Summary. Since the confirmation of the Older American's Act (OAA) in 1965, the growth of gerontology and geriatrics, has literally come of age in the United States. Although individual aging courses were offered in higher education prior to passage of the OAA, few gerontology programs had been established. On campuses where gerontology courses were available, they represented electives connected with a pre-existing discipline, such as social work or family studies. However, 1965 was a watershed year for gerontology instruction since it heralded the provision of federal funding support, beginning with that of the Administration on Aging (AoA), to help develop, pilot, and oversee gerontological programs in American institutions of higher learning.

Initially, instruction was at an undergraduate level, but later gerontology degree programs were established at the master's level, with the first gerontology degree program originating at North Texas State University, in 1967. This program was followed a year later (1968) by a program at the University of South Florida. While funding from AoA began in 1966, funding from other federal agencies (e.g., the Bureau of Health Professions (BHP); the National Institute on Aging (NIA); the National Institute of Mental Health (NIMH), Mental Disorders of Aging Branch; and the Veteran's Administration (VA)—the five agencies that became the basis for a 1984 and 1987 Report on Education and Training in Geriatrics and Gerontology)—did not begin until the mid 1970s.

The mid 1970s reflected the growing awareness of the demographic shift in America and around the world, particularly in developed nations. Demographers and economists outlined the changing (i.e., aging) nature of societal populations and emphasized the necessity to prepare for the education and training of persons in the fields of gerontology and geriatrics.

This paper traces the growth of gerontology and geriatrics in the United States. It focuses on the Ethel Percy Andrus Gerontology Center and the Leonard Davis School of Gerontology as a case study in the calibre of programs currently available for educating and training future generations of gerontologists and geriatricians.

Key words: Gerontology, Geriatrics, Education, Training, United States

Introduction

In anticipation of the twenty-first century, we must prepare to meet the needs and ramifications of an aging society. With the year 2000 less than a decade away, the needs of aging populations are becoming increasingly relevant to statesman, politicians, policy makers, family members, and those persons who are beginning to experience the aging process. As a result of society's increasing awareness of changing needs, attention has been focused on the education and training requirements of people needed to meet the gerontological and geriatric aspects of an aging population.

The growth of gerontological and geriatric education and training in the United States mirrors similar responses to aging that may be witnessed throughout the world. Programmatic preparations in the United States, therefore, have important implications for the strategies employed by other similarly affected international populations.

The ultimate hope created and produced by a growing interest in gerontology and geriatrics in the possibility of being better prepared and offering a higher quality of care to loved ones and eventually to ourselves. As a corollary, there is the hope that a more effective system of care will lead to increased preventive strategies as well as to the maintenance of health.
and functional abilities, while also keeping health care costs in better control.

**Universities with Gerontology Programs**

In 1957, prior to the passage of OAA, only 57 campuses were offering gerontological instruction. Ten years later, in 1967, the number of campuses providing gerontology courses had risen to 159, an increase of more than 250%. By 1976, federal funding was available from the NIA, the NIMH, and the VA, there was almost a 400% increase in campuses (607) with gerontological instruction. By 1986, although still expanding, the increase was less dramatic with a total of 1155 campuses offering course work in gerontology.

Not surprisingly, the availability of initial, and for some continued, grant support made the availability of gerontological education and training a possibility. Today, over 400 university programs award their graduates either a certificate—the most common credential—or a degree at the bachelors (B.S.), masters (M.S.), and doctoral (Ph.D.) levels of higher education. Despite the visibility of master's level programs, nearly half of the degrees awarded to date have been at the undergraduate level, where most of the growth has been realized.

Conclusions of the 1987 manpower report on education and training in gerontology note that approximately 1325 university and/or college campuses, or 44% of the total number of campuses in the United States, offer gerontological instruction on a regular basis. Despite the obvious emphasis on gerontological course work, there is no general agreement concerning the type of curriculum or courses that should be required. The number of gerontological programs or courses most frequently offered are in the health sciences (77%), the social sciences (61%), and assorted “other” disciplines. The next section takes a closer look at the extent of geriatric education and training in medical schools.

**Medical Schools with Geriatric Curricula**

In 1973, there were just 2 organized geriatric training programs in the United States. A 1978 report on “Aging and Medical Education” highlighted the need for incorporating more instruction on the aging process at all levels of medical education. Until 1979, a majority of geriatric courses were rarely chosen electives. Less than 10% of geriatric courses were a standard part of the medical school curriculum. However, by 1981, two-thirds of US medical schools were offering geriatric instruction, over half of which was started after 1979. By 1982, nearly all of the 126 medical schools in the United States indicated their desire to strengthen geriatric training.

A 1983 survey found that medical schools were continuing to expand their number of courses dealing with aging concerns. Nevertheless, the number of geriatric residencies and fellowships still fell far below such specialties as cardiology and gastroenterology. Needless to say, there is still a pressing need for greater geriatric curricula in medical schools and attempts to encourage future medical students to pursue geriatrics as a specialty.

**Funding for Gerontological & Geriatric Education**

Financial support for gerontological and geriatric education was federally funded first by the Administration on Aging (AoA), in 1966. In 1976, the National Institute on Aging (NIA) was established with a budget of $15 million per year. From 1976-1986, overall federal expenditures earmarked for gerontological and geriatric education and training have both risen and declined. On one hand, inflation adjusted monies for the AoA’s overall budget was reduced by 62%. By contrast, funding for the NIA has risen to $325 million in 1990-1991 and to over $380 million for 1991-92. This phenomenal growth in the NIA budget of 2500% was due to both the concerted lobbying of organizations, such as the Alzheimer’s Association and the Alliance for Aging Research and the recognition by the Congress of the United States that aging research is the only real long-term solution to projected increases in health care costs related to an aging population. Recent economic pressures have had an impact on all federal program support for gerontology programs, which has resulted in increasing pressure on private foundations to replace the diminishing amount of federal commitments.

In the next section, the benefits of the growth of gerontology and geriatric education is examined by exploring the particular history of the Ethel Percy Andrus Center and the Leonard Davis School of Gerontology, one of the foremost educational centers on aging in the United States and, perhaps, in the world.
The Leonard Davis School of Gerontology, University of Southern California: An Example of Excellence

The Ethel Percy Andrus Gerontology Center, which houses the Leonard Davis School of Gerontology at the University of Southern California, is the world's largest private center pledged to carry on research and training at all levels about aging and the aged. Established in 1964, The Andrus Center inaugurated one of the nation's first gerontology programs. In 1972, the center was named in memory and in honor of Ethel Percy Andrus, founder of the American Association of Retired Persons. In 1975, Mr. Leonard Davis, a pioneer in providing insurance to older Americans and a colleague of Dr. Andrus in the establishment of the American Association of Retired Persons, once again became a trailblazer by endowing the nation's first School of Gerontology.

The Leonard Davis School of Gerontology (LDS) offers certificate programs for undergraduates as well as for health professionals. The master's level program at LDS was begun in 1975-76. Since 1985-86, despite rising tuition costs, a faltering economy, and less costly state schools, enrollment at the master's level has maintained a pretty steady level, with 39 students in 1989-90 and 37 in 1991-92.

Since the beginning, the Andrus Center has sustained its reputation as a leader in the field of gerontology. Many students received their doctoral degrees at USC in sociology, psychology, biology, and public administration while doing their dissertation research at the Andrus Center. In 1989-90, the Leonard Davis School inaugurated the nation's first doctoral degree in gerontology. Ensuring a commitment to its students and to the excellence of their education and well-grounded training, the LDS's doctoral program accepts only the top candidates. The inaugural class of 1989-90 began with 5 students and has continued each year with an additional five. This program is now in its third year of operation and has been praised by both faculty and students for its innovative approaches.

The Andrus Center employs a multidisciplinary approach to education, research, and service. This fact is just one reason for its continued success and the leadership it provides the community concerning aging issues and in providing the aging world with students at the bachelor's master's doctoral, and postdoctoral levels.

In addition to a regular curriculum of courses, the Andrus Gerontology Center provides a wealth of educational opportunities in the form of colloquia of local and outside speakers who focus on a particular theme each semester, additional invited speakers, special conferences, and the annual Kesten Memorial Lectureship, which selects a distinguished scholar in the field of aging. The Center is a resource to students, faculty, visiting scholars, researchers, and the aging community.

As a renowned research institution, the Andrus Center's research activities are supported largely by government grants and private foundations. Despite a troubled economy, expanding gerontology programs, and diminishing sources of funding, over the past five years, income from contracts and grants has increased by more than 300%! Moreover, the success of the Andrus Center and the LDS has trained alumni so well that many of them are responsible for developing competing gerontology programs at other universities.

Conclusion

"Come grow old along with me", suggests the British poet Robert Browning, "the best is yet to be". This is the hope we all have. With the graying of America and most of the industrialized world, the desire to grow old is uppermost in many peoples' minds. Aging is a top priority as the ever-growing attention being paid to the needs and implications of our aging populations. The growth of geriatrics and gerontology in the United States reflects the realization of the pressing issues of aging, regardless of where one lives. Gerontology and geriatrics express very real and very personal concerns of us all as we age.

References

5) National Institute on Aging, Department of Health

