

AGHE Association for Gerontology in Higher Education

EXCHANGE

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Feature: Clark Tibbitts Lecture

Editor's Note: The Clark Tibbitts Award was established in 1980 and named for an architect of the field of gerontological education. The award is given by AGHE each year to an individual or organization that has made an outstanding contribution to the advancement of gerontology and geriatrics education. **The recipient of the 2010 Tibbitts Award is Frank J. Whittington, PhD, George Mason University.**

The following is a shortened version of Dr. Whittington's Clark Tibbitts Lecture, which was delivered at the Annual Meeting of AGHE in Reno, Nevada on March 6, 2010. The entire text of his speech is on AGHE's website, <http://www.aghe.org>.

The Joy of Gerontology: Nostalgia Isn't What It Used to Be

Introduction

Despite all the good and exciting things going on in our field, I think gerontological education has got a problem. And I think AGHE has got a problem. And, in fact, the two are pretty obviously linked. Further, I think the problem is a BIG one, and I think all the solutions we have tried so far are not working. So we have to look for new ones, because if we don't, we may be witnessing the demise—or at least the eclipse—of our field. In fact, I think it is pretty clear that **our beloved organization, AGHE, is on its last legs and may not be salvageable.**

Or, it may be—if we can find a new business model and plot a new course. Today I depart from the normal form of Tibbitts lectures to share with you my analysis of how we got to this point and

a few ideas that may form the basis for some new solutions to our AGHE problem.

State of the Association

As I said, the state of AGHE is closely linked with the state of gerontology education as a whole, and the field of gerontology has suffered these past 20 years from several problems, endemic to all social movements:

1. As the gerontological education movement flourished, our programs grew more diverse, and program models and concepts inevitably diverged. It became harder to find common ground on which to forge consensus about goals, let alone means.

2. Most of our gerontology programs have encountered the inevitable academic cycles of boom and bust, threatening our sense of security and intensifying our need to insure our own survival. It can be argued that, over the past 20 years, we program directors and participants became more concerned about our own skins at home than about the field as a whole. In other words, our immediate, perceived interests began to diverge from those of the field or our association. This had the effect of weakening ties to AGHE, making attendance at meetings a nicety, rather than a necessity, and also weakening the committee structure. Our goal should be to involve every faculty member at every member school (and all the students we can attract) on an AGHE committee where they can learn to appreciate AGHE's value and be groomed for leadership, both within AGHE and on their own campuses.

3. Beginning in the late 1980s, both the field and AGHE experienced

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AGHE President's Message



*Graham D. Rowles, Ph.D.
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Dear Colleagues,

As I sit down to write my first President's Message, there is a nagging anxiety. Can I live up to the level of accomplishment of Marilyn Gugliucci, my predecessor in this role? Marilyn has successfully led us during a time of economic downturn that has threatened the survival of a number of Associations throughout the country. She has thoughtfully and diplomatically steered us through a comprehensive ten-year review of our merger with the Gerontological Society of America that has consolidated a number of administrative functions and made us stronger and more efficient. In effect, our professional staff has jumped from three individuals to twenty-four as tasks like budget management, conference planning, and administration, have expanded from a willing but overextended AGHE staff to well trained specialist professionals within the larger umbrella of GSA. Under Marilyn's leadership we have transformed modestly operational committees into viable and active components of an association that is rediscovering itself and moving forward with renewed purpose. An Executive Committee that formerly met two or three times a year now convenes on a monthly basis as a result of our ability to harness the conference call. Membership has

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Editor's Musings



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Greetings! This is a special issue of the AGHEExchange, at least in my mind, for several reasons. One is that a centerpiece of this issue is a somewhat shortened version of the Clark Tibbitts Award Lecture, presented by Dr. Frank Whittington at the 2010 AGHE Annual Meeting in Reno, NV in March. And while I wish all of you to read this piece, I also strongly encourage you to go to the AGHE website, <http://www.aghe.org>, and read the entire text of Dr. Whittington's lecture.

Why is Dr. Whittington's speech so significant, you ask? Because it is about the future of AGHE, plain and simple. And this should be of fundamental significance to all associated with AGHE. Dr. Whittington's astute analysis results in radical re-thinking about some facets of AGHE. His insights suggest that a 21st century AGHE needs to incorporate some key aspects of its past, but also need not be afraid to engage in some out-of-the-box and breaking-with-tradition types of changes. Dr. Whittington makes shrewd observations and logical recommendations. I suspect that we are entering a new era for AGHE, as we consider our options and future directions, hopefully all the while heeding the words of Dr. Whittington, a tireless AGHE advocate and a keeper of our organizational history.

We have set-up a solid foundation for moving forward under former AGHE President Dr. Marilyn Gugliucci and now look to our new AGHE President, Dr. Graham Rowles, whose inaugural column appears in this issue, to guide us. He also addresses Dr. Whittington's lecture, as does James Appleby, GSADirector, who comments on parts of the illustrious speech and strikes a positive note in his commitment GSA's support and partnership to bring about an "AGHE renaissance."

In addition to the Clark Tibbitts Lecture, other 2010 Annual Meeting highlights include photos of awardees and happenings, as well as commentary on the 2010 Distinguished Teacher Lecture Series by Bert Waters, co-chair of Faculty Development Committee. Be sure to check out the call for abstracts for the 2011 meeting and nominate your colleagues to be honored at next year's annual meeting!

Speaking of "re-thinking" things, other articles in this issue address how we can think differently about aging and aging education. New forms of "educational technology" are addressed in a couple of columns; *Tech Talk* introduces

At the age of 87...

Mary Baker Eddy founds *The Christian Science Monitor*.

Sophocles writes his play *Philoctetes*.

Francis Peyton Rous, American pathologist, wins the Nobel Prize....for his work in discovering viruses that cause cancer.

From *What's in an Age?* by Andrew Postman (1999)

us to the concept of electronic dashboards and *What Works!* explores how Facebook can be a useful adjunct for gerontology programs. *Community College Corner* encourages us to explore the active aging concept as a way to develop programs, recruit and prepare future professionals, and improve our communities. *Geriatric Education* challenges us to understand and incorporate context into the training and education of our future workers, in particular the impact of urban versus rural location on the needs and situations of elders living in those respective environments.

I invite readers to share their feedback 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.

Happy reading!

Lisa

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Annual Meeting News

AGHE 2010 Distinguished Teacher Lecture Series

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Distinguished Teacher Awards

The two 2010 AGHE Distinguished Teaching Awardees, Dr. Karen Hooker from Oregon State University, and Dr. Rona Karasik from St. Cloud State University, presented at the 36th Annual Meeting and Educational Leadership Conference in Reno, NV. I always look forward to attending the Distinguished Teacher Lecture Series because the lectures draw crowds who have a passion for both teaching and gerontology, and this year was no exception. Each lecture in Reno was standing-room only, and I couldn't help but notice that at both presentations many attendees lingered well after the sessions, which is always a good sign.



Dr. Karen Hooker



Dr. Rona Karasik

A general theme that tied the two lectures together this year was the exploration of approaches that touched on the relevance of gerontology in the lives of the college student population. However, lectures contrasted according to the type of classroom setting. At Oregon State University, Dr. Hooker described the challenges of teaching in a "fish bowl" classroom, with well over one hundred students enrolled in each class. Her presentation, entitled *New Wrinkles in the Science of Aging: Translating Research into Classroom Activities*, included many activities that demand student participation without overwhelming the instructor. One lecture attendee marveled at the detail in the 15-section spiral booklet Dr. Hooker provided from her Adult Development and Aging course.

Dr. Karasik's presentation, Engaged Teaching for *Engaged Learning: Sharing your Passion for Gerontology*, was geared for a more intimate-sized classroom with a service-learning requirement. She provided many tips on staying current with undergraduates in their early twenties. She described how examples and humor can be cohort-bound. When using Mick Jagger as an age-bending icon, many of her more recent students would ask, "Who is he?" It is evident that what worked in a classroom in the 1990s doesn't always

work now. Dr. Karasik effectively shared inspiring personal experiences in a professional manner and then discussed appropriate boundaries with the audience. Materials from both presentations will be provided on the Faculty Development page of the AGHE website.

Nominate Your Colleagues!

As incoming Faculty Development Co-Chair, I encourage AGHEExchange readers to nominate colleagues for the **2011 Distinguished Teacher Award**, which recognizes individuals whose teaching stands out as exemplary, innovative, of impact, or any combination thereof. The winner will provide a highlighted teaching workshop at AGHE's annual meeting. Full-time faculty members at an AGHE-affiliated institution who have a minimum of five years of teaching experience are eligible to be nominated for this award.

I also encourage readers to nominate colleagues for the **Part-Time Faculty Recognition**, which formally recognizes the contributions of part-time and adjunct faculty to gerontological education.

The deadline for nominations for the 2011 Distinguished Teacher Honor and for the Part-Time Faculty Recognition is October 1, 2010. For more information, please visit the Distinguished Teacher Honor and Part-Time Faculty Recognition pages at <http://www.aghe.org> (under "About AGHE," in the "Recognition (Awards)" section), or contact me at lhwaters@vcu.edu.



ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION
37TH ANNUAL MEETING AND EDUCATIONAL LEADERSHIP CONFERENCE
HILTON CINCINNATI NETHERLAND PLAZA | CINCINNATI, OHIO | MARCH 17-20, 2011

CALL FOR ABSTRACTS

Living the Old Age We Imagine:
Higher Education in an Aging Society

IMAGINING | PREPARING | REMOVING BARRIERS

Abstracts Now Open—visit www.aghe.org

Submission Deadline: June 22, 2010

Annual Meeting News

2010 Annual Meeting Presentations to Award Winners

During the 36th AGHE Annual Business Meeting in Reno, NV, (past) Awards Committee Chair Jennifer Kinney and Past President (then current President) Marilyn Gugliucci recognized awards winners for 2010. Below are those who were able to accepting their awards for themselves and others in person (the Distinguished Faculty Awards are discussed in a separate article – see AGHE 2010 Distinguished Teacher Lecture Series).



Joanne Grabinski (center) was a recipient of the 2009 Mildred M. Seltzer Distinguished Service Recognition.



Mary Alice Wolf (center) was a recipient of the 2009 Mildred M. Seltzer Distinguished Service Recognition.



Judy Griffin (center) accepted the 2009 David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Award, for herself and on behalf of her co-authors, Nina Silverstein, and Elizabeth Johns.



Emily Robbins (center) accepted the 2009 David A. Peterson Gerontology & Geriatrics Education Best Paper of the Volume Honorable Mention, for herself and on behalf of her co-authors, Jennifer Kinney and Cary Kart.



Deborah Gray (center) was the winner of the 2009 Graduate Student Paper Award.

Annual Meeting News

2010 Annual Meeting Happenings

As always, the AGHE Annual Meeting and Educational Leadership Conference in Reno, NV was a busy, active, and inspiring event, full of opportunities for learning, networking, getting down to business, and having fun. Below are some of the people who helped make it happen and some of the activities of the 36th Annual Meeting.



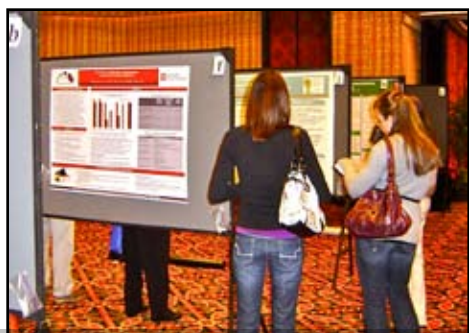
The Exhibit Hall was a lively place, between the exhibitor booths, the Silent Auction, and refreshment breaks.



Graham Rowles (left) as the incoming AGHE President, expressed his and the AGHE membership's appreciation for the hard work and dedication shown by outgoing AGHE President Marilyn Gugliucci (right) throughout her term.



Angela Baker, AGHE Director, (at the Business Meeting) and Dominic Frazier, AGHE Program Associate, (at the Registration table) worked hard both on-the-scenes and behind-the-scenes to make sure the conference was a success.



Conference participants checked out the poster sessions.



Conference participants enjoyed a Dine Around at a local Mexican restaurant in Reno.

In & Around AGHE

AGHE Director's Message

M. Angela Baker, MA
Director, AGHE
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The 2010 AGHE Annual Meeting and Educational Leadership Conference in Reno, NV was a great success. A special "thank you" to all who assisted in the planning of the meeting and those who assisted on-site. We had over 400 attendees at this year's event and the University of Nevada, Reno (UNR) served as our local host. We are especially pleased that Dr. Judith Sugar registered 94 undergraduate students from her class at UNR. Not all of these students have chosen gerontology as their focus, so by doing this, she exposed new audiences to our work and the field in general. I hope we can continue to increase our visibility by replicating this activity in Cincinnati next year.

Planning has already begun for next year's annual meeting. **The Call for Abstracts deadline is June 22nd.** Be sure to check our website for information on the meeting.

Many new initiatives were formulated in Reno that will impact the way in which we do business this year and in years to come.

An automated system will be utilized to facilitate the abstract review process. AGHE leadership will become more involved in identifying sponsors to underwrite annual meeting expenses and we will begin the process earlier than in previous years. We will reinstate the Regional Representatives structure to enhance communications with our membership. The Membership Committee will review our member benefits package to identify gaps within our products and services. AGHE and GSA staff will collaborate on revitalizing Careers in Aging Week and possibly expand it beyond the current "one week" emphasis. We will streamline our governance operations to make the greatest use of our volunteer leaders' time.

In accordance with my 2010 goals, I am pleased to announce that we are revising our standard operating procedures manual, obtaining new clients for the Consultation Program and adding new member institutions to our rolls. There is still much to do and each of us has a role to play.

If you have any suggestions on new products and services we can offer to our members, please send me an email at abaker@aghe.org. I would love to hear from you. Have a great summer!

AGHE President Honored for Teaching Excellence

On February 9, 2010, long-time AGHE activist and current AGHE President, Dr. Graham Rowles, was honored by the University of Kentucky (UK) with a 2010 Great Teacher Award. One of six UK professors recognized for this distinction this year, Dr. Rowles is a professor of gerontology in the UK College of Public Health with joint appointments in the College of Nursing, the Department of Behavioral Science, the Department of Geography, and the Department of Health Sciences. In response to the news, Dr. Rowles commented, "I think that 'shock' and 'deep appreciation' are the words that best summarize my reaction...this is an award that I will truly treasure."

According to the UK website (<http://uknow.uky.edu/content/alumni-association-announces-great-teachers>, para. 9): "Started in 1961, the Great Teacher Award is the oldest continuous award that recognizes teaching at UK. Nominations are made by students, and the selection of award recipients is made by the UK Alumni Association Great Teacher Award Committee, in cooperation with the student organization Omicron Delta Kappa. Great Teacher Award recipients each receive a citation, an engraved plaque and a cash award."

Congratulations to Dr. Rowles!

The 37th AGHE Annual Meeting and Educational Leadership Conference

*Living the Old Age We Imagine: Higher
Education in an Aging Society*

March 17 - 20, 2011

Hilton Cincinnati Netherland Plaza
Cincinnati, Ohio

In & Around AGHE

HIRAM J. FRIEDSAM MENTORSHIP AWARD: WHO MOST INFLUENCED YOU?

Take the time to let them know they made a difference!

Nominations Due July 1, 2010

AGHE'S AWARDS COMMITTEE IS SOLICITING NOMINATIONS FOR THE HIRAM J. FRIEDSAM AWARD

PURPOSE OF THE AWARD

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.

ELIGIBILITY CRITERIA

Nominees must have contributed to gerontological education through excellence in mentorship to students, faculty, or administrators and have advanced the goals and mission of the Association for Gerontology in Higher Education. At the time of the nomination, the nominee must be affiliated with an AGHE member institution.

BENEFITS

The awardee receives a plaque presented at AGHE's Annual Meeting. The awardee receives complimentary registration, a hotel room for one night and a \$500 cash award. The awardees will be asked to make a presentation on mentoring at AGHE's annual conference.

NOMINATION PROCESS

To be considered for the award, the nominator must submit, via email, a nominations packet that includes 1) a primary letter of nomination, 2) a maximum of four

supporting letters of nomination, and 3) a copy of the nominee's curriculum vitae. Only electronic submissions will be reviewed.

If at all possible, the nomination packet should be in the form of one, PDF file that includes all of the required material. Nomination packets should be sent to Awards Committee Chair at committee Chair's email address and to aghe@aghe.org. The deadline for receipt of nominations is June 1st. For questions about this award, please contact Awards Committee Chair, Dr. Kelly Niles-Yokum, at (717) 815-6477 or via email: knilesyo@ycp.edu. The nominator may want to consider whether to keep the nomination confidential from the nominee.

SELECTION

Nominees will be reviewed and an awardee will be recommended by the AGHE Awards Committee with final approval given by the Association's Executive Committee.

In & Around AGHE

GSA Director's Message



*James Appleby, RPh, MPH
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An AGHE Call to Action

One of the more noteworthy aspects of the recent AGHE meeting in Reno was the terrific speech that Dr. Frank Whittington delivered during his acceptance of the Clark Tibbitts Award. In "The Joy of Gerontology: Nostalgia Isn't What It Used To Be," as the presentation was titled, Dr. Whittington straightforwardly delivered his thoughts on the state of AGHE and the steps that must be taken to support its continued existence as an organization.

Dr. Whittington's points were very insightful and his willingness to address the issues head-on was courageous; I decided to reiterate them here in the hopes of maintaining momentum for the change he proposes. (A shortened version of the text of Dr. Whittington's speech is also contained in this issue of AGHEExchange.) His comments derive from a deep understanding of AGHE's history and where it stands today.

The first thing he suggested is that AGHE needs to regain a sense of mission. Everyone involved in the organization should be focused on incorporating gerontology as a field of study within as many institutions of higher education as possible.

The second goal that Dr. Whittington set forth follows from the first. He said that AGHE needs to regain a traditional sense of culture and community. In its early days, AGHE was focused as much on building a discipline as it was focused on building the organization. Volunteer leaders — who actively participated on committees — shared the workloads with those in the staff office, which resulted in close relationships between the two groups.

Dr. Whittington's third recommendation was to explore the development of a new membership base, including individual memberships. The number of AGHE's institutional memberships has declined in recent years,

and welcoming people on an individual level will allow the organization to expand its reach into schools that might not otherwise be part of our sphere of influence.

The final recommendation put forth by Dr. Whittington involves using accreditation as a way of invigorating and defending gerontology programs. As he said in Reno, AGHE is the most appropriate organization to implement this. In other fields such as nursing, social work, public health, and health administration, accreditation has strengthened not only the programs themselves, but also the entities that oversee the process.

I look forward to partnering with new AGHE President Graham Rowles to explore ways that we might implement Dr. Whittington's proposals and begin an AGHE renaissance.

I also must give words of appreciation to Marilyn Gugliucci, whose term as AGHE president concluded in March. Her tenure coincided with a time of extraordinary change and transition at AGHE. I am grateful to her for the steadfast leadership she provided in guiding AGHE during this period. She oversaw the GSA/AGHE ten-year merger review and the successful implementation of its recommendations. I thank her for her service to the organization and congratulate her on a job well done.

As always, I welcome your feedback. Please contact me at jappleby@geron.org to share your thoughts. I also invite you to join me and gerontologists from around the world at GSA's upcoming 2010 Annual Scientific Meeting in New Orleans, which will take place from November 19 to 23. Visit www.geron.org/2010 for complete details.

In & Around AGHE

President's Message

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increased by 6 percent in the past year. Our most recent conference in Reno attracted an attendance larger than expected and preliminary indications suggest that for the first time in several years the event may have turned a profit. Our Endowment has now passed \$70,000 with the prospect of attaining the founding target of \$100,000 in the near future.

Because of Marilyn's leadership, her incredible hard work and her dedication to AGHE, I have been bequeathed the leadership of an Association that is soundly grounded and poised to move forward. Pondering this legacy, my anxiety is quickly overridden by excitement. Yes, these remain challenging times for AGHE, but they are also times of great hope and opportunity—opportunity we must seize.

Like all new Presidents, I have an agenda, a set of ideas that I believe will propel us forward. I hope that many of these ideas will be embraced by our committee chairs, our institutional representatives and all who care about the future of gerontology in higher education. Allow me to list a few of these thoughts.

A huge majority of students graduate from institutions of higher learning with no knowledge of older people or the aging process and no idea of what it means to grow old. In part this is our fault because we are too timid. AGHE must engage with the educational and political establishment and become a stronger voice in supporting the inclusion of gerontological content in general education courses at all levels of higher education.

In a world that places increasing emphasis on credentialing, like it or not, we must acknowledge that those who wish to pursue careers in gerontology are at a professional disadvantage. Their certificates and degrees lack the cache and employment potential of qualifications obtained in other human service fields. It is time to build on our Program of Merit initiative and move toward adopting accreditation standards for gerontology programs. It is also time to actively consider developing a nationally accepted certification for professional gerontologists.

One of the initiatives that have flourished in AGHE over the past few years has been an emphasis on a global perspective. At its April meeting, the AGHE Executive Committee renamed what originated as an International Task Force as the Global Aging Committee. I'm hopeful

that among its activities, this committee will help us to develop and seek funding for an international exchange program for faculty and students that will facilitate the flow of ideas and insights on aging among different cultures. AGHE can play a vital role as the fulcrum of such an initiative.

Students are the future of AGHE. I would like us to place increasing emphasis on embracing students from member institutions in our activities and annual meetings. As was clearly apparent from the active participation of many students in the Reno meetings, this is something that is already happening. Ultimately, students are our business. Let's capture their energy, enthusiasm and passion to make us an ever more vibrant association.

Like most associations, we are in the midst of challenging economic times. We have been tightening our belt and becoming ever more fiscally responsible. But for several years we have been running at a deficit. This must change. One of my goals is to hand over to my successor an Association that is in the black. We can only go so far in cutting expenses. Consequently, a major priority must be developing new funding streams through grants, endowments, and creative revenue-generating initiatives.

While AGHE is an association of institutions of higher education, it is so much more. It is, in reality a large group of people who care with a passion about the role that higher education can play in global education for an aging world. We are a band of people who care about each other. This sense of mutual caring and commitment has been jeopardized in recent years by selective amnesia that has led us to forget our history and many of the leaders and elders who initially forged the Association. I plan to make it a priority to re-embrace our elders and former leaders as sources of wisdom and insight within our community.

As Frank Whittington shared with us in a courageous Tibbitts lecture [re-printed in this issue - see page 1] that will be looked back upon in a few years as a key turning point in the development of our Association, we need to both rediscover our past and move in new directions. I particularly appreciate his citation of Proverbs (29:18): "Where there is no vision, the people perish."

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In & Around AGHE

President's Message

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We must develop a vision of where we want to be in five, ten, fifteen, or twenty-five years. AGHE should be much more than an annual meeting and a bunch of committees. We must look outward rather than solely inward and re-emerge as a player on the national and international educational stage. Developing such a vision involves far more than developing a strategic plan. While strategic plans are essential, they only succeed if based on a clear vision of a destination. Over the past decade our vision has become somewhat myopic. Developing clear vision requires us to imagine, to dare to dream of what might be and to nurture wishes and aspirations that challenge and enrich us. With this as the focus of the first year of my tenure, I have taken two actions.

I have secured the blessing of the AGHE Executive Committee to form a small short-term ad hoc Visions Committee that will include representation from several AGHE generations and will have the charge to think outside the box. This committee is being asked to ignore financial considerations, avoid thinking about constraints, and to develop a vision of what AGHE might be. Frank Whittington has graciously accepted the role of chair of this committee. His committee will be seeking ideas and input from all members and constituencies within and outside AGHE.

The second action is to reinforce what I hope will become an ambiance of change and the excitement of future possibilities in AGHE by making imagination the focal theme of the upcoming meeting in Cincinnati. For the past few years I have been acutely aware of Henry David Thoreau's admonition to "Live the life you have imagined" and have found that I am increasingly trying to make this a motif of my life as I move toward old age. I wonder how often, as an Association, we think about this notion? Thus, I have chosen "Living the Old Age We Imagine: Higher Education in an Aging Society," as the theme for the 2011 AGHE meeting. My hope is that we can translate this sentiment into visions of AGHE's future as an educational leader in enabling people to live an old age they have imagined in a society in which everything is done to make this possible.

There will be three conference sub-themes: "Imagining" [an old age worth creating]; "Preparing" [for the old age we imagine]; and "Removing Barriers" [to living the old age we imagine—too many people never have the opportunity to live the old age they have imagined].

These themes will be expressed within several more concrete conference tracks that will explore the roles, in living the old age we imagine, of: (1) Fiscal Education [financial preparation for old age], (2) Health Education [maximizing opportunities for a healthy old age]; (3) Public Health Education [facilitating an optimum health environment]; (4) Environmental Design Education [including new technologies and the built environment]; (5) Humanities and Arts Education [educating for self-actualization in old age]; (6) Ethics [educating for an ethical and responsible old age that recognizes the obligations that come with living the old age we have imagined]; (7) Caregiving Education [educating elders to provide and receive care within the old age we imagine]; and (8) The Future of Gerontology in Higher Education. I hope that everyone reading this message will respond to the forthcoming Call for Abstracts and will seriously consider joining us in Cincinnati.

I want this to be a positively memorable year for AGHE—a year of change, rededication, excitement and achievement. This cannot be accomplished by one individual or even a small group. We need the involvement of everyone in our Association. And that means you—the reader of this message! Please do not hesitate to contact me with your ideas, suggestions, and even criticisms [growl2@uky.edu]. I'd love to hear from you. Together, let's make AGHE all it can be. As she noted in her final message as president, Marilyn has over the past two years, readied us for take-off. It's time to start moving down the runway.

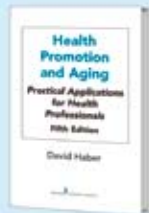
Best wishes,
Graham



CELEBRATING 60 YEARS OF SERVICE TO THE HEALTH CARE AND HELPING PROFESSIONS

NEW & FORTHCOMING GERONTOLOGY TITLES

SPECIAL ANNOUNCEMENT

**Health Promotion and Aging***Practical Applications for Health Professionals, Fourth Edition*

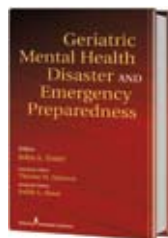
David Haber, PhD

"David Haber has done it again!...Whether you teach, practice or are simply aging I strongly recommend that you keep this book with you...[A] comprehensive review of everything one could want to know about health promotion and aging."

—**Barbara Resnick**, PhD, CRNP, FAAN, FAANP, University of Maryland School of Nursing
Sonya Ziporkin Gershowitz Chair in Gerontology

This new edition has been substantially revised and updated with multiple new sub-sections, topics, and terms in each chapter. The book presents a wide scope of cutting-edge topics including gay aging, Jewish aging, social networking, brain games, the Obama administration's health care reform, mental health parity, Wii™-habilitation, elderspeak, skin cancer, Family Smoking Prevention and Tobacco Control Act, Senator Ted Kennedy's government-run long term care proposal, and sleep-related medical disorders.

May 2010 · 616 pp · Hardcover · 978-0-8261-0598-1 · \$80.00

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John Toner, Therese Mierswa, Judith Howe (Editors)

April 2010 · 448 pp · Hardcover
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**Public Health and Aging**
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Steven M. Albert, PhD, MSc, MSPH; Vicki A. Freedman, PhD

December 2009 · 449 pp · Hardcover
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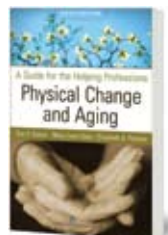
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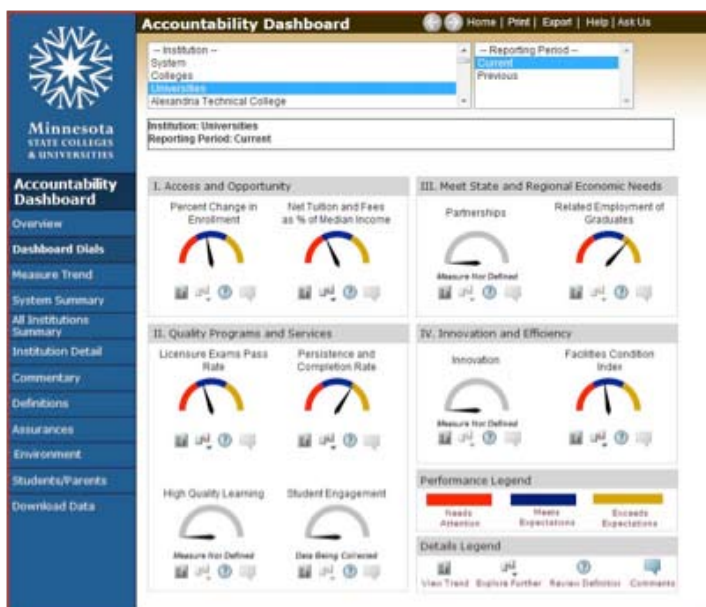
Tech Talk

Dashboards: Accountability Plus Presentation

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Colleges and universities are finding themselves entering a new era of accountability. In response, they are identifying innovative ways to manage and present performance data using *business intelligence dashboard technology*. While I am far from being an expert in business intelligence or dashboard technology, as an educator I believe it is important to be aware of technological developments that might affect my students as they embark on their professional careers.

Dashboards, so named because their appearance is so similar to the dashboards in our vehicles, provide immediate performance snapshots. Organizations are moving away from simple operational reporting toward strategic reporting and visual representations of progress. Increasingly, governing bodies are stressing the connection between performance and strategy. For example, the 30 public colleges and universities of the *Minnesota State Colleges and Universities* system provides a publicly available dashboard of ten measures in four domains. The domains are: access and opportunity; state and regional economic needs; quality and program services; and, innovation and efficiency. Here is a screenshot of the current (2008) Accountability Dashboard restricted to the universities of the Minnesota system:



One sees at a glance where the universities are in need of improvement, meet expectations, or exceed expectations. Using the menus above the dashboard one can examine the entire system, a portion of the system (e.g. only universities), or one college at a time. One can view the current reporting period, or a previous period. In addition to dashboard dials, the site provides a variety of other tables and documents such as trends, institutional details, and comments on the accountability system.

Health and human services agencies are also finding it necessary to visually present their data. Agencies who are increasingly funded by multiple sources need a way to efficiently manage and present the information being required. Using simple spreadsheet technology is no longer useful. The volume of data has become enormous and strategic reporting has become as important as accuracy.

Currently, I have students being exposed to *dashboards* at their field placement sites. They are required to enter their progress notes into a dashboard. While each organization's *dashboard* will be unique, giving all of my students some insight into their purpose and function is on my must-do list. To learn more about *dashboards*, Gabriel Fuchs has developed best practices standards for *dashboard* implementation. His report is free from idashboards.com by accessing the resource page. You will be asked to register, after which the white paper will be emailed to the address you provide. There are several white papers from which to choose, including *iDashboards* in Healthcare.

What Works!

Using Facebook® to Engage Students

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Higher education in gerontology is essential for training tomorrow's workforce. We are all keenly aware of the growing elder population and how many workers, at all skill levels, will be needed to provide services and care for this generation. The goal of gerontology programs nationwide is to prepare future workers by providing a framework for the process of aging within a biopsychosocial context.

An important educational tool is to connect students with professionals working in the field. The programmatic service learning model developed by the Department of Gerontology in the School of Allied Health at Virginia Commonwealth University (VCU) focuses on career development through gerontological content, service learning experiences, and individually-tailored student advising sessions. Students have the opportunity to network with professionals and gain experience working with elders in all core gerontology courses. Our goal is to connect students with the community by participating in service learning course work, encouraging informational interviews, attending community programs and events, and by welcoming professionals of all sub-fields within gerontology to provide guest lectures in our courses. Our community engagement approach encourages students to think about how they fit into the network by analyzing their strengths, weaknesses, and future career interests. We have had great success with these methods; however, with many of our students working full time, caring for families, and attending school simultaneously, we realize that many people simply do not have the time or resources to network face-to-face.

Like many of our colleagues, the faculty and staff in the Department of Gerontology at VCU discovered Facebook®, an online social networking site, the purpose of which is to connect people with others from their past and present. They create a network by "friending" people they know, which gives them access to each other's online profile. The online profile contains details such as location, education and work, contact information, and areas of personal and professional interest. Another notable component of Facebook® is the ability to form and join groups. Groups provide a unique webpage where announcements and events can be posted; group members can communicate through blogging or by participating in discussion forums. Since Facebook® is advertisement-supported, onscreen advertisements are targeted to users based on their individual profile content. Facebook® users with gerontology interests could receive exposure to some commercial products, events, and other materials relevant to older adults.

To date, there are 124 gerontology-related groups on Facebook®. Many of these groups are representative of gerontology programs nationwide, other groups represent councils, institutes and honor societies. With this increasingly popular technology in mind, the Department of Gerontology at VCU created a Richmond Aging Network group and a Gerontology Alumni group within the Facebook® community. These groups, comprised of students and professionals, have become a new mechanism in our toolkit for promoting careers in aging. The top five reasons why we feel Facebook® is useful for gerontology programs are:

1. It is free to join and there is no charge to create or manage a group. In today's climate of budget cut backs and limited funding, this offers a significant source of advertising and information sharing with no expense or maintenance costs.
2. It provides avenues for practicum projects and promotes the sharing of information and potential job opportunities.
3. Provides a method of keeping alumni connected with university and department events and educational opportunities.
4. Unlimited potential for reaching untapped networks and groups in a very timely manner. Once an event is posted on a group wall, for example, it can be quickly circulated among not only the group members, but also the individual networks of the group members. This function is very valuable when promoting an event, recruiting new students, and developing relationships with community agencies.
5. A convenient function of a group is having the ability to send mass email messages without having to maintain a database of addresses. Since members choose to join or leave a group at any time, it is unnecessary to have an opt-out function as well.

We envision this group as a central communication portal and online gathering site for sharing events, updates, information, and newsworthy topics for the local community. This online networking model can provide a multitude of opportunities to connect students, professionals, and alumni within your own local community and within the nationwide network of gerontology programs and higher education institutions.

The *Academic Program Development Committee* produces the *What Works!* column. It is intended to be a mechanism to assist academic institutions to develop, strengthen, and improve their gerontology, geriatrics, and aging-studies instructional programs by sharing programs, teaching methods, and other educational and training tools that have been implemented in various institutions.

Community College Corner

Active Aging: Searching for 21st Century New Gerontology Paradigm Planning at Kapiolani Community College

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After four years of development and implementation, Kapiolani Community College's Kupuna (Elder) Education Center in Hawaii has much that it can be proud of. It has established a series of continuing education courses for the community, created a center with permanent staffing, hosted a website and networked widely in the community. As the Kupuna Education Center begins planning its next 5-years, there is reason for both excitement and apprehension. On the one hand, excitement is generated in the opportunity to meet the challenge of a rapidly growing elder population. On the other hand, apprehension stems from the status of gerontology programs because the level of student interest in gerontology and more specifically in certificates of gerontology has been waning. The question is how should gerontology programs plan for the future? How do we attract students, meet the community need and achieve financial viability?

While there may be a number of factors involved, I suspect that gerontology is facing a public relations challenge given the general focus on a need-driven and its pessimistic view of the plight of the elderly. Gerontology as a whole has tended to emphasize sick care rather than well care. Older people are often viewed as beset with complex chronic health conditions, long-term care needs, and frailty. They are blamed for the increasingly high cost of care and our national debt. Aging is often viewed as a major reason for the fiscal insolvency of both the Medicaid and the Medicare systems. Gerontology in many respects seems to have been tolerated but not embraced by scholars, students, and the general public. Perhaps as long as gerontology is viewed from this negative, pessimistic, need-based, and sick care perspective, its ability to create excitement and command attention may be limited. How then can a paradigm shift occur?

The Kapiolani Community College's Kupuna (Elder) Education Center has established several programs for family caregivers and direct care paraprofessional workers. Now, it will be embarking on initiatives related to an unfinished agenda - active aging. This is a shift from a sick care to a well-care focus of aging. While we have created some short-term training and activities on the multi-faceted aspects of active aging, no systematic theme has emerged. Will our Center be able to increase the attractiveness and popularity of gerontology as a result? Is it possible that Active Aging

could become the New Gerontology for the 21st Century? How do we accomplish this paradigm shift?

At the present time, there seems to be a wave of activities focusing on active aging and the positive themes of well-aging. The World Health Organization's (WHO) Active Aging policy framework in 2002 has been widely regarded as an important springboard for international support for this movement. Within the past decade, new terms such as positive aging, vital aging, Third Age, productive aging, successful aging and healthy aging are becoming commonly used. We are also witnessing the science of anti-aging medicine and the conceptual clarifications of the dimensions of multi-faceted meaning of wellness. New academic respectability is emerging as new centers such as the National-Louis University's Center for Positive Aging, Brigham and Women's Hospital's Positive Aging Resource Center, and Korea's Research Institute of Science for the Better Living of the Elderly (RISBLE) conduct evidence-based research and create innovative programs from an assets-based perspective. New journals, newsletters, and numerous books on wellness and positive aging themes are also appearing in increasing frequency. Conferences both national and international including many sponsored by the Active Aging Consortium for Asia Pacific (ACAP) and the International Council on Active Aging are occurring annually.

Kapiolani Community College will begin down this path in search for new opportunities to target active retirees, their strengths, assets, and interest for continued contributions to society. Will this lead to increased enrollment? Will it lead to increased interest? Will it help create a more financially viable gerontology program? Will it help us recruit more elders to become engaged? Can it transform our concept of aging and unleash the potential of Third Agers to engage, to volunteer and contribute? We are not sure but we believe that this is a direction worth pursuing since what has taken place to date has not worked well. Does this mean that our long-term care paraprofessional training is terminated? Absolutely not. It will continue and hopefully will expand as our center continues to collaborate and seek to add partnerships over time.

However, our future path will probably entail transforming how we view gerontology from sick care to well care, from deficit-focused training to an asset-based training. Even the demographic tidal wave which we have metaphorically referred to as the "aging tsunami," may not be the right paradigm. This metaphor may be too much a part of the old doom and gloom mentality that has so afflicted Gerontology. Perhaps, what we are envisioning is a view of aging as part of the life course perspective of continuing interrelationship of families, of roles related to life stage, of generational interactions, and intergenerational support. Perhaps what we are envisioning are methods of unleashing the power and potential of elders to create better communities.

Geriatric Education

Urban versus Rural... Are there really differences worth noting?

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An increased focus on geriatric education within professional training programs has led to a marked difference over the past decade in academic training for professionals about gerontology and geriatrics. However, the focus may still need further emphasis, especially when training practitioners to consider ministering to rural versus urban population groups. Most recently, the Institute of Medicine's report on workforce development *Retooling For An Aging America: Building The Health Care Workforce* (2008) laid out an agenda for preparing our workforce to deal with an aging population in America. All too often, a focus on geriatric education is on the older adult in general without examining the subtle or stark differences that there may be when we consider context or culture. A general assumption is that all older adults and caregiving situations are similar, regardless of location. However there are a host of differences that older adults living in rural communities experience when compared to urban settings, and these are worth noting. These distinctions between urban and rural also have some specific implications for workforce development. These distinctions will be addressed in this short article.

A number of dilemmas and issues are pertinent for older adults living in rural areas to include a dearth of research conducted in rural areas; limited access to programs such as Medicare Advantage, health disparities; transportation issues; limited programs/resources and telehealth programs.

Contrary to what may be perceived as a "community safety net" in rural communities, research has suggested that older adults living in rural communities may actually have fewer social supports available to them. Given the lack of industry and economic options in rural communities, there may be fewer available people to rely upon for home health services than people living in urban areas. Thus, although there may be a community of emotional support, the emotional safety net may actually be within the same age cohort and as needy as the older adult themselves.

Medicare Advantage programs are offered within networks based upon population and demographics and provider availability. Older adults living in rural communities are more likely to have fewer options within Medicare Advantage programs, and fewer opportunities for such programs as well.

Another dilemma for which the workforce needs to be prepared is the higher number of people with dementia living in rural programs, when compared to urban areas. The nature

of limited resources available in rural areas leads people to rely more heavily on their own personal resources, and remain within their homes with more functional limitations than people residing in urban communities. This dilemma lends itself to heavier and more complex care needs on the part of the workforce. This problem is also exacerbated in communities designated a medically designated shortage areas.

Children from rural families leave the older parent on the homestead but migrate to cities for jobs due to the limited economic opportunities available in rural settings. The end result is fewer opportunities for intergenerational learning and few opportunities for home-based supports and home based care, since their familial resources are limited. Some rural communities demographically are comprised of a high proportion of very old and very young, with a limited census available to take on the caregiving roles needed for frail elderly. Caregiving is also carried out "at a distance" by children residing at a distance with generally more miles between the distances for rural parents versus offspring caring at a distance for parents living in urban centers.

Transportation is often limited in rural communities and commonly many rural communities have limited or no public transportation system. The end result of this dilemma is that more people may be driving long past the time when it is safe to do so. Older adults may need to rely on transporting themselves to medical appointments at least one town away or may not be able to attend specialty appointments, because they either cannot drive themselves or they have to rely on others for transportation.

Although natural transitions from one's domicile to a smaller residence include Assisted Living Facilities (ALFs) for many adults as they grow older, this trajectory may not be realistic for people in rural communities. Fewer ALFs have been reported to be options for older adults living in rural communities (Hawes et al, 2005) and differences in services are also apparent. According to a nationwide study conducted by Hawes and colleagues (2005), rural ALFs were found in fewer towns within rural communities and were not as prevalent when compared to urban communities.

A review of data on mobility limitations from the 2000 census revealed that there was a higher incidence of mobility impairment for older adults within rural communities when compared to urban communities. Some of this increase in morbidity can be accounted for by the fact that fewer people live in rural communities when compared to urban, and thus, there is a smaller population base to make comparisons to when compared to urban settings. In some cases, rural communities may have at least 50% of its population 65 years of age and older with at least one mobility impairment.

Telehealth options, while available within rural communities as an alternative to specialty care, are limited. Increasingly, we are seeing telehealth programs spring up and provide

Geriatric Education

opportunities for remote rural communities to gain access to medical and specialty care; however, the specific numbers of sites are still limited to telehealth sites managed by academic or medical school partnerships and few states have introduced telehealth as a standard practice for care within its remotest and rural communities. Thus, access to healthcare faces more challenges for older adults living in rural communities.

Grandparents raising grandchildren, although increasingly seen in families as this decade has progressed, may have different impacts for second-time-around parents in rural communities. Social issues such as the current war efforts, substance abuse, parental divorce, and job mobility have placed increased demands on grandparents to assist in rearing grandchildren. Rural settings pose additional challenges to these families due to limited fiscal and informational resources available to second-time-around parents. Housing options that cater to elders are also limited and these policies do not include opportunities for long-term guests who are children.

Although many of these differences may seem subtle on the surface, in reality they are dramatic and require significantly different approaches to managing care in rural communities.

These distinctions can make a world of difference in the efficacy of interventions within rural settings. Thus, consideration of these issues is important in the preparation of our workforce of the future.

References

Institute of Medicine. (2008). *Retooling for an aging America: Building the health care workforce: A report from the Institute Of Medicine*. Washington, D.C.: Government Printing Office.

Hawes, C., Phillips, C. D., Holan, S. Sherman, M., & Hutchinson, L. L. (2005). Assisted living in rural America: Results from a national survey. *Journal of Rural Health*, 21(2), 131-139.

Jurkowski, E.T. (2008). *Policy and program planning for older adults: Realities and visions*. New York: Springer Publishing.

U.S. Census Bureau. (2000). Retrieved from <http://www.census.gov>.

Distinguished Teacher Honor & Part-Time Faculty Recognition Nominations

Distinguished Teacher Honor

Recognizes persons whose teaching stands out as exemplary, innovative, of impact, or any combination thereof. The Distinguished Teacher Honoree will provide a highlighted teaching workshop at the annual meeting of the Association for Gerontology in Higher Education.

The deadline for nominations for the 2011 Distinguished Teacher Honor is **October 1, 2010**.

Part-Time Faculty Recognition

Nationwide, reliance on part-time and/or adjunct faculty to teach gerontology courses is very high. Without the efforts and dedication of these individuals, often at extremely low compensation, gerontology programs might not be able to deliver a full curriculum. This program formally recognizes part-time faculty for contributions to gerontological education. Note: This is a form of recognition rather than a competitive awards process. Several individuals may be recognized each year.

The deadline for nominations for 2011 Part-Time Faculty Recognition is **October 1, 2010**.

For More Information & Questions

More information about each of these awards, as well as the specific criteria and nominations process, can be found on the AGHE website, <http://www.aghe.org>. Select "About AGHE" from the left menu, and then select "Recognition (Awards)." Click on the award for which you would like information.

Should you have additional questions, you may contact Leland "Bert" Waters, III, M.S., AGHE Faculty Development Chair, at lhwaters@vcu.edu.

Clark Tibbitts Lecture

Tibbitts Lecture

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“leadership shift,” as the first generation of gerontologists (our own “Greatest Generation”) began to retire from their university and college posts. AGHE turned to younger, boomer-generation leaders in the late 80s and 90s as the founders began to pass from the scene. There is nothing inherently wrong or unstable about generational succession, if the organization has prepared for it. I believe AGHE largely failed to see that natural transition for the crucial shift it was, even as it was occurring, or to plan for it wisely. Now, we are facing another such leadership transition, and I’m not aware that we have given this any thought at all.

4. A final weakness of the field—and of AGHE—is that it has always been dominated by the larger institutions, the universities, where resources were greatest. This may have been predictable, but it was not smart or fair. Faculty from 2-year or small 4-year schools certainly possess both the intelligence and the leadership skills to function well in a national arena. We simply have always gravitated toward leaders from larger institutions. I am aware of only one candidate for AGHE president from a community college (he lost) and very few from schools without graduate programs.

So, what is our current situation? First, what about our members? Some programs of long standing and, we thought, permanence, have been abandoned, cancelled. They died. Or, they were absorbed into larger units that cared less for their involvement with AGHE. From what I hear, this is a trend that is likely to continue. Many programs that were planned or tried did not “make it.” They never were established or they could not survive the normal buffeting of the first 3 years: unkept promises, budget crises, leadership discontinuity, poor planning, faculty conflict. Most of these programs never managed to find AGHE, or if they did, they didn’t have time to use its advice or support system.

The most important and most destructive fact of current AGHE reality is this: Many new programs that did survive and did join us in the 90s or in the past decade simply failed to receive enough of the benefits of membership that most of us remember as the powerful attraction to keep paying dues and never to miss the annual meeting and, eventually, to volunteer for work on a committee. They did not see enough value in belonging to the organization! How many members did we lose for this reason? We’ll probably never know. They are at home working hard on their programs,

saving their money for meetings they value or for other important benefits for their program.

What has happened to AGHE itself? Despite the efforts of many well-meaning, hard-working folks, including all our leaders and staff members, I believe that AGHE today is less visible, less respected, and less productive than it has been since the early 1980s. After the last decade of steady, though manageable decline, our membership has nose-dived in the past 3 years from 270 members in 2007 to only 140 today. So many of our presumed “core” members have dropped their membership, we can’t keep track. We have made some efforts to get them to come back and pay up, with limited success. The economy hasn’t helped but I don’t think that is the issue: We have little to offer them. The real tragedy in this situation is that they may discover they can live without us.

I strongly believe AGHE’s present difficulties began with the departure of Betty Douglass and our merger with GSA. Certainly, Betty is not to blame and those who advocated and crafted the merger were not ill-intentioned. Just the opposite: they were trying their best to protect AGHE and insure its existence. I know because I was one of those, a member of the Merger Committee. Nor do I blame GSA in any way. They simply were acting in the best interests of GSA, as they perceived them. Exploratory talks between AGHE and GSA began in the mid-1990s, culminating in a merger agreement in 1998. With heartfelt respect for the intent and efforts of my colleagues among the membership and staff of both organizations, things just haven’t been the same since.

For AGHE the merger created an administrative double-bind. First, we have had to reduce our staff from 4 to 2 (here I mean those people on the AGHE budget payroll and whom we could count on and control). Second, we have had to rely much more on GSA’s staff for our core functions, including financial management, meeting planning, committee support, and marketing. Their abilities may be superior to ours of past years; I don’t know. Their products are certainly slicker, as befits a larger, more financially sound organization. But as both the authors and consumers of AGHE’s products, we members have become alienated from the means of their production. We do not directly pay the people who do our work for us, and we certainly do not control them. We do not even know them, nor they, us. Lines of

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authority and responsibility that once were understood and taken for granted by all active AGHE members, are no longer known by most of us in AGHE.

Current AGHE leadership is as smart and motivated as any I have served with in the past, and they are committed to solving our problems and returning AGHE to a better place. But I am not optimistic—unless we adopt a radically different strategy than we have used over the past 10 years. Even if we choose a different path, I'm not certain of our success. But I am quite convinced that “business as usual” will lead to AGHE's extinction. If you doubt this, just glance at AGHE's finance report for the past three years or speak with Kathryn Hyer, our treasurer. In 2008, we operated at a deficit of over \$70,000, and we are on track this year to “lose” about \$50,000. How can we sustain such losses and survive, you might ask? We do so for the moment because GSA absorbs those unfunded costs. Obviously, that cannot continue indefinitely. It is our responsibility to dig our own way out.

Past Glories: Culture for a New Day

On that happy note, let me return to my main message. As you can see in the program, the title of my talk is: *The Joy of Gerontology: Nostalgia Isn't What it Used to Be*. When I have mentioned this title to some people, I have seen them smirk, then laugh, and finally say something like, “Oh, I get it.” They know, as all of you do now, if you were listening a moment ago, that I am married to Joy Lobenstine, and many of you also know that Joy once worked for AGHE. In fact, she worked there for 14 years, having been hired by Betty Douglass in 1980. Together, Betty and Joy and many AGHE volunteer members built a fledgling association of just a few schools into a thriving, healthy, vibrant organization that eventually had over 320 institutional members. So my biases should be clear.

However, if you were involved in AGHE in those days—the 1980s through the 1990s—you know I am not exaggerating when I say that the Association was expanding, becoming increasingly effective, growing in stature, and, above all, fun. To be involved in establishing a new field and contributing to the institutionalization of it through the only national association devoted to gerontology education was both meaningful and exciting. AGHE was my professional home, a precious gift in a very difficult world, and I know it has been—and continues to be—that for many of you.

GSA also was extremely important to our research goals and nurtured our scholarship, but it was AGHE that encouraged us to be teachers and taught us how—to teach, to found programs, to recruit and mentor students, and to seek a secure and honored place for gerontology within academe. And it was AGHE that nurtured our souls. Those of you who were there might even describe AGHE meetings as “joyful” events. When they were over, we were sad to leave our friends, but we returned home with a renewed sense of purpose and determination—and always with new tools and ideas. Of course, we still have fun and experience some of that old feeling in today's AGHE—just not enough.

Before you begin to feel nauseous, I must admit that I am aware of the pitfall of nostalgia: thinking, as we get older, that in the past (our younger years) times were better, our lives were more exciting, and the very sky was bluer than it is today. In fact, it is probably a universal reaction to aging and loss, expanding our rosy view of our own past abilities to include our surroundings and experiences. But, like so many things, nostalgia isn't what it used to be—and I don't think my memory is all that faulty. If it is, I suspect I have a lot of company. Nevertheless, I want to use my observations of the “old AGHE” (or the “younger AGHE” if you prefer) as the basis for proposing a new foundation for our association. In sociological terms, I will invoke AGHE's culture as a guide for re-making AGHE's structure.

Certainly, the earlier AGHE—young AGHE—had its share of failures, disappointments, and stresses. But the general direction was upward and onward. We were doing “God's work” and we knew it. Apart from Betty and Joy, none of us was paid for AGHE work, and additional staff were hired only as association income improved with the award of grants and the expansion of membership.

As I have lived through these last 10 years of AGHE's struggle and been involved in several ways, I have noticed a deeply disturbing difference from the process, the outcomes, and the feeling of the earlier era. But to avoid a completely negative tone—because, as you will learn, I AM hopeful for our future—I want to enumerate what I consider the principles of the “Joy of Gerontology”—those hallmarks of the Association in the earlier days that made our work joyful and which we need to recapture.

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First, there was a clear sense of mission. Our early leaders had agreed it was important and necessary that gerontology as a field of study be incorporated into all of higher education. That was the goal and everyone understood it. We were not trying to build an association; we were trying to build a discipline.

Second, everyone was committed to that goal. While people did disagree on strategy and tactics, and not everyone got along, there seemed to be no conflict over the ultimate goal. And everyone knew it would not be easy, requiring long years of hard work. But no one shied away from that work.

Third, we had a firm understanding that it was not the job of the staff but OUR job to do the work. We weren't helping the staff; they were helping US accomplish OUR goal. Thus, much of AGHE's work was done by the members. We didn't refer to ourselves this way, but we were volunteers, and volunteerism was simply the necessity and the norm.

Fourth, partly because of the shared goal, the shared commitment, and the shared work, we felt kinship and camaraderie with our fellow workers, the essential elements of community. Our sense of our community was real: we knew each other by name, the staff knew us by name; and we respected the division of labor that, we believed, would ultimately help us achieve our collective goal. I am not exaggerating: if you called the AGHE office in those days, you would be known and visited with as a friend, and your problem would be worked—and likely solved—immediately because you were part of the family. Today, email is our communication tool, and it is beating community to death. Then, Executive Committee meetings were marked by much laughter, family feeling, and homey touches, including sensitivity to newcomers, clear expectations, shared hardship, and chocolate chip cookies.

Fifth, this sense of community meant we functioned as much like a primary group as we did a secondary group, which might have been predicted for a professional organization. At least we often felt and demonstrated the traits of a primary group: we were small (and worked mainly through our committees); we were largely organized along generational lines, with elders assuming leadership and guiding policy, and younger

members supplying the muscle and the enthusiasm; and we developed intense personal relationships based on both shared space, shared work, and affection. All in all, the association was characterized by respect, honor, and interpersonal restraint, with an occasional dose of charismatic leadership.

Sixth, the small size to which I just referred had its own effects. It kept us “poor” with limited financial resources to call upon and, perhaps, careful and hungry. There is, of course, a vast difference between poverty and bankruptcy, which we now face. These resource limitations forced us to meet in smaller cities and less-than-luxury hotels, producing annual meetings that did not overwhelm the attendees, that allowed them to meet strangers, to not become “lost” in the crowd, and to participate. Our smallness and poverty necessitated a human scale in both physical and social spaces. People did not go home from our meetings feeling more alienated from the field than before. They went home saying they had “enjoyed” the meeting and that they wanted to return next year.

Seventh, and finally, at least during the 1980s and 90s, and even into the new century, we could claim—and feel—success. We accomplished several intermediate goals and began to view our larger goal as at least within sight. We learned to get grants to produce data and intellectual products that defined and fed our hungry field. The Levi Strauss Foundation, the Pew Foundation, the Ettinger Foundation, the Andrus Foundation, and the Administration on Aging all recognized, utilized, and supported AGHE in developing gerontological education. Our goals were consonant with theirs, and the relationships were mutually beneficial.

By the mid-to-late 1990s, the association had grown dramatically, and its membership represented the very thing we sought: gerontology (and later geriatrics) was becoming an integral part of the higher education landscape. Our association's health as an organization was testimony to its success in goal achievement. The context of our past growth and success, therefore, were: 1) clear goal articulation, 2) strong member commitment, 3) a willing volunteer pool, 4) a developing sense of community and primary relations, all of which were abetted rather than hindered by 5) small size and 6) limited fiscal resources.

Clark Tibbitts Lecture

The Way Forward

I have not identified our recent weaknesses for sensation or to be mean. It would be easier to ignore them and hope for better days ahead. But I sincerely believe we will have no future unless we confront our current weaknesses and find a better business model.

At the conclusion of every meeting, no matter how small, our African colleagues address themselves to a single question: "What is the way forward?" That is my goal today. For I believe our next steps are crucial if we are to survive as an association and our field is to thrive. Our "way forward," I believe, must involve some combination of the following 4 steps:

1. We must regain a sense of mission. This may involve recapturing the original mission or finding a new one. As the writer of Proverbs (29:18) points out: "Where there is no vision, the people perish."

2. We must regain our traditional culture and sense of community. It will never be the same as before; I know that. But I think we have lost some of our joy and must recapture it if the rest of our plans are to succeed. We must find ways to make our meetings more inclusive, attractive, and fun. We must share the excitement of our cause, our movement, with all who wander past our tent.

3. We must dramatically expand our membership base. This will not be easy. As I have noted, our institutional membership has declined steadily over the past decade and dramatically over the past 3 years, but we really know very little about the patterns and trends in membership over the past 30 years. I credit Steve Cutler with sharing some systematic "quantoid" thinking about our dilemma: He suggests we need to know: (1) the total number of members AGHE has had since it was established; (2) how many of the total have dropped their membership; (3) how many have dropped after various intervals of time (1, 5, and 10 years); and (4) how long the 140 current members have belonged. Different but complementary emphases and questions follow from each set of figures. I would add that we also must know who has left us and why, rather than relying on the guesses we often employ to explain membership fluctuations.

Regardless of the answers to those questions, I believe the time has come for AGHE to consider individual memberships. I know this departs from our

founders' vision, but the institutional membership-only model is no longer working, and we absolutely must find our market soon, or we will continue to wither. I know the advantages of institutional membership and the disincentives associated with individual memberships, but I believe we are smart enough to find the proper balance.

4. Beyond a new membership model, we need a new business model. After a career devoted to the notion of academic freedom of thought and action and control of disciplines by local elites, rather than national ones (hey, I'm a sociologist; nobody cares what we do), I have had a revelation that has almost—almost—changed my view of the right direction for gerontology. This is, for me, a profound and fundamental shift that I did not make lightly.

I believe it is time for the field of gerontology to consider accreditation as a next step in our development. Obviously, I also feel that AGHE is the appropriate body to propose such a step and administer a program. I am increasingly convinced that this is a natural and perhaps inevitable development along gerontology's road to recognition and acceptance within academe and within the larger society.

I do confess that when AGHE established its Program of Merit program in the mid-1990s, I was one of those who questioned its need and foresaw a negative impact on some of our programs. I continue to believe POM was a mistake, but now for different reasons. It has turned out to be a weak, ineffective effort, mirroring the strength of AGHE itself. After more than 10 years of work by a dedicated few, the number of programs certified as a "Program of Merit" stands at 12. I deeply appreciate the vision and hard work of those who conceived and have shepherded this effort, but I think we should agree that this outcome points to two fundamental weaknesses: POM has little recognition and no real clout. But, the Program of Merit initiative has given us significant experience and a huge head start, so I think we should capitalize on those advantages and begin to consider how we can build on POM to develop an accreditation system that will work for the field.

I do not profess to know how we should approach accrediting programs or establishing our right to do so. But I have seen the positive impact of accreditation on nursing, social work, public health, and health administration, and I am aware of its powerful impetus to program quality and security in other fields, both inside the health arena and out.

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Clark Tibbitts Lecture

Tibbitts Lecture

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I do not pretend that the only reason I make this suggestion is for the good of the field. I am also keenly aware of the possible salutary consequences for AGHE. Being the arbiter of accreditation would vault us into a powerful position—and also a difficult and controversial one. We should have no illusions that the field would immediately accept our leadership and give us a mandate on this issue. If you lived through the Standards debate of the late 80s and early 90s, you would know better. But there are intriguing structural arguments for this step that do not rest on our association's need for a new mission.

At this point, I want to acknowledge the influence of my colleague Anabel Pelham (San Francisco State University), whose gentle prodding and effective arguments over the years have finally helped me accept the possibility of her fundamental premise: the field needs accreditation in order to grow and prosper. Let me share her reasoning:

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.

I suggest we at least begin to investigate what would be involved in developing an accreditation model, gather data from which to construct such a model, and begin to map out a plan.

Conclusion

I believe we are at a crucial point in the development of gerontology education. Like thousands of animal and plant species every day, we can become extinct. In many of our institutions, we already are an endangered species of academic life. Old people will always be with us, and their numbers will continue to grow. Universities will, too. But we may not be there to lead; academic gerontology programs—and by extension, AGHE—can become irrelevant to both old people and

our own universities. We are in danger of a “Planet of the Apes” scenario: we are making such a mess of our little world that other species of academic life (public health, perhaps) may take it over and remake it in a way we won't like.

But I also believe we can make a comeback, get back on track, and save ourselves. Through our farsighted effort to establish an AGHE endowment, for which we all should thank Betty Douglass and Graham Rowles, we have a wonderful beginning and a huge advantage. But I have outlined four other steps I believe we must take to regain our footing and return to health. We must:

1. Recapture the sense of mission we used to feel about gerontology.
2. Return to the “AGHE way” of doing things.
3. Develop a new membership base, perhaps involving individual memberships.
4. Explore accreditation as a way of invigorating and defending gerontology programs.

I'm aware that what I am proposing is revolutionary and that organizations are inherently conservative. I know each of us probably is fearful of the conflict and likely pain of a revolutionary initiative, such as re-tooling AGHE's mission, membership, and program, while at the same time trying to recapture our former culture. I'm not saying it will be easy—just that I think it is necessary.

Perhaps this is a hopeless task. As moviemaker, Samuel Goldwyn said: “If people don't want to come see your movies, you can't stop them.” I can only hope not. Or, it may be that other, better minds will think of better solutions to our problems. I hope so. But I am quite convinced that we have reached a crucial moment in our history and must seize the initiative, rather than shrink from it.

As my spiritual advisor, Major Frank Burns, the most underappreciated member of the MASH team of surgeons, used to say: “Courage is something we just can't be afraid to have.” If we can find the courage—and wisdom—to confront our current crisis, I believe AGHE can achieve its stated goal of being the most effective gerontology education organization in the world.

Teaching & Learning Resources

New NCHS Data Briefs on Nursing Home Care

Christine Caffrey, PhD
Centers for Disease Control and Prevention's
National Center for Health Statistics,
Division of Health Care Statistics,
Long-Term Care Statistics Branch

The National Center for Health Statistics (NCHS) released two new data briefs, which provide valuable information about nursing home resident needs, care quality, and potential opportunities for prevention.

"Potentially Preventable Emergency Department Visits by Nursing Home Residents: United States, 2004" finds that in 2004, 8 percent of U.S. nursing home residents had an emergency department (ED) visit in the past 90 days. Among nursing home residents with an ED visit in the past 90 days, 40 percent had a potentially preventable ED visit. Injuries from falls were the most common conditions accounting for potentially preventable ED visits by nursing home residents. Nursing home residents who had a potentially preventable ED visit in the past 90 days had shorter lengths of stay and more medications. To view this data brief, visit <http://www.cdc.gov/nchs/data/databriefs/db33.htm>.

"Prevalence and Management of Pain, by Race and Dementia among Nursing Home Residents: United States, 2004" finds that in 2004 about one-quarter of nursing home residents reported or showed signs of pain. Forty-four percent of nursing home residents with pain received neither standing orders for pain medication nor special services for pain management (i.e., appropriate pain management). Among residents with dementia and pain, nonwhite residents were more likely than white residents to lack appropriate pain management. To view this data brief, visit <http://www.cdc.gov/nchs/data/databriefs/db30.htm>.

The data source for both data briefs is the 2004 National Nursing Home Survey (NNHS), a periodic nationally representative survey of nursing homes in the United States. The survey provides information on nursing homes, the services they provide, the staffs they employ, and the residents they serve. To see other NCHS products using NNHS data, visit http://www.cdc.gov/nchs/nnhs/nnhs_products.htm. Public use micro-data files and documentation are available at http://www.cdc.gov/nchs/nnhs/nnhs_questionnaires.htm#public_use.

To get updates on new NCHS products, sign up for the NCHS Long-Term Care Listserv at http://www.cdc.gov/nchs/nhcs/longterm_listserv.htm

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