

*Marvella E. Ford, Donna L. Cochran, and Earlene T. Neal*

## African American Gerontology Network

**I**solation in the workplace is a common feeling expressed by many African Americans. This was the case for a number of African Americans in Michigan working in the area of gerontology. The African American Gerontology Network (AAGN) was formed to address these feelings of isolation. This article discusses the development of AAGN.

### Origin of the African American Gerontology Network

One of the authors of this article (Neal) carried out her graduate social work internship in 1993 at a private geriatric clinic located in Michigan. During this time, as she became aware of the dearth of programs and services for older African Americans in Michigan, she became aware of the feelings of isolation expressed by many African American professionals in the field of gerontology with whom she came in contact. This realization led her to form the African American Gerontology Network (AAGN) by bringing together a small group of colleagues who were African American professionals in the area of aging. AAGN was established initially to address the lack of accessibility to aging services experienced by many older African Americans (ages 55 years or older) in Michigan and to help reduce the sense of isolation felt by African American professionals.

The manner in which AAGN helps reduce feelings of isolation is illustrated in the following example. An African American man came to a well-attended AAGN-sponsored conference and reported being amazed to discover so many African American professionals in the area of aging. He stated that before his attendance at the conference, he had experienced a tremendous sense of isolation. These feelings of isolation were assuaged by his joining (and later becoming the president of) AAGN. This individual,

Herschell Masten, is now director of Older Adult Services for Catholic Social Services of Oakland County.

AAGN currently serves as a forum in which its members can speak freely and confidentially about issues they face as African Americans in the field of aging. Feelings of safety, comfort, and loyalty among AAGN members are enhanced by the fact that all comments made during AAGN meetings are regarded as confidential.

### The Mission and Goals of AAGN

Several goals were initiated that would ultimately empower AAGN members in meeting the needs of the aging African American community in Michigan. These goals are as follows:

1. to develop an aging agenda for Michigan for minority ethnic groups, with a focus on special issues facing older African American adults—that is, making sure that the aims of AAGN are met on a statewide basis
2. to lobby local, state, and federal legislators to promote the needs of older African Americans
3. to collectively challenge local, state, and federal policies that adversely impact the health and well-being of African American elderly people.
4. to serve as a resource for African American seniors who need assistance obtaining services
5. to foster information exchange, professional support, advocacy, and programs, policies, services, and research on older African Americans
6. to promote community awareness of issues and services relevant to older African Americans
7. to encourage research involving older African Americans

8. to sponsor business development and assistance to help develop an aging network in African American communities
9. to work closely with religious and other established community-based organizations to meet the needs of older African Americans
10. to promote the agenda of AAGN.

Each of these goals was established to fulfill the mission of AAGN.

AAGN's approach is not confrontational in terms of public protests but rather involves directly addressing policies and practices that have (perhaps unintentionally) excluded African American practitioners, vendors, and clients. For example, AAGN has served as an information clearinghouse to gather statistics and information about African American older adults as a means of challenging current spending policies and funding allocations for members of this group. Another example involved challenging the lack of principal investigators of color on a major health initiative for older adults from diverse population groups.

### Membership Of Aagn

The goals of AAGN cross institutional boundaries. To meet these goals it was necessary for a diverse group of individuals (practitioners, academicians, vendors, and others) to join forces. AAGN members have brought to the organization assets associated with their positions (such as available meeting space and secretarial support) and their skills, talents, and abilities. Members have used these assets to broker power and to help address the objectives established by AAGN. The resources embodied in its membership have enabled AAGN to respond actively to funding opportunities and government initiatives related to aging.

AAGN also began to serve as a forum in which researchers and practitioners could establish a dialogue regarding their work. Through word of mouth and personal contacts, the group began to grow. The founder of AAGN was a student at the University of Michigan. Thus, it is not surprising that the majority of original AAGN had connections with the University of Michigan as students, former students, staff, or faculty. In addition, AAGN members with academic backgrounds have helped provide needed statistics and documentation related to older African Americans in Michigan when necessary.

In addition to feeling isolated, some African American small business owners felt that they were not being recognized or used as resources by agencies linking elderly people with needed services. Therefore, the mission established for AAGN includes reducing feelings of alienation by increasing networking opportunities for African American vendors. Specifically, vendors from ethnic minority groups were solicited as members to enable them to network and broaden their opportunity to serve members of the African American aging community. At AAGN meetings, invited speakers have provided information related to becoming entrepreneurs and starting service-related businesses. The ultimate goal of helping vendors of color become more visible and connected to service agencies is to improve the quality of life of older African Americans in Michigan.

### AAGN Objectives

The objectives of AAGN are to work toward improving the quality of life of older African Americans by fostering the development of an infrastructure providing access to services from the public and private sectors in eight areas of service: (1) security and safety, (2) housing, (3) health care, (4) food preparation and shopping assistance, (5) social services, (6) business services, (7) government services and funding sources, and (8) the private sector (See Table 1.)

### AAGN Organizational Structure

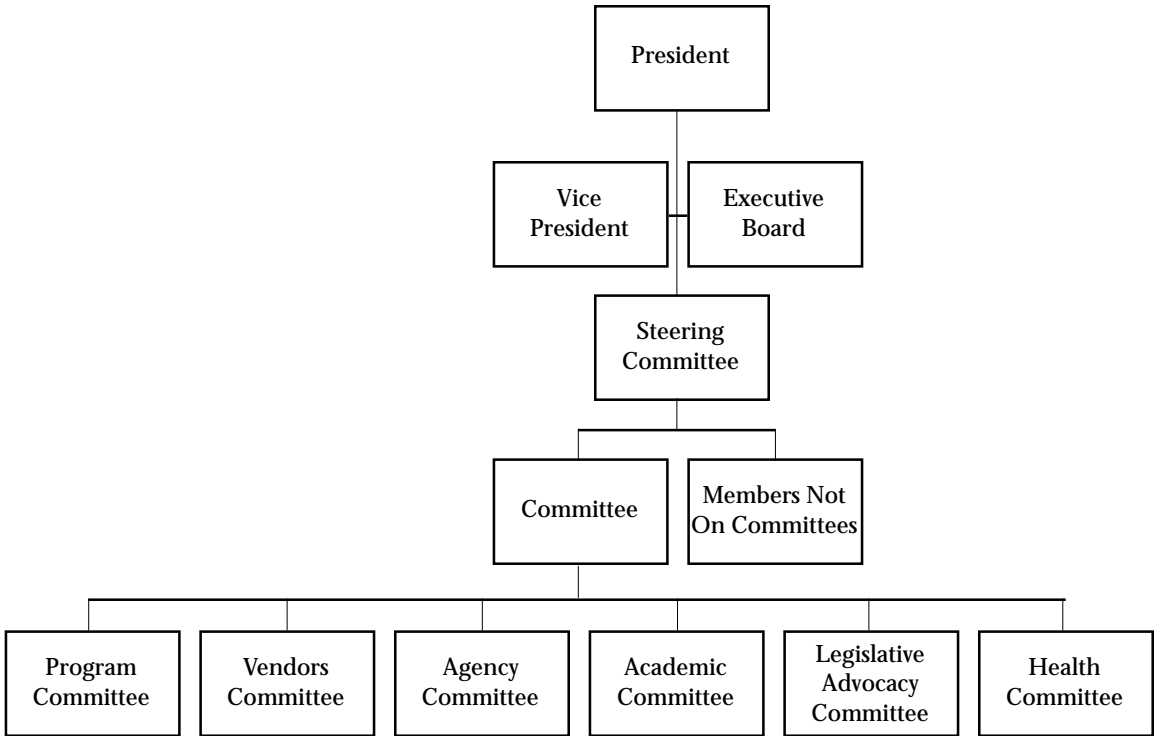
The Executive Board of AAGN consists of a president, a vice president, two secretaries, and a treasurer (Figure 1). The AAGN Steering Committee is composed of the Executive Board members, the immediate past president, and two representatives from each of the following groups: academia (for example, gerontology faculty, program administrators, and students), vendors, community-based organizations, and elderly citizens.

The committee structure of AAGN is composed of the Program Committee, the Vendors Committee, the Academic Committee, the Agency Committee, the Legislative advocacy Committee, and the Health Committee. Each of the six committees has voluntary membership. It is important to note that author Cochran chairs the Academic Committee, of which author Ford is a member. In addition, Cochran cowrote the initial draft of the by-laws of AAGN. Author

**Table 1. Service Areas Highlighted by the African American Gerontology Network**

Service Area	Description of Services
Security/safety	Home and personal security systems Transportation and escort services
Housing	Financing and management Development/rehabilitation
Health services	Sources of financing Third-party reimbursement Provider qualifications
Food preparation/shopping assistance	Sources of financing Marketing/market strategies Institutional contracts Facilities, food co-ops Grocery delivery/shopping Congregate meals Home-delivered meals
Social services	Welfare reform projects Proposed health care coverage project Proposed transportation project Small business packaging Proposed home care agencies project
Business services	Accounting services Actuarial services Computer assistance General management assistance Marketing assistance Co-op purchasing Business plan development Property management services Research and development Training Legal assistance (corporate)
Government services and funding sources	Medicaid Adult home help Michigan State Housing Development Authority Department of Health and Urban Development Department of Transportation Adult foster care homes Michigan Department of Community Health Michigan Family Independence Agency Contract law Nursing homes
Private sector	Wholesale purchasing Marketing/research Computer software development and technical assistance Business management Actuaries Accounting Publishing Private pay health care Private volunteer services

**Figure 1. AAGN Organizational Chart**



NOTE: AAGN = African American Gerontology Network.

Neal is currently part of AAGN’s Executive Board.

**Committees**

The Program Committee coordinates all programs for the general meetings, supports programs currently in existence for older African Americans and encourages the development of innovative new programs; the Vendors Committee serves to accredit and monitor vendors, develops a directory of vendors, and builds alliances with the African American community and professional organizations. The Academic Committee provides information on current research relevant to aging and quality of life among African Americans, and the Agency Committee networks with statewide agencies providing services for older adults and provides information from private and governmental agencies. The Legislative Advocacy Committee examines policies and legislation affecting older African Americans and AAGN members and

recommends a plan of action. The Health Committee supports health programs and provides health information for older African Americans.

**Member Groups**

AAGN members represent a wide array of organizations (Table 2). It is important to note that these organizations spread across southeastern Michigan and are not limited only to the Detroit metropolitan area.

**Guest Speakers**

Thus far, guest speakers at AAGN meetings have represented the U.S. Department of Housing and Urban Development, the Detroit Public Library, the Michigan State Housing Development Authority, the Michigan State University, the National Bank of Detroit, the Social Security Administration, Turner Geriatric Services of the University of Michigan Medical Center, and Wayne State University - Institute of Gerontology.

**Table 2. Organizations Represented by AAGN Members**

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Advance Care	Michigan Department of Community Health
American Association of Retired Persons	Michigan State Housing Development Authority
Area Agency on Aging 1-B	Michigan State University
Assisted Care Services	Midwest Health Services
Boulevard Temple Retirement Community	Multicultural Resource Agency, Inc.
Brighter Haven, Inc.	Neighborhood Services Organization
Caregivers Assistance Programs for Seniors	Senior Support Services
Caring Hearts Home Care	Sharing Adult Day Care, Inc.
Catholic Social Services of Oakland County	Social Security Administration
City of Detroit, Department of Health	State of Michigan State Advisory Council
City of Detroit, Recreation Division	State of Michigan Office on Services to the Aging
City of Detroit, Senior Citizens Department	The Anna Botsford Bach Home
Complete Home Health Care	The Friendly Group, Inc.
Detroit Area Agency on Aging	Total Loving Care Home Care Services
Dispute Resolution Center	Turner Geriatric Clinic
Eastside Center, Inc.	United Auto Workers - Solidarity House
Femi Talabi & Associates, Inc.	United Community Services of Metropolitan Detroit
Flint Parks and Recreation	United Way Community Services - Detroit Division
Franklin Wright Settlement	University of Michigan Health System Program for Multi-Cultural Health
Geric Home Health Care, Inc.	Upshaw Institute for the Blind
G.O.A.L. Adult Day Care	Valley Area Agency on Aging
Hassilbring Community Senior Center	Virginia Park Citizen Service
Henry Ford Health System Center for Medical Treatment Effectiveness Programs in Diverse Populations	Wayne State University Institute of Gerontology
HGS Home Care	
Margaret Manor, Inc.	
Medical Equipment, Inc.	
Metro Home Medical Supply	

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### Major Accomplishments of AAGN

To date, the African American Gerontology Network has achieved four major accomplishments. In conjunction with the State of Michigan Office on Services to the Aging, AAGN sponsored a reception at a Community-Based Care Conference (September 6–8, 1995) in Troy, MI. During the reception, AAGN was recognized as an organization for the first time. The conference focused on four themes:

1. housing options for older adults
2. capacity building
3. partnership with the medical community

4. partnership with business and industry.

In a second major accomplishment, AAGN drew on the existing knowledge and resources of its members to help the Detroit-based Area Agency on Aging (DAAA) compete for and obtain an Empowerment Zone grant. This federal grant was offered on a competitive basis to inner cities across the country to revitalize communities. Author Neal served as a DAAA administrator, helping to ensure that the goals of the Empowerment Zone funding were met for older people living in these zones. Through its promotion of vendors of color, Empowerment Zone

funding also helps improve the visibility of African American providers of services to elderly people.

As a third accomplishment, AAGN has provided technical assistance and support to African American small business owners to help prepare them to compete successfully in the Medicaid waiver and managed care arenas. As a direct result of support provided by AAGN, several of these business owners have been able to make key business connections and expand their businesses.

A fourth major accomplishment of AAGN is represented by the technical assistance provided to a local health system and to local universities. AAGN was able to mobilize individuals in response to a 1997 Request for Applications from the National Institute on Aging. As a result of the technical assistance provided by AAGN, Henry Ford Health System in Detroit and the University of Michigan in conjunction with Wayne State University successfully applied for and received funding from the National Institute on Aging to become Resource Centers for Minority Aging Research (RCMAR). Both Resource Centers for Minority Aging Research focus on older African Americans, and both centers have African American investigators. The inclusion of investigators whose demographic characteristics parallel those of the target population increases the probability that the common goals of AAGN and RCMAR will be met. Authors Ford and Cochran are RCMAR-funded investigators as well as being AAGN members.

## Strengths of AAGN

One of the primary strengths of AAGN is the formal and informal interaction that occurs among members. The diverse membership of AAGN provides a unique opportunity for African Americans in the area of gerontology to interact with professionals from a variety of disciplines and work arenas. The multidisciplinary nature of AAGN (for example, politicians, academicians, students, policymakers, practitioners, vendors, and health care providers) provides its members a unique opportunity to learn from and interact with each other. Such interactions challenge members to go beyond their own areas of expertise in gerontology to become knowledgeable about other aspects of gerontology.

Another strength of AAGN is that the organization consists of students and professionals from various cities in Michigan. This geographic

diversity allows African American professionals to share regional resources, and increases awareness of statewide issues relevant to older African American adults.

It is important to note that the development of this article documenting the growth and achievements of AAGN is itself an outgrowth of the collegial relationship among the three authors, who met while all three were in graduate school earning advanced degrees in the field of social work at the University of Michigan. We provide an example of how informal networks have helped increase the AAGN membership.

## Challenges Involved in Forming and Maintaining AAGN

Although AAGN has accomplished many of its goals, some challenges have been encountered. For example, it is often difficult to schedule meetings, which are important in helping to ensure that members feel as if they are part of the organization. Another reason for the need for consistent meeting times is meetings tend to reduce feelings of isolation, which is a primary objective of AAGN.

A second challenge that AAGN has encountered is the fact that by design, this organization has an open membership. Thus, the composition of meeting attendees often changes from meeting to meeting. Members who attend a meeting one month may not attend the next month, making it difficult to sustain continuity of purpose (that is, when different sets of members attend each meeting, announcements and discussions of issues have to be restated at each meeting, thus hindering progress toward addressing the issues).

In terms of the leadership of AAGN, it is interesting to note that all former and current presidents are administrators of Area Agencies on Aging. These administrators often have competing work demands, which makes it difficult to schedule meetings on a regular basis. Those who would like to form organizations similar to AAGN should rely less heavily on administrators as group leaders. Instead, graduate students could be included in the leadership structure of these organizations. Students often have clarity of vision and purpose and the energy and flexible schedules needed to help organizations accomplish planned aims.

Meeting locations have served as another pitfall. Because AAGN members work in various

locations in southeastern Michigan, the meeting location tends to change from meeting to meeting to accommodate members. A meeting may take place in one city one month and in another city the next month. Although this process serves to help members feel valued, it also results in lengthy driving times for some members to reach the meeting locations. Members typically drive one hour each way to attend the meetings. These meetings often take place over lunch and can last two to three hours. Thus, attending a meeting can take up four to five hours of time during a work day. Not all AAGN members have jobs that allow them the flexibility to attend each meeting.

Involvement of members in AAGN has not been linear but is instead cyclic—that is, levels of involvement in the organization have waxed and waned over the years. During some periods energy, commitment, and involvement have been at high levels. At other times, the membership seems to have slightly less available amounts of time to commit to AAGN. This is a volunteer organization, so members' work demands sometimes take precedence over the goals of the group. However, on a positive note, even when commitment to the group in terms of actual involvement has been low, expressed interest has remained high. Paul Bridgewater, director of DAAA, has been instrumental in maintaining the forward movement of AAGN over the years. Specifically, he has many key contacts around the state of Michigan and has helped identify potential AAGN members from the fields of academia, business, and professional practice. Similarly, Holliace Spencer, division director of community services at the State of Michigan Office of Services to the Aging, has been instrumental in helping establish AAGN, formulating its by-laws, and identifying African Americans in the state of Michigan in the area of gerontology.

## Conclusion

The African American Gerontology Network was formed in response to the relative isolation expressed by many African Americans in the gerontology arena and as a means of working toward improving the quality of life of older African Americans. AAGN was established to unite and empower African Americans in the area of gerontology. As a unified group, AAGN members are able to maximize their collective resources, knowledge, and awareness. The organization

also provides members with a variety of options designed to decrease their feelings of isolation and enhance their professional effectiveness. AAGN framework may be used as a model for aging professionals from ethnic minority groups in other states who desire to increase their community partnerships and linkages. HSW

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## About the Authors

**Marvella E. Ford, PhD**, is associate research scientist, Henry Ford Health System, Department of Psychiatry Center for Medical Treatment Effectiveness Programs in Diverse Populations, and Resource Center for African American Aging Research, One Ford Place, 3E, Detroit, MI 48202, e-mail:

*mford1@hfhs.org*. **Donna L. Cochran, PhD**, is assistant professor, Institute of Gerontology, School of Social Work, Wayne State University, and Michigan Center for Urban African American Research, 87 East Ferry No. 233, Detroit.

**Earlene T. Neal, MSW**, is executive assistant, Detroit Area Agency on Aging, 220 Bagley, 1100 Michigan Building, Detroit. An earlier version of this article was presented at the meeting of the Gerontological Society of American, November 1998, Philadelphia. Work conducted on this manuscript was supported by the National Institute on Aging, the National Institute of Nursing Research, and the Office of Research on Minority Health, National Institutes of Health, grant numbers P30 AG15286 and P30 AG15281.

Accepted November 4, 1999