

Special Issue: Remembering Our Roots

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A Review of Our Roots: Blacks in Gerontology

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The historical underpinnings in the field of gerontology rest on the contributions of scholars across a myriad of racial and ethnic backgrounds. With the increasing diversity of the adult population, there is a need to increase the number of researchers who study older adults from diverse racial and ethnic populations in general and Black elderly people in particular. Furthermore, it is important to document the participation of Black older adults in our earliest and continuing research efforts. Understanding the historical context and the foundational influence of Black scholars in this field is critical. To realize its humble beginnings, one must become aware of the contributions by Black scholars who have a vested interest in the aging process. With universal similarities and unique differences among older adults, there is a need to acknowledge the past and current scholarship of those who study the aging processes of Blacks while marveling over the future possibilities. The purpose of this review is to elucidate the legacy and current contributions, philosophies, and research of Black scholars in the field of

gerontology. In addition, exploration of the theoretical and conceptual frameworks used to establish national and organizational initiatives is reviewed. The impetus in initiating and continuing this work requires a “knowledge of our roots” while moving into the future. It is important to learn the history and significance of Black scholars in gerontology, the contributions of older Blacks, and appreciate the resiliency and marveled life course of this unique population.

Key words: Blacks, Scholars, Historical review

Lift every voice and sing, till earth and heav'n ring,
Ring with the harmonies of liberty;
Let our rejoicing rise, high as the list'ning skies,
Let it resound loud as the rolling sea.

James Weldon Johnson, 1900

As we recall the first verse of “Lift Every Voice and Sing,” we acknowledge our forefathers of generations past. This song, initially written as a poem,

has treaded through years of hopes and dreams of many Black Americans. It is a historical symbol of the motivation behind Blacks, such as Eliza Simmons Bryant (the daughter of a former slave), who started the Cleveland Home for Aged Colored People in 1895 (Shankman, 1999), and Solomon Carter Fuller, a Black psychiatrist widely acknowledged for his clinical research of Alzheimer's disease in the early 1900s (Sandiford, 2008, p. 179). The legacies of Bryant and Fuller, along with the poignant message of this song, will remain part of the cultural foundation of Black Americans.

To know the history is to recognize the use of the term "Black" and what classifies someone as being "Black." For definition purposes, the word "Black" will be capitalized and used throughout this article to signify those of the African Diaspora or those who are descendants of Africans dispersed from the continent of Africa. Eventually settled in the United States, "Black" constitutes a group of individuals of ethnic cohesion, inclusive of those in the Americas, the Caribbean, and from Africa. The words "gerontology" and "gerontologist" will represent the researchers and educators whose focus is on aging and its process.

The universal similarities and unique differences along the aging process and the increase in the number of older adults establish the need for researchers who examine the diversity of the aging process in general and among older Blacks in particular. The current review addresses the historical accounts of several national initiatives and organizations that are products of agendas recognized in filling a needed gap in research, policy, and outreach to aging Black communities. The theoretical and conceptual frameworks developed and implemented by Black scholars in explaining the life course among aged Blacks will also be discussed.

Black Elders in the United States

According to the U.S. Bureau of the Census recorded statistics, the total number of Blacks in the United States in 1950 was 15,042,286 (10% of the total population) (Gibson & Jung, 2002). In 2008, the estimated percentage of American Black elders (i.e., 65 and older) was 9.8% and projected increase to 15.2% and 18.5% in 2030 and 2050, respectively (U.S. Census Bureau, 2012; Vincent & Velkoff, 2010). In addition to the projected increase in the number of older Black adults, the life expectancy of both Black men and women is projected to increase by approximately 10 years (U.S. Census

Bureau, 2011). With the increasing number of older Blacks, it is important to encourage opportunities to understand this population through multidisciplinary and interdisciplinary research, thereby guiding the projected increases in the number of years and overall life expectancy of Blacks.

The Early History of Blacks in Gerontology

Due to the increase in the number of older adults in the United States and the growing number of individuals with a vested interest in this growing population, the Gerontological Society of America (GSA; ca. 1945) was established. Although there was a recognizable growth in the number of persons joining the GSA, the number of Blacks within the society was far and few between. According to Human Resources Department of GSA, one of the first noted Black members of the organization was Dr E. Percil Stanford. Stanford's cultural desire for many Blacks to "understand their own" has often been the motivating force behind research on Blacks and the creation of task forces dedicated to minority issues within GSA. Currently, the number of Blacks has increased from 1 to more than 140 members (K. Brown, personal communication, April 24, 2012). Although the membership of Blacks within the GSA has increased, the current numbers are not comparable with the changing racial demographics of older adults in the United States.

One of the first literature reviews conducted by Johnson-Jackson (1967) verified the lack of social gerontological empirical research on aging Blacks minus the convergence with other races. Johnson-Jackson noted a number of limitations to research on Blacks. First, there were too few data on the sociopsychological patterns of aging, thus leading to fragmented accounts of how Blacks aged. Second, there was not an established understanding of the Black race as a subculture or knowledge of whether an impactful relationship existed between being Black and the aging process. Finally, there was a lack of methodologically validated measurements (and techniques) in assessing the aging process among older Blacks (Johnson-Jackson, 1967, p. 173).

Historically, many "gold standard" instruments were designed by and validated on Whites. Many of these instruments were unable to capture the dimensions of intragroup heterogeneity that existed within the Black aging culture. Johnson-Jackson further noted that the techniques in recruiting Blacks for research were poorly understood due to the lack of necessary research to understand the dynamics

of recruitment (and retention) of Blacks in investigational studies. For example, when Blacks were approached by a Black investigator, refusal rate was minimal in comparison to when White investigators accompanied the Black investigator. This research generated conversations that delineated the common misconceptions of aging among this population group and further provided grounded empirical evidence-based research of intra- and interracial group differences and similarities among Blacks and other race populations (Johnson-Jackson, 1967).

Founding the National Caucus on the Black Aged (NCBA) and conceiving the idea for a National Center on Black Aging, Johnson-Jackson was among the first to help illuminate issues of being Black and aging (Johnson-Jackson, 1967). A guest editorial by Johnson-Jackson, in *The Gerontologist*, introduced gerontologists to the NCBA. This interracial advocacy group received funds from the Administration on Aging to conduct research on Black elderly people (Johnson-Jackson, 1974). The establishment of this group was the first in the nation to focus on the betterment and well-being of older Blacks (Johnson-Jackson, 1974). The NCBA continues to be one of the largest organizations that focus on improving the lives of minority elders through advocacy and service (National Caucus and Center on Black Aged, Inc. (2010).

During this time point of early influence in gerontology, the research of Drs May Wykle and Frieda Butler emerged. Wykle focused on family and minority caregiving, geriatric mental health, and minority elder health, and Butler examined nursing home residents, wellness promotion, and the impact of neuroleptic medications on behavior (Butler, 2013; Williams, 2007). Despite their research contributions, a divergence in the ability to generalize beyond the socioeconomic status (SES) of aging Blacks remained. Several limitations in conducting research on Blacks were acknowledged, including (a) the need for defined conceptualization of race and ethnicity, (b) the lack of life course data of normative development, (c) the need for intragroup comparisons to be outside of race, (d) interdisciplinary research and service delivery (Jackson, 1989), and (e) disparities in federal funding awarded to Black scholars.

Research, Funding, and Black Scholars

A recent review on funding rates of R01s by the NIH demonstrated that from (fiscal year) FY 2000 to FY 2006, of 83,188 submitted applications,

only 1,164 (1.4%) were from Black investigators (Ginther et al., 2011). Data further showed that when compared with Whites, Black scholars were 13.2% less likely to have their proposal awarded (Ginther et al., 2011). Despite these statistics, the Black scholar has persevered with the inception of conceptual models and theoretical perspectives that have guided the gerontology field.

The Influence of Black Scholars on Conceptual Models and Theory

The field of gerontology has grown considerably with the inception of concepts and theories that have shaped how we understand aging and influences on the aging experience. This is particularly evident within the areas of cultural competency, the life course, social support, cognitive aging, and family networks among older adults, particularly those from diverse race and ethnic populations.

Cultural Competence Model

One of the first Black researchers to build a theoretical framework around the need to understand cultural competency was Josephine Campinha-Bacote. The premise of this conceptual model emphasizes that with health care delivery, cultural competence encourages health care professionals in nursing, social work, education, medicine, and psychology to understand the importance of culture in varied situations, including diverse aging populations (Campinha-Bacote, 2002, 2009, 2011). The model is widely used in many disciplines to establish professional standards for cultural competence, thereby acknowledging cultural competency as an ethical obligation. Concepts of this model have also been implemented in organizations such as the Administration on Aging, Georgetown University's Center on an Aging Society, the Stanford Geriatric Education Center, the Alzheimer's Association, and the American Psychological Association.

Similar to the cultural competence model, intracultural variation, a key concept of the cultural competence model, asserts not only between-culture differences in beliefs, values, and behaviors but also such differences within cultural groups. From a similar perspective, renowned methodologist and former editor of *The Gerontologist* Dr Rose Gibson was one of the first researchers to advocate for intragroup causation studies, as opposed to the more traditional minority-majority

group comparisons among older adults and the use of the concept “double jeopardy” to describe aging among older minority adults (Gibson, 1989). Additionally, Gibson is recognized for providing possible explanations of age by race differences in mortality (Gibson, 1994).

Life Course Theory

The life course theory is a relatively recent conceptual model emerging from the evolving field of gerontology, where the aging process is defined by individual relationships and social, psychological, and biological life events. The life course theory is defined by two primary constructs, life cycle and life span. Life cycle is metaphorical, defining the course of life as it moves through a sequence of seasons or eras, whereas life span consists of highlighting psychological approaches to understanding influences of individual development (Elder & Shanahan, 2006; Fuller-Iglesias, Smith & Antonucci, 2009; Levinson, 1996). The lack of thorough content analyses devoted to the life span of Blacks prompted renowned Black psychologist Dr Reginald Jones to recruit scholars of several disciplines, including gerontologists Dr Linda Chatters, Dr James Jackson, and Dr Robert Joseph Taylor to write the book, *Black Adult Development and Aging*. The multidisciplinary perspectives of this book, with all contributing authors being Black scholars, described a comprehensive portrait of the impact of culture, economy, health, and human service on the aging development of Blacks (Jones, 1989).

Many of the writings in this book, in addition to research on Blacks and health disparities, led to conceptual theories such as the Law of Small Effects, developed by Dr James Jackson. The Law of Small Effects suggests that as Blacks age, collective physical and mental health disparities are demonstrative effects of accumulated small differences (e.g., environment, SES) through the life course (Jackson, 2011). This is similarly identified in research examining cognitive aging among older Blacks.

The Firsts in Research by Black Scholars

Cognitive Aging

In the quest to understand the Law of Small Effects, researchers have found that mediating and moderating factors such as health, SES, and diet may cause diversions from the “normal course” of cognitive aging (Whitfield & Aiken-Morgan,

2008). Longitudinal studies provide the ability to identify life factors involved in the progression of cognitive processes during aging (Schaie, 1989a, 1989b; Schaie & Hertzog, 1983; Schaie & Hofer, 2001). From this research, patterns evolve to show the course of cognitive aging. Although few studies plot cognitive aging across the life course of Blacks, there is information on factors that have a direct impact and ancillary information on factors that likely contribute to changes that occur across the life course.

Dr Keith Whitfield, one of the first Black scholars to examine cognitive aging among older Blacks, hypothesized that accelerated cognitive aging appears from the presence of one or more risk factors (Whitfield, 2004). The concept of accelerated cognitive aging is defined as the premature and rapid (compared with age norms) decline of normal cognitive functioning to a state of impaired cognitive functioning. Implicit in this research is that the presence of identifiable risk factors varying in amount, severity, and age of inception may contribute to racial differences in the trajectory of change in cognitive processes. Perhaps much of the between-group differences found between Whites and Blacks are due in part to the “early” aging of Blacks (Manly & Espino, 2004; Whitfield, 2004). Blacks, at the population level, have more of these risk factors than other ethnic groups. If this hypothesis is true, then there should be significant numbers of Blacks who decline earlier in the life course than do other groups. What remains to be explained by this hypothesis is if and why exceptional Black survivors maintain their cognitive functioning at levels compared with individuals from other ethnic groups.

Network Support

Early gerontological research on social support and family networks suffered due to a lack of conceptual focus or theoretical perspectives that included the role of culture in family networks or acknowledged intercultural differences in social support, family networks, and family values (Taylor & Chatters, 1989). In part, this gap was due to the lack of longitudinal data that included minority older adults. Recognizing this need, the National Survey of Black Americans was developed by the Program for Research on Black Americans at the Institute for Social Research (University of Michigan in 1977). This

program of research allowed scholars to examine the cultural relevance and impact of social support and family networks in general and among older adults (Jackson, Neighbors & Gurin, 1977).

Since this time, research has been generated to examine the structure, frequency, role, and function of informal networks and support. Notably, this early work galvanized the importance of considering intercultural differences in gerontological family and social support research. The foundation set forth by Chatters, Taylor, and Jackson has been the determinant in the emergence of conceptual frameworks and theoretical perspectives (i.e., both implicit and explicit) on social relationships with a cultural focus.

Similar critical debates and varying findings abound as to whether race/ethnicity or culture influences the family support network of older minorities. According to Dr Linda Burton, who is recognized for her ethnographic research on family dynamics and informal social support, family support is of high regard among Blacks. Additionally, her work on the importance of a large social support network affected later studies, specifically in the field of gerontology (Burton, 1992, 1996).

Religion

Within the context of social support and networks, in addition to support from family, friends, or fictive kin, religious support has a significant role in the structure of network within the Black family (Taylor & Chatters, 1989). Using the National Survey of Black Americans, Taylor and Chatters (1986) conducted a study on the patterns of informal support that elderly Blacks received from church members, family, and friends. Additionally, the one-dimensional aspect of three previously developed models of the Black church and its social roles, including the compensatory model, assimilation isolation model, and ethnic community model, called for further research to review the multiple roles and functions of Blacks in the church (Taylor, Thornton, & Chatters, 1987). It was found that Blacks, including older Blacks, reported higher levels of religious involvement and utilizing religion as a coping strategy, suggesting that quality of a relationship is more important than quantity (Chatters, Taylor, Lincoln, & Schroepfer, 2002).

Taylor and Chatters were among the first to demonstrate the importance of the role of the church as a resource for informal social support among Blacks. It was also evident through this early work that involvement in church served as an adaptive coping

strategy. Therefore, the work of Taylor and Chatters suggests a salutary effect of religion on the well-being of Blacks. Social scientists have since built upon this work by examining how religion and religious networks affect the physical and mental health of older adults, as noted through the many times each of the authors have been referenced in studies.

Caregiving

Recognition of different patterns in social support has led to research on understanding caregiving in the context of a Black family, thus fostering the idea that there is a cultural component to social support that cannot be ignored (Dilworth-Anderson, Williams, & Gibson, 2002). The research of Dr Peggy Dilworth-Anderson is recognized for theoretical and empirical contributions on family caregiving that examine the broader sociocultural context of caregiving with a special emphasis on understanding the role of culture among racial ethnic groups (Dilworth-Anderson, Pierre, & Hilliard, 2012).

Dilworth-Anderson and Anderson (1994) laid the theoretical foundation on how best to conceptualize the study of older ethnic minority families and their caregivers. Much of the research in this area grew from sociocultural and stress models. This stems from the disadvantaged minority model, which suggests that minorities only provide support out of necessity.

By incorporating cultural values and examining how these values operate within a social network, the research aimed to move beyond the sociocultural stress and coping perspective, examine the influence of caregiving and social support from a more positive perspective, and analyze the impact of cultural justification on intercultural differences in caregiving support. This idea of cultural justification suggests that it is likely that caregiving is provided out of obligation and God's will rather than the inability to provide care in other ways. In addition, understanding cultural justification has set the stage for gerontological researchers to move beyond using race as a proxy for understanding the influence of culture (Dilworth-Anderson & Anderson, 1994).

Dilworth-Anderson and colleagues' (2002) review article, "Issues of Race, Ethnicity, and Culture in Caregiving Research: A 20-Year Review (1980–2000)," published in *The Gerontologist*, is one of the most widely cited articles on aging and family caregiving. This formative review has guided numerous studies and student dissertations on

minority aging, family caregiving, health, and aging among older minorities and their family members. In addition, [Dilworth-Anderson, Goodwin, and Williams \(2004\)](#) and [Dilworth-Anderson and colleagues \(2005\)](#) developed the Cultural Justifications for Caregiving Scale (CJCS), which assesses the level of cultural justification and its impact on health outcomes. The scale has been used and adapted to study caregiving in numerous cultural groups. Most recently, a chapter on developing theories and including ethnic minorities in aging research was published ([Dilworth-Anderson & Cohen, 2009](#)).

The theories, hypothesis, and research discussed in this section either guided or served as a foundation for the advancement of future research and the development of organizations and groups that acknowledge aging among diverse race groups.

Professional Groups

Although recent numbers do not reveal the progress that has been made since the early times of gerontology, substantive and emergent research initiatives across divisions, working groups, and committees within the National Institute on Aging (NIA) and the GSA have occurred. These initiatives, often identified by Black researchers, such as the National Institute on Aging's Deputy Director, Dr Marie Bernard, have had a substantial and established history of addressing issues pertinent to minority aging.

National Institute on Aging

The NIA has been a driving force behind many initiatives grounded in the effort to build minority aging research among scholars, at universities, and in communities. The Summer Institute on Aging Research, which began in 1986, was developed to train and mentor early and mid-career researchers. Dr Taylor Harden has influenced many scholars through the summer institute. In addition to her duties as the director of the summer institute, Dr Harden developed the Health Disparities Toolbox, a web-based network that provides emerging scholars with a direct link to mature researchers with knowledge of minority aging research ([National Institute on Aging & National Institutes of Health \[NIA & NIH\], 2012a](#)).

In 1997, Dr Harden was integral in building and advancing the NIA Grants Technical Assistance Workshop (TAW), which occurs before the GSA Annual Conference. The TAW is designed to provide pre- and postdoctoral students, as well

as recent recipients of PhD, MD, or related doctoral degrees, an opportunity to receive mentoring focused on careers in aging research. Prior to her retirement from the NIH in 2011, more than 600 participants attended the TAW during her tenure as the facilitator. As a focus for the TAW, participants of the institute have moved toward careers as research scientists in biology, neuroscience, behavioral and social research, and clinical geriatrics and gerontology ([NIA & NIH, 2012b](#)).

From 1993 to 1997, the NIH funded six Exploratory Centers for Research on Health Promotion in Older Minorities. These centers, located across the United States, enhanced research on minority aging and health promotion by fostering research related to diseases and other factors leading to disability among older adults from diverse race and ethnic populations, supporting research on health behaviors and health status, and developing and implementing interventions to improve health and programs of health education and outreach ([Levkoff & Sanchez, 2003](#)). The Harvard Center on Culture and Aging and University of Illinois Center (UIC) for Health Interventions with Minority Elderly focused on various ethnic and racial groups, and the Hispanic Health Aging Center focused on older Mexican Americans. Three other centers specifically focused on health promotion among older African Americans: The Center for the Promotion of Health of Elderly African Americans, The Drew/Rand Center on Health and Aging, directed by Dr Walter A. Allen from 1993 to 1997, and the Duke Exploratory Center for Research on Health Promotion in Older Minority Populations, directed by Dr Norman B. Anderson from 1993 to 1995 ([Levkoff & Sanchez, 2003](#); N. Anderson, personal communication, December 4, 2012).

In 1998, the NIA, with support from the National Institute of Nursing Research (NINR) and the National Center for Minority Health and Health Disparities (NCMHD), established seven academic Resource Centers for Minority Aging Research (RCMAR) including

1. Deep South Resource Center for Minority Aging Research, University of Alabama at Birmingham.
2. Center for Health Improvement of Minority Elderly, University of California, Los Angeles.
3. Center for Aging in Diverse Communities, University of California, San Francisco.

4. Native Elder Research Center, University of Colorado Health Sciences Center.
5. Michigan Center for Urban African American Aging Research, University of Michigan and Wayne State University.
6. USC Resource Center for Minority Aging Research, University of Southern California.
7. Latino Aging Research Resource Center, University of California, Davis.

The programs have an overall mission to (a) conduct research on aging minority health, (b) reduce health disparities among minorities, (c) provide education and disseminate information, and (d) train underrepresented minority scholars for careers in research (Teresi, Stewart, & Stahl, 2012). In addition to the RCMARs, specific Measurement and Methods Cores (MMC) were also funded to develop and test appropriate measures for research among minority aging populations. Dr James Jackson is a Co-Principal Investigator to the Michigan Center for Urban African American Aging Institute of Social Research (MCUAAAR), a RCMAR/MMC. The MCUAAAR offers a summer training workshop on African American aging research to scholars.

The Gerontological Society of America

The GSA's commitment to minority aging issues has gained energy and greater direction since 1972, after the opening session of the preannual meeting where renowned author Harry Golden lectured on "Black Aged in the Future." This message led members of the GSA to discuss ways to increase membership and participation of minority members within the society. One of the society's formal sections, Social Research, Policy and Practice (SRPP), led an initiative in recognizing the interests of minority aging issues. In 1983, the GSA inaugurated the SRPP's Task Committee on Minority Issues. The mission of the Task Committee on Minority Issues was to advocate and facilitate professional attention to minority issues within the society, to increase the number and visibility of minority members and minorities in leadership positions within the society, and encourage increased research and training and opportunities among national policy-oriented agencies in the United States on substantive issues relevant to older adults from diverse race and ethnic backgrounds (American Indians and Native Alaskans, Asian and Pacific Islanders, Blacks and Hispanics).

Dr E. Percil Stanford, leaders of the SRPP section, and the executive director and council members of the GSA (and members from other GSA sections) collectively proposed a GSA-wide task force on minority aging issues. This task force would extend beyond the recognition and commitment from the SRPP's Task Committee on Minority Issues. In 1987, the planning committee of the SRPP Task Committee on Minority Issues prepared and submitted a proposal to the GSA's council requesting the inauguration of the GSA Task Force on Minority Issues.

The long-standing goals of this task force were to increase the following: (a) quantity and quality of gerontological research on minority aging, (b) number of minority researchers in gerontology, and (c) participation of minority members in the society (L. K. Harootyan, personal communication, September 9, 2012). Since 1990, the society-wide Task Force on Minority Issues in Gerontology (TFMIG) has had six recognized chairs: Drs James Jackson, E. Percil Stanford, Toni Miles, Keith Whitfield, Darlene Yee, and Tamara Baker.

To date, the task force has been involved in a number of activities that have and continue to increase the visibility of the society's members and focus on minority aging issues. Some of these initiatives include, but are not limited to, preconference workshops, special forums, symposia, joint sections, and workgroups. Additional accomplishments include GSA's Preparing Emerging Scholars program, funded by the NIA. This program was designed to prepare masters level students to enter the work force and to obtain advanced training in gerontology through networking, small group sessions, mentored relationships, and professional scholarship.

There has also been a number of publications initiated and supported by the task force: Minority elders: Five goals toward building a public policy base (Wykle & Kaskel, 1994), Full color aging (Miles, 1999), Closing the gap: Improving the health of minority elders in the new millennium (Whitfield, 2004), and The health of aging Hispanics: The Mexican-origin population (Angel & Whitfield, 2007). Another pertinent contribution, started by Valerie Levy, is the annual minority research program supplement included with and presented at each annual GSA scientific meeting. This publication highlights the research on minority aging issues at each GSA meeting. The number of presentations has grown from 20 in 1987 to more than 500 in 2012.

Other major accomplishments of the Task Force include establishing the Task Force on Minority Issues Outstanding Mentorship Award and the Task Force for Minority Issues in Gerontology Student Poster Award. The Outstanding Mentorship Award recognizes individuals who have exemplified outstanding commitment and dedication to mentoring minority researchers in the field of aging. The Task Force for Minority Issues in Gerontology recognizes minority Emerging Scholar and Professional Organization (ESPO) members of GSA for innovative and demonstrated research focusing on issues surrounding diverse racial and ethnic population groups (Blacks/African Americans, Hispanic/Latinos, Native Americans/Pacific Islanders, and Asians). Both awards address the long-standing goals and commitment of the task force by providing a platform to recognize the accomplishments of minority members of the society. Finally, the TFMIG established the Concept Coffee, which provides an informal setting at each GSA annual scientific meeting for scholars to come together to share ideas on research, teaching, and academic life.

Affiliate Relationships

Addressing minorities in the field of gerontology and minority aging issues extends beyond the GSA. There is a rich history of the study of minority aging that has been supported by the Area Agencies on Aging (AOA), particularly in the south. A network of Historically Black Colleges and Universities (HBCU), which comprised the Association for Gerontology and Human Development in Historically Black Colleges and Universities (AGHD), partnered with the AOA on a number of projects. Following these collaborative efforts, the task force collaborated with the AGHD-HBCU in 2002. The effort built ties between GSA and the AGHD-HBCU to encourage both researchers and students at HBCUs to participate in annual GSA meetings and student mentorship programs.

Conclusion

This review was guided on the premise of understanding the contributions of the myriad of Black scholars whose scholarship laid the foundation, from the inception of theories and concepts to the implementation of national programs directed toward honing the skills of future scholars. Knowing the history of Black scholars provides a foundation for future scholars whose interest in the aging process is channeled by the

works of those before them. Recognizing not only the contributions but also the struggles of these legacies is a source of inspiration for future generations.

The brilliance, strength, resiliency, and foresight imbue a sense of commitment as we continue to move the field forward. The allegiance of recognizing the contributions of those in the past extends beyond the walls of any institution, as to know the past is to know the future. So, as the torch is passed to the future, it cannot be forgotten that greatness is built on the successes of the past and no feat of accomplishments bears that of one person alone. Although the historical grounding of the past has paved the way to the future, there is still much to be done.

We must acknowledge the many accomplishments of those who have made significant contributions to the field of gerontology, which extends well beyond the scope of this review. It is hoped that this review will provide opportunities for others to gain knowledge of the history of Black scholars in gerontology while forging ahead in understanding all that has and will be accomplished. The torch is “lit,” and the hands of the future eagerly await to continue the legacy of embodying the “roots” of Black scholars in gerontology.

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