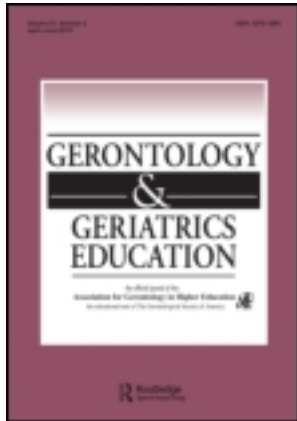


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### Accreditation of Gerontology Programs: A Look From Inside

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## **Accreditation of Gerontology Programs: A Look From Inside**

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*For over three decades, there has been considerable discussion about the development of gerontology education in the United States. A debate about accreditation is a logical outgrowth in this evolution. The dialogue about accreditation raises some important questions and gives gerontology an opportunity to further define itself. Accreditation poses opportunities and challenges that must be addressed to have a valid and meaningful discussion about the future of gerontological education. This article examines the advantages and disadvantages of accreditation for gerontology using the lens of faculty members from these three different academic programs. The authors ask: Is accreditation a good idea for each program? What are the advantages and disadvantages? Is this the right time?*

**KEYWORDS** *accreditation, aging competencies, aging education, aging-related fields*

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## THE ACCREDITATION DEBATE

Throughout the history of higher education specialized accreditation has been a controversial topic (Glenn, 2011). On one hand, accreditation requirements have been considered as somewhat onerous to academic programs, adding costs and regulation with limited benefit. On the other hand, as the university environment has become more competitive and institutions search for every possible advantage, there has been a renewed interest in specialized accreditation (Glenn, 2011). Based on changes in the overall national landscape and the field of gerontology the critical question is whether accreditation is a good idea for gerontology programs and if the associated issues change depending on the specific type and level of the gerontology program. We argue that it is important to pursue accreditation programs for three primary reasons: to help establish a core curriculum for an individual trained in gerontology, to ensure some level of consistency across similar degree and nondegree programs, and to improve employment opportunities for our students and to enhance the match between employers and gerontology graduates.

The initial challenge surrounds the question, what is a person with a gerontology degree minor or certificate trained to do? This is one of the first questions we hear in our introductory courses. At the undergraduate level, many gerontology programs must balance a curriculum designed to provide a liberal education with the needed coursework to help graduates acquire that first job in the field of aging. This tension places gerontology in the middle of the continuum: between clinical or specialty programs such as nursing, social work, accounting, and education, and traditional liberal arts majors, such as sociology, philosophy, and political science. Although there are some gerontology programs that link gerontological education or certification with a clinical degree, such as social work or nursing, for most programs an undergraduate major in gerontology is not a clinical degree. However, students can receive some practical training to work in the field, particularly through a field experience. The accreditation of the nonclinical programs may be difficult as these need to balance the two competing curricular demands.

It is also important to assess gerontology's fit into the higher education system. Is gerontology its own discipline, an emerging discipline, or an interdisciplinary area of study that should be housed within other substantive academic departments? There are those arguing both sides of this issue (Alkema & Alley, 2006; Connelly, 1995; Ferraro, 2006; Lubben, 1995; Sterns & Bernard, 2009; Sterns & Ferraro, 2009). For example, Alkema and Alley (2006) argued that gerontology is evolving as a discipline, meeting the standard definition of an emerging field of study. Others, though recognizing the importance of promoting gerontology as a field of study, believe in a full spectrum of professionals specializing in aging within the disciplines

(Sterns & Ferraro, 2009). Although degree programs in gerontology need to be supported as a key part of the long-term development of the field of aging, Sterns and Ferraro argue that a negative side effect of this development is that people with degrees in gerontology sometimes do not recognize as gerontologists well-trained individuals with certificates, minors, and other specialized qualifications. At present, professionals with degrees in gerontology have also reported difficulty in being accepted by those with degrees in other more established fields. Disciplinary chauvinism has a long-standing history in the academy and certainly gerontology education finds itself in the middle of this academic debate at this point in time. Fields of study from biochemistry to social work have been very much involved in similar debates over the years.

The authors are each from state universities with long-standing programs in gerontology from the undergraduate certificate through doctoral levels. The programs also have longstanding relationships through a statewide organization, the Ohio Association for Gerontology and Education (OAGE), a membership group comprising faculty, aging network professionals, and students in gerontology. The current article examines accreditation in the context of Ohio's rich history of gerontology programs.

#### OPPORTUNITIES FOR GERONTOLOGY EDUCATION AS A RESULT OF ACCREDITATION

There are several areas of opportunity that could result from the exploration and implementation of accreditation in gerontology. These include addressing the question of what a gerontologist should know (and core competencies); the creation of recognizable job categories/classifications of what makes a gerontologist at various levels of training from associate through doctoral; a better discussion and conclusions about what one can do with a degree, minor, or certificate in gerontology; and using the accreditation experience to help shape the future of gerontology. The challenges associated with accreditation for gerontology include the lack of a clear vision about what a student can do with a degree or certificate in gerontology, why the need for accreditation, what are we accrediting, and the costs, economic and staff related, of accreditation to programs.

The accreditation process can assist gerontology by providing a better forum to address the big questions that gerontology has been asking for decades. These include what makes a gerontologist, what are the key concepts that all students in gerontology should know, and where do we fit in between the liberal arts and the applied areas of study? A related opportunity is that we can create a recognizable degree to address jobs of tomorrow and allow our graduates entry into existing careers that focus heavily on older adults and the aging of our population but currently are unavailable in part due to the lack of agreement about the type of training received.

The position of case manager, a growing area in the field of aging, provides an example of a potential area of employment for those trained in gerontology. In Ohio, under current rule, case managers must be licensed social workers or registered nurses. There is no requirement that the individual has any course work or experience in working with older people. On the other hand, undergraduates or even masters-trained students in gerontology cannot serve as case managers, although they can in the adjoining states of Indiana and Pennsylvania. One problem is that the job experiences and functions of case managers have not been well defined, and thus the state has relied on a blanket licensure requirement, rather than a competency-based requirement. One of the biggest barriers to employers using such a competency-based model in gerontology is that the lack of an accreditation process results in an inconsistency in content and core training across gerontology programs and thus specific knowledge, skills, and abilities tied to degrees, minors, or certificates are not available. The third opportunity is that we can better answer the question of what should a gerontologist know? This allows for a dialogue and ultimately consensus of the types of education our graduates should have. A more consistent and common curriculum would be advantageous for the employment world and for graduate programs in gerontology.

Finally, accreditation could help gerontology to better define the expectations associated with various types and levels of training in the field. For example, what differentiates the undergraduate major in gerontology with a master's graduate in gerontology? How will the accreditation process differ for a graduate student with a certificate in gerontology compared to a master's student with a degree in gerontology? What is the knowledge base, theoretical, and methods training that someone with a doctoral degree in gerontology should demonstrate? Each of these questions needs to be addressed before any type of accreditation program can be designed and implemented.

#### OPPORTUNITIES AND CHALLENGES AS APPLIED TO OHIO'S GERONTOLOGY PROGRAMS

Ohio has the seventh largest older population in the United States, and nine active programs that identify themselves as gerontology or aging focused. The size of undergraduate gerontology programs in Ohio that offer a major can be considered small (typically fewer than 50 declared majors) when compared to large disciplines such as English, biology, or psychology but is comparable to gerontology programs nationally. These programs are primarily designed to serve undergraduate students, but several provide gerontological education at the master's and doctoral levels. For the purposes of this article we view the accreditation dialogue in the context of three diverse gerontology programs in the state: Youngstown State

University, The University of Akron, and Miami University. These three programs differ in structure, size, philosophy, and area of emphasis, and we examine how accreditation may affect these programs.

Each of these gerontology programs has a long-standing history. Youngstown State University has been teaching aging-related courses since 1957. It developed a baccalaureate minor in 1986, a 21 credit hour Applied Gerontology Certificate in 2004, and a bachelor's major in gerontology in 2008. The University is currently developing a master's program in gerontology, slated to open in the fall of 2012. Currently the undergraduate Certificate in Applied Gerontology has 45 students enrolled with approximately 10 graduates. The major has 32 current enrollees with five graduates to date. Youngstown has six members of the faculty (4 full time equivalent) teaching in the gerontology program.

The University of Akron began its gerontology instruction with the formal creation of the Institute for Life-Span Development and Gerontology in 1976. The program developed an Undergraduate Certificate, with the first certificate awarded in 1977 and the first Graduate Certificate was awarded in 1978. In addition, other departments have gerontology-related degrees, such as the MA/PhD Graduate Psychology Program in Adult Development and Aging and the Specialization in Industrial Gerontological Psychology in the Graduate Psychology MA/PhD Program in Industrial/Organizational Psychology. The University of Akron has a campus-wide program involving over 60 fellows from 22 academic departments as well as fellows from community agencies. There are 56 students currently enrolled in the undergraduate and graduate certificate programs. The graduate certificate is now a joint venture with Kent State University.

Miami University's gerontology programs, which are affiliated with the Scripps Gerontology Center, started with a master's in gerontological studies in 1977. Since then Miami has added a bachelor's degree in 2000, a doctorate in 2005, and a joint masters in population and social gerontology with Mahidol University in Thailand, in 2009. Miami is one of 10 universities globally offering gerontology degrees at all three levels. Miami has eight tenure classified faculty members teaching full time in gerontology, with 40 active graduate students and 75 majors and minors at the undergraduate level. Miami offers an introductory course in social gerontology as a core social science requirement to more than 700 students each year.

Our three programs provide an example of the varied approaches. The Akron emphasis on certificates and minors was developed to provide core interdisciplinary information on the biological, psychological, and social aspects of aging that is integrated with the student's academic discipline. Miami, on the other hand, developed separate gerontology degrees using a model where students receive a core gerontology curriculum plus other course work that prepares them for practice or research in the field of aging. In contrast to Akron, Miami serves a very small number of certificate students. Youngstown currently offers an undergraduate major, minor, and

a certificate program in gerontology. Do each of these types of programs need accreditation? And how can an accreditation process serve programs with these fundamental differences in approach?

For Youngstown State, with its current focus on undergraduate education, the opportunities that accreditation would provide for the program include national exposure, possible increased resources in the form of tenure track faculty lines and administrative support for an accreditation process, and improved methods for attracting, educating, and placing students upon graduation. This process could help faculty market the program to students and the community. The accreditation process could help the home department of Sociology, Anthropology, and Gerontology better understand the interdisciplinary nature of gerontology. Currently some debate exists on “departmental ownership” of gerontology. The final opportunity is a better ability to explain to employers the value of gerontology degrees. Although strong community support exists for current students and graduates, it is apparent that employers do not fully understand what a degree in gerontology entails (e.g., some still call it a geriatrics program).

One potential challenge to Youngstown State’s program is that it is smaller than other majors, and if the process is too costly it may not receive the support necessary to continue. A second challenge is that many of the faculty are from other departments and have other responsibilities. This may make the accreditation process difficult from a workload standpoint. As accreditation becomes more attractive to universities, the administration may assist with obtaining additional resources, to complete the accreditation process and to have adequate staffing to meet any additional accreditation requirements. The danger for a small program like Youngstown is that if either of these requirements becomes too onerous the administration could opt out completely. At Youngstown faculty may or may not receive release time for the accreditation process. However, if the accreditation body has standards for this, the University will typically follow them. Funds to support the accreditation process and site visit are generally available, but there have been two instances where the accreditation request was denied due to a belief that participation would not affect the students’ ability to work in the field.

The University of Akron offers certificates in gerontology designed to add aging expertise to many undergraduate and graduate programs rather than competing with them. One reason that the University of Akron did not pursue the Association for Gerontology in Higher Education (AGHE) Program of Merit (POM) designation until recently is that additional hours were required to the AGHE requirements. To add required hours, however, necessitates reapproval by the Ohio Board of Regents, because all certificates over 20 hours must be individually reviewed. Despite the links to multiple undergraduate and graduate degrees, to better serve students, Akron has shifted its thinking about the importance of a national approval process in gerontology. The approach to accreditation developed by AGHE or other bodies will need to address appropriate standards for different types of



credentials such as minors, certificates, and specializations in gerontology. Judicious treatment of differing types of degrees and certificates will be important for gaining support for an accreditation process.

Despite educating more than 75 undergraduate majors and minors and more than 40 graduate students, Miami's program still faces challenges, similar to those experienced by smaller units. Where can graduates from undergraduate and graduate programs be employed? What types of positions will those who graduate from a doctoral program have available to them? Similar to other campuses, faculty hold mixed views on the development of accreditation standards and processes. On one hand, there are concerns about costs and programmatic constraints that are inevitably associated with implementing an accreditation program. Even with eight full-time faculty members in gerontology the past application for the AGHE POM took a substantial commitment of time and effort, and there is an assumption that accreditation will require considerably more resources. On the other hand, an accreditation system for undergraduate and graduate programs could assist with student recruitment and job placement. Agreement on the core curricular content would allow gerontology to establish the types of positions that undergraduate and master's students could occupy and eventually such a process could influence regulatory and employer expectations about worker qualifications and preparedness. Thus, despite the costs associated with the accreditation effort, it could provide the mechanism for gerontology education to be vibrant in the future.

## CONCLUSION

A major challenge discussed by Seltzer more than 25 years ago is that it is necessary to articulate a clear vision of what accreditation will accomplish (Seltzer, 1985). Although the debate continues, at this point there is some consensus that we need to accredit programs to ensure that students are consistently educated in the major issues of aging, entering graduate students have been exposed to a basic gerontology curriculum, and our graduates possess a certain level of expertise. What remains less clear is the agreed-upon curriculum to accomplish this goal. National accreditation standards can assist gerontology in shaping our future, helping to ensure the ongoing improvement and evolution of our programs. We can also shape the future by consulting our aging related membership organizations such as the OAGE organization described above. Consultation with critical "user groups" of stakeholders will help to make our graduates marketable. User groups may include government entities at the local, state, and national level; nongovernment organizations; and the business sector, and health care for example. This enables pooling of efforts at each level to allow for consistency across gerontology programs and to reach larger groups of stakeholders than is possible on a single university or even a statewide level through organizations such as OAGE. Graduates from accredited programs

will help to improve the quality of services for the aging population. Further, the accreditation process should encourage collaboration through its requirements. This can further show stakeholders the value of programs and the skills that graduates possess.

Gerontology is at a crossroad as a field of inquiry and needs to determine its disciplinary boundaries and, more important, what type of training it should provide. As discussed, undergraduate-level gerontology is generally midway between the liberal arts disciplines such as philosophy, sociology, political science, and psychology and the more applied fields such as social work, nursing, engineering, and accounting. As such, gerontology needs to balance the liberal arts curricular needs with the necessary training valuable to employers in the field of aging. The debate shifts at the graduate level, but the accreditation demands may in fact intensify. Degrees, minors, certificates, and specializations also need to be clearly articulated as part of the accreditation process.

We contend that the future of the field of gerontology should be partially shaped through the accreditation process. Accreditation is important, and the opportunities presented through this process outweigh the risks. However, the risks must be kept in consideration with each step of the accreditation process, particularly as it relates to costs and faculty resources required. Working to increase the number of students who will receive gerontological education is critical for U.S. society. A national accreditation process would be an important step in our efforts to enhance tomorrow's work force.

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