



## THE GERONTOLOGICAL COMPETENCIES FOR ACCREDITED PUBLIC HEALTH PROGRAMS

The U.S. Census Bureau reported 55.8 million adults aged 65+ (17% of the population) in 2020, projected to reach 64 million by 2030 (Caplan, 2023). With aging linked to increased chronic disease burden, disability, and healthcare costs, public health professionals must be equipped to address these challenges (Tohit & Haque, 2024). However, most master's in public health (MPH) programs do not require gerontology-specific coursework, creating gaps in workforce readiness.

Aligned with the Council on Education for Public Health (CEPH) standards and the Association of Schools & Programs of Public Health (ASPPH), the following competencies reflect core public health domains, essential for addressing the needs of aging populations and promoting healthy aging.

1. Evidence-based Approaches to Public Health: Apply epidemiological methods to study aging-related trends (e.g., prevalence of dementia, falls among older adults); select, analyze, and interpret data such as Medicare claims and aging cohort studies.
2. Public Health & Health Care Systems: Compare global aging and eldercare systems; recognize how ageism, structural bias, and resource disparities affect health equity among older adults.
3. Planning & Management to Promote Health: Assess the health needs of older populations, design culturally relevant programs (e.g., fall prevention, chronic disease self-management), manage budgets for senior services, and evaluate gerontology-focused interventions.
4. Policy in Public Health: Understand ethical and evidence-based policymaking on aging issues (e.g., elder abuse prevention, paid family caregiving), build coalitions for aging policy advocacy, and evaluate age-related policies for equity impact.
5. Leadership & Communication: Apply leadership and mediation skills to intergenerational teams; effectively communicate health messages tailored to older adults and caregivers.
6. Interprofessional and/or Intersectoral Practice: Collaborate across health, social service, and housing sectors to support aging in place; engage interdisciplinary teams in geriatric care.
7. Systems Thinking: Apply systems thinking tools to analyze interactions between aging populations, healthcare infrastructure, and community support networks.

Best practices for implementation include:

- Curriculum Integration: Incorporate gerontological content throughout public health curricula at undergraduate and graduate levels, ensuring competencies are assessed through practical, real-world assignments (Council on Education for Public Health, 2016).
- Faculty Development: Provide specialized training and incentives for gerontology faculty, including faculty exchange programs and dedicated research opportunities (Committee on the Future Health Care Workforce for Older Americans, 2008).
- Experiential Learning: Encourage experiential learning opportunities, such as internships & fieldwork in diverse aging community settings, to reinforce theoretical knowledge (Lehning & De Biasi, 2018).
- Interprofessional Education: Promote interdisciplinary training and collaborative practice, enhancing students' abilities to participate in geriatric care teams (American Geriatrics Society, 2010).
- Community Engagement and Collaboration: Leverage partnerships with community organizations, caregivers, and older adult advocacy groups to ensure educational programs are responsive to community needs (Trust for America's Health, 2021).
- Continuous Professional Development: Offer ongoing professional education and certification opportunities in gerontology for public health workers (Alzheimer's Association & Association of State and Territorial Health Officials, 2021).
- Global Competency Frameworks: Integrate essential competencies for healthy aging, including leadership, advocacy, cultural competence, person-centered communication, digital proficiency, and interprofessional collaboration. These competencies reflect a life-course approach and are critical for preparing practitioners to address the complex and evolving needs of older adults across diverse health and social care contexts (Carrillo-Alvarez et al., 2023; Rodríguez-Monforte et al., 2024).



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