

AGING TODAY

Vol. XXVIII, No. 2

PAGES 3 & 4

March–April 2008

ISSN: 1043-1284

www.agingtoday.org

CAN ACADEMIC GERONTOLOGY KEEP FROM BECOMING IRRELEVANT?

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Academic gerontology programs that grant degrees face new challenges in the United States and, increasingly, in Europe. For the most part, these challenges are structural, but unless the field of aging recognizes and addresses them in a meaningful way, and soon, the discipline—and we gerontologists—will become irrelevant.

Gerontology programs, students, graduates, the community and the discipline suffer in a variety of ways because the programs are not accredited by a national organization. The Association for Gerontology in Higher Education's Program of Merit (POM), a voluntary review process offering a stamp of approval, provides a good start, but POM is neither widely used nor recognized by university deans and provosts as equivalent to accreditation. Academic gerontology programs routinely queue up at the end of the budgetary lines for scarce and diminishing college and university funds, in part because they cannot hold up accreditation standards that provide even minimum support for tenure-track faculty, clerical staff, publication, curriculum development, professional travel and other resources.

ACADEMIC REALITIES

Many gerontology programs are relatively young by academic standards, having been founded only in the last 30 years. In addition, they are comparatively small programs administered and taught by few, often part-time faculty. Tenure-track positions and professors of gerontology are rare, and few programs receive important institutional designations, such as a gerontology-course prefix (GRN or GERO, for example), or receive 100% of the credit for students enrolled in interdisciplinary courses on aging.

It is important to remember that every student enrolled full time in a program is the coin of the university realm. Programs receive so many dollars to deliver a curriculum to a certain number of students. In academia's fiscal math, this number is a program's target: If programs fall short the dollars are cut, so numbers of students matter.

Although the offering of gerontology coursework in other disciplines is valuable and the participation of interdisciplinary faculty is welcome, helpful and enriching to the field, the long-term health of a gerontology program ultimately requires discipline-based resources and recognition. In a positive trend for gerontology, other health and human-services or behavioral and social science disciplines are adding gerontological content, such as within their specializations and certificate programs. However, allowing gerontology to reside only in the curricula of other disciplines will effectively fragment the field's knowledge. As a stand-alone, interdisciplinary curriculum, gerontology can provide a solid grounding for synthesizing the field's many realms of knowledge.

Most professionals in the field of aging recognize the value of multidisciplinary and interdisciplinary collaboration. However, funding of academic programs flows through the blood vessels of disciplines. A small, graduate (as opposed to undergraduate), relatively young, interdisciplinary academic program is vulnerable and particularly at risk in the new corporate model of university administration. Especially at

public institutions, general-fund tax support for higher education continues to decline, and college and university administrators nationwide are focused on efficiency and nonduplication in the offerings of curricula and degree programs.

If administrators believe, incorrectly, that gerontological knowledge can be adequately conveyed to students through traditional courses in health, human services and social science, they will have little incentive for providing stand-alone gerontology programs.

Sadly, many academic gerontology programs in the United States and Europe have spent the last few years fighting to exist. For example, at San Francisco State University (SFSU) and San Diego State University (SDSU), the gerontology faculty and colleagues in the field fought years-long battles to save their degree programs after university administrators moved to discontinue them. At the time, the SFSU and SDSU programs were among the largest in the state of California.

When the SFSU program, which I ran for many years, was slated to be discontinued in the wake of the last California budget crisis several years ago, it had 90 graduate students, a multitude of undergraduates taking gerontology courses and three full-time, tenured professors of gerontology. The two university programs are still working to recover. Who knows what will happen to such programs in the current state budget crunch?

Reducing or limiting the number of academic gerontology programs opens the door to splintered and fragmented course work on aging offered only through related disciplines and prevents the core body of knowledge, the treasury that gerontology keeps, from being transmitted to those who work with the rapidly growing population of older adults and those who will teach future gerontologists.

MARKETPLACE REALITIES

Students are less likely to choose a field of study offering no certification or license. More comprehensively prepared gerontology graduates often struggle to compete in the professional marketplace with other health and human services graduates who are credentialed or certified. All of these consequences are occurring at the very time that the need is growing for educated employees to provide services to an expanding aging population.

Without accreditation of programs and credentialing of graduates, the general public has no way to evaluate the skill level of people hired to work in services for elders. In fact, the absence of credentialing for quality control allows opportunists to move into the field and represent themselves as trained gerontologists. No mechanism is currently in place for assuring employers, families or society that people who provide services or administer publicly funded programs for older Americans have any gerontological education whatsoever.

I believe that gerontology has earned the right to exist as a discipline by virtue of its core body of knowledge, research agenda, degree-granting curricula, range of experts, scholarly journals and list of professional and scientific organizations. But without institutional and disciplinary credibility, programs will continue to struggle to attract the best students and will languish from a chronic lack of resources.

Academic gerontology can develop accreditation criteria that could accommodate the field's rich diversity of disciplines and could even include "grandmother" clauses under certain circumstances. For example, smaller programs could be nurtured by being required to have only one tenure-track professor of gerontology. The standards and guidelines could be established at multiple levels and move from more general recommendations to more exacting principles over time. I wouldn't be surprised to see major foundations jumping at the chance to fund a national, multiyear effort to develop an accreditation planning grant for academic gerontology. Institutions could start with master's-level programs and be both supportive and creative, perhaps inviting past presidents of state organizations and former external reviewers to assist programs in preparing for the accreditation process.

NAPG

The National Association for Professional Gerontologists (NAPG), a nonprofit organization recognizing a core body of gerontological knowledge held by individuals who provide quality services and programming for older adults, was formed recently to address the absence of national credentialing for gerontologists. The NAPG board selected the credential model because it is the most comprehensive and exacting, and NAPG leadership spent the last three years developing a comprehensive, five-level, peer-reviewed credentialing process—including a special membership for students—as well as continuing education opportunities, a code of ethics for gerontologists and a professional network. Such work, I be-

lieve, is sorely needed to keep gerontology and gerontologists relevant and vital. To learn more about NAPG, visit www.napgerontologists.org. ❖

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