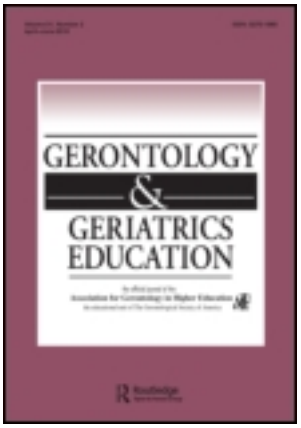

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Professionalizing Gerontology: Why AGHE Must Accredit Gerontology Programs

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Professionalizing Gerontology: Why AGHE Must Accredit Gerontology Programs

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The aging of society requires more trained aging specialists. Are higher education institutions prepared? Results of a comparison of gerontology programs in 2000 and 2010 indicate that the number of programs has declined and that higher education is not prepared. To address this challenge, the authors propose that gerontology be professionalized. To do so will require the accreditation of gerontology programs, the credentialing of gerontology graduates, and the employment of professional gerontologists. The authors offer a model that describes these relationships. The authors make the case, using a symbolic interactionist approach, that the Association for Gerontology in Higher Education must accredit gerontology programs.

KEYWORDS gerontology academic program accreditation, gerontology degree programs, certification of gerontologists,

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gerontology higher education, academic gerontology, gerontology competencies, careers

BACKGROUND

Our responsibility as gerontology educators is to prepare tomorrow's professionals to serve an aging population. An examination of workforce literature predicts that we will need substantial numbers of trained aging specialists nationwide in the years ahead (Maiden, Krout, & Howe, 2006; Peterson, Douglass, & Whittington, 2004) and that we are already experiencing some key shortages in workforce preparedness (Moore, 2006; New York Association of Homes and Services for the Aging [NYAHSA], 2000; Rodat, 2006; Seavy, Dawson, & Rodat, 2006). Indeed, the Institute of Medicine (IOM; 2008) began its influential report with the warning:

> By 2030 the number of adults in the United States who are 65 years old or older is expected to be almost double what it was in 2005, and the nation is not prepared to meet their social and health care needs. (p. 15)

Given these projections we must ask if institutions of higher education are prepared to educate the gerontologists needed to serve the growing older adult population?

There are certainly indications that higher education institutions may not currently have the capacity to educate tomorrow's gerontologists in sufficient numbers. A New York study (Maiden, Lane, & Pimpinella, 2005) found that only 43% of academic institutions offered gerontology courses or gerontology programs of any kind. Moreover, the study also found that on average fairly small numbers of students were enrolled in these programs: 25 students in associate arts programs, 15 students in baccalaureate programs, 19 students on average in master's programs, and 6 students in the only doctoral program represented in the survey. On this basis, the authors concluded that higher education institutions in New York were offering insufficient coursework and programs in gerontology to meet New York workforce needs.

A recent California study (Wallace, Lee, Price, Abbott, & Frank, 2010) concluded that state university cutbacks have reduced workforce readiness making California unprepared for the aging of the Baby Boomers, "The state already suffers from a shortage of skilled professionals with expertise in aging, and reductions in state support for higher education will further widen that gap" (p. 1). Other voices have also raised concerns about the stability of gerontology programs and the likelihood they will survive the continuing budget cutting and reorganizations endemic in public higher education in sufficient numbers to prepare future gerontologists. Pelham (2008)

wrote about chronic shortages in gerontology program resources, and the prospect of gerontology programs becoming irrelevant. In an article titled "Will Gerontology Come of Age? A Discipline's Struggles" Binstock (2008) noted that "the field's remarkable gains remain somewhat fragile" (p. 1). Ferraro (2006) underscored the often-marginal nature of gerontology in that "at most colleges and universities [it] is by and large a nice supplement to existing programs. Many universities are trying to do more with less, and gerontology often finds itself in this position" (p. 573). Sterns and Ferraro (2008) also remarked on the tenuous position of gerontology as a profession in relation to other fields, "Especially for service professions, such as social work and nursing, that require certification, gerontology seems to be having a difficult time being treated as a legitimate sister occupation" (p. 7). Paradoxically, then, we have a demonstrable need to train a skilled workforce for the future to work with the growing older population at the same time that gerontology, the field dedicated to aging, appears to many to be fragile, marginal, and tenuous.

RESEARCH REPORT: ARE GERONTOLOGY/GERIATRICS PROGRAMS PREPARED TO EDUCATE TOMORROW'S GERONTOLOGISTS?

To better understand recent historical trends and assess the stability and "health" of gerontology as a field, we compared the number and type of gerontology/geriatric programs listed in the eighth edition of the *Directory of Educational Programs in Gerontology and Geriatrics* (Association for Gerontology in Higher Education [AGHE], 2009) with those that were listed in the seventh edition of the *Directory of Educational Programs in Gerontology and Geriatrics* (AGHE, 2000). In undertaking this comparison we knew that there appeared to be a substantial undercount of gerontology/geriatrics programs listed in the eighth edition. Our knowledge of programs in California indicated that some programs were missing from the 2009 *Directory* that we knew still existed; and, in talking with colleagues around the United States, many expressed concerns that programs existing in their states were not listed in 2009. A formal "program" is defined in 2000 and 2009 as "one that offers a degree, credit certificate, minor, concentration, specialization, emphasis or track; or fellowship. Formal programs are also those identified as a research or clinical program in gerontology, geriatrics, or aging studies" (AGHE, 2009, p. i).

To determine whether the number of gerontology/geriatrics programs had actually declined after 2000, in view of the apparent undercount in the 2009 directory, we undertook a systematic program-by-program investigation of programs listed in 2000 and 2009 to identify those that were listed in both directories, those that were listed in 2000 but "missing" in 2009,

and those that were listed for the first time as "new" programs in 2009. We examined university and college websites in the summer of 2010 for each program to see whether it could be found. Finally, we tabulated our results by type of program for each state, then we aggregated the state totals into a national comparison of programs listed in 2000 with programs existing in 2010 (Schafer, Pelham, & Abbott, 2010). Those results are displayed in Table 1.

Although a "count" of programs at any one time simply represents a static snapshot of what is actually a dynamic picture, we can glean useful insights about tendencies and trends over time.

As Table 1 indicates, there appears to have been an actual decline of 81 programs (11%) from 2000 (756) to 2010 (675). The most encouraging finding is the increase in fellowship, residency, and clinical experience programs (+12 or 16%). Although this is positive and probably reflects some of the funding that has gone to medical centers and Geriatric Education Centers over the last 10 years, it is also true that these programs are highly specialized.

More disconcerting are the apparent declines in the total number of associate arts programs (–47%) that primarily train hands-on service providers; declines in the total number of master's programs (–21%) most likely to train administrators; and declines in the total number of doctoral programs (–14%) that would prepare the next generation of faculty members

TABLE 1 Comparison of Gerontology Programs Nationwide in 2000 and 2010

Type of program	2000	2010	Difference	% Change (Decline)
Certificates (AA, undergraduate, graduate)	223	204	−19	(9%)
Assoc. Arts degrees total	43	23	−20	(47%)
In gerontology	23	11	−12	(52%)
Emphasis, specialty, etc.	20	12	−8	(40%)
Baccalaureate degrees total	168	157	−11	(7%)
In gerontology	38	33	−5	(13%)
Minor, emphasis, etc.	130	124	−6	(5%)
Masters degrees total	156	123	−33	(21%)
In gerontology	49	44	−5	(10%)
Concentration, track, etc.	107	79	−28	(26%)
Doctoral degrees total	51	44	−7	(14%)
In gerontology	6	9	3	50%
Specialty, emphasis, etc.	45	35	−10	(22%)
Multilevel, combined degrees, total	39	36	−3	(8%)
Fellowships, residencies, clinical experiences, total	76	88	12	16%
Total programs	756	675	81	(11%)

Sources. Association for Gerontology in Higher Education (2000, 2009). Authors' survey of college/university websites, 2010.

to educate future aging specialists. Certificate programs at every level (associate arts, baccalaureate, and graduate) declined by 9% from 2000 to 2010. Each of the category totals (from associate arts degrees through doctoral degrees) are subdivided into degrees "in gerontology" and "emphases," "minors," "tracks," "specialties," and so on, that are embedded within other disciplines, (e.g., social work, psychology, sociology, nursing). It is noteworthy that, with the exception of doctoral degrees in gerontology (+3), there were declines in gerontology degrees as well as in specialties, minors, and so on within other degree programs at every academic level. This indicates that the decline in the numbers of gerontology degrees has not been offset by a corresponding increase in minors, concentrations, and so on in other disciplines. This suggests, then, that the way to preserve gerontology content is not necessarily by infusing it within the curricula of other disciplines. These results further imply that the "fate" of gerontology in stand-alone degree programs and imbedded within other disciplines is interconnected. Therefore, the best way to preserve the gerontology content that is infused within other disciplines' curricula may be by strengthening and enhancing gerontology's stature as a free-standing disciplinary field.

Although the elimination of some gerontology/geriatrics programs may be unique to the circumstances of given institutions, it is likely that some reasons for the decline in numbers are more common. Faculty members who started many of the existing gerontology programs in the 1970s and early 1980s are retiring, and there may not be sufficient new faculty hires to maintain these programs. New faculty hires may be under increased pressure to publish and secure grant funding and therefore are disinclined to take on even part-time administrative duties of managing a gerontology program. In other instances, retiring faculty are simply not replaced. This is undoubtedly related to budget reductions at publicly supported as well as private universities throughout the United States resulting in eliminating or combining programs, fewer classes, and sometimes reduced enrollment. Gerontology programs may be particularly vulnerable to such cuts because they are often relatively small, relatively new, and possess limited resources. Because there is, as yet, no mechanism for accrediting gerontology degree programs, they tend to lose out when competing with other professional, accredited, more established, and, frankly, higher status programs (Pelham, 2008; Pelham & Schafer, 2010).

One of the reasons gerontology programs may have fewer resources than other programs is that they have had fewer students. Maiden et al. (2005) posited that one reason young people do not choose to pursue careers in aging is that "agencies that provide services for the aged do not require an academic background in aging studies for employment" (p. 5). Other investigators also have noted the absence of gerontology qualifications among workers in the field in spite of the need for trained aging specialists (Moon, Wilson, Goodman, & Damron-Rodriguez, 2009; Moon, Wilson,

Takahashi, Damron-Rodriguez, & Goodman, 2008; Van Dussen & Franklin, 2010). Especially in difficult economic times, students are likely to go into programs where they expect to get a job when they graduate. It is particularly troublesome that many aging network agencies have not required their employees to have any coursework in aging. The lack of clear career pathways from graduation in gerontology to jobs in aging services suggests the need to raise the stature of gerontology programs and their graduates so that the graduates' professional credentials are understood as different from and either equivalent or augmentative to "sister occupations" (Sterns & Ferraro, 2008). As gerontology educators, it is apparent we should partner much more effectively with prospective employers and professional organizations, clarifying the skills and competencies gerontology graduates possess, so that gerontology degree recipients can expect to receive consideration in hiring decisions. Employers' perceptions about the value of gerontological education appear to be changing as demographic trends and their consequences become more obvious. As noted in a recent AGHE publication (Peterson et al., 2004), "As the older population grows, these [aging] specialists are increasingly in demand, because jobs are developing faster than educational institutions can prepare people to fill them" (p.6).

On the basis of our findings and conviction about the fundamental value of gerontological education and its increasing importance in the future, we concur with Peterson et al. (2004) that institutions of higher education are not now prepared to educate the gerontologists we need tomorrow. Just as the IOM (2008) concluded that a multipronged strategy is required to prepare for the health care needs of an aging America, we see the need for a multifaceted strategy to strengthen and professionalize gerontology. Enhancing the ability of gerontology programs to provide cutting-edge education to their students, attracting excellent students to the field with the promise of professionally rewarding career opportunities, and insuring that employers appreciate, value, and seek the training that gerontology graduates bring to their jobs will be part of this strategy. Just as social work and nursing have been professionalized over the last century, the process of professionalizing gerontology will include accreditation of gerontology degree programs, credentialing (and eventually licensure) of gerontology degree recipients, and employment of gerontology professionals.

CONCEPTUAL MODEL: PROFESSIONALIZATION OF GERONTOLOGY

We have constructed a model (see Figure 1) that helps to graphically depict the interrelationships among accreditation of academic degree programs in gerontology, the credentialing of gerontology graduates, and the employment of trained professionals in gerontology.

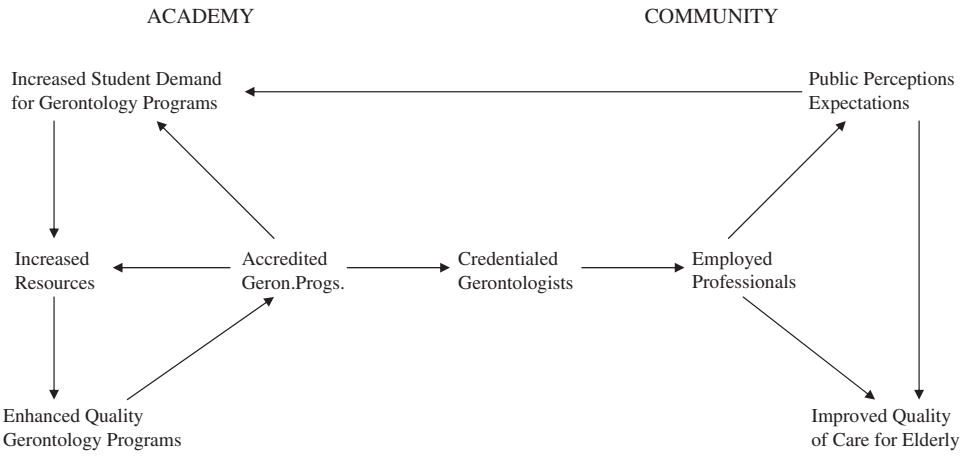

FIGURE 1 Professionalization of Gerontology Model.

As the model illustrates, credentialed gerontologists have the appropriate training and skills to become employed professionals in the field. Employed professionals affect the quality of care for the elderly because of their skills and academic preparation. They positively affect the public's perceptions and expectations about standards of care, particularly in contrast to care providers who have not had enough training in gerontology to become credentialed. A public that expects superior services also raises the quality of care for the elderly. Public perceptions about gerontology that hold the field in high regard lead to increased awareness and student demand for gerontology programs.

Increased student demand for gerontology programs results in increased resources for academic gerontology programs. Increased resources are likely to improve the quality of gerontology programs. An appropriate mechanism for recognizing high quality gerontology programs is accreditation, and accredited gerontology programs attract excellent students to the field.

Accreditation standards also insure that resources such as faculty, staff, library holdings, and scholarships are provided to meet those standards. And, finally, graduates of accredited programs are, by definition, appropriately prepared and, therefore, are excellent candidates to be credentialed gerontologists and employed professionals.

THE CASE FOR ACCREDITATION: A SYMBOLIC INTERACTIONIST APPROACH

Although each of the three central elements in the model—accreditation of gerontology programs, credentialing of gerontology graduates, and hiring of

trained gerontology professionals—is necessary to professionalize the field, the remainder of the article focuses on accreditation because that is the primary focus of this special issue of *G&GE*. The first part of the argument emphasizes the general importance of accreditation in higher education today, and the second part specifically emphasizes the need to accredit gerontology programs.

First, in making the case for the importance of accreditation in higher education, we assume that the world in which gerontologists and others must operate is socially constructed, that it is created by our shared social interactions and the interplay of belief systems, meanings, and values. Institutional and program accreditation is an important construct of the emerging reality of higher education today. Colleges and universities today spend an enormous amount of energy and resources for their institutional reaccreditations and periodic mandated reviews. Central to these reviews are the measurement of performance outcomes. Although accreditation may have a variety of objectives, ultimately it strives to assure competence at the micro (individual) level and bestows legitimacy at the meso (programmatic), and macro (institutional) levels.

Several trends speak to the manner in which the relevance of academic programs depends upon an accreditation process (Estes, 2010). From an interactionist perspective, examining trends is revealing because these trends herald an emerging shared educational reality. The first trend is the significant reduction of publicly funded support for higher education, which can result in a reliance on budget-driven decision making, including structural reorganization of academic units. In this emerging political economic reality, units are increasingly required to justify their existence by meeting quantitative measures such as number of graduates and time to degree. To the extent that accreditation reviews can shift the focus from budget-driven to mission-driven decision making and reorient performance standards to more meaningful programmatic outcomes, accreditation can help preserve the integrity of programs. A second trend, related to the first, is the growing emphasis on accountability at all levels of education. To what extent does the educational experience provide "added value" and does a measurable "culture of evidence" exist that leads to "continuous quality improvement"? In higher education, accrediting organizations are focusing, appropriately, on the assessment of individual skills and the ability of the program to instill these competencies. This focus can certainly provide quality assurance to the public in strengthening the connections between students' skills and job requirements. A third trend, perhaps more of an ongoing process than a "new" trend, at the programmatic level is the creation of new disciplines from the intersection of existing ones. They often have an inherent interdisciplinarity that reflects their origins yet in coalescing forge a new body of knowledge that is related but distinct. Accreditation confers a consensus-based legitimacy on an academic field and affirms the maturity of

an emergent discipline. In the case of an interdisciplinary field, one central core competency to be measured would be the ability to synthesize information from more than one discipline. Especially for fields in which there is a salient practice orientation, not having an accreditation process flies in the face of an emerging and increasingly important social construct in higher education.

The second part of our case is that gerontology, as a discipline, deserves a seat at the accredited table along with other disciplines (Pelham, 2010). We agree with the reasoning of Alkema and Alley (2006) that gerontologists need not wait for other disciplines to offer us legitimacy. The synthesizing component of gerontology distinguishes it from the aging content offered in other traditional disciplines. It is different from and greater than the sum of its parts. For example, gerontology can bring a unique perspective to the public policy debate. It specifies the power imbalances between elders and professionals and identifies their consequences; it understands how scholarship in gerontology and geriatrics shapes law and social policy based on socially constructed "problems" of old age and the aging society; it challenges the lay and public perceptions of old age and aging concerning the responsibility of the state. It articulates the influence of dominant theoretical and methodological approaches in shaping the research agenda and potential policy options to meet the social needs of elders and their families (Estes & Associates, 2001).

Although there may be some minor variations, most definitions of a "discipline" include a general body of knowledge, a specialized vocabulary, commonly accepted research methodologies and theoretical frameworks, and a scholarly literature. Gerontology has not always had each of these elements, but today these elements are more fully realized. More recently we, and others, have noted the development of interdisciplinary theories dealing with the aging process and a focus on longitudinal research methodologies. In particular cohort and cross-sequential research designs have solidified our status as a unique discipline (see, e.g., such historically significant studies as Baltes, 1968; Schaie, 1965; Schaie & Strother, 1968). Alkema and Alley (2006) observed that in the past decade "scholars have acknowledged the beginnings of a common *gerontological imagination*" reflected in the Gerontological Society of America's 2006 Annual Scientific Meeting and "have asserted that gerontology is *coming of age* as a discipline." (p. 574).

We believe that gerontology has emerged as a discrete discipline and that, in and of itself, justifies program accreditation. That said, however, we want to broaden our discussion to include those who practice a discipline. In one sense, anyone who "practices" in a particular field can be considered a "professional." However, there are qualitative differences among the qualifications of would-be practitioners that accreditation is particularly well designed to differentiate. Practitioners of the discipline of accounting (certified public accountants), for example, are qualitatively different in their preparation and practice from those who have attended

a workshop on preparing one's income tax return. Likewise, of course, graduates of gerontology degree programs are qualitatively different from those who have attended a weekend workshop and proclaim themselves "gerontologists." An accreditation process insures that graduates of an academic program possess the knowledge and skills to be effective professional practitioners. Accreditation standards promote quality control and credibility for the field permitting employers and the public to evaluate the skills and competence of prospective employed professionals. The quality control attribute of accreditation is especially important in a field like gerontology that produces service-oriented practitioners/professionals who apply knowledge to solve social and community problems. In our view, a "social contract" exists between the members of a profession and the society they serve. In exchange for the authority and status that members of the profession enjoy, there is a responsibility for self-policing, which can be expressed through accreditation (and credentialing/licensure). The fundamental importance of accreditation in the quality control of practical and applied fields is amply demonstrated by the wide array of accrediting organizations (see below for Department of Education and Council of Higher Education Accreditation websites) overseeing myriad professional fields. Accreditation helps to connect the external marketplace of the social and political environment with the internal marketplace of the university.

The external marketplace includes employers who hire program graduates, a public that is served by practicing professionals, and prospective students who select careers and college majors based on perceived employment opportunities. In the internal marketplace of the college/university environment, funding and resources often disproportionately flow to programs enjoying accreditation standards that require basic support for faculty, lecturers, library holdings, professional development funds, and clerical support. These "marketplaces" or domains are reflected in our model. Without accreditation standards gerontology programs routinely go to the end of the resources line. As a consequence, small programs remain small and chronically under-resourced and are more vulnerable to budget cutting and forced reorganization schemes.

Our argument is that accreditation, ultimately, will promote the health of gerontology as a discipline and field of professional practice. We do understand that there are risks but believe that the potential long-term benefits outweigh these risks. Also, careful and incremental development of accreditation in gerontology can help to mitigate potential risks. Accreditation guidelines can be framed to support programs and standards can be crafted with sufficient flexibility to include curricular innovation and diversity consistent with the unique characteristics of program faculty and the qualities of given institutions and communities.

There are those who fear that accreditation will result in the disappearance of vulnerable gerontology programs. The fact is that marketplace realities (external and internal) have already marginalized some of these

programs. Although some programs may be unable to meet accreditation standards and consequently disappear, others may survive without full accreditation while developing the capacity to be accredited. We believe that accredited gerontology programs will be strengthened by enhanced credibility and by receiving a larger share of institutional support. A future-oriented vision for gerontology emphasizes the community as a whole and the enhanced credibility of the field that accreditation standards make possible.

An accreditation process need not be cumbersome or expensive, but, as Glenn (2011) observed, increasingly emphasizes transparency. Our informal investigation of discipline-specific accrediting agencies and organizations has indicated there is a wide variety in organizational structure, specificity of standards, processes, and costs. Furthermore, there is a surprisingly large number of discipline-specific accrediting organizations. For an appreciation of this variety, visit the websites of the Department of Education (www.ed.gov) and click on "College Accreditation" and the Council for Higher Education Accreditation (www.chea.org) and click on "Data Bases and Directories." Academic gerontology can develop accreditation criteria that could accommodate the field's rich diversity of approaches including, for example, liberal arts, professional, and scientific orientations (Pelham, 2008).

CONCLUSION: THE WAY FORWARD

The way forward begins with the recognition that AGHE, and an affiliated organization designed to become the accrediting body, are best positioned and most logical to develop accreditation for gerontology. AGHE is the most prominent gerontology organization dedicated to educational issues in the field. AGHE is national in scope and has a distinguished history of collaboration with and support for academic programs. Early pioneers in the development of gerontological research, theory, and education joined a subsequent generation of gerontologists in the 1980s and afterward as AGHE developed the *Standards and Guidelines for Gerontology and Geriatrics Programs* (items listed in chronological order: Connelly & Rich, 1989; Rich, Connelly, & Douglass, 1990; Douglass, Atchley, David, & Wendt, 1997; Gugliucci, Moore, & Miller, 2008). The *Core Principles and Outcomes of Gerontology, Geriatrics and Aging Studies Instruction* (Wendt, Peterson, & Douglass, 1993) was another important milestone in clarifying and validating "the knowledge and skill outcomes of three major orientations of gerontology education" (p. iv). More recently, the Program of Merit (POM) process has offered valuable lessons in support of quality programs. POM standards can serve as entry-level criteria for programs seeking accreditation. More recently still, efforts are underway to build upon and extend the core principles and outcomes to identify and define core gerontology

competencies and their measurement (Frank & Damron-Rodriguez, 2010). An accreditation process would logically build upon this solid foundation.

We foresee accreditation focused upon degrees, certificates, and free-standing, all-university minors in gerontology rather than upon aging studies concentrations or tracks, minors or emphases within other disciplines. This is not to say that the latter are not as important and valuable to the field, but they can and should receive oversight from the disciplines in which they are embedded.

Consistent with the model we presented earlier in this article, we envision accreditation of gerontology programs and credentialing (with eventual licensure) of individual graduates as two separate, but clearly related, steps to professionalizing the field (Pelham & Schafer, 2010). We see an AGHE affiliate organization responsible for program accreditation and an AGHE partnership with an independent organization for credentialing individuals. (For information about the National Association for Professional Gerontologists, an organization that credentials gerontology graduates, see www.napgerontologists.org.) Together two such organizations can move the field forward by taking on the mission to educate and enlighten employers about the value and worthy investment of hiring professional gerontologists who are credentialed graduates of accredited programs.

In the final analysis, the professionalization of gerontology we have described should help us find our own voices as gerontologists. The issue of our identity has been a persistent and vexing challenge. We have all experienced the blank stare when we introduce ourselves as gerontologists (Van Dussen & Franklin, 2010). It has been argued that a fuzzy understanding of our field prevents students from choosing gerontology as a major because they do not know what it is and prevents employers from hiring gerontology graduates because they do not understand their qualifications and skills.

It might appear counter intuitive to develop an accreditation process for gerontology while there remains some ambiguity and debate about gerontology's identity. A symbolic interactionist approach would propose that identity emerges from shared meanings expressed through social interaction and interpretation. In keeping with this perspective, we argue that the process itself of collectively developing accreditation standards—including the identification of core gerontology competencies—will help us define and clarify who we are and what we can do.

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