



Designing the Duke Aging Center

By George L. Maddox, PhD

Archival evidence indicates that Ewald “Bud” Busse, MD, brought to Duke the idea of the aging center he was to create when he arrived at Duke Medical Center in 1953 as chair of the Department of Psychiatry. Busse’s two small federally-funded research grants at the University of Colorado in 1951 and 1953 had focused initially on understanding changes over time in central nervous functioning, first in children and then in older adults. He had concluded that his research on older adults benefited from the comparative observations of “normal older adults living in the community” and those with identifiable pathology, as well as from the insights of sociologists and psychologists in interpreting observed socio-economic differences. The theme of “multi-disciplinary longitudinal research of normal aging of older adults living in the community” appears subsequently as the signature research of Busse’s proposed Center for the Study of Aging.

Busse’s interest in developing a multi-disciplinary team for research on aging coincided with the decision to redesign medical education at Duke to promote increased interaction among academic disciplines and departments. The attractiveness of developing a program of research on aging was further enhanced by announced federal interest in exploring the health and welfare implications of population aging. The United States Public Health Service and the emergent National Institutes of Health were sending clear signals of interest in gerontology and geriatrics. Leading academic institutions were also taking note of aging: The University of Chicago and the University of Michigan had recently developed pioneering academic programs focused on the implications of individual and population aging. National organizations of gerontology and geriatrics had emerged and multidisciplinary handbooks on aging were being published.

In this environment, two years after Busse’s arrival at Duke in 1953, a comprehensive center for research and training in the service of older adults had clearly become a defining objective of his career at Duke. Over the next seven years Busse’s astute leadership produced a sustainable aging center. Here is how it was done.

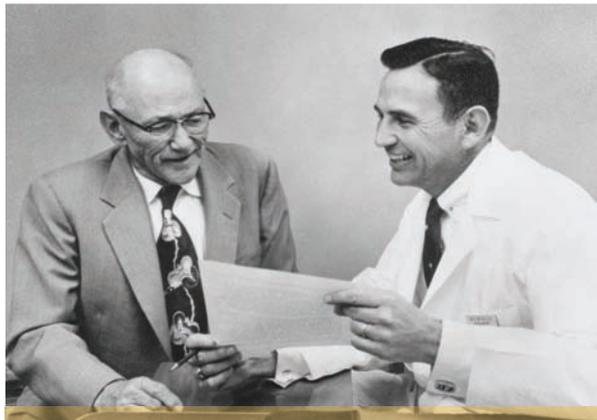
Building a constituency. By 1955 key colleagues and administrators had embraced Busse’s idea of developing a center for the study of aging. President Hollis Edens appointed a multi-disciplinary, all-university Council on Gerontology, chaired by Busse, that included Paul Gross, a vice-president of the university and a distinguished chemist, and major academic figures in 15 academic departments in the medical center and university.

Establishing a signature research program. A distinctive program of research was implemented and funded:

- In 1955 the Longitudinal Studies of Normal Aging began with multi-disciplinary investigators studying comprehensively a panel of participants from the local community augmented by special studies of central nervous system functioning in late adulthood. This signature investigation was to continue for 25 years.
- In 1955 a series of public lectures and proceedings of annual conferences began to share the findings from research on aging with professionals and community members.
- In 1957 the surgeon general of the United States designated

Duke as one of five regional centers on aging; The Duke center was the only one of these five that would survive. In 1957 the National Institutes of Health began support of the longitudinal studies which continued through 1980.

- In 1959 Paul Gross and Busse received support from the Ford Foundation to study the socio-economic aspects of aging and named John McKinney, chair of the Department of Sociology, as the grant administrator. This research focused on issues of work and retirement, family relationships, and the economic challenges of aging populations.



Ewald W. Busse, MD, (right) with an Aging Center research subject in the 1950s. Busse was the founding director of Duke’s Center for the Study of Aging.

The Center for Aging gets a home of its own. In 1960 funds primarily from the Duke Endowment and the National Institutes of Health financed a new wing of the medical center to house the aging center’s personnel and programs. In 1980 this facility was named in honor of Busse.

During these seven remarkable initial years, Busse, and the young academics he attracted to the Center for Aging, were determined to build visible multi-disciplinary, university-wide programs attractive to colleagues in the university and to citizens in the community. Their organizational strategy included:

Developing broad-based leadership. Leadership development was a continuing goal of center development. Top leadership in the university and medical center endorsed the



new aging center, and colleagues throughout the university were informed regularly about center programs and opportunities to participate in them.

Timely seminars and conferences. Seminars and semi-annual conferences on various aspects of aging brought to the Duke campus and community the most visible and distinguished gerontologists and geriatricians of the day. The published proceedings beginning in 1959 include gerontological notables such as:

- James Birren, who was just beginning his pioneering handbooks on the biology, psychology, and sociology of aging;
- Robert Havighurst, Bernice Neugarten, and Ethel Shanas from the University of Chicago, who had recently begun a study of older adults in Kansas City and abroad;
- Nathan Shock, a pioneer in the study of the physiology of aging, who presented his longitudinal research on age-related decline in functioning—it anticipated the research unit that would, a decade later, become part of the National Institute on Aging in NIH.

Public conferences, involving both Duke faculty and colleagues from other institutions, on the health and welfare of older adults were regularly scheduled and the proceedings were published.

Focus on the community. The pioneering Longitudinal Studies of Normal Aging, which focused on a cross section of hundreds of older adults living in the Triangle Area of North Carolina, were widely publicized locally as well as nationally and perceived as a public service. Focus on the community residents, most of whom were aging well, countered the common image of older adults as primarily poor, ill, alone, and likely to be institutionalized. Center publications and programs illustrated a commitment to translate research in aging into serving older adults.

Providing essential tools for research. Center leadership anticipated two important needs of scientific investigators in the 1950s: computing facilities and experimental animals essential for biomedical research in that era. The Center for the Study of Aging pioneered on the Duke campus the development of computing hardware and software to assist in data analysis; it was a contributor to the development of the Triangle Universities Computing Center. Secondly, a dedicated animal research colony, one of the first on the campus, assisted center investigators and increased the visibility of aging research on the campus.

With a dedicated building and organizational infrastructure established, research in an increasingly visible aging center flourished. How the center translated gerontological and geriatric research into education, training, and service will follow in this series of brief reports on the history of the Duke Center for the Study of Aging. ■