

# A Historical Perspective in Aging and Gerontology

Patsy R. Smith

**Abstract** The chapter provides the reader with an historical view of aging and gerontology in the United States by focusing on pioneers in the field of geriatrics and groundbreaking contributions to the field. Research leaders who explore how older adults find success in managing the aging process are presented with exemplars of the work that has catapulted gerontology to the forefront of social, political, and healthcare agendas. Highlights capture the work of pioneers across multiple disciplines and presents select accomplishments in research, education, and policy. Milestones include development of organizations focused on aging and gerontology resulting in a proliferation of forums for research support and dissemination of findings. Brief descriptions of the contributions of such organizations provide an overview of growth in the field of aging and gerontology with transcendence of race and ethnicity, economic or political status, or physical ability. A timeline presents notable events in recognition of the legacy established by the collective contributions of others, and inspiration toward the achievements of future generations that focus on aging and gerontology.

## Introduction

Providing a foundation upon which to build the diverse content and multidisciplinary relevance of this book, this chapter provides historical perspective on aging and gerontology, highlighting examples of pioneers and groundbreaking work in the field. This chapter intentionally broadens the focus beyond geriatrics (the health and care of older adults, the ability of older adults to function in daily life, and the quality of daily life for older adults) to applications of research about

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P. R. Smith (✉)

The University of Oklahoma Health Sciences Center, Oklahoma, USA  
e-mail: patsy-smith@ouhsc.edu

the aging process and how older adults manage. This chapter offers no lists of interventions or expected outcomes for specific pathological conditions; instead, the focus is on gerontology as purposed by the National Institute of Aging, Clinical Gerontology Branch (<http://www.nia.nih.gov/research/dgcb/clinical-gerontology-branch>). Important aspects of gerontology include the influences of how change occurs within a disease or physiologic condition and its relationship to the characteristics of that condition in later years. Gerontology integrates the biology of aging, the psychology of coping, and social science of living in an environment that is unique for each individual (Ruiz 1990). Such variability occurs across and within populations, and may be related to genetic conditions, early-life influences or other factors and may remain asymptomatic until later years. Despite the unknowns of aging, the population of centenarians rapidly increases while contributions to the science of aging and gerontology continue to develop.

The study of aging cells and genomics has produced an evolutionary portrait of germ plasm, cell division, mutation accumulation, late life mortality, and other key research findings (Ljubuncic 2009). The pioneering work of scientists who develop evolutionary theories of aging provides the underpinning for understanding longevity (Ljubuncic 2009). Notwithstanding those developments, the aging of populations across the world provides a ripe field for study.

Examinations of gerontological publications reflect a need for greater use of theory to support research (Alley et al. 2010; Fry 1992; Hendricks et al. 2010). Theoretical foundations for research in aging and gerontology appeared approximately 12 % more frequently as the years progressed through publications that were examined in a study of relevant publications in social gerontology from 1990 to 2004 (Alley et al. 2010). These researchers' review of studies in eight major journals revealed an increase of at least 20 % explicit sociology of aging theory use in four of the journals, and a decrease or no change in sociology of aging theory in two of the journals. The most frequently used theories were life course perspective theory and life-span developmental theories. Models of aging were also used in the studies examined, including successful aging models and Andersen's behavioral model of health services use. These researchers discussed the importance of using theory to guide research, explained the findings of research studies, and helped researchers develop interventions (Alley et al. 2010). Study findings supported the work of other researchers (Hendricks et al. 2010) who recognized and recommended greater use of theory to support research that expands understanding and improving of the lives of older adults.

Similar advice was recommended in the early 1990s for counselors preparing to work with older adults (Fry 1992; Qualls 1992). The advice included sharpening knowledge of the developmental stages of adulthood, including knowledge of aging, assessment, and intervention. The focus of Fry and Qualls attests to the heterogeneity of older adults and encourages health workers to engage in learning about what happens among older adults throughout the aging process: aging occurs differently among different populations and within populations. Another important aspect of Fry's work was acknowledgement of the contribution that activity and interactivity make toward life satisfaction among older adults. Fry concludes by

espousing socio-environmental theory as encompassing three factors that influence adjustment to older adulthood: physical living space, psychological abilities and coping mechanisms, and economic resources which support life choices.

The more recent work of Hendricks et al. (2010) supports the continuing need for researchers to include theory as a foundation for gerontological research. The authors examined literature published over a 5-year span in three journals pertaining to the inclusion of theory-based research. Findings indicate the need for application of theoretical foundations in social gerontology research. Hence, the authors called for researchers and journal reviewers to conduct and disseminate theory-based research that clearly demonstrates application to practice. Such has been the focus of the pioneers and leaders in ethnogeriatric research.

## Select Highlights of Pioneers and Policy

Leaders in social gerontology, psychology, medicine, education, and nursing set the stage for groundbreaking work to enhance knowledge in gerontology. The progress in the field is the result of the groundbreaking and phenomenal work of many pioneers both living and those who have passed on. A few contemporary pioneers in the field are highlighted in this chapter only as an initial gesture of celebrating and honoring those whose shoulders this generation stands. These are but a few of the pioneers who have paved the way for a focus on the intersections of aging, culture, and interdisciplinary practice. These highlights are not presented in any particular format or importance rather they are presented as a starting point. The author of this chapter encourages each reader to consider who could be added to this list of leaders and pioneers.

Author and educator, Gwen Yeo is Senior Research Scholar Emerita of Stanford University School of Medicine ([http://med.stanford.edu/profiles/Gwen\\_Yeo/](http://med.stanford.edu/profiles/Gwen_Yeo/)). Her pioneering work in ethnogeriatrics encourages the delivery of culturally relevant care. She emphasizes that the experience of aging must be recognized in context with the unique influences of each person's culture and environment (Yeo 2003, 2009). Noting that the population of older adults is increasing rapidly, Dr. Yeo and colleagues at the Stanford Geriatric Education Center urge interdisciplinary and interprofessional collaboration to embrace the increasing ethnic diversity among older adults by recognizing implications for older adult services in a way that is culturally meaningful. Geriatric Education Centers (GECs), awarded through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration, support education and training in geriatrics. The GECs promote engagement with community members to develop care processes and information delivery to enhance understanding, improving the likelihood that health decisions are well informed.

Barbara Berkman is an iconic leader in geriatric social work having been Associate Director of the Geriatric Education Center in the Division on Aging at Harvard Medical School, and having led the Geriatric Social Work Faculty

Scholars Program funded by the John A. Hartford Foundation ([http://www.gswi.org/programs/Barbara\\_Berkman.html](http://www.gswi.org/programs/Barbara_Berkman.html)). Through programs such as the GEC and Faculty Scholars, Dr. Berkman has mentored and launched numerous social work scholars and educators in aging. Another prominent contribution to the field, Dr. Berkman mobilized and connected a host of experts to produce a reference book addressing the care and services needed by older adults, major disabling physical and mental health conditions, and how social workers might better serve the aging population (Berkman 2006). The text, *Handbook of Social Work in Health and Aging*, provides a pathway to enhance knowledge across disciplines regarding older adults with needs related to poverty, abuse and neglect, immigration, prison, and cultural diversity. Her career includes time as Director of the Ruth D. and Archie A. Abrams Interdisciplinary Research Program at Massachusetts General Hospital, and Professor of Health and Mental Health at Columbia University School of Social Work.

Universities across the country have established centers or institutes of aging excellence. One such Institute on Aging is at the University of North Carolina, and is led by Peggye Dilworth-Anderson, Interim co-Director and co-Lead of the Institute's Aging and Diversity Program. Dr. Dilworth-Anderson is an expert in issues related to health disparities and the care of older adults (<http://www.aging.unc.edu/bio/dilworthanderson.html>). Research in the Aging and Diversity Program is aimed at reducing or eliminating health disparities in dementia care, cancer conditions, and stroke, among other conditions. The work of the Aging and Diversity Program at the Institute on Aging demonstrates the importance of researcher-community collaboration, which benefits local and national communities.

Another example is the University Center on Aging, established at San Diego State University, where E. Percil Stanford is professor emeritus and Charter Director of the Center. Dr. Stanford developed the National Institute on Minority Aging at the Center. A former AARP Senior Vice President and Chief Diversity Officer, he founded Folding Voice to influence the development of policy, business, and agency outcomes related to minority aging. He supported the inclusion of all adults over age 50-years in the AARP business and political agenda, including gay, lesbian, bisexual or transgendered (LGBT) individuals and groups, and other minority communities ([http://www.aarp.org/politics-society/rights/info-06-2009/wisdom\\_of\\_the\\_elders\\_aarp\\_and\\_sage.html](http://www.aarp.org/politics-society/rights/info-06-2009/wisdom_of_the_elders_aarp_and_sage.html)). Dr. Stanford demonstrates commitment to work in gerontology, recognizing the experience and life wisdom of older adults. He has contributed to or served on numerous governmental programs, including work in the Department of Health, Education and Welfare with the Administration on Aging, and Social Rehabilitation Service Programs.

Sandra Crewe, Interim Dean at Howard University School of Social Work, is Director of the Multidisciplinary Center on Gerontology at Howard University (HU-MCG). The HU-MCG began with a \$900,000 Health and Human Services award in 1992. The HU-MCG mission is to conduct and support professional preparation in geriatrics and gerontology through education and training, collaboration and research, and faculty development. Under the leadership of Dr. Crewe,

the HU-MCG supports a variety of seminars featuring academics and practitioners, and boasts partnerships with nationally recognized organizations including the National Caucus & Center on the Black Aged, Inc. (NCBA) focusing on housing, employment, health promotion, and disease prevention among minority and low-income seniors (<http://www.ncba-aged.org/about.php>).

The work of Thomas LaVeist, author and educator on issues of public health, helps to identify health disparities, the causes that influence disparities, and problems directly linked to health disparities (<http://thomaslaveist.com/>). His work at the Johns Hopkins Bloomberg School of Public Health includes Director of the Hopkins Center for Health Disparities solutions, and the William C. and Nancy F. Richardson Professor in Health Policy, which afford him opportunity and influence to address major health disparities issues. Dr. LaVeist has produced textbooks relevant to the exploration of health disparities among minorities (LaVeist 2005; LaVeist and Isaac 2013). In the second edition of a textbook used across the nation, he and co-editor Lydia A. Isaac, and a group of talented experts, examined the impact of aging, ethnicity, and healthcare within the United States, and the ensuing minority majority demographic transition (LaVeist and Isaac 2013). *Minority Populations and Health: An Introduction to Health Disparities in the United States* (LaVeist 2005) remains relevant as a primer on contributors to the disparities of the health of minorities in America, including health issues specific to the most prevalent minority groups in America, and recommendations to address identified disparities.

Important contributions to aging and gerontology have occurred through individual participation in crafting guidelines and policy recommendations. Fernando Torres-Gil has a multitude of contributions to aging and gerontology through academic positions in social welfare, public policy, gerontology, and public affairs at UCLA (<http://luskin.ucla.edu/fernando-torres-gil>). Dr. Torres-Gil is recognized for his research related to aging and diversity issues. His laudable public service includes national appointments under three United States Presidents: 1978 Federal Council on Aging under President Carter; U.S. Assistant Secretary on Aging under President Clinton; Vice Chair of the National Council on Disability under President Obama. Additionally, Dr. Torres-Gil has held positions through which he advocated on behalf of the citizens of Los Angeles, and Salinas, California and California Veterans.

The National Association of Social Workers Foundation recognizes member contributions to policy development on aging ([www.naswfoundation.org/pioneers](http://www.naswfoundation.org/pioneers)). Among them, Elaine Brody, DSc (Honorary), MSW, is known for voicing concerns about women who provide care for aging parents amid responsibilities for families, jobs, and careers ([http://www.gswi.org/careers/Brody\\_profile.htm](http://www.gswi.org/careers/Brody_profile.htm)). Further, Dr. Brody's contributions to gerontology and aging studies include mental health, caregiving to aging parents, and Alzheimer's Disease. Her past, present, and future perspectives on aging and gerontology are cleverly documented as she describes the importance of listening to what older adults have to say as a strategy for gaining information about the concerns or what affects life for older adults (Brody 2010). Once President of the Gerontological Society of America, Dr. Brody gained early

recognition as one of the first social workers in favor of aging as an area of central focus, a specialization.

Claire M. Fagin, a Fellow of the American Academy of Nursing, former Dean of the University of Pennsylvania, School of Nursing worked with the National Hartford Centers of Gerontological Nursing Excellence (formerly known as BAGNC) and garnered the honor of a fellowship named for her: the Claire M. Fagin Fellow Award Program. The purpose of the program is to build academic geriatric nursing capacity (hence, the former title BAGNC) by providing 2-year fellowships in advanced research training for doctorally prepared nurses who focus on gerontological nursing research. The program, coordinated in cooperation with the Gerontological Society of America, prepares nurses committed to academic research careers (<http://www.geriatricnursing.org/applications/cmf-fellowship.asp>) and promotes advanced training through its nine academic centers.

Nancy R. Hooyman, Hooyman Endowed Professor in Gerontology and Dean Emeritus, University of Washington School of Social Work (<http://socialwork.uw.edu/faculty/nancy-hooyman>), is a prominent leader and pioneer whose works advance social work contributions in gerontology and the care of older adults. Dr. Hooyman is a mentor to the next generation of social work scholars, faculty, and researchers. Her prolific writing in journals, texts and reference books chronicle and enhance the foundation that builds and transforms engagement of social workers in social gerontology.

Letha Chadiha, professor and principal investigator, is Co-Director of the Community Liaison Core in the Michigan Center on Urban African American Aging Research (<http://ssw.umich.edu/faculty/profiles/tenure-track/lethac>). Her contributions to aging include research-based knowledge about differences in caregiving among older adults in rural and urban settings. Dr. Chadiha also researches issues related to recruitment of ethnically diverse older adults in research. She serves as a mentor for many social work scholars in aging.

Linda M. Chatters is a researcher, professor, and proliferative writer in the School of Public Health and School of Social Work at the University of Michigan. Dr. Chatters focuses on adult and older adult African Americans, spirituality and religious involvement in well-being, and intergenerational issues that affect families, relations, and health (<http://ssw.umich.edu/faculty/profiles/tenure-track/chatters>). Her book contributions provide insight into the lives of Black and African American families in America regarding issues of aging, religion, psychology, sociology, and health (Jackson et al. 1993; Taylor et al. 1997, 2003).

Dorothy Smith-Ruiz is a Fulbright Scholar and Associate Professor of Africana Studies at the University of North Carolina, Charlotte. Her major research interests are custodial grandmothers in intergenerational families, the impact on family of the incarceration of American women, and the cultural differences among women of African American, Afro-Caribbean, and African immigrant heritage. Her books focus on the role of African American grandmothers who provide care to family members, and how traditional values are conveyed, and the mental health of persons in the African American community (Ruiz 1990, 2004).

Innovation in social work education with a focus on gerontology is represented in the research expertise of Andrew Scharlach, the Eugene and Rose Kleiner Professor of Aging and professor of Social Welfare at University of California-Berkeley. Dr. Scharlach's interests include aging and aging-friendly communities, families and the issues that affect them, and policies related to informal caregivers and long-term care. He is the Director of the Center for the Advanced Study of Aging Services, which is leading the way in research on innovations within communities to become better places to live and to age.

Joanne Damron-Rodriguez, Professor, the University of California, Los Angeles (UCLA), has participated in numerous advisory capacities to influence geriatric education for social work and nursing students (<http://www.geronet.ucla.edu/component/content/article/96-general/104-academic-geriatric-resource-program>). Dr. Damron-Rodriguez's publications and participation on the Council of Social Work Education helped shape curriculum for social work careers with a focus in gerontology (<http://luskin.ucla.edu/joann-damron-rodriguez>).

The leaders and pioneers named above are only a few of the experts whose dedication, commitment, and accomplishments in aging and aging issues have helped to improve the lives of older adults. These experts and allies from the culturally diverse families and communities of the elders helped to shape and implement policies and practices that benefit older adults as well as educate professionals to practice and conduct research in aging and gerontology. Milestones in aging policy, gerontology, education and research mark the contributions and commitment of pioneers to the advancement of this field.

## Select Milestones in Aging and Gerontology

National interest in aging and gerontology resulted in major milestones and contributions to older adults through a proliferation of research and dissemination of findings. Such milestones include establishment of the Social Security Administration in 1935 (see Timeline, Table 1) and the National Institute on Aging (NIA) in 1974 as a part of the National Institutes of Health. The Code of Federal Regulations, [statute] 416.110 describes the purpose of the social security program: "to assure a minimum level of income for people who are age 65 or over, or who are blind or disabled..." ([http://www.socialsecurity.gov/OP\\_Home/cfr20/416/416-0110.htm](http://www.socialsecurity.gov/OP_Home/cfr20/416/416-0110.htm)) without resources that meet a federally defined standard of living or minimum income. Few officially recognized federal agencies on aging were in existence before the Social Security Administration (originally named the Economic Security Act by the Committee on Economic Security) was enacted. The age 65 was chosen as a reflection of the age used by retirement, or pension, systems that were in place: private industry and state systems. The notion of income security, however, was described in 1796 by Thomas Paine who recognized the need for a method by which to assure a reasonable income for older adults (<http://socialsecurity.gov/history/tpaine3.html>). Several aging-related organizations developed over the decade and a

half after the development of the Social Security Administration, and more were established after the Older Americans Act of 1965. This section presents an overview of select organizations and milestones established over the last three-fourths of a century with a focus on the well-being of older adults.

Interestingly, the Gerontological Society of America (GSA) had its inception among a group of scientists and physicians in 1939, just 4 years after the signing of the Social Security Act, but was not formally established until 1945, after which a journal dedicated to scientific and applied research related to aging was launched (<http://www.geron.org/About%20Us/history>). Later, the GSA divided its membership into two primary sections, basic sciences and applied sciences, each of which was further divided into two sections, making four sections of members. The mission of GSA is to support the science of research related to aging, to disseminate new knowledge generated by aging research, and to influence higher education and public policy to support programs in gerontology (<http://www.geron.org/About%20Us/Our%20Mission>). The GSA supports research funding through its affiliation with the Hartford Geriatric Social Work Initiative and the National Hartford Centers of Gerontological Nursing Excellence, and maintains a policy institute, the National Academy on an Aging Society, to achieve its mission.

The Brookdale Foundation Group, founded in 1950, is a combination of two foundations and a trust, and offers seed grants for its major initiatives related to aging, geriatrics, and gerontology (<http://www.brookdalefoundation.org/aboutus.html>). Based on endowments from the Schwartz family, The Brookdale Foundation Group supports caregiving across generations through its National Group Respite Program, disseminating information for raising the children of relatives through the Relatives as Parents Program (RAPP), and for developing the next generation of leaders in geriatrics and gerontology through the Brookdale Leadership in Aging Fellowship Program.

The National Council on Aging (NCOA) was formed in 1950 by the National Social Welfare Assembly (NSWA; name includes the 1967 change to the National Assembly for Social Policy and Development and in 2005 became the National Human Services Assembly—NHSA) and was renamed the National Council on Aging in 1960 (<http://www.ncoa.org/about-ncoa/ncoa-history.html>). The founding organization, NSWA, began in 1923 as the National Social Work Council which existed to support organizations aimed at addressing social needs, with specific attention to issues that surfaced after the Great Depression (<http://www.nationalassembly.org/About/History.aspx>). The focus of the National Council on Aging is to improve the lives of older adults through education and program initiatives that support healthy aging, helping older adults gain access to and learn more about Medicare benefits including the BenefitsCheckUp program, and helping older adults to plan for and make decisions about remaining independent in a way that is right for each individual. The NCOA has helped to make a difference in the lives of older adults since 1950, more than 60 years.

The American Society on Aging (ASA) was started in 1950 and was originally named the Western Gerontological Society (<http://www.asaging.org/about-asaj>). The purpose of the organization is to work with its members to improve the lives

of older adults by supporting individual and collective commitment, knowledge, and skills. ASA provides education for professionals across disciplines through print material, webinar technology, and conferences. The organization boasts a membership that includes clinical practitioners, educators and researchers, agency and educational administrators, people involved in developing policy statements, and the next generation of students.

The American Association of Retired Persons (AARP) was founded in 1958 by a retired high school principal, Dr. Ethel Percy Andrus, who also started the National Retired Teachers Association about a decade earlier (<http://www.aarp.org/about-aarp/info-2009/History.html>). The aim of both organizations was to promote healthy aging because of the lack of health insurance for retired teachers and to build the ability to negotiate with insurance companies to cover older adults. Although her initial concerns were for retired teachers, she learned over the course of the first decade that there were similar concerns about health benefits after retirement among older adults all across America and in other countries. Not only does AARP promote healthy aging, it helps to disseminate research findings that support informed decision-making for management of chronic conditions, economic security, and physical ability. AARP also aims to serve as the voice for persons aged 50-years and over for policy issues related to Social Security, Medicare, age discrimination, gay rights, and livable communities, to name a few (<http://www.aarp.org/politics-society/>).

An organization was developed in 1970 when a group of religious and social work retirees were invited into a conversation by founder Maggie Kuhn (<http://www.graypanthers.org/>). The purpose of the organization was to become advocates for issues of importance to retirees and the general public, including issues of financial or economic security, health care as a right, and opposition to the Vietnam War. After several national presentations, the organization was nicknamed the Gray Panthers in 1972 and the name was retained. The Gray Panthers is formed for younger and older adults willing to advocate for justice, peace, and multiculturalism, recognizing and respecting the strengths in the differences among peoples.

Established in 1974, NIA supported research on aging for decades before its official establishment as an Institute (<http://www.nia.nih.gov/about/nia-timeline>). The founding director of NIA, Robert Butler, physician and Pulitzer Prize winning author (for his book *Why Survive?: Being Old in America*) coined the term ageism and advocated for establishing geriatrics as a medical specialty. The current mission of NIA is to support research to develop and disseminate knowledge about the influences and processes of healthy aging as well as the diseases and conditions that contribute to disabilities among older adults (<http://www.nia.nih.gov/about/mission>).

Area Agencies on Aging (AAAs) and its national constituents aim to represent the collective voice of local offices and Title VI Grants for Indian Tribal Organizations. AAAs were written into law in the Comprehensive Services Amendments (1973) to the Older Americans Act (1965) that established Medicare and Medicaid as part of the Social Security Act (<http://www.aoa.gov/AoARoot/>

[AoA\\_Programs/OAA/resources/History.aspx](#)). Title VI of the Older Americans Act supports the provision of comparable services to older adults who are American Indians, Alaska Natives, and Native Hawaiians (<http://www.n4a.org/about-n4a/>).

The Resnick Gerontology Center was established in 1980 with an endowment to the Albert Einstein College of Medicine in partnership with Montefiore, the University Hospital, in the early years of increasing concerns about the rising numbers of older adults in the population (<http://www.montefiore.org/research>). The program promotes collaboration across health disciplines to prepare medical practitioners in the study of aging and geriatric care. The continuing goal is to strengthen education and research among medicine disciplines: geriatric psychiatry, bioethics, geriatric medicine, and neurology.

Geriatric Education Centers (GECs) are awarded through the U.S. Department of Health and Human Services, Health Resources and Services Administration, and began in 1983 to support education and training in geriatrics for health professionals across disciplines (<http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/reports/thirdreport.pdf>). GECs are awarded to health professions training programs including but not limited to health administration, clinical psychology and social work, professional counseling, and marriage and family therapy (<http://bhpr.hrsa.gov/grants/geriatricalliedhealth/gec.html>). GECs also support continuing education for professors, researchers, and practitioners, and supports clinical training in the places where older adults obtain health care: senior centers, clinics, and long term care.

Established in 1986, Generations United (GU) is an organization focused on quality of life across generations from children to older adults (<http://www.gu.org/ABOUTUS.aspx>). GU is a coalition of organizations that collaborate to achieve goals to benefit all the individuals the organizations represent. The first two entities to collaborate in forming this organization were the National Council on Aging and the Child Welfare League of America; however participant organizations grew to include AARP and the Children's Defense Fund, among others (<http://www2.gu.org/PRESS/PressKit/History.aspx>). Simply stated, GU encourages an intergenerational approach and intergenerational collaboration to achieve goals in public policy and application of resources across all levels of aging; across generations.

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established by the United States Congress in 1992 (<http://beta.samhsa.gov/about-us/who-we-are>). The agency is part of the U.S. Department of Health and Human Services (HHS) and was developed to increase public access to and availability of research related to substance use and information about mental health issues and services to treat related disorders. The overall focus is on improving the mental health of Americans, and reducing drug and alcohol abuse and misuse through appropriately targeted education and treatment programs. The age groups targeted include youth who engage in risky behavior, veterans of all ages, families of military personnel, and members of tribal communities. Research documenting under-use of mental health services by older adults highlights agency

efforts to reduce stigma and negative attitudes toward mental health and substance abuse issues by community members, families, health professionals, and persons who suffer with mental illness. Consequently, SAMHSA established the Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health to focus on older adults where they reside or gather, in the home, senior centers, healthcare settings, and in nursing homes (<http://promoteacceptance.samhsa.gov/audience/adults/default.aspx>) with the goal of addressing ageism, perceptions of older adults with mental health or substance use issues, recovery, and access to treatment programs.

The National Institutes of Health, National Institute on Aging and National Institute of Nursing Research issued a request for applications (RFA) in January 1997 (<http://www.grants.nih.gov/grants/guide/rfa-files/RFA-AG-97-002.html>) to develop Resource Centers for Minority Aging Research (RCMARs). The National Institute on Aging (NIA) supports efforts to not only address older adult health throughout the aging process, but to also reduce health disparities by supporting the dissemination of information, education of researchers, scholars, and health professionals, with particular attention to under-represented minorities ([http://www.rcmar.ucla.edu/RCMAR\\_EVal\\_Final\\_Report\\_4-9-08.pdf](http://www.rcmar.ucla.edu/RCMAR_EVal_Final_Report_4-9-08.pdf)). Seven centers are funded for 2012 through 2017 and are located at universities in Alabama, California, Colorado, and Michigan. The mission of the RCMARs is focused on minority older adults: developing and improving knowledge by preparing researchers in minority older adult health research; improving recruitment and retention of older minority older adults in research studies; encouraging the development of instruments and measures that are culturally sensitive to the health status of minority older adults; and investigating interventions designed to improve health status to learn of ways to improve effectiveness among older adults in minority populations. The RCMARs produce a vast array of data-based research reports that cover statistical approaches to measurement review, educational presentations in association with GSA conferences, and papers that focus on race and cross-cultural measurement in research (Sood and Stahl 2011; Stahl and Vasquez 2004; Teresi et al. 2012).

The American Geriatrics Society (AGS) supported the 2008 establishment of an interprofessional workgroup to develop geriatric competencies for inclusion in educational programs that prepare healthcare professionals to work with an aging population ([http://www.americangeriatrics.org/files/documents/health\\_care\\_pros?PHA\\_Multidisc\\_Competencies.pdf](http://www.americangeriatrics.org/files/documents/health_care_pros?PHA_Multidisc_Competencies.pdf)). Organized into six domains, the competencies drive advanced education and training in geriatrics and gerontology across disciplines, and are aimed at doctors, nurses, pharmacists, psychologists, and social workers. The six domains are: Health Promotion and Safety, Evaluation and Assessment, Care Planning and Coordination across the Care Spectrum (including End-of-Life Care), Interdisciplinary and Team Care, Caregiver Support, and Healthcare Systems and Benefits. Health disciplines and regulatory bodies have established education program guidelines for training professionals in gerontology by developing competencies that reflect these and additional domains, including Caring for the Elderly Patient, System-Based Care for Elder Patients, or Geriatric Syndromes (<http://adgap.americangeriatrics.org/>

**Table 1** Notable events related to aging and gerontology in the United States

Date	Notable events related to aging and gerontology
1920	The Civil Service Retirement Act provided a retirement system for many governmental employees
1930	The first concept of a National Institute of Health is developed
1935	The Social Security Act passed; provides for old age assistance and old age survivors insurance
1937	The first Institute (Cancer) is established Railroad Retirement Act provided pensions for retired railroad employees and spouses
1940	A Unit on Aging is established in the NIH division of chemotherapy. Head: Edward J. Stieglitz
1941	The Unit on Aging (evidently, later the gerontology branch) moves to Baltimore City Hospital under the direction of Nathan Shock Surgeon General Thomas Parran forms the National Advisory Committee on Gerontology
1948	The gerontology branch is moved to the National Heart Institute. (Note: There had been an effort to establish an Institute of Aging with the Heart Institute as a subsidiary! This failed when a physician to the Senate opined "We don't need research on Aging. All we need to do is go into the library and read what has been published.")
1950	President Truman convenes the first national conference on aging, sponsored by the Federal Security Agency The American Society on Aging (ASA) and the National Council on Aging (NCOA) are established
1951	In his trends in gerontology, Dr. Shock outlines his recommendations for a National Institute of Gerontology
1952	First federal funds appropriated for social service programs for older persons under the Social Security Act
1956	Federal Council on Aging is convened by President Eisenhower. Department of Health, Education, and Welfare established a special staff on aging to coordinate aging details; Center for Aging Research exists within the National Institute of Mental Health
1958	Baltimore Longitudinal Study of Aging established; legislation introduced in Congress calling for a white house conference on aging
1959	A Section on Aging established within NIMH (James E. Birren, head) Aging research conducted through NIH intramural programs (Gerontology Branch of the National Heart Institute and NIMH Section on Aging) Almost 600 research and training grants on aging are under way through the Center for Aging Research, "the focal point for information on the NIH activities in gerontology" Housing Act of 1937 authorized a direct loan program for non-profit rental projects, for the elderly at low interests rates, and lowered eligibility ages for public-low-rent housing, for low-income women to age 62
1960	Social Security Administration eliminated age 50 as minimum for qualifying for disability benefits, and liberalized the retirement test and the requirement for fully insured status

(continued)

**Table 1** (continued)

Date	Notable events related to aging and gerontology
1961	<p>First White House Conference on Aging recommends creation of an Aging Institute. Their report reads, in part, “a National Institute of Gerontology should be set up within the National Institutes of Health to conduct research on aging; Federal financial support should be increased for biomedical research in governmental agencies, universities, hospitals, research centers and for building necessary facilities; human population laboratories should be established to study problems associated with aging”</p> <p>Social Security Amendments lowered the retirement age for men from 65 to 62, liberalized the retirement test, and increased minimum benefits and benefits to aged widows</p>
1962	<p>The Gerontology Research Center Nathan Shock Laboratory facility is donated to NIH by the City of Baltimore (deed dated 12/6/62; recorded 2/1/63)</p> <p>Legislation introduced in Congress, to establish an independent and permanent Commission on Aging</p>
1963	The National Institute of Child Health and Human Development is established to focus on health issues across the life course, including in old age. President John F. Kennedy remarks, “For the first time, we will have an Institute to promote studies directed at the entire life process rather than toward specific diseases or illnesses”
1965	<p>The Older Americans Act establishes the Administration on Aging as “the Federal focal point for activities in aging.” It established the Administration on Aging within the Department of Health, Education and Welfare, and called for the creation of State Units on Aging</p> <p>Medicare, Title XVIII, a health insurance program for the elderly was established as part of the Social Security Act</p> <p>Medicaid, Title XIX, a health insurance program for low-income persons, was added to the Social Security Act</p>
1967	<p>The Gerontology Research Center in Baltimore, long a part of the National Heart Institute, is transferred to NICHD</p> <p>Older Americans Act extended for 2 years, and provisions made for the Administration on Aging to study the personnel needs in the aging field</p> <p>Age Discrimination Act signed into law</p> <p>Administration on Aging moved from the Office of the Secretary of HEW and placed in the newly created Social and Rehabilitative Service Agency within the Department</p>
1968	<p>The Division of General Medical Sciences has responsibility for research grant projects in aging. Aging-related research is conducted and supported throughout NIH—primarily NICHD, but also NCIA, NIAID, the National Heart Institute, and the National Institute of Arthritis and Metabolic Diseases</p> <p>Construction of the Gerontology Research Center (GRC) in Baltimore is completed</p>
1969	Older Americans Act Amendments provided grants for model demonstration projects, foster grandparents, and retired senior volunteer programs
1970	The Gray Panthers are started by Maggie Kuhn with a group of five friends
1971	The second white house conference on aging once again recommends creation of a separate National Institute on Aging
1972	A new Title VII is created under the Older Americans Act authorizing funds for a national nutrition program for the elderly

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**Table 1** (continued)

Date	Notable events related to aging and gerontology
1973	<p>President Richard Nixon vetoes a bill for the creation of a National Institute on Aging</p> <p>Older Americans Act Comprehensive Services Amendments established area agencies on aging. The amendments added a new Title V, which authorized grants to local community agencies for multi-purpose senior centers, and created the Community Service Employment grant program for low-income persons age 55 and older, administered by the Department of Labor</p> <p>Comprehensive Employment and Training Act was enacted; included older persons</p>
1974	<p>May 31, 1974—Public Law 93-296 authorizes the establishment of a National Institute on Aging and requires that the institute develop a national comprehensive plan to coordinate the HEW (Health, Education, Welfare) agencies involved in aging research. October 7, 1974—The National Institute on Aging is established</p> <p>Title XX of the Social Security Amendments authorized grants to states for social services. These programs included protective services, homemaker services, transportation services, adult day care services, training for employment, information and referral, nutrition assistance, and health support</p> <p>Older Americans Act amendments added transportation under Title III model projects</p> <p>Housing and Community Development Act enacted; provided for low-income housing for the elderly and handicapped, pursuant to the Housing Act of 1937</p> <p>Title V of the Farm and Rural Housing Program of 1949 expanded to include the rural elderly as a target group</p>
1975	<p>April 23, 1975—First meeting of the National Advisory Council on Aging</p> <p>Older Americans Act Amendments authorized grants under Title IV to Indian tribal organizations. Transportation, home care, legal services, and home renovation/repair were mandated as priority services</p> <p>July 1, 1975—The Adult Development and Aging Branch and Gerontology Research Center are separated from their parent institute (NICHD) to become the core of the National Institute on Aging</p>
1976	<p>May 1, 1976—Dr. Robert N. Butler appointed first NIA director</p> <p>December 8, 1976—The research plan required by P.L. 93-296 goes to Congress</p>
1977	<p>Older Americans Act Amendments required changes in Title VII nutrition program, primarily related to the availability of surplus commodities through the Department of Agriculture</p>
1978	<p>Older Americans Act Amendments consolidated the Title III area agency on aging administration and social services, the Title VII nutrition services, and the Title V multi-purpose senior centers, into a new Title III and added a new Title VI for grants to Indian Tribal Organizations. The old Title V became the Community Service Employment grant program for low-income persons, age 55 and older (created under the 1978 amendments as Title IX)</p> <p>Congregate Housing Services Act authorized contracts with local public housing agencies and non-profit corporations, to provide congregate independent living service programs</p> <p>OAA amendments required each state to establish a long-term care ombudsman program to cover nursing homes</p>
1981	<p>Third White House Conference on Aging held in Washington, D.C.</p> <p>Older Americans Act reauthorized; emphasized supportive services to help older persons remain independent in the community</p> <p>Act expanded ombudsman coverage to board and care homes</p>

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**Table 1** (continued)

Date	Notable events related to aging and gerontology
1982	September 20, 1982—NIA Laboratory of Neurosciences Clinical Program admits the first inpatient to a new unit at the NIH Clinical Center
1984	The first Alzheimer's Disease Centers are established
1986	November 14, 1986—P.L. 99-660, section 951-952, authorizes the NIA's Alzheimer's Disease Education and Referral (ADEAR) Center as a part of a broad program to conduct research and distribute information about Alzheimer's disease to health professionals, patients and their families, and the general public  Reauthorization of the Older Americans Act clarified and reaffirmed the roles of state and area agencies on aging in coordinating community-based services, and in maintaining accountability for the funding of national priority services (legal, access, and in-home)
1987	The first annual Florence S. Mahoney Lecture on aging is held. This series was created in honor of Mrs. Florence Stephenson Mahoney (1899–2002), a woman who tirelessly campaigned for increased Federal spending for medical research and steadfastly championed for the creation of the NIA  NIA holds its first Summer Institute, a 1-week event to provide junior investigators, particularly those from underrepresented groups, an opportunity to learn about the substance and methodology of aging research from recognized experts in the field  Omnibus Budget Reconciliation Act provides for nursing home reform in the areas of nurse aide training, survey and certification procedures, pre-admission screening and annual reviews for persons with mental illness  Reauthorization of the Older Americans Act added six additional distinct authorization of appropriations for services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect, and exploitation; and outreach activities for persons who may be eligible for benefits under supplemental security income (SSI), Medicaid, and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities  The Nursing Home Reform Act (Omnibus Budget Reconciliation Act) mandated that nursing facility residents have “direct and immediate access to ombudspersons when protection and advocacy services become necessary.” Simultaneously, the OAA reauthorization charged states to guarantee ombudsman access to facilities and patient records, provided important legal protections, authorized state ombudsmen to designate local ombudsman programs and required that ombudsman programs have adequate legal counsel
1988	November 4, 1988—P.L. 100-607 establishes the Geriatric Research and Training Centers (GRTC)
1990	The GRTCs are expanded and renamed the Claude D. Pepper Older American Independence Centers and charged with conducting research in diseases that threaten independent living  Americans with Disabilities Act extended protection from discrimination in employment and public accommodations to persons with disabilities  Cranston-Gonzalez National Affordable Housing Act reauthorized the HUD Section, 202 Elderly Housing program, and provided for supportive service demonstration programs  Age Discrimination in Employment Act made it illegal, in most circumstances, for companies to discriminate against older workers in employee benefits

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**Table 1** (continued)

Date	Notable events related to aging and gerontology
1992	<p>The Health and Retirement Study, the leading source of combined data on health and financial circumstances of Americans over age 50 and a valuable resource to follow and predict trends and help inform policies for an aging America, is established</p> <p>The Substance Abuse and Mental Health Services Administration (SAMHSA) was established by the United States Congress as part of the Department of Health and Human Services (HHS)</p> <p>Reauthorization of the Older Americans Act places increased focus on caregivers, intergenerational programs, protection of elder rights and calls for a 1995 white house conference on aging</p> <p>The elevation of Commissioner on Aging to Assistant Secretary for Aging</p> <p>OAA amendments added a new Title VII "Vulnerable Elder Rights Activities" which included the long-term care ombudsman; prevention of elder abuse, neglect and exploitation; elder rights and legal assistance development; and benefits outreach, counseling and assistance programs. The legislation emphasized the value of the four programs coordinating their efforts. The amendments highlighted the role of local ombudsman programs and the state ombudsman's role as leader of the statewide program and advocate and agent for system-wide change</p>
1993	<p>Six Edward Roybal Centers for Research on Applied Gerontology are authorized to convert research findings into programs that improve the lives of older people and their families</p> <p>NIA funds six Exploratory Centers for Minority Aging and Health Promotion in collaboration with the NIH Office of Research on Minority Health</p>
1994	Nine demography of aging centers are funded by NIA to provide research on health, economics, and aging to make more effective use of data from several national surveys of health, retirement, and long-term care
1995	<p>Three Nathan Shock Centers of Excellence in Basic Biology of Aging are established to further the study of the basic processes of aging</p> <p>White house conference on aging convened May 2-5, 1995 in Washington, D.C.</p> <p>Operation restore trust initiated</p>
1996	NIA introduces its Exercise: A Guide from the National Institute on Aging, providing encouragement and evidence-based guidance for older adults to engage in exercise
1997	The Resource Centers for Minority Aging Research (RCMARs) program is established through a call for applications by the National Institutes of Health, National Institute on Aging, and National Institute of Nursing Research to investigate the variability of health differences experienced across racial and ethnic groups, as well as the mentoring of new scholars in health disparities research
1999	<p>As part of NIA's 25th anniversary celebration, a strategic plan is formulated and made available for public comment. The plan addressees scientific topics holding the greatest promise for advancing knowledge in areas such as the basic biology of aging, geriatrics, and social and behavioral functioning</p> <p>International year of older persons: a society for all ages</p>
2000	Older Americans Act Amendments of 2000 signed into law (P.L. 106-501), establishing the new National Family Caregiver Support Program, and reauthorizing the OAA for 5 years on November 13, 2000

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**Table 1** (continued)

Date	Notable events related to aging and gerontology
2001	<p>In a unique private–public partnership, NIA joins the osteoarthritis initiative to bring together resources and commitment to the search for biological markers of osteoarthritis</p> <p>NIA and the Icelandic Heart Association announce collaboration on a vast study on the interactions of age, genes, and the environment. The collaboration extends 34 years of data on the health of 23,000 Icelandic residents into the new millennium</p> <p>HHS Secretary Tommy G. Thompson released \$113 million for first National Family Caregiver Support Programs grants to states on February 15, 2001</p>
2002	<p>NIA begins to offer a selection of its health communications materials in Spanish</p> <p>The SardiNIA project, a study to determine the genetic bases for a number of age-related traits and conditions, begins. This 5-year project is a collaboration between the NIA Intramural Research Program and the Italian National Research Council</p>
2003	<p>Enactment of the Medicare Prescription Drug, Improvement and Modernization Act (MMA)</p> <p>NIA and the National Library of Medicine (NLM) launch NIHSeniorhealth.gov, a web site designed to encourage older people to use the Internet</p> <p>The NIA, joined by the Alzheimer's Association, expands the Alzheimer's Disease Genetics Initiative to create a large bank of genetic materials and cell lines for study to speed up the discovery of risk-factor genes for late-onset Alzheimer's disease</p> <p>NIA and the American Federation for Aging Research—in collaboration with the John A. Hartford Foundation, the Atlantic Philanthropies, and the Staff Foundation—establish the Paul B. Beeson Career Development Awards in Aging Research program, a public–private partnership to support clinically trained junior faculty to pursue careers in aging research.</p> <p>The NIA IRP's Advanced Studies in Translational Research on Aging (ASTRA) unit, a state-of-the-art facility located at Baltimore's Harbor Hospital, opens in January and becomes the new home of the BLSA</p>
2004	<p>NIA launches the Longevity Consortium, a network of investigators from several large-scale human cohort studies working in collaboration with individual basic biological aging researchers to facilitate the discovery, confirmation, and understanding of genetic determinants of healthy human longevity</p> <p>NIA begins the Long Life Family Study, an international multicenter research project to examine families with high numbers of long-lived individuals to better understand the genetic and environmental contributions to exceptional long life in families</p> <p>NIA, in conjunction with other Federal agencies and private companies and organizations through the Foundation for the National Institutes of Health, leads the Alzheimer's Disease Neuroimaging Initiative</p> <p>NIA launches Healthy Aging in Neighborhoods of Diversity across the Life Span (HANDLS), a multidisciplinary community based, longitudinal, epidemiologic study examining the influences and interaction of race and socioeconomic status on the development of age-associated health disparities among socioeconomically diverse African Americans and whites in Baltimore</p>

(continued)

**Table 1** (continued)

Date	Notable events related to aging and gerontology
2005	NIA's Alzheimer's Disease Preclinical Drug Development program is established. Fourth white house conference on aging
2006	NIA leads the NIH conference "AD: Setting the Research Agenda a Century after Auguste D," to assess the state of current Alzheimer's disease research and the most promising routes to progress Medicare Part D Prescription Drug program (part of MMA) went into effect Enactment of the Lifespan Respite Care Act (administered by AoA) Older Americans Act Amendments of 2006 signed into law (P.L. 109-365), embedding the principles of consumer information for long-term care planning, evidence based prevention programs, and self-directed community based services to older individuals at risk of institutionalization. OAA was reauthorized for 5 years on October 17, 2006
2007	"Living Long & Well in the 21st Century: Strategic Directions for Research on Aging," which outlines broad goals and objectives for aging research, is published U.S. Secretary of State Condoleezza Rice sponsors the summit on global aging in collaboration with NIA to call attention to challenges and opportunities worldwide from population aging A Spanish-language version of the NIA web site ( <a href="http://www.nia.nih.gov/Espanol">http://www.nia.nih.gov/Espanol</a> ) goes live
2008	A biology of aging summit is convened to review NIA's research portfolio, identify areas of opportunity, and facilitate the formulation of cohesive and comprehensive plans for the future NIA celebrates the 50th anniversary of the Baltimore longitudinal study of aging NIA's five extramural programs (aging biology, geriatrics and clinical gerontology, neuroscience, behavioral and social research, and extramural activities) are reorganized as divisions
2009	An updated version of NIA's award-winning exercise guide for older Americans is published
2010	Enactment of the Affordable Care Act
2011	NIA launches the Go4Life campaign, to promote exercise and physical activity nationwide for people 50 and older, with public and private partners from a variety of aging, fitness, and provider organizations NIA and the Alzheimer's Association lead an effort to update diagnostic guidelines for Alzheimer's disease to reflect the full spectrum of the disease, marking the first time in 27 years clinical and research criteria are changed First of the nation's baby boomers turn 65 CLASS (community living assistance and supports) program, part of the Affordable Care Act, is designated to be administered by the Administration on Aging (the CLASS Act was repealed in January 2013) The National Alzheimer's Project Act is signed into law. Dubbed NAPA, it requires a coordinated national effort to find ways to treat or prevent Alzheimer's disease and related dementias and to improve care and services. NIH, represented by NIA, participates in the federal Advisory Council on Alzheimer's Research, Care, and Services The Trans-NIH GeroScience Interest Group is formed, with leadership from the NIA. The group promotes discussion, sharing of ideas and coordination of activities within the NIH research community working on mechanisms underlying age-related changes, including those which could lead to increased disease susceptibility

(continued)

**Table 1** (continued)

Date	Notable events related to aging and gerontology
2012	<p>HHS Secretary Kathleen Sebelius announces the NAPA-required national plan to address Alzheimer’s Disease. NIA plays a critical role in developing the first goal of the plan—to effectively treat or prevent Alzheimer’s by 2025</p> <p>The NIA Intramural Research Program (IRP) was reorganized to recognize new paradigms in the field of aging research. The program now integrates labs and resources bringing together people who share a similar research interest, but are coming at it from different vantage points</p> <p>NIA organizes the Alzheimer’s disease research summit 2012: path to treatment and prevention. Some 500 researchers and advocates attend the meeting, which results in recommendations aimed at advancing Alzheimer’s disease research</p> <p>The international Alzheimer’s disease research portfolio is launched. Built in collaboration with the Alzheimer’s Association, the database captures the full spectrum of research investment and resources and enables public and private funders of Alzheimer’s research to share and review funding data</p> <p>NIA leads development of the NIH toolbox for neurological and behavioral function. Unveiled in 2012, the toolbox offers researchers a free set of brief tests to assess cognitive, sensory, motor and emotional function in people from toddlers to older adults</p> <p>The Administration for Community Living (ACL) was established, bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities to focus on reducing fragmentation in community living service and supporting needs of aging and disability populations; enhancing access to quality health care and long-term services and supports; and promoting consistency in community living policy across the federal government</p>

The National Institute on Aging was established in 1974. This timeline provides a snapshot of important dates in the history of aging and policy work in the United States through the National Institute on Aging and later, the Administration on Aging (NIA Timeline, <http://www.nia.nih.gov/about/nia-timeline>; Historical Evolution of Programs for Older Americans, [http://www.aoa.gov/AoA\\_programs/OAA/resources/History.aspx](http://www.aoa.gov/AoA_programs/OAA/resources/History.aspx))

Adapted from <http://www.nih.gov/about/almanac/archive/1998/property/acquisition.html> and from [http://www.aoa.gov/AoA\\_programs/OAA/resources/History.aspx](http://www.aoa.gov/AoA_programs/OAA/resources/History.aspx)

Sources Administration for Community Living, U.S. Department of Health and Human Services. [http://acl.gov/About\\_ACL/Organization/Index.aspx](http://acl.gov/About_ACL/Organization/Index.aspx)

Freeman (1980) and Morley (2004)

National Institute on Aging: Important Events in NIA History. NIH Almanac, 1998. <http://www.nih.gov/about/almanac/archive/1998/organization/nia/history.html>

National Institute on Aging. NIH Almanac, 2008–2009. [http://www.nih.gov/about/almanac/archive/2008-2009/Almanac\\_2008\\_2009.pdf](http://www.nih.gov/about/almanac/archive/2008-2009/Almanac_2008_2009.pdf)

NIA Congressional Justification narratives for FY 2009 and FY 2010

[academic-resources/competencies/geriatric-fellowship-curriculum-milestones-december-2012/#top](#)). These domains include competencies in gerontology, medication management, functional impairment and rehabilitation, or diseases in older adults.

## Conclusion

Leaders and pioneers in the field of aging and gerontology continually achieve phenomenal milestones in improving the economic, physical, and environmental living conditions of older adults in America. The research in aging and gerontology, however, remains sparse in terms of addressing the diversity of cultures and populations that make up the United States. A search for research specific to African American and Hispanic older adults reveals the work of academicians, practitioners, and government funded programs aimed at developing new knowledge. Titles show that research is focused on comparisons among Hispanic and non-Hispanic populations, leaving questions regarding how race and ethnicity best add value to current knowledge. This book seeks to encourage recognition and celebration of what is unique and different about individuals as aging occurs, and the experiences in the aging process that unite. The collective spirit of aging transcends race, ethnicity, economic position, political affiliations, physical ability, and culture.

Table 1 presents a timeline of notable events related to aging and gerontology in the U.S. This table is offered as a foundation upon which to continue to build on the legacy and rich histories passed on from leaders and pioneers in the field and particularly, the elders, their families, and communities. It is the hope of this work for continued collective contributions and achievements in aging and gerontology for future generations.

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