AGHE | ACADEMY FOR GERONTOLOGY IN HIGHER EDUCATION®

GERONTOLOGY COMPETENCIES

for

Undergraduate and Graduate

EDUCATION

Updated 2020

GERONTOLOGY COMPETENCIES FOR UNDERGRADUATE & GRADUATE EDUCATION

AGHE COMPETENCY WORKGROUP MEMBERS

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RECOMMENDED CORE COMPETENCIES (10 TOTAL)

CATEGORY I - Foundational Competencies to All Fields of Gerontology

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

I.2 BIOLOGICAL ASPECTS OF AGING —
Relate biological theory and science to understanding senescence,
longevity and variation in aging.

I.3 PSYCHOLOGICAL ASPECTS OF AGING —
Relate psychological theories and science to understanding adaptation, stability and
change in aging.

I.4 SOCIAL ASPECTSOF AGING —
Relate social theories and science of aging to understanding heterogeneity, inequality and context of aging.

I.5 THE HUMANITIES AND AGING —
Develop comprehensive and meaningful concepts, definitions and
measures for well-being of older adults and their families, grounded in Humanities
and Arts.

I.6 RESEARCH AND CRITICAL THINKING —
Distinguish factors related to aging outcomes, both intrinsic and
contextual, through critical thinking and empirical research.

RECOMMENDED CORE COMPETENCIES (10 TOTAL)

CATEGORY II - Interactional Competencies Across Fields of Gerontology

II.1 ATTITUDES AND PERSPECTIVES —
Develop a gerontological perspective through knowledge and self-reflection.

II.2 ETHICS AND PROFESSIONAL STANDARDS —
Adhere to ethical principles to guide work with and on behalf of older persons.

II.3 COMMUNICATION WITH AND ON BEHALF OF OLDER PERSONS —
Engage, through effective communication older persons, their families and the community, in personal and public issues in aging.

II.4 INTERDISCPLINARY AND COMMUNITY COLLABORATION —
Engage collaboratively with others to promote integrated approaches to aging.

SELECTIVE COMPETENCIES (8 TO SELECT FROM)

Programs are recommended to **choose a minimum of 2 selective competencies** *from this category that best reflect the orientation of their program(s).*

CATEGORY III - Contextual Competencies Across Fields of Gerontology

III.1 WELL-BEING, HEALTH AND MENTAL HEALTH —
Promote older persons' strengths and adaptations to maximize well-being, health and mental health.

III.2 SOCIAL HEALTH —
Promote quality of life and positive social environment for older persons.

III.3 PROGRAM/SERVICE DEVELOPMENT —
Employ and design programmatic and community development with and on behalf of the aging population.

III.4 EDUCATION —
Encourage older persons to engage in life- long learning opportunities.

III.5 ARTS AND HUMANITIES —
Promote engagement of older people in the arts and humanities.

III.6 BUSINESS & FINANCE —
Address the roles of older persons as workers and consumers in business and finance.

III.7 POLICY —
Employ and generate policy to equitably address the needs of older persons.

III.8 RESEARCH, APPLICATION AND EVALUATION —
Engage in research to advance knowledge and improve interventions for older persons.

Please review the pages that follow which provide the framework and orientation for these competencies prior to their use.

ORIENTATION TO THE COMPETENCIES

BACKGROUND

In 2012, the AGHE Accreditation Task Force designated two working groups, the Organizational Workgroup and the Competencies Development Workgroup. The 2014 Gerontology Competencies are the result of an AGHE Association-wide multi-year effort that has used feedback processes to build consensus. The effort built upon the work of Wendt, Peterson and Douglas (1993) as well as current literature in foundations of gerontology and competency-based education. The new competencies have integrated the Wendt, Peterson and Douglas (1993) liberal arts, professional and scientific orientations to achieve a more unified approach to the discipline of gerontology. Faculty and students from over 30 universities and colleges involved in gerontology education provided feedback into the consensus building process.

This product of the Competency Workgroup, after integrating the extensive feedback received, is meant as a resource for competency-based gerontology education. It will be the AGHE leadership, with input from the Accreditation Task Force's Organizational Workgroup and other AGHE Committees, as to how the competencies will be adopted and disseminated. The Workgroup's framework for the competencies encourages gerontology education programs to maintain their specific orientation (e.g., liberal arts), and utilize the competencies with flexibility and creativity. The competency resource document does not preclude programs from also identifying additional competencies that may be important for their program. Future steps for colleges and universities were noted by Competency Workgroup and responding faculty to include leveling the competence expectations for varying degree levels, building competency-based curricula materials and constructing competency-based student outcomes measurements.

These competencies rely on a robust definition of a gerontologist: Gerontologists improve the quality of life and promote the well-being of persons as they age within their families, communities and societies through research, education and application of interdisciplinary knowledge of the aging process and aging populations. This definition contributes to the potential impacts of graduates from the field of gerontology education.

FOCUS AND LEVELS OF ANALYSIS

The 2014 Gerontology Education Competencies address the continuum of foci for gerontologists, from micro to macro, as described by Ferraro et al (Wilmoth & Ferraro, 2007). Central to the field is the focus on older persons and their involvement in all aspects of decision making. This focus recognizes their potential, ability to contribute as well as needs. As such, many skills identified in the competencies may be applied at the individual, social network, institutional or societal level. Using this orientation, where 'older person' (defined as a person 65 years or older) is utilized in a competency, it may be subsumed even when not stated that this may also include their family, caregiver, and community when appropriate.

APPLICATION OF COMPETENCIES TO GERONTOLOGY EDUCATION

The competencies may be applied to gerontology programs with majors, minors and certificate programs at the associate, undergraduate and/or master's level. Competency-based education and assessment will require the specification of anticipated knowledge and skill development for the varying program levels. Measurement of competency acquisition will relate to learning objectives, course assignments and evaluation tools.

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 and departments of study often already have their own set of competencies. These competencies are specific to gerontology education programs and focus on the knowledge, abilities and skills (KAS) of gerontologists.

ORGANIZATION OF AGHE GERONTOLOGY COMPETENCIES

CATEGORIES

There are three categories of competencies (I, II and III). Category I competencies represent the essential orientation to the field of gerontology, are foundational and expected to be broadly represented in Associate, Bachelors, Master's degree and gerontology certificate programs. Category II competencies are "interactional" competencies that capture the processes of knowing and doing across the fields of gerontology and are also expected to be broadly represented in the above types of educational programs. Category III competencies are meant to capture the most relevant skills for contexts of employment in the variety of sectors and areas that gerontologists may work, including education. Category III competencies are to be selected based on the mission, goals and orientation(s) of the educational program. Competencies in Category III provide gerontology education program leadership with the ability to select and tailor the competency expectations for their particular programs' needs and orientations. It is suggested that programs select 2 or more Domains, and use the related competencies within that domain for their curricula. Within Category III, programs may identify additional competency content as appropriate for their program orientations and emphases.

CATEGORY COMPONENTS

Within each Category, there are 3 columns presented: The first column lists the Domain for the competency. Domains are broad areas with specific competency statements relating to the particular area. The second column presents the Core Competency statement, which begins with an action verb and is numbered. The third column provides the Recommended Competency Content for the Core Competency. The lists provided in the third column for each competency are also numbered in association with the Core Competency, and begin with action verbs. This list can be easily utilized to form learning objectives relating to the Core Competency and provides more detailed examples of content that can be included in programs representing the Core Competency.

CATEGORY I: Foundational Competencies To All Fields Of Gerontology — Recommended

DOMAIN	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 the Lifespan/Lifecourse perspectives to appreciate age over time in relation: ▪ To the human life cycle and stages of growth and development within the social context ▪ To life transitions and adaptive resources ▪ To the historical context of cohorts ▪ To age, gender, race and SES within social environments I.1.2 Distinguish concepts and theories of aging from a bio-psycho-social framework. I.1.3 Synthesize bio-psycho-social understanding of aging to build a gerontological knowledge foundation. I.1.4 Interpret the gerontological frameworks in relationship to aspects and problems of aging persons, their families, their environment and communities.
BIOLOGICAL ASPECTS OF AGING	I.2 Relate biological theory and science to understanding senescence, longevity and variation in aging.	I.2.1 Distinguish normal biological aging changes from pathology including genetic factors. I.2.2 Identify major cell-and organ-level systems changes with age. I.2.3 Recognize opportunities of reversibility and mutability in later life (e.g. frailty syndromes) and the plasticity of the human brain and body. I.2.4 Recognize common late-life syndromes and diseases and their related bio-psycho-social risk and protective factors. I.2.5 Identify the implications of biomedical discoveries on individuals and society. I.2.6 Synthesize biological with other gerontological ways of understanding human aging: ▪ Psychological ▪ Sociological ▪ Humanities

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT

PSYCHOLOGICAL ASPECTS OF AGING	I.3 Relate psychological theories and science to understanding adaptation, stability and change in aging.	I.3.1 Describe human growth and development across the lifespan/course including late life outcomes such as life satisfaction, coping and adaptation.
		
		I.3.2 Recognize normal age changes in intelligence and cognitive abilities including those that may impact late-life functioning.
		
		I.3.3 Demonstrate knowledge of signs, symptoms and impact of common cognitive and mental health problems in late life (e.g., dementia, depression, grief, anxiety).
		
		I.3.4 Recognize older persons' potential for wisdom, creativity, life satisfaction, resilience, generativity, vital involvement and meaningful engagement.
		
		I.3.5 Synthesize psychological with other gerontological ways of understanding human aging:
		    ▪ Biological
		    ▪ Sociological
		    ▪ Humanities

CATEGORY I: Foundational Competencies To All Fields Of Gerontology — Recommended

DOMAIN	CORE COMPETENCY STATEMENT		RECOMMENDED COMPETENCY CONTENT	
SOCIAL ASPECTS OF AGING	I.4	Relate social theories and science of aging to understanding heterogeneity, inequality and context of aging.	I.4.1	Appreciate the diversity of the older population based on: ▪ Age ▪ Functioning ▪ Gender ▪ Culture ▪ Language ▪ Religion ▪ Immigration status ▪ Sexual orientation ▪ Other variables
			I.4.2	Assess the impact of inequality on individual and group life opportunities throughout the lifespan/ course impacting late-life outcomes.
			I.4.3	Appraise the changing dynamics of contemporary multigenerational families and their impact on social solidarity and interdependence.
			I.4.4	Describe the changing population profile of: your state/ province, nation.
			I.4.5	Contrast aging demographics globally among developed and developing countries.
			I.4.6	Distinguish impact of the demographic elements of: fertility, mortality, and immigration.
			I.4.7	Identify how an older population mutually influences and is impacted by policies locally and globally.
			I.4.8	Synthesize sociological and other gerontological ways of understanding human aging: ▪ Biological ▪ Psychological ▪ Humanities

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
THE HUMANITIES AND AGING	I.5 Develop comprehensive and meaningful concepts, definitions and measures for well-being of older adults and their families, grounded in Humanities and Arts.	1.5.1 Identify conceptual domains explored in Humanities and Arts, as essential to understanding the experience of old age: ▪ Time ▪ Perspective ▪ Vitality ▪ Meaning ▪ Relationship ▪ Attention 1.5.2 Integrate humanities and arts-based understanding of aging into models of gerontological practice and policy. 1.5.3 Acknowledge and promote unique contributions older adults can make to the social environment. 1.5.4 Integrate humanistic and artistic understanding with other ways of understanding human aging: ▪ Biological ▪ Sociological ▪ Psychological

CATEGORY I: Foundational Competencies To All Fields Of Gerontology — Recommended

DOMAIN	CORE COMPETENCY STATEMENT		RECOMMENDED COMPETENCY CONTENT	
RESEARCH AND CRITICAL THINKING	I.6	Distinguish factors related to aging outcomes, both intrinsic and contextual, through critical thinking and empirical research.	I.6.1	Identify and explain research methodologies, interpretations and applications used by different disciplines to study aging.
			I.6.2	Identify gaps in research regarding both aging-related problems and successes in order to promote continued knowledge building
			I.6.3	Generate research questions to solve problems and advance positive strategies related to older adults, their social networks, intergenerational relations and aging societies.
			I.6.4	Design research studies using methods and procedures that produce reliable and valid gerontological knowledge.
			I.6.5	Use critical thinking to evaluate information and its source (popular media and research publications).
			I.6.6	Recognize the strengths and limitations of reliance on either qualitative or quantitative questions, tools, methods and conclusions.
			I.6.7	Promote and apply the use of appropriate forms of evidence-based interventions and technologies for older adults, their families and caregivers.

CATEGORY II: Interactional Competencies Across Fields of Gerontology — Recommended

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
ATTITUDES AND PERSPECTIVES	II.1. Develop a gerontological perspective through knowledge and self-reflection.	II.1.1 Critique and analyze assumptions, stereotyping, prejudice, and discrimination related to age (ageism) at both: ■ Personal and ■ Public levels II.1.2 Relate the historical context of the field of gerontology and the evolving roles in: ■ Research ■ Education ■ Commerce ■ Programs & services ■ Policy II.1.3 Assess and reflect on one's work in order to continuously learn and improve outcomes for older persons.
ETHICS AND PROFESSIONAL STANDARDS	II.2. Adhere to ethical principles to guide work with and on behalf of older persons.	II.2.1 Respect the person's autonomy and right to real and meaningful self-determination. II.2.2 Respect interdependence of individuals of all ages and abilities. II.2.3 Respect cultural values and diversity. II.2.4 Protect older persons from elder abuse of all types: ■ Utilize programs and policies that address elder mistreatment and abuse: ■ Mandatory legal reporting II.2.5 Recognize ethical standards and professional practices in all phases of work and research with and on behalf of older persons including but not limited to the following: ■ Informed consent ■ Confidentiality ■ Beneficence ■ Non-malfeasance ■ Honesty and Integrity

CATEGORY II: Interactional Competencies Across Fields of Gerontology — Recommended

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
COMMUNICATION WITH AND ON BEHALF OF OLDER PERSONS	II.3. Engage, through effective communication older persons, their families and the community, in personal and public issues in aging.	II.3.1 Establish rapport and sustain working relationships with older persons, their families and caregivers. II.3.2 Listen and actively engage in problem solving to develop research, programs and policies with key stakeholders including: ▪ Older persons ▪ Their families ▪ Caregivers ▪ Communities ▪ Researchers ▪ Policymakers II.3.3 Advocate for and develop effective programs to promote the well-being of older persons. II.3.4 Demonstrate effective means to overcome challenges to communicating effectively with persons as they age including: ▪ Sensory deficits ▪ Disabilities ▪ Medical conditions II.3.5 Apply and teach caregivers communication techniques to research and practice for elders with dementia. II.3.6 Use tools and technology to improve and enhance communication with and on behalf of older persons, their families, caregivers and communities. II.3.7 Consider heterogeneity in addressing communication styles and promoting the preferences of older persons including: ▪ Cultural ▪ Racial/ethnic ▪ Cohort ▪ SES ▪ Health literacy ▪ Sexual preference ▪ Immigration status ▪ Geographical location II.3.8 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 multi-media dissemination methods. II.3.9 Develop and disseminate educational materials to increase accurate information regarding older persons and older person services. II.3.10 Inform the public of the spectrum of aging services that provide older persons with: ▪ Preventive ▪ Treatment ▪ Supportive programs

CATEGORY II: Interactional Competencies Across Fields of Gerontology — Recommended

DOMAIN	CORE COMPETENCY STATEMENT		RECOMMENDED COMPETENCY CONTENT	
INTERDISCIPLINARY AND COMMUNITY COLLABORATION	II.4.	Engage collaboratively with others to promote integrated approaches to aging.	II.4.1	Perform and promote the roles of the gerontologist in collaborative work on behalf of older persons.
			II.4.2	Respect and integrate knowledge from disciplines needed to provide comprehensive care to older persons and their families.
			II.4.3	Develop interdisciplinary and community collaborations on behalf of the older population in: ▪ Research ▪ Policy ▪ Provision of supports, services and opportunities
			II.4.4	Involve the older person, their family and caregivers as members of the interprofessional care team in planning and service decisions.
			II.4.5	Provide the following groups information and education in order to build a collaborative aging network: ▪ Key persons in the community (police officers, firefighters, mail carriers, local service providers and others) ▪ Aging workforce professionals and personnel (paid and unpaid; full-and part-time) in the field of aging.

CATEGORY III: Contextual Competencies Across Fields of Gerontology — Selective

(Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies)

DOMAIN	CORE COMPETENCY STATEMENT		RECOMMENDED COMPETENCY CONTENT	
WELL-BEING, HEALTH AND MENTAL HEALTH	III.1	Promote older persons' strengths and adaptations to maximize well-being, health and mental health.	III.1.1	Build relationships that are respectful, confidential and engage positive change.
			III.1.2	Screen and provide referrals to evidence-based programs and interventions.
				▪ Health promotion, disease prevention, assessment and treatment programs
			III.1.3	Counsel older persons about healthcare and social program benefits.
				▪ For the U.S., this would include Medicare, Medicaid, Veterans Services, Social Security, Older Americans Act, Adult Protective Services
			III.1.4	Provide care coordination services for persons with:
				▪ Complex health and mental health problems
				▪ Geriatric syndromes
			III.1.5	Facilitate optimal person-environment interactions.
				▪ Assist in change in lived environment
			III.1.6	Assist caregivers to identify, access and utilize resources that support responsibilities and reduce caregiver burden:
				▪ Assistive devices
				▪ Technology
				▪ Professional services
				▪ Support groups and programs
			III.1.7	Facilitate end of life planning, including:
				▪ Advance care planning
				▪ Palliative Care
				▪ Hospice

CATEGORY III: Contextual Competencies Across Fields of Gerontology — Selective

(Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies)

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
SOCIAL HEALTH	III.2. Promote quality of life and positive social environment for older persons.	III.2.1 Support adaptation during life transitions including: ▪ Work and retirement ▪ Family structure changes ▪ Loss and bereavement ▪ Relocation ▪ Challenges due to disasters/trauma III.2.2 Promote strong social networks for well-being. III.2.3 Recognize and educate about the multifaceted role of social isolation in morbidity and mortality risk. III.2.4 Provide opportunities for intergenerational exchange and contribution. III.2.5 Provide strategies for strengthening informal supports. III.2.6 Support the healthy sex life and need for intimacy of older persons of all sexual orientations including: ▪ Privacy in group living ▪ Sexual health information ▪ Accommodation

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
PROGRAM/SERVICE DEVELOPMENT	III.3. Employ and design programmatic and community development with and on behalf of the aging population.	III.3.1 Work collaboratively with older persons, local government and community organizations to advocate building age-friendly communities, including: ▪ Housing ▪ Design techniques in public space and home environments ▪ Neighborhood safety ▪ Transportation ▪ Physical and social environments that benefit older persons III.3.2 Construct and evaluate programs for older persons that promote intergenerational relationships. III.3.3 Design and evaluate leisure and recreational activities which enhance meaning and quality of late life. III.3.4 Encourage older persons to actively participate in the responsibilities of citizenship including: ▪ Volunteerism ▪ Intergenerational contributions ▪ Identification of public issues and contributions to their solutions. III.3.5 Counsel individuals to utilize available services that promote well-being and quality of life. III.3.6 Consider the role of spirituality and religious needs and preferences when: ▪ Designing, delivering or ▪ Supporting gerontology programs and services in both secular and faith-based organizations. III.3.7 Develop and implement programs and services for older persons in collaboration with communities that are founded in: ▪ Research ▪ Policies ▪ Procedures ▪ Management principles ▪ Documentation and ▪ Sound fiscal practice
EDUCATION	III.4. Encourage older persons to engage in life-long learning opportunities.	III.4.1. Promote life-long learning opportunities across the life span to enhance personal development, social inclusion and quality of life.
ARTS AND HUMANITIES	III.5. Promote engagement of older people in the arts and humanities.	III.5.1. Create opportunities for people across the life span in the arts and humanities. III.5.2 Develop and implement programs promoting creative expression by older persons.

CATEGORY III: Contextual Competencies Across Fields of Gerontology — Selective

(Based on individual gerontology program orientations and goals, select two or more Domains and use their related competencies)

DOMAIN	CORE COMPETENCY STATEMENT	RECOMMENDED COMPETENCY CONTENT
BUSINESS & FINANCE	III.6 Address the roles of older persons as workers and consumers in business and finance.	III.6.1 Provide information for employers, policymakers, employees and the general public regarding: ▪ The definitions of older workers ▪ Age Discrimination and Employment Act ▪ Demographics regarding person and older person employment, retirement and current issues of full and part-time work before and after retirement III.6.2 Provide information for employers, policymakers, and employees regarding: ▪ Age issues in management ▪ Age and job performance ▪ Physical and cognitive changes and ▪ Effects on person-job fit III.6.3 Provide research on the "Mature Market" (50+) regarding: ▪ Financial resources ▪ Consumer choices and spending ▪ Approaches to market research and advertising, and ▪ Financial misconduct and fraud
POLICY	III.7 Employ and generate policy to equitably address the needs of older persons.	III.7.1 Promote the involvement of older persons in the political process so they may advocate on their own behalf. III.7.2 Analyze policy to address key issues and methods to improve the quality of life of older persons and their caregivers/families. III.7.3 Identify key historical and current policies that influence service provision and support the well-being of older persons such as, in the United States: ▪ The Older American's Act ▪ Medicare ▪ Medicaid ▪ Affordable Care Act ▪ Social Security
RESEARCH, APPLICATION AND EVALUATION	III.8. Engage in research to advance knowledge and improve interventions for older persons.	III.8.1 Conduct research on aging recognizing implications, relationships and applications across disciplines. III.8.2 Use research methods to evaluate and inform services, programs and policies to improve the quality of life of older persons. III.8.3 Investigate problems through collecting and evaluating data to continuously improve outcomes and develop creative and practical solutions to problems relating to older persons.

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