

# Health and Aging Education in Accredited Public Health Programs

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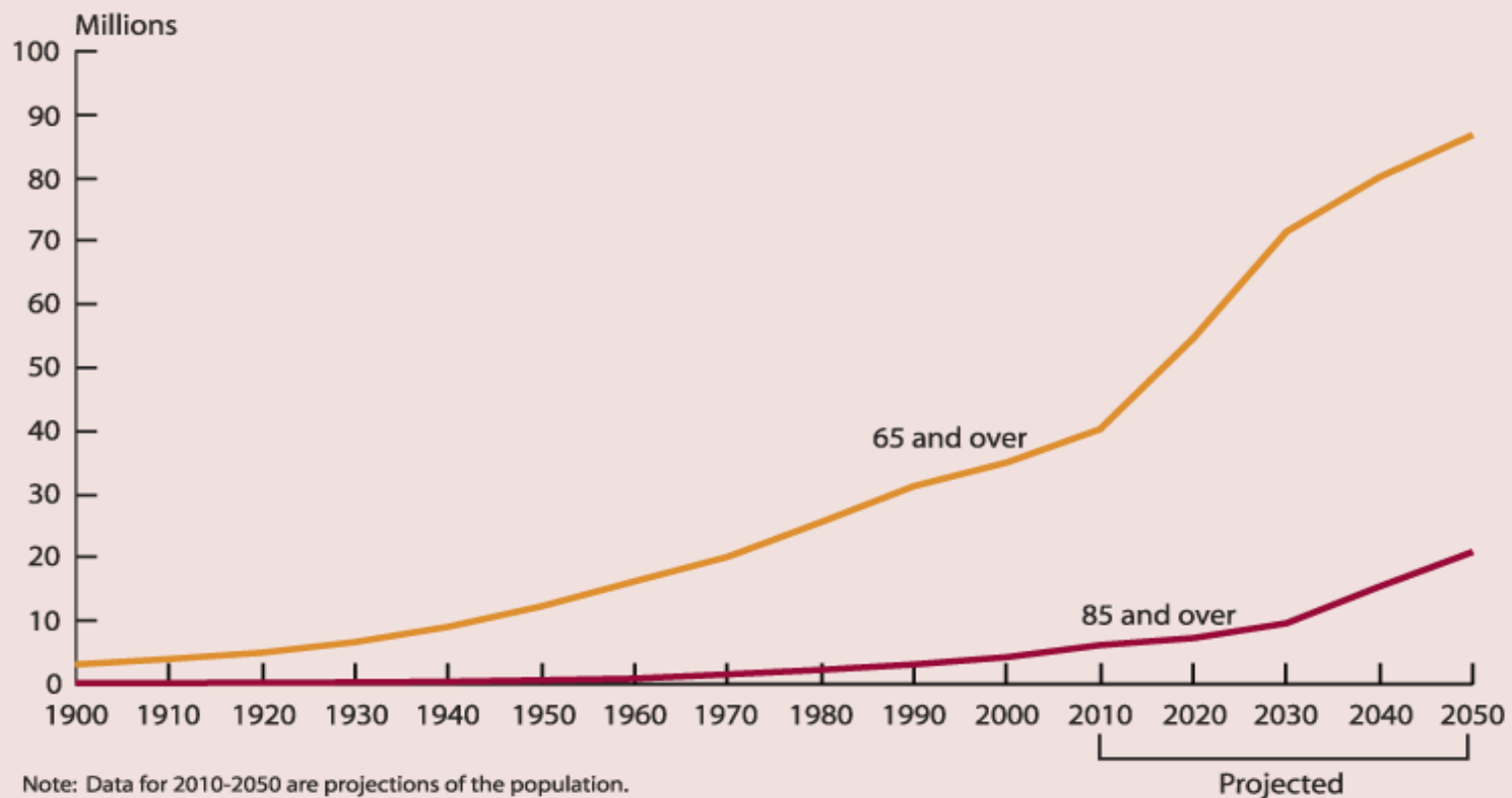
# Presentation Overview

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- Background and significance
- Demographics of accredited Schools of Public Health (SPH) and Public Health Programs (PHP)
- Methods
- Findings
- Discussion/conclusion
- Implications

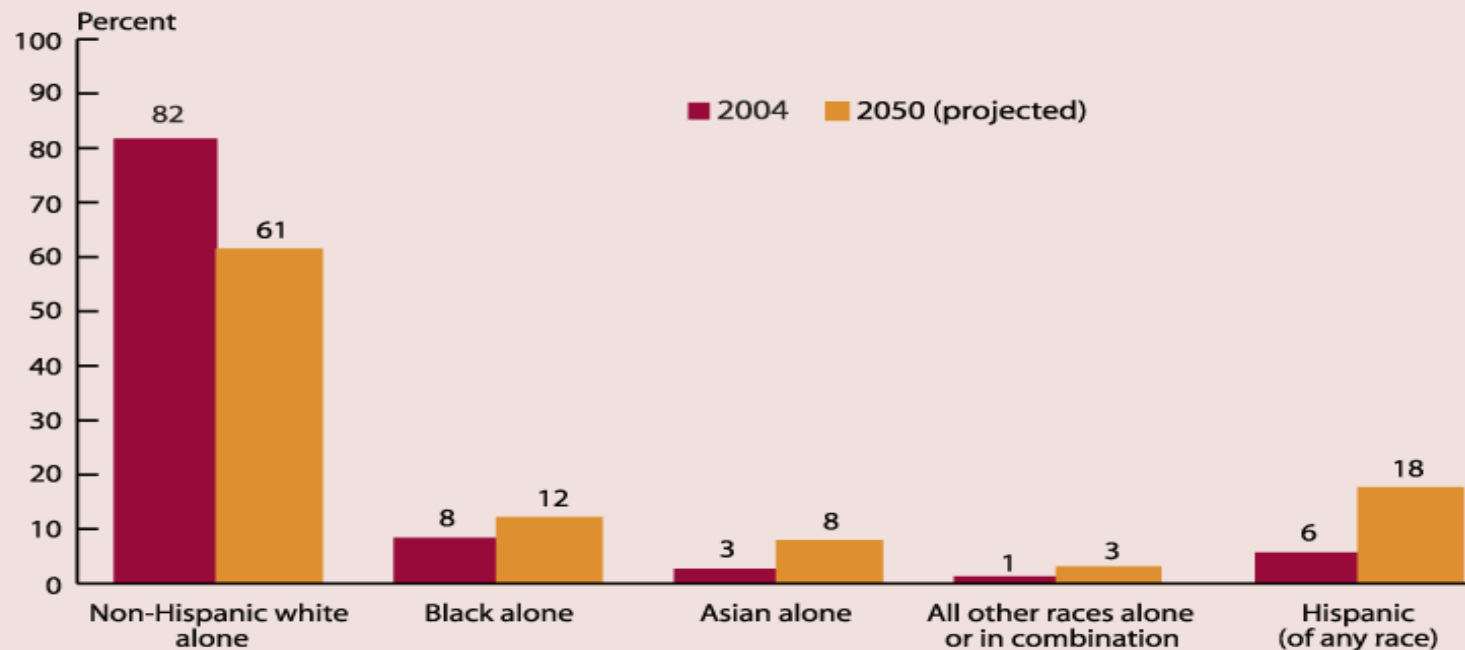
# Increase in Numbers

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



# Increase in Diversity

**Population age 65 and over, by race and Hispanic origin, 2004 and projected 2050**



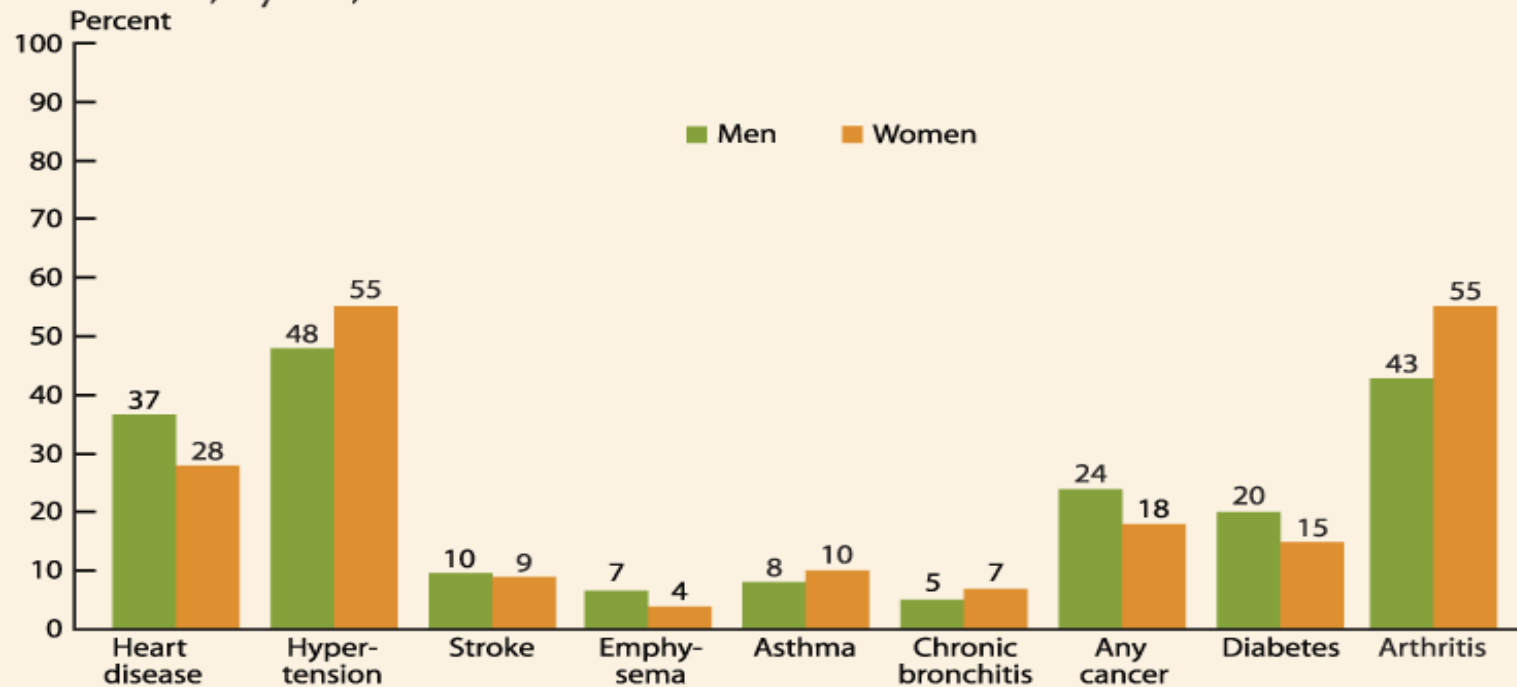
Note: The term "non-Hispanic white alone" is used to refer to people who reported being white and no other race and who are not Hispanic. The term "black alone" is used to refer to people who reported being black or African American and no other race, and the term "Asian alone" is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group "All other races alone or in combination" includes American Indian and Alaska Native, alone; Native Hawaiian and Other Pacific Islander, alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Population Estimates and Projections, 2004.

# Increase in Health Conditions

Percentage of people age 65 and over who reported having selected chronic conditions, by sex, 2003-2004



Note: Data are based on a 2-year average from 2003-2004. The question used to estimate the percentage of people who report having arthritis is "Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" This differs from the questions that were asked to estimate the percentage of people who report having "arthritic symptoms" in *Older Americans 2004*.

Reference population: These data refer to the civilian noninstitutionalized population.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

# The Need for a Diverse Public Health & Aging Workforce

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With a growing older adult population, of diverse ethnic backgrounds that are living longer and reporting a high prevalence of chronic conditions, it is important to have a diverse public health workforce with training in gerontology.

Healthy People 2010 goals:

- To ↑ quality & years of healthy life
- To eliminate health disparities

Health promotion for older adults **is** effective

# Accredited Schools of Public Health & Public Health Programs

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## Council on Education for Public Health (CEPH) accreditation

- 1984  
n = 17 SPH
- 1992  
n = 24 SPH  
n = 22 PHP
- 2005  
n = 36 SPH  
n = 63 PHP

*Council on Education for Public Health, 2005  
Wallace et al., 1998*

# Accredited Schools of Public Health & Public Health Programs

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⇒ 14,973 students enrolled  
4,636 graduates
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*Council on Education for Public Health, 2005  
Association of Schools of Public Health, 2005*



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⇒ 19,443 students enrolled

6,656 graduates

*Council on Education for Public Health, 2005  
Association of Schools of Public Health, 2005*

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6,656 graduates

30% increase in enrollment  
44% increase in graduation

*Council on Education for Public Health, 2005  
Association of Schools of Public Health, 2005*

# The Importance of Studying Public Health & Aging Curriculum

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- ✓ Health of the older adult population
- ✓ PH workforce with gerontological training
- ✓ Increase in PH degree programs & enrollment

Extent & content of PH & Aging Curriculum?

# Studies on Public Health & Aging Education

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- **Magee** (1985) - 63 courses at 17 SPH
- **Prohaska** (1992) - 96 courses within 23 accredited PH programs
- **Prohaska & Wallace** (1994) - Bureau of Health Professions study; 92 courses within 43 accredited PH programs
- ❖ **Wallace & Molina** (in process) - 2005 Bureau of Health Professions follow-up study

*Wallace et al., 1998*

# 2005 Bureau of Health Professions Study -

## *Health & Aging Education in Public Health Degree Programs*

Web-based survey

Pre-administration

- Built upon 1994 survey
- Advisory Board of 4 SPH & 1 PHP
- Pilot testing & revisions

# Methods

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## Survey Administration

- n = 98 (36 SPH & 62 PHP)
- Email to Deans and Program Directors

## Follow-up

- Email, mail, & telephone
- Online content analysis of programs

## Strategic Techniques

- Time of emails
- Use of personal contacts & accurate contact info

# Survey

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## Content areas:

- Course information
- Enrollment
- Concentration, specialization, & certification
- Distance learning
- Gerontology centers & other centers on aging
- Faculty
- Students
- Field placements/internships
- Future directions

# Findings

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## Response Rates

92% for Schools of Public Health

61% for Public Health Programs



# Non-respondents

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SPH

UC Berkeley

University of South Carolina

University of Washington

# Non-respondents

## PHP

Northwest Ohio Consortium of MPH Programs  
California State University, Long Beach  
Consortium of Eastern Ohio MPH Programs  
Florida A&M  
Indiana University at Indianapolis  
Louisiana State  
University of Maryland, College Park  
University of Miami  
Universite de Montreal  
Morgan State  
University of Nebraska at Omaha  
University of New Hampshire  
University of New Mexico  
New Mexico State  
University of Northern Colorado  
Nova Southeastern University  
Portland State/Oregon Health & Science University/Oregon State  
Southern Connecticut State  
University of Southern Mississippi  
University of Tennessee  
Uniformed Services University of Health Sciences  
University of Utah  
Western Kentucky  
Wichita State

# How Common is Aging Curriculum?\*

	1994	2005
# of aging courses/year	92	128
<b>Schools of Public Health</b>		
Schools with aging courses	72% (n=25)	80% (n=27)
Mean # courses/SPH	3.24	4.2
<b>Public Health Programs</b>		
Programs with aging courses	33% (n=18)	60% (n=23)
Mean # courses/PHP	.61	.75

\*Among respondents

# Are Students Taking Public Health & Aging Courses?

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1994 Study - 6% of students took at least 1  
PH & aging course

2005 Study - 3% of students took at least 1  
PH & aging course

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Despite the ↑ in schools/programs with aging  
courses, # of aging courses, & overall student  
enrollment, ↓ students taking PH & aging  
courses

# Why is There a Lack of Interest in Public Health & Aging?

## Funding

	<b>Schools of Public Health</b>	<b>Public Health Programs</b>
% with Fellowships	10%	7%
% with Research assistantships	40%	11%

\*2005 Data

# Why is There a Lack of Interest in Public Health & Aging?

## Faculty

	<b>Schools of Public Health</b>	<b>Public Health Programs</b>
% with faculty that have aging interests	81%	30%
Median # with aging interests	2	1

\*2005 Data

# Concentration, Specialization, & Certificates in Aging

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- Offered within 50% of SPH
- Offered within 10% of PHP
- Certificate is most common



# Discussion Q's

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- The number & variety of courses is promising, but what is their impact?
- Is enrollment low because of quality of PH & aging courses or lack of active recruitment?
- How do we increase funding needed for curriculum development & student incentives?

# Conclusions

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- There will be a doubling of the older adult population in the U.S. but the educational establishment of PH is not reflective of this growth.
- We need to ↑ the # of PH professionals trained in aging topics to meet the needs of the aging population.
- It is imperative to have strong PH & aging curriculum & not merely a growing field of PH training with some aging courses.

# Policy Implications

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- Training \$ for gerontological health similar to maternal/child health & social welfare
- Implementation of hiring preferences that include training/coursework in aging
- More active recruitment & resources that can help direct aging-related interests

# THANK YOU!

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