GERONTOLOGY COMPETENCIES

FOR UNDERGRADUATE AND GRADUATE EDUCATION

UPDATED 2025

GSA
GERONTOLOGICAL SOCIETY OF AMERICA®

GERONTOLOGY COMPETENCIES FOR UNDERGRADUATE & GRADUATE EDUCATION

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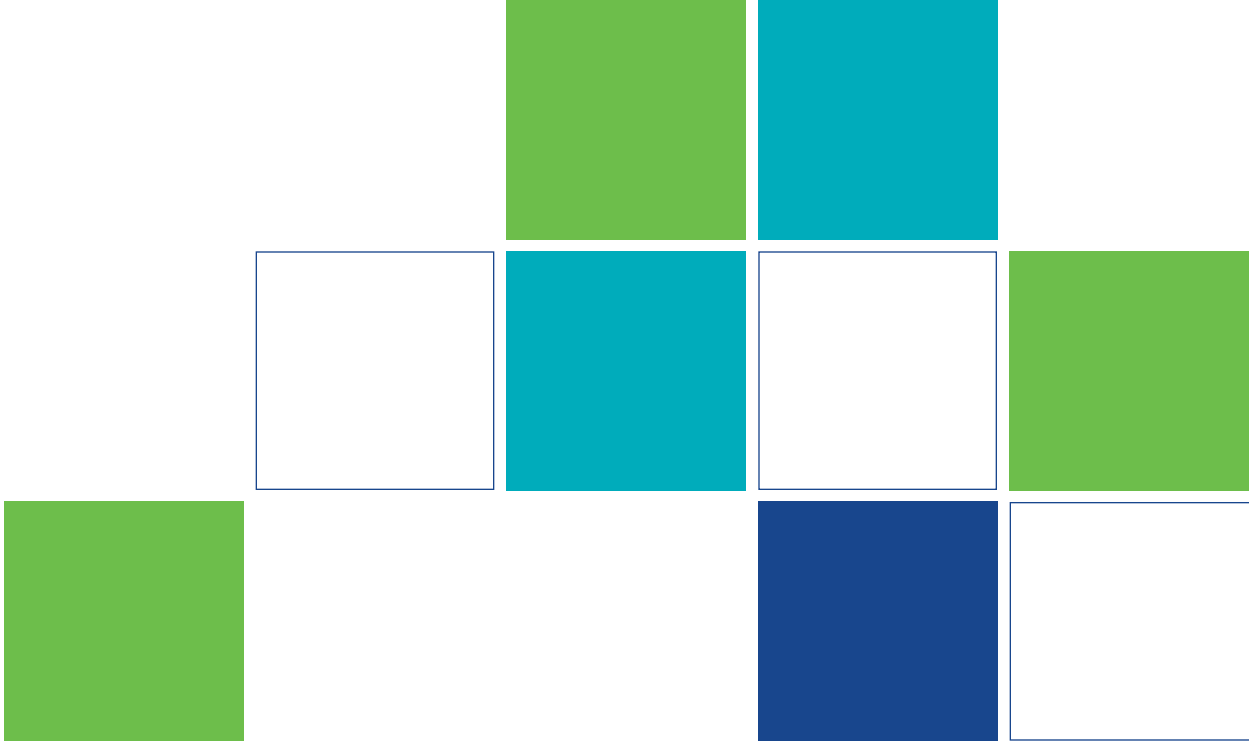


ORIENTATION TO THE COMPETENCIES

BACKGROUND

In 2012, the Academy for Gerontology in Higher Education, formerly, the Association for Gerontology in Higher Education (AGHE) Accreditation Task Force, designated two working groups. The Organizational Workgroup was tasked with the development of an accreditation team, structure, and process. The Competencies Development Workgroup was tasked with the development of a set of educational competencies for the field of gerontology. The 2014 *Gerontology Competencies for Undergraduate and Graduate Education* were the result of the Competency Development Workgroup conducting an AGHE-wide, multiyear effort that used multiple feedback processes to build consensus around a set of shared competencies for the field. The effort built upon the work of Wendtand colleagues in 1993[1] as well as the then-current literature on the foundations of gerontology and competency-based education. The integrated competencies are oriented to liberal arts, professional, and scientific learners (as discussed by Wendt et al[1]) to achieve a more unified approach to the discipline of gerontology. Faculty and students from more than 30 universities and colleges involved in gerontology education provided feedback during the consensus-building process.

In the Spring of 2025, under the quinquennial review process, AGHE's Program Resource Development Workgroup (PRDW) set out to review the competencies, given continuous development in the field and the need for the competencies to remain relevant and current. Eight workgroups were formed that spanned the US and included international member representatives of the Gerontological Society of America (GSA). The workgroups included representatives of GSA's member groups, the Accreditation for Gerontology Education Council (AGEC), employers, current students, and alumni from US and Canadian gerontology

1 Wendt, P. F., Peterson, D. A., & Douglass, E. B. (1993). *Core principles and outcomes of gerontology, geriatrics, and aging studies instruction*. Administration on Aging, Department of Health and Human Services, Washington, DC: Association for Gerontology in Higher Education.

programs, which provided a broad and reflective account of what the competencies should be and how they translate into real-world settings. This was an iterative process to ensure that feedback was meaningfully incorporated and to maximize opportunity for contributions. One of the important aspects of this 2025 revision was to transition the competencies from an AGHE resource to a framework of competencies for gerontology education for broader circulation and adoption. This is the first time that GSA has adopted such a framework and it sends a clear signal of the Society's commitment to the development and rigor of gerontological education in the US and beyond. To reflect this commitment, AGHE's PRDW with input from representatives across GSA will maintain stewardship of the Competencies and engage in regular reviews of the Competency document along with AGHE's *Gerontology and Geriatrics Curricular Standards and Guidelines in Higher Education* to ensure the continued relevance of these documents and to promote academic excellence throughout the society and the wider discipline.

FOCUS AND LEVELS OF ANALYSIS

The updated 2025 *Gerontology Competencies for Undergraduate and Graduate Education* continue to address the continuum of foci for gerontologists, from micro to macro, as described by Wilmoth and Ferraro (2007).[2] Central to the field is the focus on the autonomy of older persons and involvement in all aspects of decision making. Through this focus, the competencies recognize the potential of older persons and their ability to contribute, as well as their changing needs in later life. As such, many skills identified in the competencies may be applied at the individual, social network, institutional, or societal level. In using this orientation toward older persons, the competency may also include family members, caregivers/care-partners, and the community.

APPLICATION OF COMPETENCIES TO GERONTOLOGY EDUCATION

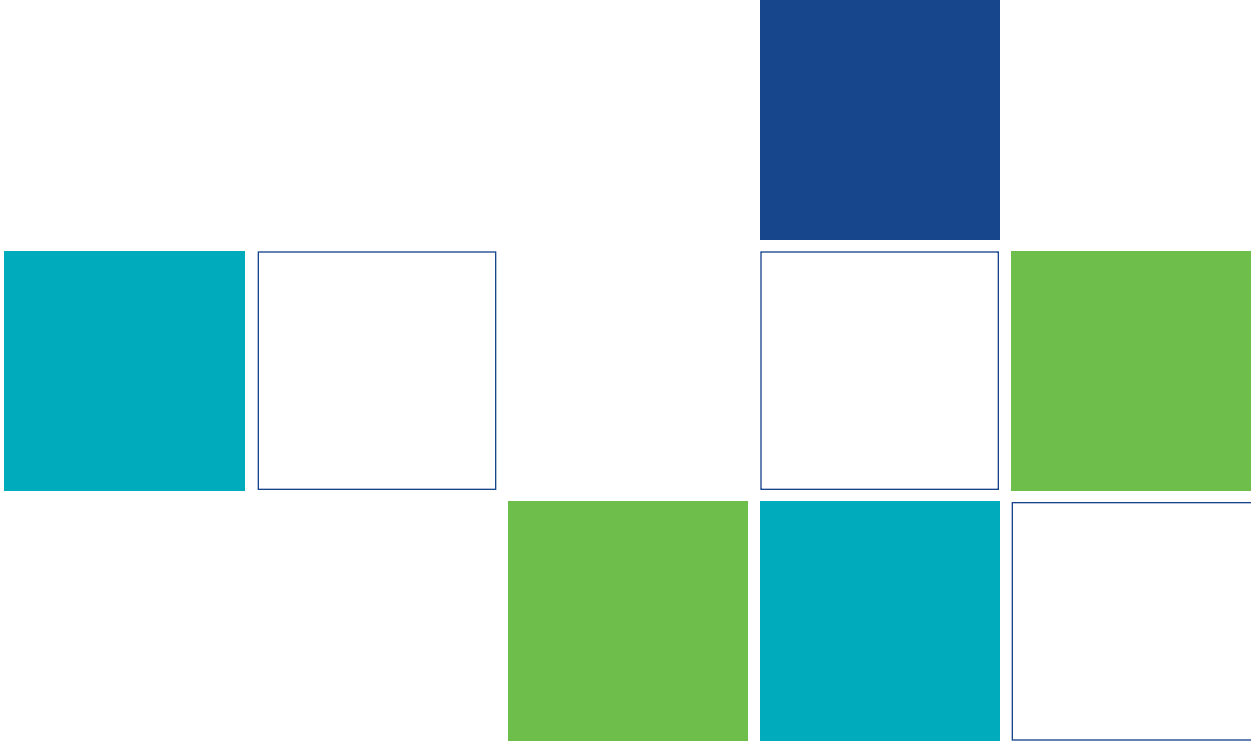
The competencies may be applied to gerontology programs with certificate programs, minors, and majors, and at the associate's, bachelor's, or master's degree level. Competency-based education and assessment require the specification of anticipated knowledge and skill development for varying program levels. Competency-based education was previously defined by the US Department of Education and the American Association of Colleges of Nursing and has been adapted to be defined as a system of "instruction, assessment, feedback, self-reflection, and academic reporting based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions, and skills expected of them."[3] Measurement of competency acquisition relates to use of learning objectives, course assignments, and evaluation tools.

Each of the competency sections refer to the biopsychosocial model as a guiding framework. This framework should be considered inclusive of culture, built and lived environments, political systems/social policy, economics, and other social determinants that impact the experience of development and aging. To avoid repetition, the expanded definition is assumed throughout to ensure a more inclusive set of competencies, reflective of the developed nature of gerontology as a discipline. Similarly, where examples are provided, these are illustrative and neither mandatory nor exhaustive.

The competencies are not meant to be applied to a gerontology or geriatric focus or specialization within other disciplinary programs (e.g., gero-psychology or geriatric nursing). Other disciplines often already have their own set of competencies. These competencies are specific to gerontology education programs and focus on the knowledge, abilities, experiences, and skills of gerontologists.

2 Wilmoth, J. M., & Ferraro, K. F. (2007). The fountain of gerontological discovery. Gerontology: Perspectives and Issues, 3-12.

3 American Association of Colleges of Nursing (n.d.) What is Competency-Based Education? Retrieved from: https://www.aacnnursing.org/essentials/tool-kit/competency-based-education



THE COMPETENCIES EXPLAINED

The competency framework is structured into two categories, each serving a distinct but complementary purpose in shaping gerontology education.

CATEGORY I: Core Competencies Across Gerontology Programs

Category I establishes the essential orientation to the field and provide a shared foundation across programs. The Competencies are considered core to the discipline and are therefore expected to be represented in associate's, bachelor's, and master's degree programs, as well as in certificate-level training. They articulate the fundamental knowledge and perspectives that all learners in gerontology should acquire, regardless of the specific pathway or emphasis of their studies.

CATEGORY II: Selective Competencies Within Gerontology Programs

Category II builds upon Category I Core Competencies by extending into areas that reflect the applied, practice-oriented dimensions of gerontology work. These Competencies emphasize applied skills tailored to professional practice in aging-related fields, ensuring that graduates are prepared to respond to the complex realities faced by older people and the systems that serve that demographic. They are to be selected according to the mission, goals, and orientation of individual education programs. It is expected that programs identify at least two Competencies from Category II for integration into their curricula, with the option to select additional Competencies that are consistent with each program's unique emphases. This flexibility allows program leaders to adapt the framework in a way that aligns with their specific educational objectives and professional priorities, and builds opportunities for learning based on undergraduate or graduate education. This selective approach ensures both consistency with the broader field and the capacity to address diverse professional contexts.

Implementation of Competencies

To support practical implementation, the Competencies are presented in tables according to the two categories.

In these tables, the Competencies are organized into three related elements to promote clarity and ease of use. The first element is the **Competency** itself, expressed as a broad topic area that helps guide both the sequencing and the application of the framework. The second element is the **Core Competency Statement**, which is written in action-oriented language and numbered for reference. This statement explains the specific learning outcomes or professional orientations expected within the broader competency. The third element is the **Recommended Competency Content**, which provides more detailed examples of the knowledge, skills, and abilities associated with the Competency. This content is also numbered in alignment with the corresponding Competency, ensuring coherence and ease of integration. By elaborating on the kinds of material that can be taught, the content descriptions support the development of measurable learning objectives and offer concrete illustrations of how the Competencies may be embedded within academic curricula. It is important to note, however, that this competency resource document does not preclude programs from also identifying additional competencies that may be important for their program.

Together, the two Competency categories and their associated structures provide a flexible yet rigorous foundation for designing and shaping gerontology education. They create consistency across the field while also granting programs the ability to adapt the framework to their particular mission and context. In doing so, the framework balances the need for foundational competencies that unify the discipline with the recognition that gerontology practice is diverse, requiring advanced skills that reflect varied educational orientations and professional demands. To help apply these Competencies to different academic levels, the AGHE *Gerontology and Geriatrics Curricular Standards and Guidelines in Higher Education* provides an integral resource for institutes of higher education implementing and revising programs in liberal arts, the sciences, and health professions education.

CORE COMPETENCIES (TOTAL OF 11)

CATEGORY I | Core Competencies Across Gerontology Programs

I.1 FRAMEWORKS FOR UNDERSTANDING HUMAN AGING
Utilize gerontological frameworks to examine human development and aging.

I.2 BIOLOGICAL ASPECTS OF AGING
Integrate biological theories and science to understand senescence, longevity, and variation in aging.

I.3 PSYCHOLOGICAL ASPECTS OF AGING
Integrate psychological theories and science to understand adaptation, stability, and change in aging.

I.4 SOCIOLOGICAL ASPECTS OF AGING
Integrate sociological theories and science to understand demography and the cultural, social, and structural contexts of aging.

I.5 THE ARTS & HUMANITIES AND AGING
Integrate theories and practice in the arts & humanities to understand the human experience of aging, promoting engagement and quality of life.

I.6 RESEARCH AND CRITICAL THINKING
Employ critical thinking and research methodologies (qualitative, quantitative, and mixed methods) to analyze factors influencing aging outcomes.

I.7 ATTITUDES AND PERSPECTIVES
Develop a gerontological perspective through knowledge and self-reflection.

I.8 ETHICS AND PROFESSIONAL STANDARDS
Adhere to ethical principles to guide work with and on behalf of older persons.

I.9 COMMUNICATION AND ADVOCACY
Engage and effectively communicate with and on behalf of older adults, their families, and the community.

I.10 INTERDISCPLINARY AND COMMUNITY PARTNERSHIPS/COLLABORATION
Engage collaboratively with others to promote integrated approaches to aging.

I.11 PROFESSIONALIZATION
Demonstrate transferrable skills within gerontological contexts for leadership and professionalization.

SELECTIVE COMPETENCIES (TOTAL OF 8)

*Programs are recommended to **choose a minimum of two of the eight selective Competencies** from this category that best reflect the orientation of their program(s).*

CATEGORY II | Selective Competencies Within Gerontology Programs

II.1 WELLBEING, HEALTH, AND MENTAL HEALTH

Promote older persons' strengths and adaptations to maximize wellbeing, health, and mental health.

II.2 SOCIAL HEALTH

Foster quality of life and a positive social environment for older persons.

II.3 PROGRAM/SERVICE DEVELOPMENT

Employ and design programmatic and community development strategies with and on behalf of the aging population.

II.4 EDUCATION

Encourage older persons to engage in life-long learning opportunities.

II.5 ARTS & HUMANITIES

Facilitate engagement of older people in the arts & humanities.

II.6 BUSINESS & FINANCE

Address the roles of older persons as workers and consumers in business and finance.

II.7 POLICY AND ADVOCACY

Develop and implement policies that equitably address the needs of older adults.

II.8 RESEARCH, APPLICATION, AND EVALUATION

Engage in research to advance knowledge and improve interventions with and for older persons.

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
FRAMEWORKS FOR UNDERSTANDING HUMAN AGING	I.1 Utilize gerontological frameworks to examine human development and aging.	I.1.1 Employ gerontological theory and lifespan/life course perspectives to understand and examine human growth and development, including: I. The lifespan/life course and stages of growth and development within social & cultural contexts II. Life transitions and adaptive resources for aging individuals III. The historical context of cohorts and the influence of that context on the aging experience IV. Impacts of age, gender, race, community, culture, and socioeconomic status within social ecological environments V. Healthy aging concepts, including the impact of early-life disparities on aging trajectories and the accumulation of inequality VI. Individual and social beliefs about aging, including ageism and ableism I.1.2 Explore concepts and theories of aging from a biopsychosocial framework I.1.3 Compare biological, psychological, sociological, cultural, policy, and gerontological theories and frameworks in relation to challenges, opportunities, adaptations, and transitions of aging persons, their families, social networks, their environment, and communities I.1.4 Synthesize a broad biopsychosocial understanding of aging to build foundational gerontological knowledge I.1.5 Integrate the overarching concepts of longevity, individual aging, and population aging
BIOLOGICAL ASPECTS OF AGING	I.2 Integrate biological theories and science to understand senescence, longevity, and variation in aging.	I.2.1 Differentiate normal biological aging changes from pathological conditions, incorporating genetic factors and aging processes such as hallmarks of aging and health as well as biomarkers of aging as measurable indicators of biological age I.2.2 Identify major cell- and organ-level systems changes with age I.2.3 Recognize that certain adverse changes in later life can be reversed or modified, reflecting the plasticity and adaptability of the human brain and body I.2.4 Recognize common acute and chronic illnesses and syndromes experienced by aging individuals, and understand their presentations, as well as the biological, psychological, and social risk and protective factors associated with such conditions, including social determinants of health I.2.5 Describe the implications of aging-related biomedical discoveries on individuals and society I.2.6 Synthesize biological evidence-based practice approaches with gerontological perspectives to promote healthy aging and a holistic understanding of human aging I.2.7 Recognize typical and atypical sensory changes and the functional implications as they may present among older people

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
PSYCHOLOGICAL ASPECTS OF AGING	I.3 Integrate psychological theories and science to understand adaptation, stability, and change in aging.	I.3.1 Describe human growth and development across the lifespan/life course, including late-life outcomes such as life satisfaction, coping, self-reflection, and adaptation I.3.2 Recognize typical age-related changes in intelligence and cognitive abilities, including those that may both positively and negatively impact late-life functioning I.3.3 Identify signs, symptoms, and impact of the most common cognitive and mental health problems (e.g., dementia, depression, grief, anxiety) and the role of sensory changes as they may present among older persons I.3.4 Recognize older persons' potential for wisdom, creativity, life satisfaction, resilience, generativity, vital involvement, and meaningful engagement I.3.5 Synthesize psychological aspects of aging with other gerontological approaches to understanding human aging I.3.6 Consider person–environment interactions and the impact of various lived and built environments on the experiences of older adults I.3.7 Recognize how death, grief, and loss are experienced by older adults I.3.8 Describe the role of social relations or their absence on the lives of older adults
SOCIOLOGICAL ASPECTS OF AGING	I.4 Integrate sociological theories and science to understand demography and the cultural, social, and structural contexts of aging.	I.4.1 Distinguish the impact of the demographic elements of fertility, mortality, and immigration on later life outcomes. I.4.2 Compare and contrast aging demographics globally among and between countries scoring higher and lower on the United Nation's Human Development Index I.4.3 Describe the changing population profile of one's local community/state/province and nation I.4.4 Recognize that views on age and aging and the degree of ageism vary around the world I.4.5 Identify the impact of a society's institutions (e.g., the family, education, labor and work, government and politics, religion and spirituality, health care) on the lived experience of aging in that society I.4.6 Explain the heterogeneity of populations of older adults and the impact of intersectionality of various individual characteristics (e.g., age, gender, sexuality, socioeconomic status, race, ethnicity, nationality, immigration status, disability, function, and more) on the life opportunities of individuals and groups I.4.7 Synthesize sociological aspects of aging with other gerontological approaches to understanding human aging

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
THE ARTS & HUMANITIES AND AGING	I.5 Integrate theories and practice in the arts & humanities to understand the human experience of aging, promoting engagement and quality of life.	I.5.1 Identify concepts explored in the arts & humanities as essential to understanding the experience of aging and old age I.5.2 Integrate arts & humanities–based understanding of aging to form holistic models of gerontological practice and policy, promoting positive outcomes in later life I.5.3 Synthesize aspects of aging from the arts & humanities with other gerontological approaches to understanding human aging I.5.4 Examine how historical events, cultural narratives, philosophical perspectives, and artistic representations shape the experiences of older adults and societal perceptions of aging across time and geographical place I.5.5 Identify ways in which the arts & humanities can promote engagement and quality of life of older adults
RESEARCH AND CRITICAL THINKING	I.6 Employ critical thinking and research methodologies (qualitative, quantitative, and mixed methods) to analyze factors influencing aging outcomes.	I.6.1 Identify and explain research methodologies, interpretations, applications (and their associated limitations and biases) used to study aging I.6.2 Include populations of interest in all aspects of research (e.g., participatory research and co-production), supporting a person-centered approach where possible I.6.3 Identify gaps in what is known about aging to promote continued knowledge building I.6.4 Generate research questions to solve problems and advance positive strategies related to older adults, social networks, intergenerational relations, aging societies, and quality of life I.6.5 Design research studies using methods and procedures that produce reliable and valid gerontological knowledge I.6.6 Use critical thinking to evaluate and communicate information about aging and older people from various sources and publication types I.6.7 Recognize the strengths and limitations of reliance on either qualitative or quantitative questions, tools, methods, and conclusions I.6.8 Based on research and evaluation, promote and apply the use of appropriate forms of evidence-based interventions and technologies for older adults, their families, and caregivers/care partners I.6.9 Critique gerontological research related to underrepresented populations, inequality, and social and environmental context

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
ATTITUDES AND PERSPECTIVES	I.7 Develop a gerontological perspective through knowledge and self-reflection.	I.7.1 Critique assumptions, stereotyping, prejudice, and discrimination related to age (ageism) and their effect on individuals, families, communities, cultures, and wider society I.7.2 Relate the historical context of the field of gerontology and the evolving roles that context has in aging-related research, education, commerce, programs and services, and policy I.7.3 Reflect on one's work in order to continuously learn and improve outcomes for older persons
ETHICS AND PROFESSIONAL STANDARDS	I.8 Adhere to ethical principles to guide work with and on behalf of older persons.	I.8.1 Evaluate and demonstrate respect for a person's dignity, autonomy, and right to authentic self-determination through informed and reflective practice I.8.2 Support interdependence of individuals of all ages and abilities I.8.3 Demonstrate an understanding and respect of cultural values and diversity I.8.4 Utilize principles of elder justice to identify and respond to elder mistreatment of all types, supporting programs and policies that address it I.8.5 Apply ethical standards and professional practices in all phases of work and research with and on behalf of older persons, including respect for persons, informed consent, confidentiality, autonomy, beneficence, justice, and the appropriate ethical governing code for the field of investigation I.8.6 Apply concepts of ethical decision making and professional boundaries to the advocacy of older persons

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
COMMUNICATION AND ADVOCACY	I.9 Engage and effectively communicate with and on behalf of older adults, families, and the community.	I.9.1 Establish rapport and sustain positive working relationships with older persons, families, and caregivers/care partners I.9.2 Engage with older adults and other constituents to define and solve problems, and develop research projects, programs, and policies I.9.3 Advocate for and develop effective programs to promote older adults' well-being and quality of life I.9.4 Demonstrate effective means to accommodate communication barriers with persons as they age, including those with disabilities, vision loss, hearing loss, dual sensory changes, and other health conditions limiting communication I.9.5 Apply communication techniques for persons living with dementia and for their caregivers/care partners I.9.6 Use tools and technology to enhance communication with and on behalf of older persons, their families, caregivers/care partners, and communities I.9.7 Consider heterogeneity in addressing communication styles and promoting the preferences of older persons I.9.8 Analyze how older individuals are portrayed in public media and advocate for more accurate depictions of the diverse older population using research-based publications and multimedia dissemination methods I.9.9 Develop and disseminate educational materials to increase accurate and accessible information regarding older persons and the spectrum of aging services, including preventative, treatment, and supportive services
INTERDISCIPLINARY AND COMMUNITY PARTNERSHIPS/ COLLABORATION	I.10 Engage collaboratively with others to promote integrated approaches to aging.	I.10.1 Engage collaboratively with community partners and others to perform and promote approaches to aging that integrate knowledge and skills across disciplines, as well as across practice settings including research, policy, provision of support, rehabilitation services and opportunities, business/ employment and entrepreneurship, and ethics I.10.2 Collaborate across disciplines using interprofessional or interdisciplinary team models to effectively address the complex needs and desires of older adults, utilizing the unique skills of each discipline for improved health care outcomes I.10.3 Engage older adults, their families, and care partners as integral members of the interprofessional care team, actively participating in planning, goal setting, and decision making I.10.4 Provide information and education to build a collaborative aging network, engaging older persons as well as key stakeholders (paid and unpaid, full and part-time), such as national, regional, and local organizations, aging and public health professionals, social services, medical providers, rehabilitation services, community partners, community members and volunteers I.10.5 Support the age-friendly ecosystem (communities, universities, health care, cities, etc.) by expanding outreach and partnerships beyond the aging network

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
PROFESSIONALIZATION	I.11 Demonstrate transferable skills within gerontological contexts for leadership and professionalization.	I.11.1 Demonstrate an understanding of the diverse gerontological workforce and the ways in which gerontological principles are and should be applied across sectors I.11.2 Apply gerontological knowledge and professional skills in real-world settings by actively participating in internships, classwork, volunteering, service-learning, and community-based learning (or similar activity) that explore and support diverse career pathways in aging-related fields I.11.3 Demonstrate core gerontological competencies and transferable skills such as critical thinking, communication, cultural competence, and leadership to effectively address the complex needs of aging populations across diverse settings I.11.4 Understand and utilize current and emerging technologies—e.g. information systems and artificial intelligence—to enhance service delivery, research, and innovation in the field of aging in an ethical manner I.11.5 Model ethical behaviors in practice through reflection on your own and others' actions

CATEGORY II — Selective Competencies Within Gerontology Programs

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
WELLBEING, HEALTH, AND MENTAL HEALTH	II.1 Promote older persons' strengths and adaptations to maximize wellbeing, health, and mental health.	II.1.1 Facilitate relationships with health care providers and older adults that are respectful, confidential, and engage in positive change and that are reflective of an individual's goals and values II.1.2 Counsel older persons about health care and social program benefits at the local, regional, and national level, such as Medicare, Medicaid, Veterans Services, Social Security, Older Americans Act, Adult Protective Services, vocational rehabilitation programs, and centers for independent living II.1.3 Coordinate services for persons with complex physical and mental health conditions using the principles of co-production and shared decision making II.1.4 Facilitate safe person–environment interactions II.1.5 Assist older adults, their caregivers/care partners, and community partners to identify, access, and utilize resources that support quality of life, including assistive devices, technology, independent living services, professional services, and support groups and programs II.1.6 Facilitate end of life planning, including advance care planning, palliative care, and hospice services
SOCIAL HEALTH	II.2 Foster quality of life and a positive social environment for older persons.	II.2.1 Support adaptation during life transitions, including family structure changes, loss and bereavement, work and retirement, relocation, onset of disability, and challenges due to disasters or trauma II.2.2 Promote strong social networks (e.g., friendships, neighborhood, civic/community, health teams/information, religious/spiritual groups) among older adults for health and wellbeing II.2.3 Recognize and educate individuals about the multifaceted role of loneliness and social isolation in morbidity and mortality risk II.2.4 Provide opportunities for older adults to engage in intergenerational contribution and exchange II.2.5 Develop and implement methods to enhance the social and relational networks that older adults rely on for assistance outside of formal, professional care services II.2.6 Support a healthy sex life and need for intimacy of older persons of all sexual orientations, including privacy in group living, sexual health information, and other appropriate person-centered arrangements/modifications

CATEGORY II — Selective Competencies Within Gerontology Programs

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
PROGRAM/SERVICE DEVELOPMENT	II.3 Employ and design programmatic and community development strategies with and on behalf of the aging population.	II.3.1 Work collaboratively with older persons, local government, and community organizations to advocate building age-friendly environments and infrastructure II.3.2 Construct and evaluate programs that promote positive outcomes in later life, including intergenerational relationships, health and wellness, and age-friendly environments II.3.3 Design and evaluate leisure and recreational activities which enhance meaning and quality of late life II.3.4 Promote and support active lifelong participation in the responsibilities of citizenship, including volunteerism, intergenerational contributions, and identification of public issues and contributions to their solutions II.3.5 Promote wellbeing and quality of life though facilitating access to available services II.3.6 Design and deliver evidence-based programs and services with and for older persons and their communities, grounded in research and best practices on cultural, spirituality, and religious needs and preferences
EDUCATION	II.4 Encourage older persons to engage in life-long learning opportunities.	II.4.1 Engage in and promote life-long learning opportunities across the life span/life course to enhance personal development, social inclusion, health and wellbeing, and quality of life of older persons II.4.2 Identify and address the range of diverse educational needs of older adults, ensuring equitable access to life-long learning opportunities, including digital literacy and culturally relevant programs II.4.3 Promote intergenerational learning and facilitate the reciprocal sharing of expertise between learners of different ages II.4.4 Incorporate culturally responsive and inclusive teaching approaches that recognize the varied experiences, identities, and learning preferences of older adults, ensuring that opportunities are relevant and meaningful II.4.5 Evaluate and adapt learning environments and methodologies (e.g., digital literacy training, informal community learning spaces) to enhance accessibility, participation, and sustained engagement for diverse aging populations II.4.6 Advocate for policies and programs that embed life-long learning as a public health and social development strategy, highlighting its role in cognitive health, active aging, and civic participation

CATEGORY II — Selective Competencies Within Gerontology Programs

COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
ARTS & HUMANITIES	II.5 Facilitate engagement of older people in the arts & humanities.	II.5.1 Create opportunities for people across the life span/lifecourse in the arts & humanities II.5.2 Integrate arts & humanities practices into care and learning environments to foster creativity, self-expression, and meaning-making for older adults across diverse settings II.5.3 Facilitate access to community-based cultural, artistic, and heritage programs that enhance inclusion, belonging, and intergenerational connections II.5.4 Promote the therapeutic and health-enhancing benefits of engagement in the arts (e.g., music, drama, visual arts, storytelling) as part of holistic approaches to aging well II.5.5 Encourage reflection on personal and collective life stories through humanities-based approaches such as narrative writing, oral histories, or cultural traditions to support identity, dignity, and resilience II.5.6 Advocate for sustainable partnerships with cultural institutions (museums, theaters, libraries, galleries) to embed the arts & humanities as integral components of life-long learning and wellbeing in later life
BUSINESS & FINANCE	II.6 Address the roles of older persons as workers and consumers in business and finance.	II.6.1 Inform employers, investors, policymakers, employees, and the general public regarding the definitions of older workers, ageism, and the Age Discrimination and Employment Act, demographics and trajectories of work and retirement throughout the life course, and optimizing age-diversity in the workplace II.6.2 Inform employers, policymakers, and employees regarding management of age-diverse teams and address age-related issues in the workplace, age and job performance, physical, sensory, and cognitive changes, and effects of/on person-job fit II.6.3 Inform employers, policymakers, and employees on the needs, preferences, and resources of older consumers regarding financial resources, consumer choices, and spending, ethical approaches to market research and advertising, and financial misconduct and fraud II.6.4 Analyze the economic contributions of older adults as workers, entrepreneurs, volunteers, and consumers, highlighting their role in sustaining local and global economies II.6.5 Critically examine the impact of ageism in financial services and workplace practices, and develop approaches to foster inclusive policies, equitable access to credit, and fair employment opportunities II.6.6 Evaluate the influence of demographic change and longevity on global markets, including consumer trends, workforce participation, and innovations in products and services that respond to aging populations

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COMPETENCY	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
POLICY & ADVOCACY	II.7 Develop and implement policies that equitably address the needs of older adults.	II.7.1 Analyze policy to address key issues and methods to improve the quality of life of older persons, their families, and any care partner II.7.2 Promote the involvement of older persons in the political process so they may advocate for themselves and others II.7.3 Identify key historical and current policies that influence service provision and support the wellbeing of older persons at the national level, including The Older American's Act, Rehabilitation Act, Medicare, Medicaid, Affordable Care Act, and Social Security II.7.4 Generate potential policy designed to address equitable access for older adults
RESEARCH, APPLICATION, AND EVALUATION	II.8 Engage in research to advance knowledge and improve interventions with and for older persons.	II.8.1 Conduct research on aging, recognizing implications, relationships, and applications across disciplines II.8.2 Use research methods to develop, evaluate, and inform services, programs, and policies to improve the quality of life of older persons, their networks, and communities II.8.3 Collect and evaluate data to continuously improve outcomes and develop solutions to challenges relating to older persons, their networks, and communities II.8.4 Incorporate awareness of heterogeneity, inequality, and the contexts of aging in all research II.8.5 Include older persons and their networks in all phases of research, evaluation, and application where possible

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