 and received the Distinguished Teaching Award from the Association for Gerontology in Higher Education in 2001. He is Past President of both of these professional organizations. He currently serves on the boards of several organizations dedicated to improving later life. (All biographical material is from http://www.vcu.edu/vcoa/directorstaff.htm)

Dr. Ayn Welleford of Virginia Commonwealth University enthusiastically voiced her support for her colleague Dr. Ansello. Here is an excerpt from her letter of nomination:

Dr. Ansello is a strong advocate of advancing gerontology and geriatrics education. Most recently, when federal funding for the Geriatric Education Centers and the Geriatric Academic Career Awards was discontinued nationwide, he worked with faculty members in the Department of Gerontology, Geriatric Medicine, and key members of the General Assembly to establish the Geriatric Training and Education initiative in Virginia. This timely and forward-thinking piece of legislation designated the Virginia Center on Aging (VCoA) to administer an appropriation that funds efforts to develop the skills and capacities of the gerontological and geriatric workforce throughout the Commonwealth. It was no small accomplishment, and Ed deserves to be acknowledged for these efforts that he singly had the connections and position to bring about. He is stalwartly advocating for the program’s continued funding in Virginia, even as states all over the country currently face unprecedented budget difficulties.
In & Around AGHE

Help spread the word about opportunities for gerontology education.
Clip this announcement, sign your name and send to your library.

Please order for our library:

**AGHE Directory of Educational Programs in Gerontology & Geriatrics, 8th Edition**
ISSN 2150-7236

The directory contains information about formal credit and post-doctoral gerontology programs that are offered at almost 300 institutions nationwide. Programs include those awarding degrees, credit certificates, specializations, and fellowships in aging at all educational levels, and those identified as clinical or research sites in aging.

For more information and to order online, go to www.geron.org/directory. Thank you.

Requested by ________________________________

Department ________________________________

MIAMI UNIVERSITY
Department of Sociology and Gerontology

Miami University’s Department of Sociology & Gerontology, in conjunction with the Scripps Gerontology Center, seeks applicants for a tenure-track appointment at the assistant professor level beginning August 2011. We seek a scholar with expertise in qualitative or mixed methods research to teach in our social gerontology program. Preference will be given to applicants who have teaching and/or research interests and experience in international/global aging. Applicants should have an active research agenda and a track record in, or potential for, securing external funding. Teaching responsibilities are at the graduate and undergraduate levels. We will consider applicants from a range of disciplinary backgrounds.

Miami University places an emphasis on excellence in undergraduate education, with select graduate programs. The department has offered a Master of Gerontological Studies degree since 1977; began offering a bachelor’s degree in gerontology in 2002; and launched a doctoral program in social gerontology in 2005. The Scripps Gerontology Center at Miami University provides support for the academic programs and for faculty who conduct aging-related research. (Scrippsaging.org)

Applicants should send a cover letter, curriculum vitae, evidence of teaching effectiveness and quality scholarship, and three letters of recommendation to: (Screening begins October 15, 2010)

Jean Lynch, Ph.D. (lynchjm@muohio.edu)
Chair, Department of Sociology & Gerontology
Miami University, Oxford, OH 45056
Phone: 513.529.2628  Fax: 513.529.8525
The timing of the fall edition of AGHEExchange always provides an excellent opportunity to give a sneak preview of November’s GSA Annual Scientific Meeting. This year’s conference, taking place in New Orleans, LA, certainly will be memorable as the Society celebrates its 65th anniversary.

I am happy to share some of the events that will make this a worthwhile meeting for AGHE members. The overall theme is “Transitions of Care Across the Aging Continuum.” For President Peggye Dilworth-Anderson’s Opening Plenary Session, we will welcome Assistant Secretary for Aging Kathy Greenlee from the U.S. Administration on Aging.

Once again, AGHE will have its own dedicated presidential symposium, which this year will be titled “Environmental Transitions and the Meaning of Home in Old Age: Educational Perspectives.” This session, chaired by AGHE President Graham Rowles, will bring together leading scholars from the U.K., Ireland, Germany, Canada, and the U.S. These expert presenters are slated to discuss education-related interventions that can facilitate maintaining a sense of home in the context of relocation.

Another session that shouldn’t be missed is “A Roadmap for Accreditation in Gerontology/Geriatrics,” which will be led by David Burdick, Anabel Pelham, and Frank Whittington. Accreditation is a topic that will become increasingly more important in the near future. Frank’s Tibbitts Award lecture at the 2010 annual meeting served as a call to action — showing that AGHE’s success is tied to the success of academic gerontology programs. Also presenting in this session are some of AGHE’s biggest names: former President Marilyn Gugliucci, former President Carroll Estes, AGHE Faculty Development Chair Judith Howe, Grants Committee member Robert Maiden, and Global Aging Committee member Rene van Rijsselt.

The group will examine accreditation models from international perspectives, and will serve as the capstone for numerous anniversary-related festivities throughout the year.

Even though attendees’ schedules can be chaotic at GSA conferences, I will certainly welcome the opportunity to talk with any AGHE member in New Orleans. Please note that I also may be reached by e-mail at jappleby@geron.org.

AGHE also is sponsoring two symposia at the GSA meeting. “Thinking Critically About Interdisciplinary Teamwork in Geriatrics: Past, Present, and Future,” chaired by Phillip Clark and Christopher Langston, will analyze different models of interdisciplinary teamwork education and practice, and summarize current challenges and barriers to the development of interdisciplinary programs.

Also of note is a poster presentation led by Carmen Green, titled “A Model Program for Educating Middle School Science Educators in Aging.” It will report on a new fellowship program designed to bring knowledge about minority aging and health disparities to classrooms in the greater metropolitan Detroit, MI, area. The one-year program — the African American Aging Summer Immersion for Science Teachers — provided middle school teachers with an opportunity to learn about the field of minority aging, and enriched their social science and science curricula with this new knowledge.

GSA’s final plenary session, “65th Anniversary Celebration: An Evening with Anna Deavere Smith,” will welcome a noted playwright, actor, and professor to commemorate a significant milestone in our Society’s history. Under the title “Longevity, Vulnerability, and Resilience,” Smith’s presentation will incorporate theatrical performance, social commentary, and journalism.

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AGHE President’s Message
continued from page 8

Age grading tends to evolve into age segregation as elders choose or are forced to retreat to special housing and assisted living environments. Western culture and rapid advances in communication technologies tend to reinforce generational separation and incompatible cohort identities. Many elders are content to ‘pass’ on the contemporary texting, twitting culture. And so we become increasingly generationally estranged. One outcome is that our world is increasingly pervaded by a gerontological illiteracy that leads to a level of intergenerational miscommunication and misunderstanding, which is likely to have disastrous consequences.

AGHE has a critical role to play as part of the solution to this problem. Our raison d’être is the promotion of gerontological literacy and understanding. Yet, at this primary task, with very few exceptions, we have failed miserably. Paradoxically, at a time when the population of elders is burgeoning and the need for understanding has never been greater, gerontology education in higher education is under threat. Indeed, it can be argued that in recent years we have in many ways become part of the problem. Sadly, as I noted in the last AGHExchange, we have a “selective amnesia that has led us to forget our history and many of the leaders and elders who initially forged the Association.” Like the young people of England, we don’t seem to want to know them. While re-engaging our elders will contribute to putting our own house in order and enable us to sustain a modicum of moral and ethical integrity, it does not address the issue of gerontological illiteracy in society at large.

To address this problem we must step boldly forward. This is not a time for holding on or retrenchment, but a time when AGHE must step into the limelight and become far more aggressive. We must pursue a vision of a world in which knowledge-based awareness of aging with both its challenges and opportunities becomes universal and normative.

How should we proceed? A major priority must be the inclusion of gerontology courses and content within the general curricula of institutions of higher education. We must embrace this as a cause, a mission in which all of us engage with verve and passion. This is not a time for timidity. Rather, it is a time for us to enter into the political arena in each of our institutions, to act in developing general education courses, even if in some cases this requires us to do so as an academic overload. AGHE can help through sharing the very best and most innovative curricula, effective strategies for negotiating the invariably difficult process of getting new courses on the books, and celebrating successes within individual institutions. By working diligently with individual colleagues in GSA and by facing outwards as an association that is willing to communicate with any and all constituencies, we can spread the message of a need for improved gerontological literacy.

Enthusiasm will not be enough. In addition, it will be necessary to be thoughtfully political and strategic. For example, many Baby Boomers are facing dire financial circumstances as a result of the recent economic crisis and lack of planning for their future. As Eric Brucker, Professor of Economics at Widener University, pointed out to me, there is likely to be considerable support for courses in college that provide their children and grandchildren with some insight into financial planning for old age. Colleges of business and departments of economics and finance can be enlisted to provide general education support in this domain. Similarly, issues of caregiving for elders are likely to become ever more important as the Baby Boom generation moves into its late seventies and eighties. Social work colleges can contribute to this component of a general education curriculum. One can make a similar case for the engagement of colleges of architecture and design (housing issues), colleges of arts and sciences (insight into biological, historical, anthropological, sociological, and psychological dimensions of aging), colleges of health sciences (aspects of health in old age), and programs and departments in the humanities (deeper understanding and appreciation of the experience of growing old).

The role of individual gerontology programs, departments, minors, certificate programs, and even individuals that are the sole representatives of a gerontological perspective on their campus, is to facilitate the coordination of all available resources to move their institution toward greater awareness of aging issues through the infusion of gerontology content into the general required curriculum. Clearly, in the competitive zero-sum game that is the contemporary resource landscape of most institutions of higher education, this is an incredibly difficult task. Each campus will have its own intellectual and administrative climate. The strategy will, in each case, need to be tailored to local circumstances. Each institution has its own unique potentials and capabilities and its own barriers, both human and institutional, to progress.

And this, of course, is where AGHE can be most helpful. As an association, we have spent 36 years developing curricula and fostering innovation in gerontology education. Over the years, we have accumulated the intellectual resources, experience, and knowledge to make a difference. More important, as a fellowship of people committed to learning and personal growth, we can build on the culture of collegiality and mutual support that we cherish. This is the essence of AGHE. Together we can achieve a goal that is not only important to AGHE but also to the future of society - a population of gerontologically literate graduates. Oh, you may say, the task is so huge and intimidating and we are so few. To which I respond, in the words of Margaret Mead: “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Onwards and upwards!
Graham

P.S. I would really appreciate your critical response to this and future commentaries, as I want to stimulate active dialogue on the various issues I will be raising in my president’s message.
AGHE Sponsored and Related Sessions at the 2010 GSA Meeting

The following abstracts are for sessions that will be held at the 63rd Annual Scientific Meeting of the Gerontological Society of America, from November 19-23, 2010 in New Orleans. Be sure to go and check them out!

Association for Gerontology in Higher Education Presidential Symposium

Environmental Transitions and the Meaning of Home in Old Age: Educational Perspectives
Sunday, November 21 | 1:30pm–3:00pm
Chair: Graham D. Rowles
Faculty: Habib Chaudhury; Malcolm Cutchin; Frank Oswald; Robert Rubinstein; Thomas Scharf; Hans-Werner Wahl

A growing body of literature confirms the relationship between “being at home” and well-being. Relocation resulting from transitions in the level of needed care typically disrupts this experiential person/place relationship with negative consequences for both physical and psychological well-being. In this symposium we discuss education-related interventions that can facilitate maintaining a sense of home in the context of relocation. Within this rubric, the contributors utilize theoretical and empirical research conducted in several Western countries to critically explore five interwoven themes: (1) dimensions of the meaning of home in old age; (2) changes in the meaning of home resulting from relocation in response to transitions in care needs; (3) innovative education-based interventions to ease the process of relocation that focus on maintaining, transferring, creating or recreating a meaningful sense of home; (4) the need to train human service and care professionals to greater sensitivity to the meaning of home and its implications for the manner in which older people accommodate to relocation; and (5) the potential for using a focus on the meaning of home for older people as an educational portal for gerontology students to gain insight into and appreciation for the role of place in the lives of older people.

Association for Gerontology in Higher Education Symposium

Academic Models of Intergenerational Learning and Research
Saturday, November 20 | 8:00am–9:30am
Chair: Roma Hanks
Discussant: Harvey Sterns
Faculty: Laura Donorfio; Karen Kopera-Frye; Sally Newman

Intergenerational learning and research projects are occurring in a diverse array of academic and community settings. Service-learning is a popular method of delivery for intergenerational experiences in academic settings. Other strategies are emerging for academic and civic engagement across generational lines, including co-learning classrooms to bring older and younger students together formally or informally and community-based research projects to empower members of each generation to influence research design and dissemination. This symposium will describe multiple projects and the methods used to evaluate their impact on students, elders, and communities. Presenters will review challenges and rewards of interacting with community-based organizations in bringing academic research, service-learning, and co-learning experiences to multi-generational target groups in communities.

Thinking Critically About Interdisciplinary Teamwork in Geriatrics: Past, Present, and Future
Saturday, November 20 | 2:30pm–4:00pm
Chair: Phillip Clark
Discussant: Christopher Langston
Faculty: Kathryn Hyer; David Ryan; Ruth Ann Tsukuda

Recent reports from the Institute of Medicine, as well as professional association recommendations, have highlighted the increasing importance of training current and future health care professionals in interdisciplinary geriatric teamwork. The first paper discusses the history of interdisciplinary teamwork, examines the contributions made by team initiatives, and reviews lessons learned from a variety of programs in the public and private sectors. The second paper develops a typology of potential barriers to designing effective programs in higher educational settings and integrates these into a conceptual framework suggesting potential ways of addressing them. The third paper develops an analytical framework based on teamwork structures and processes to analyze different types of geriatric teams in differing settings. The final paper summarizes lessons from a recent initiative in Canada to build capacity in frailty-focused care within primary care teams. These include the use of network theory and analysis to inform team development, and the application of team constructs to diverse types of health
care organizations. Implications and recommendations for developing, implementing, and sustaining interdisciplinary geriatric teamwork education and practice to meet future health care needs will be developed.

Research, Education and Practice (REP) Committee Annual Symposium

Models of Care that Support Life Transitions
Sunday November 21 | 3:30pm-5:00pm

Chair: Tom Teasdale
Faculty: Claudia Beverly; Kenneth Shay; Elizabeth Lokon; Suzanne Kunkel

Symposium speakers will explain how existing service delivery programs support the care transitions that older adults traverse over their life course. While many examples exist, these models of care were selected based on their innovation and success. Taken together, the presentations illustrate many of the phases of program development: from idea to implementation, evaluation, replication, and sustainability. The session will emphasize the roles of research, education, practice, and policy in support, diffusion and sustainability of effective innovations. Presentations will cover (a) the recent statewide initiative to improve health outcomes of older Arkansans using interdisciplinary clinical care, innovative education programs, and influence on state policy regarding rural elders; (b) several VA programs that ease transitions between home, acute, and long-term care needs; (c) an innovative arts program for people with dementia, which relies on student volunteers who are paired with a participating artist (life course transitions occur for persons moving through stages of dementia and for students transitioning through stereotypical thinking about dementia); and (d) the role of public policy, national leadership, and the aging services network in supporting transformation of the long-term care system. Time is reserved for a robust speaker/audience discussion.

AGHE-Related Symposium

A Roadmap for Accreditation in Gerontology/Geriatrics
Monday November 22 | 4:00pm-5:30pm

Chair: David Burdick
Co-chair: Anabel Pelham
Discussant: Frank Whittington
Faculty: Robert Maiden; Judith Howe; Rene van Rijsselt; Carroll L. Estes; Marilyn Gugliucci

Gerontology programs face serious, primarily structural, challenges to survival. The discipline, academic programs, students, graduates, and the public all suffer because programs are not accredited. The Association for Gerontology in Higher Education (AGHE) is arguably the most appropriate provider of accreditation based on its Standards and Guidelines first written in 1989, its Program of Merit (POM) began in 1998, and its emerging Consultation Program. The POM is a step towards accreditation, yet is currently un-recognized by university administration as equivalent to accreditation, and thus underutilized. Consequently, gerontology programs lack bargaining power and capital in fighting for scarce and diminishing college and university resources to support basic needs. Over time, this has weakened academic gerontology programs. Several have vanished, many others are at risk. Unfortunately, this is happening when workforce demands for credentialed/skilled professionals in aging are soaring and the public seeks quality services.

The 2010 Tibbits Awards Lecture by Frank Whittington at AGHE’s Conference highlighted the interconnectedness of AGHE’s health with the well-being of academic gerontology programs and the ability to address the growing exigencies of an aging society. It issued a clear and convincing call to action. This symposium responds to that challenge, beginning with elaboration on the proposed causal relationship between no accreditation and the weakening and unfulfilled promise of gerontological education. Next alternative accreditation models are explored – from other interdisciplinary fields, from international perspectives, through a macro-level social construction lens, and finally through the perspective of AGHE’s past groundwork and future plans for the evolution of POM.
New Members

New AGHE Member Profiles

Lynne G. Hodgson, Ph.D.
Professor of Sociology & Director of Gerontology, Quinnipiac University
Chair, Membership Committee
Lynne.Hodgson@quinnipiac.edu

We are happy to welcome the following institutions into AGHE membership. For further information about their programs, please contact the institutional representatives listed. If you know someone who would like institutional membership information, please contact Angela Baker in the AGHE office (abaker@aghe.org). The membership application can be downloaded from the AGHE website (www.aghe.org).

Fresno Pacific University
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Box 2302
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Fresno, CA 93702
Tel: 559-453-2066 / Fax: 559-453-5558
E-mail: Callahan@fresno.edu
Website: www.fresno.edu

Fresno Pacific University joins AGHE as an educational affiliate. The University was one of the first to establish the OASIS “Social Model Day Care” for older adults. They teach social gerontology and offer aging-related components of courses through their social work program.

Lincoln University
Sandra L. McGuire, EdD
Caylor School of Nursing
11008 Crosswind Drive
Knoxville, TN 37934
Tel: 423-869-6822 / Fax: 423-869-6244
E-mail: Sandra.mcguire@lmunet.edu
Website: www.lmunet.edu

Lincoln University joins AGHE as a university member. The University offers a minor in Gerontology as well as a number of courses in aging.

Livingstone College
Timothy C. Okeke, PhD
Department of Social Work
701 West Monroe Street
Salisbury, NC 28144
Tel: 704-216-6920 / Fax: 704-216-6729
E-mail: tokeke@livingstone.edu
Website: www.livingstone.edu

Livingstone College joins AGHE as an educational affiliate. The College, at this time, has no formal gerontology program but does offer courses in aging.

North East Wisconsin Technical College
Brooke Holbrook, BS
Health Sciences Department
2740 West Mason Street
P.O. Box 19042
Green Bay, WI 54307-9042
Tel: 920-498-6270 / Fax: 920-491-2660
E-mail: brooke.holbrook@nwtc.edu
Website: www.nwtc.edu

North East Wisconsin Technical College joins AGHE as a two-year college member. The College currently offers a Nursing-Gerontology certificate and is developing a two-year, Applied Science Associate Degree in Gerontology, to begin enrollment in Fall 2011.

Portland State University
Margaret B. Neal, PhD
Institute on Aging
P.O. Box 751
Portland, OR 97207-0751
Tel: 503-725-5145/ Fax: 503-725-5100
E-mail: nealm@pdx.edu
Website: www.pdx.edu/ioa

Portland State University joins AGHE as a university member. The University has a graduate certificate in gerontology, an undergraduate minor in aging services, and a concentration within the Health Studies major in aging services.

San Jose State University
Barbara J. Conry, PhD
College of Applied Sciences and Arts
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San Jose, CA 95192
Tel: 408-924-2900 / Fax: 408-924-2901
Email: bjconry@casa.sjsu.edu
Website: www.sjsu.edu

San Jose State University joins AGHE as a four-year college member.

University of Bridgeport
Ellen Flynn, PhD
Department of Counseling
126 Park Avenue
Carlson Building 133
Bridgeport, CT 06604
Tel: 203-576-4172 / Fax: N/A
Email: elfynn@bridgeport.edu
Website: www.bridgeport.edu

The University of Bridgeport joins AGHE as a university member. The University has an undergraduate certificate program in Gerontology as well as a number of courses in aging.
Student News

AGHE Student Group: New Directions and New Collaborations

Jessica Krok, M.A.
Student Committee Chair
School of Aging Studies, University of South Florida
jkrok@mail.usf.edu

The AGHE Student Group has been working diligently to revamp and revitalize its role for AGHE student members, students of gerontology, and AGHE as a whole. Jessica Krok and Tara McMullen (student chair and co-chair) with the help of AGHE leaders, Angela Baker, Bert Waters, and Graham Rowles, have been identifying areas where this important committee can grow. One potential area of growth is the dissemination of knowledge about AGHE and its student group through the help of student institutional representatives. Student institutional representatives are responsible for the distribution of AGHE materials and educational information to the students at the Member Institution as well as assisting the Institutional Representative with making AGHE more visible at the Member Institution. Unfortunately, there is a major disconnect between the AGHE member institutions and the designated student institutional representatives. As of March 2010, 163 Member institutions comprised AGHE but only 20 had a designated student institutional representative. It is the responsibility of the institution to designate a student institutional representative and inform AGHE of your designee. If you have a designated student institutional representative, please email Jessica Krok at jkrok@mail.usf.edu.

Another area of growth is the recent collaboration efforts between the Emerging Scholar and Professional Organization (ESPO) of the Gerontological Society of America (GSA) and the AGHE Student Committee. The purpose is to identify ways in which the different student and emerging scholar organizations within GSA and AGHE could start to coordinate efforts and collaborate. The hope is not only to build collaboration but also to reach out to other organizational groups, such as American Society on Aging, once the collaboration between ESPO and the AGHE Student Committee is more established.

A lack of knowledge about the two organizations and how students can become involved is one of the main reasons why the two organizations have been working independently in the past. However, the two organizations have similar goals and members. The purpose of ESPO of GSA is to provide students and trainees with an opportunity to be active in the field of gerontology. All GSA members who are full-time students (undergraduate or graduate) and postdoctoral trainees/fellows are considered to be ESPO members. Similarly, the primary mission of the AGHE Student Committee is to reach out to students at AGHE Member institutions to assist with augmenting their professional activities and involvement in aging through participation in AGHE. In addition, it hopes to enhance student connectivity and ensure student contributions to AGHE and its member institutions. Membership is open to all students interested in gerontology and geriatrics. Unlike ESPO, interested students have to sign up to become a member of the AGHE Student Committee. Committee sign-ups occur during and immediately following the annual meeting and members of the Student Committee are notified of their membership term around April.

To encourage student involvement in both ESPO and the AGHE Student Committee, both groups have agreed to devote some time from their meetings at GSA to discuss ESPO and the AGHE Student Committee. ESPO has graciously agreed to allow the AGHE student liaison to speak about AGHE during their breakfast meeting in November. The committees are also planning for an ESPO representative to speak about ESPO during the AGHE annual meeting in March. In addition, email blasts will be sent out prior to the annual meetings of GSA and AGHE informing students of ESPO and AGHE student events and committee meetings. Hopefully this will increase interest in the student groups. If anyone has further ideas about collaborations between ESPO and the AGHE Student Committee or have any interested students, please contact the Student Committee chair. The AGHE Student Committee is proud of what has been accomplished thus far and looks forward to gaining new student members from new directions and collaborations.

A lack of knowledge about the two organizations and how students can become involved is one of the main reasons why the two organizations have been working independently in the past. However, the two organizations have similar goals and members. The purpose of ESPO of GSA is to provide students and trainees with an opportunity to be active in the field of gerontology. All GSA members who are full-time students (undergraduate or graduate) and postdoctoral trainees/fellows are considered to be ESPO members. Similarly, the primary mission of the AGHE Student Committee is to reach out to students at AGHE Member institutions to assist with augmenting their professional
Transitions in Care

Angela Lavery Benson, LCSW, CT
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Wyoming Geriatric Education Center
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According to data reported in The New England Journal of Medicine in April 2009, it is estimated that the cost to Medicare of unplanned re-hospitalizations in 2004 was $17.4 billion. In an analysis of 2003 to 2004 Medicare claims data by Jencks, Williams, and Coleman (2009), significant re-hospitalization rates of Medicare beneficiaries were found. For example, 19.6% of Medicare beneficiaries discharged from a hospital were re-hospitalized within 30 days with 34% re-hospitalized in 90 days. Even more alarming, 67.1% discharged with medical conditions and 51.5% discharged after surgical procedures were re-hospitalized or died within the first year after discharge.

Care Transitions is one of the Wyoming Geriatric Education Center’s (WyGEC) five initiatives. Education about the challenges encountered by older adult patients during transition from one site of care to another and prevention of complications during transition needs to be a priority.

To better understand Wyoming residents’ health care system experiences, as well as their preference for receiving information to help them manage their health care more effectively, a survey was commissioned by AARP and WyGEC. The total number of Wyoming residents aged 50 and older is 172,715 and the survey incorporated 1,518 of this population (Binette, 2010). In regard to the topic of care transitions:

A significant number of Wyoming residents aged 50 and older have been re-admitted to a health care facility (after discharge from a health care facility). About a quarter (24%) of Wyoming residents who have had recent experience with a health care facility and did not receive any patient care plan follow-up after leaving the facility say that they, or a family member or friend, were re-admitted to the hospital or care center within three months to be treated for the same condition. (Binette, 2010, p. 2)

In June of 2009, WyGEC had the opportunity to be a part of an important workshop that was offered to health care professionals across the state of Wyoming. WyGEC worked with the College of Health Sciences at the University of Wyoming on the Make It Happen Workshop Series. The topic for that year’s series was “Geriatric Care Transitions.” The event was marketed towards primary care and geriatric specialty physicians, hospital, nursing home, hospice, home health and assisted living administrators, social workers, discharge planning staff, financial officers, directors of nursing, and chief nursing officers, as well as current health sciences students and faculty.

The purpose of the workshop was to improve all aspects of care transitions for older adults in Wyoming, including re-hospitalization, medication discrepancies, symptom management, and functional recovery. The workshop was designed to address the importance of lowering hospital readmission rates for older adults and how doing so could potentially save billions of dollars nationwide. The workshop discussed that although not all readmission to the hospital are avoidable, older adults could experience a better transition if the various facilities are key players and if the patient and caregivers are empowered with transition tools and improved care coordination plans.

The keynote speaker was Eric A. Coleman, MD, MPH. As many of us know within the field of geriatrics, Dr. Coleman is not only a practicing board certified geriatrician, but a national leader in improving geriatric care transitions. Dr. Coleman is a Professor of Medicine in the Divisions of Health Care Policy and Research and Geriatric Medicine at the University of Colorado at Denver and Health Sciences Center, the Executive Director of the Practice Change Fellows Program, and the Director of the Care Transitions Program. If you haven’t already had an opportunity to visit the Care Transitions Program website (http://www.caretransitions.org/), it is a program aimed at “improving quality and safety during times of care hands off” (Care Transitions ProgramSM, 2007) Dr. Coleman discussed at the workshop his model that bridges innovation and practice through: (1) enhancing the role of patients and caregivers in improving the quality of their care transitions across acute and post-acute settings; (2) measuring quality of care transitions from the perspective of patients and caregivers; (3) implementing system-level practice improvement interventions; and (4) using health information technology to promote safe and effective care transitions.

In addition to looking at the current state of geriatric care transitions and Dr. Coleman’s Care Transitions Program, several panel discussions were also provided to help Wyoming health professionals explore geriatric care transitions from a range of different perspectives. These panels included: A Wyoming Health Care Provider Panel, a Wyoming Health Care Provider/Transition Challenges Panel, a Best Practices Discussion/Panel, and a Patient Representative Panel/Caregiver Panel.
Lastly, the workshop incorporated a community planning session/discussion led by Dr. Coleman. This session was facilitated in order to include time to discuss and brainstorm ways the participants could begin developing their own plans for better geriatric care transitions back at their own health care facilities. By the end of the day, over 100 health care professionals from all over the state attended and participated in the workshop. The health care professionals included: physicians, nurses, social workers, pharmacists, administrators of hospitals, nursing homes, home health agencies, hospice care providers, geriatric care managers, discharge planners, university faculty, and students.

In an article written for the ADEC Forum (quarterly publication for the Association for Death Education and Counseling), titled “It is Time for Our Generation to Act Courageously,” Dr. Ira Byock (2009) wrote:

We need to build the infrastructure of processes, services and expertise to people’s independence and quality of life through their aging and with their ailments across the full spectrum of home, assisted-living, skilled nursing and acute care settings...We can substantially improve quality without raising costs by connecting the dots between social services, community services, health care and even basic civic services. (p. 3-4)

WyGEC is very excited that Care Transitions will be the focus of the Gerontological Society of America’s 2010 annual meeting and conference. Perhaps our energy and our knowledge shared and gained at this year’s meeting will give us the tools needed to help health professionals continue to work bridge this very large gap and encourage us all to “act courageously.”

References


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What Works! II: Innovations

Strategies for Universities and Colleges to Weather These Tough Economic Times:
The Case of the University of Louisiana at Monroe Gerontology Program

Karen Kopera-Frye, Ph.D.
Joseph A. Biedenharn Endowed Chair in Gerontology & Professor
Dept. of Gerontology, Sociology & Political Science,
University of Louisiana at Monroe
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The inspiration for this 3-part column came from a pre-conference workshop held during AGHE’s 2010 Conference in Reno, NV on March 4, 2010. This Pre-conference Institute, entitled “Tough Times: Survival Strategies for Your Gerontology/Geriatrics Program or Curriculum,” was an extremely eye-opening experience. Presenters included Drs. David Burdick, Marilyn Gugliucci, Doug Reed, and Sandy Reynolds. The workshop focused on identifying the issues for institutions surviving in these tough economic times and dwindling budgets, exploring opportunities for redefining one’s gerontology program to obtain recognition from within and external to the institution, and establishing approaches for budgeting and obtaining funding for these programs. Once the Institute participants started sharing ideas on how their own gerontology/geriatric programs were addressing these issues, I was astounded by the wealth of information in this room and convinced that these “lessons learned” should be shared with others at their institutions. I approached Dr. Burdick after the Institute and raised this proposition to the AGHE Academic Program Development Committee (chaired by Dr. Burdick), thus this “What Works! Part II: Innovative Program Strategies” column was created.

So, in this first of a 3-part column, you will read about my experiences at the University of Louisiana at Monroe Gerontology Program and how we have employed some strategies to address Louisiana’s dwindling support of higher education and innovative ways to “repackage” the Gerontology program. This is not unique to Louisiana; rather, this situation is occurring across the nation at many public supported colleges and universities. My focus for these upcoming columns will be on showcasing gerontology/geriatric programs and curriculums that have created new ways to adapt to the economic pressures on their programs. In other words, how have these institutions identified, addressed, re-packaged, and gained funding for their programs in light of these tough times? These are valuable “lessons learned” from the Institute participants. You will hear about these program adaptations from colleagues at various size institutions who have developed very different, but innovative strategies for these challenging times. This 3-part What Works II series will appear in the Fall, Winter, and Spring/Summer AGHEExchange newsletters, so don’t miss it!

My husband, who is a licensed financial planner, tells his clients that when you want to balance or manage a budget in times of financial pressure, you must do one of two things (ideally do both): 1) increase revenue and 2) decrease expenditures. If you think about this strategy, it applies to almost all of us today facing impending state funding cuts and program scrutiny for viability, cost, etc. Think about how this paradigm can apply to your institution, and it may suggest avenues for meeting some of the financial challenges. For example, revenue can be raised by increasing student enrollment (always a priority for administration!), raising tuition (tough way to go!), or getting external or local donor support for your Gerontology program. Decreasing expenditures is always a bit trickier and not as desirable, but going “green” wherever possible for program brochures and class materials is one way, using cheaper means to advertise to and recruit students for your program (e.g., electronic vs. mailings), converting classes to online format which can reduce building/classroom costs, or collaborating with other institutions who have similar needs for classes will reduce faculty costs (often the largest expenditures in programs). So, be creative, and think about how to balance these two trends for more efficient work!

The state of Louisiana sadly has been buffeted by two very large natural disasters: Hurricane Katrina in 2005 and now the Gulf BP oil spill, disasters which have affected the state coffers. Louisiana is a resilient state, as one, and not both, of these disasters may have completely devastated another state. Further, when you look at the number of residents holding an advanced degree in a particular state, you will note that Louisiana is among the least educated states. So, support for higher education has always been a bit of struggle. Yet, our Gerontology Program is also resilient. At the University of Louisiana at Monroe, we have had a post baccalaureate Graduate Gerontology certificate and three Masters of Arts Gerontology degree programs online since March 2004; all Southern Association of Colleges and Schools (SACS) accreditation approved.

Here is just a bit about our University (ULM), to help contextualize how our online program was a huge success for tough times. ULM is considered a small town university,
comparable in size to University of Wisconsin-La Crosse. Student enrollment last year was 8,754 students, 6,467 of which were full-time, and 4,037 of these full-time were women. The student population is primarily Caucasian, with approximately 44% of the student body identifying as African American. Approximately 44% of the student body receives federal assistance for tuition. Our retention rate is 66% and graduation rate is 31%. In February 2010, Governor Bobby Jindal introduced the LA GRAD Act, which “works to answer the call from higher education for increased flexibility and autonomy needed to reform their systems and improve their outcomes for our Louisiana students. This legislation will give institutions the flexibility they asked for, while also mandating that their autonomy be directly linked to improved outcomes and more of our students graduating with degrees they need for successful careers” (Office of the Governor, State of Louisiana, 2010, para. 2). This Act was instituted in light of Louisiana’s graduation rates being the 2nd worst in the South. Further, ULM’s mission statement reflects the unique student body we serve, including “citizens living in the urban and rural regions of the Lower Mississippi Delta… The university ensures student learning by promoting a comprehensive context for the intellectual, scientific, cultural, technological, and economic development of a diverse student and faculty population” (University of Louisiana at Monroe, n.d., para. 2-3).

Therefore, our online Gerontology Graduate programs nicely address some of the unique challenges faced by our institution. We are facing higher accountability standards as of earlier this year (improve retention and graduation rates), significant state budget cuts, and a need to educate rather isolated pockets of residents in northeastern Louisiana, many of whom are ill-prepared for college and the first to attend college in their families for generations. The online program, called the GOLD Program, for Gateway to Online Degrees, is 100% online instruction and results in a 2-year, 39-credit Masters in one of three concentration areas: Long Term Care Administration, Program Administration, and Aging Studies, or a 18-credit Gerontology Certificate. Most of our current GOLD Graduate students are distance learners, female (74%), and have an average age of 32 years. A huge benefit for having our traditional Gerontology degree and certificate programs put online is that it enables out-of-state students to pay regular tuition rates (not double as with most programs), and finish in two years, while they meet their workforce obligations and provide for their families.

We have dealt with the increasing interest in our GOLD Program, coupled with state and financial pressures, in several ways. Trailer classes have been used, which are condensed 15-week semester classes offered in either the first or last 8 weeks of a semester to assist students who need several outstanding classes to graduate in a timely fashion - this counts as a full class load for the faculty instructor. By putting our curriculum online, our enrollment has significantly increased and we are now reaching some of the very remote areas within and outside of LA. Since our Gerontology program is housed in the Department of Gerontology, Sociology, and Political Science, we also have an undergraduate minor in Gerontology (popular with Sociology students). Thus, our Gerontology classes have a split-level format, in which there are different class requirements for graduate and undergraduate students, yet they are in the same online course. This is a more efficient use of faculty costs, meets student graduation needs, and gets our undergraduates interested in applying for our Masters degree programs. These are just three strategies we have employed to deal with our state accountability, financial, and student population issues. Our Gerontology program is constantly evolving - after all, it is about being adaptive and not disappearing!

Please look for another What Works III! Column from another institution coming up in the Winter AGHExchange. If you have some ideas you would like to share, please contact me at frye@ulm.edu

References


The Academic Program Development Committee produces the What Works III! column. It is intended to be a mechanism to assist academic institutions by sharing information, methods, and tools that other institutions have implemented in order to identify, address, repackage, and gain funding for their gerontology/geriatric programs during difficult economic times.
Learning by Living Project: Medical Students Live the Life of Elder Nursing Home Residents

Introduction

The Learning by Living Project was piloted in 2005. Dr. Marilyn Gugliucci designed and implemented the program and since this time, medical students have been “admitted” into nursing homes in Maine, Massachusetts, and New York to “Live the Life of an Elder Nursing Home Resident” for 2 weeks – 24/7 – complete with a medical diagnosis and standard procedures of care. This project utilizes a Qualitative Ethnographic and Biographic research design, whereby a “culture” is observed from the researcher (medical student) living within the environment (nursing home).

Until this project, Long Term Care education in nursing homes was accomplished through traditional medical education methods. However, according to White (2008) “Long-term care services represent a growing aspect of our medical system that receives little attention in medical education” (p. 75). Furthermore, medical student training and experiences in nursing homes is often viewed as negative, which mirrors the views expressed by the general public (White, 2008). The truth is, in our society, nursing homes receive negative attention. This project is based on two premises as the basis for medical education in nursing homes: (1) older adults residing in nursing homes are human beings deserving of good care, respect, and “community” connection; and (2) medical students can attain medical care skills including advanced relationship building skills with older adults from living the life of an older nursing home resident.

Research Project Inception and Details

In 2005, the first medical student was “admitted” into a Maine nursing home to live the life of an elder nursing home resident. After a lecture by Dr. Gugliucci to first year medical students at the University of New England College of Osteopathic Medicine (UNECOM), a 23-year-old female medical student expressed a desire “to learn how to speak with institutionalized elders.” There was a pregnant pause as Dr. Gugliucci mentally assessed what the student was asking and realized stating the obvious ‘you would talk with older adults as you would talk with adults in general,’ was not the correct answer to augment student learning. Instead, Dr. Gugliucci asked the student if she would live the life of an elder nursing home resident for 2 weeks. The student’s eyes grew large and then she agreed to try it. Rana Wakim, MS I, was admitted into Cedar Ridge Nursing Home in Skowhegan, ME in June 2005 as if she were an older adult.

Since this time all research participants (students, nursing homes and the PI) volunteer to engage in this project and each nursing home provides a bed and meals at no cost. Each student is provided with a medical condition to “live” with so that the staff can provide “standard” procedures of care.

Based on past developments in qualitative ethnographic research and in this project in particular, living in a nursing home for two-weeks assists with: (1) allowing the culture to get desensitized (approximately 4 days) to the new member (the student) so that daily activities fall into routine again; (2) providing the student with feeling like they are part of the culture; (3) allowing the student to experience the changes in shifts from weekdays to weekends; and (4) permitting time to build relationships with residents in the nursing home.

To date, the program has had a 100% success rate and follow-up data after 5 years has shown that the students/graduates of UNECOM practice medicine differently, with all ages, because of their experience of living in a nursing home. Key factors in medical care knowledge changed by this experience are: (1) importance of physical touch when working with patients; (2) enhancement of communication by being at eye level with the patient, whether they are in a bed, a wheelchair, or on a treatment table; (3) communication with authenticity and sincerity, the importance of being comfortable within and sharing that with patients; and (4) connection with and treating the person rather than the diseases or frailties s/he presents with. These are remarkable lessons learned within a 2-week span of time and have been shown to be maintained as students continue their clinical training in medical education.

References

My Sibling Self

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Families and Aging is a course that I teach annually at UNC Charlotte. It has upper level undergraduates as well as graduate level gerontology and sociology students. This past semester, I was pondering how to teach about the impact of sibling dynamics over the life course. I wanted to include an element of time (life course) as well as the element of diversity (race-ethnicity, gender, sibling set variations, etc.). I developed an exercise I entitled “My Sibling Self” and it turned out to be a very effective tool for students to understand how siblings can have a lasting impact in our life. I am happy to share the exercise with readers of the AGHEXchange.

I took two full class periods (each was 75 minutes) to complete this exercise. Before class, students were assigned to read chapters 12 and 13 out of Connidis’ (2010) text Family Ties and Aging: “Sibling Ties in Middle and Later Life” and “Life Transitions and Sibling Ties.” Together these chapters laid the groundwork for an understanding of what the literature says about the impact of siblings in our life. During the first class, students spent the entire class completing a trajectory of their “sibling self.” While they each created their own trajectory, they did so in pairs as a way to process the sibling literature and exercise instructions.

Each student’s trajectory included what I called their past sibling self, their present sibling self, and their possible future sibling self. I printed this trajectory on legal size paper in landscape format. The trajectory looked like the image below and was placed at the bottom of the legal size paper. The paper was folded into vertical thirds, giving a third of the paper for each time period.

MY SIBLING SELF

PAST PRESENT POSSIBLE FUTURE

On the backside of the paper I printed the following instructions:

Your sibling self will be unique compared to your peers in this class. Given the material in chapters 12 and 13 in Connidis, create your sibling self. To do this, think about your past relationship to your siblings, your present relationship to your siblings, and your possible future relationship to your siblings. As you do this, consider the following and make notes on your sibling self trajectory. You will work on this with a peer and then share salient discoveries with the class. Feel free to note relevant page numbers from Connidis on your trajectory.

- Sibling configuration including: Number, Spacing Gender, Biological, steps, adopted, half, etc.
- Race-ethnicity
- Sexual orientation
- Individual time – age (which places one into a cohort)
- Generational time – parental and marital status (parent or childfree, divorced, widowed, single, married)
- Historical time – significant historical events in a person’s life
- Proximity
- Contact
- Ambivalence
- Affinity/closeness
- Siblings as confidants and companions
- The nature and types of sibling relationships
- The nature of support to parents
- The nature of support to siblings
- Legitimate excuses
- Voluntary vs. obligatory support
- Models of support

After an entire class period spent with students working in pairs to complete their individual sibling self trajectory, the entire second class period was devoted to giving students an opportunity to volunteer to stand up and share their experience with the entire class. We actually ran out of time for everyone to share because students were so open and willing to go into great detail about their sibling experiences.

This class of forty students included students who were: oldest, middle, and youngest siblings; only children to those who were siblings of as many as ten children; siblings of Non-Hispanic White, African American, Hmong, Ghanian, and Haitian background; those who lost their only sibling at an early age in life; siblings who were already caring for aging parents and those who anticipated they would do so in the future; siblings with developmentally disabled siblings for whom they already gave care; estranged siblings; half siblings; step siblings; children of married, divorce, and single parents; siblings who grew up in the extremes of poverty to those who grew up in relative affluence; and traditional and non-traditional college age siblings. Students left this exercise with a genuine understanding of the impact age, period, and cohort effects as well as the impact of cultural diversity and family dynamics on the lifelong sibling experience.

If you consider utilizing this exercise, I would suggest doing so during the second half of the semester after students have become comfortable with the instructor and one another. I believe students were so willing to share their unique experiences because of the pattern of open dialogue already established in the classroom. Additionally, if you do not have two entire class periods to devote to this exercise, you could ask students to complete their personal trajectory at home prior to sharing in class. However, I do believe students were so willing to share because they had already discussed their experiences with one peer during day one of the exercise.

While each class will produce different discussions, based on the sibling experience of the students in the class, utilizing an exercise such as “My Sibling Self” provides an opportunity for students to understand the multiple dynamics at play today in the life of our own and others’ sibling self. It was certainly eye opening for my class of 40 Families and Aging students to experience the diversity of their peers’ sibling lives.

Reference:
Release of the Methods Report for the 2007 National Home and Hospice Care Survey

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The National Center for Health Statistics (NCHS) has released its methods report for the 2007 National Home and Hospice Care Survey (NHHCS). This methods report, Redesign and Operation of the National Home and Hospice Care Survey, 2007, provides an overview of the redesigned NHHCS conducted between August 2007 and February 2008. NHHCS, which has been conducted periodically since 1992, is a national probability sample survey that collects data on U.S. home health and hospice care agencies, their staff members, the services they provide, and the people they serve. After the 2000 survey, NHHCS was taken out of the field and redesigned to include computerized data collection, greater survey content, increased sample sizes for current home health care patients and hospice care discharges, and a first-ever supplemental survey called the National Home Health Aide Survey (NHHAS).

Data were collected on 1,036 agencies, 4,683 current home health care patients, and 4,733 hospice care discharges, resulting in a first-stage agency weighted response rate of 59 percent. The second-stage patient/discharge weighted response rate was 96 percent. Three public-use files of 2007 NHHCS data were released in 2009: an agency-level file, a home health care patient/hospice care discharge file, and a medication file. The files include sampling weights, which are necessary to generate national estimates, and design variables to enable users to calculate accurate standard errors.

Redesign and Operation of the National Home and Hospice Care Survey, 2007 will be particularly useful to researchers who analyze the survey data and wish to provide background information on the survey when preparing reports and presentations. To download this report, please visit http://www.cdc.gov/nchs/nhhcs/nhhcs_products. The public-use micro-data files, data dictionaries, and web documentation for the 2007 NHHCS are available at http://www.cdc.gov/nchs/nhhcs/nhhcs_questionnaires.htm.

To get updates on new NCHS products, sign up for the NCHS Long-Term Care Listserv at http://www.cdc.gov/nchs/longterm_listserv.htm or visit our publications website at http://www.cdc.gov/nchs/products.htm. LTCSB welcomes your questions and comments by email at ltcsbfeedback@cdc.gov or by phone at (301) 458-4747.

Book News

Working with Aging Families: Therapeutic Solutions for Caregivers, Spouses & Adult Children
by Kathleen W. Piercy

This new book (August 2010) was written by Kathleen W. Piercy, MSW, Ph.D. She is an associate professor of family, consumer, and human development at Utah State University, an AGHE member institution, and a former social worker with 20 years’ experience. The book is available from W.W. Norton & Company. For more information, go to http://books.wwnorton.com/books/Working-with-Aging-Families/.

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Gerontology & Geriatrics Education, the official journal of AGHE, is dedicated to improving awareness of best practices and resources for gerontologists and gerontology/geriatrics educators. Subscription information can be found at AGHE’s website, http://www.aghe.org, in the Publications section.
More Opportunities Needed Study for Abroad in Gerontology

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As most people in the interdisciplinary field of aging know, the world’s population is aging. Coupling this fact with our increasingly interconnected societies, it becomes critical to offer gerontology students experiential learning opportunities on the global level. Study abroad in gerontology creates limitless prospects for students to understand the multicultural reality of aging. Looking to develop a study abroad opportunity for Eastern Illinois University’s Gerontology Master’s degree program, I decided conduct some research on the topic. Much to my surprise, there appeared to be a limited number of study abroad options that are specifically geared toward the field of aging. What follows is an overview of several gerontology study abroad options offered through American colleges and universities plus a proposal to delve deeper into this issue at the 2011 AGHE conference.

Utica College in Utica, NY offers a gerontology study tour to the Dominican Republic as part of its Cultural Competence and Health/Wellness Issues in Aging course. The study abroad experience is brief (approximately 10 days) but offers students the opportunity to learn about aging in a developing country from both urban and rural perspectives.

The Institute of Gerontology at the University of Georgia’s College of Public Health offers students the opportunity to study abroad at the Gerontology Center at Lund University in Lund, Sweden. This opportunity includes both coursework and research.

The most extensive study abroad program in gerontology I located is the INTERGERO international project and consortium. The consortium consists of six university partners, three from Europe and three from the United States. The program offers 12-week, 16-week, and six-month experiences at either the University of Salamanca in Spain, the University of Heidelberg in Germany, or the Vrije Universiteit Amsterdam in the Netherlands. The American partners include Miami University in Ohio, Oregon State University, and San Francisco State University. The exchange program also facilitates students from these European institutions to study aging and gerontology in the U.S. The project is funded by a grant from the U.S. Department of Education and offers some stipends for student travel. However, the collaborative is more than a study abroad program. The project is working to develop a common teaching curriculum to help address the global aging phenomenon in a truly international way.

I am certain that I am not the only Gerontology program coordinator who is looking to expand international learning opportunities for her students. Perhaps those colleges and universities offering gerontology study abroad opportunities would be willing to come together at AGHE and speak to other program coordinators like myself who would like to begin offering international learning opportunities for their Gerontology students (both graduate and undergraduate).

SHARE YOUR PROGRAMS: If your program/organization has a gerontology study abroad/international field experience opportunity for students and you’d like to share your program’s story in the AGHEExchange, contact the editor at CURCHLM@oneonta.edu.
The Reauthorization of the Older Americans Act: Will the 2011 reauthorization meet healthcare demands?

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The Older Americans Act (OAA) represents the diversification and innovation of a government (initiative) program that meets the demands of an aging population by way of services and programs. The OAA was first proposed and passed by Congress in response to the concern that there was a deficiency in social services offered and utilized by older individuals (Administration on Aging, 2009). Since the time of its initiation, the act has transitioned with the aging population, expansion of the aging network, and development of many aging programs and services. According to the Administration on Aging (2009), the OAA now:

…is considered to be the major vehicle for the organization and delivery of social and nutrition services to this group and their caregivers. It authorizes a wide array of service programs through a national network of 56 State agencies on aging, 629 area agencies on aging, nearly 20,000 service providers, 244 Tribal organizations, and 2 Native Hawaiian organizations representing 400 Tribes. (para. 2)

The OAA is scheduled for reauthorization in 2011 (Administration on Aging, 2010). Of note, the 2011 reauthorization of the OAA will occur as the United States’ first wave of Baby Boomers reach age 65 (Greenlee, 2010).

Kathy Greenlee, the U.S. Assistant Secretary for Aging, has determined that noteworthy challenges lie ahead for lawmakers in terms of the prevalence of increased support for home and community-based services, critical funding for senior services, increased support for prevention programs and caregiver services, and funding for aging research (Greenlee, 2010). The OAA provides a large portion of funding and support for these services. Others have proposed that the OAA focus on at-risk populations while increasing home and community based support, offering access to community supports, and aiding older adults in their homes (Nebraska Department of Health and Human Services, n.d.).

Phillips (2010) argued: “Spending money on OAA programs saves taxpayers’ dollars in the long run, because it cuts Medicaid and Medicare expenditures, by reducing premature nursing home placements, averting malnutrition and controlling chronic health conditions” (p. 2). Further, the National Council on Aging has made clear that funding for services will continue to aid older adults and will keep many older individuals healthy. In response to reauthorization of the OAA, the National Council on Aging, the National Association of Area Agencies on Aging (n4a), and the Administration on Aging, among other agencies, have held “listening forums” in order to receive input about how funding towards the OAA should be disbursed.

The National Council on Aging developed ten “Big Ideas” that can aid lawmakers in making informed decisions when discussing how funds will be distributed. The “Big Ideas” are (Van Ryzin, 2010, pp. P3-P11):

Big Idea 1: Bending the curve on entitlement programs
Big Idea 2: Promoting home and community-based services
Big Idea 3: Improving health and self-care
Big Idea 4: Enhancing economic security
Big Idea 5: Revitalizing senior centers
Big Idea 6: Engaging older adults as the solution
Big Idea 7: Building the aging network into an advocacy force
Big Idea 8: Investing in aging services research and development
Big Idea 9: Planning for and creating livable communities
Big Idea 10: Helping seniors optimize all available resources

Lynn Kellogg, President of n4a, offered preliminary recommendations, building upon the past success of the Older Americans Act. Recommendations made by Kellogg (2010), developed by focus group sessions with key stakeholders, included:

Home and Community-Based Services
“Incorporate the key elements of Project 2020, including single entry point models, evidence-based health promotion and disease prevention activities, and enhanced nursing home diversion/community living programs” (p. 2).

Increase Authorization Levels
“… raise the authorized funding levels for all titles of the OAA and expand on the number of core OAA services and supports with dedicated authorized funding amounts” (p. 2).

Local Flexibility
“Make no change to the Act that unnecessarily restricts the local flexibility and person-centered inherent nature of the OAA’s core philosophy and history” (p. 2).

Congregate Meals
“Increase local flexibility to meet the nutritional needs of older adults by merging Title III C1 and C2” (p. 3).

Health Promotion and Disease Prevention
“Strengthen the role of the Aging Network to integrate medical and human services—based long-term services and supports, in order to promote the Aging Network’s role in health, wellness (both physical and behavioral health) and care management” (p. 3).
Public Policy News

**Build Capacity of the Aging Network**
“Enhance the capacity of the Aging Network by including specific language to promote workforce development, utilization of technology and application of business models” (p. 3).

**Native American Programs**
“Strengthen the capacity of the Title VI Native American aging programs to be able to better serve older adults and caregivers in Indian country” (p. 4)."

**Broader Planning Role**
“Include language and funding authorization in the Act under Title III to support a full or part-time community development planner in every State Unit and AAA to advance the work in local communities to achieve livable communities for all ages” (p. 4).

**Information and Referral**
“Include language and funding authorization that reinforces and supports the role of AAAs/Title VI programs in person-centered access to information, assistance and public education so that older adults, people with disabilities and caregivers have ready access to information on long-term care planning; are connected to community-based long-term services and supports; and have access to options and benefits counseling and case management” (p. 4).

**Transportation**
“Expand the Aging Network’s role in the development and coordination of mobility management, including human services transportation, as a part of the State and Area planning function” (p. 5).

**Housing**
“Include a new title or language within existing titles, along with funding authorization, to expand the role of AAAs in coordinating services and supports to older adults in housing developments” (p. 5).

The reauthorization of the OAA marks a momentous time in our nation’s history. With the aging of the senior and baby boomer population, coupled with the need for health care professionals and caregivers to assure quality aging, never before has the reauthorization been more significant for nurturing independence in later life. Reauthorization of the OAA to coincide with rollout of the Patient Protection and Affordable Care Act will be a hallmark for better access to health services and increased opportunities for aging well.

While the reauthorization represents a time for change and growth, the Older Americans Act continues to be an important source of support for critical programs and services in the field of aging. Many of our students will find jobs that will be funded by the OAA. Encouraging today’s students to think about how funding should be directed will ensure that tomorrow’s health care professionals and policy have an educated leadership to plan for tomorrow needs. Further, focusing on improvements in housing, mental health services, technology, prevention programs, and medication management will provide comprehensive health services for those who are aging.

**References**


Nested between the Olympic Mountains and the Strait of Juan de Fuca in Washington State, there lays a lovely, sleepy little town called Port Angeles. Breezes from Vancouver Island often buffet the coastal villages, home to seven Native American tribes. Fine mists drift in and about the tree lined avenues and when the sun shines everyone talks about it. The weather is never “too warm” or “too cold.” Quoting the mythical Mama Bear, “It is just right.”

There are some professionals who come to live in this town. They are doctors, lawyers, dentists, and teachers. They come because they like mountain biking, surfing, kayaking, boating, skiing, and backpacking. Long gone are the days of commercial fishing, logging, and other industries that have been diminished because of trends.

Some new people have come to town. They are the ELDERLY! They come in droves to live in this small community. What’s not to like? It is inexpensive to live in the town or surrounding towns. The weather is mild. There are many activities for this specific population and there is a community college in town. However, there are problems with living in a small town - there are too few resources to take care of the growing aged population and it is not close to a large urban area. Despite these problems, the elderly are still attracted to the area. They are keenly interested in Native American art, the small American Indian villages to the north, and the colorful entertainment provided by the dancers. The community also provides easy access to Canada.

This town of Port Angeles is a “college town.” Peninsula College is located on the hill above the town. The presence of this college is attractive to senior citizens for many reasons. They may attend events at the college’s Little Theatre or athletic fields for little or no charge. They may take classes of interest and even obtain specific training for employment (yes, employment, an innovative idea). Because of retirement issues, some seniors have to supplement their income from depleting pension funds. Peninsula College has opened the doors for this population. The college is a connection for older adults, due to reasons listed above, but additionally, with the older population, come new ideas in education. Now it isn’t just artwork or ceramics (though still popular) but graphic design, scientific strategies, music, and Internet awareness. Writing for advertisements, illustrating for medicine, and creating “groups” in which interests vary largely based on their life learning experiences is now commonplace. Not only has the elder population supplanted some age-old pedagogy but, encouraged by their younger colleagues, have come to engage in updated nuances of education...asynchronous learning.

AGHE has taken up the reins regarding some of the same issues in other college towns. The CCTF (Community College Task Force) of AGHE was established in part to address the education of the older student. Can we put this graduate to work? Can we help a burgeoning older population find a suitable niche? Populations of this sort are on the move in this nation. They look for special communities in which they may find friends, housing, a physician, and a job. They look, too, for education possibilities, either for pleasure and personal fulfillment or for training from which they may attain employment. This is a predicament that is new to all of us. Not all can or will get into the motor home to see the country; some have an interest in maintaining roots in a community setting.

Indigenous to a college atmosphere is the cross-campus view of generations. No longer is it unusual to see an older adult taking a class alongside a young adult who has recently completed their high school education. Peninsula College welcomes all of them.

Gerontology is in demand. We continue to explore all options for good living in later life. The elderly population is growing so quickly, especially in attractive communities, that it has become a definite issue. For all of us learning to take care of the elderly who have needs and the elderly willing to retrain, it was not well planned for, but it is here. We must address it. Putting the older person to work and helping those who cannot is at the essence of AGHE’s CCTF.

There are many communities such as Port Angeles. Change is happening quickly and now beyond many of our resources. Community colleges across the country are trying to do something about this. In Washington State, it has been legislated by public vote for all long-term care workers and caregivers to receive specific training. The requirement is 75 hours for health care workers and 35 hours for caregivers. This law will be effective starting in January 2011. The training must be instituted at the community college level. Though a good law, it places the burden once again on the community colleges. Now forced to provide training for all workers in long-term care, this entity must stretch a shrinking dollar. But as employees of the colleges, we are stepping up to the plate.

The community college is a learning place, a place of neighborhoods, and of people contemplating change. The community college is not just a jump-start for a young student, who is not quite prepared for the university setting, but also an engaging erudite alternative for all. CCTF has a vision for this widespread dilemma: utilize the older worker and train this older worker, while keeping options at the helm. The beauty of this engagement is “experience” traded for “new pedagogical traits.” Not only can we train and help this population sustain itself, but also make the most of what THEY can teach us. It is a win-win.
Accreditation: The Missing Manual 
continued from page 1

or authority issued to an individual by a third party with a relevant de jure or de facto authority or assumed competence to do so” (Wikipedia, 2010, para. 1). The term can also refer to the official record of one’s academic or professional attainment, such as an academic transcript. The value of the term “credential” is that it is inclusive and refers to an individual’s record of accomplishment rather than to a specific academic program of study, per se.

Syncing Up: Connecting Accreditation and Credentialing

Accreditation of Gerontology programs and credentialing of individual Gerontologists are inextricably connected. As described by Pelham, Schafer and Meyer (2009), credentialled Gerontologists will directly improve the quality of care for the elderly because of their comprehensive academic preparation.

Enhanced expectations about quality of care will lead to increased public awareness and student demand for Gerontology education. Greater student demand results in increased resources for Gerontology programs. With more resources, programs are more likely to better serve their students and the community. An appropriate mechanism for recognizing high quality Gerontology programs is accreditation. Accreditation standards contribute to attracting superior students to Gerontology programs and insure that resources such as faculty, staff, library holdings, and scholarships are provided to meet accreditation standards. Graduates of accredited programs are, by definition, appropriately prepared and, therefore, are excellent candidates for credentialing, employment, and leadership. While there is a dynamic and symbiotic relationship between accreditation and credentialing, it is ethical to avoid self-dealing and confounding the two by having the same national organization both accredit programs and credential individuals.

Running the Program: Why We Need Accreditation

In his Tibbitts lecture at the AGHE annual meeting in March, Frank Whittington (2010) referenced five reasons the field needs accreditation in order to grow and prosper:

1. Without accreditation, Gerontology programs are inherently weak, vulnerable, and unable to develop naturally.
2. Accreditation would help Gerontology programs gain respect and credibility.
3. Accreditation could help programs become or remain independent.
4. Accreditation could help programs make the case for resources, including tenure track faculty.
5. Whatever strengthens member programs will enhance AGHE.


AGHE is clearly the most appropriate national organization to undertake accreditation of academic Gerontology programs. AGHE’s Program of Merit (POM) is not widely recognized as equivalent to accreditation, but could become the first step in a multi-stage, fully developed accreditation process overseen by AGHE.

Trouble-Shooting: Next Steps

The movement toward accreditation is gaining momentum. Whittington’s call to action is gaining support. James Appleby, Executive Director of GSA, highlighted accreditation in his message in a recent issue of the AGHEExchange (Appleby, 2010). Graham Rowles (2010), President of AGHE, argued for building on the POM and moving toward adopting accreditation standards for Gerontology programs. At the same time, Janet Frank (UCLA) and her colleagues are developing Gerontology and Geriatrics professional competencies. These could become foundational components of accreditation standards. Currently, Marilyn Gugliucci (AGHE Past President) is chairing a new AGHE accreditation ad hoc committee.

Finally, these and other initiatives will be explored at the accreditation symposium at the annual GSA meeting this November in New Orleans. Laissez les bon temps rouler!

References


Whittington, F. (2010, March). The joy of gerontology: Nostalgia isn’t what it used to be. Lecture presented at the annual meeting of the Association for Gerontology in Higher Education, Reno, NV.


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