

Academic Program Review Self-Study
Gerontology Doctoral Program
Spring, 2016

A. EXECUTIVE SUMMARY

The Doctoral Program in Gerontology [hereafter referred to as DPG or Program] is an intercampus doctoral program between the University of Maryland Baltimore (UMB) campus and the University of Maryland Baltimore County (UMBC). It accepted its first class of students in 2001 in a doctoral-only degree program. The Program is also an intercampus program, representing a true partnership of faculty from both campuses to operate the DPG committees, and to provide instruction, grant-funded GRAs [Graduate Research Assistants], and mentoring to students and support our activities through service. The DPG trains select and diverse cohorts of graduate students in the increasingly established, interdisciplinary field of gerontology. As one of relatively few (N=7) doctoral programs in this field nationally, the DPG is distinctive in providing a broad-based, fully-interdisciplinary education for students. This includes a common content core and specialization in one of three tracks (epidemiology of aging, issues in aging policy, and social, cultural and behavioral sciences). The awarding of doctoral degrees by the Program contributes to the individual missions of the two campuses, as well as their shared goal of supporting intercampus partnerships.

Doctoral-level training in gerontology now more than ever serves a vital role, given that our nation is experiencing the largest population demographic shift to an aging population, with growing longevity and increasing ranks of centenarians. Our interdisciplinary, intercampus program is uniquely positioned to meet the need for researchers in the field of gerontology. Given the paucity of such doctoral programs, it is a prime time for our Program to meet the future demands of the aging population and assure that our students can effectively transition to careers in a variety of fields addressing the needs of older adults.

Faculty engaged in the DPG hold appointments in four departments or programs at UMBC and five schools at UMB, representing the interdisciplinary range of skills and knowledge required to train students as interdisciplinary researchers in aging. A majority of these faculty are also engaged in graduate or professional training in their home units. The DPG curriculum, comprising a core of courses offered by the Program, is supported with an array of content and research training classes provided by other graduate programs on the two campuses. This broad array achieves the DPG's educational goals of providing both depth and specialization.

The Program is also linked to the research centers focusing on aging on the two campuses, with many faculty affiliates also engaged at these research centers. The Program serves as a mechanism to acquaint faculty across the two campuses, fostering opportunities for research collaboration as well as shared efforts in support of the DPG. These connections also enable the Program to support students' work with faculty of varied interests within gerontology as GRAs or in voluntary roles. Ultimately, this contributes to faculty productivity, since researchers from each of the two campuses

have the opportunity to meet and learn from each other (including developing collaborations) through involvement in the DPG.

The DPG's structure and organization are distinct in fostering an in-depth, bi-campus collaboration, guided by an interdisciplinary Steering Committee and Co-Directors on each campus. While this structure provides access to a broad set of faculty, courses, and research experiences, program management is more challenging than a typical graduate program, given that we must compete for limited faculty time and respond to requirements of two, distinct campus administrations' priorities. The Program has been successful due to the immense dedication of faculty and support from leaders of various organizational units (divisions, departments, schools) on both campuses. While this has worked in launching this successful Program, it has been limited in that not all faculty who have both the expertise and strong desire to participate in the Program are able to do so at the level the Program needs or that they may desire. Furthermore, the current faculty effort is highly vulnerable to recall, reduction, or elimination as an informal agreement. While interest is high, DPG's structure is also limited by constraints on availability of grant-based funding for students when first rights go to the researcher's home unit.

Students are able to move through the program in a timely fashion, with 32 alumni to date (as of this report's filing) [23 in the past 8 years], with an average time to completion in the past 5 years of 6.15 years (range 3.9 to 9.3 inclusive of part-time students). Faculty advisors and mentors provide personalized direction to students and full-time students are awarded funding for a majority or all of their training period, which enables us to be competitive for excellent applicants. The growing alumni cadre has professional careers in academia, government, and private organizations which are appropriate to their training.

While the Program provides a quality education with limited financial and faculty resources, one of its major challenges in the coming years is to continue operation as a number of highly-engaged and founding faculty move toward ages of retirement. Adequate replacement for this effort cannot immediately be created through hiring junior faculty, given their need to focus on research as a priority for promotion and tenure or due to hiring restrictions at the department/school/campus level. Continued operation, and in particular any consideration of expansion of the program's enrollment, will necessitate additional resources above those allocated to date on both campuses.

Note on Tables: All tables included with this report were developed to reflect both campuses, sometimes presenting data separately to highlight key differences. In the separated tables those labeled "a" are UMBC data and those labeled "b" represent UMB. Since campus reporting and data systems differ, program staff utilized, either separately or in combination, system-generated data from UMBC with manually-derived (utilizing CVs) and UMB-provided data in tables. In this process, some detail is unfortunately lost or incomplete.

B. DESCRIPTION OF THE PROGRAM

Programs Offered: Ph.D. in Gerontology Since 2001

Program Mission, History & Rationale

Mission: The DPG provides an interdisciplinary and integrative perspective on the process of human aging and the experiences of growing old. This is a research training program that acknowledges the complex, dynamic, and bi-directional relationship between individuals and the historical, political, economic, environmental, psychological, social, cultural and biological contexts in which aging occurs. The goal of the program is to train a new generation of gerontology scholars conversant with interdisciplinary and integrative paradigms and research designs to examine the unique, reciprocal, and dynamic nature of aging in context.

History: The Doctoral Program in Gerontology was developed on a foundation of existing research collaborations between the UMBC and UMB campuses, involving multiple faculty members engaged in each campus' research portfolio on aging. Faculty across the campuses had funded research and a history of collaborative work. A faculty planning group developed the Program based on the growing movement toward recognition of gerontology as a distinct area of research (if not yet a discipline). At the time there were several existing doctoral programs producing graduates who were finding good post-degree professional positions. We continue to note both academic and non-academic job listings indicating training in gerontological research as a desired credential.

The bi-campus nature of the program provides added value, drawing on a broad array of faculty expertise and course offerings than would be available on either campus alone. Based in a core of interested faculty, the UMB/UMBC Doctoral Program in Gerontology has been providing training to students in line with our mission, which builds upon existing strengths on the campuses. The benefits and challenges of a bi-campus program will be further detailed in later sections of the self-study.

The Program's faculty and students also benefit from our proximity to federal agencies, research and advocacy organizations located in the Baltimore/Washington metropolitan area such as the Social Security Administration, Administration on Aging, AARP [formerly American Association of Retired Persons], Centers for Medicare and Medicaid Services, and National Institutes of Health, as well as numerous other for- and non-profit organizations dedicated to age-related advocacy, policy, and research.

Organization: [See Appendix A]

The bi-campus DPG is an independent academic program of the University System of Maryland and the University of Maryland Graduate School, Baltimore, with its own governance structure, budget and support staff on each of its two campuses. At the UMB campus, the Program's administrative office is housed within the Department of Epidemiology and Public Health in the School of Medicine. It is one of 8 graduate programs in the Graduate Programs in the Life Sciences (GPILS) unit. Although we are

one of two bi-campus programs within GPILS, our Program is distinct in that it is fully inter-campus at the administrative, faculty and student levels. Faculty from 5 of the 6 professional schools on the UMB campus are involved in the Program's governance, teaching/mentoring and research training. At UMBC the program is housed in the College of Arts, Humanities and Social Sciences; within the college it is one of three interdisciplinary doctoral programs bridging knowledge and faculty interest drawn from multiple academic departments. However it is unique among these three in also being a bi-campus program. At UMBC the program historically has a particularly strong partnership with the Department of Sociology & Anthropology, housing a number of faculty affiliates with research interests in aging and which houses the department-based Center for Aging Studies. Members of these two, most engaged departments' on each campus have served as Co-Directors, with many other faculty members participating as affiliates or in the core faculty. Note that, given the absence of designated faculty effort or faculty lines, for purposes of this review we employ a functional definition that includes two groups. 1) Core Faculty-Faculty on the Program's Steering Committee, Admissions Committee, Comprehensive Exam Committee, and/or who teach core courses in the curriculum; 2) Affiliate Faculty – Other faculty, not meeting core faculty status, who teach track courses, mentor doctoral students give guest lectures or provide other support to the Program.

Delivery of the doctoral program is coordinated by its two campus Co-Directors who manage the day-to-day operations of the program, working with part-time administrative staff on each campus. [Note: Since the last review, Dr. Denise Orwig has taken over in 2010 as the co-Director on UMB's campus due to the previous co-director's promotion to department chair.] Program Co-Directors and administrative staff meet weekly by telephone conference call. Programmatic and policy decisions are made by an intercampus Steering Committee, with faculty representatives from [most] participating schools and departments, as well as two student representatives. The Steering Committee, meeting 7-8 times during the academic year on alternating campuses, determines policies and programmatic changes and oversees student progress annually. The Program also has an annual "retreat," inclusive of all core and affiliate faculty who are able to attend as well as student representatives to the Steering Committee. This meeting reviews major issues, gains input from the larger group, and discusses relevant changes [See Organizational Chart in Appendix A]

The DPG also has several key faculty committees, three of which oversee program tracks and their curricula, one that creates and evaluates comprehensive examinations, and another key committee for review of applications and admission recommendations. Each committee has bi-campus membership.

The program derives effort for instruction, mentoring, and committee work from affiliated faculty (N=26 core faculty and N= 53 overall affiliates in 2014-15 academic year), primarily in tenured/tenure track positions across the two campuses. The program has no dedicated faculty lines or long-term, guaranteed faculty effort. The challenges arising from this circumstance are discussed in greater detail later in this report. As a consequence of this affinity-based structure, there is a core of highly dedicated faculty

who serve in key capacities (core faculty) through service on the Steering Committee, teaching core courses, or serving on one of the other key committees.

The program engages additional faculty members as affiliate faculty. These faculty members from the two campuses teach track courses, give guest lectures, supervise GRAs, serve on doctoral dissertation committees or mentor doctoral students. Listings of faculty in these two categories is provided later in Appendices B and G.

Specializations

Core faculty research training derives from a wide range of disciplines, with diverse aging-related specializations and research interests, described further below. Based upon this depth, the DPG offers students specialization in one of three academic tracks: epidemiology of aging, issues in aging policy, and social, cultural, and behavioral sciences. These tracks are achieved pedagogically through: a) selection of research methods/analytic courses pertaining to their track's approaches; b) track content courses, selected from approved lists to reflect deeper knowledge in each area; and c) completion of a dissertation in the track area. Throughout the DPG's existence, we have enrolled and graduated more students in the social, cultural, and behavioral sciences track than in the other two tracks, with a parallel difference in the number of affiliated faculty in each area (See Table 2). Nonetheless, the interest in the other two track areas remains consistent. This table also indicates that a number of core faculty have expertise that bridges the boundaries of these tracks, via a secondary area. This range of specializations is perhaps broader than several other peer programs around the nation and represents a distinctive element of the DPG. More detail on specializations can be found in the subsequent section. (Track curricula can be found in Appendix C)

Relationship to Campus Missions:

The mission and activities of the Program (outlined above), is consistent with those of the two campuses. Most importantly, it fulfills a goal of both campuses to engage in intercampus collaboration. While this goal is encouraged for research, its achievement to date in the area of education/training has been more limited. Our program was the first to establish a truly intercampus graduate training entity and represents an exemplar of this type of intercampus collaboration.

UMBC: The Gerontology Doctoral Program fits well with the essential mission of UMBC to be a diverse, highly-selective, public research university. This program fits the specific graduate education foci of public policy and human services across its UMBC-based tracks in public policy and social, cultural and behavioral sciences, and as part of UMBC's focus on interdisciplinary education.

UMB: The UMB campus has a broad mission which includes professional training of practitioners in fields such as medicine, nursing, social work, dentistry, pharmacy and law, as well as training researchers to improve the "health, social functioning, and just treatment" of citizens of Maryland and beyond, directly enhancing the community. UMB emphasizes interdisciplinary education and research, with a goal that knowledge

provides maximum benefit to society and directly enhances linked communities. Clearly the mission matches key elements of professional training, research and pragmatic value of the work. By focusing on age-related health issues facing society as part of doctoral program faculty research and student training, the DPG clearly fits within and supports this mission.

The DPG also contributes to the mission of the University System of Maryland, addressing two of its strategic goals. First, we support the goal of transforming the academic model to meet higher education and leadership needs of Maryland's 21st century citizens. By training researchers to address the pivotal issue of aging in many of its dimensions from health and policy to social needs, we prepare leaders who may train or contribute to knowledge or policy in these areas. Second, the Program contributes to Maryland's competitiveness in the innovation economy by undertaking cutting-edge, interdisciplinary work that is on the forefront of better understanding of complicated problems related to aging. Based on students to date, we have 28 students from Maryland who began the program and 23 alumni who now work in Maryland or for Maryland-based organizations.

C. EDUCATIONAL GOALS AND LEARNING OUTCOMES

i. Direct Assessment of Student Learning.

The Steering Committee of the DPG, after consideration of educational goals and learning outcomes during 2006-07 academic year, developed a rubric of learning goals reflective of our mission for the program, the methods through which they are assessed, and the specific outcomes indicating achievement of each of the goals. This rubric includes a number of direct assessment elements, bolded below. The first seven goals are required for all students, and two optional goals focus on working with older adults directly and gaining teaching experience. These provide flexibility in light of our students' varied career goals. This rubric is actively used within the program as: 1) a part of every student's annual review of progress to assess movement toward milestones and each learning goal and 2) the basis of the biennial learning assessment reporting on the UMBC campus. The assessment plan contains methods that have been long-standing procedures within the program; alumni surveys, which are discussed later, have been added more recently as our number of graduates grew. Monitoring assessments annually serves to inform us regarding career and skill-related suitability of the Program's training. Consistent review of student progress and the program's achievement of its goals have resulted in beneficial program changes over the years (e.g., development of new guidelines clarifying expectations for comprehensive exams and providing stronger professional mentoring).

Objective	Methods	Outcomes
<p>1. Gain knowledge of content and theory in the key foundational disciplines supporting gerontology (cross training).</p>	<p>1. Interdisciplinary core courses including: Sociocultural Gerontology, Psychology of Aging, Biology of Aging, Issues in Aging Policy, and Epidemiology of Aging</p>	<p>1. Successfully completes core courses and demonstrates application of knowledge via passing the comprehensive examination questions in sections B and C demonstrating this content knowledge.</p>
<p>2. Develop focused and deep knowledge of content and theory in one area/track.</p>	<p>2. 15 credits of track and elective courses, with opportunities for dual/combined degrees (in sociology, epidemiology)</p>	<p>2. Completes all track and elective-related courses. Passes the Comps Question in Section D, reflecting the track and their individual area.</p>
<p>3. Integrate knowledge and theoretical application across the disciplines; develop the capacity for interdisciplinary translation in research.</p>	<p>3. a. Comprehensive examination b. Conduct of independent research for the dissertation. Optional: Use of a common problem across core courses.</p>	<p>3. a. Passes comprehensive examination questions in sections B and C, requiring integration. b. Successfully defends an interdisciplinary dissertation.</p>
<p>4. Develop communication skills required of professionals.</p> <ul style="list-style-type: none"> • Writing and scholarship • Oral and presentation skills 	<p>4. a. GERO 750/751. b. Attendance and presentation at conferences. Includes national meetings (e.g., GSA, APHA, and track related, e.g. AcademyHealth), state meetings (e.g., MD gero education) and campus research activities (e.g., Graduate Research Conference).</p>	<p>4. a. Passes GERO 750 and 751. b. Attends and presents paper at one or more refereed research conferences.</p>

Objective	Methods	Outcomes
5. Understand ethical issues in research, particularly those involving older adults	5. a. Ethics course and extra session on ethics in aging research. b. IRB training, HIPAA training, related human subjects training including UMBC training on Academic Integrity. Optional: Observe an open IRB review at one or both campuses.	5. a. Passes Ethics course. Attends the extra ethics session focusing on gerontology. b. Completes Human Subjects and IRB requirements for dissertation research.
6. Understand basic research methods of the field and competency in advanced analytic skills appropriate to the student's track	6. a. Completion of GERO 750/751. b. Complete 4 track related courses in analytic methods.	6. a. Passes courses and the Section A comprehensive exam question. b. Completes dissertation.
7. Develop professionally	7. a. Annual Reviews, Mentoring, Aging Forum	7. a. Student is able to articulate a research agenda in the Annual Review. b. Presents 1 or more papers or posters or publishes in refereed journals.

OPTIONAL:

8. Attain applied experience in gerontology	8. a. Primary data collection involving older adults. b. Volunteering activities related to older adults.	8. a. Completes primary data collection b. Completes volunteer activity(ies) (incorporate into the Annual Review)
9. Obtain teaching experience	9. In consultation with advisor(s), identify opportunities for training and experience in teaching (e.g. Promise Program, lectures, co-instruction)	9. Completes teaching experience(s).

We also draw information from our alumni survey, inquiring about our success in providing adequate curriculum, the usefulness of varied requirements and their relevance to performance of key tasks in their careers. Specific questions and their responses are reviewed by the Steering Committee and the Core and Affiliate faculty attending annual retreats. This biennial survey includes questions such as:

1. Did the Doctoral Program in Gerontology (DPG) enable you to master core knowledge in the interdisciplinary field of gerontology?
2. How well did the DPG prepare you to understand/use general research methods in the field or advanced methods in your track?
3. How well did track coursework prepare you with relevant knowledge in your area?
4. What experiences in the DPG stand out as most meaningful to your professional development?
5. In what ways did you develop professional skills, including enhanced skills in oral and written communication/presentation?
6. Upon graduation, how well prepared did you feel to pursue your career in gerontology?
7. As a graduate, what elements would you say were missing or lacking from your DPG education?

Alumni responses (yes/no/maybe) and open-ended comments are an important source of information in reviewing our curriculum in an ongoing manner.

In addition, as a doctoral degree program, we take as a given that all students will develop high levels of technological competency, demonstrated through their development of their own research, effective use of advanced statistical or qualitative analytic tools appropriate to their work, employing referencing software and the internet to professional standards. We plan to revisit these objectives in the near term to formalize more direct measures, including objectives above and for technology competency and writing.

D. CURRICULUM

i. Degree Requirements [Full listing of track curricula, see Appendix C]

Basic Degree Requirements

Gerontology Core Courses:	21 credits required
Basic & Advanced Methods/Statistics:	12 credits required re: track/background
Track Courses:	9 credits from approved list
Elective Credits:	6 credits with advisor
Ethics Requirement:	1 credit plus supplemental seminar
Dissertation Credits:	<u>12 or 18 min.</u> (campus requirements)*
	61- 67 total

* Two semester minimum for dissertation research enrollment on each campus

Given the structure of our bi-campus degree program, we utilize a wide array of courses for instruction of students across the three tracks. Consequently, the listing of courses in Table 1 is lengthy and inclusive of many departments (at UMBC) and schools (at

UMB) which provide both track and methodological/statistical content appropriate to our diverse student pool. Approximately one half of the credits students take are offered by the Program (inclusive of dissertation credits), and approximately half fall into other schools'/departments' offerings, supporting the interdisciplinary nature of our program, both in its core and track courses. Only one of the substantive program changes identified (modification of course substitution policy) relates directly to the curriculum. This policy modification refined the processes and created the option for students to, with strict review, substitute for any of the 5 core content courses within the curriculum (See Table 3, final item). Other changes included: a) creation of a 3-paper option for the dissertation, b) adoption of a policy for authorship intended to inform and protect students' rights relative to more senior mentors or collaborators, c) modifications to comprehensive examination grading, reading lists for preparation, timing for taking the exam in the calendar year, time limits for submitting revisions for conditional passes, and reducing options to retake the exam to one retest. All of these were deemed appropriate by the Steering Committee for a doctoral level program and have been successfully implemented in recent years.

ii. Program Structure

The curriculum of this program was designed to provide students with a common core of content as a shared, interdisciplinary foundation, as advocated by the Association for Gerontology in Higher Education (2015). This core is especially useful given the varied disciplines from which we draw new students. The core includes a first-year, two-term seminar on theory and methodological issues for research on aging (GERO 750 and 751), which underpins required, track-focused methods and statistics courses. The core content also contains five substantive courses (i.e., psychology of aging, issues in aging policy, biology of aging, sociocultural aging and epidemiology of aging). These core courses were developed specifically for and are offered/staffed by affiliated faculty of the DPG. Enrollment in GERO 750/751, the gerontology theory and methods sequence, is restricted to students in the Gerontology Ph.D. Program, but other core courses may include students from other programs, such as Public Policy, Sociology, Psychology, Nursing, etc.. Catalog descriptions of core and track courses are provided in Appendix D. Due to resource constraints, the five remaining core courses are offered on a rotating basis, every 3rd semester (see Table 1). The 3-semester course rotation enables full-time students to complete all required courses prior to comprehensive exams in the summer after their 2nd year of study. Initially more of the core courses (e.g., GERO 700, GERO 750/751) were team-taught, with faculty teams often drawn from different disciplinary backgrounds; more recently limited faculty for instruction has ended multi-instructor-teaching except in GERO 681 and 711. This adjustment has reduced the interdisciplinary dynamic in the classroom relative to our Program's goals. Additional degree requirements include: 1) a course on research ethics plus Program-focused supplemental session specifically addressing older adults, 2) 6 elective credits, and 3) the minimum number of dissertation credits required on each campus, although students may need more credits to complete the dissertation. Recent syllabi for core courses are included in Appendix E.

While full-time students complete the seven core courses in the first two years barring unforeseen challenges, the part-time students require slightly longer to undertake comprehensive exams. The core courses serve as the basis for these exams, which typically fall in the summer after the second year of study for full-time students and the third year for part-time.

Track Courses: Three tracks provide a deeper exposure in one area of scholarship in aging through substantive courses, program-based methods/statistics classes and subsequent dissertation research. For each track, students select 9 credits of track courses in consultation with their advisors, from those listed or, with approval, other suitable options, special topics or independent study classes.

The three tracks are issues in aging policy, epidemiology of aging and social, cultural and behavioral sciences. Table 1 shows the frequency of offering the core and track courses over the past 5 years. Many of these courses, taught under acronyms other than GERO, are under the control of/staffed by other schools and departments, which determine their frequency of offer. We rely upon their willingness to make room for our students to make the Program viable. Like any interdisciplinary program, this also entails some risk relative to frequency and availability of offerings in areas of methods/statistics and track content. Some students also use elective credit to augment track content.

The track for epidemiology of aging contains fewer aging-specific courses and the most prescribed course of study, due to its coordination with the Ph.D. in Epidemiology and the dual degree of Gerontology Ph.D. -- M.S. in epidemiology. The social, cultural and behavioral sciences track is the most flexible, with more course alternatives relative to the student's research interests, and is coordinated with a dual degree for the Gerontology Ph.D. and MA in sociology. Track faculty are charged with reviewing and updating curricula for the track as new courses appear or others are taught less often.

Research/Statistics Courses: All students are required to take a basic sequence (6 credits) of research methods and statistics suitable to their track, prior training and interests, followed by two more advanced courses in statistics and/or research methods, designed to extend their research skills. These courses are drawn from an approved list for each track, with alternative courses reviewed and approved by the advisor. Since some students arrive with more extensive backgrounds, they may substitute the basic course work and spend more time in advanced classes.

Elective Credits: Students complete two courses (6 credits) of electives, selected in consultation with their advisors. Such courses may supplement content in any track area or expand methodology or statistics credits, or reflect areas of special interests not shared broadly among students. Students with MA/MS degrees may substitute suitable graduate courses for their electives, with approval after review.

Research Ethics: All students take a required one-credit course (CIPP 909) and a supplemental educational activity (seminar/exercise) focusing on ethics of research

specifically for studies of older adults. This is usually completed in the first two years and must be completed prior to undertaking analysis for the dissertation.

Dissertation: Students complete a dissertation with a bi-campus, interdisciplinary committee. In so doing, students must meet the minimum credit hour requirement for fulfillment of a dissertation at their primary campus (currently 18 or 12 credit hours).

iii. Current Courses and Frequency of Offer

As Table 2 shows, in the period from Fall 2008 to Spring 2015 the program offered GERO 750 and 751 7 times each, in each Fall and Spring term. All of the other core courses were taught either 4 times (GERO 700 and GERO 672) or five times (GERO 681, GERO 711 and GERO 786), per our 3-semester rotation. We also offered a one-time writing-intensive course on an experimental basis in spring term 2011. While successful, we were unable to continue it due to lack of available faculty. Appendix F lists the single course in our curriculum, GERO courses not offered in past 5 years—Economics of Aging, which has not been available due to the lack of an instructor who is both qualified and available to teach. The required ethics course was available 5 times during this span, which met students' needs relative to progression toward the degree. The remaining data in Table 2 shows the frequency of offer in pertinent courses by each of the tracks, with relatively high frequency of available offerings in each of the three track areas in both substantive and methods/statistics content. In two of the three tracks, courses are drawn from more than one academic unit across the two campuses; epidemiology, in contrast, draws all track-related courses from the curricula in UMB's Department of Epidemiology and Public Health.

iv. Curriculum Relative to the State of the Field

Gerontology is a maturing field that some would now identify as a discipline, distinct from its many disciplinary foundations. The field is long-established, with its premiere journals having passed 70 years of publication, well-developed professional organizations and considerable funding for research from federal agencies, foundations, and other sources. Its orientation ranges from highly research-oriented to more applied/translational with regard to adapting findings for practice and policy applications. As an emerging field, most core faculty affiliates were trained in longer-established disciplines, developing specializations in aging as key parts of their formal training (See Appendix G for details).

The National Institute on Aging's mission statement, reflective of our field, outlines four goals; two of these directly relate to our program's activities. NIA works to "support and conductbiological, behavioral, social and economic research on aging," and to foster "the development of research and clinical scientists in aging." Our curriculum and training also respond to other priorities for the field. The National Academy of Sciences, for example, has recognized the critical need for interdisciplinary work on health, including that focusing on aging-related diseases and their life course development (National Research Council 2001).

As a newer, interdisciplinary field, tension remains between gerontology and the more established and numerous disciplinary fields. Both faculty and students feel this pull in their work, and the DPG experiences this cross-pressure directly in terms of engagement of faculty, many of whom hold appointments in more established discipline-focused units. In addition, gerontology faces the challenge of ageism, in that studying aging is subject to the widely-held negative societal attitudes. Despite these challenges, gerontology as a field is growing, and its relevance increasing in an aging society. Our program aspires to be significant in this maturation process by being truly interdisciplinary in its approach and encouraging students to be able to identify both language and concepts that cross these boundaries.

E. FACULTY PROFILE

The DPG's interdisciplinary, intercampus format relies upon the interest and commitment of faculty members whose appointments span a number of departments and schools across the two campuses; the DPG has no faculty lines or ongoing percentage of faculty effort guaranteed to us on either campus for instruction or research (Note: Other interdisciplinary doctoral programs at UMBC have tenured/tenure track faculty lines). Absent faculty lines or designated/funded effort, the Program has drawn on the skill and interest of a range of faculty members, at varying levels of engagement, to conduct its teaching, mentoring and administrative tasks. These faculty have received varying levels of administrative support or resistance in their home units relative to this participation. The details and implications of this circumstance will be discussed more fully in a later section of the self-study.

When we re-affiliate faculty every three years, we send them a survey to identify the types of activities in which they are invited to engage. Our faculty reporting for this APR includes only those we designate as "core faculty," those who are highly engaged; many of these individuals have been very involved over numerous years of the Program's operation or since its inception.

Before reporting in more detail on the core faculty, we first want to briefly mention our overall affiliated faculty, inclusive of both groups, where numbers involved appear to be quite large. These affiliated faculty bring a wide range of prior training and research interests, as well as representing a significant number of different units. The number of affiliates, showing some level of interest in the DPG, has been relatively high since its inception, but has declined somewhat since we have become more explicit about asking affiliates to actively engage in DPG activities, rather than simply listing the affiliation on their CVs. We also request a memo of support from the faculty member's administrative supervisor to ensure their awareness of their faculty member's participation in the DPG. During this five-year period our numbers have shifted due to faculty arrivals/departures and changing career demands in home units.

Core Faculty

Our data tables (4 and 5 and Appendix B) focus on the 22-26 faculty members (across recent years) from the two campuses who are, by our definition, "core faculty." Some of

these individuals teach core courses, participate on the Steering Committee and mentor multiple students in their dissertations. Others only serve in one of these key capacities, such as the Comprehensive Exam or Admissions Committee. There are, however, differences in the number of core faculty across the two campuses: UMB ranges from 15-18 and UMBC 6-8. These differences serve as a backdrop for future tables on faculty, many of which we have also displayed by campus.

As shown in Table 4 all of these faculty are full-time and the majority are tenured/tenure-track. Most of those not in tenure-track positions are at the UMB campus (indicating differences in promotion and tenure processes) and hold research positions. Almost all Core Faculty have earned the Ph.D. and 8-9 of this group are full professors. Experience among Core faculty ranges from full professors with significant research experience and others also with significant academic/administrative leadership roles, to untenured and junior ranks with interests in aging but more limited time available to participate in the Program. While the Core Faculty group evidences some demographic diversity, it is predominantly white and female, with modest numbers of Asian and Black faculty. Median age data are presented only for UMBC, since UMB data are not available. Ages of Core Faculty become pertinent, since several members may be approaching retirement, including the upcoming retirement of the current UMBC co-director. Their loss, if not replaced very quickly, would have a significant negative effect on the program's capacity to continue, since their efforts include administrative and core course instructors. These data demonstrate some stability in the size of this core group over time, but also gives evidence for turnover among those upon whom the DPG most relies. In short, there is relatively heavy reliance on a subset of the affiliates (the Core) for most of the essential tasks of operating this program.

Over the past several years, the Program has lost the contributions of several highly-engaged members of the faculty, due to departures from the area/campuses, retirement, undertaking alternative responsibilities, or constraints on their involvement by their home-unit supervisors. This has served and may, in future, continue to impact and to further concentrate the responsibilities of the program on relatively fewer individuals, all of whom bear ongoing obligations to another home department/school. Most of that lost effort has not been replaced with equivalently-involved, senior faculty, so we are engaging newer, junior faculty gradually as their home units and tenure-related requirements permit. Turnover of leadership (Department Chairs/Deans) also results in lack of familiarity with the Program, and may result in diminished support for such engagement.

F. FACULTY RESEARCH AND SCHOLARLY ACTIVITY

i. Primary Areas of Faculty Research

The level of faculty productivity remains strong and we anticipate continued success as newer core and affiliate faculty develop their research portfolios, become tenured and move into more active roles with the Program. However, continuation of this productivity and leadership succession of the DPG is dependent upon the continued support of participating units on both campuses. In times of tight resources, units may perceive

that their faculty members' involvement in the DPG is less suitable in light of instructional or administrative needs "at home." While this is a system-level limitation that we believe needs to be addressed for interdisciplinary graduate education and research generally to enable both to thrive, our program has remained viable due largely to the commitment of many administrative and unit-level leaders on both campuses, who recognize value in their faculty's participation in the Program. This support is not guaranteed when leadership transitions occur.

ii. External Grants

Detailed reviews of CVs (UMB) and institutional data from UMBC identify the scholarly productivity of DPG Core Faculty on the two campuses (See Table 6; CVs available in the folder for Faculty CVs). The Core Faculty on both campuses have significant success with acquiring external funding for research, with grants from several of the National Institutes of Health, the Centers for Medicare & Medicaid Services, the Robert Wood Johnson Foundation, the Agency for Health Care Quality, The National Academy of Social Insurance, the Alzheimer's Association, the Retirement Research and Arthritis Foundations, as well as a range of state agencies and industry sponsors. Data on these tables also reflect the different weighting of research activity as part of the faculty role on the two campuses. Both the number of ongoing and awarded grants at UMB are higher than UMBC, and dollar amounts differ accordingly. However, the different numbers must also be contextualized by the higher number of Core Faculty at UMB's campus relative to UMBC's. It appears that many core faculty have multiple, simultaneous grants from competitive sources, but the number of awards and active grants at UMBC have declined recently.

iii. Notable Scholarly Achievements

Appropriate to this high level of grant-funded research, members of the Core Faculty group are productive in scholarly output, as measured through publications (books and journal articles), presentations at national and international professional conferences and receipt of awards for their work. Although at varying stages of their careers, and consequently varying levels of accomplishment, faculty on both campuses have published books/book chapters and work in refereed journals. Data in Table 6 show totals for all Program core faculty, with 6a and 6b specifying each campus' productivity. These tables show lower numbers at UMBC compared to UMB, due both to a lesser percentage of effort allocated to research at UMBC and to smaller numbers of Core Faculty there. Both groups also evidence regular contributions to scientific and scholarly conferences, with the bottom panel of Table 6a and 6b indicating that a high percentage are attending/presenting at national/international conferences. In short, this is a very active and successful group of researchers. The level of faculty productivity remains strong relative to our prior APR, and we anticipate continued success as newer core and affiliate faculty develop their research further and move into more active roles with the Program.

Members of the Core Faculty are also recipients of a number of awards, honors and prestigious fellowships, with the anticipated higher numbers for the larger size of UMB's

Core Faculty contingent. Numerous core faculty are Fellows of the Gerontological Society of America, including its current President Elect. At least four faculty have recently received awards for teaching/mentoring students, including Dr. Orwig being named a University System of Maryland's PROMISE AGEP Outstanding Faculty Mentor for 2015-2016 and Dr. Morgan receiving the 2012 Association for Gerontology in Higher Education Teaching Award. Numerous others have received departmental, campus-wide or national recognition for research productivity, such as Dr. Bruce Stuart's Archambault Award for Outstanding Contribution to Senior Care Pharmacy or Amanda Lehning's appointment as 2014-2015 Health and Aging Policy Fellow supported by the Atlantic Philanthropies, among others. We also have NIH MERIT award recipients and a recipient of a Congressional Achievement Award. There are additional, specific awards to the majority of core faculty from professional organizations for their work or leadership.

Based on the data in Table 6 and the attached CVs, it is clear that this group of faculty, pivotal in the provision of training to doctoral students in gerontological research, are themselves active and productive scholars.

G. TEACHING QUALITY

The Program generated between 236-304 credit hours/year overall under the GERO acronym during the five study years (Table 7). These numbers reflect our 2- and 3-semester rotation of core courses and dissertation work. These numbers reflect the DPG's reliance on course work in numerous other units for methodological/statistical training, as well as courses for track or elective credits (i.e., 27 credit hours vs. 21 under GERO, excluding dissertation). The dip in credit hours is related to not enrolling a new class of students in 2013, and numbers rose again in subsequent years. This is a notable effort given no allocated faculty effort, with FTES's ranging from 12.2 to 15.7 across these years. Slightly more of these credit hours are generated at UMBC, since two core courses (Psychology of Aging and Issues in Aging Policy) have been taught at UMBC by UMB faculty, given the potential interest of other doctoral students in these courses on that campus. Core course instruction varies across the campuses, with 3-4 courses typically taught at each. The other factor shaping the campus differences involve both pre-doctoral and doctoral research credits; given the number of students in the social, cultural, behavioral sciences track, more of these credits are earned at UMBC.

i. Support of High Quality Teaching

The Program endeavors to develop and support quality teaching in its courses, focusing primarily on those courses offered under the GERO designation. However, given that faculty do not hold primary appointments with the Program, we are limited in our capacity to provide incentives or direct support. Mechanisms to support quality teaching include: meetings of track committees to consider and recommend changes to improve the curriculum and course evaluations and student feedback from evaluations. Students in UMBC courses complete standard, campus-wide course evaluation forms; at UMB the DPG created our own course evaluation form to be completed at the end of each

GERO class taught there. Analysis of course evaluation data from 16 sections (5 different courses) taught under the GERO acronym at UMBC over 5 years finds overall teaching effectiveness scores, which range from 1-5 (highest), averaged over 4 for all but one course and averaged 4.18 for the full set. The low scoring class had only two data points, one of which was low scoring and the other above 4.0. The Program also has its own course evaluation forms available for use by faculty teaching at UMB. The evaluation for UMB-based classes covers 11 sections (4 courses) held at UMB. Students rated all of these as a three or higher on a four point scale in gaining knowledge and interest. Instructors' organization was rated three or higher for all courses, except two over the six years examined. Most ratings have improved over the evaluation period. In addition, the program solicits feedback from alumni regarding strengths and weaknesses, areas needing improvement and other information, some of which is reported in Table 14. Informal concerns are also reported to mentors or directly to the Co-Directors, who sometimes work with particular faculty on course-related concerns. Instructors have been very willing to participate in such teaching quality activities.

ii. Rewards and Incentives for Quality Teaching

The DPG has limited resources with which to support faculty participation with the program and its students. This creates challenges to faculty participation relative to effort for their home departments/schools. Our support has been limited to two forms: providing Gerontology-funded GRA support to select faculty who provide active support to the program, and occasionally, as the budget permits, providing funds to support travel or other professional needs in research for key members of core faculty. This support is appreciated by its recipients, but clearly does not balance the effort provided by some of the more involved members of the core faculty. Limited resources, combined with possible faculty fatigue within the DPG, further erode its sustainability.

iii. Mechanisms to Monitor New Faculty

Since faculty appointments reside in other units, we take only a limited role in their monitoring, providing them feedback from any teaching they do within the DPG and engaging them with committees and other activities as their units and their other work commitments permit. We always work to pair a new faculty affiliate with a more senior faculty member to serve as advisors for a gerontology student as a way to acclimate the new faculty member to the program and to get informal mentoring.

H. SERVICE

Service contributions and efforts on the two campuses also differ, based on both campus cultures and Core Faculty numbers. We have again separated the data on service, given these differences. Table 8a describes service by UMBC (Core faculty N=6-8) and Table 8b describes UMB faculty service activities (Core faculty N=15-18).

i. Service to the Program

Given our structure, we are, by definition, the recipient rather than the provider of service from other departments and schools. However, members of the faculty on both

campuses are also notable providers of service within and beyond their home units; their service typically extends beyond that which they give to the DPG. In terms of participation in the Program, we solicit faculty to serve on particular committees (e.g., Comprehensive Exams or Admissions) as an entry-level engagement with in the DPG. Service to Gerontology is included in the “Departmental Committees” reporting shown in the tables, which also includes data from their home units (31-44 service items at UMB across the years in Table 8b and 14-30 at UMBC, Table 8a).

ii. Service to the Universities

Table 8 also provides information on service to the Universities, both within their home campuses and within the USM array of campuses. Again, DPG Core Faculty are actively engaged in such service (43-54 such activities/year at UMB across the five year span, and 15-23 at UMBC). Some of these may represent service to the DPG, but data do not permit us to separate these from other service contributions. Nonetheless, this record shows ongoing and significant service contributions by DPG Core Faculty.

iii. Service to the Public

We lack a source of data for UMB regarding service to the public; however, UMBC Core Faculty do demonstrate modest but regular contributions in this area, as indicated on Table 8a.

iv. Service to their Professions

As Table 8 data also shows, the core faculty members make notable contributions to their professions, with more extensive engagement among the larger number of Core faculty at UMB, where greater effort is focused on research-related activity. An example is the lower, but ongoing engagement in Peer Review/Accrediting Teams, with more engagement reported at UMB (22-33 such engagements). Core faculty members serve as manuscript reviewers for multiple publications (data only for UMBC ranging from 48-64/year), as editors/members of editorial boards 26-29 at UMB; 2-5 at UMBC) and hold offices in national/international professional organizations (1-8 at UMB; 4-9 at UMBC). Many of these service activities speak to their recognized expertise and experience in gerontology and/or their specific discipline or area of research.

I. STUDENT PROFILE

Students admitted to the Program since 2008 came from a variety of prior academic training at both the BA/BS (28%) and Masters’ levels (72%), including several with a BA or MA in gerontology or applied gerontology. Other previous fields of study include occupational therapy, biochemistry, biology, math, exercise sciences, psychology, sociology, anthropology, social work, public health, and health sciences.

i. Enrollment Trends

The DPG decided at the outset to be selective in admissions, limiting them to highly qualified full-time students, all of whom require funding, and equally qualified, self-funded, part-time students. We have intentionally sustained this pattern, given our

limited resources for student funding and our full reliance on faculty instructional and mentoring effort from other units. Such selectivity has paid off in terms of the completion rate for students (72% of those admitted 2001-2007 cohorts have completed the Ph.D.), a figure which outpaces the 50% cited in a 2013 issue of the *Chronicle of Higher Education* (Cassuto, July 1). High quality students have also sustained faculty enthusiasm for teaching and mentoring DPG students. However, selectivity's downside is the absence of an urgent, enrollment-driven argument to add faculty effort to sustain the program.

Enrollment in the program has largely remained consistent in the mid 20's, with approximately 4 students admitted each fall (See Table 9). The exception to this pattern was 2013, when we were not able to identify sufficient funding sources to admit any new students. This situation was unique in the 15-year history of the program, but it brought home the fragility of our capacity to support nationally-competitive student applicants. This support comes from a mixture of grant and other resources from external units, some of which has become more competitive in an era of tightening budgets. The size of the pool of applicants fluctuates (from 13-25 over the five years), but the qualifications of applicants remains high. And we have remained successful in admitting most of those we ranked at the top of our annual list for admission. We are unlikely to demonstrate substantial enrollment growth barring notable resource enhancement. We have more or less achieved a "steady state" mode of operation based on current resources, including the voluntary effort of many core faculty members. We were interested to learn that our program's enrollments are similar to or exceed some of the six other doctoral programs across the nation, with one exception (Univ. of Massachusetts, Boston). Further comparisons are available in Appendix H. Many of these other programs have designated faculty and are organized within colleges, institutes or schools, often including other degree programs.

Applicants submit materials to either campus, primarily based on their proposed track. However, the admission process is handled by the DPG bi-campus Admissions Committee, which reviews the entire pool of candidates for each year and ranks applicants on the basis of admission criteria (i.e., GPAs for undergraduate and prior graduate study, GRE scores, letters of recommendation, and the student's statement of interest in the program). The statement of interest is critical to ensure that students are a good fit to the program's interdisciplinary orientation and research focus, as well as providing the committee with a writing sample (note: We have recently accepted other writing samples as well). Students who rank highest in this review are then interviewed jointly by two faculty members in person or via telephone. Ratings from these interviews, which focus on questions raised by review of the materials by the admissions committee or the interviewers themselves (including fit with the program, preparation for required courses, research interests, etc.) lead to a final ranking of applicants by the committee.

Data below show the trend of GRE scores for the DPG applicant pools. Note that these data reflect the change to the new scoring system, so more recent cohorts' scores have been listed in both formats for comparison purposes. These data demonstrate

fluctuation across the self-study period in applicant scores, with percentile ratings dipping particularly in 2012 and 2013 (when we did not admit a class). Score fluctuation has characterized our prior history as well. We combine this data with other factors in determining our admission choices, including prior research experience, personal statement and recommendations.

GRE % Rank

<u>Old Score</u>	2008	2009	2010	2011	2012	2013*	2014	2015
Verbal	54	50	50	41	29	13	54	90
Quantitative	85	76	81	81	14	54	90	52
<u>New Score</u>								
Verbal					50	54	37	54
Quantitative					45	52	25	21

*No class admitted

In addition, data showing the GPA from the most recent prior degree show that students have performed well in their prior degree work, with all but one undergraduate year showing GPA above 3.0. Scores were, as expected, higher in master's-level degrees, which are the dominant group in our program, ranging from 3.72-4.0. We also analyze grades in specific areas/courses most relevant to their performance in our program in evaluating GPAs. Overall, GPAs over the past several years have been strong and remained relatively stable over this time period.

GPAs

	2008	2009	2010	2011	2012	2013	2014	2015
GPA BA only	NA	3.1	3.52	NA	3.77	NA	2.7	3.85
GPA Masters only	3.74	3.72	3.89	3.98	3.9	NA	3.88	4.0

Recruiting: We continue to work to expand the pool of high quality applicants to our program. The staff remains attentive to the means through which students identify our program, make initial contact, and eventually submit an application. Primarily, applications come from students who identify our program online. We have worked to ensure that our program appears high/at the top in online searches and that our online information is user-friendly and informative. We have also drawn applicants locally, from M.A. programs, primarily at UMBC and Towson University. A new website, housed in the structure of UMB's Medical School, was launched this year, including videos of current students in each of the three tracks and links to key information about the program.

In addition, we attend professional and academic conferences to promote the program, develop and distribute attractive informational materials at these events and by mail to potential students or others inquiring about the program. We also have begun (in 2014)

a newsletter, which is distributed both to students, alumni, and all affiliates, as well as at our major national scientific conference. Faculty members, including the Program Co-Directors, frequently meet with or have telephone conferences with potential candidates expressing interest in applying to the program.

Gerontology is not a well-established or widely-known field for doctoral study, and applicants are frequently making choices between pursuit of a Ph.D. within an established discipline with a specialization on aging, or pursuing the degree in gerontology, with specialization via our tracks. Perhaps as a consequence of these issues, our pool of applicants has not grown significantly over the past several years. We have, nonetheless, recruited and enrolled high quality students.

The Program has experienced relatively low attrition of students (N=4) during the past 5 years for varied reasons (i.e., academic, health, other issues). One of these students departed with a terminal master's degree and one is currently finishing the masters' requirements. This level of attrition is very low compared to national averages for doctoral programs. We argue that our strong mentoring, funding support, and relatively small size assist in retention and degree completion. The fact that we foster interdisciplinarity and the ability to change tracks also offers students greater flexibility in designing a program of study and pursuing a dissertation that suits their interests and goals, which we believe also helps with retention.

ii. Degrees: Data and Trends

Table 9 includes statistics on degrees awarded in the past five years, with 3-5 students graduating from the two campuses in each of those years. While there is some fluctuation, there is no clear trend of change. We keep close track of student progress through the program, which means we are largely moving cohorts through at a pace mirrored by new enrollees. There are some exceptions to this, of course, and they mostly occur among part-time students who have competing demands on their time and energy.

iii. Demographic Profile of Students

Table 9-a2 profiles DPG students on a range of demographic characteristics. A large majority of our students have been full-time since the Program's inception. While notable percentages (60-69%) are drawn from Maryland, we have enrolled students from many states and some who are international. As is characteristic across the field of gerontology, a strong majority of students are female (80-84%). As the race/ethnicity/origin segment of Table 9-a2 shows, our student group is diverse in terms of these characteristics (25% or more across five years). Admission by track varies. Data show that we continue to involve an age-diverse group of students, with ages ranging from the 20's to the 50's. This age-diversity has been characteristic of the program from its inception. Overall the Program is satisfied with the quality and diversity of the students enrolled.

J. STUDENT ADVISING

The DPG has a well-developed system of student advising and mentoring, which is supported by the annual review of student progress, mentioned above and detailed further here.

Review of Students

At the inception of the Program, the Steering Committee developed a process of annual review of each student, occurring between May and July each year. Students are provided with a review form (See Appendix I). Students complete the review form, which they submit along with a current CV, and arrange to meet with their faculty Advisor/Research Mentor (depending on their stage of progress) and one other faculty member, typically chosen from their track. This is generally a face-to-face meeting involving all 3, unless scheduling precludes this. Through the annual report form students present their accomplishments, progress through the program's courses, achievement of learning objectives and other requirements, as well as their plans and goals for the coming year. Faculty members provide feedback to the student, including proactive guidance on prioritizing interests, professional development, publication, grant-writing or careers, among other professional development concerns. These are typically constructive sessions, resulting in written comments on progress and plans, signed by all participants and filed with the Program for review by the Co-Directors and for informational review of progress by the Steering Committee.

Advising

In addition to GRA supervisors, we specify three specific roles in our policy on advising: initial academic advisor, research mentor and dissertation chair. All of these roles may be held by one person as the student progresses, or students may move to new research or dissertation mentors based on their own timetables. Not all academic advisors are included in the Core Faculty Group, but all are affiliated faculty. As the flow of student interests alter, the numbers across tracks change through time, Core Faculty work with varied numbers of students in these three roles, described further below. Such advising is undertaken as an added responsibility by faculty. The Program is vigilant to not overload any individual and to encourage faculty to devote sufficient effort to their individual advisees.

Academic Advisors: All students admitted to the Program are assigned an initial faculty advisor from knowledgeable faculty in the student's track. When possible, specific research interests are matched. Sometimes the advisor is also the person supervising the student's work on a grant, fellowship or traineeship, but not in all cases. This initial faculty advisor works with the student on issues of course selection, course substitution (where applicable), and progression through the program during the first years of study; she or he also participates in the annual student reviews while occupying this role. Students are expected to meet regularly with their faculty advisors to discuss topics inclusive of those above, as well as overall program requirements, and any particular challenges that the student is encountering in successful progress. Students are

permitted to request a change of advisor for cause (i.e., mismatched interests, incompatibility); reassignments are made to another suitable member of the faculty.

Research Mentor: Students typically move toward selection of a research mentor during their course of study. Some students identify their intended mentor very quickly, but others take this step only when approaching Comprehensive Exams. The Comprehensive Exam includes a student-focused question, which is developed by the likely Research Mentor, upon advice from the student regarding the parameters of their specialization area; answers are evaluated by that mentor and another, appropriate faculty reader. This exam process provides an initial opportunity for the two to work together and sometimes finalizes a choice for this research mentor to serve as Chair for the dissertation. At the point that a research mentor is identified, the initial advisor's formal role ceases, although they may still serve as a second faculty member in the student's annual reviews, as an informal mentor or as a member of the dissertation committee.

Dissertation Chair: The advisor or mentor may also become the chair of the student's dissertation committee. In cases where the preferred faculty member does not yet hold regular graduate faculty rank or is otherwise unavailable to fulfill this role, another appropriate faculty member serves as Chair, sometimes with the Research Mentor or other highly-involved faculty member serving as a co-chair of the committee.

K. FINANCIAL SUPPORT FOR GRADUATE STUDENTS

i. Philosophy of Support

The DPG commits to fund full-time students in the first several years of their training; we also encourage students to seek out options for self-funding, particularly dissertation fellowships and grants, to support completion of the degree. The Program's goal in making specific funding/research assignments for students is to provide them not simply with financial support, but to offer, insofar as possible, meaningful experience with active gerontology researchers. However, given the diverse topics of students and faculty interests, assignments that match these interests cannot always be achieved. Nonetheless, funded students get first-hand experience of research on varied topics, in diverse environments (campus labs or research centers to external settings), across the several funding options available to the DPG (Note: Some part-time students also engage in research via their external employment). While some students have multi-year engagement with one project/research study, a number of students rotate from one appointment to another across their years of study. Changes are made, when possible, if a student seeks a different, or broader, research experience or when projects end or a poor fit has been achieved. However, faculty needs in funded research for continuity of staff are also considered in these placement decisions and changes.

As the data in Table 11 demonstrate, a majority of the full-time, enrolled students receive funding, but the sources have shifted across years. For example, grant funded positions shrank from the two prior years (8, 10) to only 5 in 2014, placing greater pressure on the 4-5 GRA slots which may be available to the DPG, as well as other

sources, such as fellowships and dissertation awards, which we anticipate will become a more regular source by necessity. This funding uncertainty is an ongoing issue in terms of making admission offers to talented students, for whom we will need to plan for not just one-year but multi-year funding. Typically our top candidates also receive admission and funding offers from other institutions, making this support key to getting the best students possible. This uncertainty in grant-based funding of students, or the timing of awards, is also linked to the lack of a new student cohort in 2013, and has limited our capacity to fund students in their fourth or fifth year of degree work.

While the majority of our full-time students are funded for most of their course of study, many of the sources upon which we rely are not under our control, such as research grants based in departments/schools, and slots on the existing T-32 grant to the Epidemiology of Aging program at UMB. Consequently our planning, as well as our admissions process, must include flexibility, given that grant or fellowship funding may end before currently admitted students have completed their degrees or sometimes even before a current funding year concludes. We have estimated our future student funding conservatively, given the unknown levels of fellowship and grant funding. One additional and distinct challenge facing a bi-campus program with multiple options to fund students is the inequity in stipend amounts and fees paid by students across the campuses (UMBC's stipends are somewhat lower and fees higher). Students are aware of these inequities, and the program has attempted to minimize these differences, but disparities remain.

ii. Amounts and Types of Funding and their Sources

The DPG utilizes several types of funding, as shown in Table 11. Our typical funding includes up to 10 credits of tuition remission per term, student only health insurance, and a stipend, which varies in amount based on the source of the funding. Students are responsible for their own fees. We are not aware when students take out loans, and thus cannot report on their use.

Students have undertaken a range of research tasks related to their work with their GRA or fellowship/traineeship supervisors. Students have engaged in study recruitment or retention activities, direct data collection (various modes from interviewing and observation to, collection of record-based data, direct assessment of older adults' physical and cognitive capacities); data entry, management and database cleaning for quantitative and qualitative studies; processing biological specimens from research participants; literature review and searches in support of grant development or writing; analyses (qualitative and at varying levels of sophistication); and writing reports book chapters, journal articles or other writing, including co-authorship with colleagues and supervisors in published work (See Appendix J for presentations and publications). Some of this work has contributed to the development and submission of grant proposals for faculty or independent work of the student presented at conferences or resulting in student publications.

Graduate Research Assistantships (GRAs). Each campus receives funds for graduate research assistantships, which provide institutional support to students. At UMB the

number is not fixed but is negotiated among the eight programs within GPILS each year. In the past few years this negotiation has provided between 2-3 GRA slots. Students' support as GRAs at UMB is limited to approximately 18 month's duration, on the assumption that grant funding will pick up those students after this initial period. At UMBC we now have two GRA slots budgeted; on both campuses the work of those students is assigned to research tasks with faculty members engaged in the Program.

Grant and Fellowship Opportunities. Beyond support via faculty research grants, three students in recent years have been funded for dissertation work by grants they receive in their own right. Our students continue to be encouraged to apply for dissertation support from federal, foundation, and campus programs with some success. One student recently received a fellowship on a training grant from Johns Hopkins University. Others have received periods of funding from grants to the Maryland Institute for Policy Analysis and Research (at UMBC) and the Hilltop Institute, an independent research center at UMBC. Program leadership has worked with organizations to develop these opportunities for our students.

Other Funding. Students have been funded through other mechanisms. Eligible students in the epidemiology track may be funded via available slots on the Epidemiology of Aging T-32 Training Grant at UMB when resources permit. During the past five years four students who came from UMBC's Meyerhoff Scholars Program have undertaken doctoral work in gerontology. All of these students have been funded for at least some part of their doctoral work by the Meyerhoff Program.

It is important to note that, unlike peer programs, we have one campus that is entirely graduate-level education and we do not have an undergraduate degree program of our own. Consequently, opportunities for TA funding are extremely limited.

iii. Selection Process for Funding

Our program commits to fund students in their first year and beyond, if funding is available, unless they are part-time and self-funded. Funding is required to attract our top candidates, given competing funded offers from other programs. We are often successful in having most or all of those at the top of our recruitment list enroll. We have supported full-time students up to 4 (and sometimes more) years of study. We strongly encourage students to seek and apply for other sources of funding as they move through the program, and we share information on funding opportunities with them as they arise. In all cases, including external fellowships (e.g., Hilltop), we consult with supervisors regarding the student's continued funding in a subsequent year. Students are free to express their preferences for changes in their funding/work situations, and these are accommodated insofar as possible, while avoiding unwanted impacts on projects underway.

L. STUDENT RESEARCH

i. Dissertations Completed since Last Review

Joanna Samsell-Schmidt	Effects of the Rural Environment on Access to Health Care for
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	Elders
Kim deMichele	Cultural Aspects of Control: Expectation and Experiences in Old Age
Yu Kang	Racial Disparities in Nursing Home Quality of Care: A Comparison of Black and White Residents Using the 2004 NNHS Data
Maria-Theresa Okafor	Effects of Acculturation on Health Outcomes for African Immigrant, Adults
Sarah Fogler	Determining the Political and Programmatic Factors Associated with Nursing Facility Spending, Rates of Use, and Per Capita Expenditures: A State-Level Analysis
Israel Cross	The Salience of Subjective Social Status Across the Life Course: A Multi-levelled Approach to Identify the Association Between Where You Live and Perceived Standing in Society
Tommy Piggee	Predictors of Transition among Older Assisted Living Residents
Katherine Giurecio	Changes in Retirement Decisions: Determinants of Plans and Timing
Sarah Canham	The Experience of Benzodiazepine Dependence among Older Women: A Cultural Analysis
Katherine Marx	Men's Knowledge of Osteoporosis by Race and Risk Factors
Shoshana Ballew	Positive and Negative Aspect of Caregiving and Functional Health Over Time
Patrick Doyle	Definitions, interpretations, and uses of person-centered care in a dementia-specific long-term care setting: A cultural analysis
Leanne Clark-Shirley	Elder Care in the Health Care Workplace: Effects of Informal Caregiving on Maryland Registered Nurses
Jennifer Lloyd	Low Bone Mineral Density in Overweight and Obese Older Adults
Susan Hannum	Conceptualizations of Cancer Diagnoses Among Chronically Ill Older Adults
Amanda Peeples	Stigma and Social Relations in Dementia Care Units
Janet S. Schreck	Marital Satisfaction in Spouses of Patients with Chronic Aphasia: A Mixed Methods Study
Lisa Reider	Mechanical Load and Bone Structural Strength: Characterizing the Muscle-Bone Relationship in Older Adults
Nancy Chiles	Diabetes, Sarcopenia, Peripheral Neuropathy and Lower Extremity Function in Older Adults
Tara McMullen	Certified Nurse Aide Scope of Practice: Impact on Quality of Care, Nursing Aide Beliefs, and Clinical Practice
Flavius Lilly	Depression, severe mental illness, and substance abuse after stroke among aging veterans: Implications for care improvement
Lynn Miescier	Childlessness in Later Life: Advance Care Planning and Clinical Outcomes
Laura Girling	The Conceptualization of Disease Control among Older Adults with Type II Diabetes

In recent years students in the program have addressed a wide variety of topics relevant to gerontology and to their specializations within tracks. This work demonstrates the interdisciplinary nature of our training and the way that our students put that into practice. These studies also reflect a wide range of research methodologies and applications to the well-being of older adults and services relating to them.

ii. Student Publications & Presentations

Appendix J includes the list of student presentations at academic conferences and their publications. Given that students are at different stages (new students vs. those who are now alumni), there is considerable variation in these entries. Nonetheless, it does demonstrate that students are actively engaging in their research activities with peers and mentors, and that this work is reaching both a professional audience and achieving publication.

As is appropriate for an interdisciplinary field and a program with multiple tracks, students' research efforts display considerable variety in both the questions they address and the methodologies by which they are completed, from intervention and policy research to qualitative analyses of subjective phenomena with older adults. This vigorous and highly diverse engagement among our students with research is strongly encouraged by mentors and peers.

M. FACILITIES

i. Space

Due to our structure, the Program is not responsible for the provision of many of the spaces, facilities or equipment used by faculty and students. The exceptions are spaces used by our small, 2 person staff (one per campus) and some GRAs, since all faculty are housed and equipped through their primary units. Faculty mentors' research or lab spaces are largely dependent on the resources of their home units, and students working with them utilize those facilities. Other students have workspaces on or off the campuses provided by their fellowships. Part-time students do not have assigned work/study spaces on either campus.

Our primary space needs are for 1) adequate teaching space on each campus, which is arranged through staff (on both campuses) or standard scheduling systems (UMBC); 2) staff office spaces, which, at UMB, is provided through the Department of Epidemiology & Public Health and at UMBC through an MOU with the Department of Sociology & Anthropology (i.e., the units in which the current Co-Directors hold their academic appointments); and 3) meeting and event spaces, which are arranged by staff on each campus as needed. Space is not guaranteed or assigned to the Program on either campus (i.e., designated as such in space planning documents). Again we rely on the goodwill of involved programs/departments, which depends on these units' leadership support. In Table 12 we assess the quality of office spaces as well as resources of library, computing, laboratory and equipment relative to Program needs. The perspective on space varies somewhat across the two campuses. Offices for faculty and staff are judged very adequate, but spaces for students are only "adequate" at UMB, compared to UMBC's "very adequate rating."

ii. Campus Resources

Evaluation of campus resources is located in the three lower sections of Table 12. Library holdings of periodicals are "very adequate" on both campuses; UMB does not

rate book holdings, but UMBC views those as adequate. Both campuses deem departmental-based holdings as “inadequate,” since UMBC has only about \$900 per year for a library budget and UMB, within the Department of Epidemiology and Public Health only houses recent volumes of a few key periodicals.

While the Program’s rating for central computing hardware and software at UMBC are very adequate, UMB rates central computing hardware and software access as adequate. There are very few options for students to use campus computers. Software can be purchased at a reduced rate. The Program does rate departmental computing hardware and software at UMBC and UMB as adequate. Some computers/laptops are old and, in some cases, equipment or software may be inconsistent, as it is provided through the GRA supervisor or their departments. UMB rates its laboratory space and all of its elements as very adequate; UMBC does not have laboratory space, per se. Finally, both campuses rate equipment similarly: faculty research equipment as adequate and student research equipment as adequate. Teaching equipment is rated as inadequate on both campuses, primarily due to the lack of available teaching spaces with videoconferencing capabilities that we might use for instruction.

Both campuses provide substantial resources in terms of access to computing technology and library resources (See Table 12). Between the two campuses, students and faculty affiliated with the Program have access to a wide array of books and journals, as well as interlibrary loan access within the UM system, to sufficiently support their academic work, as well as access to databases via ICPSR. This is mostly achieved through purchases and subscriptions financed by departments and schools affiliated with the Program, rather than through its own limited resources. Heavy reliance on online journals and interlibrary loan is one important aspect of this, particularly for dissertation-level student research. The Program has only a very limited library of its own, consisting of books on each campus relating to research writing skills.

N. CLIMATE

i. Scholarly Community

The DPG was built upon an existing, intercampus scholarly community that remains active today. Both UMB and UMBC faculty are affiliated to the DPG via CAHSS-based faculty affiliation process at the UMBC campus. In turn, a number of UMBC-based core faculty carry joint appointments on the UMB campus. There is a tradition of research collaboration in aging going back to the early 1990’s. One of the reasons that faculty affiliates remain engaged is the opportunity to meet and learn more about the research that others are doing, either on their own or on our partner campuses. This collaboration, within which the DPG is nested, has been a major element of its success over the years. While specifics of research and pedagogical approaches vary across units and campuses, the shared interest in aging-related content is a strong collaborative tie, seen in our social events, speaker series and high level of engagement at our annual retreats in particular.

ii. Co-Curricular Activities for Students

a) Within the first 2-3 years of the Program, students, with support of a faculty sponsor, founded a chapter of Sigma Phi Omega, the national honor society in gerontology and geriatrics. This chapter is primarily operated by and for the benefit of the doctoral students, and admits new students as members each year as they become eligible. The chapter develops its own educational and social events to engage students and provide peer support.

b) Students in the program are also expected to attend lectures and symposia by speakers invited by the Gerontology Program or other, related units, on topics of interest. These other campus events augment our own speaker series, which we follow with a reception and, scheduling permitting, preceded by lunch with the speaker and students. The DPG circulates notices of these events to students and faculty affiliates.

c) In addition, the Aging Forum, a colloquia-style session, takes place twice a month during the academic year co-planned by students and faculty. It focuses on topics related to professional development, which extends beyond the classroom content. Topics covered include successful public presentations, job interviewing skills, how to get published, IRB protocols, and development of a research agenda, as well as hot topics on aging research not covered in the classroom. Various faculty and outside guests are invited to present and discuss with students these important issues in an informal session. During the 2014-2015 academic year the DPG received funding from the UMBC Graduate School in support of a series of writing workshops, which were included among that year's Aging Forum offerings. Those sessions were recorded and kept for use by future cohorts.

d) Students are also given encouragement and (when possible) travel support to attend national research conferences, such as the Gerontological Society of America, the Association for Gerontology in Higher Education and the American Public Health Association, among others, to gain professional socialization and connection with student organizations.

iii. Esprit de Corps

Despite being physically separated on two campuses and housed in varied units on those campuses, the DPG works to sustain "esprit de corps" through a variety of means. First, we have social activities, which include an annual fall picnic, a reception at the Gerontological Society of America annual conference, and the recently-instituted "game night" events. All of these events include invitations to affiliated faculty, staff, students and, in some cases, alumni. We also routinely invite faculty and students to lunch to meet the new students after orientation, and to dissertation defenses and speakers from other departments/programs when the topics are relevant. We also host an annual faculty retreat, which brings together faculty affiliates who seldom see each other, creating opportunities to discuss key issues and accomplishments of the Program as well as their own research and activities. The retreat involves lunch and a reception.

Esprit de corps is also supported via recognitions and awards. The DPG received donor funds to create a Gerontology Early Career Development Award, which supports students in the dissertation stage to move toward completion by supporting expenses

related to their research. We also encourage participation in the campuses' Graduate Research Day activities, where students have opportunities to present and to network with other emerging research scholars. Several of our students have been recipients of awards at these events. Our student nominee to the Association for Gerontology in Higher Education won the 2016 Student Leadership Award. Several other students in recent years have received awards from the GPILS group at UMB for their research activities as well as departmental-level awards. Two alumni created a service activity to coincide with the annual Gerontological Society of America conference, in which current students also participate. The Honor Society, Sigma Phi Omega, has also conducted local service activities, which bring students together in community service; another of our students serves as that organization's national treasurer. We publicize these accomplishments in our newsletter.

iv. Mentoring

Our system of advising and mentoring students, described earlier, enables us to keep close watch on student progress and intervene if problems arise. We also encourage students from the start of their studies to attend professional conferences and seek out mentoring from other experts on the two campuses, who may be able to support the development of their research interests. Our Handbook also clearly conveys an expectation of student publication, either independently or in collaboration with faculty mentors or GRA supervisors. Follow-up on these elements is enabled by the annual student review, which also includes discussion of career plans and making productive choices relative to the student's career goals.

v. Activities to Promote Diversity

While we do have some faculty diversity, the characteristics of faculty are largely driven by their home units and not under our auspices. Table 9a-2 shows that we have successfully maintained race/ethnic diversity in students across this period.

O. PROFILE OF GRADUATES

i. Number of Graduates

Since our last review the DPG graduated 23 students, 3 students per year. Descriptions of their career positions are included in Table 10, and reflect a shift toward non-academic careers relative to earlier graduates. We are not certain whether this is a temporary or permanent shift.

As a field with a strong applied dimension, we have found that our students have a range of career preferences, from academia and research organizations to relevant employment in government agencies and the private sector. This is further enhanced by our location, proximate to many relevant organizations beyond academia. Given the overlapping job markets, it is difficult to develop a clear projection of the demand for graduates in the next several years. We can say anecdotally, however, that the fall of 2015 seemed to generate a record number of job postings, both academic and applied, relating to gerontology. Gerontology programs and research centers are likely to be experiencing significant turnover via retirement of senior faculty and researchers,

creating these varied opportunities. Other employment markets, such as those involved in research organizations (either for- or non-profit) are also active markets in our region and nationally. Many of our students express interest in careers other than academic ones, but inclusive of significant research involvement. As our Table 10 shows, all but one of our alumni have active employment, with the great majority of their placements reflecting good or excellent levels of appropriateness relative to their track/interests.

ii. Alumni Survey Data

In lieu of alumni surveys conducted by UMBC, we have conducted our own alumni surveys over a series of years, results of which are listed in Table 14. Given relatively low response rates for the earlier surveys (N=9 in 2009 and 7 in 2011), we focus our attention more on the 2013 and 2015 surveys, where 12 and 17 responded. Questions reported here relate to two areas: course-related satisfaction and opportunities and support questions.

In the first area, a large majority of students said they had mastered core knowledge in the field and somewhat lesser majority indicated strong preparation in research methods, but only one indicated low preparation. Finally, in terms of track courses preparation, the majority rated their knowledge as strong and only 2 (in 2013) perceived weakness in this area. For the opportunities and supports items, findings were somewhat more mixed. In terms of opportunities for participation, a majority of 2013 respondents replied that this was not applicable to them (this may include part-time students). In both years significant numbers of those responding were definitely or somewhat satisfied, but attention needs to be given to 3 not satisfied responses from the 2015 review. Findings were also somewhat mixed in terms of mentoring, with a majority (71% in 2015) indicating satisfaction, but 3 students in each of the most recent surveys were dissatisfied. The final question reported, how well prepared students felt, again had strong, positive majority in 2013 and 2015, with 1 student in 2013 and 2 in 2015 indicating that they felt not at all prepared.

While the majority of these responses were positive, we are attentive to dissatisfaction, which is sometimes focused in multiple negative responses from a few students across most questions. These suggest further attention to engagement in research and mentorship quality moving forward.

P. BUDGET

The Gerontology Doctoral Program has budgets on each campus, which are managed by the Co-Directors and staff. Information for the last full fiscal year is presented in combined form in Table 5 and then separately for each campus. As is apparent, the Program has a very modest budget overall, with each campus bringing specific types of resources to bear in overall expenditures. Zero dollars are allocated to salaries for instructional faculty, as we have no budgeted instructional effort on either campus. Instead, per Table 5a, a modest amount (\$12K) was spent on part-time instruction at UMBC last year. While not listed in the data in Table 5b, the Dept. of Epidemiology and Public Health at UMB subsidizes faculty salaries in that department to offer several core

courses benefitting our students (four core courses, one of which is cross-listed for students in epidemiology), amounting to approximately \$99,550. While this generous support has been made by the chairman of the department, these funds are not guaranteed going forward, so that the teaching of necessary core courses remains at risk. The salaries—all other category includes salaries/fringes on each campus in support of the part-time staff members and stipends for 5 GRAs (3 at UMB and 2 at UMBC). Other expenditures, which are much higher at UMBC than at UMB, address all other expenses, including office expenses, recruiting costs, materials, exhibiting at conferences and related expenses. More of this burden is carried at UMBC because of its higher operating budget. These other expenses also include a significant amount (\$28K in 2014-15) which subsidizes the salary/fringes of our UMB staff person. However, this operating budget, while generous for the size of the program, is not sufficient to address the absence of funds to support faculty effort in teaching our required courses, such as supporting a percentage of effort or course buyout for instructors in core courses. The surplus UMBC currently has in operating budget could be reallocated in support of these goals, but is not of sufficient size to sustain the Program's needs beyond a very short span of time. Budgets on both campuses have been essentially flat or slightly reduced (due to budgetary constraints) since the last review, while expenses have grown.

Current levels of funding are substantially lower than the program requires to sustain itself, leading to some of the more substantial challenges facing the program. Most centrally, the resources do not support any faculty effort, aside from modest subsidies (UMBC) or supplemental pay (UMB) for the co-directors on each campus. As the figures in Table 5 show, funding for the basic program (excluding GRA/TA funding which essentially is spent for those purposes in the same academic year) has moderate expenditures for staff support on the two campuses (50% of one staff FTE at UMBC; 50% of one staff FTE at UMB). Zero funding is budgeted for faculty effort for instruction, aside from a current MOU at UMBC related to the current co-director's teaching effort.

In short, this program operates on a very small and flat budget, which is far below that estimated to be required to sustain its operation in the future. This remains an extremely fragile system, which has only succeeded to date due to the dedication of those affiliates involved in teaching our courses, support from other units, and the willingness of other programs to enroll our students in their classes.

Staff Support

The Program currently has two support staff, one on each campus, to provide assistance in program management and to address the added challenges of bi-campus program operation.

Program Coordinator: Justine Golden (50% effort at UMB), has been with the program since its inception and works on all critical operational and policy issues with the Co-Directors, Steering Committee and the two Graduate School offices, as well as with faculty, students and applicants.

Program Management Specialist: Julie Rosenthal (50% effort @UMBC) has recently joined the program and is working with students, faculty and staff to provide all

necessary services to faculty and students on the UMBC campus, including budget management.

Q. EVALUATION

Preparing this self-study has been a valuable process for our Program through assembling and discussing the extensive information about program faculty, students, and our organization. The APR has highlighted both key challenges facing the DPG and its essential strengths. We continue to operate productively in an established interdisciplinary field that some contend is an emergent discipline. We are already one of a small number of truly interdisciplinary doctoral programs in the U.S. In this review we conclude that the bi-campus structure of our Program is both key to our strengths and an element of our weakness. The access to and interest from a strong and diverse interdisciplinary faculty from two campuses is one of our greatest assets; however, the largely voluntary and un-funded, bi-campus structure also results in one of our greatest challenges to ensure the Program's survival and potential for continued productive contribution to the two campuses in the years ahead. We discuss here our strengths and weaknesses, focusing on broad criteria relating to faculty, students, campus support to the Program, research productivity, and contributions to our campuses and the field of gerontology.

A. Strengths and Weaknesses

1. Strengths

The Doctoral Program in Gerontology has many strengths. We organize our strengths in terms of: a) the quality and productivity of our faculty, and the benefits ensuing for them and our students, b) our high admission standards, completion rate and the quality of alumni placements, c) the quality of the training students receive, and d) support received from the two campuses.

a) Faculty Quality, Productivity and Benefits

Program faculty are exceptionally well-recognized nationally and locally, and have significant extramural support for their research. The intense commitment and dedication of Core faculty in particular ensures excellent rapport between students and faculty, and a faculty that is responsive to student needs. The Program has been successful at engaging junior faculty with aging interests who join our campuses.

Because the Core faculty members are all interested in aging research and graduate education, there is good communication, cooperation and collaboration among them, both as it relates to students and with regard to other academic and research pursuits. The joint expertise and collaborative nature of the full set of faculty affiliates provides a wide range of interdisciplinary research opportunities for students; involvement in cooperative research with students also serves to strengthen faculty collaboration.

One initially-unanticipated benefit of the DPG is that its committees and meetings facilitate exchanges of information across campuses for persons with shared research interests. Through our program, affiliated faculty have benefitted through connecting with, and subsequent collaboration within, others in the program's faculty group.

b) Student Quality and Quality Alumni Outcomes

We sustain high standards for selective admission, which ensures that we are successful in completion rates (72%) which is high relative to national averages. All full-time students and many part-time students are actively involved in research with Program faculty, and are presenting their completed work at national scientific meetings and publishing in peer-reviewed publications.

Our growing cadre of alumni are almost all in positions that are appropriate or highly appropriate to their training, contributing either in academic, research organizations, or governmental, non-profit or for-profit entities, where many have research engagement. We have embraced non-academic options as valuable venues for contribution by our alumni.

c) Quality Training

The great strength of the DPG is its interdisciplinary approach, which gives full scope to Engels's biopsychosocial model for aging research. This approach is increasingly recognized as most productive for research on aging. We think the interdisciplinary degree offers added value with the integrative approach resulting in better skill sets than siloed, disciplinary approaches. Students in the Program also have richer dissertations that are broader in scope, more likely to use multiple methodologies, and cite more diverse literature. They also take comprehensive exams that are interdisciplinary, giving greater context to research topics.

The program also has broad course offerings divided into three tracks where faculty providing track and elective courses offer considerable breadth and depth. Exposure of all students to content across the three tracks is an asset. We consider the opportunity of our students to earn the masters' degrees in Epidemiology, Public Policy or Applied Sociology on the way to the PhD another strong asset. Students are being trained to tackle major social and policy challenges.

d) Campus Resources & Supports

The Program also has been fortunate to have administrative support on both campuses, and to serve as an exemplar of the UMB/UMBC bi-campus partnership. The respective leaders on the campuses often refer to the DPG as a model for intercampus collaboration in graduate education, which is highly valued and rarely achieved in the University System of Maryland. Locally, our campus administrative colleagues have provided space for the Program staff, and have permitted [or even funded] faculty within their units to enable them to participate in the Program's governance and instruction. Without these resources, the Program could not have survived for its first 15 years.

The multiple and diverse research and education programs on the two campuses, along with and represented by committed Core faculty and mentors, and the overall intellectual environment that embraces gerontological research is a clear strength. This bi-campus program has access to a diverse interdisciplinary faculty, who provide many varied learning opportunities for doctoral students, along with the Geriatrics and Gerontology Education and Research Program at UMB. The close proximity of the campuses to the National Institutes of Health, Centers for Medicare & Medicaid Services and other federal and non-profit research and public policy organizations in the Baltimore-Washington, DC corridor also is a strength, as it enhances the overall intellectual pool from which we derive benefit in the classroom and in research placements or externship opportunities. We have developed, and are continuing to develop, these community-based research resources into partnerships, enabling us to link our students to research opportunities, experts in the field and potential career options. These elements on the two campuses, combine to form a Program that is greater than the sum of its individual parts

2. Weaknesses

We recognize that our bi-campus, interdisciplinary Program has weaknesses and faces several challenges relating to a) faculty and leadership and b) bi-campus organizational support, with the primary concern relating to dedicated faculty and leadership effort to ensure the Program's survival into the future. The original proposal for the DPG included the equivalent of 2.0 FTE of faculty effort, distributed across up to 10 faculty participants across the two campuses. However, no funding for designated faculty effort in support of the program has ever been forthcoming. Lack of funding for faculty effort, which was included in the Program proposal, leaves the Program highly vulnerable and requires negotiation with new leaders of units with participating faculty any time there is a turnover. In light of the many competing demands on faculty for their time, and the potential for turnover in Program co-directors, core faculty, as well as those departmental leaders who have enabled their engagement, could result in insufficient faculty effort to sustain the Program.

a) Faculty and Leadership Effort

Leadership

The Program is in its second generation of leadership on both campuses, with the two original co-directors now holding Chair positions in the units in which the new incumbents are housed. This situation enables the current co-directors to participate at the level required to run the program. Departure of either of these unit leaders may remove that unit support, creating a crisis of leadership. To date, with the exception of a summer salary supplement or a supplemental payment for the co-directors to enable participation, no support has been arranged or identified for Program leadership. The leadership challenge is further highlighted by the impending retirement of UMBC's co-director, who ends her leadership role in August of 2016 with no permanent replacement in view. While the DPG has a goal of preparing the next group of Program leaders as part of a planned succession strategy, it is reliant on timelines for tenure and promotions of junior faculty in engaged units in working towards this goal.

Core Faculty

A number of Core faculty playing pivotal roles in the Program are experiencing fatigue in supporting the Program, given significant competing demands in their home units. Many of them have held these roles in instruction or on committees since the Program's inception. Here, too, the potential loss from retirement is significant, with one senior Core faculty member in the policy track retiring this summer. The lack of additional participants with time to commit limits our planned rotation of responsibilities, such as work on key committees like those for admissions and comprehensive exams. Despite enthusiasm, we have no formal mechanism for recruitment of additional faculty such that we are able to sustain existing efforts and cover new areas that the program may need to develop to meet the changing needs of graduate education in gerontology. All faculty who are engaged in the Program hold primary appointments in other units. Consequently the Program vies for their time and effort with their home units, where turnover of leadership or changing economic or departmental circumstances sometimes results in diminished capacity to provide such support to the DPG.

Instruction

Another, related limitation identified through our self study, is that the Program lacks the resources required to ensure that faculty can dedicate time to the instruction of our students. The Program has been successful due to the good will of faculty and leaders of various organizational units (divisions, departments, schools) on both campuses. While this has worked in launching this successful Program and maintaining its operation over the last 15 years, it has been limited in that not all faculty who have both the expertise and strong desire to participate in the Program are able to do so at the level the Program needs and that they may desire. Furthermore, the current faculty effort arrangement is highly vulnerable to recall, reduction, or elimination as an informal agreement. While our goal for delivering the highest quality program to the best students remains in force, the absence of dedicated faculty resources to this successful program continues to limit its sustainability. This is highlighted by the upcoming departure of UMBC's co-director, a step that will leave an instructional gap in the two-course theory/methods seminar that is pivotal to the interdisciplinary training.

Overall, faculty resource limitations often make the Program seem as if it is "cobbled together" as it is clearly dependent on the flexibility of other programs to offer key courses and allow individual faculty to be involved with the Program's students and governance. This dependency extends to the willingness of individual dedicated faculty members. To reiterate, the Program has no faculty lines or funding to compensate for effort of faculty with appointments in their own units. Nor are Program funds explicitly tied to the number of students in the Program or other measures of the Program's success. Key to the success of the Program in the future will be a clear succession plan for Program leadership and resources to support core and instructional faculty engagement and instruction.

b) Bi-Campus Support and Organizational Challenges

Despite distinct cultures and different operating operational systems on the two campuses, the DPG has succeeded in a bi-campus environment for 15 years. This

reality means that we have more complex operational and fiscal processes than standard programs that reside on a single campus. Our goal from the start was to make the dual campus situation as straightforward for students as possible. While we have been very successful in maximizing transparency, we continually face challenges in processes such as admission, student funding, program financing, intercampus registration, and course scheduling and evaluation, among others. Stipend, health insurance costs and fee levels vary by campus as well as across our varied grant- and fellowship-funded sources. Since we would prefer to have a uniform funding level, we have provided supplements to some stipends to bring them up to a minimum level and have even restricted stipends offered students to sustain a modicum of equity across students at similar levels in order to minimize disparities in stipends.

A second important organizational challenge involves high reliance on curriculum offered by other units. All research methods and statistics courses, track courses and electives come from other units on the two campuses. While this provides a diverse set of course offerings, it also presents a limitation if and when students are reliant on high-demand courses. We have encountered cases when such courses, filled by students from that department/program, restrict the enrollments to students in their own school/department, closing them to students from other graduate programs.

Another organizational challenge relates to the geographical separation of the two campuses. Among the limitations imposed by this separation is the added time required to travel between the two campuses by private car or shuttle. The current shuttle service was only recently re-instituted (by UMBC) after a number of years with no such service. Travel results in added time demands on students, who take classes at both campuses or have offices and research responsibilities at one campus and classes at another. Time is also required for faculty who teach, attend seminars or meetings on the other campus. This separation also limits the opportunities for ready interaction among faculty and students who are based at a different campus.

R. FUTURE DIRECTIONS

From a national perspective, given so few interdisciplinary doctoral programs in this area, the DPG addresses the national need to develop a cadre of leaders and integrative thinkers in aging research. The Program is distinguished by its solid and real interdisciplinary focus, which is the essence of gerontology. The Program is also important to the state of Maryland, given population aging and a rapidly growing focus on outcomes and evaluation of public programs in aging services and the human services sector. The State Office on Aging and Area Agencies on Aging will need experienced researchers to determine the value and effectiveness of such programs. Program graduates to date have placed well and are doing practical, applied research as well as academic research. The program currently admits 4-5 students yearly, which is all the program can currently accommodate given our resources.

The Program has clearly emerged as a leader in gerontological education at the doctoral level nationally and locally. It also has become a model for interdisciplinary graduate education in the University System of Maryland. The DPG is meeting the

research needs posed by an aging population using the interdisciplinary format promoted in the NIH Roadmap. However, the Program is in danger of losing momentum and missing opportunities to use the impressive aging resources on the two campuses. Our specific target areas for addressing these limitations are outlined below.

i. Vision, Future Goals and Strategies to Achieve Them

Our DPG is one of only seven peer programs in the country. The Program resides in an area of the country of national importance and proximal to many resources for faculty, students and alumni. Its structure is broad and distinct, enabling specialization in three different tracks and the potential to earn supplemental master's degrees while completing the Ph.D. with limited additional work. The Program creates opportunity for real leadership potential through preparation of our graduates. It has great opportunity for national impact, which will allow the University to be on the cutting edge of aging research. Our goals include both serving the DPG's mission, to prepare the next generation of leaders in aging research, as well as to serve as a model academic partnership across the two campuses, where innovative, interdisciplinary research is conducted that translates directly into advancements in the science and practice of gerontology research.

This is a prime time to stabilize and possibly expand our interdisciplinary, intercampus program to meet the future demands of the aging population and assure that our students can effectively transition to careers in a variety of fields addressing the needs of older adults. One such option could be added collaborations (i.e., with Information Systems at UMBC) to extend our range of faculty expertise even more. However, the viability of our Program is uncertain over the next few years, which must remain our priority, since its loss would be notable for both campuses, as well as the broader society.

In terms of strategies, the DPG continually reviews and works to improve its existing policies, practices and educational offerings on an ongoing basis. Current efforts include seeking additional student funding and training opportunities, via the development of a T-32 training grant proposal to NIA, which is to be submitted in May, 2016 and expanding our network of partnerships to include additional governmental, non-profit and for-profit organizations. These partnerships may enable enriched classroom experiences, funding, and/or training opportunities beyond the campuses as well as other collaborative benefits to both faculty and students through these linkages. Given resource constraints, no major curricular changes are anticipated at this time.

ii. Comparison to Peers

One particular goal of the Program is to train students more broadly, so that they will be equipped to conduct research individually or in teams on topics that cross traditional boundaries of discipline and methodology. There is no formal accreditation at the doctoral level and the existing programs vary in orientation and focus, with some typically shared content in their core curricula.

Nationally the number of programs offering doctoral education in Gerontology remains small. Among those, only a subset is truly interdisciplinary, rather than being a specialization within a doctoral degree in another field (e.g., sociology or nursing). It is this latter group that we deem appropriate as peers. More information on several of the other doctoral programs in gerontology is contained in Appendix H.

Several of these peer institutions are housed in large research centers, institutes or schools (e.g., School of Public Health), which enables them to more readily engage faculty from departments or other units (e.g., via faculty lines, joint appointments or other formal allocations of faculty effort) without conflict of interest or uncertainties regarding funding or administrative support for their efforts. This makes it somewhat easier to guarantee dedicated faculty effort in delivery of their programs. Our freestanding, bi-campus program is organizationally distinct in that it largely has relied on the enthusiasm and commitment of faculty, whose effort is not officially allocated or adequately compensated, as well as the willingness of their supervisors (division heads, department chairs and deans) to permit their participation. However, even with this limitation, not many programs have realized the breadth of tracks that we offer, with most providing fewer specializations.

A recent review of doctoral-level training shows six peer programs offering a doctoral-level, interdisciplinary credential in gerontology (See Appendix H). Of these, two focus on social and behavioral sciences, two combine social/behavioral and policy issues, others combine primarily biological and health-related dimensions of aging with one or more other foci. Most also list some faculty and reside in a larger unit, which may support their requirements for administrative and faculty effort.

iii. Enrollment Projections and Resource Needs

a) Enrollment. As Table 15 shows, we do not project notable growth in enrollment, given the student funding constraints under which we currently operate. With five GRA slots available in the past two years and no TA positions, our grant-based funding for highly-competitive full-time applicants [requiring financial support] remains uneven and variable year-to-year. Given multi-year funding requirements for each full-time student admitted, we feel compelled to remain conservative in our admission decisions, barring changes in this situation. While our T-32 proposal and our hopes for expansion of partnerships may enable additional enrollments in future years through added funding, those resources are not yet in hand. Admitting students of lesser quality would, based on faculty feedback, result in diminished willingness to participate in instruction or mentoring, particularly when no resources in support of these activities are forthcoming.

b) Resource Needs. The Program now faces the challenge of stabilization of an essentially “all-volunteer” organization, where all faculty affiliates contribute notable effort despite significant competing demands for their time. Any reduction in this essential faculty effort could place the entire program in immediate jeopardy. In particular, the Program needs the resources to support 1) ongoing leadership effort, b) compensated effort for instruction, and 3) additional student funding, and 4) augmented

staff effort to ensure the Program's continued success. Given our unique bi-campus structure, it is essential that both campuses contribute to meet these funding needs, arranging the required support in ways that are suitable to their respective fiscal models. Given the multi-school involvement in the program at UMB, we propose that funding should come from a central source, rather than just the School of Medicine or any other single unit on each campus. We address the various resource needs in detail by campus below.

b1) Support of ongoing leadership effort.

UMBC: Currently the co-director receives a summer stipend drawn from the Program's operating budget. Her teaching for the DPG is secured via an MOU with the Department of Sociology & Anthropology, with funds transferred to that department also from the operating budget. There is, however, no reduction in service required in the home department in light of the administrative effort required for the Program. To address this challenge, we propose that an upcoming hire in Sociology & Anthropology include a structured joint appointment with GERO at the Associate level or higher, with a negotiated arrangement for teaching effort and service for the DPG (e.g., 50% of teaching plus designated 50% of service effort for administration) dedicated to the DPG, as outlined in a formal agreement prior to the hire. This position is affordable, given the current co-director's departure via approaching retirement.

UMB: Funding equivalent to .20 FTE faculty member (associate or full professor) for the UMB co-director of the program is required, along with an MOU arrangement to protect a suitable amount of effort for administrative tasks. While a supplemental pay has been provided by GPILS to the current co-director, there is no provision for protected time during the work week to perform the leadership activities. The position still requires that 100% of effort be allocated to funded grants or departmental activities (not including directing the DPG).

b2) Dedicated Faculty Effort. We believe that the best way to secure faculty instructional time while still taking full advantage of the interdisciplinary strengths offered within individual academic units would be to have resources for a budgeted equivalent (FTE) faculty in salary dedicated to the Program on each campus to "purchase" the time of individual faculty members, primarily for instruction but, as funds are available, for other significant contributions of effort. Since faculty come from distinct units (divisions, departments, and schools) across the two campuses, we recommend that funds be provided for the Program on each campus, which can then be allocated (via MOUs) to those units in accord with their policies relative to faculty effort or course buyout.

UMBC: Funding equivalent to .5 FTE faculty member salary (\$36,187 based on (mid-career averages from 2013 APLU average salaries for comparable Carnegie "High Research" institutions for of Policy Analysis (\$73,079), Psychology (\$73,197) and Sociology (\$70,670) on a 9.5 month salary basis]. Funds would be utilized to support the 3 core GERO courses typically taught by UMBC faculty.

UMB: Funding for .6 (FTE) faculty salary to provide support for faculty who play central roles in teaching 4 of the 7 core courses. We used the DEPH course effort percentage as our standard (15% FTE), since a majority of faculty who teach gerontology courses are in this department. We estimated the cost of .6 FTE faculty effort as \$84,960, using

a base salary of \$141,600 based on the Association of American Medical Colleges (AAMC) Salary Survey for PhD level associate professors in Departments of Community Health in Public Schools of Medicine in the Northeast.

b3) Additional Student Funding.

Given growing competition for research funding, we have seen a reduction in the number of grant-funded opportunities our affiliates can offer to DPG doctoral students. Additionally, affiliates who receive funding may be expected to give GRA funds to students in their home department/school, making us the second choice in many cases. In light of this, we have already undertaken the steps above to seek funding through the T-32 training grant mechanism and to seek further fellowship opportunities that may include funding in external organizations. The UMBC budget was recently adjusted to structure a second GRA slot from its operating budget, raising our usual number of Program GRA slots from 4 to 5. However, the 3 GRA slots at UMB provided through GPILS are not guaranteed year to year, leaving us with significant uncertainty each year as we make admission and funding decisions and vulnerable to having another year when we do not admit students. Having a stable number of GRA slots (5 or higher) guaranteed year- to year would help ensure targeted recruitment activities earlier and maximize the recruitment effort.

b4) Program Administration. We also will require more resources for Program administration, supporting additional effort for our academic coordinator at UMB. The Program currently has .5 FTE staff member at each campus. The additional work of managing the bi-campus processes for faculty and students and supervising the UMBC staffer falls primarily on one of these staff and requires more effort than running a single-campus program. We request an additional .2FTE for our UMB-based coordinator, whose work already extends beyond half time status and includes supervision of the UMBC staffer (\$12,500).

If no new/additional resources are available for the program in the future, we believe that the Program will be in jeopardy. While we would continue to manage our limited resources to encourage continued faculty participation in ways that are congruent with the goals of their home units, changes in the makeup of the faculty and the manner in which they are supported by their home units and their responsibilities to those home units for support, will likely limit the willingness of faculty to continue their participation even at the current levels. If newer faculty are not able or willing to participate equivalently in the program, we will likely need to consider closing the program. We believe we have shown evidence of positive benefits of the Program to students, faculty, UMB and UMBC campuses as well as to the larger University of Maryland System. If plans cannot be developed to ensure long-term viability, the loss of the Program would be notable for both campuses, as well as the broader society.

Chart of Tables for Academic Program Review			
Table #	Table Title	Responsibility for Completion	Data Source
1	<i>Specializations within Program(s)</i>	Program	Program
2	<i>Course Presentations</i>	Provost's Office and Program	REX , UMB Banner, and Program
3	<i>Substantive Program Modifications</i>	Program	Program
4	<i>Five-Year Faculty Profile</i>	IRADS and Program	HR and Program
5	<i>Resources</i>	IRADS/ Provost's Office and Program	HR, Budget, DEPH Budget, and Program budget
6	<i>Indicators of Academic Program Cost & Productivity: II. Scholarship & Research</i>	IRADS and Program	Faculty Annual Report / Digital Measures and Program
7	<i>Indicators of Academic Program Cost & Productivity: I. Teaching</i>	IRADS and Program	SA and Program
8	<i>Indicators of Academic Program Cost & Productivity: III. Service: Institution, Profession, Public</i>	IRADS and Program	Faculty Annual Report / Digital Measures and Program
9	<i>Graduate Student Enrollment & Degrees: Five Year Trend Data</i>	Program	Program
9A-2	<i>Five-Year Doctoral Student Profile</i>	Program	Program
11	<i>Financial Support for Graduate Students</i>	Program	Program
12	<i>Assessment of Physical Facilities and Resources</i>	Program	Program
13	<i>Placement of Graduates</i>	Program	Program
14	<i>Results from Surveys of Recent Graduates (One-Year Follow-Up)</i>	Program	Program Alumni Survey
15	<i>Majors and Degree Projections</i>	Program	Program

TABLE 1
Comprehensive Program Description
Specializations Within Program(s)

Please furnish the information requested below. The primary specialization of the faculty member is to be defined as is customary by the standards of the discipline, taking into account predoctoral training, research activities, publications, public service and students trained. Not all faculty members, of course, will qualify as specialists in a secondary area. Please explain on a separate page inserted following this page what would be needed to make faculty support adequate in areas for which you have responded "NO" to questions on staff adequacy.**

Name of Specialty	Professional Accreditation in Specialty Area		Accrediting Body	Number of Faculty		Faculty Support Adequate (YES/NO)	Names of Degree Offered in Specialty & # of Students Now Working on Each Degree	
	Possible (YES/NO)	Earned (YES/NO)		Primary Area	Secondary Area		Degree	# Students
Epidemiology of Aging	No			6	3	No	PhD	5
Policy	No			6	1	No	PhD	5
Social, Cultural, and Behavioral Sciences	No			14	2	No	PhD	14

**Given that our narrative focuses significant discussion on the adequacy of faculty support, we did not attach a separate page here.

TABLE 2
Course Presentations
for Academic Years Fall 2008 to Spring 2015

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Core Courses							
Fall 2008	Gero 750	3	4	L. Morgan			
Fall 2009	Gero 750	3	4	L. Morgan and S. Picot			
Fall 2010	Gero 750	3	5	L. Morgan and S. Picot			
Fall 2011	Gero 750	3	4	L. Morgan and S. Picot			
Fall 2012	Gero 750	3	5	L. Morgan and S. Picot			
Fall 2013	Gero 750	3	1	L. Morgan			
Fall 2014	Gero 750	3	4	L. Morgan and S. Picot			
Spring 2009	Gero 751	3	3	L. Morgan and S. Picot			
Spring 2010	Gero 751	3	4	L. Morgan and S. Picot			
Spring 2011	Gero 751	3	5	L. Morgan and S. Picot			
Spring 2012	Gero 751	3	4	L. Morgan and S. Picot			
Spring 2013	Gero 751	3	4	L. Morgan and S. Picot			
Spring 2014	Gero 751	3	1	L. Morgan			
Spring 2015	Gero 751	3	3	L. Morgan and S. Picot			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2009	Gero 700	3	7	R. Rubinstein			
Spring 2011	Gero 700	3	8	R. Rubinstein			
Fall 2012	Gero 700	3	8	R. Rubinstein			
Spring 2014	Gero 700	3	4	R. Rubinstein			
Spring 2009	Gero 681	3	11	A. Gruber-Baldini and R. Miller			X
Fall 2010	Gero 681	3	10	A. Gruber-Baldini and R. Miller			X
Spring 2012	Gero 681	3	9	A. Gruber-Baldini and J. Brown			X
Fall 2013	Gero 681	3	12	A. Gruber-Baldini and J. Brown			X
Spring 2015	Gero 681	3	7	A. Gruber-Baldini and J. Brown			X
Fall 2008	Gero 711	3	7	S. Bruce and D. Orwig			
Spring 2010	Gero 711	3	3	S. Bruce and D. Orwig			
Spring 2012	Gero 711	3	15	D. Orwig and I. Merchanthaler			
Fall 2013	Gero 711	3	5	D. Orwig and I. Merchanthaler			
Spring 2015	Gero 711	3	5	D. Orwig and I. Merchanthaler			
Fall 2009	Gero 672	3	8	C. Quinn			
Spring 2011	Gero 672	3	8	C. Quinn			
Fall 2012	Gero 672	3	8	C. Quinn			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2014	Gero 672	3	4	C. Quinn			
Fall 2008	Gero 786	3	8	A. Gruber-Baldini			X
Spring 2010	Gero 786	3	7	A. Gruber-Baldini			X
Fall 2011	Gero 786	3	14	A. Gruber-Baldini			X
Spring 2013	Gero 786	3	9	A. Gruber-Baldini			X
Fall 2014	Gero 786	3	4	A. Gruber-Baldini			X
Other Gero Courses							
Spring 2011	Gero 798	3	4	Dawn Alley			
Ethics Course							
Spring 2011	CIPP 909	1	5	Shamoo			
Spring 2012	CIPP 909	1	14	Shamoo			
Spring 2013	CIPP 909	1	27	Shamoo			
Spring 2014	CIPP 909	1	17	Shamoo			
Spring 2015	CIPP 907	1	16	Puche			
Epidemiology Track Courses							
Fall 2008	Prev 600	3	23	M. Baumgarten			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2009	Prev 600	3	28	M. Baumgarten			
Fall 2010	Prev 600	3	28	M. Baumgarten			
Fall 2011	Prev 600	3	34	M. Baumgarten			
Fall 2012	Prev 600	3	16	M. Baumgarten			
Fall 2013	Prev 600	3	10	M. Baumgarten			
Fall 2014	Prev 600	3	22	M. Baumgarten			
Spring 2009	Prev 619	2	22	M. Zhan			
Spring 2010	Prev 619	2	17	M. Zhan			
Spring 2011	Prev 619	2	25	M. Zhan			
Spring 2012	Prev 619	2	24	M. Zhan			
Fall 2012	Prev 619	1	31	M. Zhan			
Fall 2013	Prev 619	1	22	M. Zhan			
Fall 2014	Prev 619	1	24	M. Zhan			
Fall 2008	Prev 620	3	43	C. Brown			
Fall 2009	Prev 620	3	33	C. Brown			
Fall 2010	Prev 620	3	36	C. Brown			
Fall 2011	Prev 620	3	39	C. Brown			
Fall 2012	Prev 620	3	25	C. Brown			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2013	Prev 620	3	40	C. Brown			
Fall 2014	Prev 620	3	22	C. Brown			
Spring 2009	Prev 720	4	26	M. Shardell			
Spring 2010	Prev 720	4	25	M. Shardell			
Spring 2011	Prev 720	3	44	L. Magder			
Spring 2012	Prev 720	3	30	M. Shardell			
Spring 2013	Prev 720	3	21	M. Shardell			
Spring 2014	Prev 720	3	27	M. Shardell			
Spring 2015	Prev 720	3	21	M. Shardell			
Fall 2008	Prev 721	2	7	H. Chen			
Fall 2009	Prev 721	2	11	H. Chen			
Fall 2010	Prev 721	2	17	H. Chen			
Fall 2011	Prev 721	2	12	H. Chen			
Fall 2012	Prev 721	2	17	H. Chen			
Fall 2013	Prev 721	2	15	H. Chen			
Fall 2014	Prev 721	2	12	H. Chen			
Fall 2008	Prev 723	2	9	M. Zhan			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2009	Prev 723	2	17	M. Zhan			
Fall 2010	Prev 723	2	18	M. Zhan			
Fall 2011	Prev 723	2	16	M. Zhan			
Fall 2012	Prev 723	2	19	M. Zhan			
Fall 2013	Prev 723	2	14	M. Zhan			
Fall 2014	Prev 723	2	8	M. Zhan			
Spring 2009	Prev 801	3	7	P. Langenberg			
Spring 2010	Prev 801	3	6	P. Langenberg			
Spring 2011	Prev 801	3	12	P. Langenberg			
Spring 2012	Prev 801	3	13	L. Magder			
Spring 2013	Prev 801	3	18	L. Magder			
Spring 2014	Prev 801	3	13	L. Magder			
Spring 2015	Prev 801	3	7	L. Magder			
Fall 2008	Prev 758	3	18	K. Tracy			
Fall 2009	Prev 758	3	14	K. Tracy			
Fall 2010	Prev 758	3	24	K. Tracy			
Fall 2011	Prev 758	3	32	J. Brown			
Fall 2012	Prev 758	3	22	J. Brown			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2013	Prev 758	3	15	J. Brown			
Fall 2014	Prev 758	3	20	J. Brown			
Spring 2009	Prev 659	3	15	L. Hungerford, A. Harris			
Spring 2010	Prev 659	3	28	L. Hungerford, A. Harris			
Spring 2011	Prev 659	3	25	L. Hungerford, A. Harris			
Spring 2012	Prev 659	3	26	L. Hungerford, A. Harris			
Spring 2013	Prev 659	3	13	L. Hungerford, A. Harris			
Spring 2014	Prev 659	3	21	A. Harris			
Spring 2015	Prev 659	3	15	A. Harris			
Spring 2009	Prev 803	3	13	M. Terrin			
Spring 2010	Prev 803	3	12	M. Terrin			
Spring 2011	Prev 803	3	19	M. Terrin			
Spring 2012	Prev 803	3	18	M. Terrin			
Spring 2013	Prev 803	3	14	M. Terrin			
Spring 2014	Prev 803	3	17	M. Terrin			
Spring 2015	Prev 803	3	11	M. Terrin			
Summer 2009	Prev 716	3	5	Unknown			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		

Summer 2010	Prev 716	3	7	D. Mann			
Summer 2011	Prev 716	3	6	D. Mann			
Summer 2012	Prev 716	3	10	D. Mann			
Summer 2013	Prev 716	3	14	D. Mann			
Summer 2014	Prev 716	3	12	D. Mann			
Summer 2015	Prev 716	3	8	D. Mann			

Policy Track Courses

Fall 2008	Publ 600	3	26	M. Mandell			
Spring 2009	Publ 600	3	22	A. Kirk			
Fall 2009	Publ 600	3	21	A. Kirk			
Spring 2010	Publ 600	3	16	A. Kirk			
Fall 2010	Publ 600	3	24	A. Kirk			
Spring 2011	Publ 600	3	13	A. Kirk			
Fall 2011	Publ 600	3	19	A. Kirk			
Spring 2012	Publ 600	3	12	A. Kirk			
Fall 2012	Publ 600	3	20	A. Kirk			
Spring 2013	Publ 600	3	6	A. Kirk			
Fall 2013	Publ 600	3	16	A. Kirk			
Spring 2014	Publ 600	3	4	A. Kirk			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2014	Publ 600	3	16	A. Kirk			
Spring 2015	Publ 600	3	7	M. Mandell			
Srping 2009	Publ 604	3	27	D. Marcotte			
Fall 2009	Publ 604	3	11	D. Marcotte			
Spring 2010	Publ 604	3	22	D. Marcotte			
Fall 2010	Publ 604	3	13	D. Marcotte			
Spring 2011	Publ 604	3	13	D. Marcotte			
Fall 2011	Publ 604	3	20	D. Marcotte			
Spring 2012	Publ 604	3	13	D. Marcotte			
Fall 2012	Publ 604	3	15	D. Marcotte			
Spring 2013	Publ 604	3	18	D. Marcotte			
Spring 2014	Publ 604	3	21	D. Marcotte			
Fall 2014	Publ 604	3	18	D. Marcotte			
Spring 2015	Publ 604	3	18	D. Marcotte			
Fall 2008	Econ 611	3	17	T. Gindling			
Fall 2009	Econ 611	3	15	T. Gindling			
Fall 2010	Econ 611	3	14	T. Gindling			
Fall 2011	Econ 611	3	12	Yuan, C			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2012	Econ 611	3	17	Yuan, C			
Fall 2013	Econ 611	3	11	T. Gindling			
Fall 2014	Econ 611	3	7	T. Gindling			
Spring 2009	Econ 612	3	15	C. Viauroux			
Spring 2010	Econ 612	3	14	L. Dickson			
Spring 2011	Econ 612	3	11	B. Ma			
Spring 2012	Econ 612	3	15	C. Viauroux			
Spring 2013	Econ 612	3	12	C. Viauroux			
Spring 2014	Econ 612	3	15	L. Dickson			
Spring 2015	Econ 612	3	6	C. Viauroux			
Fall 2008	Publ 607	3	13	M. Mandell			
Fall 2009	Publ 607	3	8	M. Mandell			
Spring 2011	Publ 607	3	11	M. Mandell			
Fall 2011	Publ 607	3	12	M. Mandell			
Fall 2012	Publ 607	3	9	M. Mandell			
Fall 2013	Publ 607	3	10	M. Mandell			
Fall 2014	Publ 607	3	10	M. Adler			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2009	Publ 608	3	8	D. Salkever			
Fall 2010	Publ 608	3	14	D. Salkever			
Spring 2012	Publ 608	3	6	D. Salkever			
Fall 2012	Publ 608	3	5	D. Salkever			
Spring 2013	Publ 608	3	6	D. Salkever			
Spring 2014	Publ 608	3	8	D. Salkever			
Spring 2015	Publ 608	3	5	D. Salkever			
fall 2008	PHSR 701	3	4	I. Zuckerman and B. Stuart			
fall 2009	PHSR 701	3	7	I. Zuckerman and B. Stuart			
fall 2010	PHSR 701	3	4	I. Zuckerman and B. Stuart			
fall 2011	PHSR 701	3	5	I. Zuckerman and B. Stuart			
fall 2012	PHSR 701	3	7	I. Zuckerman and B. Stuart			
fall 2013	PHSR 701	3	6	I. Zuckerman and E. Onukwugha			
fall 2014	PHSR 701	3	10	S. Tom and B. Stuart			
Spring 2009	PHSR 702	3	3	I. Zuckerman and B. Stuart			
Spring 2010	PHSR 702	3	6	I. Zuckerman and B. Stuart			
Spring 2011	PHSR 702	3	3	I. Zuckerman and B. Stuart			
Spring 2012	PHSR 702	3	5	I. Zuckerman and B. Stuart			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2013	PHSR 702	3	7	I. Zuckerman and B. Stuart			
Spring 2014	PHSR 702	3	4	S. Tom and E. Onukwugha			
Spring 2015	PHSR 702	3	6	S. Tom			
Fall 2008	Econ 600	3	21	T. Brennan			
Spring 2009	Econ 600	3	13	T. Brennan			
Fall 2009	Econ 600	3	25	T. Brennan			
Spring 2010	Econ 600	3	10	T. Brennan			
Fall 2010	Econ 600	3	22	T. Brennan			
Spring 2011	Econ 600	3	12	T. Brennan			
Fall 2011	Econ 600	3	16	T. Brennan			
Spring 2012	Econ 600	3	13	T. Brennan			
Fall 2012	Econ 600	3	14	R. Mutter			
Spring 2013	Econ 600	3	7	T. Brennan			
Fall 2013	Econ 600	3	17	T. Brennan			
Fall 2014	Econ 600	3	14	A. Misra			
Spring 2015	Econ 600	3	7	T. Brennan			
Fall 2008	Publ 603	3	24	N. Miller			
Spring 2009	Publ 603	3	23	M. Mandell			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2009	Publ 603	3	16	N. Miller			
Spring 2010	Publ 603	3	23	M. Mandell			
Fall 2010	Publ 603	3	17	N. Miller			
Spring 2011	Publ 603	3	20	M. Mandell			
Fall 2011	Publ 603	3	17	N. Miller			
Spring 2012	Publ 603	3	15	M. Mandell			
Fall 2012	Publ 603	3	21	N. Miller			
Spring 2013	Publ 603	3	11	M. Mandell			
Fall 2013	Publ 603	3	17	N. Miller			
Spring 2014	Publ 603	3	14	M. Mandell			
Fall 2014	Publ 603	3	16	N. Miller			
Spring 2015	Publ 603	3	6	M. Mandell			
Spring 2009	Publ 601	3	24	B. DiPietro			
Fall 2009	Publ 601	3	24	D. Shetterly			
Spring 2010	Publ 601	3	19	B. DiPietro			
Fall 2010	Publ 601	3	27	D. Shetterly			
Spring 2011	Publ 601	3	18	R. Meyers			
Fall 2011	Publ 601	3	19	R. Meyers			
Spring 2012	Publ 601	3	16	E. Zemeering			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2012	Publ 601	3	19	R. Meyers			
Spring 2013	Publ 601	3	15	E. Zemeering			
Fall 2013	Publ 601	3	16	R. Meyers			
Fall 2014	Publ 601	3	19	R. Meyers			
Spring 2015	Publ 601	3	6	L. Edwards			
Fall 2008	Econ 652	3	7	M. Goldfarb			
Spring 2009	Econ 652	3	5	B. Ma			
Spring 2008	Law 503K and L	3	unknown	Pasquale			
Spring 2003	Law 548B	3	unknown	Hoffman			
Fall 2009	Publ 652	3	13	N. Miller			
Fall 2010	Publ 652	3	14	N. Miller			
Fall 2011	Publ 652	3	7	N. Miller			
Fall 2012	Publ 652	3	10	N. Miller			
Fall 2013	Publ 652	3	12	N. Miller			
Fall 2014	Publ 652	3	6	N. Miller			
Spring 2009	Publ 618	3	9	A. Kirk			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2010	Publ 618	3	11	N. Miller			
Spring 2011	Publ 618	3	9	N. Miller			
Spring 2012	Publ 618	3	10	N. Miller			
Spring 2013	Publ 618	3	6	N. Miller			
Sociocultural/Behavioral Track							
Fall 2008	Socy 600 01	3	18	M. Adler			
Fall 2008	Socy 600 02	3	18	G. Seckin			
Fall 2009	Socy 600 01	3	12	M. Adler			
Fall 2009	Socy 600 02	3	20	J. Schumacher			
Fall 2010	Socy 600 01	3	18	M. Adler			
Fall 2010	Socy 600 02	3	19	J. Schumacher			
Fall 2011	Socy 600 01	3	15	M. Adler			
Fall 2011	Socy 600 02	3	21	J. Schumacher			
Fall 2012	Socy 600 01	3	17	M. Adler			
Fall 2012	Socy 600 02	3	19	J. Schumacher			
Fall 2013	Socy 600 01	3	19	M. Adler			
Fall 2014	Socy 600 01	3	8	M. Adler			
Fall 2014	Socy 600 02	3	13	J. Schumacher			
Spring 2009	Socy 604 01	3	16	M. Adler			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2009	Socy 604 02	3	18	Flow-Delwiche			
Spring 2010	Socy 604 01	3	17	M. Adler			
Spring 2010	Socy 604 02	3	14	Flow-Delwiche			
Spring 2011	Socy 604 01	3	17	M. Adler			
Spring 2011	Socy 604 02	3	18	Flow-Delwiche			
Spring 2012	Socy 604 01	3	9	M. Adler			
Spring 2012	Socy 604 02	3	19	Flow-Delwiche			
Spring 2013	Socy 604 01	3	19	C. Mair			
Spring 2013	Socy 604 02	3	13	C. Mair			
Spring 2014	Socy 604 01	3	12	M. Adler			
Spring 2014	Socy 604 02	3	15	C. Mair			
Spring 2015	Socy 604	3	14	C. Mair			
Spring 2009	Nurs 814	3	10	Unknown			
Spring 2010	Nurs 814	3	7	Unknown			
Spring 2011	Nurs 814	3	9	Unknown			
Spring 2012	Nurs 814	3	8	Storr and Friedman			
Spring 2013	Nurs 814	3	9	Storr and Friedman			
Spring 2014	Nurs 814	3	16	E. Friedman			
Spring 2015	Nurs 814	3	6	E. Friedman			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2009	Nurs 815	3	10	Scrandis and Wiegand			
Spring 2010	Nurs 815	3	9	Scrandis and Wiegand			
Spring 2011	Nurs 815	3	9	Scrandis and Wiegand			
Spring 2012	Nurs 815	3	9	Scrandis and Wiegand			
Spring 2013	Nurs 815	3	7	Scrandis and Wiegand			
Spring 2014	Nurs 815	3	15	D. Scrandis			
Spring 2015	Nurs 815	3	10	D. Wiegand			
Fall 2008	Nurs 816	3	16	Geiger Brown and Zangaro			
Fall 2009	Nurs 816	3	10	Unknown			
Fall 2010	Nurs 816	3	6	Unknown			
Fall 2011	Nurs 816	3	9	Y. Liang			
Fall 2012	Nurs 816	3	8	Y. Liang			
Fall 2013	Nurs 816	3	7	Unknown			
Fall 2014	Nurs 816	3	15	E. Friedmann			
Fall 2015	Nurs 816	3	6	E. Friedmann			
Spring 2008	Nurs 817	3	4	E. Friedmann			
Spring 2009	Nurs 817	3	4	E. Friedmann			
Spring 2010	Nurs 817	3	2	E. Friedmann			
Spring 2011	Nurs 817	3	8	E. Friedmann			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2013	Nurs 817	3	4	E. Friedmann			
Spring 2014	Nurs 817	3	5	E. Friedmann			
Spring 2015	Nurs 817	3	5	E. Friedmann			
Fall 2008	Socy 605	3	18	M. Adler			
Fall 2010	Socy 619	3	24	K. Eckert			
Spring 2013	Socy 619	3	14	K. Eckert			
Fall 2013	Socy 619	3	17	L. Morgan			
Spring 2014	Socy 619	3	18	K. Eckert			
Fall 2014	Socy 619	3	21	K. Eckert			
Spring 2015	Socy 619	3	20	K. Eckert			
Fall 2008	Socy 630	3	18	J. Trela			
Fall 2009	Socy 630	3	16	J. Trela			
Fall 2010	Socy 630	3	11	L. Morgan			
Fall 2013	Socy 630	3	11	L. Morgan			
Spring 2009	Socy 631	3	12	Schumacher, J			
Fall 2008	Socy 620	3	18	T. Serpi			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Spring 2009	Socy 620	3	11	T. Serpi			
Fall 2009	Socy 620	3	15	D. Alley			
Spring 2010	Socy 620	3	23	M. Shea			
Fall 2010	Socy 620	3	21	W. Rothstein			
Spring 2011	Socy 620	3	17	C. Boddie-Willis			
Fall 2011	Socy 620	3	21	W. Rothstein			
Spring 2012	Socy 620	3	16	D. Andersen			
Fall 2012	Socy 620	3	11	W. Rothstein			
Fall 2013	Socy 620	3	20	W. Rothstein			
Fall 2013	Socy 634	3	18	B. Wallace			
Spring 2013	Socy 632	3	16	K. Giuriceo			
Spring 2010	Publ 611	3	8	D. Marcotte			
Spring 2011	Publ 611	3	7	A. Kirk			
Spring 2012	Publ 611	3	11	D. Marcotte			
Spring 2013	Publ 611	3	10	M. Mandell			
Spring 2014	Publ 611	3	4	A. Kirk			
Spring 2015	Publ 611	3	6	A. Kirk			

Semester & Year Presented (sem/yyyy)	Course Designation & Number	# of Credits	# of Students Enrolled	Names of Faculty Presenting & % Effort in Course		Check if Lab Involved	Check if Course is Crosslisted for Professional/ Undergrad./ Graduate Students
				Name	% Effort		
Fall 2008	Psych 611	3	38	L. Stapleton			
Fall 2009	Psych 611	3	10	S. Pitts			
Fall 2010	Psych 611	3	12	S. Pitts			
Fall 2011	Psych 611	3	13	S. Pitts			
Fall 2012	Psych 611	3	16	S. Pitts			
Fall 2013	Psych 611	3	14	S. Sun			
Spring 2008	Psych 710	3	10	C. Murphy			
Spring 2009	Psych 710	3	13	C. Murphy			
Spring 2010	Psych 710	3	7	C. Murphy			
Spring 2011	Psych 710	3	6	C. Murphy			
Spring 2012	Psych 710	3	14	R. Barry			
Spring 2013	Psych 710	3	15	N. Else-Quest and C. Murphy			
Spring 2014	Psych 710	3	14	N. Else-Quest and C. Murphy			
Spring 2015	Psych 710	3	13	N. Else-Quest and C. Murphy			
Fall 2008	Psych 715	3	22	L. Stapleton			
Fall 2010	Psych 715	3	14	L. Stapleton			
Fall 2013	Psych 715	3	9	S. Sun			
Spring 2014	Psych 717	3	7	S. Pitts			

TABLE 3
Substantive Program Modifications

Program	Nature of Change	Reason for Change
Gerontology	Three-Paper Dissertation	Students requested this option to speed publication
Gerontology	2008. Conditional passes for comprehensive exams have to be resolved by the fall semester.	Faculty feedback on lengthy timelines, delaying moves into candidacy
	2008 and 2010. Changed Comprehensive Exam Grading Criteria:	Based on grader and student feedback, to create greater clarity and inter-rater reliability
	2010. Students, both current and graduates, may not share previous questions or answers; the questions and sample answers should only be provided by the academic coordinator. They may share answers only within comprehensive exam year cohort and only with students who have successfully completed all of comprehensive exams in that cohort	Recommended change from the Comprehensive Exam Policy Committee
	2010. Changed Comprehensive Exam to have strict revision submission timelines	Based on faculty graders' experiences with rewrites
	2012. Changed Comprehensive Exam retakes to only one re-take instead of 2.	Comps Committee and Steering Committee wanted to avoid reatkes that would likely not be successful
Gerontology	2012. Allowed core courses to be substituted in within the allowable 12 credits.	Based on student request: standards remain rigorous for core courses, and only one exception has been granted

TABLE 4
Five-Year Faculty Profile

Department: Gerontology Core Faculty

	Fall <u>2010</u>		Fall <u>2011</u>		Fall <u>2012</u>		Fall <u>2013</u>		Fall <u>2014</u>	
	Ten/	Off	Ten/	Off	Ten/	Off	Ten/	Off	Ten/	Off
	On Track	Track	On Track	Track	On Track	Track	On Track	Track	On Track	Track
Status										
Full-Time	17	5	18	5	17	6	19	5	18	4
Part-Time										
Highest Degree										
Bachelor										
Master										
1st Prof.		1								
Doctorate	17	4	18	5	17	6	19	5	18	4
No Degree										
Unknown										
Rank										
Professor	8		8		8	1	9	1	8	1
Assoc Prof	4	1	4	1	5	3	5	3	5	3
Asst Prof	5	4	6	4	4	2	5	1	5	
Instructor										
Lecturer										
Other										
Race										
Two or more										
American Indian										
Asian	2		2		3		3		3	
Black	1		1	1	1	1	2		2	
Hawaii/Pac										
Hispanic										
International	1		1							
Not Specified										
White	13	5	14	4	13	5	14	5	13	4
Gender										
Female	10	4	11	5	11	5	13	4	12	3
Male	7	1	7		6	1	6	1	6	1
Age (UMBC only)* (Median)	51.0		48.0	35.0	53.0	36.0	50.0		51.0	
Total	17	5	18	5	17	6	19	5	18	4

*Data unavailable for UMB

Source: DW.EMPLOYEES table, the Department of Epidemiology and Public Health, and individual faculty at UMB

Prepared by: UMBC Office of Institutional Research, 09/2015 and PhD in Gerontology Program Coordinator

UMBC FY 2016 Academic Program Review

**TABLE 5 Combined
Resources**

ACADEMIC PROGRAM REVIEW

FICE 002105 U of Maryland Baltimore County FY15

Department:

Program Name & Degrees Offered: Gerontology - PhD

HEGIS Code of Program: 490305

PROGRAM FACULTY

FTE-FACULTY in Program: 0.00

of Tenured Faculty: # of Ten-Track Fac:

PROGRAM EXPENDITURES

Object of Expenditures	Gen. Instruct.		Total		Research Exp Restricted	Research Exp Un-Restricted	Total Expenditures
	State Supported Expenditures	Non State Supp. Expenditures	Instructional Expenditures				
Salaries - Ten/Track Fac	0		0		0	0	0
Salaries - Other Faculty	12000	0	12000		0	0	12000
Salaries - All Other**	134189.24	0	134189.24		0	0	134189.24
Other Exp.	67361.63	0	67361.63		0	0	67361.63
Total Prog. Expenditures	213550.87	0	213550.87		0	0	213550.87

SOURCE: Provost's Office - Assoc Provost for Financial Mgmt. and the Dept of Epidemiology and Public Health and the PhD in Gerontology

*No Tenure Track salaries because we have no salary lines. We do have tenured and tenure track affiliates

**TABLE 5a- UMBC
Resources**

ACADEMIC PROGRAM REVIEW

FICE 002105 U of Maryland Baltimore County FY15

Department: dept name

Program Name & Degrees Offered: Gerontology - PhD

HEGIS Code of Program: 490305

PROGRAM FACULTY

FTE-FACULTY in Program:

of Tenured Faculty:

of Ten-Track Fac:

PROGRAM EXPENDITURES

Object of Expenditures	Gen. Instruct.		Total		Research Exp Restricted	Research Exp Un-Restricted	Total Expenditures
	State Supported Expenditures	Non State Supp. Expenditures	Instructional Expenditures				
Salaries - Ten/Track Fac*	0	0	0		0	0	0
Salaries - Other Faculty	12000	0	12000		0	0	12000
Salaries - All Other	46344.6	0	46344.6		0	0	46344.6
Other Exp.**	51720.63	0	51720.63		0	0	51720.63
Total Prog. Expenditures	110065.23	0	110065.23		0	0	110065.23

SOURCE: Provost's Office - Assoc Provost for Financial Mgmt.

*No Tenure Track salaries because we have no salary lines. We do have tenured and tenure track affiliates

** Includes \$27,844.64 toward Salary for J. Golden @ UMB

**TABLE 5b- UMB
Resources**

ACADEMIC PROGRAM REVIEW

FICE 002105 U of Maryland Baltimore County FY15

Department: dept name

Program Name & Degrees Offered: Gerontology - PhD

HEGIS Code of Program: 490305

PROGRAM FACULTY

FTE-FACULTY in Program:

of Tenured Faculty:

of Ten-Track Fac:

PROGRAM EXPENDITURES

Object of Expenditures	Gen. Instruct.		Total			Total Expenditures
	State Supported Expenditures	Non State Supp. Expenditures	Instructional Expenditures	Research Exp Restricted	Research Exp Un-Restricted	
Salaries - Ten/Track Fac*		0	0	0	0	0
Salaries - Other Faculty	0	0	0	0	0	0
Salaries - All Other	87844.64	0	87844.64	0	0	87844.64
Other Exp.	15641	0	15641	0	0	15641
Total Prog. Expenditures	103485.64	0	103485.64	0	0	103485.64

SOURCE: Division of Gerontology in the Department of Epidemiology and Public Health and PhD in Gerontology Program

*No Tenure Track salaries because we have no salary lines. We do have tenured and tenure track affiliates

TABLE 6 Combined
Indicators of Academic Program Cost & Productivity II: Scholarship & Research
Contributions to the Profession

Institution: UMB/UMBC Bicampus

Gerontology Doctoral Program
 Ph.D.
 HEGIS Code of Program: 490305

OUTCOMES

SCHOLARSHIP & RESEARCH

		CY10	CY11	CY12	CY13	CY14
A. System Indicators						
# of Books Published (Lines I1+I2+I3)	Line 29	4	17	3	17	15
# of Refereed Works	Line 30	84	104	75	86	80
# of Non-refereed Works	Line 31	10	7	21	15	17
# of Creative Activities	Line 32	1	0	0	0	0
# of Presentations (Lines I5+I6)	Line 33	156	130	134	149	113
# of Research Grants	Line 34	34	38	37	39	31
# of Faculty Awarded Research Grants	Line 35	15	15	14	13	15
\$ of Research Grants	Line 36	\$7,830,125	\$8,354,060	\$7,584,063	\$7,222,549	\$6,379,622
B. Institution-Specific Quality Indicators / Accountability Indicators						
# of Textbooks Published	Line I1	0	0	0	0	0
# of Edited Books Published	Line I2	0	0	0	0	0
# of Other Books Published	Line I3	1	3	0	1	1
# of Presentations to Intern./Nat. Org.	Line I5	114	97	97	82	82
# of Presentations to Regional/Local Org.	Line I6	42	33	38	66	33
# of Scholarly Awards by Intern./Nat. Org.	Line I7	2	7	6	4	6
# of Scholarly Awards by Regional/Local Org.	Line I8	6	5	2	5	4
# Days spent preparing proposals, presentations... **	Line I9	969	997	1,038	1,010	526

* Subject to revision.

** UMBC faculty only. Not available for UMB faculty.

SOURCE: UMBC Faculty Annual Report of non-instructional productivity and UMB faculty CVs

Prepared by: UMBC Office of Institutional Research, 09/2015 and PhD in Gerontology: Program staff

TABLE 6a- UMBC
Indicators of Academic Program Cost & Productivity II: Scholarship & Research
Contributions to the Profession

Institution: UMBC

Department: dept name
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES

SCHOLARSHIP & RESEARCH

		CY10	CY11	CY12	CY13	CY14
A. System Indicators						
# of Books Published (Lines I1+I2+I3)	Line 29	0	2	0	0	0
# of Refereed Works	Line 30	16	23	13	25	17
# of Non-refereed Works	Line 31	0	1	0	0	1
# of Creative Activities	Line 32	1	0	0	0	0
# of Presentations (Lines I5+I6)	Line 33	33	26	35	19	24
# of Research Grants	Line 34	15	14	12	11	6
# of Faculty Awarded Research Grants	Line 35	3	3	3	3	2
\$ of Research Grants	Line 36	\$2,349,094	\$2,072,470	\$1,534,123	\$1,410,963	\$484,187
B. Institution-Specific Quality Indicators / Accountability Indicators						
# of Textbooks Published	Line I1	0	0	0	0	0
# of Edited Books Published	Line I2	0	0	0	0	0
# of Other Books Published	Line I3	0	2	0	0	0
# of Presentations to Intern./Nat. Org.	Line I5	33	26	32	19	22
# of Presentations to Regional/Local Org.	Line I6	0	0	3	0	2
# of Scholarly Awards by Intern./Nat. Org.	Line I7	0	2	2	1	0
# of Scholarly Awards by Regional/Local Org.	Line I8	1	0	0	0	1
# Days spent preparing proposals, presentations..	Line I9	969	997	1,038	1,010	526

SOURCE: UMBC Faculty Annual Report of non-instructional productivity; Grants information as reported in Faculty Workload Report to USM

Prepared by: UMBC Office of Institutional Research, 09/2015.

UMBC FY 2016 Academic Program Review

TABLE 6b UMB
Indicators of Academic Program Cost & Productivity II: Scholarship & Research
Contributions to the Profession

Institution: UMB

Department: dept name
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES

SCHOLARSHIP & RESEARCH

	CY10	CY11	CY12	CY13	CY14
A. System Indicators					
# of Books Published (Lines I1+I2+I3): includes ch Line 29	4	15	3	17	15
# of Refereed Works Line 30	68	81	62	61	63
# of Non-refereed Works Line 31	10	6	21	15	16
# of Creative Activities Line 32	0	0	0	0	0
# of Presentations (Lines I5+I6) Line 33	123	104	99	130	89
# of Research Grants Line 34	19	24	25	28	25
# of Faculty Awarded Research Grants Line 35	12	12	11	10	13
\$ of Research Grants Line 36	\$5,481,031	\$6,281,590	\$6,049,940	\$5,811,586	\$5,895,435
B. Institution-Specific Quality Indicators / Accountability Indicators					
# of Textbooks Published Line I1	0	0	0	0	0
# of Edited Books Published Line I2	0	0	0	0	0
# of Other Books Published Line I3	1	1	0	1	1
# of Presentations to Intern./Nat. Org. Line I5	81	71	65	63	60
# of Presentations to Regional/Local Org. Line I6	42	33	35	66	31
# of Scholarly Awards by Intern./Nat. Org. Line I7	2	5	4	3	6
# of Scholarly Awards by Regional/Local Org. Line I8	5	5	2	5	3
# Days spent preparing proposals, presentations... Line I9	NA	NA	NA	NA	NA

*Not calculated for UMB faculty

SOURCE: UMB Faculty CVs
 Prepared by PhD in Gerontology:Program staff
 UMBC FY 2016 Academic Program Review

TABLE 7 Combined
INDICATORS OF ACADEMIC PROGRAM COST AND PRODUCTIVITY: Teaching

Institution: UMB and UMBC

Department:
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES
TEACHING

		FY11	FY12	FY13	FY14	FY15
A. System Indicators						
Total Credit Hours Generated	Line 11	304	263	236	277	267
Undergraduate LD	Line 12	0	0	0	0	0
Undergraduate UD	Line 13	0	0	0	0	0
Graduate I*	Line 14	28	27	33	21	24
Graduate II	Line 15	97	106	78	62	49
Graduate III	Line 16	179	130	125	194	194
Total FTES	Line 17	15.7	13.4	12.2	14.7	14.1
% Cr Hr Generated by Ten/Ten-Track Fac	Line 18	0**	0	0	0	0
Undergraduate LD	Line 19	0	0	0	0	0
Undergraduate UD	Line 20	0	0	0	0	0
Graduate	Line 21	304.0	263.0	236.0	277.0	267.0
No. of Degrees Awarded						
Bachelor's	Line 24	0	0	0	0	0
Masters (Terminal)	Line 25	1	0	0	0	0
Doctorate	Line 26	5	3	4	3	3
Post-Bacc Certificate	Line 27	0	0	0	0	0
Ratio of FTES/FTEF	Line 28	0	0	0	0	0
B. Institution-Specific Quality Indicators						
Total FTEF		0	0	0	0	0
FTEF of FT and PT Faculty		0	0	0	0	0
FTEF of Grad Teaching Assts		0	0	0	0	0

* Graduate I, II, and III credit hours/ftes are defined by MHEC and DBM. Grad III refers to research credit hours (799 and 899 course credit hours); Grad II refers to regular graduate course credit hours taken by PhD students. Grad I refers to all other graduate course credit hours taken by any students other than PhD students.

** The zeros in Line 21 reflect no tenured/tenure track faculty within the Program

SOURCE: DW.ReportFactRegistration & Credit Hour Reports; Faculty Workload Reports;

DW.ReportFactDegreePlans table; and UMB Banner system and PhD Program database
Prepared by: UMBC Office of Institutional Research, 09/2015 and Justine Golden, Program Manager.
UMBC FY 2016 Academic Program Review

TABLE 7a UMBC
INDICATORS OF ACADEMIC PROGRAM COST AND PRODUCTIVITY: Teaching

Institution: UMBC

Program: Gerontology Doctoral Program
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES
TEACHING

		FY11	FY12	FY13	FY14	FY15
A. System Indicators						
Total Credit Hours Generated	Line 11	176	132	167	187	204
Undergraduate LD	Line 12	0	0	0	0	0
Undergraduate UD	Line 13	0	0	0	0	0
Graduate I*	Line 14	28	27	33	21	24
Graduate II	Line 15	13	21	42	7	3
Graduate III	Line 16	135	84	92	159	177
Total FTES	Line 17	9.3	6.8	8.6	10.1	11
% Cr Hr Generated by Ten/Ten-Track Fac	Line 18	0**	0.0	0.0	0.0	0.0
Undergraduate LD	Line 19	0.0	0.0	0.0	0.0	0.0
Undergraduate UD	Line 20	0.0	0.0	0.0	0.0	0.0
Graduate	Line 21	176.0	132.0	167.0	187.0	204.0
No. of Degrees Awarded						
Bachelor's	Line 24	0	0	0	0	0
Masters	Line 25	0	0	0	0	0
Doctorate	Line 26	4	2	3	1	2
Post-Bacc Certificate	Line 27	0	0	0	0	0
Ratio of FTES/FTEF	Line 28					
B. Institution-Specific Quality Indicators						
Total FTEF						
FTEF of FT and PT Faculty	N/A					
FTEF of Grad Teaching Assts	N/A					

* Graduate I, II, and III credit hours/ftes are defined by MHEC and DBM. Grad III refers to research credit hours (799 and 899 course credit hours); Grad II refers to regular graduate course credit hours taken by PhD students. Grad I refers to all other graduate course credit hours taken by any students other than PhD students.

The zeros in this line reflect the absence of tenured/tenure track faculty in the Program

SOURCE: DW.ReportFactRegistration & Credit Hour Reports; Faculty Workload Reports; DW.ReportFactDegreePlans

Prepared by: UMBC Office of Institutional Research, 09/2015.

Note: 750 offered every fall and 751 offered every spring has two instructors. The FTE may not reflect this.

UMBC FY 2016 Academic Program Review

TABLE 7b UMB
INDICATORS OF ACADEMIC PROGRAM COST AND PRODUCTIVITY: Teaching

Institution: UMB

Program: Gerontology Doctoral Program
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES
TEACHING

		FY11	FY12	FY13	FY14	FY15
A. System Indicators						
Total Credit Hours Generated	Line 11	128	131	69	90	63
Undergraduate LD	Line 12	0	0	0	0	0
Undergraduate UD	Line 13	0	0	0	0	0
Graduate I*	Line 14	0	0	0	0	0
Graduate II	Line 15	84	85	36	55	46
Graduate III	Line 16	44	46	33	35	17
Total FTES	Line 17	6.4	6.6	3.6	4.6	3.1
% Cr Hr Generated by Ten/Ten-Track Fac	Line 18	0**	0	0	0	0
Undergraduate LD	Line 19	0	0	0	0	0
Undergraduate UD	Line 20	0	0	0	0	0
Graduate	Line 21	128.0	131.0	69.0	90.0	63.0
No. of Degrees Awarded						
Bachelor's	Line 24	0	0	0	0	0
Masters (Terminal)	Line 25	1	0	0	0	0
Doctorate	Line 26	1	1	1	2	1
Post-Bacc Certificate	Line 27	0	0	0	0	0
Ratio of FTES/FTEF	Line 28	0	0	0	0	0
B. Institution-Specific Quality Indicators						
Total FTEF						
FTEF of FT and PT Faculty	N/A					
FTEF of Grad Teaching Assts	N/A					

* Graduate I, II, and III credit hours/ftes are defined by MHEC and DBM. Grad III refers to research credit hours (799 and 899 course credit hours); Grad II refers to regular graduate course credit hours taken by PhD students. Grad I refers to all other graduate course credit hours taken by any students other than PhD students.

The zeros in this line reflect the absence of tenured/tenure track faculty in the Program

SOURCE: UMB Banner system and Grade Report sheets

Note:681 has two instructors and 711 has two instructors. The FTE may not reflect this.

**TABLE 8 Combined
Indicators of Academic Program Cost & Productivity III.**

Institution: UMB/UMBC

Department:
Program Name & Degrees Offered: Gerontology - PhD
HEGIS Code of Program: 490305

OUTCOMES

SERVICE: INSTITUTION, PROFESSION, PUBLIC

		CY10	CY11	CY12	CY13	CY14
A. System Indicators						
Institution						
# of Departmental, Inst. and System Committees (I10+I11+I12)	Line 37	105	122	130	134	127
# of Undergraduates Advised*	Line 38	167	164	167	164	178
Profession						
# of Peer Review Panels & Accrediting Teams (I13+I14)	Line 39	34	33	27	25	26
# Manuscripts Read/reviewed*	Line 40	64	48	52	50	63
# of Journals Served as Editor, Area Editor, Etc. (I15+I16)	Line 41	34	31	32	30	26
# of Offices Held in Professional Organizations (I17+I18)	Line 42	17	15	8	5	5
Public						
# of Patents Applied for	Line 48	0	0	0	0	0
B. Institution-Specific Quality Indicators / Accountability Indicators						
Institution						
# of Departmental Committees	Line I10	47	63	89	71	58
# of Institutional Committees	Line I11	71	54	59	54	58
# of System Committees	Line I12	6	5	7	5	0
Profession						
# of Peer Review Panels & Accrediting Teams	Line I13	24	23	27	25	26
# of Accreditation and Certification Teams	Line I14	0	0	0	0	0
# of Journals Editorship & Sub-area Editorship	Line I15	4	4	3	3	1
# of Journals Associate Editorship & Editorial Board	Line I16	30	27	29	27	27
# of Offices Held in Inter./Nat. Org.	Line I17	13	12	7	4	3
# of Offices Held in Regional/Local Org.	Line I18	4	3	1	1	2
Public						
# Days Spent on Professional Services*	Line I19	6.4	36	13.7	3.4	0
# Days spent on Administrative & Committee Assignments*	Line I20	74.1	115.1	110.7	121.3	147.68

* Only reported for UMBC faculty

SOURCE: UMBC Faculty Annual Report of non-instructional productivity and UMB faculty CVs

Prepared by: UMBC Office of Institutional Research, 09/2015 and PhD in Gerontology Program staff

UMBC FY 2016 Academic Program Review

TABLE 8a UMBC
Indicators of Academic Program Cost & Productivity III.

Institution: UMBC

Department: dept name
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES

SERVICE: INSTITUTION, PROFESSION, PUBLIC

		CY10	CY11	CY12	CY13	CY14
A. System Indicators						
Institution						
# of Departmental, Inst. and System Committees (I10+I11+I1)	Line 37	39	44	51	50	40
# of Undergraduates Advised	Line 38	167	164	167	164	178
Profession						
# of Peer Review Panels & Accrediting Teams (I13+I14)	Line 39	1	1	3	1	3
# Manuscripts Read/reviewed	Line 40	64	48	52	50	63
# of Journals Served as Editor, Area Editor, Etc. (I15+I16)	Line 41	5	2	4	2	0
# of Offices Held in Professional Organizations (I17+I18)	Line 42	8	8	3	1	1
Public						
# of Patents Applied for	Line 48	0	0	0	0	0
B. Institution-Specific Quality Indicators / Accountability Indicators						
Institution						
# of Departmental Committees	Line I10	16	21	25	30	14
# of Institutional Committees	Line I11	17	18	19	15	15
# of System Committees	Line I12	6	5	7	5	0
Profession						
# of Peer Review Panels & Accrediting Teams	Line I13	1	1	3	1	3
# of Accreditation and Certification Teams	Line I14	0	0	0	0	0
# of Journals Editorship & Sub-area Editorship	Line I15	0	0	0	0	0
# of Journals Associate Editorship & Editorial Board	Line I16	5	2	4	2	2
# of Offices Held in Inter./Nat. Org.	Line I17	7	8	3	1	0
# of Offices Held in Regional/Local Org.	Line I18	1	0	0	0	1
Public						
# Days Spent on Professional Services	Line I19	6.4	36	13.7	3.4	0
# Days spent on Administrative & Committee Assignments	Line I20	74.1	115.1	110.7	121.3	147.68

* Subject to revision.

SOURCE: UMBC Faculty Annual Report of non-instructional productivity
 Prepared by: UMBC Office of Institutional Research, 09/2015.

TABLE 8b UMB
Indicators of Academic Program Cost & Productivity III.

Institution: UMB

Department: dept name
 Program Name & Degrees Offered: Gerontology - PhD
 HEGIS Code of Program: 490305

OUTCOMES

SERVICE: INSTITUTION, PROFESSION, PUBLIC

		CY10	CY11	CY12	CY13	CY14
A. System Indicators						
Institution						
# of Departmental, Inst. and System Committees (I10+I11+I1)	Line 37	66	78	79	84	87
# of Undergraduates Advised	Line 38	NA	NA	NA	NA	NA
Profession						
# of Peer Review Panels & Accrediting Teams (I13+I14)	Line 39	33	22	24	24	23
# Manuscripts Read/reviewed	Line 40	NA	NA	NA	NA	NA
# of Journals Served as Editor, Area Editor, Etc. (I15+I16)	Line 41	29	29	28	28	26
# of Offices Held in Professional Organizations (I17+I18)	Line 42	9	7	5	4	4
Public						
# of Patents Applied for	Line 48	0	0	0	0	0
B. Institution-Specific Quality Indicators / Accountability Indicators						
Institution						
# of Departmental Committees	Line I10	31	42	64	41	44
# of Institutional Committees	Line I11	54	36	40	43	43
# of System Committees	Line I12	0	0	0	0	0
Profession						
# of Peer Review Panels & Accrediting Teams	Line I13	23	22	24	24	23
# of Accreditation and Certification Teams	Line I14	0	0	0	<u>0</u>	0
# of Journals Editorship & Sub-area Editorship	Line I15	4	4	3	<u>3</u>	1
# of Journals Associate Editorship & Editorial Board	Line I16	25	25	25	25	25
# of Offices Held in Inter./Nat. Org.	Line I17	6	4	4	3	3
# of Offices Held in Regional/Local Org.	Line I18	3	3	1	1	1
Public						
# Days Spent on Professional Services	Line I19	NA	NA	NA	NA	NA
# Days spent on Administrative & Committee Assignments	Line I20	NA	NA	NA	NA	NA

* Subject to revision.

SOURCE: UMBC Faculty Annual Report of non-instructional productivity
 Prepared by: UMBC Office of Institutional Research, 09/2015.

TABLE 9
Graduate Student Enrollment & Degrees
Five Year Trend Data
Program: Gerontology

ENROLLMENTS

Name of Degree	Program Name	Fall	Total # of Applications for Admission	Total # of Admissions	Total # of New Students	Total # of Students	Annual %Change	Average of Annual % Change	Past 5-Year %Change	Past 5-Year Enrollment Average
PhD	Gerontology	2010	25	8	5	27				25.4
		2011	21	7	4	26	-3.7%			
		2012	13	5	4	26	0.0%			
		2013	13	0	0	23	-11.5%			
		2014	16	5	4	25	8.7%			

DEGREES

Name of Degree	Program Name	Year	FY Total # of Degrees Awarded	Annual %Change	Ave, of Annual % Change	5-Year %Change	5 - Year Degree Average
PhD	Gerontology	2010-11	5				3.6
		2011-12	3	-0.4			
		2012-13	4	33.3%			
		2013-14	3	-25.0%			
		2014-15	3	0.0%			

Source: PhD in Gerontology Application and Student Access database

Prepared by: Program coordinator

UMBC FY 2016 Academic Program Review

TABLE 9a-2

**Five-Year Doctoral Student Profile
Enrollments in Program**

Program: Gerontology

Level:	Fall 2010 Primary Plan	Fall 2011 Primary Plan	Fall 2012 Primary Plan	Fall 2013 Primary Plan	Fall 2014 Primary Plan
Ph.D.					
Status					
Full-Time	18	18	18	15	18
Part-Time	9	8	8	8	7
Residency					
Maryland	17	17	18	15	15
Non-MD	10	9	8	8	10
Gender					
Male	5	5	4	4	5
Female	22	21	22	19	20
Race					
2 or More					
Amer. Indian					
Asian	1	1	1	1	2
Black	5	4	4	4	5
Hawaii/Pac					
Hispanic	1	1		1	1
International	1	1	2	2	1
Not Specified					
White	19	19	19	15	16
Age					
	30.7	30.6	30.8	31.9	32.2
Under 18					
18 - 19					
20 - 21					
22 - 24	3	2	2	1	1
25 - 29	8	11	9	8	9
30 - 39	7	5	7	6	8
40 - 49	5	5	5	4	2
50 - 59	4	3	3	4	5
60 - 64					
65 and Over					
Total	27	26	26	23	25

Source: PhD in Gerontology Application and Student Access database

Prepared by: Program Coordinator

UMBC FY 2016 Academic Program Review

TABLE 11**Financial Support for Graduate Students**

	Pre Review Data		Current Academic	Post Review Projections		
	Year2	Year1	Year*	Year1	Year2	Year3
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Graduate Assistants	3	4	5	4	5	5
Graduate Fellowships and Dissertation Awards				1	1	1
Other (including externally funded support)	8	10	5	8	6	5
TOTAL	11	14	10	13	12	11

Information provided by the PhD in Gerontology Program

TABLE 12
Assessment of Physical Facilities and Support Facilities
UMB

		Very Adequate	Adequate	Inadequate	Very Inadequate
	Facility				
	1. Office Space				
	a. Faculty Space	X			
	b. Administrative Space	X			
	c. Graduate Student Space		X		
	2. Library				
	a. Periodical Holdings	X			
	b. Book Holdings				
	c. Department-Based Holdings			X	
	3. Computing Facilities				
	a. Central Computer Server(s)				
	1. Hardware		X		
	2. Software		X		
	b. Department-Based				
	1. Hardware		X		
	2. Software		X		
	4. Other Research Facilities				
	a. Laboratories				
	1. Space	X			
	2. Electric Power	X			
	3. Water and Sewer	X			
	4. Lighting, Heat	X			
	5. Ventilation	X			
	b. Equipment				
	1. Faculty Research		X		
	2. Teaching			X	
	3. Student Research		X		
	5. Other				

UMBC		
Very Adequate	Adequate	Inadequate
X		
	X	
X		
X		
	X	
		X
X		
X		
	X	
	X	
	X	
		X
	X	

Note. For each rating of Inadequate or Very Inadequate, attach an explanation with an estimate of your needs. Use the Other category for special facilities such as machine shop, vivarium, studio, and so on.

TABLE 13
Placement of Graduates

Please rate appropriateness and desirability in relation to the goals and objectives of your program.

Level	Program Name	Name (last, first)	Year Granted	Placement (Title & Address)	Appropriateness & of Placement				
					Very Poor			Excellent	
PhD	Gerontology	De Medeiros, Kathryn	2006	Robert H. and Nancy J. Blayney Professor in the Department of Sociology and Gerontology at Miami University.	1	2	3	4	X
PhD	Gerontology	Niles, Kelly	2006	Associate Professor of Gerontology, Univeristy of La Verne	1	2	3	4	X
PhD	Gerontology	Van Dussen, Dan	2006	Associate Professor, Youngstown State University Graduate Director of Gerontology	1	2	3	4	X
PhD	Gerontology	Ye, Jian	2006	Clinical Safety Physician, CSL Behring	1	2	3	X	5
PhD	Gerontology	Samus, Quincy	2007	Associate. Prof., Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine	1	2	3	4	X
PhD	Gerontology	Tolea, Magdalena	2007	Research Scientist, Department of Psychiatry at the New York University	1	2	3	4	X
PhD	Gerontology	Rubin, Andrea	2007	Maryland Department of Aging-Department of Housing	1	2	3	X	5
PhD	Gerontology	Andersen, Daniel	2008	Research Associate, IMPAQ International	1	2	3	4	X
PhD	Gerontology	Perron, Rebecca	2008	Senior Research Advisor, AARP	1	2	3	4	X
PhD	Gerontology	Ayd-Simpson, Loretta	2008	Unknown	1	2	3	4	5
PhD	Gerontology	Samsell-Schmidt, Joanna	2009	Data Analyst at Integrity Management Services, LLC (IMS)	1	2	3	X	5
PhD	Gerontology	DeMichele, Kim	2009	Government task leader, Medicare Health Outcomes Survey, Centers for Medicare & Medicare Services	1	2	3	4	X
PhD	Gerontology	Kang, Yu	2009	Assistant Professor, School of Health and Human Services, Univ. of Baltimore	1	2	3	4	X
PhD	Gerontology	Okafor, Maria-Theresa	2010	Research Associate, UMBC Center for Aging Studies	1	2	3	4	X

TABLE 13
Placement of Graduates

Please rate appropriateness and desirability in relation to the goals and objectives of your program.

Level	Program Name	Name (last, first)	Year Granted	Placement (Title & Address)	Appropriateness & of Placement				
					Very Poor				Excellent
PhD	Gerontology	Cross, Israel	2010	Analyst, Center for Clinical Standards and Quality, Centers for Medicare and Medicaid Services	1	2	3	4	X
PhD	Gerontology	Fogler, Sarah	2010	Health Insurance Specialist, Division of Advocacy and Special Initiatives, Disabled & Elderly Health Programs Group, CMS	1	2	3	X	5
PhD	Gerontology	Giuriceo, Katherine	2011	Research Analyst, Center for Medicare and Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI) in the Rapid-Cycle Evaluation Group (REG)	1	2	3	4	X
PhD	Gerontology	Piggee, Tommy	2011	Research Scientist, AQE Solutions, Largo Maryland.	1	2	3	4	X
PhD	Gerontology	Canham, Sarah	2011	Postdoctoral Research Fellow, Gerontology Research Centre and the Interdisciplinary Research in the Mathematical and Computational Sciences Centre at Simon Fraser University	1	2	3	4	X
PhD	Gerontology	Marx, Katherine	2011	Sr. Research Program Coordinator, Johns Hopkins Schol of Nursing's Center for Innovative Care in Aging	1	2	3	4	X
PhD	Gerontology	Ballew, Shoshana	2012	Research Associate , Johns Hopkins Bloomberg School of Public Health	1	2	3	4	X
PhD	Gerontology	Clark-Shirley, Leanne	2012	Research Associate at IMPAQ International	1	2	3	4	X
PhD	Gerontology	Doyle, Patrick	2012	Director of Memory Care Services, Brightview Senior Living	1	2	3	4	X
PhD	Gerontology	Lloyd, Jennifer	2013	Social Science Research Analyst, Center for Medicare and Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI) in the Rapid-Cycle Evaluation Group (REG)	1	2	3	4	X

TABLE 13
Placement of Graduates

Please rate appropriateness and desirability in relation to the goals and objectives of your program.

Level	Program Name	Name (last, first)	Year Granted	Placement (Title & Address)	Appropriateness & of Placement				
					Very Poor				Excellent
PhD	Gerontology	Hannum, Susan	2013	Post-doctoral fellow in the Cancer Epidemiology, Prevention, and Control Fellowship Program, Dept. of Health, Behavior, and Society, Bloomberg School of Public Health.	1	2	3	4	X
PhD	Gerontology	Peeples, Amanda	2013	Social Science Program Coordinator, Department of Veterans Affairs VISN 5 Mental Illness Research, Education, and Clinical Center (MIRECC) in Baltimore City	1	2	3	4	X
PhD	Gerontology	Simon Schreck, Janet	2013	Assistant Vice Provost for Education, Johns Hopkins University	1	2	3	4	X
PhD	Gerontology	Reider, Lisa	2014	Faculty, Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. Associate Director, Coordinating Center for Orthopaedic Trauma Research Consortium.	1	2	3	4	X
PhD	Gerontology	Chiles, Nancy	2014	Postdoctoral IRTA at the National Institute on Aging	1	2	3	4	X
PhD	Gerontology	McMullen, Tara	2014	Cross Setting Measure Analyst, Division of Chronic & Post Acute Care (DCPAC/QMHAG/CCSQ/CMS).	1	2	3	4	X
PhD	Gerontology	Lilly, Flavius	2015	Assistant Vice President for Academic Affairs, UMB	1	2	X	4	5
PhD	Gerontology	Girling, Laura	2015	Research Associate, UMBC Center for Aging Studies	1	2	3	X	5
PhD	Gerontology	Miescier, Lynn	2015	Social Science Research Analyst , Center for Medicare and Medicaid Services (CMS), Center for Medicare and Medicaid Innovation (CMMI) in the Rapid-Cycle Evaluation Group (REG)	1	2	3	X	5
Source: Doctoral Program in Gerontology									

TABLE 14
Doctoral Program in Gerontology
Results from Program Alumni Survey
Anonymous

	2009		2011		2013		2015	
	#	%	#	%	#	%	#	%
# Respondents	9	82.00	7	39.00	12	48.00	17	52.00
Mastered core knowledge in the interdisciplinary field of gerontology?								
Yes	9	100.00	6	86.00	10	83.00	13	76.00
Somewhat		0.00	1	14.00	2	17.00	2	12.00
No		0.00		0.00	0	0.00	1	6.00
Prepared to understand/use general research methods in the field or advanced methods in your track?								
Strong	2	22.00	5	71.00	8	67.00	9	53.00
Moderate	6	67.00	1	14.00	4	33.00	5	29.00
Low	1	11.00	1	14.00	0	0.00	3	18.00
Track coursework prepare you with relevant knowledge in your area?								
Strong		0.00		0.00	7	58.00	11	65.00
Moderate		0.00		0.00	3	25.00	5	29.00
Weak					2	17.00		6.00
How satisfied were you with the opportunities for participating in research?								
Definitely	1	11.00	1	14.00	4	33.00	11	65.00
Somewhat	3	33.00	1	14.00	5	42.00	3	18.00
Not at all	4	44.00	3	43.00	1	8.00	3	18.00
Not applicable	1		1		12	17.00		
How satisfied were you with the mentorship you received?								
Satisfied	6	67.00	4	57.00	7	58.00	12	71.00
Somewhat	3	33.00	1	14.00	2	17.00	2	12.00
Not Satisfied		0.00	2	28.00	3	25.00	3	18.00
Upon graduation, how well prepared did you feel to pursue your career in gerontology?								
Prepared	4	44.00	5	71.00	8	67.00	9	53.00
Somewhat	5	56.00	2	29.00	3	25.00	5	29.00
Not at all		0.00		0.00	1	8.00	2	12.00

Source: PhD in Gerontology Program Alumni Survey

TABLE 15
Majors & Degrees Projections

	Current Review Year		Year 1 After Review		Year 2 After Review		Year 3 After Review	
	# students	# degrees granted	# students	# degrees granted	# students	# degrees granted	# students	# degrees granted
Ph.D.	24	31	26	35	26	38	27	41

Source: Doctoral Program in Gerontology

Doctoral Program in Gerontology
List of APR Appendices

Appendix A: Organizational Chart and List of committees/members.

Appendix B: List of Affiliates

Appendix C: Full curricula of the 3 tracks

Appendix D: Full list of course description for all courses

Appendix E: Recent Syllabi for Core Courses

Appendix F: List of GERO courses not taught in the past five years

Appendix G: List of Core Affiliates' Training/Degree Areas

Appendix H: Comparative Information on Doctoral Programs

Appendix I: Student Annual Review Form

Appendix J: Student Publications & Presentations in Prior 5 Years

Appendix A: List of Committees and Members

Steering Committee:

Reba Cornman
Ann Gruber –Baldini
Nancy Miller
Leslie Morgan
Norbert Myslinski
Denise Orwig
Barbara Resnick
Paul Sacco
John Schumacher
Sarah Tom
Shari Waldstein
Ryan Hollingshead-student
Jing Xu-student

Admissions Committee:

Ann Gruber-Baldini
Amanda Lehning
Christine Mair
Sarah Tom

Comprehensive Exam Committee:

Nancy Miller
Beth Galik
Denise Orwig
Paul Sacco
Robert Rubinstein

Concentration Committees:

Epidemiology:
Mona Baumgarten
Marc Hochberg
Jay Magaziner
Brackie Mitchell
Denise Orwig
John Sorkin
Michael Terrin

Policy:
Nancy Miller
Charlene Quinn
Bruce Stuart

Social, Cultural, Behavioral Sciences:

Kevin Eckert

Ann Gruber-Baldini

Leslie Morgan

Bob Rubinstein

John Schumacher

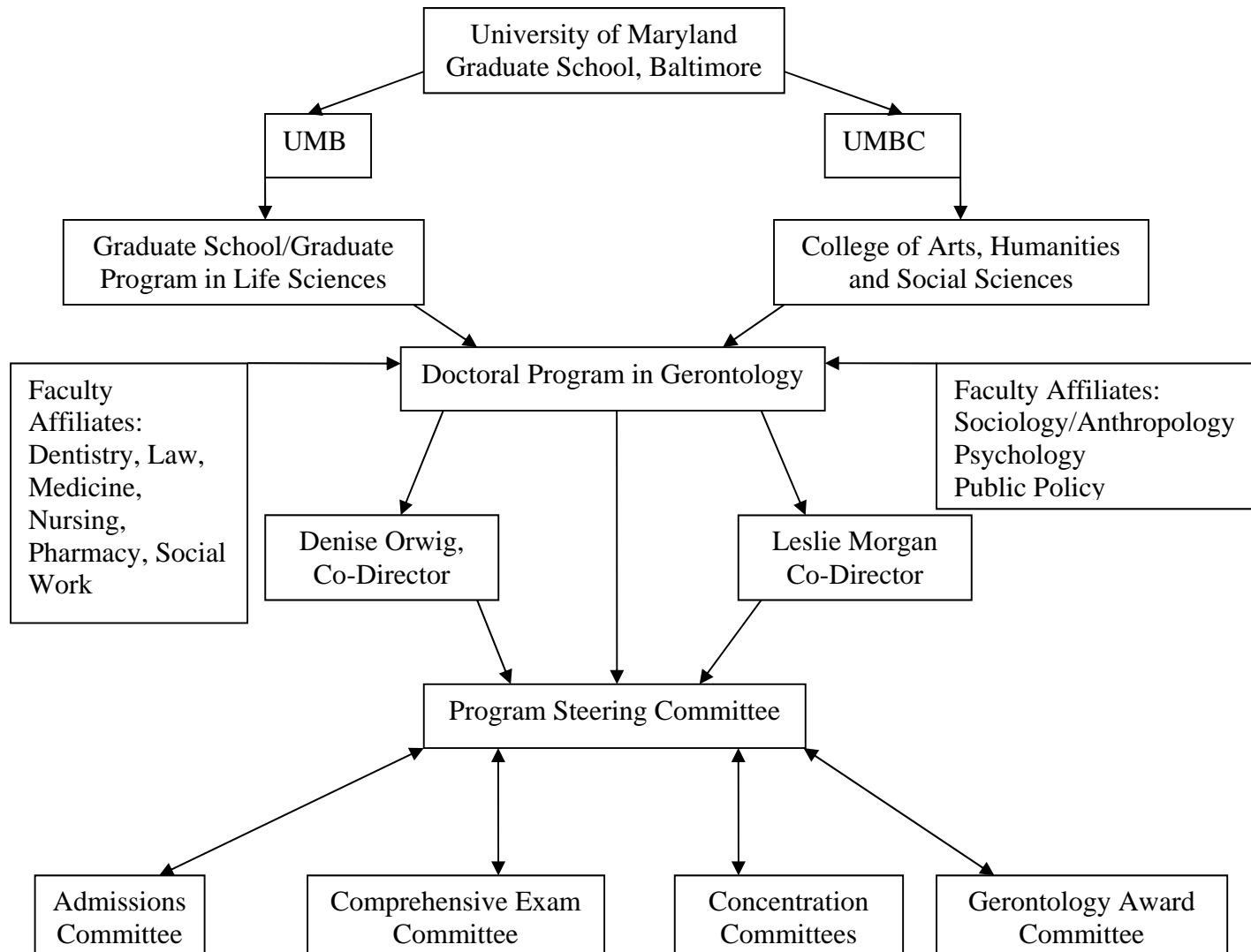
Gerontology Award Committee:

Ann Gruber-Baldini

Glenn Ostir

Brandy Harris-Wallace

Appendix A: Organizational Chart



Appendix B: List of Affiliates				
Firstname	Lastname	Academic Unit (Department or School)	Campus	Track (Epidemiology, Aging Policy Issues, Social Cultural, Behavioral Sciences (SCB))
<u>CORE Affiliates</u>				
Dawn	Alley	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Bangwha	Casado	School of Social Work	UMB	SCB
Reba	Cornman	Academic Affairs	UMB	NA
Beth	Galik	School of Nursing	UMB	SCB
Ann	Gruber-Baldini	Epidemiology & Public Health, School of Medicine	UMB	SCB
Brandy	Harris-Wallace	Sociology & Anthropology	UMBC	SCB
Amanda	Lehning	School of Social Work	UMB	SCB
Kelly	MacMillan	School of Social Work	UMB	SCB
Jay	Magaziner	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Christine	Mair	Sociology & Anthropology	UMBC	SCB
Nancy	Miller	Public Policy	UMBC	Policy
Ram	Miller	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Leslie	Morgan	Sociology & Anthropology	UMBC	SCB
Norbert	Myslinski	School of Dentistry	UMB	SCB
Eun-Shim	Nahm	School of Nursing	UMB	Epidemiology
Denise	Orwig	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Sandra	Picot	School of Nursing	UMB	SCB
Charlene	Quinn	Epidemiology & Public Health, School of Medicine	UMB	Policy
Barbara	Resnick	School of Nursing	UMB	SCB
Robert	Rubinstein	Sociology & Anthropology	UMBC	SCB
Paul	Sacco	School of Social Work	UMB	SCB
John	Schumacher	Sociology & Anthropology	UMBC	SCB
Gul	Seckin	Sociology & Anthropology	UMBC	SCB
Bruce	Stuart	Pharmaceutical Health Services Research, School of Pharm	UMB	Policy
Sarah	Tom	Pharmaceutical Health Services Research, School of Pharm	UMB	SCB/Policy
Shari	Waldstein	Psychology	UMBC	SCB

Ilene	Zuckerman	Pharmaceutical Health Services Research, School of Pharm	UMB	Epidemiology/Policy
NON-CORE Affiliates				
Mona	Baumgarten	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Jessica	Brown	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
John	Cagle	School of Social Work	UMB	SCB
Yu-ching	Cheng	Medicine, School of Medicine	UMB	Epidemiology
Chris	D'Adamo	Family and Community Medicine, School of Medicine	UMB	Epidemiology
Bruce	DeForge	School of Social Work	UMB	SCB/Policy
Sue	Dorsey	School of Nursing	UMB	SCB
Kevin	Eckert	Sociology & Anthropology	UMBC	SCB
Luigi	Ferrucci	NIA Intramural Research Program	NA	Epidemiology
Ann Christine	Frankowski	Sociology & Anthropology	UMBC	SCB
Jack	Guralnik	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Loren	Henderson	Sociology & Anthropology	UMBC	SCB
Marc	Hochberg	Medicine, School of Medicine	UMB	Epidemiology
Yi	Huang	Math and Statistics	UMBC	Serves all tracks
Catherine	Kelleher	School of Nursing	UMB	SCB
Nancy	Kusmaul	Social Work	UMBC	SCB
Patrick	McArdle	Medicine, School of Medicine	UMB	Epidemiology
Braxton	Mitchell	Medicine, School of Medicine	UMB	Epidemiology
Glenn	Ostir	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Mary	Rodgers	Physical Therapy, School of Medicine	UMB	SCB/Epidemiology
Judah	Ronch	Erickson School	UMBC	SCB
Fadia	Shaya	Pharmaceutical Health Services Research, School of Pharm	UMB	SCB
Gordon	Smith	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
John	Sorkin	Medicine, School of Medicine	UMB	Epidemiology
Kristen	Stafford	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Mary	Stuart	Sociology & Anthropology	UMBC	SCB
Michael	Terrin	Epidemiology & Public Health, School of Medicine	UMB	Epidemiology
Robert	Wachbroit	Medicine, School of Medicine	UMB	Serves all tracks
Jill	Whitall	Physical Therapy, School of Medicine	UMB	SCB
Laura	Yerges-Armstrong	Medicine, School of Medicine	UMB	Epidemiology

Appendix C: Full Curricula of the 3 Tracks

Degree Requirements

Core courses (21 credit hours)

Biology of Aging
Epidemiology of Aging
Issues in Aging Policy
Psychology of Aging
Sociocultural Gerontology
Theories/Methods I
Theories/Methods II

Research Methods/Statistics (min. 12 credit hours)

- A. Foundations in statistics/methods (min. 6 credit hours)
- B. Advanced disciplinary analytical courses based on track research specialization (min. 6 credit hours)

Track Specialization (9 credit hours)

In consultation with an academic advisor, students will select courses that will deepen their knowledge within their track.

Electives (6 credit hours)

Courses to be selected from the remaining pool of applicable courses in aging in consultation with the major advisor.

Ethics course (1 credit)

CIPP 909- focuses on professional and research ethics with an additional session focused on ethics in aging research.

Aging Forum

Sessions (maximum of 8 per semester) on the “nuts and bolts” of research and life in the professional world.

Mandatory attendance the first two years of the program.

Comprehensive Examination (end of 2nd year for full-time students)

Examination of core gerontological knowledge, focusing on the content of core courses.

Dissertation (minimum of 2 semesters)

Research on doctoral dissertation under the direction of a faculty advisor.

Seminar/Speaker Series

Mandatory attendance while in the program.

Epidemiology of Aging Track Courses

Core courses (21 credit hours)

GERO 672	Issues in Aging Policy
GERO 681	Epidemiology of Aging
GERO 700	Sociocultural Gerontology
GERO 711	Biology of Aging
GERO 786	Psychological Aspects of Aging
GERO 750	Theories/Methods I (taken first semester of first year)
GERO 751	Theories/Methods II (taken second semester of first year)

Research Methods/Statistics Courses

Foundation (min. 6 credits)

PREV 600	Principles of Epidemiology
PREV 620	Principles of Biostatistics
PREV 619	Biostatistical Computing

Advanced analytical courses* (min. 6 credits)

PREV 720	Statistical Methods in Epidemiology
PREV 721	Regression Analysis
PREV 723 or 801	Survival Analysis Longitudinal Analysis

Track Specialization Courses* (9 credits)

PREV 659	Observational Studies in Epidemiology
PREV 716	Chronic Disease Epidemiology
PREV 758	Health Survey Research Methods
PREV 803	Clinical Trials and Experimental Epidemiology

Electives* (6 credits)

PREV 613	Nutritional Epidemiology
PREV 621	Biostatistical Methods
PREV 652	Health Economics
PREV 701	Cancer Epidemiology
PREV 702	Advanced Quantitative Methods
PREV 705	Pharmacoepidemiology
PREV 711	Genetic Epidemiology
PREV 716	Chronic Disease Epidemiology
PREV 723	Survival Analysis
PREV 749	Infectious Disease Epidemiology
PREV 801	Longitudinal Analysis
PREV 802	Statistics for Molecular Biology
SOCY 620	Social Epidemiology

* Track courses and Electives are not offered every year. Courses selected in consultation with the faculty advisor. Courses may be substituted with approval (see Handbook).

If earning the dual degree in Epidemiology refer to the dual degree page for courses.

Aging Policy Issues Track Courses

Core Courses (21 credit hours)

GERO 672	Issues in Aging Policy
GERO 681	Epidemiology of Aging
GERO 700	Sociocultural Gerontology
GERO 711	Biology of Aging
GERO 786	Psychological Aspects of Aging
GERO 750	Theories/Methods I (taken first semester of first year)
GERO 751	Theories/Methods II (taken second semester of first year)

Research Methods/Statistics Courses

Foundation (6 credits)

- waived with approval, based on sufficient prior graduate training; taken first year

PUBL 600** Research Methodology

PUBL 604** Statistical Analysis

or

SOCY 600** Research Methodology

SOCY 604** Statistical Analysis

Advanced analytical courses * (6 credits)

-preferably a qualitative and an advanced multivariate

ECON 611/612 Advanced Econometric Methods I /II

SOCY 605/PUBL 605 Advanced Research and Evaluation Techniques

PUBL 607 Statistical Applications in Evaluation Research

PUBL 608 Applied Multivariate Analysis

PHSR 701/702 Research Methods I and II

PREV 709 Introduction to Health Services Research

SOCY 619 Qualitative Methods

Track Specialization Courses * (9 credits)

ECON 600*** Policy Consequences of Economic Analysis

GERO 703*** Policy Analysis of Aging Issues

PUBL 603*** Theory and Practice of Policy Analysis

PUBL 601*** Political and Social Context of the Policy Process

ECON 652 Health Economics

LAW 516J Health Care Law and Policy

LAW 522J Critical Issues in Health Care

PUBL 652 Politics of Health

PUBL 618 Issues in Health Care Finance and Service Delivery

SOCY 632 Work and Retirement

SOCY 698 Adv. Selected Topic: Aging and Health in Diverse Context

SOWK 726 Aging and Social Policy

SOWK 800 Social Welfare Policy

Electives (6 credits)

Courses also selected from track courses, research and methods courses, or other courses in consultation with the faculty advisor.

* Track courses and Electives are not offered every year. Courses selected in consultation with the faculty advisor. Courses may be substituted with approval (see Handbook)

**Required for policy track

***Two of these three courses, ECON 600, GERO 703/PUBL 603, PUBL 601, are required.

Permission is required for all PUBL courses. Please contact the instructor.

Social, Cultural, and Behavioral Sciences (SCB) Track Courses

Core Courses (21 credit hours)

GERO 672	Issues in Aging Policy
GERO 681	Epidemiology of Aging
GERO 700	Sociocultural Gerontology
GERO 711	Biology of Aging
GERO 786	Psychological Aspects of Aging
GERO 750	Theories/Methods I (taken first semester of first year)
GERO 751	Theories/Methods II (taken second semester of first year)

Research Methods/Statistics Courses

Foundation (min. 6 credits)

- Substituted with approval, based on adequacy of prior graduate training

SOCY 600	Research Methodology and
SOCY 604	Statistical Analysis

or

PSYC 611	Data Analytic Procedures I** and
PSYC 710	Data Analytic Procedures II***

Advanced analytical courses (min. 6 credits)

Selected in consultation with advisor. For some courses permission required.

ECON 611	Advanced Econometric Methods I
ECON 612	Advanced Econometric Methods II
NURS 814	Design and Analysis for Non-Experimental Nursing Research
NURS 815	Qualitative Methods in Nursing Research
NURS 816	Multivariate Analysis in Social and Health Care Research
NURS 817	Longitudinal Designs in Health Care Research
PSYC 713	Longitudinal Data Analysis ***
PSYC 715	Measurement ***
PSYC 717	Structural Equation Modeling ***
PUBL 607	Statistical Applications in Evaluation Research
PUBL 608	Applied Multivariate Regression – An Introduction
PUBL 611	Causal Inference in Program Evaluation
SOCY 605	Advanced Research and Evaluation Techniques
SOCY 619	Qualitative Methods in Social Research

Track Specialization Courses * (9 credits)

EDUC 605	The Adult Learner (consent req.)
GERO 742	Economics of Aging
SOCY 620	Social Epidemiology
SOCY 630	Sociology of Aging
SOCY 631	Family and Aging in Society
SOCY 632	Work and Retirement
SOCY 634	Gender and the Life Course

Electives* (6 credits)

SOCY 606	Social Inequality and Social Policy
SOCY 652	Healthcare Organization and Delivery
SOCY 681	Social and Institutional Roles of Nonprofits
SOCY 685	Nonprofits, Internal Operations and External Relations
SOWK 726	Social Policies and Programs for the Aging

* Track courses and Electives are not offered every year. Courses selected in consultation with the faculty advisor. Courses may be substituted with approval (see Handbook).

** Instructor permission required.

***PSYC 611 or Instructor permission required.

If earning the combined degree in Sociology refer to the dual degree page for courses.

Appendix D: Full List of Course Descriptions for All Courses

Gerontology

GERO 672 - Issues in Aging Policy [3]

This is an upper-level undergraduate or introductory graduate course on issues in aging policy. It provides an overview of the salient issues in aging policy and provides the student with a context for understanding the public policy process. The course will provide basic information and knowledge that will be useful to the student in more advanced policy-related studies in aging and health.

Note: Also listed as SOCY 672.

GERO 681 - Epidemiology of Aging [3]

This core course covers applications of the principle and methods of epidemiology and preventive medicine to the study of aging. There is a review of health assessment techniques that are potentially useful for conducting epidemiological studies of older people; the epidemiology of selected diseases common to old age; primary, secondary and tertiary prevention, as applied to older people, focusing on psycho-social and environmental aspects of health; and differing ideas of long-term care and its role in the prevention, intervention and treatment of illness in older people. Students learn how to evaluate and present research in a specific area of gerontological epidemiology with faculty supervision.

Note: Also listed as PREV 681.

GERO 700 - Sociocultural Gerontology [3]

A required advanced interdisciplinary seminar addressing the fundamental concepts, theories and interests of social scientific inquiry on aging and the aged. Topics include: social demographic aspects of aging in the United States and elsewhere; the cultural contexts of age as a basis for social status, stratification and social organization; societal change and aging; the history and development of social scientific theory and methodology in gerontology.

GERO 711 - Biology of Aging [3]

This course provides opportunities to learn about several aspects of biological aging. They include what it is; how it happens; what effects it has on the structure and operations of the human body; how it affects social, psychological and other aspects of life; how it is related to diseases; and what can be done about it.

GERO 742 - Economics of Aging [3]

The main objective of this course is to provide students with the basic tools necessary to understand, critique and evaluate alternatives to issues in aging that have economic implications. The course is divided into four main sections. The first part of the course familiarizes students with tools used in microeconomic analysis. This section will also provide students with necessary computer related activities to obtain and process data for economic/policy analysis. The second part of the course will focus on understanding issues at the macro level. Accordingly, this part will address the nature and magnitude

of the current issues, implications of these issues for the future and issues that need to be addressed to increase income and health security in old age. The third part of the course will examine the circumstances under which current programs such as Social Security, Medicare, Medicaid and other related welfare programs that address economic and health security in old age were implemented, their performance under current circumstances and issues related to their continuation. The final part of the course is designed to view issues discussed in prior units through an aging or life-course perspective that emphasizes the impact of events and issues in younger ages on income and health security in old age.

GERO 750 - Gerontology Theory/Methods Seminar I [3]

The first of a two-semester sequence integrating theory and methods in gerontology. The course provides students with the information and skills to think like a gerontologist, using both theory and methods unique to the field and understanding the language and techniques used by a wide range of gerontological researchers. Students completing this sequence will be able to approach problems from an interdisciplinary perspective, "speak the language" of gerontology across disciplinary barriers of jargon, employ the work of contributing disciplines in their own research and work as part of an interdisciplinary research team.

GERO 751 - Gerontology Theory and Methods Seminar II [3]

The second of a two-semester sequence integrating theory and methods in gerontology. The course provides students with the information and skills to think like a gerontologist. Key to these understandings is reading, evaluating and understanding the connections between research questions, theory and appropriate methods of research. Application of critical thinking skills and being able to bridge both linguistic and methodological variations in an interdisciplinary field are emphasized. Students completing this sequence will be able to employ the work of contributing disciplines in their own research, produce a "real world" proposal for research and work as part of an interdisciplinary research team.

GERO 786 - Psychological Aspects of Aging [3]

A core course that examines psychological and biological changes associated with aging. The topics of the course include theories of aging, research methods of aging, learning, memory, intelligence and problem solving, personality, stress and coping with illness. Emphasis is placed on the contribution of longitudinal studies to understanding the individual aging process.

Note: Also listed as PSYC 786.

GERO 798 - Special Topics in Gerontology [1-3]

Courses at UMBC

Economics

ECON 652 - Economics of Health [3]

This course is a general survey of the field of health economics. Topics to be covered include medical care price indices; analysis of the markets for insurance; physician services; hospital care and nurses; and discussion of current policy debates, including cost inflation, uninsured populations and new forms of insurance.

ECON 600 - Policy Consequences of Economic Analysis [3]

A course in political economy dealing with the implications and consequences for policy outcomes of different models of economic analysis, including an introduction to microeconomic theory.

Note: May not be counted toward the concentration in economics.

ECON 611 - Advanced Econometric Analysis I [3]

This course teaches basic econometric analysis and shows how it can be applied to examine policy issues. The course will provide the student with the skills needed to work with large data sets, to apply econometric techniques such as Ordinary Least Squares (OLS), Two-Stage Least Squares (2SLS), maximum likelihood estimation and the analysis of panel data. Students will be assigned problem sets that use data provided by the instructor and will learn how to use econometric packages such as SAS, STATA and SPSS.

When Offered: (Fall)

Prerequisite: Prerequisite: STAT 351 or STAT 355, ECON 421 and ECON 490 or equivalents.

ECON 612 - Advanced Econometric Analysis II [3]

Students get hands-on experience working on policy questions using real data. Students will analyze a selected policy issue by applying econometric methods to data sets provided by the professor. For example, students may use current population surveys to examine the relationship between education and earnings. Students will learn to construct variables from raw data and apply appropriate econometric techniques to answer policy questions. May be repeated as ECON 613 - Advanced Topics in Econometric Methods with a different instructor.

When Offered: (Spring)

Prerequisite: ECON 611.

Psychology

PSYC 611 - Data Analytic Procedures I [3]

The purpose of the course is to train students in the theory and uses of simple and complex analyses of variance and in the uses of multiple regression analyses as a hypothesis-testing procedure.

PSYC 710 - Research Methods in Psychology [3]

Examination of various methods and models of research in developmental and human services psychology and the applications and assumptions associated with them. Students critique research studies and complete a research proposal.

PSYC 713 - Longitudinal Data Analysis [3]

The focus of this course is on the understanding and application of analytical techniques that are alternatives to the Repeated Measures ANOVA model when working with data arising from longitudinal designs; Latent Growth Curve modeling (LGC) and Individual Growth Curve analysis (IGC). This course focuses on the ability to distinguish and choose between the techniques, to understand strengths and weaknesses of the techniques, to critically read research using the techniques, and to apply both of these techniques to your own research.

Prerequisite: PSYC 711.

PSYC 715 - Measurement of Behavior [3]

Course content includes basic measurement theory; essentials of test evaluation, including reliability, validity and utility; methodology of test construction and development; and using and interpreting test scores. The course enables students to evaluate existing assessment instruments in psychology and to propose, implement and evaluate innovative procedures when necessary.

Prerequisite: PSYC 611.

PSYC 717 - Structural Equation Modeling [3]

This course will build upon students' knowledge of multivariate statistical analysis by introducing them to one of the newer multivariate techniques - structural equation modeling. This technique encompasses an entire family of methods known by many names, among them covariance structure analysis, latent variable analysis, confirmatory factor analysis, path analysis, and causal modeling. An understanding of structural equation modeling will be developed by relating it to students' previous knowledge of multiple linear regression and exploratory factor analysis, and expanding to allow for correlated and causally related latent constructs.

Prerequisite: PSYC 711.

Public Policy

PUBL 600 - Research Methodology [3]

A course designed to advance graduate students' knowledge of the field of scientific modes of inquiry and analysis and to familiarize them with research methods and techniques.

Prerequisites: Evidence of an undergraduate level of understanding of research methods and consent of instructor.

PUBL 601 - Political and Social Context of the Policy Process [3]

This course is designed to introduce students to the processes by which policy is made in the United States. It introduces students to the policymaking system, including the

institutional, structural and political contexts, as well as the policymaking environment. The various stages of the policymaking process from problem definition and agenda-setting to implementation are examined and discussed, and important theories and models of policymaking are presented. Significant concepts relating to the political analysis of public policy are discussed, such as the social construction of problems, group demands, political influence and resources, motivations and incentive for political behavior and political feasibility.

Prerequisite: Consent of instructor.

PUBL 603 - Theory and Practice of Policy Analysis [3]

An overview of the basic principles and elements of policy analysis. The course focuses on the activities and elements of policy analysts. In addition, the relationship between policy analysis and policymaking, along with emerging professional and ethical issues, are addressed.

Prerequisite: Prerequisite: Consent of instructor.

PUBL 604 - Statistical Analysis [3]

An introduction to the concepts and methods of descriptive and inferential statistical techniques. Bivariate and multivariate statistical techniques are discussed.

Note: Also listed as SOCY 604. Consent of instructor.

PUBL 605 - Advanced Research and Evaluation Techniques [3]

Components in research design and strategy, problems in and approaches to applying research and statistics to program evaluation, and policy decision-making based on research data. Note: Also listed as SOCY 605. Prerequisites: PUBL 600 or SOCY 600 and PUBL 604 or SOCY 604 or their equivalents and consent of instructor.

PUBL 607 - Statistical Applications in Evaluation Research [3]

Advanced course in analyzing and evaluating data. Focuses on interpreting statistical procedures for assessing the impact of programs and policies based on a variety of experimental and quasi-experimental designs, including true experiments, non-equivalent control group designs and interrupted time-series designs. Consent of instructor.

PUBL 608 - Applied Multivariate Regression - An Introduction [3]

An introduction to the practical application of widely used basic multivariate regression techniques. Experience in the use of these techniques is provided through hands-on exercises and the preparation of an original regression analysis of real-world data in an area of interest selected by the student. Methods covered include multiple linear regression, models with binary dependent variables, analysis of pooled data, and methods for assessing and comparing the performance of alternative models. Rather than focusing on the mechanics of regression computation, the course emphasizes the basic concepts involved in constructing and estimating regression models, and in interpreting their results. Consent of instructor.

PUBL 611 - Causal Inference in Program Evaluation [3]

Surveys methods for identifying causal relationships in evaluation and policy research. The course considers the use of randomized experiments as well as a number of quasi-experimental research designs. Topics include matching techniques, panel data estimation, instrumental variables, discontinuity designs, and selection correction. Consent of instructor.

PUBL 618 - Issues in Healthcare Finance and Service Delivery [3]

The purpose of this course is threefold: (1) to provide an overview of the concepts, principles and practices in healthcare finance and service delivery in the United States; (2) to understand the relationship between public and private-sector finance and service delivery of healthcare; and (3) to examine recent trends in healthcare payment and service delivery, including healthcare reform efforts.

PUBL 652 - Politics of Health [3]

This course examines how health policies reflect the political system in which they are enacted and implemented. It introduces concepts, theories and literature concerning the development of the U.S. healthcare system and the contemporary agendas and actions of the federal and state governments. It applies political dimensions to policy issues such as access to insurance and health services, cost containment, disease and injury prevention and initiatives for healthcare reform.

Sociology

SOCY 600 - Research Methodology [3]

This course is designed to advance graduate students' knowledge of the modes of inquiry in the social sciences and to familiarize them with research methods and techniques.

Prerequisites: Graduate standing and consent of instructor.

SOCY 604 - Statistical Analysis [3]

An introduction to the concepts and methods of descriptive and inferential statistical techniques. Bi-variate and multi-variate statistical techniques will be examined.

Prerequisites: SOCY 600 or equivalent and consent of instructor.

SOCY 605 - Advanced Research and Evaluation Techniques [3]

Components in research design and strategy, problems in and approaches to the application of research and statistics to program evaluation, policy decision-making based on research data.

Prerequisites: SOCY 604 or equivalent and consent of instructor.

Note: Also listed as PUBL 605.

SOCY 619 - Qualitative Methods in Social Research [3]

This course will focus on the styles of research, analysis and epistemologies associated with qualitative research in the applied social and policy sciences. As an increasingly important mode of inquiry, qualitative, multi-method approaches are particularly relevant

to the study of social interaction and behavior in natural settings. Qualitative approaches involve collecting and analyzing empirical information from multiple sources, such as first-person accounts, life histories, visual/printed records, semi-structured and open-ended interviews, informal and formal observations, and biographical and autobiographical materials. Students in the course will learn how to design, collect and analyze qualitative information by conducting a small, semester-long study. Sections of the research project will be prepared, presented and evaluated throughout the course.

SOCY 620 - Social Epidemiology [3]

Basic concepts and methods of epidemiological investigation with special emphasis on the social environment and its influence on health.

SOCY 630 - Sociology of Aging [3]

Changing work, family and other sociological roles of the elderly; the subculture of the aged; economic, health, medical care and other social problems of the elderly.

SOCY 631 - Family & Aging in Society [3]

An analysis of human development and aging as they relate to the institution of the family. Using a family lifecycle perspective, the course examines demographic trends, historical change in the family, stages of family life, changing family roles and inter-generational relations. Particular attention is paid to the mutual effects of changing family structure and social policy in shaping the status of the aged in society.

SOCY 632 - Work and Retirement [3]

An examination of the issues and research related to work among older people and the termination of work at retirement. Specific topics to be addressed include the work career and aging, skill obsolescence, efficiency of older workers, age discrimination in employment, the retirement decision, differences in retirement by sex, consequences of retirement for health and economic status, pension policy and implications for the future.

SOCY 634 - Gender & the Life Course [3]

This course examines the complex interactions of two critical social constructs: gender and the life course. Material will examine how these constructs have developed over time, how they vary across cultures and historical periods, and how they interact to construct very different lives for males and females in society. Specific foci of the course include demographic and biological underpinnings of gender and the life course, age stratification systems and times of family and other life events by gender.

Courses at UMB

Campus Inter-Professional

CIPP 909 – Responsible Conduct of Research [1]

This campus wide course prepares students for the ethical responsibilities of research. Topics include scientific integrity; research ethics and the ethical decision-making process; data handling and management; authorship peer review; conflicts of interest; defining, identifying and handling fraud and misconduct; animal and human research; genetics and reproduction; ownership of data and intellectual property; and the role of the scientist in society. The course includes lectures, seminar discussions, and class exercises.

Nursing

NURS 814 – Design of Nursing Research II [3]

The course provides an overview of nonexperimental research designs (e.g., cohort, case-control, survey), measures such as incidence and prevalence, and related analytic procedures (e.g., logistic regression) for the study of nursing problems. Sampling theory and strategies for conducting probability sampling are also included.

Prerequisites: NURS 840, NURS 850, NURS 851

NURS 815 – Qualitative Methods in Nursing Research [3]

NURS 815 provides an overview to the qualitative paradigm and major approaches to qualitative research. Topics related to qualitative research design, conduct, reporting, and evaluation are addressed. Emphasis is placed on the appropriate use of qualitative methods and differences across qualitative approaches. The course focuses on the development of interview skills, observation skills, and data analysis.

Prerequisite: NURS 840

NURS 816 – Multivariate Analysis in Social and Health Care Research [4]

This course covers several most commonly used multivariable modeling approaches for both normal (continuous) and non-normal (binary, count, ordinal) data, including linear regression, multiple linear regression, binary, multinomial, ordered logistic regression, log-linear models, and generalized linear models for analysis of health science and medical data. Prior to these modeling approaches, data preprocessing and screening procedures including data screening, data transformation, and missing data will be presented and discussed. Emphasis will be further placed on deeper understanding and selecting the appropriate statistical modeling techniques, examining the underlying assumptions of the models, applying the associated statistical procedure, finding the best model and SPSS program for addressing given research problems, and conducting real data analysis.

Prerequisites: NURS 814, NURS 815, NURS 840, NURS 841, NURS 850, NURS 851, and recommended concurrent enrollment in NURS 811 or permission of the instructor.

NURS 817 – Longitudinal Designs in Health Care Research [3]

Designs in which multiple observations of one or more variables made on a single person or unit repeated measures designs or subjects are followed for a long period of time are of particular importance in nursing and health care research. The course will examine several of the more commonly used longitudinal analyses, including ANOVA, linear mixed models, and survival analysis. Designs involving repeated measures on more than one dependent variable, fixed and random effects, and time to event will be considered. Emphasis will be placed on selecting the appropriate design, statistical procedure and computer program for addressing a given research problem. Small research exercises requiring both computation and interpretation will be assigned in order to promote desired learning.

Prerequisite: NURS 816

Pharmaceutical Health Services Research

PHSR 701 – Research Methods 1 [3]

This course is designed to introduce students to the concepts of scientific research in pharmacy practice and administrative science. Topics discussed include the scientific method and problem-solving processes, social science measurement, and several specific methods of research.

Corequisite: Introduction to Biostatistics

PHSR 702 – Research Methods II [3]

This course is designed to give research tools to design studies on the impact of pharmaceutical (or other) interventions or policies in actual practice settings. Unlike clinical trials in which subjects are randomized to treatment or placebo arms, health services researchers typically are forced to use nonexperimental designs with secondary data. This course takes students through the pitfalls in such designs and shows them how to deal with the pitfalls.

Prerequisite: PHSR 701 and an upper-level graduate course in multiple regression

Epidemiology and Public Health

PREV 619 - Introduction to SAS [2]

This course provides the necessary concepts of SAS software and examples of using SAS for data management, descriptive data analysis and regression analysis. There is one hour of lecture and two hours of lab work per week for eight weeks in total. Hands-on experience in weekly workshops is gained by conducting analyses of existing data designed to answer research questions in lab sessions.

Prerequisite: PREV 620 previously and PREV 720 concurrently, or consent of instructor.

PREV 620 - Principles of Biostatistics[3]

This is an introductory course in statistics with coverage of elementary probability and statistical theory, and common statistical procedures used in the biomedical and health

sciences. Topics include: elementary probability; random variables; binomial and Poisson distributions; sampling distributions; estimation and significance testing; power analysis; elementary study design; numerical and visual summary; inference for means, proportions, risk ratios and odds ratios; two-group comparisons; two-way tables; Wilcoxon Rank-Sum, McNemar's, and Fisher's Exact tests; correlation and simple linear regression.

Prerequisite: Knowledge of college algebra required. Calculus recommended

PREV 659 - Observational Studies in Epidemiology [3]

This course provides an in-depth examination of study designs, including case control and cohort studies. Special emphasis will be placed on possible biases that can occur in epidemiologic research. Some special topics will also be addressed in detail, including data screening, data transformation and missing data will be presented and discussed.

Prerequisite: PREV 600.

PREV 716 - Chronic Disease Epidemiology [3]

This course addresses chronic disease burden and its implications, as well as the best practices to prevent and control the spread of chronic diseases. The course consists of didactic lectures, in class discussions, and student presentations.

PREV 720 - Statistical Methods in Epidemiology [3]

Provides instruction on the specific statistical techniques used in the analysis of epidemiological data. Topics include: treatment of stratified and matched data, detection of interaction, conditional and unconditional logistic regression, survival analysis, and proportional hazards models.

Prerequisites: PREV 600 and PREV 620

PREV 721 - Regression Analysis [2]

Covers basic principles and theory of regression techniques. Topics include simple and multiple linear-regression, robust regression, regression diagnostics, logistic and Poisson regression analysis. The emphasis of this course is on learning the biomedical research application and interpretation of regression techniques.

Prerequisites: PREV 619 and PREV 720 or consent of instructor

PREV 723 - Survival Analysis [2]

Examines methods of analysis for time to event data, including non-parametric methods, Kaplan-Meier analysis, log-rank and Wilcoxon tests, Cox proportional hazards models, time-dependent covariates, discrete time models; parametric methods.

Prerequisite: PREV 620 or consent of instructor

PREV 758 - Health Survey Research Methods [3]

This course leads students through the steps in survey research from developing a survey questionnaire, to administering it and analyzing the data. The final results of the survey are presented in a paper.

Prerequisite: PREV 620 or consent of instructor

PREV 801 - Longitudinal Data Analysis: Analysis of Longitudinal and Clustered Data [3]

Includes topics in matrix algebra, longitudinal data analysis including the multivariate linear model, marginal and mixed effects general linear models, residual analysis and diagnostics, generalized linear models, including marginal (GEE methods) and mixed effects models for repeated measures and other clustered data.

Prerequisite: PREV 620 and PREV 721

PREV 803 - Clinical Trials and Experimental Epidemiology [3]

This course presents a rigorous overview of the experimental method as applied in therapeutic evaluations. A variety of experimental methods and their clinical applications are studied in detail. Guest speakers of unique expertise and experience in clinical trials also are drawn upon.

Prerequisites: PREV 600 or equivalent and at least one semester of biostatistics

Appendix E: Recent Syllabi for Core Courses

GERO 750 Gerontology Theory/Methods Seminar I

Faculty:

Leslie A. Morgan, Ph.D.
Public Policy 218
UMBC

Contact Information:

Phone: 410 455-2074
e-mail: lmorgan@umbc.edu
Office Hours: Mon 12:30-1:30, Th 6-7
Or by appointment!

Course Description

Gerontology 750 is the first of a two-semester sequence integrating theory and methods in gerontology. The courses provides students with the information and skills to think like a gerontologist, utilizing both theory and methods unique to the field and understanding the language and techniques utilized by a wide range of gerontological researchers. Key to these understandings is making connections between styles and techniques of research and theorizing in varied disciplines, application of critical thinking skills, and being able to bridge both linguistic and paradigmatic barriers in an interdisciplinary field. Students completing this sequence will be able to approach problems from an interdisciplinary perspective, “speak the language” of gerontology across disciplinary barriers of jargon, employ the work of contributing disciplines in their own research, and work as part of an interdisciplinary research team.

Learning Objectives

First Semester:

1. Develop familiarity with the issues in theory and diversity of theory in aging
2. Expand skills to examine research critically
3. Initiate research skill development in problem identification, application of theory, and literature review
4. Enhance experience relating to gerontological research paradigms
5. Developing initial writing skills specialized to academic and proposal writing.

Full Year:

5. Expand student skill set and capacity to develop a research idea into a clear and compelling proposal
6. Enhance professional/academic writing skills
7. Broaden understanding of the array of methods applicable in gerontology
8. Learn specific issues related to research on older adults
9. Become a more analytic consumer of research literature
10. Learn more about the funded research
11. Practice to enhance both writing and presentation skills

Texts/Readings

Bengtson, V.L., Gans, D., Putney, N. M., & Silverstein, M. (2009). *Handbook of Theories of Aging*. New York: Springer.

(Note: we will not require all chapters, but this is a useful resource. Feel free to scan or use chapters not assigned for your proposal or for other classes).

Settersten, R. A. (1999). *Lives in Time and Place: Problems and Promises of Developmental Science*. Amityville, NY: Baywood.

Galvan, Jose. L. (2009). *Writing Literature Reviews: A Guide for Students in the Social and Behavioral Sciences*. 4th Edition. Pyrczak Press. Supplemental reading, as outlined in this syllabus, for course discussion and research critique assignments.

Course Requirements and Goals:

1. *Participation*

Effective participation in this course requires that students read the assigned materials in advance of class time and come prepared to actively discuss, debate, and dissect the assigned material each week in a seminar format. Participation is essential to successful learning in the course (25% of grade). There will also be regular assignments, both in-class presentation and written work, as described below. For each session, students are expected to actively participate in discussions. Class participation, at the doctoral level, is defined as meeting the criteria, below, in a consistent manner (12 out of 14 classes):

- Demonstrates excellent preparation: has analyzed readings, relating comments to readings, the Phase A proposal assignment for the course, and other material (e.g., readings, course material, discussions, experiences, etc.).
- Offers clear analysis, synthesis, and evaluation of assigned material (e.g., puts together pieces of the discussion to develop new ideas that advance the discussion further)
- Debates ideas respectfully and thoughtfully with other students and faculty.
- Keeps comments focused.
- Suggests alternative ways of approaching material and helps participants analyze which approaches are appropriate, etc.
- Contributes to the cooperative, argument-building dialogue
- Demonstrates ongoing active involvement, except for excused absences, by participating in 12 out of 14 seminar discussions.

2. *Research Critiques*

Essential to being a qualified researcher is the skill to understand the qualities that make for good research and the challenges of producing good quality research, given real life constraints. Also critical to professional success is learning the craft of professional, research writing. Students will be required to review research and become skilled in evaluating it, both in terms of its substance (theory/methods) and as a piece of research writing. Critiques will start with a limited number and range of questions, but grow in complexity as familiarity with issues expands. A list of published or draft journal articles, or other manuscripts will be provided to students, with specific instructions for developing a critique of the research problem, research question, specific aims or study purpose, theoretical-conceptual approach, methodological techniques and overall quality of the work, quality of written presentation, applicability of techniques to the problem at hand, and applicability of the approach used to the group content area. Materials for critiques will be selected to reflect a range of discipline-based and interdisciplinary approaches, varied types of analysis, qualitative and quantitative techniques, review/synthesis pieces and empirical work, data collection and secondary analysis, and quality of work. Initially, the critiques of three grant applications will occur in class, and

three article critiques will be submitted in writing later in the course. More detailed directions for critiques are provided at the end of this syllabus.

3. *Interdisciplinary/Multilevel Proposal Assignment*

The major written assignment, spanning two semesters, will be the development of an interdisciplinary research proposal by each student that requires multi-level analysis. By multi-level we mean that there is at least one element at a level other than the main level under investigation (e.g., for a person-focused proposal, something at a lower or higher level) that is likely to influence the outcomes. In some cases, studies use other levels that are more micro (e.g., internal to the person, such as physiological or cellular measures); in other cases elements that are more macro (e.g., environments, policies, family). The challenge is to think of one or more elements from other levels likely to influence how your main predictor/s influence/s the outcome/s, utilizing multilevel analysis. These proposals will NOT be dissertation proposals, but will use the format (length and placement of each section) of a dissertation grant proposal to NIH. Initially students will review literature in an area of their interest relevant to older adults. Students will subsequently discuss topics with the instructors and peers to refine their scope and ensure that the topics they choose meet all requirements. In developing theoretical, literature review and methodological aspects of the proposal, attention must be paid to interdisciplinary approaches that inform the project. The product should represent a realistic proposal (you cannot plan to use unlimited time/resources, for example) for the best possible study on the topic, involving primary data (i.e., collecting new data, even if a secondary analysis might be utilized for an actual project). Issues relating to sampling, data collection methods and analysis will be the focus of the second semester. To summarize, this proposal must be both multi-level and interdisciplinary, employ theory, and be realistic.

Students will be expected to complete the proposal in two phases over the two semesters, with the second semester's work focusing on methods and pragmatics of research. Students will be asked to discuss the development of their proposals in class throughout the semester. Drafts of portions of the proposal will be due on specific dates, ensuring the instructors an opportunity to provide feedback as the work develops (no grades). Written versions submitted for grade at the end of the term should reflect knowledge and critical skills gained in this course, as well as the knowledge base drawn from any prior/concurrent course work. Further detail on format will be provided.

Phase A: To be completed in GERO 750 and turned in as 50% of course grade.

This should involve: 1) a statement of the problem to be studied and concise research question; 2) relevant specific aims, 3) justification of the significance of the problem, 4) an organized and critical review of the existing literature, integrating materials related to the approved topic from all relevant disciplines [Relevant disciplines may include biology (dentistry, medicine, nursing, occupational and physical therapy, and pharmacy), psychology, sociology/social work, policy, economics, and law, among others] and **providing a well-synthesized, clearly-organized and critical analysis of the work done to date on that topic** with appropriate citations. Finally, this work will include: 5) a

synthesis of a relevant theory to be tested or used as a framework for the research and an appropriate conceptual model of the study. Work should be thorough, well written (modeled on high quality literature reviews in proposals read during the course or for other classes), and presented in a professional manner.

STATEMENT ON ACADEMIC CONDUCT: *By enrolling in this course, each student assumes the responsibilities of an active participant in UMBC's scholarly community in which everyone's academic work and behavior are held to the highest standards of honesty. Cheating, fabrication, plagiarism, and helping others to commit these acts are all forms of academic dishonesty, and they are wrong. Academic misconduct could result in disciplinary action that may include, but is not limited to, suspension or dismissal. To read the full Student Academic Conduct Policy, consult the [UMBC Student Handbook](#) (page. 7), the Faculty Handbook (Section 14.4), or for graduate courses, the Graduate School website.*

Acts of Academic Misconduct are defined as the following:

- Cheating: Knowingly using or attempting to use unauthorized material, information, or study aids in any academic exercise.
- Fabrication: Intentional and unauthorized falsification or invention of any information or citation in an academic exercise.
- Facilitating Academic Dishonesty: Intentionally or knowingly helping or attempting to help another commit an act of academic dishonesty.
- Plagiarism: Knowingly representing the words or ideas of another as one's own in any academic exercise, including works of art and computer-generated information/images.

Weekly Topics

Readings not in one of the texts can be accessed via the course Blackboard (BB) site under "course readings." Students should automatically be enrolled in Blackboard.

8-31-2015

Topic: What is Aging I?

- Readings:
- 1) Settersten, R.A. (1999). Chapter 1 "The Study of Lives: Emerging Propositions and Controversies" (*Note: Do not attempt to absorb everything in this chapter...it is quite impossible, but do read it through*)
 - 2) Baars, J. (2009). "Problematic Foundations: Theorizing Time, Age and Aging" Chapter 5, Handbook.
 - 3) Galvan, J. (2009). Chapter 2, "Considerations in Writing Reviews for Specific Purposes."

Assignment: Sign up for NRSA workshop on –Details pending

9-7-15 Labor Day—no class..enjoy!

9-14-2015

Topic: What is Aging II?

- Readings:
- 1) Settersten (1999). Chapter 2, "Challenges Posed by Age and Age Structuring."
 - 2) Pavalko, E. (1997). "Beyond Trajectories: Multiple Concepts for Analyzing Long-Term Process." pp. 129-147 in Hardy, M.R. (Ed.) *Studying Aging and Social Change*. Thousand Oaks, CA: Sage.
 - 3) Galvan, J. (2009). Chapter 3, "Selecting a Topic and Identifying Literature for Review."

Assignments: Be prepared for in-class critique of the components of a research article: Vaillant, G. E. & Mukamel, K. (2001). Successful aging. *American Journal of Psychiatry*. 158(6):839-847

9-21-2015

Topic: The Place of Paradigms in Science

- Readings:
- 1) Ryff, C.D., & Singer, B. (2009). "Understanding Healthy Aging: Key Components and Their Integration" Chapter 7, Handbook
 - 2) Thomas Kuhn's Theory of Scientific Revolutions
 - 3) Galvan, J. (2009). Chapter 4. "General Guidelines for Analyzing Research Literature." and Chapter 5. "Analyzing Quantitative Research Literature."

Assignments: Be prepared for in-class critique of proposal #1 and discussion of NIH Application Materials, Program Announcement Examples and Criteria for Proposal Rating Unsolicited Proposals posted in Blackboard.

9-28-2015

Topic: Theory Fundamentals I

- Readings:
- 1) Bengtson, V.L., Rice, C.J. & Johnson, M.J. (1999) Are Theories of Aging Important? Pp 3-20 in Bengtson, V.L. & Schaie, K.W. (Eds.) *Handbook of Theories of Aging*. New York: Springer. [Note: this is the earlier edition of the Handbook, so this reading is on Blackboard]
 - 2) Galvan, J. (2009). Chapter 7, "Building Tables to Summarize Literature." And Chapter 8, Synthesizing Literature Prior to the Writing Process."

10-5-2015

Topic: Theory Fundamentals II

- Readings:
- 1) George, L. K. (1995). "The Last Half Century of Aging Research and Thoughts for the Future." *Journal of Gerontology: Social Sciences*, 50B (1): S1-3.
 - 2) Ferraro, K. F., Shippee, T. P. Schafer, M. K. (2009). "Cumulative Inequality Theory for Research on Aging and the Life Course". Chapter 22, Handbook
 - 3) Bekhet, A. K., & Zauszniewski, J. A. (2008). Theoretical substruction: Illustrated by the theory of learned resourcefulness. *Research and theory for nursing practice: An International Journal*, 22 (3), 205-214.

Assignments: Be prepared for in-class critique of Proposal #2

10-12-2015

Topic: Connecting Theory to Research Questions

Readings: 1) Dilworth-Anderson, P., & Cohen, M. D. (2009). "Theorizing Across Cultures." Chapter 26, Handbook.
2) Campbell RT, Alwin, D. F. (1995). "Quantitative Approaches: Toward an Integrated Science of Aging and Human Development". In Binstock RH, George LK (Eds). Handbook of Aging and the Social Sciences. Fourth Edition. Academic Press: San Diego.

Assignment: Written Critique #1 (Utz Article) Due before class

10-19-2015

Topic: Theories: Biology/Physiology

Readings: 1) Kaplan, H., Gurven, M., & Winking, J. (2009). "An Evolutionary Theory of Human Life Span: Embodied Capital and the Human Adaptive Complex." Chapter 3, Handbook
2) Austad, S. N. (2009). "Making Sense of Biological Theories of Aging." Chapter 8, Handbook
3) Galvan, J. (2009). Chapter 9, "Guidelines for Writing a First Draft."
4) Skim Handbook Chapter 9-13: Remember them when taking Biology of Aging!

Assignments: Bring to class your Table Summary of Literature Reviewed (to date). We will ask you to describe the two most important articles you've found thus far and discuss the nature of methods, theory, and other elements in what you are finding. Having your table summary with you will enable you to address questions about the articles you have read. Columns should contain: first author/year, research purpose or hypotheses, theory or summary of key background, relevant construct/concepts with definitions, sample description/size, measures (predictor, outcomes, control, moderator, and mediator variables), and data analytic approach to test relevant relationships.

10-26-2015

Topic: Theories: Cognitive Psychology Basics

Readings: 1) Blanchard-Fields, F., & Kalinauskas, A. (2009). "Theoretical Perspectives on Social Context, Cognition and Aging." Chapter 15, Handbook.
2) Willis, S.L., Schaie, K.W. , & Martin, M. (2009). "Cognitive Plasticity." Chapter 17, Handbook.
3) Galvan, J. (2009). Chapter 10, "Guidelines for Writing a Coherent Essay."

Assignments: Written Critique #2 (Ross Article) Due before class

11-2-2015

Topic: Theories: Social Psychological

Readings: 1) Antonucci, T. C., Birditt, K. S., & Akiyama, H. (2009). "Convoys of Social Relations: An Interdisciplinary Approach." Chapter 14 in Handbook.
2) Baltes, M.M. & Carstensen, L.L. (1999). Social-Psychological Theories and their Application to Aging from Individual to Collective. Pp. 209-226 in

Bengtson, V.L. & Schaie, K.W. (Eds.) *Handbook of Theories of Aging*. New York: Springer. [Note: this is the earlier edition of the Handbook, so this reading is on Blackboard]

3) Galvan, J. (2009). Chapter 11, "Guidelines on Style, Mechanics, and Language Usage." & Chapter 14, "Comprehensive Self Editing Checklist for Refining the Final Draft."

Assignments: Research Problem and Research Question due before class (in writing to instructors). Be prepared to give a five-minute presentation of literature review/research topic progress.

11-9-2015 Topic: Theories: Culture and Constructionist

Readings: 1) Kenyon, R., & Mader, W. "Elements of a Narrative Gerontology" in Bengtson & Schaie. (Eds.) *Handbook of Theories of Aging*. New York: Springer. [Note: this is the earlier edition of the Handbook, so this reading is on Blackboard]

2) Fry, C.L. (2009). "Out of the Armchair and Off the Veranda: Anthropological Theories and the Experiences of Aging." Chapter 27, Handbook

Assignments: Be prepared for in-class critique of Proposal #3

11-16-2015

Topic: Understanding Age, Period and Cohort

Readings: 1. Ryder, N. B. (1965). "The Cohort as a Concept in the Study of Social Change." *American Sociological Review*. 6(2):286-295.

2) Riley, M. W. et al., "The Aging and Society Paradigm" in Bengtson & Schaie.

Assignments: Draft of Proposal Literature Review Due before class

11-23-2015

Topic: Theories: Life Course/Cohort

Readings: 1) Settersten Chapter 3 "Challenges Posted by Generation and Cohort"

2) Settersten Chapter 4, "Challenges to Understanding Lives the Long Way" and

3) Settersten Chapter 5 "Challenges Posed by Place and Other Issues"

Assignments: Specific Aims Due before class, with brief in-class presentation

11-30-2015

Topic: Theories: Political Economy, Policy

Readings: 1) Hudson, R.B. (2009). "From Industrialization to Institutionalism: Theoretical Accounts of Aging Policy Development in the United States." Chapter 29, Handbook.

2) Kail, B. L., Quadagno, J., & Keene, J. R. (2009). "The Political Economy Perspective of Aging." Chapter 30, Handbook.

3) Walker, A. (2009). "Aging and Social Policy: Theorizing the Social." Chapter 32, Handbook.

Assignments: Written #3 (Taylor Article) Due before class

12-7-2015

Topic: Applying Theory/The Future

Readings: 1) Gans, D., Putney, N. M., Bengtson, V. L., & Silverstein, M. (2009). "The Future of Theories of Aging." Chap 40, Handbook
2) Settersten, R.C. Chapter 6, "An Agenda for Developmental Science."

Assignments: In class presentation of Part A of the proposal. You have the option to provide faculty a handout with three slides per page. That enables faculty to write next to the specific slide comments and questions.

Final Proposal Assignment (Written version) Due on or before end of business (5:00 PM) 12-16-2014, submitted as an e-mail attachment to both of the instructors.

Research Critique Directions

Being skilled as a research scientist means that not only one has the skills to conduct research, but also that reading, evaluating, synthesizing and critiquing the extant research enables one to build onto the base of knowledge provided by prior studies. Learning to write critiques will develop critical skills in examining and evaluating multiple dimensions of the work of others. However, a critique should be balanced, identifying both strengths and weaknesses in the work.

We will build your critique writing skills over time, first through critiquing several proposals in class. When written critiques (for grade) begin, your written Critique #1 requires you to answer only the first 4 items below, Critique #2 requires answers to the first 7 questions, and #3 requires answers to all 10 items. Written critiques should be typed, double spaced, and answers should be concise (i.e., *less than* one page per item addressed). Writing concisely is also valued. Make sure you address all aspects of each item when writing your answer and use concrete examples from the article as appropriate to illustrate your views. **Please use the critique items as subheadings and provide a header containing your name and page numbers on each critique.** Length is not in itself a virtue-- concise critiques to the point are possible and desirable. Evaluation will NOT focus on length, but rather content. And remember CRITIQUE IS NOT THE SAME AS CRITICISM, since it contains both positive and negative elements.

When turning in critiques, please send an electronic copy to the instructor before class time on the due date.

Written Critique Readings and Due Dates:

Critique #1 – Due 10-12-15 (Questions 1-4)####

Utz, R. L. Carr, D., Nesse, R. & Wortman, C.B. (2002). The effect of widowhood on older adults' social participation: An evaluation of activity, disengagement and continuity theories. *The Gerontologist*. 42(4):522-534.

Critique #2 - Due 10-26-15 (Questions 1-7)

Ross, C.E. (2000). Walking, exercising and smoking: Does neighborhood matter? *Social Science & Medicine*. 51(2), 265-274.

Critique #3 - Due 13/30/15 (Questions 1-10)

Taylor, Miles G. (2010). Capturing Transitions and Trajectories: The Role of Socioeconomic Status in Later Life Disability *Journal of Gerontology: Social Sciences*. 65B (6), 733–743.

Critique Questions

(Note: “the researcher” is used below, even though many articles have multiple researchers. Write your answers according to the solo, multiple authorship of the piece.)

1. What is the identified research problem? If there is a research question, is it clearly stated, concise and congruent with the research problem?
2. What are the specific aims or purposes of the study? Do they match the research problem?

What is the significance of the problem (e.g., implications for the care of older adults, extension of science, test of theory, or correspondence to research priorities of National Institute on Aging or other entities focused on older adults)?

3. What is the fundamental paradigm being used by the researcher? --describe the appropriateness (match to the question or problem) /limitations of this paradigm for use in this study?
4. How useful is the review of literature (inclusive of appropriate disciplines, well-organized, critical and synthesizing). Does it provide a review of prior, current (\leq five years old, except seminal and landmark studies) research conducted on the problem (including both theoretical and empirical literature)?
5. Does the review of literature make clear what is and is not known about the problem? Does the review make explicit the theoretical and methodological approaches that have been used and what new approaches are needed in the reported study? What is not known should reflect the research problem for this study.
6. Is the researcher explicitly utilizing or testing one or more theories here? If so, how well does the research use theory in introducing (theory describes and characterizes the problem) or concluding the piece (connecting theory to the results of the study)?
7. How clearly does the researcher define/delineate concepts and conceptual relationships fundamental to the research? If there are hypotheses, are they clear and are they derived from the theory?
8. How well does the researcher write? Pay attention to how the researchers write each component of the study. What does the researcher include or exclude? Is the writing accessible to a wide audience or appropriate to the targeted audience (i.e., the audience of a particular journal, for example)?
9. How does the material presented apply (or perhaps not apply) to your personal research interests in general or your proposal for this class (think before you dismiss it).
10. At the end of the report, is it clear what knowledge has been gained? Was the problem solved, research question answered, and specific aim/purpose achieved? Give the research a grade and explain your grade.

GERO 751 Gerontology Theory/Methods Seminar II

Tuesdays 2:30-5:00
HH 103D

Faculty:

Leslie A. Morgan, Ph.D.
Public Policy 218
UMBC

Office Hours: Mon Noon-1:00; Tues 1:00-2:00
Or by appointment!

Contact Information:

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Sandra J. Fulton Picot, PhD,
School of Nursing
655 W. Lombard St, Third Floor
mail: picot@son.umaryland.edu UMB
Office Hours: Wed/Fri 2:00-3:00
Or by appointment!

Phone: 410 706-4434
e-

Texts:

No required textbook—readings are on Blackboard

Recommended Text: Trochim, W.M.K. (2005). *Research Methods: The Concise Knowledge Base*. Thompson: United States.

This book provides basic methodology content for those lacking a broad background or recent methods course work, or simply as a reference

Course Description/Purpose:

Gerontology 751 is the second of a two-semester sequence integrating theory and methods in gerontology. The courses provide students with the knowledge and skills to think like a gerontologist, utilizing both theory and methods unique to the field and understanding the language and methods utilized by a wide range of contributing disciplines to gerontological research. Key to these goals are reading, understanding, and evaluating the connections among research problems, questions, theories, and appropriate methods that focus on the study of older adults. Application of critical thinking skills and the capacity to bridge both language and methodological variations in an interdisciplinary field are emphasized. Students completing this sequence will be able to employ the work of contributing disciplines in their own research, produce a “real world” proposal for research, and work as part of an interdisciplinary research team.

Course Prerequisite:

Grade of B or better in GERO 750

Course Requirements:

1. *Active Participation (25% of course grade)*,
Effective participation in this course will require that students attend regularly, read the assigned materials in advance of class time, and come prepared to discuss, debate, and dissect the assigned material in a seminar format. Unprompted, weekly participation is essential to successful learning in the course. Your earned grade reflects both quality and quantity of unsolicited classroom contributions.
2. *Proposal Content Areas*
Each student uses her/his proposal research problem (and other research interests) as a referent during reading, writing, discussing and presenting content in the course. Also the proposal must reflect the framework of interdisciplinary, multilevel research introduced in the first semester.
3. *Research Critiques (25% of course grade)*
Key to being a qualified researcher is an understanding of the qualities that make for good research and the problems of producing good quality, given real life constraints. The three critiques in the second semester will expand the range of questions to be addressed and include those relating to methods of research. A set of articles/readings will be provided to students, with a list of critique questions including theoretical/conceptual approaches, methodological techniques and overall quality of the work, and applicability of techniques to the student's proposal. Critiques should be no more than 12 double-spaced pages with one inch margins and 11 pitch font and often are more effective at shorter lengths. The critiques should be submitted prior to class on/before the due date as e-mail attachments to both instructors.
4. *Proposal Phase B (50% of course grade)*
The major written assignment for the GERO 751 course is completion of the research proposal initiated in GERO 750, including the methodological and analytical pieces of the proposal and revision (as appropriate) of the GERO 750 sections.

Phase B: Expansion of the proposal to include all aspects of methodology including: a) an appropriate research design (mixed methods is acceptable) and research setting/s; b) description of sampling methodology (target and accessible populations, inclusion and exclusion criteria and screening processes, recruitment and retention approaches suitable to meeting specific aims, desired sample size based upon needed statistical power, if relevant, and projected attrition); c) description of data to be collected [including measures (also known as instruments or scales) and questions to capture key concepts and any/all variables being

employed in the analysis in any role (mediator, moderator, control), and the specific collection methods [who/how/when/where/how many times] (e.g., interviews, questionnaires, observations, physiological measures) and timing of acquiring these data; and d) a concise description of named analytic techniques selected as appropriate to the hypotheses or questions, appropriate to the type and level of measurement of the variables, and research design. Each of these elements must be supported by relevant methodological literature as to their appropriateness and superiority to alternatives (i.e., why each element was chosen relative to alternatives and their limitations, which may be in the next section). The proposal should conclude with (e) a clear statement of the strengths and limitations of the proposed study to address the research topic. Details of the progression of the steps and due dates are provided below.

ACADEMIC INTEGRITY: RIGHTS AND RESPONSIBILITIES OF STUDENTS

By enrolling in this course at UMBC, each student assumes the responsibilities of an active participant in UMBC's scholarly community in which everyone's academic work and behavior are held to the highest standards of honesty. Cheating, fabrication, plagiarism, and helping others to commit these acts are all forms of academic dishonesty, and they are wrong. Academic misconduct could result in disciplinary action that may include, but is not limited to, a failing grade for the assignment, a failing grade for the course, suspension or dismissal. The Policy and Procedures for Graduate Student Academic Misconduct is available at <http://www.umbc.edu/gradschool/procedures/misconduct.html>.

Of particular concern is plagiarism. Plagiarism is defined as "the act of using another person's words or ideas without giving credit to that person" ([©2011 Merriam-Webster, Incorporated](#)*). In other words, plagiarism is theft of another's words and ideas. It constitutes serious academic dishonesty. Plagiarism can result from a student's failure to cite a source (e.g., of the ideas, writings, etc., of another that the student uses in his or her paper) or failure to appropriately block or use quotation marks (and an appropriate source citation with page number) around directly quoted material.

*Plagiarism. (n.d.). In *Merriam-Webster online dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/plagiarism>

This policy does not distinguish between intentional and inadvertent plagiarism. Nor does it distinguish between "drafts" and final submissions. Clearly, intentional plagiarism is a serious offense. Some students may feel, however, that inadvertent plagiarism is not a serious offense. It is - for at least two reasons. First, it is difficult (some might say impossible) to distinguish between intentional and inadvertent plagiarism. Second, inadvertent plagiarism suggests that students either have not paid attention to this policy or are willing to submit

work that is carelessly and sloppily completed. In either event, plagiarism will be appropriately punished if it is found in any work for this course.

Several websites offer tutorials on writing, APA style, and plagiarism. We prefer and encourage the use of the tutorials offered at these websites: <http://owl.english.purdue.edu>, <http://www.apastyle.org>,

WEEKLY TOPICS, READINGS & ASSIGNMENTS

1/27/15 Course Overview/Models of Investigation I

Readings:

- 1) Morgan, L. and Kunkel, S. 2004 "Studying Aging: Analytical Frames of Reference." *Aging, Society & the Life Course*. New York: Springer.
- 2) Singer B, Ryff, CD. Person Centered Methods for Understanding Aging: The Integration of Numbers and Narratives. In Binstock RH, George LK (Eds). *Handbook of Aging and the Social Sciences*. Fifth Edition. Academic Press: San Diego, 2001.
- 3) [Recommended Background] Trochim pp. 1-19: The language, rationale, and validity of research; Hypotheses, Trochim pp. 150-157 Experimental and factorial designs; Trochim pp. 166-167 randomized block and covariance designs

2/3/15 Models of Investigation II

Readings:

- 1) Campbell, D.T. and Stanley, J.C. 1963 Experimental and Quasi-Experimental Designs for Research. Chicago: Rand-McNally. [Parts 1 and 2 in Blackboard. **Note:** Do not expect to fully absorb every model provided]
- 2) [Recommended Background] Trochim pp. pp. 135-148 Internal validity threats and research designs; Trochim pp. 172-185 Quasi-experimental designs
Assignment Due: Hypotheses/Expected Outcomes

2/10/15 Sources of Data about Aging

Readings:

- 1) Liang and Lawrence 1989. "Secondary Analysis of Sample Surveys in Gerontological Research." Pp 31-61 in Lawton and Herzog (Eds) *Special Research Methods for Gerontology*. Amityville, NY: Baywood.
- 2) [Recommended Background] Trochim pp. 11, 29-40 Unit of analysis, Introduction to sampling, probability sampling
Assignment Due: Research Design Statement

2/17/15 IRB, Informed Consent, Sampling Issues

Readings:

- 1) Davis, W.S. and Moreno, J.D. 2002. "Decisional Capacity and Consent for Research in Older Adults Who are Cognitively Impaired." *Ethics, Law and Aging Review* 8.

- 2). Resnick, B., Concha, B., Burgess, J.G., Fine, M.L., West, L., Baylor, K., Nahm, E.S., Buie, V.C., Werner, M., Orwig, D., & Magaziner, J. (2003). "Recruitment of Older Women: Lessons Learned from the Baltimore Hip Studies." *Nursing Research* 52(4): 270-273.
- 3) Picot, S.J.F., Samonte, J., Tierney, J.A., Connor, J. & Powel, L.L. (2001) "Effective Sampling of Rare Population Elements." *Research on Aging* 23(6): 694-712
- 3) [Recommended Background] Trochim pp. 26-29, 41-44 Nonprobability Sampling and external validity threats
Assignment Due: Written Critique #1 Questions 1-5, 11-12; (Kahn & Pearlin)

2/24/15 Intervention Studies

Readings:

- 1) Pillemer, K., Czaja, S., Schulz, R. and Stahl, S.M. 2003 "Finding the Best Ways to Help: Opportunities and Challenges of Intervention Research on Aging." *The Gerontologist* 43(Special Issue 1): 5-8
- 2) Pillemer, K., Suitor, J.J., and Wetherington, E. 2003. "Integrating Theory, Basic Research and Intervention: Two Case Studies from Caregiving Research." (Same issue as #1 above)
- 3) Resnick, B., Simpson, M., Bercovitz, A., Galik, E., Gruber-Baldini, A., Zimmerman, S. & Magaziner, J. (2006). "Pilot Testing of the Restorative Care Intervention: Impact on Residents." *Journal of Gerontological Nursing*. (March) 39-47.
- 4) [Recommended Background] Trochim pp. 57-60 Construct validity threats
Assignment Due: First Draft: Sample Section for Proposal

3/3/15 Focus Groups, Consensus, Cognitive Testing

Readings:

- 1) Willis, G.B. 2002 "Cognitive Interviewing and Questionnaire Design"
- 2) Stewart & Shamdasani. 1990 Selections from *Focus Groups: Theory and Practice*. Sage.
- 3) [Recommended Background] Trochim pp. 49-57 Measurement; Trochim pp. 60-73 Reliability and levels of measurement

3/10/15 Survey Research

Readings:

- 1) Jackson, J.S. "Methodological Issues in Survey Research on Older Minority Adults." Pp 137-162 in Lawton and Herzog (Eds) *Special Research Methods for Gerontology*. Amityville, NY: Baywood.
- 2) Scott, J. and Alwin, D. 1998 "Retrospective versus Prospective Measurement of Life Histories in Longitudinal Research." 98-127 in Giele, J.Z. and Elder, G.H. (Eds) *Methods of Life Course Research: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage.
- 3) [Recommended Background] Trochim pp. 5-6 Variables; Trochim pp. 76-98

Constructing surveys

Assignment Due: Critique #2 Questions 1-7, 11-12; (Collins, Goldman & Rodriguez)

3/17/15 Spring Break

3/24/15 Multilevel Analysis

Readings:

1. Firebaugh, G and Haynie, D.L. 1997 "Using Repeated Surveys to Study Aging and Social Change." Pp 148-163 in Hardy, M.A. (Ed) *Studying Aging and Social Change*. Thousand Oaks, CA: Sage.
2. [Recommended Background] Trochim 204-209 Statistical conclusion validity threats; Trochim Inferential statistics 224-241

Assignment Due: Measures Section of Proposal

3/31/15 Longitudinal/Repeated Surveys

Readings:

1. Gollob, H.F. and Reichardt, C.S. 1987. "Taking Account of Time Lags in Causal Models." *Child Development*. 58:80-92.
2. Campbell, R.T. "Integrating Conceptualization, Design, and Analysis in Panel Studies of the Life Course. *Methodological Issues in Aging Research*.
3. [Recommended Background] Trochim pp. 5, 195-198 Time in research and expanding a design

4/7/15 Event History Analysis

Readings:

- 1) Elder, G.H. and Pellerin, L.A. 1998. "Linking History and Human Lives." Pp 264-294 in Giele, J.Z. and Elder, G.H. (Eds) *Methods of Life Course Research: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage.

Assignment Due: Analysis Section of Proposal

4/14/15 Qualitative/Life History

Readings:

- 1) Rubinstein, R.L. 1995. "The Engagement of Life History and the Life Review among the Aged: A Research Case Study." *Journal of Aging Studies* 9(3):187-203.
- 2) Clausen, John A. 1998. Life Reviews and Life Stories Pp 189-212 in Giele, J.Z. and Elder, G.H. (Eds) *Methods of Life Course Research: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage.

Assignment Due: Study Limitations

4/21/15 Proposal Review Process: Video and Discussion

Assignment Due: Critique #3 Questions 1-12; (Pezzin, Pollack and Schone)

4/28/15 Overview: Assessing the BIG PICTURE

Guest Speakers: You!! **PROPOSAL PRESENTATIONS**

5/5/15 One-on-one consultations—schedule w/ faculty or, if desired, in the scheduled classroom

FINAL WRITTEN PROPOSALS DUE 5/12/15 --via e-mail attachment to the instructor by 5:00 PM

Research Critique Directions

Being skilled, as a research scientist, means that not only one has the skills to conduct research, but also one has to build onto the base of knowledge provided by prior studies. Each critique should address each of the questions listed below. It may be helpful to label your answers with the questions as you write, but combining items is possible. Write succinctly—completed critiques should be no longer than the equivalent of 6 single-(12 double) spaced pages of text overall. Please use a header with your name and number your pages. It is not necessary to create a title page or to cite the article being critiqued. If other references are used, they should be listed at the end and appropriately cited when used.

Critique Questions?

- 1) What is the fundamental paradigm being used by the researcher? —describe the appropriateness/limitations of this paradigm for use here.
- 2) Critique the research problem, question, and purpose or specific aims
- 3) How clearly does the writer describe/delineate concepts fundamental to the research?
- 4) How useful is the review of literature (inclusive of appropriate disciplines, concepts, theories, and target population, methods, well-organized, critical and synthesizing)
- 5) Is there an explicit or implicit theory being utilized or tested here? How well does the researcher/writer clarify theory in conceptualizing the study? Are the research hypotheses deduced from the theory or empirical research?
- 6) How effectively do the selected research design and setting fit the question being posed? Do the design and setting enable the researcher to gain the knowledge desired at the outset?
- 7) Does the researcher describe the sampling method (target population, inclusion/exclusion criteria, recruitment method, and justify the sample size including projected attrition
- 8) Does the researcher make the appropriate connections between concepts and variables?
- 9) Evaluate the quality of the data gathered/utilized by the researcher in performing the data analysis. What are its strengths/limitations (reliability and validity of measures and levels of measurement of the data)?
- 10) Does the researcher justify the selected data analysis approaches and provide a correct and justified interpretation of the findings?
- 11) Does the researcher use the study's theory to discuss the findings and state their contributions to the current literature? Does the researcher accurately acknowledge the limitations of the research?
- 12) At the end of the report, is it clear what knowledge has been gained (Were the specific aims achieved)? How well does the researcher write? Is the writing accessible to a wide or appropriate to the targeted audience? Give

the research a grade and justify your grade?

Critique Articles:

Critique #1; Questions 1-5, 11-12; **(2/17/15)**

Kahn, J.R. & L. I. Pearlin. (2006). Financial Strain over the Life Course and Health among Older Adults. *Journal of Health and Social Behavior*, 47(March), 17-31.

Critique #2; Questions 1-7, 11-12; **(3/10/2015)**

Collins, A.L., N. Goldman and G. Rodriguez. (2008). Is Positive Well-Being Protective of Mobility Limitations among Older Adults?" *Journal of Gerontology: Psychological Sciences*. 63B (6): P321-327.

Critique #3; Questions 1-12; **(4/21/2015)**

Pezzin, L.E., R.A. Pollak, and B.S. Schone (2008). "Parental Marital Disruption, Family Type, and Transfers to Disabled Elderly Parents." *Journal of Gerontology: Social Sciences*. 63B (6): S349-S358.

GERO 751 -- Proposal Segments/ Part B

In developing each of the pieces below, you should make sure that they connect with the front part of your proposal (which may mean altering the front to match the new pieces as they emerge), and that you explain not only WHAT you are going to do, HOW you will do it and also provide a rationale (WHY?), including appropriate references to support your decisions, as appropriate.

- 1) Research Design – a brief statement that outlines how you are going to conduct the research—what overall approach you are going to take to answer your question and why you chose it. Also state clearly the research setting(s) in which you propose to conduct the study. You may do an intervention, retrospective interviewing, a longitudinal study, etc., and this will include details of your data collection strategy. Elements of time, sample, overall approach (qualitative/quantitative, mixed) and data collection can be combined into one or two sentences.
e.g., This will be a quasi-experimental examination of the outcomes of an intervention to reduce errors in compliance in use of prescription drugs for older, community-dwelling adults,
e.g., This study uses longitudinal survey data, including retrospective questions, to determine the effects of early life family disruption on depression in later adulthood. [Reminder: you cannot use secondary data]
- 2) Hypotheses/Expected Outcomes –write your specific expectations at the *operational [variable] level*, utilizing the measures you will employ to measure concepts, rather than more theoretically abstract concepts. This should take your specific aims and your conceptual/theoretical model from a higher to a much more grounded and operational level of abstraction.
- 3) Sample –describe 1) target and accessible populations: who will be sampled, 2) sample size: how many you will need in your sample to achieve your goals (may involve statistical power calculation) and excludes projected attrition, 3) inclusion and exclusion criteria: characteristics to determine eligibility and ineligibility, 4) how screening will take place, 5) sampling methodology: how participants will be recruited (means, settings) and 6) desired sample size plus projected attrition: how many you will need to recruit to obtain your final sample size at the time of data analysis. Again, provide support for your decisions via literature.
- 4) Data/Measures –describe the measures or forms of data that you will use in specific. Since you have choices among types of measures/data, explain and support your decisions with references/precedents from the research literature. Please include evidence of the reliability and validity of the measures in your target population.
- 5) Analysis – how will you work with the information you collect to answer your questions and test your hypotheses? This should be a clearly

connected step. Specific analytic approaches appropriate to the type of data (also known as level of measurement). How will multilevel data be used? Be specific and provide support for your decisions from the literature.

- 6) "Limitations" section of your proposal indicates your familiarity with the limitations imposed by the decisions you have made in your methodology. Each decision (above) can and often does carry with it limitations. Attend to each of the above five decisions you have made and how they may limit your findings or their generalizability. Note your key focus should be on the internal validity of your study. You can conduct subsequent studies to address the external validity (generalizability) of your findings. You may include a discussion of some of the benefits here, as well, focusing on how this will contribute to the literature.

**GERO 672, POSI 672, SOC 672 (472)
Issues in Aging Policy**

Course Syllabus – Fall 2015

UMBC – PUP 107, Thursdays, 4:00 pm - 7:00 pm

Course Leader:

Charlene C. Quinn, RN, PhD
Department of Epidemiology and Public Health
660 W. Redwood Street, Howard Hall, 215
410-706-2406
cquinn@epi.umaryland.edu

Course Assistant:

Lauren Schmand
410-706-2406
lschmand@epi.umaryland.edu

Overview:

This is an upper-level undergraduate or introductory graduate course on issues in aging policy. Its purpose is to provide an overview of the salient issues in aging policy and provide the student with a context for understanding the public policy process. The course will provide basic information and knowledge which will be useful to the student in more advanced policy-related studies in aging and health.

Course Pre- and Co-requisites: None

Required Texts and Other Readings:

Weissert, CS & Weissert, WG. (2012). Governing Health: The Politics of Health Policy, 4th edition. Baltimore, MD, Johns Hopkins University. Press. ISBN: 0801868467.

Hudson, Robert B. (editor) (2010) The New Politics of Old Age Policy. The Johns Hopkins University Press; second edition. ISBN-10: 0801894921; ISBN-13: 978-0801894923.

Reference textbook for writing paper:

Bardach, E. (2011). A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving, 4th edition. Washington, DC, CQ Press. ISBN-978-1-60871-842-9 (used copies are also acceptable)

Optional Textbook:

Chris Gilleard & Paul Higgs (2001) Cultures of Ageing: Self, Citizen and the Body, Pearson Education Limited, Harlow, England, ISBN-10: 0582356415, ISBN-13: 978-0582356412.

Additional Materials Required: Course Syllabus/Readings

Course Format:

Lectures, student-teacher discussions based on readings, guest lectures, case study review and class discussion.

Course Policies:

Communication: Students can make appointments to meet before class by sending an email

Email

All enrolled students are provided access to the University's email system and an email account. All official University email communication will be sent to this email address. Email has been adopted as the primary means for sending official communications to students, so email must be checked on a regular basis. Academic advisors, faculty, and campus administrative offices use email to communicate important and time-sensitive notices.

Students are responsible for keeping their email address up to date. Failure to check email, errors in forwarding email, and returned email (with "full mailbox" or "unknown user" errors for example), will not excuse a student who has missed University announcements, messages, deadlines, etc.

For technical support regarding email or Blackboard, contact the IT help desk at <https://my.umbc.edu/help> or 410.455.3838.

Attendance Policy

Students are expected to attend class and to be in attendance on the specified date and time of all examinations. Make-up exams will be considered only for those students who have a legitimate reason for absence and provide written documentation to substantiate the absence. For emergencies, Dr. Quinn must be contacted on the exam day, otherwise no accommodations will be made for taking a make-up exam.

Religious Observances

It is the policy of the University of Maryland, Baltimore County to excuse the absence(s) of students that result from the observance of religious holidays. Students shall be given the opportunity, whenever feasible, to make up, within a reasonable time, any academic assignments that are missed due to individual participation in religious observances. It is the student's responsibility to inform the instructor in advance of any intended absences for religious observance.

Special Accommodations / Disability Support Services

It is the policy and practice of the University of Maryland Baltimore to create inclusive learning environments. If you are a student with a disability and believe you will need accommodations for this class, it is your responsibility to register with the Office of Disability Services (ODS). For more information, visit the ODS website at <http://umaryland.edu/disabilityservices>.

To avoid any delay in the receipt of accommodations, you should contact ODS as soon as possible. Please note that accommodations are not retroactive and that disability accommodations are not provided until an accommodation letter has been processed.

Any student registered with ODS is welcome to contact the course director as soon as possible for assistance in developing a plan to address his/her academic needs in this course.

Academic Integrity

The University's code of academic integrity is designed to ensure that the principle of academic honesty is upheld. Any of the following acts, when committed by a student, constitutes academic dishonesty:

- **Cheating**: intentionally using or attempting to use unauthorized materials, information, or study aids in an academic exercise.
- **Fabrication**: intentional and unauthorized falsification or invention of any information or citation in an academic exercise.
- **Facilitating academic dishonesty**: intentionally or knowingly helping or attempting to help another to violate any provision of this code.
- **Plagiarism**: intentionally or knowingly representing the words or ideas of another as one's own in any academic exercise.

For a helpful tutorial on what violates academic honesty, see <http://cola.unh.edu/plagiarism-tutorial>.

Incident Weather / University Closings

In the event of inclement weather, a decision regarding the status of UMBC will be made by the University President or his designee. Call 410-455-6789 for announcements or see the campus alerts online at my.umbc.edu/go/alerts. It is advisable to also sign up to receive automated email, text, or phone alerts in case of emergencies or weather-related closings. See to sign up. Media announcements about closings and delays are made on WBAL (1090 AM) (<http://www.wbal.com/>) in Baltimore and WTOP (1500 AM) (www.wtop.com) in Washington, D.C.

Course Evaluations

The University and the Gerontology Doctoral Program are committed to the use of student course evaluations for improving the student experience, course and curriculum delivery, and faculty instruction. Your evaluations help instructors improve their courses; help deans and department chairs decide on merit pay for faculty, renewal of contracts, and support tenure and promotion decisions; and help current and future students decide on classes. Students will be notified when the evaluation system will open, usually around the later third of the semester.

Student Evaluation/Grading/Due dates:

20% Class Participation (throughout course)

30% Editorial on an issue in Aging Policy (September 24, 2015);

October 8, 2015 – provide confirmation editorial is submitted to publication (newspaper, journal, other)

25% Mid-Term Exam (October 22, 2015)

25% Final Exam (December 10, 2015)

Note: Participation grades are based on the quality of class participation. Class participation refers to demonstrating and articulating that reading assignments have been completed through class discussions, in-class activities and exercises. Thoughtful, relevant questions and interactions with guest speakers are expected.

Please refer to the student handbook for issues related to grading, academic integrity, special accommodations/disability support services.

Students should note that they will not earn +/- grades in this course.

Course Schedule:

Topics and Readings (REQUIRED)

Date

Session #1: Introduction and Overview of Course; Health Policy and Institutions

08/27/15

Speaker: Charlene C. Quinn, RN, PhD

READINGS:

- Weissert & Weissert:, Chapters 1-3, pp 15-183 in the Fourth Edition
- Bardach: Introduction-Part I (pp xii-64), Appendix B

Session #2: Health and the Policy Process; Federal Bureaucracies; States

09/03/15

Speaker: Charlene C. Quinn, RN, PhD

READINGS:

- Weissert & Weissert: Chapters 4-5, pp 184-275

Session #3: Economic Policy, Social Security and Poverty

09/10/15

Speaker: Charlene C. Quinn, RN, PhD

READINGS:

- Hudson, Chapter 4, "What Justice Requires: Normative Foundations for U.S. Pension Reform" and Chapter 11, "Social Security: Political Resilience in the Face of Conservative Strides"
- Kaiser Family Foundation (KFF). Key issues Understanding Economic Health security....
 - <http://kff.org/medicaid/issue-brief/key-issues-in-understanding-the-economic-and/>
- Social Security Administration (SSA) Annual Statistical Supplement, 2014, <https://www.socialsecurity.gov/policy/docs/statcomps/supplement/2014/highlights.pdf> (handed out)

Session #4: Social and Health Policies in Aging Society: Historical Perspectives

09/17/15

Speaker: Charlene C. Quinn, RN, PhD

READINGS:

- Weissert & Weissert: Chapters 6-7
- Hudson: Chapters 1, "Contemporary Challenges to Aging Policy" and Chapter 6, "Theoretical Approaches to the Development of Aging Policy"
- Gilleard & Higgs, Chapter 3, "Retirement and Social identity" and " Chapter 5, "Old Persons as Citizens"
- Optional: GSA, Public Policy & Aging Report, quarterly reports <https://www.geron.org/publications/public-policy-aging-report>

Session #5: Community Aging Public Services Network: Organization and Policy Priorities

09/24/15

Speaker: Charlene C. Quinn, RN, PhD

Readings:

- Hudson, Chapter 14, "the Older Americans Act and the Aging Services Network"
- Maryland State Plan on Aging, 2009-2012
2013 Report to the Governor
- <http://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/019000/019685/unrestricted/20140780e.pdf>

- Administration for Community Living/ Administration on Aging
<http://www.aoa.acl.gov/>
- Historical evolution of programs for aged
http://www.aoa.gov/AOA_programs/OAA/resources/History.aspx

ASSIGNMENT DUE: AGING POLICY EDITORIAL DUE

Session #6: Medicaid Program, Policy and LTSS

10/01/15

Speaker: Cynthia Woodstock
Executive Director, The Hilltop Institute at UMBC

Readings:

- Hudson, Chapter 13, "The Politics of Aging within Medicaid"
- KFF Medicaid and LTSS, A Primer
<http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>
- Medicaid and LTSS
<http://kff.org/medicaid/fact-sheet/medicaid-long-term-services-and-supports-an-overview-of-funding-authorities/>
Key Issues for HCBS under ACA
- <http://kff.org/medicaid/issue-brief/key-issues-in-state-implementation-of-the-new-and-expanded-home-and-community-based-services-options-available-under-the-affordable-care-act/>
- How ACA is leading to changes in Medicaid LTSS. State options
<https://kaiserfamilyfoundation.files.wordpress.com/2013/04/8079-02.pdf>

Session #7: Medicare in the context of Demography and Aging

10/08/15

Speaker: Sarah Tom, PhD
Pharmaceutical Health Services Research Department,
UMB, School of Pharmacy

READINGS:

- Hudson, Chapter 12, "Medicare, Deservingness Encounters Cost Containment"
- A Primer, see report
<http://kff.org/medicare/report/a-primer-on-medicare-key-facts-about-the-medicare-program-and-the-people-it-covers/>
- Medicare at a Glance, Fact Sheet, 2014
<http://kff.org/medicare/fact-sheet/medicare-at-a-glance-fact-sheet/>
- MEDPAC, June 2015 Report to Congress, Read Executive Summary
<http://medpac.gov/documents/reports/june-2015-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>

Provide Confirmation Editorial is Submitted to a publication (newspaper, journal, other)

Session #8: Advocacy and Politics

10/15/15

Speaker: Charlene C. Quinn, RN, PhD

Readings:

- Robert B. Blancato, *Advocacy and Aging Policy: The Prognosis*.
- Robyn Stone, *Where Have All the Advocates Gone?*
- Stephen McConnell, *Advocacy in Organizations: The Elements of success*.
- Robert B. Hudson, (2004 journal article) *Advocacy and Policy Success in Aging: What role has advocacy played in the expansion of aging policy?*

Session #9: MID-TERM EXAM**10/22/15****Session #10: Affordable Care Act (ACA), Innovation and ACOs
Sarah Fogler, PhD (Invited)
CMS, Director, Division of Shared Savings Program,
Performance Based Policy Group****10/29/15****Session #11: Public Policies and Disparities****11/05/15****Speaker: Charlene C. Quinn, RN, PhD****Readings:**

- Hudson, Chapter 8, "Public Policies and Older Populations of Color"
- Feng, Z Growth of Racial and Ethnic Minorities in US Nursing Homes Driven by.. Health Affairs, 30, no. 7 (2011)
<http://content.healthaffairs.org/content/30/7/1358.full.pdf>
- Woolf, S, Where Health Disparities Begin: The Role of Social and Economic Determinants... Health Affairs, 30, nop.10 (2011)
<http://content.healthaffairs.org/content/30/10/1852.full.pdf>

Session #12: Transportation Issues: Older Drivers and Mobility**11/12/15****Speaker: Charlene C. Quinn, RN, PhD****Readings:**

- CDC
http://www.cdc.gov/motorvehiclesafety/older_adult_drivers/AAA
- Roadwise Review
<http://seniordriving.aaa.com/evaluate-your-driving-ability/interactive-driving-evaluation>
- AARP, Livable Communities, read section on transportation

http://assets.conferencespot.org/files/server/file/399981/filename/9_Livable_Communities_omni_4-2-2015.pdf**Session #13: GSA MEETING, Orlando, FL NO CLASS****11/19/15****Session #14: Housing and Aging****12/03/15****Speaker: Charlene C. Quinn, RN, PhD****Readings:**

- Hudson, Chapter 15, "New Challenges and Growing Trends in Senior Housing"
- Golant, S., *Assisted Living Residence*, Chapter 1 "The future of Assisted Living residences", and Chapter 13, "State and Federal Policies and Regulations: Intended and Unintended Consequences"

- NIC Investment Guide (to be handed out)

Additional information- Seniors Housing and Care Journal

- <https://www.nic.org/SeniorsHousingandCareJournal/2014/>

Session #14: FINAL EXAM

12/10/15

**Session #15: Student Presentations- Aging Policy Editorials
LAST CLASS**

12/17/15

Course Requirements, details below for each of the following (n.b. only Editorial is required for Fall, 2015. Other descriptions is for your information:

1. Editorial on an Issue in Aging policy

(length, 300-600 words-identify requirements for publication, i.e. local newspaper, NY Times, Washington Post, Wall Street Journal)

Purpose

- a. Primary: to persuade. A good editorial will take a position on the topic discussed.
- b. Secondary: to inform readers.

Editorial Approaches

Criticize or Attack: If the editorial is a criticism, it requires suggestions for change. If you launch an attack against something, you must be impeccable in your charge. An attack is forceful; criticism does not have to be forceful, but it has to be held down with facts and suggestions for change.

Defend: Stand up for an individual policy, program or institution under attack by society.

Endorse: But you must give solid reasons for your endorsement of a political candidate, an issue, or the reasons behind a new policy or program supported by policy.

Instigate, advocate or appeal: To instigate editorially would mean that the writer intended to go on a crusade for something--improvements in the Food And Drug Administration oversight of food safety, for example. Or you might advocate that this be accomplished by backing suggestions put out by a important institution (i.e. Institute of Medicine) that studied the problem. An appeal editorial might mean that you'd encourage people to vote for an idea, program.

Entertain: An entertaining editorial is good for the reader's soul, but it should have a worthwhile point and should be written about something worth the reader's time. And have a policy focus.

Predict: Support your predictions with fact.

How to begin writing an editorial

Choose an issue: Choose a topic which has a policy implication. Similar to writing the policy paper, ask what is the policy problem, how would policy address the problem, what about the policy do you want to inform readers.

Research is an important step. Use primary and secondary sources

Gather Support: Gather as many details as possible to convince others that your position is the right one. Present facts, evidence, written statements from reliable sources or authorities in the subject (experts). Make comparisons to similar situations that support your argument, describe images that strengthen your argument. Present the opposing argument along with evidence that it is fallacious (based on faulty reasoning), weak, or simply not as strong, important, realistic, practical etc. as yours.

Connect support to purpose: Body of editorial should have clear and accurate details and examples that you specifically connect to your opinion. Give strong arguments in the beginning and end of the editorial. Show the opposing arguments and their weaknesses. Offer a solution at the end.

General Information:

Editorial should be clear and forceful. Do not preach. Paragraphs should be brief and direct. Give examples and illustrations. Be honest and accurate.

Avoid moralizing editorials. They tend to preach and turn the reader off. Whatever type of editorial you write, it must be built around logical framework.

Other background information:

2. Writing a Policy Issue Paper- Information Only**Purpose**

The purpose of the health policy paper is to give students the opportunity to study a policy issue in detail. The selected issue should be one in which you have a personal or professional interest. It is better to not select too broad a topic, e.g., Social Security or Nutrition. Instead, focusing on women and Social Security or nutrition policy to improve child health, would be more appropriate. The policy issue can be the same as the issue discussed in the student's written editorial.

Topic Selection

Choose a topic on which you will be able to find sufficient information. It is expected you will use multiple sources, including assigned readings as well as the readings listed for individual presentations, where applicable. References should be from vetted policy sources, i.e. not political opinions or biased sources. You may include perspectives of constituents and these should be referenced and identified if the organization represents a particular viewpoint. See the list of policy resources (journals, foundations, government and/or state agencies) on Blackboard.

Although the topic can be from any area, it must be discussed from a health policy perspective with an impact on a constituency – people at the state level or other populations (e.g. children, parents, uninsured). Clinical papers that discuss only medical ramifications of a disease or condition will not be accepted. An epidemiological example is not acceptable. Clinical information may be a part of the significance discussion, but it should be informational, not a dominant portion of the paper. The paper should be written in a way that limits clinical jargon and should be understandable to a lay audience. The writer should assume that the reader has limited to no knowledge of the subject matter.

Topics can be national in scope, but the writer may also illustrate the impact on a state (i.e. Maryland) or the named constituency. Data can be national and may also include state-level data (to demonstrate impact) where available. Similarly, the policy solution can be national, but be prepared to explain the implications for the constituency.

The student should compare and contrast insights and policy options expressed in them, developing a synthesis of the topic and policy recommendations. (The student must make at least one policy recommendation and no more than three). That conclusion should be logically related to the discussion, the constituency's situation and the insights from resources.

Content

The paper is expected to cover the areas delineated below. There may be cases where the information is unavailable, difficult to obtain or irrelevant. In those cases, you should include some

indication as to why it has not been included (e.g., lack of more recent census data because the last census was taken in 2000; new census data just being released; most recent economic data available is older than five years).

POLICY ISSUE PAPER

Title page

- A. **Policy Issue.** The introduction should include an overview of the problem topic, an explanation of why the “issue” is a public problem and a **concise statement of the policy issue. A clear statement of the policy issue, usually posed as a question is required.** (Ask yourself if there is a policy problem which for which a policy change can or might make a difference. Is it a problem which should be addressed by public policy?)

Identify and describe problem

- identify the specific concern/problem you are investigating
 - nature and scope of the policy topic
 - its importance for society, older people, public policy makers
 - identify the factors that help us understand the significance of the concern/problem
- This section/paragraph will usually end with the statement or some version of, “.....this is a policy problem because.....”

- B. **Policy background and significance** should include additional background and explanatory information for the reader as well as an explanation of the significance of the policy problem. This section should consider the following:

- a. The evolution of the problem - provide a brief historical analysis
 - how it became a policy issue
 - how it has developed to this point in time
 - relate its development to the policy process
- b. Why is it important to the nation and for the state or (named) constituency?
- c. Are there disparities by race or gaps in access by poverty status, geography, or race? Is there quality of care or costs/expenditure concerns?
- d. Estimated levels of state level or U.S. utilization in health services. Trends in use, if applicable to the policy question.
- e. What are the budget implications, i.e., expenditures in the policy area or policy issue being addressed?
- f. Is there system organization or re-organization challenges/barriers or improvements to consider?
- g. Use research, articles, and data from vetted sources

- C. **Policy options** should highlight research/peer reviewed literature that relates directly to the policy options for the selected policy issue only. Include at least 5-10 scholarly articles not included in the class readings published within the last 5 years. Identify and explain current policy options or identify a new policy option.

Keep in mind government responsibilities: public policy or mixed public-private, major responsibility or authority (one of more levels), current expenditures, existing program(s) and numbers (persons or groups) served.

- identify the political participants and their roles in addressing the concern
- identify ways in which the concern can be resolved

D. **Policy Recommendations.** Analysis and conclusions should include clearly articulated policy recommendation(s), pros and cons of each, driven by the literature and discussion. One recommendation is preferred but no more than three recommendations should be included in this section. This section should also include an explanation of how the recommendations solve the policy issue that has been identified as well as any other conclusions as appropriate. The recommendation should answer the question of impact on the previously identified constituents.

Provide a policy recommendation for resolving the policy concern:

- define the outcomes or implications of the option and the political and practical feasibility of those options.
- identify who wins and who loses (and how)

E. **References** APA (American Psychological Association) is the required style. This means that ideas and direct quotations should be credited to authors, with the corresponding year of publication. Do not use just one reference for documenting everything, i.e. one association representing the constituency.

F. **HINTS: Keep in mind as you conduct your research and write the paper.**

- Deadlines count. Unless excused in writing by the professor, for illness, or other reasonable, unavoidable conditions, late submittals will be discounted. The equivalent of one letter grade will be deducted for each working day the paper is late.
- Subtopics (subtitles) throughout the paper are expected. In reviewing the literature you will note their value in communicating the logical flow to the reader.
- Do not assume the reader knows anything about the topic. Be certain all abbreviations are explained.
- Proofreading is important. Spelling and grammatical errors are crucial to the acceptance of your argument as credible. Furthermore, these are signals to the reader of how much importance you place on this product!
- This will be the first policy brief for most students. It is intended to be different from most papers, because:
 - It should be the presentation of a real-world situation, and policy options.
 - The recommended policy solution must be based on a logical extension of the problem which should be addressed by a policy solution, data and literature. Sources must be documented.
 - It must be very concise and brief to be palatable to the intended audience—e.g. a very busy Member of Congress, who does not have a health background!

3. The Policy Brief is a one page, single-spaced (double between headings) summary of the Policy Issue Paper. Consider it as a policy brief you would give someone when/after orally presenting your policy problem, issue, options, and recommendation(s).

Final Policy Paper-Grade Sheet

Student Name	
Introduction	25

<ul style="list-style-type: none"> • Overview of the problem topic (5) • Explanation of why “issue” is a public policy problem (10) • Concise statement of the policy issue (10) 	
Background and Significance	20
<ul style="list-style-type: none"> • Additional background and explanatory information for the readers (5) • Explain the significance of the problem (10) <ul style="list-style-type: none"> • Explain the evolution of the problem • Why is it important to the nation and for Maryland (<u>OPTIONAL discussion of Maryland?</u>) • Estimated levels of U.S. utilization and/or expenditures in the policy area or policy issue being addressed, <u>if applicable</u>. • Use research, articles, and data (5) 	
Review of selected literature	20
<ul style="list-style-type: none"> • Use research to substantiate policy recommendations (10) • Highlight research that relate directly to your recommendations (5) • Include at least 5 scholarly articles not included in the class readings (5) 	
Analysis and conclusions	30
<ul style="list-style-type: none"> • Articulate policy recommendations, including pros and cons (10) • Explain how the recommendations solve policy issue that has been identified (10) • Draw additional conclusions as appropriate (10) 	
Reference list relevant, vetted sources, recent (not counted in the page limit) For Policy paper (not the one page-Policy Brief)	5

Points will be deducted for:

1. Lack of precise statement of the problem (5)
2. Lack of background and development (5)
3. Lack of organization and logic (5)
4. Failure to reference other's ideas and written work (5)
5. Unsubstantiated opinion - it must be data-based (5)
6. Lack of proofreading, spelling, grammar, citations etc. (10)
7. Lack of formatting - sloppy oral or written presentation (2)
8. Lack of citations, including at least 5 scholarly sources (5), for the policy paper [not the brief]
9. Failing to use referenced data (5)

PREV/GERO 681 EPIDEMIOLOGY OF AGING
Spring 2015, Fridays 1-4 p.m.

Ann Gruber-Baldini, Ph.D.
Jessica Pelletier Brown, Ph.D. Co-Coursemaster

Course Objectives

Students in the course will have the opportunity to:

1. Learn how the principles and methods of epidemiology can be applied to the study of aging.
2. Learn about special concepts in the epidemiologic study of older persons.
3. Learn about the distinctions between disease and disability.
4. Learn about key methodological considerations for conducting epidemiologic studies of older persons.
5. Review health assessment techniques, which are used for conducting epidemiologic studies of older persons.
6. Learn about the epidemiology of selected diseases, syndromes and conditions common to old age.
7. Examine primary, secondary and tertiary prevention, as applied to older persons.
8. Learn about differing conceptions of long-term care, and their roles in the prevention, intervention, and treatment of illness in older persons.
9. Learn about the use of health care and medications by older persons.
10. Learn how to critically evaluate research in this field.
11. Pursue an area of gerontological epidemiology in detail with faculty supervision.

Readings

Readings are organized by session. **Required** readings should be read prior to class. Both **required** and **optional** readings are indicated. The optional readings are intended to provide greater depth of coverage of the topic. All readings and copies of slides (when available) will be posted to the class Blackboard site.

Recommended Textbooks

Newman, A.B., Cauley, J.A. The Epidemiology of Aging. Springer: 2012. All readings from the textbook are **recommended but not required (unless noted; if required PDF copies will be posted to Blackboard)**.

Satariano WA. Epidemiology of Aging: An Ecological Approach. Jones and Bartlett Publishers Inc; 2006. All readings from the textbook are **recommended but not required (unless noted; if required PDF copies will be posted to Blackboard)**.

Evaluation

Students are expected to attend class regularly and to participate in discussions.

A short review paper regarding frailty and disability will be due **February 27th**, and will be followed by a group discussion.

A midterm home exam will be distributed March 13th and will be due **March 27th**.

A formal review paper (approximately 15 pages typed, double spaced) focusing on one area of special interest will be required of all students. This paper will be **due May 8th**. All topics should be discussed with the instructors early in the semester, and **March 6th** is the deadline for submission of topics.

A take home exam will be distributed May 8th and will be **due May 15th**.

Work will be counted toward the student's final grade in the following proportions:

Short review paper and group discussion (Feb 27 th)	15%
Midterm (March 27 th)	25%
Formal review paper (May 8 th)	35%
Final exam (May 15 th)	25%
Class participation will be used to weigh borderline grades	

Written Assignments

All written assignments should be in MS Word format, typed, double-spaced, and turned in via Blackboard before the start of class.

Auditors

Those auditing the course are expected to attend sessions regularly, do all readings and participate in class discussions. Auditors also may opt to do a research report and/or take the exams, but these are not required.

Office Hours

By appointment. Please email to schedule appointments with Dr. Gruber-Baldini (abaldin@epi.umaryland.edu) and/or Dr. Brown (jpbrown@epi.umaryland.edu).

Short review paper and group discussion: Frailty and disability

The terms disability and frailty have become part of the gerontological and epidemiological lexicon. There is disagreement on whether and how these terms are different or similar. Despite this, these terms are sometimes used interchangeably and health professionals claim to “know them when they see them”.

Each student should prepare a brief (~5 pages) paper to address the questions below using examples from the literature. This paper will be due at the end of class on **Feb 27th**. The purpose of the paper is to serve as the basis for review prior to the in-class discussion (also February 27) and so is not meant to be a comprehensive review of this topic.

- 1) How has the conceptualization of disability changed?
- 2) What is the current understanding of frailty?
- 3) What does the notion of frailty (compared to the concept of disability) add to understanding the aging process and problems associated with advanced age?

Before class on **Feb 27th**, come prepared to discuss these concepts in class. Failure to come to class, without a valid excuse, will constitute a zero grade for 50% of this assignment (the other 50% will be the writeup).

EPIDEMIOLOGY OF AGING: REVIEW PAPER

You are required to write a review paper concerning an issue of your choice in epidemiology of aging. Your paper should be descriptive, etiologic or a combination. Your topic should be of interest to you and, if possible, related to other work you are doing or plan to do. What follows is a set of guidelines to help you make your choice and complete the assignment.

1. Begin by posing a question (relevant to the area of aging) that can be addressed by epidemiology. Examples might include:
 - a. What is the prevalence and descriptive epidemiology of delirium in hospitalized patients;
 - b. What is the relationship between physical activity and development of heart disease;
 - c. What ramifications would follow a change in policy regarding screening for breast cancer among older women;
 - d. Does social support mediate the relationship between depression and mortality among the elderly;
 - e. Is marriage more beneficial among older men than among older women;
 - f. How can culture influence the prevalence of chronic disease among older adults;
 - g. What do global self-ratings of health capture that is not captured by a simple assessment of health characteristics (e.g., presence of chronic conditions, etc.).

PLEASE NOTE: We want to see reviews of evidence, risk factors, outcomes, and associations (whichever apply to your topic). In addition, be aware that you do not have to choose "one side" versus "the other." In fact, the best papers will be based on an unbiased and balanced review of the evidence. There may be compelling evidence for both sides of an issue: your task is to review and present it.

2. In developing your question, we encourage you to speak with either course instructor. (Drs. Gruber-Baldini or Brown).
3. The QUESTION (only) will be due on **March 6th**. We want you to begin the review process early enough to have ample time to devote to the paper. The course faculty

will then meet as a group to review and approve each of the questions. Modifications will be discussed on an individual basis, if necessary.

4. Individuals will then be ASSIGNED to one of the course faculty, based on compatibility of interests.
5. During the remainder of the semester, you should meet with this primary faculty member to review your progress and discuss your paper.
6. The final product should run between 12 and 15 double-spaced pages of text, and include proper citations of all work referenced. We also ask that you include an abstract of approximately 250 words. The final paper and abstract will be due on **May 8th**, giving faculty enough time for review prior to the assignment of final course grades. The individual faculty assigned to your question will serve as the primary reviewer.

Remember, you need not limit yourself to the area of physical health, mental health or functional status; emotional, spiritual, or social health are all equally appropriate areas in which to choose a topic.

PREV/GERO 681 EPIDEMIOLOGY OF AGING
CLASS SCHEDULE – Spring 2015
Tentative

I. The Merger of Gerontology and Epidemiology

A. Introduction to the Epidemiology of Aging

- | | | |
|--------|---|--------------------|
| Jan 30 | (1) An Overview of Epidemiologic Concepts & Nomenclature | Mona Baumgarten |
| | (2) Overview of the Epidemiology of Aging/Age/Aging/Cohorts | Ann Gruber-Baldini |

B. Special Concepts in the Epidemiologic Study of Older Persons

- | | | |
|--------|--|----------------|
| Feb 06 | (1) Longitudinal Studies in Epidemiology of Aging Research | Jack Guralnik |
| | (2) Geriatric Syndromes, Frailty, and Sarcopenia | Luigi Ferrucci |
| Feb 13 | (3) Population Aging and Healthy Life Expectancy | Emily Agree |
| | (4) Aging, Disease, and Frailty | Glenn Ostir |
| Feb 20 | (5) Models of Disability | Diane Brandt |
| | (6) Social Epidemiology and Health Disparities | Jessica Brown |
| Feb 27 | 1 st half: <i>Class Discussion (short writeup due at the beginning of class)</i> | |

II. Methodologic Issues in the Epidemiological Study of Older Persons

- | | | |
|--------|--|-------------------|
| Feb 27 | (1) Genetics of Aging and Longevity | Braxton Mitchell |
| Mar 06 | (2) Statistical Aspects of Studies on Aging | John Sorkin |
| | (3) Use of Proxies and Other Practical Methodologic Issues | Michelle Shardell |

Note: Paper topics due

- | | | |
|--------|--|---------------------|
| Mar 13 | (4) Standard Measurement Instruments Used With The Elderly | Ann Gruber-Baldini |
| | (5) Falls and Mobility Disorders | Stephanie Studenski |

Mar 20 No class---Spring Break

Mar 27 **Midterm Due and Discussion**

(6) Performance-Based Measures of Function

Eleanor Simonsick

III. Epidemiology of Selected Diseases, Conditions and Syndromes Common to Old Age

Apr 3 (1) Osteoporosis and Consequences of Hip Fractur

Jay Magaziner

(2) Dementia

Paul Fishman

Apr 10 (3) Osteoarthritis

Marc Hochberg

(4) Stroke

Steven Kittner

Apr 17 (5) Parkinson's Disease

Lisa Shulman

(6) Overview of Long Term Care, Assisted Living, Nursing Homes

(moved from Section IV)

Ann Gruber-Baldini

Apr 24 (7) Cardiovascular Disease

Les Katzel

(8) Home and Community-Based Care *(moved from Section IV)*

Charlene Quinn

IV. Interventions, Prevention, and Health Care Delivery

May 1 (1) Tertiary Prevention/Rehabilitation

Gregory Hicks

(2) Depression and Positive Affect *(moved from Section III)*

Jessica Brown

May 8 (3) Pharmacoepidemiology of Aging

Denise Orwig

(4) Diabetes *(moved from Section III)*

John Sorkin

- May 8 ****Paper Due****

- May 8 ****Distribute Take-Home Exam****

- May 15 *****Final Due*****

**Sociocultural Gerontology
Spring 2015
Gerontology 700**

TENTATIVE SYLLABUS

Bob Rubinstein
rrubinst@umbc.edu
PUP 214

1. Books for this course:

Sharon Kaufman, *The ageless self*
Sarah Lamb, *White saris and sweet mangos*
Athena McLean, *The person in dementia*
Leslie Morgan and Suzanne Kunkel, *Aging: The social context – 5th edition (2015)*

2. Schedule

August 28: Introductory class. Establishing syllabus and parceling out the work. What are Society and Culture and what is sociocultural gerontology? What is the biographic (or life history) approach to understanding old age and aging? The central significance of culture in understanding aging and old age. Exploring students' backgrounds and interests. The life course of older people: Introducing Mrs. Jones. Developing a questionnaire for the interview project. Discussion of interview project. CITI (IRB) training.

September 4: Where does sociocultural gerontology fit in gerontology? What are dominant models in aging research? Does aging exist? Aging as part of nature and culture. Focusing (again) on the central significance of culture (again) in understanding aging. Review and discussion of IRB and Human Subjects issues and requirements. Qualitative versus quantitative approaches to the study of aging.

September 11: Kaufman book due. We will have a class discussion about the book and its ideas. Leader:

Note: The leader and the class must facilitate a discussion on a set of questions that will be handed out prior to this class.

Developing research hypotheses from the book.

A 5-page critical paper due on Kaufman due.

Discussion of critical models in sociocultural gerontology.

September 18: Sarah Lamb's book due, plus 5-page critical paper. We will have a class discussion about the book and its ideas. Leader:

Note: The leader and the class must facilitate a discussion on a set of questions that will be handed out prior to this class.

Developing research hypotheses from the book. Exploring the nature of culture.

September 25: McLean's book due. 5-page critical paper due. Class discussion of the book. Developing research hypotheses from the book. Leader:
The future of aging

Exploring the nature of American culture as it relates to aging and old age. Interview project should have IRB approval about here

October 2: IRB review and approval of class interview project should occur around now. You can begin interview projects

External presentation: TBN
Morgan, Chapters 1-4 due. Discussion of Morgan chapters

October 9: Book day. 45-minute reports on each of four books about aging. Details forthcoming

October 16: Brief reports on how the interviews are going.
Student seminar reports: (1) *The Ecological theory of aging and work of M. Powell Lawton*
(2) work of Hans Werner Wahl; (3) culture

October 23: External presentation: TBN

Student seminar presentations: (1) *Successful aging*
(2) *Socioemotional selectivity theory and selective optimization with compensation (SOC)*

October 30: Morgan. Chapters 5-8 due. Class discussion of these chapters.

Discussion of age, generation, period and cohort as important constructs. Please review the material on these constructs from the Morgan and Kunkel book. Write a brief paper summarizing how these confusing constructs are defined.
Discussion of interviews

November 6: External presentation: TBN

Seminar Presentations on (1) Ethnicity and aging and (2) Aging in China

Hand out final exam, a take-home.

November 13:

External presentation: TBN

Seminar Presentations: (1) Cumulative advantage and disadvantage and (2) Assisted living

November 20: Seminar Presentations on (1) caregiving social support and (2) chronic illness in later life

Read Wikipedia entries on Max Weber, Emile Durkheim, Anthony Giddens, Michel Foucault and Clifford Geertz

November 27: NO CLASS!!!

December 4: Wrap up discussion. Final exam due.

3. Presentations: Each student will be expected to prepare and present particular topics that we will discuss. The presentation should be about 45-50 minutes. Power point is ok, but not necessary. In addition, students will prepare a handout of about 5 single spaced pages that summarizes the state of knowledge in the area under discussion and will Xerox enough copies so that everyone in the class gets one.

List of requirements for oral presentations

1. Your job is to educate your classmates on the topic you've chosen, through the presentation and the handout. You need to become an expert on your topic.
2. The handout should be no less than 5 single-spaced pages; the presentation should last at a minimum about 45-50 minutes.
3. You should be communicating cutting-edge knowledge in your area.
4. You should do on-line searches through search engines in areas such as sociology, psychology, and medicine and others. Remember, gerontology is an interdisciplinary undertaking!
5. You might focus on the last few years, say 2000 on, but also include some classics on your topic.
6. You should also use bibliographies from the articles in your search to identify additional sources.
7. You should find some way of organizing your material that is conducive to understanding.
8. You should make a list of related topics and also search under these. For example, a search about "caregiving" and "old age" could also include the terms "family life", "family dynamics", "aging", "gerontology", "care taking", "care receiving", etc.
9. Be comprehensive! Leave no stone unturned. Remember, we are striving for academic and professional *excellence*. The best way to get a job, do research, or succeed is to be better than other people and work harder than others who are not at UMBC. (I never thought I would ever say anything like this!)
10. Help each other.
11. Come to me, or email me, with questions before the presentation, as soon as they occur to you. Don't wait!

Sociocultural gerontology Potential informant questions

1. Background variables: DOB, MS, length of marriage, history of marriages, what did you do most of your working life?, do you consider yourself retired?, do you own your own home?, is it an apartment or house?, where are you from?
2. Now that we've met and talked for a few minutes, I'd like to ask you about your life – can you tell me the story of your life...what happened along the way? Start where you want and take as much time as you need.
3. How do you think your childhood affected the rest of your life?
4. How would you describe yourself to another person – what kind of person are you?
5. What is a typical day like for you?
6. Thinking about your life as a whole, what have been the one or two most meaningful experiences for you?
7. How would you say your life is different now from when you were in your 20s; your 40's; your 60s?
8. What were some of the hard times in your life? Some of the good times?
9. What do you think you will leave behind when you go – your legacy?
10. Who has been the most important person in your life? How has that relationship changed over time?
11. What do you think your life would be like if you had to live in a nursing home?
12. How would you say your health is these days? Is it better than most people your age, about the same as most people your age, or not quite so good as most people your age?
13. What kind of services for the elderly do you use now – things like transportation, senior centers, etc.?
14. Have you ever been a caregiver for others, that is, taken care of someone for a longish bit of time? Is anyone taking care of you now?
15. What is your religion? Would you say you are a religious or spiritual person? What are your central beliefs?
16. How comfortable would you say you are financially? Do you have more than enough, are pretty much on an even keel, or could you use more money to get by?

17. Tell me a little bit about your family...you friends?

18. What are some of the benefits to growing older? What are some of the drawbacks to growing older?

19. Has your attitude to getting older changed over time?

20. As an older person, what are some of the things you need for a good quality of life?

Doctoral Program in Gerontology
University of Maryland School of Medicine &
University of Maryland Baltimore County

SYLLABUS

GERO 711: Biology of Aging
Spring 2015

Pre-requisites: None

Wednesday, January 28th – May 13th, 2015
Time 12-3 pm; Location: Howard Hall 103D

Co- Instructor: DENISE L. ORWIG, Ph.D.

Assistant Professor

Department of Epidemiology and Public Health, Division of Gerontology
University of Maryland School of Medicine

Office: Howard Hall, Rm 203

Phone: 410-706-2406

FAX: 410-706-4433

Email: dorwig@epi.umaryland.edu

CO-INSTRUCTOR: ISTVAN J MERCHENTHALER M.D., PH.D., D.SC.

Department of Epidemiology and Public Health

University of Maryland School of Medicine

Office: MSTF, Rm 936

Phone: 410-704-1350

Email: imerchen@epi.umaryland.edu

Required Texts:

- Physiological Basis of Aging and Geriatrics, 4th Edition, edited by Paola S. Timiras

Recommended Resource:

- DiGiovanna, AG, 2000. *Human Aging: Biological Perspective*. 2nd ed. McGraw-Hill Co., Boston.
- Arking, R. 2006. *Biology of Aging: Observations & Principles*. 3rd ed. Oxford University Press.
- Any "introductory" level anatomy & physiology text, (such as Martini, F., *Anatomy and Physiology*, Pearson Benjamin-Cummins, 1st or 2nd edition) if you do not already have one. Introductory texts are in the 1000 pg range; a full A&P text is in the 2000+ pg range.

Additional Reference Texts available for sign-out from the Gerontology Office* or UMB Library):

- Clark, WR, 2002. *A Means to an End: The Biological Basis of Aging and Death*. Oxford University Press, New York. *
- Hazzard, WR, Blass JP, Ettinger WH, Halter JB, Ouslander JG. 1999. *Principles of Geriatric Medicine and Gerontology*. 4th edition. McGraw-Hill, New York. *
- Introductory Biology text - ass needed

Course Objectives

The objectives of this course are (1) to develop a basic understanding of the underlying biological changes that occur during the process of aging and (2) to apply this understanding to a critical evaluation of psychological and social changes associated with aging and/or the rationale behind social and economic public policies that support the aging population. At the completion of the course, the student will be able to

- define aging from a biological perspective;
- provide and explain specific examples of age-related changes at both the cellular level and the organ/organ system level;
- explain how and why we think the process of aging evolved;
- discuss the major biological "theories"/hypotheses of how and why we age, argue the strengths and weaknesses of each idea based on current research, and draw connections between different ideas;
- apply knowledge within context of current published research in appropriate journals through discussions and integration of concepts.
- demonstrate [i] basic understanding of normal human anatomy and physiology and [ii] more in-depth knowledge of a few anatomical systems and how they change during aging, and
- apply this new knowledge to his/her own doctoral research project or to a current area of research within gerontology, critically re-evaluating human aging and public policy issues from a biological perspective (Application Paper).

Course Description

The course will consist of three units.

- Unit #1: Aging from the Biological Perspective
- Unit #2: Anatomy and Physiology of Human Aging - Part 1
- Unit #3 Anatomy and Physiology of Human Aging - Part 2
- Unit #4: The Biological Basis of Current Issues in Gerontology (Application Paper)

The first unit will begin with a review of basic biology (cells, DNA & proteins, genes & alleles, genetics, biotechnology, and natural selection) and then consider the cellular, genetic, and evolutionary basis of how and why aging occurs. The second and third units will cover normal human anatomy and physiology and the major changes in anatomy and physiology that occur during aging in humans. The fourth unit will consist of student Application Papers (written and oral reports) in which each student will apply this information to a critical evaluation of some aspect of human aging and/or sociocultural or public policy issues in the context of the underlying biological changes at the cellular, organ system, and/or physiological level. The final exam will include a proposal for a possible follow-up research project related to the topic of each student's own Application Paper.

Course Requirements

- Attendance and active participation in each class session

- Two 10-15 min oral "Connections" presentations to explore the connection(s) between a biological aging process (unit 2) and recent research published (within last 2 years).
- Oral 15-min presentation of a theory (or group of related theories) of aging including summary and critique
- Completion of Application Paper, including both a formal written report and a formal oral presentation
- Completion of 3 exams and a take home final

Grading Scheme

30	"Connections Presentations" in Unit 2 (2 @ 15 pts each) [~6%]
20	Presentation of summary/critique of one theory of aging [~4%]
60	Exam 1 (short answer and/ or essay questions) [~11%]
60	Exam 2 (short answer and/ or essay questions) [~11%]
110	Exam 3 (unit content and final) (short answer and/ or essay questions) [~21%]
150	Application Paper (50 pts oral; 100 pts written) [~28%]
50	Take Home Final Exam (essay questions) [~10%]
50	In class participation (synthesis portion of class) [~10%]

530	TOTAL

Letter grades will be calculated as follows: A = >90%; B = 80-89.5%; C = 70-79.5%; D = 60-69.5%; F = <60%. The minimal acceptable grade for a student taking this course to satisfy the Gerontology Program requirement is a B.

**There are specific submission deadlines provided for each item below. If something is not received by the deadline provided, 10 points will automatically be deducted from the grade. If it is received more than a day later, 20 points will be deducted.

Academic Integrity - Rights and Responsibilities of Students in GERO 711

(adopted from The Department of Public Policy)

As with all scholarly work at the University of Maryland, academic honesty is required and expected (see <http://www.umbc.edu/gradschool/procedures/integrity.html>).

By enrolling in this course at UMB, each student assumes the responsibilities of an active participant in UMB's scholarly community in which everyone's academic work and behavior are held to the highest standards of honesty. Cheating, fabrication, plagiarism, and helping others to commit these acts are all forms of academic dishonesty, and they are wrong. Academic misconduct could result in disciplinary action that may include, but is not limited to, a failing grade for the assignment, a failing grade for the course, suspension or dismissal. The Policy and Procedures for Graduate Student Academic Misconduct is available at <http://www.umbc.edu/gradschool/procedures/misconduct.html>.

Of particular concern is plagiarism. Plagiarism is defined as "taking and passing off as one's own the ideas, writings, etc., of another" (Webster, 1983). In other words, plagiarism is theft of another's

words and/or ideas. It constitutes serious academic dishonesty. Plagiarism can result from a student's failure to cite a source (e.g., of the ideas, writings, etc., of another that the student uses in his or her paper) or failure to appropriately block or use quotation marks (and an appropriate source citation) around directly quoted material.

This policy does not distinguish between intentional and inadvertent plagiarism. Nor does it distinguish between "drafts" and final submissions. Clearly, intentional plagiarism is a serious offense. Some students may feel, however, that inadvertent plagiarism is not a serious offense. It is - for at least two reasons. First, it is difficult (some might say impossible) to distinguish between intentional and inadvertent plagiarism. Second, inadvertent plagiarism suggests that students either have not paid attention to this policy or are willing to submit work that is carelessly and sloppily completed. In either event, plagiarism will be appropriately punished if it is found in any work for this course.

In addition to the above program policy, I ask you to recognize that plagiarism is theft of intellectual property, which is protected by federal copyright law. Evidence of plagiarism in an assignment in this course will result in a grade of 0 (zero) for that assignment.

Students are allowed, even encouraged, to discuss all parts of this course with each other, but are expected to work totally independently in the final preparation of exam essays and the written and oral reports. If there are any questions about academic honesty, including but not limited to how to properly write the Application Paper, present the oral reports, and/or use citations, please speak to us after class as early in the semester as the question arises. Submission of work that is not your own will result in failing the class. In addition, it is expected that we all treat each other with respect as colleagues. Scholarly discussions, disagreement, and contrary theoretical positions are allowed (and somewhat encouraged), but all discussions must be collegial and professional.

Class Schedule

Week	Date	Topic(s)	Reading & Assignments
1	1/28	<ul style="list-style-type: none"> ▪ Introductions and logistics ▪ Course Overview ▪ Brief discussion of possible topics for Application Paper ▪ Cell Biology of Aging ▪ Genetic Biology of Aging 	<ul style="list-style-type: none"> ▪ Textbook: Chps 1-3 ▪ Textbook: Chps 4-5 ▪ Chps 2-3 in <i>The Biology of Ageing and its Clinical Implications</i> by Aza Abdulla and Gurcharan S Rai. [pdfs provided]
2	2/4	<ul style="list-style-type: none"> ▪ Tissues, Organs, and Organism 	<ul style="list-style-type: none"> ▪ Per Dr. Merchenthaler

Week	Date	Topic(s)	Reading & Assignments
3	2/11	<ul style="list-style-type: none"> ▪ Theories of Aging - Overview ▪ <i>Stealing Time</i> (Video) 	<ul style="list-style-type: none"> ▪ Arking chpts 9-13 (provided) ▪ Sinclair DA 2005. Mech Ageing & Devel 126:987-1002 (pdf - full ref at end of schedule)
4	2/18	<ul style="list-style-type: none"> ▪ Selection of Connections Body Systems ▪ Evolution of Aging ▪ Manipulation of Aging 	<ul style="list-style-type: none"> ▪ <u>DUE</u>: List of preferred topic for Application Paper and 2-3 research papers in area of interest within gerontology by end of class. ▪ Textbook: review Chp 5 ▪ Arking chpt 6 (to pg 218) (provided) View video link on blackboard. "Theoretical Approach to Longevity" by Tom Kirkwood http://www.youtube.com/watch?v=4u1N506Engw
5	2/25	<ul style="list-style-type: none"> ▪ Selection of Aging Theory ▪ Nervous System 	<ul style="list-style-type: none"> ▪ Textbook: Chps 6, and 7
6	3/4	<ul style="list-style-type: none"> ▪ Nervous System 	
7	3/11	<ul style="list-style-type: none"> ▪ EXAM 1 ▪ Connection Discussion (1, 15-min presentation) ▪ Integument System 	<ul style="list-style-type: none"> ▪ Textbook: Chp 21
8	3/18	Spring Break	
9	3/25	<ul style="list-style-type: none"> ▪ Connection Discussion (2, 15-min presentation) ▪ Musculoskeletal System ▪ Gastrointestinal System & Metabolism 	<ul style="list-style-type: none"> ▪ <u>DUE</u>: Application Paper proposal emailed to Dr. Orwig by 5:00 pm ▪ Textbook: Chp 20 ▪ Textbook: Chps 13 and 19
10	4/1	<ul style="list-style-type: none"> ▪ Connection Discussion (2, 15-min presentations) ▪ Respiratory System 	<ul style="list-style-type: none"> ▪ Textbook: Chp 17
11	4/8	<ul style="list-style-type: none"> ▪ EXAM 2 ▪ Connection Discussion (1, 15-min presentations) ▪ Cardiovascular System 	<ul style="list-style-type: none"> ▪ Textbook: Chps 15 and 16

Week	Date	Topic(s)	Reading & Assignments
12	4/15	<ul style="list-style-type: none"> ▪ Connection Discussion (2, 15-min presentation) ▪ Urinary System/Reproductive ▪ Endocrine System 	<ul style="list-style-type: none"> ▪ Textbook: Chps 18 ▪ Textbook: Chps 9, 10, 11, 12, and 13
13	4/22	<ul style="list-style-type: none"> ▪ Connection Discussion (2, 15-min presentation) ▪ Immune & Lymphatic Systems ▪ Special Senses 	<ul style="list-style-type: none"> ▪ Textbook: Chp 14 ▪ Textbook: Chp 8
14	4/29	<ul style="list-style-type: none"> ▪ Student Theory Critique presentations (5, 15-min presentations) ▪ Successful Aging ▪ Anti-aging Interventions 	All students: The slide set should be emailed to Dr. Orwig by 9 am on 4/29/15
---	Mon 5/4	▪	All students: Electronically submit Application Paper by e-mail attachment to Drs. Orwig and Merchenthaler by Monday morning at 9:am 5/4/15
15	5/6	<ul style="list-style-type: none"> ▪ 5 Application Paper presentations (30-min) Presenter 1: _____ Presenter 2: _____ Presenter 3: _____ Presenter 4: _____ Presenter 5: _____ 	<u>Take Home Final distributed</u>
16	5/13	▪ EXAM 3	All students: Electronically submit Take Home Final by e-mail attachment to Drs. Orwig and Merchenthaler prior to start of Exam 3 at noon on 5/13/15.

Sinclair DA, 2005. Toward a unified theory of caloric restriction and longevity regulation. *Mechanisms of Ageing and Development* 126:987-1002. [full citation of additional reading for 9/16]

Brief Oral Presentations

1. "CONNECTIONS" PRESENTATIONS: During Units 2 and 3, each student is to identify a recently published article that connects the reading and lecture content with current research within gerontology. At the beginning of each class, students will be asked to present a paper on the body systems from the previous week's lectures. Students will select/be assigned to at least 2 body systems at the beginning of the course. The presentation of the paper should focus on what is being studied, the context and significance for the study, summarize results and provide implications for future directions.
 - a. a presentation of a current (since 2011) primary biomedical research paper that illustrates the connection(s). Each student will have 10-15 minutes to present the paper. The presenting student should prepare a short handout designed for study use by your student colleagues. It should include 3-5 major points along with some explanation and supporting data/evidence. Maximum length: 1 page (double sided).

The students should send a copy of the selected paper and handout by email to Drs. Orwig and Merchenthaler by 12:00 on the Monday before the class presentation. We will upload papers to blackboard for students to access as well.

Grading Criteria (30 pts total- 15 pts each):

- accuracy of information (3pts)
- clarity of presentation (3pts)
- engagement of the audience in the discussion (3pts)
- response to questions from the audience (3pts)
- effectiveness of handouts (3pts)

Theories of Aging Summary and Critique-Oral presentation

- 4/29:** Each student in the class will be assigned one theory (or related group of theories) of aging. Each student will present the theory to the class in a 15-minute presentation on their assigned theory at the end of Unit 3 with two main components.
- The student should review chpts 9-13 in Arking (provided), and then focus in on his/her assigned theory. The material in Arking should be sufficient, but additional reading/research is encouraged where needed. Each student should summarize their theory and explain what they learned covering 3-5 major points along with some explanation and supporting data/evidence.
 - In the second part of the presentation, each student should critically analyze his/her assigned theory in light of the material covered in Units 1, 2, and 3. The critique should include several arguments with specific evidence to support or refute the theory. Maximum: 2 pages.
 - The student is encouraged to provide their student colleagues with a handout summarizing the theory and the major critique points.
- The slide set should be emailed to Dr. Orwig by 9 am on 4/29.

Grading Criteria (20 pts total):

- accuracy of information (4pts)
- clarity of presentation (2pts)
- justification for critique (8pts)
- engagement of the audience and response to questions (3pts)
- effectiveness of handouts (3pts)

Application Paper - The Biological Basis of Current Issues in Gerontology

2/18: Areas of Research and/or Career Interests: Identify 2-3 peer-reviewed, primary research papers that fit all three of the following criteria.

- They should be in your area of interest within gerontology.
- They need to be experimental so that you can analyze the experimental design.
- They need to relate to age-related changes in one or two human anatomical systems (integumentary, skeletal, muscular, nervous, sensory organs, endocrine, cardiovascular, respiratory, digestive, urinary, immun, lymphatic, and/or reproductive). This process will begin with providing "preferred" topics and brief discussion in class to ensure no duplication. Dr. Orwig will review the three peer-reviewed, primary research papers you submit and work with each student to finalize the topic and selection of primary paper.

One of these papers will become the primary focus of your major research project (Application Paper with oral presentation) for this course. Therefore, it is essential that the topic be of interest to you. Additionally, since a major purpose for the project is for you to apply the information presented in the beginning of the course to a critical evaluation of some aspect of human aging and/or public policy issues in the context of the underlying biological changes at the cellular, organ system, and/or physiological level, it is essential that you select a paper that has a clear connection to age-related anatomical/physiological changes.

List of Preferred Topics for Application Paper: Submit a written list of three possible topics for your Application Paper, prioritized to indicate 1st, 2nd, and 3rd choice by end of class. Since we need to have as broad a representation of topics as possible for this unit of the course, we cannot have multiple students presenting on the same or similar topics.

3/25: Application Paper Proposal: Submit a ~150-word proposal for your Application Paper. This proposal should include a tentative title, a brief description of the major issue or question, a statement of the major conclusion(s) from the research paper on which the study will be based (i.e. "focal" research article), and an explanation of how you will apply your understanding of one or more biological systems to the critical evaluation (or re-evaluation) of this research. Please also submit a clean copy or printout of the focal research paper. A copy of the proposal should be emailed to Dr. Orwig by 5:00 pm.

Students are encouraged to outline the content of the paper to ensure appropriate balance of discussion. One third to one-half of the outline (and final report) must review and discuss age-related changes in the A&P of one or more human organ/organ systems that

underlie the gerontological issue that is the focus of the case study. The remainder of the outline should present the focal research paper, including an explicit statement of the question and hypothesis under investigation, the experimental design used to test the hypothesis, the key results reported, and a critical analysis of the results in light of the biology of the system.

5/4: Application Paper: Submit your complete paper electronically by e-mail attachment to Drs. Merchenthaler and Orwig by 9:00 am. The content requirements are the same as for the outline (above), with all the details included and fully explained and/or discussed. **Format of Written Report:** 10-12 pages in length (not including title page, References Cited, and any illustrations, of which there should be several), typed double-spaced, 1 inch margin T/B and L/R, 11-12 point font. It is important to adhere to the 12-pg maximum length; the emphasis must be on quality of content not quantity. Appropriate illustrations to include would be background material and the data figures and tables from the focal research article. All illustrations must include a reference citation. Reference should be cited in the text and on the Reference Cited list following the APA style. Since you will be using copyrighted material in your report, you need to include the educational fair use statement (below*) on the title page (smaller font, across bottom of page).

* *Certain materials are included in this presentation under the Fair Use exemption of US Copyright Law. These materials are included in accordance with the multimedia fair use guidelines and they are restricted from further use.*

5/6 Oral Presentations: Each student will have 30 minutes for their presentation to include presentation of the issue (background including discussion of the biological underpinnings of the issue; presentation, analysis, and critique of the results presented in the research papers; any pro and cons, controversies and/or challenges; and future direction especially in light of the biology of the system). There will be time for an interactive discussion with fellow students. To stimulate this discussion, your last slide should be a list of 4-6 questions for discussion. It is important to stay within your time limit so that no presenter feels rushed due to not having their full 30 minutes. Practice your presentation well in advance and if you find that it is too long, cut it. While this can be difficult, it is important to make the tough decisions about what must be included and what can be discarded. Please adhere to the guidelines for effective PPT presentations and supply each audience member with a handout of the key slides in the presentation to enhance interaction during the discussion period. Since your PPT presentation should not exceed 30 minutes, you should not have more than 32 PPT slides. Lastly, since you will definitely have data figures/tables from your research paper in your PPT, include the above education fair use statement in small font (12-14) along the bottom of the first slide as well as a citation on each slide to indicate source of copyrighted material (also 12-14 pt font).

Grading Criteria:

Written Report (100 pts)

- Completeness and accuracy (40 pts)
- Strength of the connection to the biology of the system(s) (40 pts)

- Appropriateness of cited references (10 pts)
- Overall organization and mechanics of the paper (10 pts)

Oral Report (50 pts)

- Content and clarity of presentation (15 pts)
- Inclusion of appropriate summary of biological system(s) and incorporation of that information into the discussion of the research article (15 pts)
- Substance of the discussion that follows the oral presentation (15 pts)
- Ability to stay within the time limit (30 minutes) and answer questions (5 pts)

Syllabus

PSYC/GERO 786: Psychological Aspects of Aging Fall 2014

September 8 – December 8, 2014

Mondays, 1:00 – 3:30 pm

Location: PUP 203, UMBC

Course Director: **Ann L. Gruber-Baldini, Ph.D.**
Professor
Division of Gerontology
Department of Epidemiology & Public Health
University of Maryland School of Medicine
Phone: (410) 706-2444
Email: abaldin@epi.umaryland.edu
Office: Howard Hall Room 213, 660 W. Redwood St., Baltimore, MD 21201
Office hours: by appointment

Course Description/Objectives

This class is designed to examine central issues in the research of the psychology of aging, integrating biological, cognitive, emotional, and social processes in late adulthood. The course will provide some review of theories of aging and introduce students to the important research findings in the field. Central topics include changes in cognitive functioning, physical and sensory abilities, personality and emotional responses, social roles and relationships, stress and coping, and mental health and end-of-life issues. Students will learn about research methods in aging (including longitudinal studies), and how psychological theory and research on aging contributes to a better understanding of older adults.

Course Requirements

The course is organized primarily as an interactive seminar, with a high level of primary reading of key research in the field. Regular class attendance and active participation are required. Seminar members are required to read the assigned readings in advance of class discussion, to lead one special topic discussion, and to do a written research paper on a personally chosen research topic, which must also be summarized in an in-class presentation.

Weekly Reading Assignments

Assigned readings are shown on the attached class schedule. Updates to this table will be handed out in class and posted on Blackboard, as necessary. You are expected to complete the readings prior to the class session for which they are listed, and to come to the seminar prepared to discuss the readings relative to the topic(s) for that day's session. Although the amount of reading is large, many of the underlying principles are repeated across the readings. It is important that you read the papers for general concepts and issues (e.g., don't get hung up in the statistics), and you may be able to skim some readings once you get a grasp of the basic topic issues. For example, the Handbook is often a broad sweep that is helpful to introduce and update literature, but may not always add much more than the introductions from the key readings.

Special Topic Discussion

For one topic, you will be required to lead a 60-75 minute discussion of a special topic related to that research area (last part of class, after general discussion). You will select the key readings for other students to focus on in advance of the class (i.e., of the list of 4-5 presented, let them know which 1 or 2 to focus on at the

session prior to yours). Other readings may be handed out in advance of class if you desire. You should prepare your basic discussion points and literature summary prior to the class you lead. After the class discussion, you are required to write and submit a 4-5 page summary of the discussion topic (**within 1 week**). It is encouraged that you have a draft of the summary document done before the class discussion, and modify the text (as necessary) to include new insights provided by the class discussion. Due to a large class size, you may have to double up with another student to present. You should divide the presentation between you in a logical way but should write your summaries independently.

Research Paper / Presentation

You will be required to select a topic related to the content of the course, but not covered directly or extensively in the class readings and discussions, which you will research, present to the class, and write up as a paper. The goal of the project is to enhance your and your classmates' knowledge of some particular aspect of the psychology of aging.

As a focus for the project, you should select an issue or concrete problem that is of personal interest to you and that is related to psychological aspects of aging. You should hand in or email me a note indicating the topic you think you may want to focus on **by the 4th class session (9/29)**. Following this, a brief, 1-2 page written description of your project and plans for presentation is due **no later than 10/20**.

In researching your topic, you will be expected to conduct a literature search and to read a reasonable amount of additional reference material that relates to the chosen issue. The ultimate product from the project will be a research paper, which should be 15-20 pages in length (not including references, double-spaced, 1 inch margins, 12 point standard typeface) and prepared in American Psychological Association style (or another consistent style, as approved). This will be **due no later than the final exam time for the class, 12/15**. Failure to hand in a paper by that date will result in either a zero grade (if not discussed with the instructor or no valid excuse) or an incomplete for the class. In the paper, you are expected to give an overview of your topic and its significance (which may be either theoretical or practical), and to integrate and evaluate the psychological literature that helps to inform and provide an understanding of the issue(s) you have defined. The paper should not be a report that simply summarizes each individual article you have read; rather, you should devote a significant amount of discussion to integrating the literature pertaining to your topic, and should show a critical perspective on and insight into the chosen issue. You should be sure to include some evaluation of how much and what kinds of research information are available, how good that research is in quality, and what kinds of questions deserve to receive attention in future studies.

Prior to handing in the paper, you will also be required to present your topic and findings to the class. Because of time limitations, the presentations will need to be somewhat abbreviated versions of the full paper (depending on class size, about 10-15 minutes per presentation, plus some time for group discussion). In planning for this presentation, you should anticipate whatever slides, overheads, or other audiovisual aids you may use. You should also select a reading that gives a useful overview or background on your general topic, and provide copies for distribution to the other seminar members **at least one week in advance of your presentation** (i.e., distribute the reading by 11/24 or earlier). The in-class presentations will be scheduled for the last 2 weeks of the class (**12/1 and 12/8**). If we need extra time, we will either use the final exam time (12/15) or schedule another time at everyone's convenience.

Grading Policy:

Grades will be based on fulfillment of the course requirements. Grades can range from A to F. Since this is a required course in the Gerontology Doctoral program, any Gerontology student who gets less than a B will be expected to retake the course in the future. The following guidelines will be used in assigning grades:

- General, active in-class participation / completion of readings 20%
- Special Discussion in-class leadership 15%

- Special Discussion write-up 15%
- Research paper presentation 10%
- Research paper write-up 40%

Textbooks and readings

The Schaie & Willis “Handbook of the Psychology of Aging” is the only required book (see below). Other readings will be provided on Blackboard.

For many of the sessions, we read both a recent research article and an overview of the field (from the Schaie & Willis volume). Discussions are expected to discuss the research articles and theories at length. However, do not get bogged down in the statistical parts of the papers.

Copies of most books (required and recommended) are available from Dr. Gruber-Baldini for perusal (before buying). It is suggested that you have access to at least one basic psychology of aging textbook to introduce topics and terms you might be confused about. Most basic textbooks cover similar topic areas, although there are some differences in emphasis. Also listed below: a) the Birren & Schroots recommended resource book is helpful to provide a history of the field and the major players, b) the APA manual of Style is useful to introduce you to how work in this field is presented, c) the Cavanaugh & Whitbourne “Gerontology” book is a good overview some of the chapter readings are used as required readings in the course, and d) the Lawton & Salthouse has been used as a required text in the past, but is difficult to get; it presents some “classic” articles in the field.

Required Textbooks:

Schaie, K.W. & Willis, S.L. (Eds.) (2010). *Handbook of the Psychology of Aging* (7th ed.). Burlington, MA: Elsevier Academic Press. (**abbreviated below as HPA**)

Suggested Basic Aging Texts:

Whitbourne, S.K. (2007). *Adult development and aging: Biopsychosocial perspectives*. (3rd edition) New York: John Wiley & Sons.

Schaie, K. W. & Willis, S. L. (2009). *Adult development and aging*. (5th edition). New York: Prentice Hall.

Cavanaugh, J. C. & Blanchard-Fields, F. (2010). *Adult development and aging* (6th ed.). Wadsworth Publishing.

Paplia, D.E., Sterns, H., Feldman, R.D., & Camp, C. (2006) *Adult development and aging* (3rd ed.) MacGraw-Hill.

Recommended Resource Books:

Lawton, M.P., & Salthouse, T.A. (1998). *Essential Papers on the Psychology of Aging*. New York University Press.

Birren, J.E., & Schroots, J.J.F. (Eds.) (2000). *A history of geropsychology in autobiography*. Washington, DC: American Psychological Association.

Publication Manual of the American Psychological Association (2009). Sixth Edition.

Cavanaugh, J.C., & Whitbourne, S.K. (Eds.) (1999). *Gerontology: An Interdisciplinary Perspective*. Oxford University Press.

Bengtson, V.L., Gans, D., Putney, N. & Silverstein, M. (Eds) (2008) *Handbook of Theories of Aging*. Second Edition. Springer Publishing Company

Hofer, S.M. & Alwin, D.F (2008). *Handbook of Cognitive Aging: Interdisciplinary Perspectives*, Thousand Oaks, CA: Sage.

Birren, J.E., & Schaie, K.W. (Eds.) (2006). *Handbook of the Psychology of Aging* (6th ed.). Burlington, MA: Elsevier Academic Press.

Other Good Resource Books in Psychology of Aging:

F. Blanchard-Fields & T.M. Hess (Eds.). (1996). *Perspectives on Cognitive Change in Adulthood and Aging*. New York: McGraw Hill, pp. 66-121.

F. I. M. Craik & T. A. Salthouse (Eds.). (2007) *The Handbook of Aging and Cognition* (3rd edition). Psychology Press.

J.E. Birren, R.B. Sloane, & G.D. Cohen (Eds.). (1992). *Handbook of Mental Health and Aging* (2nd ed.). San Diego: Academic Press.

Annual Review in Gerontology & Geriatrics. Springer Publishing. [Various volumes]

Schulz, R., Noelker, L., Rockwood, K. & Sprott (eds) (2006). *Encyclopedia of Aging* (4th ed.). New York: Springer.

Recommended web sites:

American Psychological Association's Division 20 (Psychology of Adult Development and Aging): <http://www.apadivisions.org/division-20/>

The Gerontological Society of America: <http://www.geron.org/>

American Psychological Association: <http://www.apa.org/>

American Psychological Association Clinical Geropsychology Division 12: <http://www.geropsychology.org/>

International Society for the Study of Behavioral Development: <http://www.issbd.org/>

The American Psychological Society: <http://www.psychologicalscience.org/>

Recommended Journals:

Psychology and Aging

The Gerontologist

Journals of Gerontology: Psychological Sciences

Journal of Experimental Aging Research

Ethical Principals

As with all scholarly work at the University of Maryland (see http://www.umbc.edu/gradschool/essentials/proc_misconduct.html and http://graduate.umaryland.edu/grad_policies/misconduct.html), academic honesty is required and expected. For the research paper, all work should adhere to proper citation standards and should be your own writing (e.g., no

plagiarism or misrepresentation of work, make proper use of quotations, etc.). Students are allowed to work together on in-class presentations, as necessary, but are expected to write their own summaries. If there are any questions about how to write a research paper, use proper citations, or issues of academic honesty, please see me in advance of the due dates of assignments. Submission of work that is not your own will result in failing the class and may result in other penalties, as determined by the graduate school.

In addition, it is expected that we all treat each other with respect as colleagues. Scholarly discussions and disagreements are allowed (and somewhat encouraged), but personal attacks will not be tolerated. However, a contrary theoretical position is not a personal attack. If there are any questions about what this means, please contact me.

Class Schedule: GERO/PSYC 786 Psychological Aspects of Aging

Wk	Date	General Topic(s)	Assignments	Special Topic Discussion	Discussion Leader
1	9/8	Introduction – Themes and Issues			
2	9/15	Models of Adult Development and Aging; Research Methods		Terminal Decline Selective Attrition	AG-B
3	9/22	Cognitive Changes: Intelligence, Information Processing, Attention		Role of Perceptual Speed in Cognitive Age-changes	AG-B
4	9/29	Cognitive Changes: Memory, Language, Problem Solving, Wisdom, Creativity	Proposed Research Project Topic	Wisdom and Everyday Competence	AG-B
5	10/6	Physical and Sensory Changes		Sensory and Cognitive Aging	Jamila Torain
6	10/13	Chronic Disease Processes and Health – Note Shari Waldstein will come at 2:15		Stress and Aging	Carla Johnston
7	10/20	Mental Health Issues	Research Project Plan	Mild Cognitive Impairment, Delirium, Dementia	Shabnam Salimi
8	10/27	Personality and Aging		Personality Stability over Time	AG-B
9	11/3	Emotions and Aging		Control	AG-B
10	11/10	Social Roles and Relationships		Socioemotional Selectivity	Morgan Bunting
11	11/17	Work and Leisure, Retirement; Environments and Aging		Life Style & Aging	AG-B
12	11/24	Death and Dying; Bereavement and Widowhood	Background readings for presentation	Caregiving	Alan Rathbun
13	12/1	Presentations			
14	12/8	Presentations Future of the Psychology of Aging Wrap-up			
15	12/15	Final exam time	Final Research Report Due		

Readings List: GERO/PSYC 786 Psychological Aspects of Aging

Wk 1: Introduction – Themes and Issues

Assigned:

Dixon, R. A (2010). Enduring Theoretical Themes in Psychological Aging: Derivation, Functions, Perspectives, and Opportunities. *HPA, Ch 1.*

Baltes, P. B. (1987). Theoretical propositions of life-span developmental psychology: On the dynamics between growth and decline. *Developmental Psychology, 23*, 611-626.

Baltes, P.B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *American Psychologist, 52*, 366-380.

Recommended:

Whitbourne, S.K. (Ed.) (1996, August; updated 2001, September). *Division 20: Past and future perspectives*. Historical document on the American Psychological Association's Division of Adult Development and Aging at the time of its 50th anniversary. Available at <http://apadiv20.phhp.ufl.edu/d20hist.pdf>.

Baltes, P. B., Staudinger, U. M., & Lindenberger, U. (1999). Lifespan psychology: Theory and application to intellectual functioning. *Annual Review of Psychology, 50*, 471-507.

Baltes, P. B., & Smith, J. (1997). A systemic view of psychological functioning in very old age: Introduction to a collection of articles from the Berlin Aging Study. *Psychology and Aging, 12*, 395-409.

Wk 2: Models of Adult Development and Aging; Research Methods

Assigned:

Ferrer, E., & Ghisteletta, P. (2010). Methodological and Analytical Issues in the Psychology of Aging. *HPA, Ch. 2.*

Schaie, K.W. (2010). Historical Influences on Aging and Behavior. *HPA, Ch. 3*

Schaie, K.W. (1994). The course of adult intellectual development. *American Psychologist, 49*, 304-13.

Recommended:

Hofer SM, Piccinin AM. Toward an integrative science of life-span development and aging. *J Gerontol B Psychol Sci Soc Sci.* 2010 May;65B(3):269-78.

Schaie, K.W. (1965). A general model for the study of developmental problems. *Psychological Bulletin, 64*(2), 92-107.

Schaie, K.W. (1986). Beyond calendar definitions of age, time, and cohort: The general developmental model revisited. *Developmental Review, 6*, 252-277.

Hofer, S.M., & Sliwinski, M.J. (2001). Understanding Ageing. An evaluation of research designs for assessing the interdependence of ageing-related changes. *Gerontology*, 47(6), 341-52.

Salthouse, T.A., & Nesselroade, J.R. (2002). An examination of the Hofer and Sliwinski evaluation. *Gerontology*, 48(1), 18-21.

Hofer, S.M., Sliwinski, M.J., & Flaherty, B.P. (2002). Understanding Ageing. Further commentary on the limitations of cross-sectional designs for ageing research. *Gerontology*, 48(1), 22-29.

FYI: Ryder, N.B. (1965). The cohort as a concept in the study of social change. *American Sociological Review*, 30:843-861.

For more in depth discussion: Hertzog, C. & Dixon, R.A. (1996). Methodological issues in research on cognition and aging, In F. Blanchard-Fields & T.M. Hess (Eds.). *Perspectives on Cognitive Change in Adulthood and Aging*. New York: McGraw Hill, pp. 66-121.

Special Topic Discussion: Terminal Decline/Attrition

Piccinin AM, Muniz G, Matthews FE, Johansson B. Terminal decline from within- and between-person perspectives, accounting for incident dementia. *J Gerontol B Psychol Sci Soc Sci*. 2011 Jul;66(4):391-401.

Bosworth HB, Siegler IC. (2002). Terminal change in cognitive function: an updated review of longitudinal studies. *Experimental Aging Research*, 28(3), 299-315

Rabbitt P, Lunn M, Wong D, Cobain M. Sudden declines in intelligence in old age predict death and dropout from longitudinal studies. *J Gerontol B Psychol Sci Soc Sci*. 2008 Jul; 63(4):P205-11.

Hassing, L.B., Johansson, B., Berg, S., Nilsson, S.E., Pedersen, N.L., Hofer, S.M., McClearn, G. (2002). Terminal decline and markers of cerebro- and cardiovascular disease: findings from a longitudinal study of the oldest old. *J Gerontology: Psychological Sciences*, 57(3), P268-76.

Wilson, R.S., Beckett, L.A., Bienias, J.L., Evans, D.A., Bennett, D.A. (2003). Terminal decline in cognitive function. *Neurology*, 60(11), 1782-1787.

Lindenberger, U., Singer, T., & Baltes, P.B. (2002). Longitudinal selectivity in aging populations: separating mortality-associated versus experimental components in the Berlin Aging Study (BASE). *Journal of Gerontology: Psychological Sciences*, B57(6), P474-82.

Other readings:

Johansson B., & Berg S. (1989). The robustness of the terminal decline phenomenon: longitudinal data from the Digit-Span Memory Test. *Journal of Gerontology: Psychological Sciences*, 44(6), P184-6.

Cooney, T.M., Schaie, K.W., & Willis, S.L. (1988). The relationship between prior functioning on cognitive and personality dimensions and subject attrition in longitudinal research. *Journal of Gerontology: Psychological Sciences*, 43(1), P12-7.

Van Beijsterveldt CE, van Boxtel MP, Bosma H, Houx PJ, Buntinx F, & Jolles J. (2002). Predictors of attrition in a longitudinal cognitive aging study: The Maastricht Aging Study (MAAS). *Journal of Clinical Epidemiology*, 55(3), 216-23.

Wk 3: Cognitive Changes: Intelligence, Information Processing, Attention

Assigned:

Stine-Morrow, E.A.L., & Miller, L.M.S. (1999). Basic Cognitive Processes. In JC Cavanaugh & SK Whitbourne (Eds.) *Gerontology: An Interdisciplinary Perspective*. Oxford University Press, pp. 186-212.

Reuter-Lorenz, P. & Park, D.C. Human neuroscience and the aging mind: a new look at old problems. *J Gerontol B Psychol Sci Soc Sci*. 2010 Jul;65(4):405-15.

Horn, J.L., & Cattell, R.B. (1967). Age Differences in Fluid and Crystallized Intelligence. *Acta Psychologica*, 26, 107-29.

Schaie, K. W. (1993). The Seattle Longitudinal Studies of Adult Intelligence, *Current Directions in Psychological Sciences*, 2, 171-5.

Stine-Morrow, E.A.L., & Basak, C. "Cognitive interventions" **HPA Chapter 10**

Park, D.C. & Bischof, G.N. "Neuroplasticity, Aging, and Cognitive Function" **HPA Chapter 7**

Recommended :

Rebok GW, Ball K, Guey LT, Jones RN, Kim HY, King JW, Marsiske M, Morris JN, Tennstedt SL, Unverzagt FW, Willis SL. Ten-year effects of the advanced cognitive training for independent and vital elderly cognitive training trial on cognition and everyday functioning in older adults. *J Am Geriatr Soc*. 2014 Jan;62(1):16-24.

Schaie, K. W., & Willis, S. L. (1986). Can decline in adult intellectual functioning be reversed? *Developmental Psychology*, 22, 223-232.

Ball, K., Berch, D.B., Helmers, K.F., Jobe, J.B., Leveck, M.D., Marsiske, M., Morris, J.N., Rebok, G.W., Smith, D.M., Tennstedt, S.L., Unverzagt, F.W., & Willis, S.L. (2002) Advanced Cognitive Training for Independent and Vital Elderly Study Group. Effects of cognitive training interventions with older adults: A randomized controlled trial. *JAMA*, 288(18), 2271-81.

Willis SL, Tennstedt SL, Marsiske M, Ball K, Elias J, Koepke KM, Morris JN, Rebok GW, Unverzagt FW, Stoddard AM, Wright E; ACTIVE Study Group. Long-term effects of cognitive training on everyday functional outcomes in older adults. *JAMA*. 2006 Dec 20;296(23):2805-14.

Tucker-Drob EM, Salthouse TA. Adult age trends in the relations among cognitive abilities. *Psychol Aging*. 2008 Jun;23(2):453-60.

Rogers, W.A., & Fisk, A.D. (2001) Understanding the role of attention in cognitive aging research. *Handbook of Psychology and Aging 5th edition, Ch. 11.*

McArdle, J.J., Ferrer-Caja, E., Hamagami, F., & Woodcock, R.W. (2002). Comparative longitudinal structural analyses of the growth and decline of multiple intellectual abilities over the life span. *Developmental Psychology*, 38(1):115-42.

National Resource Council. (1998). *The aging mind: Opportunities in cognitive research*. Washington, DC: National Academy Press. Available at <http://www.nap.edu/books/0309069408/html/>.

Dixon, R.A., & Hultsch, D.F. (1999). Intelligence and Cognitive Potential in Late Life. In JC Cavanaugh & SK Whitbourne (Eds.) *Gerontology: An Interdisciplinary Perspective*. Oxford University Press, pp.213-237.

Buckhalt, J.A., McGhee, R.L., & Ehrlert, D.J. (2001) An investigation of Gf-Gc theory in the older adult population: joint factor analysis of the Woodcock-Johnson-Revised and the Detroit Test of Learning Aptitude-Adult. *Psychological Reports*, 88(3 Pt 2), 1161-70.

Baltes, P.B., & Willis, S. L. (1982). Plasticity and enhancement of intellectual functioning in old age: Penn State's Adult Development and Enrichment Project (ADEPT). In F. I. M. Craik & S. Trehub (Eds.), *Aging and cognitive processes* (pp. 353-389). New York: Plenum.

For more in depth discussion :

F. Blanchard-Fields & T.M. Hess (Eds.). (1996). *Perspectives on Cognitive Change in Adulthood and Aging*. New York: McGraw Hill, pp. 66-121.

F. I. M. Craik & T. A. Salthouse (Eds.). (2000) *The Handbook of Aging and Cognition* (2nd edition). Mahwah, NJ: Lawrence Erlbaum Associates.

Special Topic Discussion: The Role of Perceptual Speed in Age-changes in Cognition

Salthouse, T.A. (1984). Effects of Age and Skill in Typing. *The Journal of Experimental Psychology: General*, 13(3), 345-71.

Hartley, A. (2006) Changing role of the speed of processing construct in cognitive psychology of human aging. *HPA 6th edition, Ch. 9. [see pdf]*

Fisk, J.E., & Warr, P. (1996). Age and working memory: The role of perceptual speed, the central executive, and the phonological loop. *Psychology and Aging*, 11, 316-323.

Salthouse, T.A., & Ferrer-Caja E. (2003). What needs to be explained to account for age-related effects on multiple cognitive variables? *Psychology and Aging*, 18(1), 91-110.

Other readings :

Sliwinski M., & Buschke H. (1999). Cross-sectional and longitudinal relationships among age, cognition, and processing speed. *Psychology and Aging*, 4(1), 18-33.

Salthouse, T.A. (1996). General and specific speed mediation of adult age differences in memory. *Journal of Gerontology: Psychological Sciences*, 51B, P30-P42.

Salthouse, T.A. (1998) Independence of age-related influences on cognitive abilities across the life span. *Developmental Psychology*, 34(5): 851-64.

Salthouse, T.A., & Czaja S.J. 2000. Structural constraints on process explanations in cognitive aging. *Psychology and Aging*, 15(1):44-55.

Wk 4: Cognitive Changes: Memory, Language, Problem Solving and Executive Functioning, Wisdom

Assigned:

Nyberg, L. & Backman, L. "Memory Changes and the Aging Brain: A Multimodal Imaging Approach" *HPA, Ch. 8*

Luszcz, M. "Executive function and cognitive aging" **HPA Chapter 4.**

Peters, E. Dieckman, N.F. & Welter, J. Age differences in complex decision making. **HPA Chapter 9**

Thornton, R., & Light, L.L. (2006) Language comprehension and production in normal aging. *HPA, 6th edition Ch. 12. [see pdf]*

Lindenburger, U., Marsiske, M., & Baltes, P.B. (2000). Memorizing while walking: Increase in dual-task costs from young adulthood to old age. *Psychology and Aging*, 15, 417-436.

Nyberg, L., Backman, L., Erngrund, K., Olofsson, U., & Nilsson, L.-G. (1996). Age differences in episodic memory, semantic memory, and priming: Relationships to demographic, intellectual, and biological factors. *Journal of Gerontology: Psychological Sciences*, 51B, P234-P240.

Riley KP, Snowdon DA, Desrosiers MF, Markesbery WR. Early life linguistic ability, late life cognitive function, and neuropathology: findings from the Nun Study. *Neurobiol Aging*. 2005 Mar;26(3):341-7

Nun study web page: <http://www.healthstudies.umn.edu/nunstudy/>

Recommended:

Snowdon, D. (2001) *Aging with Grace: What the Nun Study Teaches Us About Leading Longer, Healthier, and More Meaningful Lives*. Bantam.

Arenberg, D. (1968). Concept problem solving in young and old adults. *The Journal of Gerontology*, 23, 279-82.

Craik, F.I.M, & McDowd, J.M. (1987). Age differences in recall and recognition. *The Journal of Experimental Psychology: Learning, Memory, and Cognition*, 13(3), 474-79.

Charness, N. (1981). Aging and skilled problem solving. *The Journal of Experimental Psychology: General*, 110(1), 21-38.

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Rahal, T.A., Hasher, L., & Colcombe, S.J. (2001). Instructional manipulations and age differences in memory: Now you see them, now you don't. *Psychology and Aging, 16*, 697-706.

Seeman, T.E., Unger, J.B., McAvay, G., Mendes de Leon, C.F. (1999). Self-efficacy beliefs and perceived declines in functional ability: MacArthur Studies of Successful Aging. *Journal of Gerontology: Psychological Sciences, 54B*, P214-P222.

Smith, G.E., Petersen, R.C., Ivnik, R.J., Malec, J.F., & Tangalos, E.G. (1996). Subjective memory complaints, psychological distress, and longitudinal change in objective memory performance. *Psychology and Aging, 11*, 272-279.

Special Topic Discussion: Wisdom and Everyday Competence

Ardelt, M. "Wisdom, age and well-being" **HPA Chapter 18.**

Diehl, M. (1998). Everyday competence in later life: current status and future directions. *The Gerontologist, 38*, 422-433.

Baltes, P.B., & Staudinger, U.M. (2000). Wisdom: A metaheuristic (pragmatic) to orchestrate mind and virtue toward excellence. *American Psychologist, 55*, 122-136.

Allaire, J.C., & Marsiske, M. (2002). Well- and ill-defined measures of everyday cognition: relationship to older adults' intellectual ability and functional status. *Psychology and Aging, 17*(1), 101-115.

Other readings :

Willis, S.L., Allen-Burge, R., Dolan, M.M., Bertrand, R.M., Yesavage, J., & Taylor, J.L. (1998). Everyday problem solving among individuals with Alzheimer's disease. *The Gerontologist, 38*, 569-577.

Strough, J., Berg, C.A., & Sansone, C. (1996). Goals for solving everyday problems across the life span: Age and gender differences in the salience of interpersonal concerns. *Developmental Psychology, 32*, 1106-1115.

Baltes, P.B. (1993). The aging mind: Potential and limits. *The Gerontologist, 33*, 580-594.

Pratt, M.W., Diessner, R., Pratt, A., Hunsberger, B., & Pancer, S.M. (1996). Moral and social reasoning and perspective taking in late life: A longitudinal study. *Psychology and Aging, 11*, 66-73.

Wk 5: Physical and Sensory Changes

Assigned:

Fozard, J.L., & Gordon-Salant, S. (2001) Changes in vision and hearing with aging. *Handbook of Psychology and Aging, 5th edition, Ch. 10, section on hearing pp. 251-266.*

Schieber, F. (2006). Vision and aging. *HPA 6th edition, Ch. 7. [see pdf]*

Kline, D.W., Kline, T.J., Fozard, J.L., Kosnik, W., Schieber, F., & Sekuler, R. (1992) Vision, aging, and driving: the problems of older drivers. *Journal of Gerontology: Psychological Sciences, 47*(1), P27-34.

[Lin FR, Thorpe R, Gordon-Salant S, Ferrucci L.](#) Hearing loss prevalence and risk factors among older adults in the United States. [J Gerontol A Biol Sci Med Sci.](#) 2011 May;66(5):582-90. doi: 10.1093/gerona/qlr002. Epub 2011 Feb 27.

Other readings :

[Lin FR¹, Ferrucci L, Metter EJ, An Y, Zonderman AB, Resnick SM.](#) Hearing loss and cognition in the Baltimore Longitudinal Study of Aging. [Neuropsychology.](#) 2011 Nov;25(6):763-70. doi: 10.1037/a0024238.

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[Rubin GS¹, West SK, Muñoz B, Bandeen-Roche K, Zeger S, Schein O, Fried LP.](#) A comprehensive assessment of visual impairment in a population of older Americans. The SEE Study. Salisbury Eye Evaluation Project. [Invest Ophthalmol Vis Sci.](#) 1997 Mar;38(3):557-68.

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Special Topic Discussion: Sensory and cognitive aging

Baltes, P.B., & Lindenberger, U. (1997). Emergence of a powerful connection between sensory and cognitive functions across the adult life span: A new window to the study of cognitive aging? *Psychology and Aging, 12*, 12-21.

Anstey, K.J., Luszcz, M.A., & Sanchez, L. (2001). A reevaluation of the common factor theory of shared variance among age, sensory function, and cognitive function in older adults. *Journal of Gerontology: Psychological Sciences, B56*(1):P3-11.

Hofer, S.M., Berg, S, & Era, P. (2003). Evaluating the interdependence of aging-related changes in visual and auditory, acuity, balance, and cognitive functioning. *Psychology and Aging, 18*, 285-305.

Christensen H, Mackinnon AJ, Korten A, Jorm AF. (2001). The "common cause hypothesis" of cognitive aging: Evidence for not only a common factor but also specific associations of age with vision and grip strength in a cross-sectional analysis. *Psychology of Aging, 16*(4), 588-99.

Hartley, A. (2006) Changing role of the speed of processing construct in cognitive psychology of human aging. *HPA, 6th edition Ch. 9.* [some sections see pdf]

Other readings :

Li, S., Aggen, S.H., Nesselroade, J.R., & Baltes, P.B. (2001). Short-term fluctuations in elderly people's sensorimotor functioning predict text and spatial memory performance: The MacArthur Successful Aging Studies. *Gerontology*, 47(2):100-16.

Christensen H, Korten AE, Mackinnon AJ, Jorm AF, Henderson AS, Rodgers B. (2000). Are changes in sensory disability, reaction time, and grip strength associated with changes in memory and crystallized intelligence? A longitudinal analysis in an elderly community sample. *Gerontology*, 46(5), 276-92.

Wk 6: Chronic Disease Processes and Health Risk Behaviors

Assigned:

Aldwin, C.M., Spiro, A., & Park, C.L. (2006) Health, behavior and optimal aging: A life span developmental perspective. *HPA, 6th edition Ch. 5. [see pdf]*

Berg, C. A., Smith, T. W., Allen, N., & Pearce, G. (2007). Developmental approach to psychosocial risk factors and successful aging. In C. Aldwin, C. Park, & A. R. Spiro (Eds.). *Handbook of Health Psychology and Aging*, 30-53.

Spiro, A. (2007). The relevance of a lifespan developmental approach to health. In C. Aldwin, C. Park, & A. R. Spiro (Eds.). *Handbook of Health Psychology and Aging*, 75-93.

Young, H. & Vitaliano, P. (2007). Methods in Health Psychology: Relevance to Aging. In C. Aldwin, C. Park, & A. R. Spiro (Eds.). *Handbook of Health Psychology and Aging*, 54-74

Older:

Siegler, I.C., Bastian, L.A., Steffens, D.C., Bosworth, H.B., & Costa, P.T. (2002) Behavioral medicine and aging. *Journal of Consulting Clinical Psychology*, 70(3), 843-51.

Benyamini, Y., Leventhal, E.A., & Leventhal, H. (2003). Elderly people's ratings of the importance of health-related factors to their self-assessments of health. *Social Science Medicine*, 56(8), 1661-7.

Duke, J., Leventhal, H., Brownlee, S., & Leventhal, E.A. (2002). Giving up and replacing activities in response to illness. *Journal of Gerontology: Psychological Sciences*, B57(4):P367-76.

Recommended:

Chapman, G.B., Brewer, N.T., Coups, E.J., Brownlee, S., Leventhal, H., & Leventhal, E.A. (2001). Value for the future and preventive health behavior. *J Exp Psychol Appl.*, 7(3), 235-50.

Felton, B.J., & Revenson, T.A. (1987). Age differences in coping with chronic illness. *Psychology and Aging*, 2, 164-170.

Keysor, J.J., & Jette, A.M. (2001). Have we oversold the benefit of late-life exercise? *Journal of Gerontology: Medical Sciences*, 56A, M412-M423.

MacMahon, K.M.A., & Lip, G.Y.H. (2002). Psychological factors in heart failure: A review of the literature. *Archives of Internal Medicine*, 162, 509-516.

Rapkin B.D., & Schwartz C.E. (2004). Toward a theoretical model of quality-of-life appraisal: Implications of findings from studies of response shift. *Health Qual Life Outcomes*, 2:14.

Special Topic Discussion: Stress and Aging

Almeida, D.M., Piaggio, J.R., Stawski, R.S., & Klein, L.C. "The speedometer of life: Stress, health and aging" **HPA Chapter 12**

Cohen S, Frank E, Doyle WJ, Skoner DP, Rabin BS, Gwaltney JM Jr. (1998). Types of stressors that increase susceptibility to the common cold in healthy adults. *Health Psychology*, 17(3), 214-23.

Leventhal H, Patrick-Miller L, Leventhal EA. (1998). It's long-term stressors that take a toll: comment on Cohen et al. (1998). *Health Psychology*, 17(3), 211-3.

Graham JE, Christian LM, Kiecolt-Glaser JK. Stress, age, and immune function: toward a lifespan approach. *J Behav Med*. 2006 Aug;29(4):389-400.

Kiecolt-Glaser JK, Preacher KJ, MacCallum RC, Atkinson C, Malarkey WB, Glaser R. Chronic stress and age-related increases in the proinflammatory cytokine IL-6. *Proc Natl Acad Sci U S A*. 2003 Jul 22;100(15):9090-5.

Other readings :

Kiecolt-Glaser JK, Glaser R. (1995). Psychoneuroimmunology and health consequences: data and shared mechanisms. *Psychosomatic Medicine*, 57(3), 269-74.

Kiecolt-Glaser JK, Glaser R. (2002). Depression and immune function: central pathways to morbidity and mortality. *Journal of Psychosomatic Research*, 53(4), 873-6.

Kiecolt-Glaser JK, Glaser R. (1992). Psychoneuroimmunology: can psychological interventions modulate immunity? *J Consult Clin Psychol*. 60(4):569-75.

Pillow DR, Zautra AJ, Sandler I. (1996). Major life events and minor stressors: identifying mediational links in the stress process. *J Pers Soc Psychol*, 70(2):381-94.

Kiecolt-Glaser, J.K., & Newton, T.L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127(4):472-503.

Kiecolt-Glaser JK, Glaser R., Shuttlesworth, E.C., Dyer, C.S., Ogrocki, P., & Spreicher, C.E. (1987). Chronic Stress and Immunity in family caregivers of Alzheimer's disease victims. *Psychosomatic Medicine*, 49, 523-35.

Wk 7: Mental Health Issues

Assigned:

Whitbourne, S.K., & Meeks, S. "Psychopathology, bereavement, and aging" **HPA Chapter 20.**

Edelstein, B., & Segal, D.L. "Assessment of emotional and personality disorders in older adults"
HPA. Chapter 21.

Evans DL, Charney DS, Lewis L, Golden RN, Gorman JM, Krishnan KR, Nemeroff CB, Bremner JD, Carney RM, Coyne JC, DeLong MR, Frasure-Smith N, Glassman AH, Gold PW, Grant I, Gwyther L, Ironson G, Johnson RL, Kanner AM, Katon WJ, Kaufmann PG, Keefe FJ, Ketter T, Laughren TP, Leserman J, Lyketsos CG, McDonald WM, McEwen BS, Miller AH, Musselman D, O'Connor C, Petitto JM, Pollock BG, Robinson RG, Roose SP, Rowland J, Sheline Y, Sheps DS, Simon G, Spiegel D, Stunkard A, Sunderland T, Tibbits P Jr, Valvo WJ. (2005) Mood disorders in the medically ill: scientific review and recommendations. *Biol Psychiatry*, 58(3):175-89.

Roy-Byrne PP, Davidson KW, Kessler RC, Asmundson GJ, Goodwin RD, Kubzansky L, Lydiard RB, Massie MJ, Katon W, Laden SK, Stein MB. Anxiety disorders and comorbid medical illness. *Gen Hosp Psychiatry*. 2008 May-Jun;30(3):208-25. Review.

Thase ME, Friedman ES, Biggs MM, Wisniewski SR, Trivedi MH, Luther JF, Fava M, Nierenberg AA, McGrath PJ, Warden D, Niederehe G, Hollon SD, Rush AJ. Cognitive therapy versus medication in augmentation and switch strategies as second-step treatments: a STAR*D report. *Am J Psychiatry*. 2007 May;164(5):739-52.

Reynolds CF 3rd, Frank E, Perel JM, Imber SD, Cornes C, Miller MD, Mazumdar S, Houck PR, Dew MA, Stack JA, Pollock BG, Kupfer DJ. Nortriptyline and interpersonal psychotherapy as maintenance therapies for recurrent major depression: a randomized controlled trial in patients older than 59 years. *JAMA*. 1999 Jan 6;281(1):39-45

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Recommended :

Thompson LW, Coon DW, Gallagher-Thompson D, Sommer BR, Koin D. (2001). Comparison of desipramine and cognitive/behavioral therapy in the treatment of elderly outpatients with mild-to-moderate depression. *Am J Geriatr Psychiatry*. Summer;9(3):225-40.

Craske MG, Golinelli D, Stein MB, Roy-Byrne P, Bystritsky A, Sherbourne C. Does the addition of cognitive behavioral therapy improve panic disorder treatment outcome relative to medication alone in the primary-care setting? *Psychol Med*. 2005 Nov;35(11):1645-54.

Gatz, M., Fiske, A., Fox, L.S., Kaskie, B., Kasl-Godley, J.E., McCallum, T.J., & Wetherell, J.L. (1998). Empirically validated psychological treatments for older adults. *Journal of Mental Health and Aging*, 4, 9-46.

Lebowitz, B.D., & Niederehe, G. (1992). Concepts and issues in mental health and aging. In J.E. Birren, R.B. Sloane, & G.D. Cohen (Eds.), *Handbook of mental health and aging* (2nd ed.) (pp. 3-26). San Diego: Academic Press.

Schieman S, Van Gundy K, Taylor J. (2002). The relationship between age and depressive symptoms: A test of competing explanatory and suppression influences. *Journal of Aging and Health*, 14(2): 260-85.

Gallo, J.J., & Lebowitz, B.D. (1999). The epidemiology of common late-life mental disorders in the community: Themes for the new century. *Psychiatric Services, 50*, 1158-1166.

Niederehe, G. (1998). The significance of memory complaints in later life: Methodological and theoretical considerations. In J. Lomranz (Ed.), *Handbook of aging and mental health: An integrative approach* (pp. 417-434). New York: Plenum.

Guidelines for Psychological Practice with Older Adults:

<http://www.apa.org/practice/guidelines/older-adults.pdf>, practice guidelines considered for approval by the APA Council of Representatives in August, 2003. They were developed by the Interdivisional Task Force on Practice in Clinical Geropsychology, a joint effort of Division 20 and Division 12-Section II (Section on Clinical Geropsychology).

Kahn, R.L., Zarit, S.H., Hilbert, N.M., Niederehe, G. (1975). Memory complaint and impairment in the aged: The effect of depression and altered brain function. *Archives of General Psychiatry, 32*, 1569-1573.

Special Topic Discussion: Mild Cognitive Impairment, Delirium, and Dementia

Cosentino, S.A., Brickman, A.M., & Manly, J.I. "Neuropsychological assessment of the dementias of late life". **HPA Chapter 22.**

New Alzheimer's Disease Diagnostic Guidelines:

<http://www.nia.nih.gov/Alzheimers/Resources/diagnosticguidelines.htm>

American Psychological Association, Presidential Task Force on the Assessment of Dementia and Age-related Cognitive Decline. (2011). *Guidelines for the evaluation of dementia and age-related cognitive decline*. Washington, DC: American Psychological Association. Available at <http://www.apa.org/practice/dementia.html>.

National Institute on Aging: 2009 Progress Report on Alzheimer's Disease: Translating New Knowledge. <http://www.nia.nih.gov/Alzheimers/Publications/ADProgress2009/>

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Jackson JC, Gordon SM, Hart RP, Hopkins RO, Ely EW. The association between delirium and cognitive decline: a review of the empirical literature. *Neuropsychol Rev.* 2004 Jun;14(2):87-98. Review.

Petersen, R.C., Doody, R., Kurz, A., Mohs, R.C., Morris, J.C., Rabins, P.V., Ritchie, K., Rossor, M., Thal, L., & Winblad, B. (2001) Current concepts in mild cognitive impairment. *Archives of Neurology, 58*(12), 1985-92.

Lopez OL, Becker JT, Jagust WJ, Fitzpatrick A, Carlson MC, DeKosky ST, Breitner J, Lyketsos CG, Jones B, Kawas C, Kuller LH. Neuropsychological characteristics of mild cognitive impairment subgroups. *J Neurol Neurosurg Psychiatry.* 2006 Feb;77(2):159-65

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Royall, D.R., Chiodo, L.K., & Polk, M.J. (2000). Correlates of disability among elderly retirees with "subclinical" cognitive impairment. *Journal of Gerontology: Medical Sciences, 55A*, M541-M546.

Dolan, M.M., Hawkes, W.G., Zimmerman, S.I., Morrison, R.S., Gruber-Baldini, A.L., Hebel, J.R., & Magaziner, J. (2000). Delirium on hospital admission in aged hip fracture patients: Prediction of mortality and 2-year functional outcomes. *Journal of Gerontology: Medical Sciences*, 55A, M527-M534.

Petersen RC. (2000). Aging, mild cognitive impairment, and Alzheimer's disease. *Neurol Clin.*, 18(4),789-806.

Petersen RC, Stevens JC, Ganguli M, Tangalos EG, Cummings JL, DeKosky ST. (2001). Practice parameter: early detection of dementia: mild cognitive impairment (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*, 56(9), 1133-42.

Bennett DA, Wilson RS, Schneider JA, Evans DA, Beckett LA, Aggarwal NT, Barnes LL, Fox JH, Bach J. (2002). Natural history of mild cognitive impairment in older persons. *Neurology*. 59(2), 198-205.

WK 8: Personality and Aging

Assigned:

Havinghurst, R.J., Neugarten, B.L., & Tobin, S.S. (1968). Disengagement and Patterns of Aging. From B.L. Neugarten (Ed.) *Middle Age and Aging* (pp. 161-72). Chicago: University of Chicago Press.

Mroczek, D.K., Spiro, A., & Griffin, P.W. (2006) Personality and aging. *HPA 6th edition, Ch. 16.[See pdf]*

Hooker K, McAdams DP. Personality reconsidered: a new agenda for aging research. *J Gerontol B Psychol Sci Soc Sci*. 2003 Nov;58(6):P296-304.

Diehl, M., Coyle, N., & Labouvie-Vief, G. (1996). Age and sex differences in strategies of coping and defense across the life span. *Psychology and Aging*, 11, 127-139.

Diehl, M., Chui, H., Hay, E. L., Lumley, M. A., Grünh, D.,; Labouvie-Vief, G. (2014). Change in coping and defense mechanisms across adulthood: Longitudinal findings in a European American sample. *Developmental Psychology*, Vol 50(2), Feb 2014, 634-648.

Recommended :

Neugarten, B.L., Havinghurst, R.J., & Tobin, S.S. (1961) The measurement of life satisfaction, *Journal of Gerontology*, 16, 134-43.

Costa, P.T., Jr. & McCrae, R.R. (1980). Influence of Extraversion and Neuroticism on Subjective Wellbeing: Happy and Unhappy People, *Journal of Personality and Social Psychology*, 38(4), 668-78.

Special Topic Discussion: Stability (or Change) in Personality over Time

Costa, P. T., Jr., & McCrae R.R. (1992). Trait Psychology comes of age. In T.B. Sonderegger (ed) *Psychology and Aging, Nebraska Symposium on Motivation, 1991*. (pp. 169-204) Lincoln: University of Nebraska Press.

Small BJ, Hertzog C, Hultsch DF, Dixon RA. (2003). Victoria Longitudinal Study. Stability and change in adult personality over 6 years: Findings from the Victoria Longitudinal Study. *Journal of Gerontology: Psychological Sciences*, B58(3):P166-76.

Ardelt, M. (2000). Still stable after all these years? Personality stability theory revisited. *Social Psychology Quarterly*, 63, 392-405.

Srivastava S, John OP, Gosling SD, Potter J. (2003). Development of personality in early and middle adulthood: set like plaster or persistent change? *Journal Personality Social Psychology*, 84(5), 1041-53.

Other readings :

Block, J. (1995). A contrarian view of the five-factor approach to personality description. *Psychological Bulletin*, 117, 187-215.

Costa, P. T., Jr., & McCrae R.R. (1995). Solid ground in the wetlands of personality: A reply to Block. *Psychological Bulletin*, 117, 216-220.

Goldberg, L.R., & Saucier G. (1995). So what do you propose we use instead?: A reply to Block. *Psychological Bulletin*, 117, 221-225.

Block, J. (1995). Going beyond the five factors given: Rejoinder to Costa and McCrae (1995) and Goldberg and Saucier (1995). *Psychological Bulletin*, 117, 226-229.

Mroczek DK, Spiro A 3rd. (2003). Modeling intraindividual change in personality traits: Findings from the normative aging study. *Journal of Gerontology: Psychological Sciences*, B58(3):P153-65.

Jones, C.J., & Meredith, W. (1996). Patterns of personality change across the life span. *Psychology and Aging*, 11, 57-65

Helson, R., Jones C, Kwan VS. (2002). Personality change over 40 years of adulthood: hierarchical linear modeling analyses of two longitudinal samples. *Journal of Personality and Social Psychology*, 83(3):752-66.

Costa, P.T., Jr., & McCrae, R.R. (1986). Cross-sectional studies of personality in a national sample: 1. Development and validation of survey measures. *Psychology and Aging*, 1, 140-143.

Costa, P.T. Jr., McCrae, R.R., Zonderman, A.B., Barbano, H.E., Lebowitz, B.D., & Larson, D.M. (1986). Cross-sectional studies of personality in a national sample: 2. Stability in neuroticism, extraversion, and openness. *Psychology and Aging*, 1, 144-149.

McCrae, R.R., & Costa, P.T., Jr. (1994). The stability of personality: Observations and evaluations. *Current Directions in Psychological Science*, 3, 173-175.

Wk 9: Emotions and Aging

Assigned:

Charles, S.T. "Emotional experience and regulation in later life" **HPA Chapter 19.**

Magai, C. (2001.) Emotions over the life span. *Handbook of Psychology and Aging, 5th edition, Ch. 16. [see pdf]*

Labouvie-Vief, G., DeVoe, M., & Bulka, D. (1989). Speaking about feelings: Conceptions of emotions across the life span. *Psychology and Aging, 4*(4), 425-37.

Diehl, M., Elnick, A.B., Bourbeau, L.S., & Labouvie-Vief, G. (1998). Adult attachment styles: Their relations to family context and personality. *Journal of Personality and Social Psychology, 74*, 1656-1669.

Knight, B.G., Gatz, M., Heller, K., & Bengtson, V.L. (2000). Age and emotional response to the Northridge earthquake: A longitudinal analysis. *Psychology and Aging, 15*, 627-634.

Recommended :

Pinquart, M., & Sorensen, S. (2001). Gender differences in self-concept and psychological well-being in old age: A meta-analysis. *Journal of Gerontology: Psychological Sciences, B56*(4):P195-213.

Aldwin, C.M., Sutton, K.J., Chiara, G., & Spiro, A., III. (1996). Age differences in stress, coping, and appraisal: Findings from the Normative Aging Study. *Journal of Gerontology: Psychological Sciences, 51B*, P179-P188.

Larson, R. (1978). Thirty years of research on the subjective well-being of older Americans. *Journal of Gerontology, 33*, 109-125.

Wong, P.T.P., & Watt, L.M. (1991). What types of reminiscence are associated with successful aging? *Psychology and Aging, 6*, 272-279.

Pratt, M. W., Diessner, R., Pratt, A., Hunsberger, B., & Pancer, S. M. (1996). Moral and social reasoning and perspective taking in later life: A longitudinal study. *Psychology and Aging, 11*, 66-73

Brandtstädter, J., & Greve, W. (1994). The aging self: Stabilizing and protective processes. *Developmental Review, 14*, 52-80.

Special Discussion: Control

Lachman, M. Neupert, S.D., & Agrigoroaei, S. "The relevance of control beliefs for health and aging". **HPA Chapter 11.**

Heckhausen, J., & Schulz, R. (1995). A life-span theory of control. *Psychological Review, 102*, 284-304.

Eizenman DR, Nesselroade JR, Featherman DL, Rowe JW. (1997) Intraindividual variability in perceived control in an older sample: The MacArthur successful aging studies. *Psychology and Aging, 12*(3): 489-502.

Recommended :

Rodin, J. (1986). Aging and health: Effects of the sense of control. *Science, 233*, 1271-76.

Lachman, M. E. (1986). Locus of control in aging research: A case for multidimensional and domain-specific assessment. *Psychology and Aging, 1*(1): 34-40.

Schulz, R. (1976). Effects of control and predictability on the physical and psychological well-being of the institutionalized aged. *Journal of Personality and Social Psychology, 33*(5), 563-73.

Wk 10: Social Roles and Relationships

Assigned:

Fingerman, K.L. & Birdt, K.S. "Relationship between adults and their aging parents". **HPA Chapter 14.**

Antonucci, T.C. (2001). Social relations: An examination of social networks, social support, and sense of control. *Handbook of Psychology and Aging, 5th edition, Ch. 17.*

Ajrouch, K.J., Antonucci, T.C., & Janevic, M.R. (2001). Social networks among blacks and whites: the interaction between race and age. *Journal of Gerontology: Psychological Sciences, B56(2):S112-8.*

Fiori KL, Antonucci TC, Cortina KS. Social network typologies and mental health among older adults. *J Gerontol B Psychol Sci Soc Sci.* 2006 Jan;61(1):P25-32.

Krause, N., & Rook, K.S. (2003). Negative interaction in late life: issues in the stability and generalizability of conflict across relationships. *Journal of Gerontology: Psychological Sciences, B58(2):P88-99.*

Recommended:

Ajrouch KJ, Blandon AY, Antonucci TC. Social networks among men and women: the effects of age and socioeconomic status. *J Gerontol B Psychol Sci Soc Sci.* 2005 Nov;60(6):S311-S317.

Akiyama, H., Antonucci, T., Takahashi, K., & Langfahl, E.S. (2003). Negative interactions in close relationships across the life span. *Journal of Gerontology: Psychological Sciences, B58(2):P70-9.*

Fingerman, K.L. (1996). Sources of tension in the aging mother and adult daughter relationship. *Psychology and Aging, 11,* 591-606.

Lang, F.R., Featherman, D.L., & Nesselroade, J.R. (1997). Social self-efficacy and short-term variability in social relationships: The MacArthur successful aging studies. *Psychology and Aging, 12(4),* 657-66.

Antonucci TC, Lansford JE, Schaberg L, Baltes M, Takahashi K, Dartigues JF, Smith J, Akiyama H, Fuhrer R. (2001). Widowhood and illness: a comparison of social network characteristics in France, Germany, Japan, and the United States. *Psychology and Aging, 16(4):655-65.*

Knight BG, Maines ML, Robinson GS. (2002). The effects of sad mood on memory in older adults: a test of the mood congruence effect. *Psychology and Aging, 17(4):653-61.*

Ryff, C. D., Lee, Y. H., Essex, M. J., & Schmutte, P. S. (1994). My children and me: Midlife evaluations of grown children and of self. *Psychology and Aging, 9,* 195-205.

Special Discussion: Theory of Socioemotional Selectivity

Carstensen, L.L., Mikels, J.A., & Mather, M. (2006) Aging and the intersection of cognition, motivation, and emotion. *HPA 6th edition, Ch. 15.[See PDF]*

Scheibe S, Carstensen LL. Emotional aging: recent findings and future trends. *J Gerontol B Psychol Sci Soc Sci*. 2010 Mar;65B(2):135-44

Frederickson, B.L. & Carstensen, L.L. (1990). Choosing Social Partners: How old age and anticipated feelings make people more selective. *Psychology and Aging*, 5 (3), 335-47.

Carstensen, L.L., Isaacowitz, D.M., & Charles, S.T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, 54, 165-181.

Lang FR, Carstensen LL. (2002). Time counts: future time perspective, goals, and social relationships. *Psychology and Aging*. 17(1), 125-39.

Gross, J.J., Carstensen, L.L., Tsai, J., Skorpem, C. G., & Hsu, A.Y.C. (1997). Emotion and aging: Experience, expression, and control. *Psychology and Aging*, 12, 590-599.

Other readings :

Keyes CL. (2002.) The exchange of emotional support with age and its relationship with emotional well-being by age. *Journal of Gerontology: Psychological Sciences*, B57(6), P518-25.

Lansford, J.E., Sherman, A.M., & Antonucci, T.C. (1998). Satisfaction with social networks: an examination of socioemotional selectivity theory across cohorts. *Psychology and Aging*, 13(4), 544-52.

Levenson, R.W., Carstensen, L.L., & Gottman, J.M. (1993). Long-term marriage: Age, gender, and satisfaction. *Psychology and Aging*, 8, 301-313.

Fung, H.H., Carstensen, L.L., Lutz, A.M. (1999). Influence of time on social preferences: implications for life-span development. *Psychology and Aging*, 14(4), 595-604.

Wk 11: Work and Leisure, Retirement; Environments and Aging

Assigned:

Bowen, C.E., Noack, M.G., & Staudinger, U.M. "Aging in the Work Context" **HPA chapter 17.**

Scheidt, R.J. & Windley, P.G. (2006) Environmental gerontology: Progress in the post-Lawton era. *HPA, 6th edition Ch. 6.[See PDF]*

Wahl, H.-W., Fänge, A., Oswald, F., Gitlin, L. N., & Iwarsson, S. (2009). The home environment and disability-related outcomes in aging individuals: What is the empirical evidence? *Gerontologist*, 49, 355-367.

Rubinstein RL. The home environments of older people: a description of the psychosocial processes linking person to place *J Gerontol*. 1989 Mar;44(2):S45-53.

Sterns, H.L., & Gray, J.H. (1999). Work, leisure, and retirement. In J.C. Cavanaugh & S.K. Whitbourne (Eds.), *Gerontology: An interdisciplinary perspective* (pp. 355-389). New York: Oxford University Press.

Verbrugge, L.M., Gruber-Baldini, A.L., & Fozard, J.L. (1996). Age differences and age changes in activities: Baltimore Longitudinal Study of Aging. *Journal of Gerontology: Social Sciences, 51B*, 830-841.

Recommended:

Lawton, M.P. & Simon, B. (1968). The ecology of social relationships in housing for the elderly. *The Gerontologist, 8*, 108-115.

Scialfa, C.T. & Fernie, G.R. (2006) Adaptive technology. *HPA, 6th edition Ch. 19. [see pdf]*

Charness, N., & Holley, P. (2001). Human factors and environmental support in Alzheimer's disease. *Aging & Mental Health, 5* (Supplement 1), S65-S73.

Lawton, M.P. (1989). Environmental proactivity and affect in older people. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of aging* (pp. 135-163). Newbury Park, CA: Sage Publications.

Parnes, H.S., & Sommers, D.G. (1994). Shunning retirement: Work experience of men in their seventies and early eighties. *Journal of Gerontology: Social Sciences, 49*, S117-S124.

Timko, C., & Moos, R.H. (1991). A typology of social climates in group residential facilities for older people. *Journal of Gerontology: Social Sciences, 46*, S160-S169.

Wahl, H.-W., Oswald, F., & Zimprich, D. (1999). Everyday competence in visually impaired older adults: A case for person-environment perspectives. *The Gerontologist, 39*, 140-149.

Lawton, M. P. (1983). Environment and other determinants of well-being in older people. *The Gerontologist, 23*, 349-357.

Special Topic Discussion: Life Style and Aging

Mirowsky J. Cognitive decline and the default american lifestyle. *J Gerontol B Psychol Sci Soc Sci.* 2011 Jul;66 Suppl 1:i150-i158.

Hultsch, D.F., Hertzog, C., Small, B.J., & Dixon, R.A. (1999). Use it or lose it: engaged lifestyle as a buffer of cognitive decline in aging? *Psychology and Aging, 14*(2), 245-63.

Schooler, C., & Mulatu, M.S. (2001). The reciprocal effects of leisure time activities and intellectual functioning in older people: A longitudinal analysis. *Psychology and Aging, 16*, 466-482.

Christensen, H., Hofer, S.M., Mackinnon, A.J., Korten, A.E., Jorm, A.F., & Henderson, A.S. (2001). Age is no kinder to the better educated: Absence of an association investigated using latent growth techniques in a community sample. *Psychol Med., 31*(1), 15-28.

Verghese J, Lipton RB, Katz MJ, Hall CB, Derby CA, Kuslansky G, Ambrose AF, Sliwinski M, Buschke H. (2003). Leisure activities and the risk of dementia in the elderly. *N Engl J Med., 348*(25):2508-16.

Richards M, Hardy R, Wadsworth ME. Does active leisure protect cognition? Evidence from a national birth cohort. *Soc Sci Med*. 2003 Feb;56(4):785-92

Aartsen MJ, Smits CH, van Tilburg T, Knipscheer KC, Deeg DJ. Activity in older adults: cause or consequence of cognitive functioning? A longitudinal study on everyday activities and cognitive performance in older adults. *J Gerontol B Psychol Sci Soc Sci*. 2002 Mar;57(2):P153-62.

Recommended:

Gatz, M., Svedberg, P., Pedersen, N.L., Mortimer, J.A., Berg, S., & Johansson, B. (2001). Education and the risk of Alzheimer's disease: Findings from the study of dementia in Swedish twins. *Journal of Gerontology: Psychological Sciences*, 56B, P292-P300.

WK 12: Death and Dying; Bereavement and Widowhood

Assigned:

Kastenbaum, R. (1999). Dying and bereavement. In J.C. Cavanaugh & S.K. Whitbourne (Eds.), *Gerontology: An interdisciplinary perspective* (pp. 155-185). New York: Oxford University Press.

Lawton, M.P. (2001). Quality of life and the end of life. *Handbook of Psychology and Aging, 5th edition, Ch. 24*.

Teno JM, Clarridge BR, Casey V, Welch LC, Wetle T, Shield R, Mor V. Family perspectives on end-of-life care at the last place of care. *JAMA*. 2004 Jan 7;291(1):88-93.

Bereavement section pp. 318-319 in Whitbourne, S.K., & Meeks, S. "Psychopathology, bereavement, and aging" **HPA Chapter 20**.

Recommended:

Wright AA, Zhang B, Ray A, Mack JW, Trice E, Balboni T, Mitchell SL, Jackson VA, Block SD, Maciejewski PK, Prigerson HG. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA*. 2008 Oct 8;300(14):1665-73.

Special Topic Discussion: Caregiving

Knight, B.G. & Losada, A. "Family caregiving for cognitively or physically frail older adults: Theory, research, and practice" **HPA chapter 23**.

Knight BG, Sayegh P. Cultural values and caregiving: the updated sociocultural stress and coping model. *J Gerontol B Psychol Sci Soc Sci*. 2010 Jan;65B(1):5-13.

Pearlin, L.I., Mullan, J.T., Semple, S.J., & Skaff, M.M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, 30, 583-594.

Kramer, B.J. (1997). Gain in the caregiving experience: Where are we? What next? *The Gerontologist*, 37, 218-232.

Tarlow, B.J., Wisnoewski, S.R., Belle, S.H., Rubert, M., Ory, M.G., & Gallagher-Thompson, D. (2004). Positive Aspects of Caregiving: Contributions of the REACH Project to the development of new measures for Alzheimer's caregiving. *Research on Aging, 26* (4), 429-453

Other readings:

Alspaugh, M.E.L., Stephens, M.A.P., Townsend, A.L., Zarit, S.H., & Greene, R. (1999). Longitudinal patterns of risk for depression in dementia caregivers: Objective and subjective primary stress as predictors. *Psychology and Aging, 14*, 34-43.

Burton LC, Zdaniuk B, Schulz R, Jackson S, Hirsch C. Transitions in spousal caregiving. *Gerontologist*. 2003 Apr;43(2):230-41.

Schulz, R., O'Brien, A.T., Bookwala, J., & Fleissner, K. (1995). Psychiatric and physical morbidity effects of dementia caregiving: Prevalence, correlates, and causes. *The Gerontologist, 35*, 771-791.

Hooker, K., Monahan, D.J., Bowman, S.R., Frazier, L.D., & Shifren, K. (1998). Personality counts for a lot: Predictors of mental and physical health of spouse caregivers in two disease groups. *Journal of Gerontology: Psychological Sciences, 53B*, P73-P85.

Zarit, S.H., Stephens, M.A.P., Townsend, A., & Greene, R. (1998). Stress reduction for family caregivers: Effects of adult day care use. *Journal of Gerontology: Social Sciences, 53B*, S267-S277.

Mittelman, M.S., Ferris, S.H., Shulman, E., Steinberg, G., Ambinder, A., Mackell, J.A., & Cohen, J. (1995). A comprehensive support program: Effect on depression in spouse-caregivers of AD patients. *The Gerontologist, 35*, 792-802.

Wright, L.K., Clipp, E.C., & George, L.K. (1993). Health consequences of caregiver stress. *Medicine, Exercise, Nutrition, and Health, 2*, 181-195.

WK 13: Presentations

WK 14: Presentations; Future of the Psychology of Aging; Wrap-up

NIA [Division of Behavioral and Social Research](http://www.nia.nih.gov/research/dbsr). <http://www.nia.nih.gov/research/dbsr>

The Science of Behavior Change <http://commonfund.nih.gov/behaviorchange/>

Basic Behavioral and Social Science Opportunity Network (OppNet) <http://oppnet.nih.gov/index.asp>

Appendix F: List of GERO courses not taught in the past five years

1. Gero 742: Economics of Aging

Appendix G: List of Core Affiliates' Training/Degree Areas

First	Last	Training (Major)
Dawn	Alley	Gerontology
Banghwa	Casado	Social Work
Elizabeth	Galik	Nursing
Ann	Gruber-Baldini	Human Development and Family Studies
Brandy	Harris-Wallace	Sociology
Ilene	Harris (Zukerman)	Epidemiology
Amanda	Lehning	Social Work
Kelley	Macmillan	Social Welfare
Jay	Magaziner	Human Development
Christine	Mair	Sociology
Nancy	Miller	Public Policy
Ram	Miller	Medicine/Epidemiology
Leslie	Morgan	Sociology
Norbert	Myslinski	Pharmacology
Eun-Shim	Nahm	Nursing
Denise	Orwig	Biobehavioral Health
Sandra	Picot	Nursing
Charlene	Quinn	Health Services Research/Gerontological Nursing
Bargara	Resnick	Nursing
Robert	Rubinstein	Anthropology
Paul	Sacco	Social Work
John	Schumacher	Medical Gerontology/Sociology
Gul	Seckin	Sociology
Bruce	Stuart	Economics
Sarah	Tom	Demography/Epidemiology
Shari	Waldstein	Clinical Psychology

Appendix H: Comparative Information on Doctoral Programs

Name	PhD	Specialization	Core Classes	Faculty/Students	Comments
Miami Univ.	Social Gerontology	Behavioral/Social Science	Theory, Methods, Stat, Communication, Socy of Aging, Basic/Advanced qualitative	8 faculty to support UG, MGS, MA in Aging & Population and 18 PhD students	In a Dept of Sociology & Gerontology
Univ. of Kansas	Gerontology	Soc/Behavioral	2 stat, 1 method proseminar, 2 choices, 4 content		Also has dual titled program like Purdue
Univ. of Kentucky	Gerontology	Bio/Social	Older person, bio of aging, human development, gero design integrative seminar		In a school of Public Health Custom tracks to meet student needs Required 6 credits in public health
Univ. Massachusetts Boston	Gerontology	Socioeconomic & Policy	Soc aspects, econ issues, psych, diversity, 3 policy courses, 6 cr electives	8 supporting multiple degrees/admit 8-10 PhD/year	In Policy institute, so students must take general policy courses.
Univ. of South Florida	Aging Studies	Aging & health ;Aging & mental health; Cognitive aging/Alzheimers; Public Policy & LTC	Proseminar, biomedical, population aging, psych of aging, social and health and 2 methods courses	13 faculty doing certificates, BA MA as well as 15 PhD students	In School of Aging Studies
Univ. of Southern California	Gerontology			24 PhD students	Their web site provides little information
UMB/UMBC	Gerontology	Epidemiology, Policy, Sociobehavioral	5 core (psych, epi, sociocultural, bio, policy), 4 methods/stats and track/electives	0 faculty/ 25 PhD students	Freestanding, bi-campus

Appendix I: Annual Student Review

Graduate Student Activity Summary Annual Review

Name _____ Date _____

Period Reported: (from date) _____ (to date) _____

Provide a list of your activities during the past year in each of the following categories. Provide copies of this form, transcript, course summary sheet, competencies list, and your CV to your two reviewing faculty members at least 2 weeks in advance of your meeting. After all signatures are obtained please send the review to the academic coordinator.

A. Progress

1. **Research** (describe the research you worked on and include names of faculty with whom you worked)
2. **Teaching on the UMB/UMBC campus** (include seminars, classes you taught/assisted, and indicate your role in each accordingly)
3. **Publications** (please provide complete citations for published and in-press/accepted papers, abstracts and submitted papers)
 - a. Published papers (include in-press)
 - b. Published abstracts
 - c. Papers submitted for publication
4. **Conferences Attended** (name, city and state, date)
5. **Presentations** (include title of paper, poster or oral presentation; also name of conference, city and state and date)
6. **Courses Attended** – attach an unofficial transcript of the courses taken this academic year. Also attach your course summary sheet. If you have taken additional courses please list here (ie. Safety class: indicate name of course, where it was given, and note status: credit or audit)
7. **Seminars Attended** (include titles, dates and locations: Gero, Epi, Socio, Policy etc.)
8. **Competencies** (complete the competency form attached)

9. Other

B. Plans/Goals for the Coming Year

1. **Research** (describe research experiences and projects planned)
2. **Teaching on the UMB/UMBC campus** (describe teaching activities planned)
3. **Publications** (list papers and abstracts you are working on or plan to work on)
 - a. Currently in progress
 - b. Planned
5. **Conferences** (list conferences you plan to attend [name only])
6. **Courses** (list courses you plan to take)
7. **Other plans/goals**

C. Career Goals (Describe. Explain what may be needed to achieve them)

D. Desired skills (list skills you have not had the opportunity to learn and want to learn)

E. Attach current C.V.

Mentor's Comments

(Please provide comments on the progress of your Trainee during the past year and comment on his/her plans for the coming year.)

A. Progress

B. Plans

C. Agreement

We have reviewed this report together and agree on its content.

Signature of Student

Date

Signature of Advisor/Mentor

Date

Signature of 2nd Faculty Member

Date

Signature of Program Director

Date

Signature of Program Director

Date

Doctoral Program in Gerontology Competencies Form

Objective	Methods	Outcomes	How and When Completed Competency
1. Gain knowledge of content and theory in the key foundational disciplines supporting gerontology (cross training).	1. Interdisciplinary core courses including: Sociocultural Gerontology, Psychology of Aging, Biology of Aging, Public Policy, and Epidemiology of Aging	1. Successfully completes core courses and demonstrates application of knowledge via passing the comprehensive examination.	
2. Develop focused and deep knowledge of content and theory in one area/track.	2. 15 credits of track and elective courses, with opportunities for dual/combined degrees (in sociology, epidemiology)	2. Completes all courses.	
3. Integrate knowledge and theoretical application across the disciplines, develop the capacity for interdisciplinary translation.	3. Comprehensive examination. Optional: Use of a common problem across core courses.	3. Passes comprehensive examinations. Completes dissertation.	
4. Develop communication skills required of professionals. <ul style="list-style-type: none"> • Writing and scholarship • Oral and presentation skills 	4. a. GERO 750/751. b. Attendance and presentation at conferences. Includes national meetings (e.g., GSA, APHA, and track related, e.g. AcademyHealth), state meetings (e.g., MD gero education) and campus research activities (e.g., Graduate Research Conference).	4. a. Passes GERO 750 and 751. b. Presents paper at one or more research conferences.	

Objective	Methods	Outcomes	How and When Completed Competency
5. Understand ethical issues in research, particularly those involving older adults	5. a. Ethics course and extra session on ethics in aging research. b. IRB training, HIPAA training, related human subjects training including UMBC training on Academic Integrity. Optional: Observe an open IRB review at one or both campuses.	5. a. Passes Ethics course. Successfully completes related paper in class. Attends the extra session on ethics in aging research. b. Completes Human Subjects and IRB requirements for dissertation research.	
6. Understand basic research methods of the field and competency in advanced analytic skills appropriate to the student's track	6. a. GERO 750/751. b. Complete 4 track related courses in analytic methods.	6. a. Passes courses 5 courses (list). b. Completes dissertation.	
7. Develop professionally	7 Annual Reviews, Mentoring, Aging Forum	7. a. Student is able to articulate a research agenda in the Annual Review. b. Presents 1 or more papers or posters.	

OPTIONAL

8. Attain applied experience in gerontology	8. a. Primary data collection involving older adults. b. Volunteering activities related to older adults.	8. a. Completes primary data collection b. completes volunteer activity(ies)	
9. Obtain teaching experience	9. In consultation with advisor(s), identify opportunities for training and experience in teaching	9. Completes teaching experience(s).	

Appendix J: Student Publications & Presentations in Prior 5 Years

Publications

Ballew, S., Hannum, S., Gaines, J., Marx, K., Parrish, J. 2011. The Role of Spirituality in the Relationship between Chronic Illness and Psychological Well-Being. *Journal of Religion and Health*, DOI:10.1007/s10943-011-9498-0

Bennett, C. R., Frankowski, A. C., Peeples, A. D., Perez, R., Nemec, M., Tucker, G., & Rubinstein, R. L. (2015). *Visitors and Resident Autonomy: Spoken and Unspoken Rules in Assisted Living. The Gerontologist.*

Morgan, L. A., Perez, R., Frankowski, A. C., Nemec, N., & **Bennett, C. R.** (2015). *Mental Illness in Assisted Living: Challenges for Quality of Life and Care. Journal of Housing for the Elderly (TBD).*

Morgan, L. A., Perez, R., Frankowski, A. C., Nemec, N., & **Bennett, C. R.** (2015). *Mental Illness in Assisted Living: Challenges for Quality of Life and Care. Journal of Housing for the Elderly (TBD).*

Rubinstein, R., Girling, L., de Medeiros, K., **Brazda, M.,** & Hannum, S. (2014). Extending the Framework of Generativity Theory through Research: A Qualitative Study. *The Gerontologist.*

Rubinstein, R., Girling, L., de Medeiros, K., **Brazda, M.,** & Hannum, S. (2014). Extending the Framework of Generativity Theory through Research: A Qualitative Study. *The Gerontologist.*

Morgan, L., & **Brazda, M.** (2013). Transferring Control to Others: Process & Meaning for Older Adults in Assisted Living. *Journal of Applied Gerontology.*

Morgan, L., & **Brazda, M.** (2013). Transferring Control to Others: Process & Meaning for Older Adults in Assisted Living. *Journal of Applied Gerontology.*

Orwig D., **Chiles N.,** Jones M., Hochberg, M. Osteoporosis in Men: Update 2011. *Rheum Dis Clin North Am* 2011 37 (3): 401-14.

Ruiz, S., Urdapilleta, O., **Clark-Shirley, L.J., Howard, J.,** & Poey, J., (2012). Indicators of a balanced long-term service and support system: Examining the impact on individuals aging with a lifelong disability. *Journal of Geriatric Social Work, 55, p. 126-145*

Sarah Ruiz, Oswaldo Urdapilleta, **Leanne J. Clark-Shirley, Jennifer Howard** & Judith Poey (2012): Indicators of a Balanced Long-Term Service and Support System: Examining the Impact on Individuals Aging with a Lifelong Disability, *Journal of Gerontological Social Work, 55:2,126-145.*

Sarah Ruiz, Oswaldo Urdapilleta, **Leanne J. Clark-Shirley, Jennifer Howard** & Judith Poey (2012): Indicators of a Balanced Long-Term Service and Support System: Examining the Impact on Individuals Aging with a Lifelong Disability, *Journal of Gerontological Social Work, 55:2,126-145.*

Frankowski, A.C., & **Clark, L.J.** (2010). Sexuality and intimacy in assisted living: residents' perspectives and experiences. *Sexuality Research and Social Policy*, 6, p. 25-37.

Couser, E. (2014). Exploring Retinal Degeneration and Alzheimer's Disease through a Gerontological Research Lens. Southeastern Student Mentoring Conference in Geriatrics and Gerontology Monograph, 2013.

Couser, E. (2014). Exploring Retinal Degeneration and Alzheimer's Disease through a Gerontological Research Lens. Southeastern Student Mentoring Conference in Geriatrics and Gerontology Monograph, 2013.

Stuart, B., **Dai, M.**, Xu, J., Loh, F.H., & Dougherty, J.S. (2015). Does good medication adherence really save payers money? *Medical Care*, 53, 517-523

Stuart, B., Davidoff, A., Erten, M., Gottlieb, S.S., **Dai, M.**, Shaffer, T., Zuckerman, I.H., Simoni-Wastila, L., Bryant-Comstock, L., Shenolikar, R. (2013). How Medicare Part D Benefit Phases Affect Adherence with Evidence-Based Medications Following Acute Myocardial Infarction. *Health Services Research*. Vol. 48 Issue 6(1), p1960-1977. DOI: 10.1111/1475-6773.12073.

Stuart, B., Shoemaker, J.S., **Dai, M.**, & Davidoff, A. (2013). Regions With Higher Medicare Part D Spending Show Better Drug Adherence, But Not Lower Medicare Costs For Two Diseases. *Health Affairs*. Vol. 32 no. 1, 120-126. DOI: 10.1377/hlthaff.2011.0727.

Stuart, B., Davidoff, A., Erten, M., Gottlieb, S.S., **Dai, M.**, Shaffer, T., Zuckerman, I.H., Simoni-Wastila, L., Bryant-Comstock, L., Shenolikar, R. (2013). How Medicare Part D Benefit Phases Affect Adherence with Evidence-Based Medications Following Acute Myocardial Infarction. *Health Services Research*. Vol. 48 Issue 6(1), p1960-1977. DOI: 10.1111/1475-6773.12073.

Stuart, B., Shoemaker, J.S., **Dai, M.**, & Davidoff, A. (2013). Regions With Higher Medicare Part D Spending Show Better Drug Adherence, But Not Lower Medicare Costs For Two Diseases. *Health Affairs*. Vol. 32 no. 1, 120-126. DOI: 10.1377/hlthaff.2011.0727.

Doyle, P.J. & Marco, C.A. (2011). The Effect of Labeling on Employee Perceptions of Residents Living on Alzheimer's Disease Specialized Care Units. *Journal of the American Medical Directors Association*, 12(8), 547-550. DOI:10.1016/j.jamda.2010.12.00

Rubinstein, R.L., Black, H., **Doyle, P.J.**, Moss, M.S., & Moss, S.Z. (2011). Faith and the end of life in nursing homes. *Journal of Aging Research*, doi:10.4061/2011/390427

Harris-Wallace, B., Perez, R., Schumacher, J.G., **Doyle, P.J.**, Eckert, J.K., & Zimmerman, S. (2011). Health Care Supervisors in Assisted Living: Their Emergent Roles and Experiences. *Seniors Housing and Care Journal*. 19, 97-108.

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Peeples, A. D., Frankowski, A. C., **Bennett, C. R.**, Rubinstein, R. L. (2013, Nov.). *All in Good Fun? The Many Facets of Teasing in Assisted Living*. Paper presented at the GSA's 66th Annual Scientific Meeting: New Orleans, LA.

Bennett, C. R. (2013, Feb.). *What's 'Glee' Got To Do With It? Lesbians' Future Care Concerns and Popular Media* Poster presented at the AGHE's 39th Annual Meeting and Educational Leadership Conference: St. Petersburg, FL.

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Couser, E. Examining the Accuracy of Optical Coherence Tomography as a Method to Assess Retinal Nerve Fiber Layer Measurements in Alzheimer's Disease. Graduate Research Conference. Poster Session. University of Maryland, Baltimore. April 2013

Couser, E. Exploring Retinal Degeneration and Alzheimer's Disease through a Gerontological Research Lens. Student Keynote Speaker Presentation. Southeastern Student Mentoring Conference In Gerontology & Geriatrics. Athens, GA. March 2013.

Schumacher, J. & **Couser, E.** Geriatric Emergency Departments: A Systematic Review. Poster Session. Gerontological Society of America, San Diego, CA.

Roberta, P, **Dai, M.**, Tom, S., Gentry, E., Stuart, B. (Nov. 2014). Understanding the Cost of Disability among Medicare Beneficiaries. *Gerontological Society of America Annual Conference*. Washington D.C. **[Winner of Outstanding Student Poster]**

Dai, M. Marital Status and Severity of Disability among Community-Dwelling Older Adults between 2000 and 2010. (Nov. 2014). *Gerontological Society of America Annual Conference*. Washington D.C.

Stuart B.C., **Dai, M.**, Xu J., Loh F.E., Dougherty J.S. (June. 2014). Does Good Medication Adherence Really Save Payers Money? *Academy Health Annual Research Meeting*. San Diego, CA.

Idala, D., Boddie-Willis, C., Chen A., & **Dai, M.** (Nov. 2012). The Use of Emergency Department services for Non-emergent Conditions among Adults with Disability. *Summit on the Science of Eliminating Health Disparities*. Rockville, MD.

Stuart, B., Shoemaker, J.S., **Dai, M.**, Davidoff, A.J. (June. 2011). Geographic Variation in Drug Spending and Utilization Patterns for Medicare Beneficiaries with Chronic Disease. *Academy Health Annual Research Meeting*. Seattle, WA. (Podium Presentation)

Doyle, P.J. (March, 2011). Living in long-term care with dementia: Fostering a better life in this context through teaching caregivers the value and meaning which can still be derived from a life with dementia. Poster Presentation, 2011 Association of Gerontology in Higher Education Conference.

Doyle, P.J., de Medeiros, K., Saunders, P., Mosby, A. (November, 2010). Nested social groups within the social environment of a dementia care assisted living. Paper Presentation, 2011 Gerontological Society of America Conference.

Saunders, P., de Medeiros, K., Mosby, A., **Doyle, P.J.**, Van Haitsma, K (November, 2010). Linguistic Markers of Friendship Among Persons With Dementia In Long Term Care. Paper Presentation, 2010 Gerontological Society of America Conference.

Harris-Wallace, B., Schumacher, J., Zimmerman, S., Sloane, P., Eckert, J.K, Perez, R, **Doyle, P.J.**, Mitchell, M., Beeber, A.S., Reed, D. (November, 2010). Health Care Supervisors Perspectives of Medical Care Coordination and Provision in Assisted Living. Paper Presentation, 2010 Gerontological Society of America Conference.

Girling, L.M. (November 2014). *Ethically Analyzing and Reporting Data: Qualitative Considerations*. Paper presentation at the 2014 Gerontological Society of America Conference, Washington, DC.

Girling, L.M. & L.A. Morgan (November 2014). Perceived Barriers to Exercise in Persons with Parkinson's Disease. Poster presentation at the 2014 Gerontological Society of America Conference, Washington, DC.

Erin Roth & **Girling, L.M.** (November 2014). "You're Cured!" A Physician's Words and Their Effects. Paper presentation at the 2014 Gerontological Society of America Conference, Washington, DC.

Girling, L.M., & L.A. Morgan. (November 2013). Older Women Discuss Planning for Future Health Care Needs: An Explanatory Framework. Presentation at the 2013 Gerontological Society of America Conference, New Orleans, LA.

Girling, L.M., Brazda, M., & Rubinstein, R.L. (November 2012). Generativity Theory: Development of a New Framework. Paper presentation at the 2012 Gerontological Society of America Conference, San Diego, CA.

Hannum, S.M., Rubinstein, R.L. 2011 Generativity in Later Life among Women with Adoptive Children. Paper selected for presentation at the annual meeting of the Gerontological Society of America, Boston, MA.

Hannum, S.M., Rubinstein, R.L., Morgan, L.A., Keimig, L., Mosby, A. 2010 Redefining "Parenthood": Conceptualizations of Generativity among Older Women. Paper presented at the annual meeting of the Gerontological Society of America, New Orleans, LA.

Keimig, L., Mosby, A., **Hannum, S.M.**, Morgan, L.A., & Eckert, J.K. 2010 The Cultural Context of Voluntary Childlessness. Paper presented at the annual meeting of the Gerontological Society of America, New Orleans, LA.

Mosby, A., de Medeiros, K., Morgan, L.A., Keimig, L., & **Hannum, S.M.** 2010 A Legacy of Strength: Generative Actions of Women from the Former Soviet Union. Paper presented at the annual meeting of the Gerontological Society of America, New Orleans, LA.

Howard, J., "The Role of Foster Parents as Advocates for Youth Transitioning into Long-Term Care (LTC)" Presented at the Annual National Foster Parent's Association Conference, Long Beach, CA, June, 2013.

Howard, J., Blakeway, C., & Urdapilleta, O., "Understanding the Strength of the Long-Term Supports and Services Workforce." Presented at the Annual Research Meeting of AcademyHealth, Orlando, FL, June, 2012.

Howard, J., "The Role of Foster Parents as Advocates for Youth Transitioning into Long-Term Care (LTC)" Presented at the Annual National Foster Parent's Association, Chicago, IL, June, 2012.

Howard, J., Poey, J., & Urdapilleta, O., "Development and Measurement of an Integrated and Accountable Long-Term Supports and Services System" Presented at the Annual American Society on Aging Conference, Washington, DC, April, 2012.

Urdapilleta, O., **Howard, J.**, Poey, J., & Waterman, G. "Refinements and New Measures in the National Balancing Indicators." Presented at the Annual Gerontological Society of America Conference, Boston, MA, November, 2011.

Urdapilleta, O., **Howard, J.**, Ruiz, S. "An Introduction to Recent Efforts in the National Balancing Indicator Project (NBIP)". Presented at the Annual Gerontological Society of America Conference, Boston, MA, November, 2011.

Humber, K. (2013). When I grow up I want to be an administrator? Symposium conducted at the 39th Annual Meeting of the Association for Gerontology in Higher Education, St. Petersburg, FL, March 2, 2013.

Humber, K. & Johnson, I. (2013). We built it. Why aren't they coming? An exploration of undergraduate beliefs about aging and gerontology programs. Paper session presented at the 39th Annual Meeting of the Association for Gerontology in Higher Education, St. Petersburg, FL, March 1, 2013.

Smucny, D.A. & **Humber, K.** (2012). Teaching scientific literacy in the "soft" sciences: How to incorporate empirical data into social science teaching. Paper session presented at the 2012 College of Southern Maryland Regional Conference, LaPlata, MD, April 13, 2012.

Humber, K. (2011). When Boomers, Gen X'ers and Millennials collide in the online classroom. Paper session presented at the 4th Annual Meeting of the Maryland Consortium for Adjunct Professional Development, Arnold, MD, October 1, 2011.

Humber, K. (2011). *Preparing undergraduates for careers working with older adults: What the experts say.* Poster session presented at the 37th Annual Meeting of the Association for Gerontology in Higher Education, Cincinnati, OH, March 18, 2011.

Humber, K. & Smucny, D.A. (2010). Enhancing student engagement in the online environment. Paper session presented at the 3rd Annual Meeting of the Maryland Consortium for Adjunct Professional Development, Arnold, MD, October 3, 2010.

Keimig, L. (2012). The meaning of self-reliance among women in later life. In the symposium *New directions in the study of generativity*, R. Rubinstein, chair. Annual Meeting of the Gerontological Society of America, San Diego, CA, November, 2012.

Keimig, L., Goldman, S., Harris-Wallace, B., Schumacher, J.G. (2011). Fear of forced relocation in a senior housing community. In the symposium *The social construction of stigma in senior housing: Examining difference through case studies*, E. Roth and J. K. Eckert, co-chairs. Annual Meeting of the Gerontological Society of America, Boston, MA, November, 2011.

Keimig, L. (2011). Redemption and generativity in later life. In the symposium *Issues in generativity*, R. Rubinstein, chair. Annual Meeting of the Gerontological Society of America, Boston, MA, November, 2011.

Keimig, L., Roth, E. (2010). Cul-de-sac life and the potential for stigma in an active adult community. In the symposium *Situating stigma in the social context of senior housing*, J.K. Eckert, chair. Annual Meeting of the Gerontological Society of America, New Orleans, LA, November 22, 2010.

Keimig, L., Mosby, A., Hannum, S., Morgan, L.A., Eckert, J.K. (2010). The cultural context of voluntary childlessness. In the symposium *The construction of self and the meaning of childlessness in older women*, K. de Medeiros, chair. Annual Meeting of the Gerontological Society of America, New Orleans, LA, November 21, 2010.

Lawson, S. & **Johnson, I.** (2014). *Occupational and speech therapy collaborate to lead a stroke survivor support group*. Poster session presented at The World Federation of Occupational Therapists Congress, Yokohama, Japan.

Johnson, I. & Mamaril, K. (2014). A rating scale for foreign accent: Student training and inter-rater reliability. Poster presented at the 2014 ASHA Convention, Science. Learning. Practice. Generations of Discovery. Orlando, FL

Johnson, I., & Humber, K. (2014). *On being female, middle-aged, and back in school: Part 2*. Poster presented at the Gerontological Society of America (GSA) Annual Scientific Meeting: Making Connections from Cells to Societies, Washington, DC.

Johnson, I., **Lawson, I.,** & Krywonis, A. (2014, April). *The growing importance of interdisciplinary teamwork in health care*. National Stroke Association 2014 Members Only Series Webinar.

Humber, K., & **Johnson, I.,** (November 2013). *On being female, middle-aged, and back in school*. The Gerontological Society of America (GSA) Annual Scientific Meeting: Optimal Aging through Research, New Orleans LA.

Johnson, I., & Humber, K. (2013, March). Newly Minted and Middle Aged: Pitfalls and Prospects for Midlife Gerontology Doctoral Students. Paper presented at the Association of Gerontology in Higher Education (AGHE) Annual Meeting and Educational Leadership Conference: Waves of Change: Charting the Course for Gerontology Education, St. Petersburg, FL.

Humber, K & **Johnson, I.** (2013, March). We built it. Why aren't they coming? An exploration of undergraduate beliefs about aging and gerontology programs. Paper presented at the Association of Gerontology in Higher Education (AGHE) Annual Meeting and Educational Leadership Conference: Waves of Change: Charting the Course for Gerontology Education, St. Petersburg, FL.

Johnson, I. & Humber, K. (2013). Newly minted and middle aged: Pitfalls and prospects for midlife gerontology students. Paper session presented at the 39th Annual Meeting of the Association for Gerontology in Higher Education, St. Petersburg, FL, March 1, 2013.

Johnson, I. (2012) What do you get when you cross a speech language pathologist with a gerontologist?: A doctoral student's personal interdisciplinary journey. Paper presented at Association of Gerontology in Higher Education (AGHE) Annual Meeting and Educational Leadership Conference: Engaging Aging in Higher Education. Arlington, VA. February 26, 2012.

Rathbun, A, Fredman L, **Johnson R,** Orwig D. A Comparison of Cognitive Performance between New and Experienced Older Hip Fracture Caregivers Annual scientific meeting of the Gerontological Society of America, Nov 2015, Orlando, FL.

Smith C, **Johnson R**, Barr E, Lewis L, Rathbun A, Fredman L, Orwig D. Role Captivity and Perceived Stress Over 12-months in New vs. Ongoing Caregivers to Hip Fracture Patients. *The Gerontologist* 2014; 54:192

Rathbun A, Barr E, Smith C, **Johnson R**, Lewis L, Fredman L, Orwig D. Longitudinal Associations between Perceived Stress and Caregiver Cognitive and Functional Outcomes. *The Gerontologist* 2014; 54:19

Johnson R, Sheldon EG, Jones M, Hawkes WG, Magaziner J, Orwig D. Patterns of bone-active medication utilization before and after hip fracture. *The Gerontologist* 2013; 53:131.

Johnson R, Sheldon EG, Jones M, Hawkes WG, Magaziner J, Orwig D. Patterns of bone-active medication utilization before and after hip fracture. Annual Johns Hopkins Showcase on Aging Conference, April 2013, Baltimore, MD

Johnson R, Sheldon EG, Jones M, Hawkes WG, Magaziner J, Orwig D. Patterns of bone-active medication utilization before and after hip fracture. Annual Graduate Research Conference, April 2013, Baltimore, MD

Sheldon EG, **Johnson R**, Hawkes WG, Hochberg M, Orwig DL. The effect of bone-active medication use on bone mineral density post hip fracture. The effect of bone-active medication use on bone mineral density post hip fracture. *J Bone Miner Res* 2013; 256.

Lilly FRW (2014), invited. What improves patient outcomes the most? Pharmaceuticals, surgery, collegiality, information, communication, ethical decision making or respect? *Guest Faculty for Interprofessional Education Day 2014*. University of Maryland, Baltimore, School of Pharmacy, Baltimore, MD.

Lilly FRW, Bennett C R, Brown CB, Scala SI, Hegland E, Humber K, Downer BG, Bardach S, Ogbeide S (2014). A Mile-High Education: Student Perspectives on Educational Quality. *Association for Gerontology in Higher Education Annual Meeting*, Denver, Colorado.

Lilly FRW, McIlwain A, Young T. (2013). Excellence in teaching: A view from the other side of the podium. *Association for Gerontology in Higher Education, 39th Annual Meeting & Educational Leadership Conference*. St. Petersburg, FL.

Lilly FRW (2013), invited. Do Not Go Gentle: The Science of Successful Aging. *Invited Presentation at the Hood College Inauguration of the Gerontology Certificate Program*. Hood College, Frederick, MD.

Lilly FRW (2012). Achieving Academic-Life Balance: A Coaching Model for Graduate and Professional Students. *American College Health Association Annual Conference*, Louisville, KY.

Lilly FRW (2012). Moderator of Panel Discussion of "The Health Professional Team: Windows to the Future" Panelist included Kathleen Pincus, PharmD, CPS; Cynthia L. Renn, PhD, RN; Kathleen Dachille, JD; and David Mallot, MD. *University of Maryland, College Park*.

Lilly FRW (2011) The Flourishing Graduate Student: Advancing Wellness and Academic-Life Balance at Graduate and Professional Institutions. *American College Personnel Association Annual Conference*, Baltimore, MD.

Lilly FRW (2011) Re-Thinking Brand: Marketing University Services and Programs to Current Students. *National Association of Student Personnel Administrators Annual Conference*, Philadelphia, PA.

Lilly FRW (2011) The Role of Academic-Life Balance in the Promotion of Wellness to Graduate and Professional Students. *American College Health Association Annual Convention*, Phoenix, AZ.

Lilly FRW (2011). Moderator: Student Affairs Graduate School Professionals – Panel Discussion. *American College Personnel Association – Next Generation Conference*, Baltimore, MD.

Edwards H and **Lilly FRW** (2011). Latching On: Supporting Breastfeeding Mothers in Graduate and Professional School. *Mid-Atlantic College Health Association, Annual Meeting*, Baltimore, MD.

Lloyd, J., Alley, D., Hawkes, W., Hochberg, M., Waldstein, S., Harris, T., Kritchevsky, S., Schwartz, A., Strotmeyer, E., Womack, C., Orwig, D. 2012. Changes in Bone Mineral Density Over Time by Body Mass Index in the Health ABC Study. American Society for Bone and Mineral Research 2012 Annual Meeting, October 2012.

Lloyd, J., Alley, D., Hawkes, W., Waldstein, S., Hochberg, M., Orwig, D. 2011. Body Mass Index and Bone Mineral Density in Adults over 50: Results from NHANES 2005-2008. Presented paper at the Gerontological Society of America's 64th Annual Scientific Meeting, November 2011.

Lloyd, J., Alley, D., Fredman, L., Kramer, T., Orwig, D. 2011. Feasibility of Collecting Fasting Blood and 24-Urine in Caregivers of Hip Fracture Patients. Presented poster at the Gerontological Society of America's 64th Annual Scientific Meeting, November 2011.

Yerges-Armstrong, L., Alley, D., **Lloyd, J.**, Hawkes, W., Orwig, D., Magaziner, J. 2011. Comparison of Body-Mass Index in Hip Fracture Cases Across Time: Data from the Baltimore Hip Studies. Gerontological Society of America's 64th Annual Scientific Meeting, November 2011.

Alley, D., **Lloyd, J.**, Pagán, J.A., Pollack, C., Shardell, M., Cannuscio, C. 2011. Mortgage Delinquency, Health Status, and Unmet Needs: Evidence from the Health and Retirement Study. American Public Health Association Annual 2011 Annual Meeting, October/November 2011.

Alley, D., **Lloyd, J.**, Pagán, J.A., Pollack, C., Shardell, M., Cannuscio, C. 2011. Mortgage Delinquency, Health Status, and Unmet Needs: Evidence from the Health and Retirement Study. Population Association of America Annual 2011 Annual Meeting, March/April 2011.

Alley, D., **Lloyd, J.**, Shaffer, T., Stuart, B. 2011. Changes in Medicare Costs Associated with Overweight and Obesity, 1997-2006. Population Association of America Annual 2011 Annual Meeting, March/April 2011.

Lloyd, J., Alley, D., Hawkes, W., Waldstein, M., Hochberg, M., Orwig, D. 2011. Body Mass Index and Bone Mineral Density in Adults over 50: Results from NHANES 2005-2008. Presented

poster at the 4th **Annual Research on Aging Showcase on April 15, 2011. Johns Hopkins University, Baltimore, MD.**

Lloyd, J., Alley, D., Hawkes, W., Waldstein, Hochberg, M., Orwig, D. 2011. Body Mass Index and Bone Mineral Density in Adults over 50: Results from NHANES 2005-2008. **Presented poster at the 33rd Annual UMB Graduate Research Conference on April 7, 2011. UMB, Baltimore, MD.**

Lloyd, J., Alley, D., Hawkes, W., Waldstein, S., Hochberg, M., Orwig, D. 2011. Body Mass Index and Bone Mineral Density in Adults over 50: Results from NHANES 2005-2008. *J Bone Miner Res* 26 (Suppl 1): MO0374.

Lloyd, J., Shoemaker, J.S., Lopert, R., Stuart, B., Davidoff, A., and Shaffer, T. 2010. Does Increased Medication Adherence Lower Medicare Spending Among Beneficiaries with Congestive Heart Failure? *The Gerontologist* 50 (suppl 1): 523. (Presented paper).

McMullen, T., Resnick, B. (2011). The Reliability and Validity of the Rosenberg Self-Esteem Scale in Nursing Assistants. Poster presented at the annual meeting of the Gerontological Society of America, Boston, MA. November, 2011.

Kopera-Frye, K., Harrison, M., **McMullen, T.**, Peak, K., Iribarne, J., Dampsey, L., and Harrison, W. (2011). Aging in Place Behind Bars. Paper presented at the annual meeting of the Aging and Society Conference, Berkeley, CA. November, 2011.

Huber, L., Cutler, N., Sterns, H., Moody, R., Maiden, R., **McMullen, T.** (2011). The Congressional Dynamics of Health Care Reform. Paper presented at the annual meeting of the Association Gerontology in Higher Education, Cincinnati, Ohio. March 2011.

McMullen, T. (2011). On Becoming a Gerontologist (Part 1). Paper presented at the annual meeting of the Association Gerontology in Higher Education, Cincinnati, Ohio. March 2011.

McMullen, T. (2011). Mentoring Through Professional Development. Paper presented at the annual meeting of the Association Gerontology in Higher Education, Cincinnati, Ohio. March 2011.

McMullen, T. (2011). The Direct Care Workforce and the FLSA: A Policy Revision. Paper presented at the annual meeting of the Association Gerontology in Higher Education, Cincinnati, Ohio. March 2011.

Brown, C., **McMullen, T.**, Abebe, T., Fitzgerald, K., Young, A. (2010). Global Alliances through Gerontological Engagement (GAGE): Project Ethiopia, Phase 1. Poster presented at the annual meeting of the Association Gerontology in Higher Education, Reno, Nevada. March 2010.

McMullen, T. (2010) Perceptions of Family Practice Physicians in Washoe County to a Geriatric Loan Forgiveness Program. Poster presented at the annual meeting of the Association Gerontology in Higher Education, Reno, Nevada. March 2010.

Brown, C., **McMullen, T.**, Johnson, W. (2010). Politically Speaking: Creating Effective Relationships with Elected Officials. Workshop presented at the annual meeting of the American Society of Aging, Chicago, Illinois. March 2010.

Peeples, A, Frankowski, AC, Nemec, M, and Zimmerman, S. 2011. Mr. and Mrs. Burns: Ambiguous Case of Stigma. Gerontological Society of America's 64th Annual Scientific Meeting, Boston, MA. Paper presentation.

Peeples, A, Frankowski, AC, Perez, R, Nemec, M, Bennett, CR, and Rubinstein, RL. 2011. One More Glass: Alcohol and Autonomy in Assisted Living. Gerontological Society of America's 64th Annual Scientific Meeting, Boston, MA. Paper presentation.

Nemec, M, Frankowski, AC, **Peeples, A**, Rubinstein, RL, Perez, R, and Bennett, CR. 2011. Resident Choices and Challenges in a Communal Dining Room. Gerontological Society of America's 64th Annual Scientific Meeting, Boston, MA. Paper presentation.

Nemec, M, Frankowski, AC, Goldman, S, and **Peeples, A**. 2011. Rosemary: Prejudices Persist Inside Senior Housing. Gerontological Society of America's 64th Annual Scientific Meeting, Boston, MA. Paper presentation.

Peeples, A, Frankowski, AC, and Roth, EG. 2010. I'll Show You the Way: Residents Helping Others with Dementia. 2010. Gerontological Society of America's 63rd Annual Scientific Meeting, New Orleans, LA. Paper presentation.

Peeples, A, Frankowski, AC, Kessler, M, and Flanders, A. 2010. Bridging the Generations: Computer Use Among Older Adults in a Senior Housing Setting. Gerontological Society of America's 63rd Annual Scientific Meeting, New Orleans, LA. Poster presentation.

Frankowski, AC, Nemec, M, **Peeples, A**, Eckert, JK, et al. 2010. "I Wouldn't Say they're Senile. It's Old Age." Dimensions of Stigma in Senior Housing. Gerontological Society of America's 63rd Annual Scientific Meeting, New Orleans, LA. Paper presentation.

Hrybyk, G, Roth, EG, **Peeples, A**, and Eckert, JK. 2010. "Sweetie" and the Sour Effect of Ageism in Long-Term Care. Gerontological Society of America's 63rd Annual Scientific Meeting, New Orleans, LA. Paper presentation.

Peeples, A, Frankowski, AC, Nemec, M, Eckert, JK. 2009. More Than a Game: Wii in Residential Care Settings. Gerontological Society of America's 62nd Annual Scientific Meeting, Atlanta, GA. Poster Presentation.

Reider L, Hawkes W, Hebel JR, D'Adamo C, Magaziner J, Miller R, Orwig D, Alley DE. The Association Between Body Mass Index, Weight Loss and Physical Function in the Year Following a Hip Fracture. Paper presentation at the Gerontological Society of America Meeting, Boston, MA, November 2011.

Giovannetti E, **Reider L**, Xue QL, Wolff J, Hughes T, Weiss CO, Leff B, Rand C, Boulton C, Boyd C. Factors Associated with Change in Health Care Task Difficulty Among Multimorbid Older Adults. Poster Presentation at American Geriatric Society Annual Research Meeting. Washington D.C. May 2011.

Yerges-Armstrong L.M., Hochberg M.C., Hawkes W., **Reider L.**, Beck T., Hebel R., Orwig D., Magaziner J. Bone Mineral Density in Men with and without Hip Fracture. Poster Presentation at American Society of Bone Mineral Research Annual Research Meeting. Toronto, Canada. October 2010.

Schreck, J.S. (2013). "Spectrum of Age-Related Changes in Cognitive-Communication: Screening, Prevention & Treatment." Keynote presentation. Maryland Speech-Language-Hearing Association annual Convention. Nottingham, Maryland.

Schreck, J.S. (2012). "Screening and Assessment of Cognitive-Communication in Older Adults." Baltimore Adult Communication Disorders Interest Group (BACIG). Good Samaritan Hospital, Baltimore, MD.

Schreck, J.S. (2012). "Multidisciplinary Competencies in the Care of Older Adults." Poster (Meritorious Award). American Speech-Language Hearing Association Convention. Atlanta, GA.

Schreck, J.S. (2012). "Screening and Assessing Cognitive-Communication in Older Adults." Seminar. American Speech-Language-Hearing Association Health Care and Business Institute. Memphis, TN.

Schreck, J.S. (2011). "Spectrum of Age-Related Changes in Cognitive-Communication: Screening, Prevention & Treatment." Keynote presentation. JFK Johnson Rehabilitation Institute 19th Annual Speech-Language Pathology/Audiology Education Series. Edison, NJ.

Schreck, J.S. (2011). "Age-Related Changes in Cognitive-Communication." Full day seminar. Hunter College. New York, NY.

Schreck, J.S. & Schroder, E. (2011). "Securing corporate and foundation support for clinical programs." Seminar. Council for Academic Program in Communication Sciences and Disorders (CAPCSD). St. Pete Beach, FL.

Schreck, J.S. (2010). "The Impact of 'Normal' Aging on Cognitive-Communication Skills." Seminar. American Speech-Language Hearing Association Convention. Philadelphia, PA.

Coiro, M. J. & **Schreck, J.S.** (2010). "The Loyola Clinical Centers: A Model for Interdisciplinary Clinical Education." Poster. Conference on Higher Education Pedagogy. Blacksburg, VA.

Schreck, J.S. (2010). "Aging and Cognitive-Communication." Seminar. New Jersey Speech-Language-Hearing Association Convention. Atlantic City, NJ.

Shaffer T, Davidoff A, Shoemaker JS, Simoni-Wastila L, Zuckerman L, Bryant-Comstock L, Shenolikar R, Stuart B., "Medicare Part D Growth: Coverage of the Previously Uninsured or Crowd Out from Other Forms of Rx Insurance?" *AcademyHealth Annual Research Meeting*, Seattle, WA, June 2011.

Simoni-Wastila L, Qian J, Zuckerman L, **Shaffer T**, Wei Y, Dalal A, Comstock-Bryant L., "Should Medicare Rely on High Drug Spending as a Criterion for Medication Management Services?" *AcademyHealth Annual Research Meeting*, Seattle, WA, June 2011.

Lloyd J, Davidoff A, Stuart B, **Shaffer T**, Shoemaker JS., "Predictors of Any Drug Use, Persistent Use, and Level of Medication Use among Medicare Beneficiaries with Diabetes," *AcademyHealth Annual Research Meeting*, Boston, MA, June 2010.

Sheldon E.G., Albrecht J.S., Marcantonio E.R., Roffey D.M., Barr E., Gruber-Baldini A.L., Risk Factors for Delirium Subtypes in a Study of Hip Fracture Patients. American Delirium Society 2013 Annual Conference, Indianapolis, IN, June 2013

Johnson R., **Sheldon E.G.**, Jones M., Hawkes W.G., Magaziner J., Orwig D.L. Patterns of Bone Active Medication Utilization Before and After Hip Fracture. (Presented at Graduate Research Conference, University of Maryland Baltimore, Baltimore, MD, April 2013 and 6th Annual Research on Aging Showcase, Johns Hopkins University, Baltimore, MD, April 2013)