



Linking Aging, Death, Global Health, and University-based Community Service Learning

Daniel Leviton
Professor of Health Education
Center on Aging, University of Maryland

Academics must apply their knowledge to improve the quality of global health and well-being if we wish present and future generations to live both long and well. This conviction is not particularly original. It is a theme central to this journal. This essay describes two activities that integrate my specialties of gerontology — the study of aging — and thanatology — the study of life including death (Kasternbaum 1995) — and their implications for public service, policy, and outreach.

The first ongoing project is to prevent and eliminate a certain class of deaths caused by people. I call the entire array *Horrendous Death* (HD) (Leviton 1991b; Leviton 1991c; Leviton 1995; Leviton 1997). *The prevention and elimination of HD is the epitome of public service for it increases the quality of individual and community health and well-being.*

The second project is directing the Adult Health & Development Program (AHDP/UMCP) and its spread to other universities and colleges in the United States (called the National Network for Intergenerational Health - NNIH) (Leviton 1989; Leviton 1991a; Leviton 1992; Leviton and Santa Maria 1979). The AHDP/UMCP is a service learning, intergenerational, health promotion, and rehabilitation program. HD provides part of the conceptual framework of the AHDP/NNIH. A brief description of the Horrendous Death Concept will provide a greater understanding of the AHDP/NNIH.

The Horrendous Death Concept (HDC)

HD takes two forms: possessing and lacking the motivation to kill others. The former case includes deaths resulting from war, terrorism, homicide, genocide, intentioned racism (e.g., lynching), and environmental assault. In the latter, examples include deaths resulting from accidents, drug misuse, environmental degradation, and indirectly due to racism, hunger, and poverty. Since they are caused by people rather than God, nature, bacteria, or virus, they could be prevented if we would put our will to the task.

Quality of Global Health may be defined where forms of HD are at a minimum or non-existent, and *Lifegenic Factors* (such as meaningful employment, education, and human relationships) are at a maximum.

The HDC is a *unifying* concept, and a *process* where the goal is implementing existing, but dormant, social policies that would prevent and eliminate HD by dealing with underlying root causes and outcomes. In what way is it a unifying concept? Since no one is immune from HD, its prevention and elimination may be a way of unifying the country and perhaps the world in a common purpose. The HDC process involves the removal of denial of personal vulnerability and mortality of representatives of thirteen domains of influence and power as a step toward integrating and implementing existing remedial public policies (Leviton 1995; Leviton 1997). It also considers perception of the future, and motivation.

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Freud was right when he observed that to our unconscious we are immortal (Freud 1968). Nobody expects their children or other loved ones to die by homicide, terrorism, or other causes of HD. Few people are proactive in preventing HD. Preventive or remedial action usually occurs after the fact. The founders of Parents of Murdered Children and Mothers Against Drunk Driving never expected their daughters to die in the way that they did. Subsequently, they

acted by forming their organizations. No one expected their children to die in the massacre at Columbine High School in Littleton, Colo. The most important question of our time is, "Must we experience HD before we act to prevent it?"

Toward Implementation: The Adult Health & Development Program at The University of Maryland at College Park (AHDP/UMCP)

Previously, I have written on the role of higher education, and other actions such as a Manhattan-type project to implement the HDC (Leviton 1995; Leviton 1997). Here, I wish to briefly mention how the NNIH integrates the HDC as part of its conceptual framework.

As a result of training grants from the U.S. Department of Education, the Disabled American Veterans Charitable Trust, and John A. Hartford Foundation of New York, faculty were trained from more than 40 colleges and universities in the United States and Beijing to serve as directors of their own AHDPs. Most are still running.

NNIH members ascribe to the belief that physical, social, and health-education activities, the one-to-one match-up of student-staffer and his or her older adult member, can reduce negative age, ethnic, racial, and social class labels and stereotypes that are predictive of hostility and aggression. Most members and staffers concur. In this way the NNIH attempts to tighten the social fabric of the country — and prevent HD.

Description of the AHDP/UMCP/NNIH

I began the AHDP/UMCP in 1972, and have since served as its director, because I am interested in the application of gerontological health theory and research. Secondly, I saw the link between the HDC, the AHDP, and the NNIH.

The AHDP/UMCP was the first multi-ethnic, interracial, intergenerational, health promotion and rehabilitation program in the country. It is a partially self-supporting academic course (health education), medical school elective, and volunteer program with its own board of advisors.

Each semester between sixty and seventy students and volunteers (staffers) from a variety of academic majors are trained to apply gerontological health theory and research as they work with older institutionalized and non-institutionalized adults (members) on a one-to-one basis. That is the key to the uniqueness and success of all AHDPs: The staffer serves as a "friendly coach" helping his or her member get into a health and well-being "groove" by participating in scheduled or individually prescribed physical, social, and health education activities of the AHDP/UMCP.

In addition, fifteen to twenty senior staffers supervise eight or so staffers each. Their responsibilities include recommending their staffers' clinical grade, developing policy, and conducting leadership training.

Members can be categorized into four groups: Those residing in the community, a subgroup of "foreign-born" people, people with developmental disabilities (always matched with bi-lingual staffers), and residents at a local Veterans Administration nursing home.

Staffers and members are diverse in terms of age, health, ethnicity and race, social class, and academic major (in the case of staffers). The average length of participation of senior staffers and members in the AHDP/UMCP is six years. Some have been involved for more than thirteen years. The youngest staffer was fourteen years of age, and the oldest, eighty-seven (she worked with a member who died last year at the age of 105 years). Since 1972, more than 95 percent of staffers who have applied to medical, other professional, or graduate school have been accepted.

In these hostile times when isolationism, cynicism, and distrust of our own institutions (Broder 1999a; Broader 1999b)

and other countries run high, the AHDP/NNIH is seen as a venue of goodwill and harmonious relations, able to link people of diverse backgrounds and cultures.

The AHDP and the University of Maryland

How does the AHDP/UMCP/NNIH fit within the mission of the University of Maryland at College Park (UMCP)? How does the UMCP support my public service and outreach activities?

There often exists a gap among official guidelines, policies, and practice. Sometimes, there is incongruence between different levels, that is, upper administration and college-departmental administrators. Historically, the university did not emphasize nor reward service by means of merit pay increases, promotion, and recognition. During the last three years or so, I have seen evidence of a shift; for example, my service work was rewarded with a merit-pay increase.

Because of initial experiences, however, I viewed my relationship with the UMCP with skepticism and cynicism.

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However, the AHDP/UMCP and I are, to some degree, becoming part of the mainstream on campus. Why? Primarily because I now have a supportive chairperson and dean. Also, UMCP administrators and executives are aware that:

- people are healthier and living longer, and older adult students are a potential resource of experience and source of income for the university;

- older adults are activists in many cases, possessing lobbying and voting power;

- universities must be

politically and academically correct in dealing with minorities, older adults, etc.;

- AHDP's has a fine reputation on campus; and

- AHDP/UMCP has been successful in obtaining grants.

Advice to Faculty

Faculty who wish to become involved in public service and outreach programs by developing their own AHDP should gain as much leverage as possible by

- developing an influential Board of Advisors;

- gaining the goodwill and support of a variety of administrators and executives, campus units (such as the community service and minority affairs offices), faculty,

undergraduate and graduate students and their organizations, and certainly the non-academic staff within the university or college;

- winning grants;
- organizing and keeping in touch with their AHDP alumni over the years by means of newsletters, a web page, and social activities;
- developing a network of supporters within the institutions and structure of the community, that is, cultivating friends in the media, business, religious organizations, etc.; and
- producing a video and other means of vividly describing and publicizing their programs.

Benefits and Drawbacks of Involvement in University-based Community Service and Learning

UMCP has provided me with the opportunity to develop and implement the HDC and AHDP/NNIH, and to operate as an academic-public entrepreneur. Thomas Richard Oliver writes:

“... for a society and its constituent institutions to be responsive to new conditions and emerging challenges, there must be individuals who excel in “the art of anticipating the need for, and of leading, productive change.” These are the entrepreneurs who think deeply about problems, search for solutions, and struggle for their adoption” (Oliver 1996, p. 5).

Another benefit related to the first is the sustained, egalitarian interaction with students, faculty, and AHDP/UMCP members.

This program development is best situated at universities or colleges that are supportive in a proactive sense. Becoming a professor should not require taking a vow of poverty, or battling with chairpersons for basic necessities for running a proven academic course.

Implications of the HDC for University-based Public Service and Outreach

The HDC provides a paradigm for higher education to integrate research and the intellectual capital of its faculty and students to improve the quality of global health (Leviton 1995; Leviton 1997). The university represents a variety of disciplines necessary to actualize the project, e.g., education and health education, economics, psychology, sociology, cultural anthropology, medicine, law, ecology, etc. Necessary elements are a goal and organization.

One gain for any university is that the endeavor should serve to unite the campus in a common purpose. Deborah Hirsch,

director of the New England Resource Center for Higher Education (NERCHE), writes:

For some time, both insiders and observers of academe have lamented the "disconnect" between academics and action, between intellect and values and the loss of communal life. . . NERCHE was created with an agenda for organizational change and improvement. . . (Hirsch 1991, p. 1). So were the HDC and AHDP/NNIH.

Implications of the AHDP/NNIH for Students and Higher Education

Some of the implications are that students:

- learn of aging, old age, history, and different cultures, and become tolerant of others. Thus, the NNIH is a means of unifying the country during these violent and divisive times; and
- are motivated to enter geriatric/gerontological professions to assuage the shortage of trained professionals, or to become advocates and activists for older adults and intergenerational issues.

The AHDP/NNIH concept provides a paradigm shift in higher education that would reduce the chronic boredom associated with traditional classroom learning. The AHDP/NNIH attracts and retains a diverse and large number of students, with its emphasis on fun; applying theory and data while working with older adults on a one-to-one basis; peer supervision, teaching, and evaluation; responsibility; and reciprocal loyalty. Students and members learn from one another.

Conclusion

Involvement in the two related projects, the HDC and the AHDP/NNIH, has been the most rewarding experience of my professional life at the UMCP. I am grateful to the UMCP for providing an opportunity and environment — rocky as it was and is at times — to do my work in relative freedom. On the other hand, if I could have a wish granted, it would be for the UMCP and other public universities to highly value the integration of teaching, research, and service to improve the quality of community and global health and well-being.

The HDC is not yet a success story, and will achieve that status only when the threat of HD is eliminated. However, in pursuing adaptation of the HDC, it is clear there is a need for like-minded individuals and organizations to band together in common purpose, that is, to improve the quality of global health. There are thousands of organizations and coalitions in the United States devoted to improving aspects of the quality of life. They advocate for the environment, children, peace, the elimination of

poverty and hunger, etc. I suggest a coalition of coalitions, wherein each coalition retains its original purpose but together share a our common goal. NERCHE should be part of this coalition.

One priority should be the prevention of thermonuclear, and bio-chemical-germ war and terrorism (see Cohen 1999; Goodman and Hoff 1990; Henderson 1999; Levy and Sidel 1997; Robock 1991; Schuetz 1991) followed by environmental degradation (Abramowitz 1999; Ayres 1999). In terms of focusing on a root cause, my choice would be the elimination of poverty through job training, micro-economics, and other efforts (Reich 1998; Reich 1999) while improving the income differential between the haves and the have nots. Why? Because social class is one of the most powerful variables predicting many of the forms of HD, poor health, suffering, and social disintegration (Evans, Barer and Marmor 1994; Miringoff and Miringoff 1999; Navarro 1993).

On the other hand, the AHDP/NNIH is a success story. It provides an established model that is consistently evaluated as being enjoyable. How many academic courses are rated by more than 95 percent of its participants as "fun," and the best course they have taken?

Community service and outreach as exemplified by the HDC and NNIH, and promoted by NERCHE, have profound implications for global health and well-being. My only admonition is that we need to accelerate the process.

A year before his death, one of our Veteran's Administration nursing home members told members and staffers how he had fought in a "white man's war" and returned without the use of his legs. He was astounded by the racial hatred in the United States — this, after the camaraderie of soldiers of all races fighting to survive in combat. He observed "unless we learn to live and come together as we do in the AHDP/UMCP, we are doomed."

It is later than we think. ■

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Author's Notes

A detailed description of the AHDP/UMCP can be founded at <http://www.inform.umd.edu/HLHP/AHDP>.

About the Author

Daniel Leviton is professor of health education at the Center on Aging and founder and director of the Adult Health and Development Program at the University of Maryland. The 27-year health promotion and rehabilitation program is intergenerational, multi-ethnic, and has been adopted by 30 other universities and colleges throughout the country and overseas. This higher-education network is the National Network for Intergenerational Health.

Leviton was founding president of the Association for Death Education and Counseling. His work involves applying the lessons learned from the study of death to improving the quality of life and living. He is an editor and author who specializes in the topic of "people-caused" deaths, and developed the "Horrendous Death, Global Health, and Well-Being Concept," a research-driven policy to eliminate these deaths.