

External Review for Doctoral Program in Gerontology

University of Maryland Baltimore County/University of Maryland Baltimore

External Reviewers:

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Introduction

Gerontology is an interdisciplinary field that focuses on research, teaching, and service in support of aging populations across a wide range of content areas, including health, income security, long-term services and supports, labor force participation and retirement, transportation, and intergenerational relations, among others. Research in gerontology has witnessed an exponential growth over the past several decades. It is now known that the science of gerontology can have a profound impact on the health and well-being of older adults. Gerontologists conducting basic and applied multidisciplinary research have identified environmental, behavioral and genetic risk factors contributing to morbidity and mortality across diverse older populations. Through intervention trials and evidence-based Programs, gerontologists help prevent, delay and improve physical, functional, emotional and cognitive health. Gerontological research has been the foundation in advancing health and social well-being, whether it is management of multiple chronic illnesses, mobility disability, or promoting successful aging and engagement.

The University of Maryland Baltimore County-University of Maryland Baltimore (UMBC-UMB) Gerontology PhD Program (hereafter, the Program), established in 2001, is designed to contribute to this well-established field. The Program is interdisciplinary, with substantial contributions from scholars from both campuses. The Program is respected throughout the gerontology field and is a strong contributor to the production of researchers and leaders, having graduated 32 students. Further, the inter-campus relationships among the faculty have resulted in research productivity and grant activity that may well not have occurred were it not for the collaboration necessary to support the Program.

This review is based on the self-study of the Gerontology PhD Program and numerous, informative meetings with administrators from both campuses, faculty members from both

campuses, students of the Program, and support staff. The picture of the Program we gleaned from these interactions was consistent across groups and individuals. We also bring to the review more than 60 years (combined) of professional experience as administrators and faculty members in the fields of gerontology, aging studies, and public health. The administration of both campuses have been supportive of the Program, this includes the Provost's office, unit deans and department chairs -- especially the chairs of the Department of Epidemiology and the Department of Sociology and Anthropology. To put our observations into one sentence - we believe the Program has demonstrated strengths and many successes and that it also faces challenges in the near- and long-term future that need to be overcome to ensure continued contributions to the field, the two universities, the State of Maryland, and beyond. Below we provide our observations about the Program, the leadership, faculty and students, along with some challenges faced by the Program and recommendations. We appreciated the opportunity to learn more about the Gerontology PhD Program and its stakeholders.

The Doctoral Program in Gerontology

The Program is about 15 years old and is one of a handful of such Programs in the world (to our knowledge). Its general focus is on a biopsychosocial model of research and doctoral training, consistent with the needs of aging populations globally.

The training Program for doctoral students is rigorous and the curriculum reflects current issues in the field. The two semester theory-methods course is innovative and central to the training of productive researchers who need to be grounded in both theory and research methods. The statistics training in the curriculum is very strong. The substantive courses also appropriate and contain relevant material (based on reviews of the syllabi). The students also receive many professional development opportunities through the gerontology colloquium (speaker series), the *Aging Forum*, and support for attending conferences.

The UMB-UMBC inter-campus relationship that defines the Program is an excellent example of such Programs and is among a few others between the two campuses of which we were made aware. The level of faculty cooperation should be a model for other such Programs. For example, the UMB initiative on inter-professional education might benefit from insights and strategies developed over the course the Program's history.

The Program has a strategic advantage over other PhD Programs in gerontology and cognate disciplines by virtue of its geographic proximity to the Baltimore-Washington, DC hub in terms of research opportunities, the establishment of professional networks and employment. With the right support, this advantage could be leveraged to allow the Program to grow and to be even more impactful on a regional and national level.

Our review of the employment of the Program's graduates indicates they are finding jobs in appropriate places – employment that puts students in position to impact policy and research that will influence the well-being of older adults, their families and the communities in which they

live well into the future. These placements are slanted to non-academic organizations and most students appear to stay in the region. This is to be expected given the high concentration of government agencies and non-governmental organizations that contribute to research and policy for aging populations.

Inter-campus faculty research is strong and impressive (see the appendix for a partial list of external funding activity). Significant examples of inter-campus peer-reviewed publishing among the Program faculty are also present. The faculty members tell us these relationships were made possible and were enhanced by their participation in the Program. This shows value-added from the Program and is very encouraging.

Finally, the joint PhD-masters degree options in epidemiology and sociology are strengths of the Program.

Leadership

1. The core and affiliate faculty members who participate in the Program expressed strong appreciation for the support of the administrators at the two campuses. The support of Jay Magaziner (Chair, Department of Epidemiology and Public Health, UMB) and J. Kevin Eckert (Chair, Department of Sociology and Anthropology, UMBC) has been crucial to the successes of the Program. Each has provided leadership and material resources to keep the Program thriving. They both see a bright future for the Program if the challenges noted below can be overcome with structural and administrative changes and increased commitment of resources. Both Chairs are senior faculty members and it is reasonable to assume that in the relatively near-term future there will be changes. When these changes occur, there is no guarantee the new Chairs will provide the kind of leadership and support the Program currently enjoys. This is a serious issue.

2. The Program is more than ably Co-Directed by Professors Leslie Morgan (UMBC) and Denise Orwig (UMB). However, the leadership at the program director level is transitioning. A replacement for Professor Morgan, who is stepping down as co-Director of the Program in August, 2106, is urgent to ensure the smooth operation of the Program.

Faculty

1. We encountered an impressive group of dedicated faculty who are committed to their students in the Program. To a person, they exuded passion for the Program and the success of its students. The core and affiliated faculty clearly appreciate the way the Program provides an opportunity for connecting UMB and UMBC researchers (see below). The self-study demonstrates a high volume of coauthoring with doctoral students – this is a critical feature of the Program, helping students to launch their careers and secure appropriate employment after graduation.

2. The faculty members contributing to the Program are accomplished, productive researchers, who come from a diverse set of departments across both campuses, with a concentration of effort

from the Department of Epidemiology and Public Health and the Department of Sociology and Anthropology. Some students are funded through individual faculty NIH grants and training grants.

3. Our discussions with administrators and faculty lead us to conclude most of the instructional effort and mentoring involves “volunteer” faculty time. This does not seem to us to be a strong foundation for moving forward. In fact, it is surprising that the Program has done so well under this arrangement. These faculty members are engaging in a considerable amount of committee work and mentoring/advising that appears from our discussions to be under-appreciated and under-valued in their home units.

4. Our sense is that the faculty members most associated with the day-to-day operation of the Program are reaching a point of over-commitment (“burnout”). A common expression we encountered was “I don’t know how much longer I can do this,” where “this” refers to giving their time and effort to the Program and attending to their responsibilities in their home units at the same time. Combining this observation with the recent turnover in core faculty, and the impending stepping down of Co-Director Morgan, points to the necessity to address this issue as soon as possible.

In sum, we find a high level of good will, commitment to education in the classroom, training outside the classroom, and externally funded research.

Students

1. The Program has enrolled small cohorts of high quality students, who are enthusiastic and appreciative of their faculty mentors and the curriculum.

2. While the Program has been successful in recruiting talented students, the pool of applicants has been modest. Steps should be taken to increase the eligible pool of competitive applicants.

3. Currently, about 30% of the Program’s students are minority students. This is a remarkable amount of diversity in the Program and we assume this helps increase the overall graduate Program diversity at both campuses.

4. The backgrounds of students entering the Program are appropriate for a gerontology PhD program (e.g., Masters in gerontology, physical therapy, social work, social and behavioral sciences).

5. We were impressed by the fact that students are not allowed to be de-funded in a given academic year if a grant project on which they were working closes during the academic year. There are no specific funds set aside for this. Rather, the funds are taken out of unit budgets. This is commendable but may not be sustainable.

Some Challenges and Opportunities

The challenges for the Program and the two campuses that support the Program are identified below. These are not rank-ordered but readers of this document will likely identify for themselves what are the most pressing issues.

1. Leadership succession at the Program Co-Director level (discussed above).
2. Faculty “burnout” appears to us to be real and should be dealt with soon – both in symbolic and real terms (see above and below).
3. More formal linkages to regional governmental (e.g., Centers for Medicare and Medicaid Services) and non-governmental (Hilltop Institute) organizations would aid in expanding training, employment, and research opportunities.
4. Student professional development aimed at preparing them for teaching opportunities is needed.
5. Some additional attention to part-time student integration and mentoring is warranted (in our experience, this is an issue that transcends this particular Program and is faced by other PhD Programs that accept part-time students). Related, full-time working students may need some additional support.
6. There appears to be relatively little formal engagement in the community, which is to be expected given the “volunteer” nature of most of the faculty contributors. This is something to be dealt with as part of a long-term strategic planning process (see below).
7. Turnover in responsibility for teaching some courses may generate a lack of continuity, although we are uncertain about the degree to which this occurs.
8. Possible links to existing units and faculty involved in aging and gerontological research in the University System of Maryland and other regional universities do not appear to have been thoroughly explored.

Recommendations

We recommend a two-stage approach to solidifying and growing the UMBC-UMB Doctoral Program in Gerontology.

Stage 1

The Program is at an inflection point due to leadership turnover, faculty burnout (despite continued strong enthusiasm) and flat or diminishing resources. The first stage should include a solidification of the Program. We recommend that the UMBC-UMB administrations:

1. identify a successor to the out-going UMBC Co-Director, Professor Morgan. We were told that Dean Casper has identified a possible candidate. Securing this replacement soon is imperative to ensure continuity of leadership and to help “train” this person in the requirements of the job;
2. identify a senior administrator at one of the campuses to be responsible for the Program. It is our impression that while the inter-campus collaboration is a great strength, it may be that no single upper-level administrator (above the chair position) has responsibility for the success of the Program;
3. consider a structural change such as moving the Program to a department or giving the Program departmental status. Another option is to create an inter-university gerontology center or institute. Our experience suggests that free-standing Programs are often at a disadvantage in terms of faculty resources and funding by their universities, and this may be even more problematic for inter-campus collaborations;
4. commit dedicated, guaranteed faculty resources to the Program. The campuses should commit to hiring three full-time (tenure-track) gerontology faculty, to complement the faculty already contributing to the Program. One senior and two junior lines would be advantageous. The senior faculty member could be jointly appointed to a department at each university, depending on whether recommendation #3 is implemented. We do not recommend joint appointments for the junior faculty;
5. devise a strategy and find the resources to compensate faculty for instruction. At UMBC, the resources could include taking two or three FTEs, partitioning into course release units or have departments provide “on-load” teaching options to participating faculty, such that part of their teaching responsibilities includes teaching in the Program. At UMB, faculty could be paid for a percentage of their time that is consistent with amount of effort needed to prepare and deliver instruction. If these suggestions are not workable, a plan should be developed so that both UMB and UMBC participants are provided resources associated with administrative costs and teaching.;
6. guarantee a set of six to eight state-funded Graduate Research Assistantships to form a foundation for overall student support and to help increase enrollments;
7. improve and increase attention to internal and external communication. Communication among the faculty participants appears to be solid. However, communication of needs and accomplishments up through the administration hierarchy appears less than optimal. Presumably, the success of the Program could serve the public relations responsibilities of the Presidents of the two campuses and other administrators by highlighting the accomplishments of the Program. Externally, marketing of the Program is not as intensive or as cutting edge as it needs to be to increase the reputation of the Program nationally and this may also positively impact the cycle of student recruitment (applications, admissions, and enrollments);

8. increase the amount of staff support. If this could be centralized, that would help. However, it is clear that administering the Program across two large, complicated bureaucracies is challenging. Justine Golden, half-time Program manager at UMB, appears to be very competent but appears to be stretched thin with the competing demands of supporting the Program and addressing her other responsibilities;

9. establish an operational budget for the Program that is sufficient to support growth in the program. This will allow the Co-Directors of the Program and steering committee to plan year-over-year, including helping with student recruitment and training. We cannot give a specific figure because we do not know how much, if any, growth will be forthcoming and we do not know the local cost structures and such;

10. involve the Program in the development activities of both campuses. Raising non-state funds to support Programs is difficult, time consuming and imperative in times of tight state budgets. A development officer should be assigned to help the Program seek funding through philanthropies and other options to create scholarships and fellowships;

11. consider focusing on the development of a diverse portfolio of external support. Relying on an NIH model is risky and is not fully consistent with funding streams for gerontology research and training, more broadly. This is a difficult task because the Program does not retain indirect costs from external funding and faculty researchers house their external funding in home units or in centers;

12. explore mechanisms to send a fraction of indirect cost recovery from grants and contracts generated by Program faculty back to the Program (related to #11);

13. consider a model of funding new full-time tenure-stream gerontology faculty using a combination of grant funds and state funds, whereby the new faculty would have a fraction of their salary guaranteed (e.g., 50%) and the other part of their salary generated through their external funding activity (e.g., 50%). This is a model familiar to UMB but probably less so to UMBC;

14. consider the development of an employment placement strategy that includes faculty professional networks;

15. support the development of training grant proposals. We understand the DPG is submitting a T32 soon that would cover students in two of the tracks (aging policy issues and social, cultural, and behavioral sciences). This would complement the ongoing T-32 at the DEPH at UMB, which has provided funding for some of DPG's students in the epidemiology track. If the DPG's T32 submission is not successful, an alternative strategy could be to formally include the DPG as a constituent unit in the renewal application for the Epidemiology T32 next year;

16. given the successes in obtaining extramural funding from NIH, it is recommended that junior faculty should encouraged to apply for K awards, with support from senior faculty.

Stage 2 (3-5 years out)

We recommend that a strategic planning process be put into place, including internal and external stakeholders. The process should include a scan of other related Programs at the University of Maryland College Park, Towson University, and other universities in the area, along with governmental and non-governmental organizations that could become partners for training and research. The strategic planning process would address:

1. whether the development and launching of a masters degree in gerontology is warranted and how that might serve as both a terminal degree and a feeder into the doctoral Program (a stand-alone Program or a joint (dual) degree with other Programs within and across the campuses);
2. whether a graduate or undergraduate certificate(s) program organized across departments/disciplines should be developed and launched to meet the needs of aging services employers and employees and provide a source of revenue for the Program and teaching options for PhD students;
3. whether one or more dual-PhD degree options across units would be feasible (e.g., Gerontology and Social Work; Purdue University has a dual-degree Program in gerontology and sociology);
4. whether adding a translational training, service and research component to the curriculum would be useful. Increasing connections to the local community is one way to accomplish this. Gerontologists are increasingly working to support the well-being of older persons through interaction at the community level. Such connections also provide Programs with support from community stakeholders; and,
5. whether online delivery of some Program content would be beneficial (especially at the undergraduate, Masters, and certificate levels), providing more outreach and revenue for the Program.

A strong foundation has been established and the future of the Gerontology Doctoral Program is quite promising.

Table A. Intercampus Grant Application Submissions between UMB and UMBC (2012-2016)

Gerontology faculty Principal Investigators at UMB	Title	Sponsor	Dates Funded/Submitted	Collaborators' Location-School/Dept *
Galik, B	Automated Functional and Behavioral Health Assessment of Older Adults with Dementia	UMB/UMBC Research and Innovation Partnership Grant Program	2015-2016	IT
Quinn, C	Qualitative study of IBD patients' engagement experience with telehealth	Broad Foundation	Under review	Sociology
Tom, S	Early Life Environment and Late Life Cognitive Reserve	NIA K01	Submitted 6/15 (funding decision pending)	Psychology
Ostir, G	A Novel Approach for Assessing Mobility in Older Adults within Emergency Medicine	NIA (R21 AG052059)	Under review	Emergency Medicine
Gerontology faculty Principal Investigators at UMBC				
Schumacher, J	Evaluating the Rapid	Research and	2013-2015	SOM Dept of

	Emergence of Geriatric Emergency Departments (GEDs)	Innovation Partnership Seed Grant Program, University of Maryland, Baltimore County & University of Maryland, Baltimore		Epidemiology and Public Health (DEPH)
	Title	Sponsor	Dates Funded/Submitted	Collaborators' Location-School/Dept *
Eckert, K	The Subjective Experience of Diabetes Among Urban Older Adults	NIA (AG041709)	2012-2015	SOM DEPH
Eckert, K	Subjective Constructions of Health Risk Among Urban, Pre-diabetic Older Women	NIA	Planned resubmission 7/16	SOM DEPH
Mair, C	Neighborhood Environment and Risk of Cardiovascular Disease in Baltimore City	UMB-UMBC Partnership Grant Program (Innovation Seed Track)	Under review	Social Work and Pharmacy
Kusmaul, N	Pilot Testing: Motivational Interviewing Intervention to	UMB-UMBC Partnership Grant Program	Under review	SON

	Improve Caregiver Health	(Innovation Seed Track)		
Miller, N	Neighborhoods, Individuals and Health: Exploring Biopsychosocial Pathways	NIH Challenge Grant	Not funded	SOM DEPH
Miller, N	Addressing Diabetes Health Disparities: Examining the Moderating and Mediating Effects of Psychosocial Indicators on Diabetes Care and Outcomes	NIH Challenge Grant	Not funded	SOM DEPH

Note: This table represents only faculty who replied to the request for collaborative information. Request was made by the external reviewers during their campus visits.

* There are grants where it was not possible to identify the location of all the collaborators based on the information provided. Oftentimes, there are several faculty in other units within the home campus which are not indicated in the table.