*Perspective*

# Perspectives on Community Geriatrics: An Applied Proposal From Colombia, South America

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**Abstract**

This essay argues for the urgent need to redefine the role of geriatricians, as medical speciality, beyond hospital settings, emphasizing the importance of community geriatrics (CG) in Latin America. Despite global discussions on integrating CG in geriatric practice, its presence remains marginal in low-income countries, where older adults face systemic barriers to health care access. The essay calls for a discussion of CG within geriatric training model, which often prioritizes hospital-based care, and advocates for a community-based approaches to aging. Using a geriatric program in Colombia as a case study, the essay proposes that geriatric education should actively address poverty, inequity and local capacities to develop CG, and geriatricians must be involved beyond biomedical realities, developing capacities for interdisciplinary collaboration, social prescription, and rights-based care. A real-life case illustrates how levering community sources can enhance older persons' wellbeing, and how a geriatrician must be involved in the development of aging social policies.

**Keywords**

community, clinical geriatrics, social determinants of health, education

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## Introduction

Community geriatrics (CG) is an evolving concept within the field of geriatric knowledge, addressing the need for comprehensive care of older persons within their communities. CG emphasizes prevention, health promotion, and the management of chronic diseases in environments where older individuals live, whether in their homes or community-based settings. Depending on the country, medical education (Abizanda Soler et al., 2015) and its health system, geriatrics—as a medical specialty—either centers on hospital-based attention to disease or considers a primary health and community base approach. We consider essential that geriatric medicine specialty programs discuss their position on the topic, the relation with other disciplines and the capacities and knowledge a resident in the field needs to develop, in regions like Latin America, where access to healthcare services can be limited, especially for older persons living in poverty or rural areas. This discussion is essential, particularly in light of the increasing demands posed by the rapid global aging of the population and discussions about the need of geriatrics at different levels of medical education (González-Montalvo et al., 2020; Reilly et al., 2021).

Reflecting on the Colombian context, it is important to recognize that the country is both culturally diverse and deeply unequal. Colombia is a pluriethnic and multicultural nation, home to indigenous, afro-descendant, and Romani populations, facing unequal access to public services and a high prevalence of disability among older adults (Gómez et al., 2021). According to available data, the aging index in Colombia is on the rise, with a significant percentage of the elderly population living in poverty and in rural areas. Only approximately 29% have access to a pension, and nearly 30% report having no support at all. From an epidemiological standpoint, 45.5% of individuals diagnosed with a chronic illness are aged 60 or older, 18.7% have some form of disability (DANE, 2021), and nearly 8.5% of the population that has experienced forced migration is over 60 years old (Curcio et al., 2019). Loneliness, changes in family structure, and the lack of caregiving support are challenges they face, which are especially severe for those most economically vulnerable, who often lack

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employment, social security, and have lower levels of education (Varela Londoño, 2008). In terms of health access, older persons in Colombia report discontinuity in services, barriers to access, mobility challenges, and financial difficulties as the main issues they encounter (López Arbolera, 2018). Finally, geriatric specialists are mainly distributed in large urban cities.

In light of these realities, we propose reflecting on whether training in community geriatrics should be an essential component of geriatric specialization. This suggestion is grounded in the understanding that aging and its related care needs go beyond the hospital setting and are closely tied to the social determinants of health. However, this leads to a broader debate: in healthcare systems with limited resources and serious gaps in service integration and continuity of care for older adults, is it more practical to focus training efforts on hospital-based care? From this perspective, some may argue that geriatric specialization should instead emphasize advanced clinical skills for managing acute conditions in older patients within institutional settings.

## Concepts and Scope of Community Geriatrics

During the decade of 90s, especially in United Kingdom there was a debate whether it was a necessity to open a medical subspecialty in CG. In a time when Primary Health was on focus, UK and European geriatrics recognized the need to understand social and community aspects of promotion and prevention of chronic illness. Ebrahim stated that there was no need to develop a new subspecialization, but to actively engage geriatricians in the continuity of the services and the need of community base rehabilitation (Ebrahim, 1994). This debate seems to disappeared in the last 24 years, living some spare fragments specially in the UK (Young & Philp, 2000), China and Spain (Bermejo et al., 2016) as main countries publishing about it, with a renovated interest on the topic the last years, including Australia and New Zealand proposals (Hohenberg et al., 2021).

The way geriatrics conceptualizes disease will determine the role it assigns to the community as a potential setting for work. For example, according to the British Geriatrics Society (2024), CG focuses on frailty and the management of long-term conditions, ensuring that older persons with complex health problems receive specialized care within the community. This left no space in its conceptualization for promotion and prevention. Other authors refer to "Community" as a scenario, that include a range of options, from home-based care (Baztán et al., 2000) to interface geriatrics, supporting multidisciplinary teams, community-based intermediate care services (Morris, 1994), or community geriatric services (Hohenberg et al., 2021; Morycz et al., 1985), with the aim of reducing hospitalizations through an interdisciplinary team focusing in informal and community care and rehabilitation (Young & Philp, 2000). The Italian version of CG, it is equated with ethnogeriatrics, which considers health from a cultural and ethnic perspective, recognizing how sociocultural factors affect aging processes and upholding the right of individuals to have their cultures and knowledge respected (Castagna & Gareri, 2014). However, if the health situation of older persons is understood as the result of a person's life course and the interaction of social determinants of health (Robles et al., 2023), community geriatrics becomes pivotal in their attention, not just as a specific scenario but as a conceptual model to comprehend health and disease.

Unfortunately, no information was found related to other community geriatric programs in Latin America, except for the distribution of geriatricians within home services (Arbey Gutiérrez, 2015). Most of literature related to CG or services comes from high income countries (Frost et al., 2020). Therefore, understanding what "Community Geriatrics" means requires a deeper discussion of what is meant by "community" and what the role of the geriatrician is within this framework, particularly in a Latin-American country like Colombia. Beyond the physical space where individuals reside, "community" refers to a deeply intricate network of meanings and identities, and to a specific territory with unique characteristics, including barriers that older persons must navigate to maintain their health, as well as specific resources, capacities, and practices that people collectively develop to define and confront adversity and challenges. Community also implies the collective construction in time of shared meanings, expectations, and common ideals (MacQueen et al., 2001), but also considering its historical transformations, conflicts, power relations and inequities. In direct relation to ageism, older persons often face greater challenges in participating and staying connected to their networks, services and institutions not only when they are seriously ill or frail, but daily.

Given that the physical, social, and environmental context in which a person ages is a key determinant of their health (Robles et al., 2023; Santamaria-Garcia et al., 2023), we proposed that geriatrics in particular in developing countries and as a medical specialty, must develop community geriatric services, that focus on deinstitutionalization, along with community and informal care, preventing or delaying admission to acute or long-term hospital care or residential facilities (Hohenberg et al., 2021). From this perspective CG seeks to build bridges between clinical care and community life, enhancing the capacities of individuals and communities to address crises and encourage social participation (Martínez & Chaves, 2020), recognizing that the clinical encounter between a specialist and a patient represents only a small fraction of an older person's life. In this context, health interventions aimed at older persons must acknowledge the crucial role of prevention and health promotion in the aging process. Actions taken within the healthcare system must align with everyday

life, leveraging existing resources and services to ensure continuity of care, treatment adherence, and a comprehensive and inclusive approach to the needs of this population. This involves working with and through primary healthcare teams and adopting a rights-based approach that recognizes both individual and community capacities in addressing health-disease processes (Organización Panamericana de la Salud, 2020).

## Training and Community Rotation in a Geriatrics Specialty

The Geriatric Medicine specialization at Pontifical Javeriana University is a clinical program that includes a dedicated rotation in Community Geriatrics. To our knowledge, it is the only medical specialization program in Colombia with a specific practice setting focused on this area. While other programs offer theoretical training on the social aspects of aging, they do not provide a structured, community-based component.

The rotation aims to expose residents to the realities of aging in vulnerable communities, fostering a deeper understanding of the political, social, economic, and environmental factors that influence health outcomes in older persons, barriers to health access and local capacities within communities. The rotation considers as learning objectives: The capacity of participants to contrast the different theoretical approaches to the concept of community; to debate public policies related to the participation of the elderly, at the local, regional and national level; to contrast national public policies with the political developments of other regions or countries, and their relationship with social participation; to prioritize health problems of the elderly population in local contexts; to monitor the risk factors of the elderly population in local contexts and to generate community participation activities aimed at improving and maintaining the health of specific communities in local contexts.

During this rotation, developed as a university-community partnership (Crocker et al., 2025), residents engage in fieldwork within vulnerable communities through a social impact program led by Pontifical Javeriana University called *Vidas Móviles* in which undergraduate and graduate students from various programs participate toward the sustainable development of the population of Ciudad Bolívar, a vulnerable locality of Bogotá city. Geriatric residents perform home visits, conduct comprehensive geriatric assessments in context, and lead health promotion and prevention activities. In collaboration with interdisciplinary teams, including professionals and undergraduate students from physical education, nursing, psychology, and dentistry, residents learn to work across disciplines, addressing both the medical and social needs of the elderly. The rotation also emphasizes the human's rights-based approach to health, considering it as a fundamental human right, ensuring that all individuals have equitable, dignified, and non-discriminatory access to quality services. The program promotes active participation in healthcare decisions, respects and develops autonomy and considers social, cultural and economic contexts (Beard et al., 2016).

## What Do a Geriatrician Can Learn in a Community Setting?

Consider one case to understand the different knowledge and capacities geriatricians may develop: Mrs. María—fictitious name—lives in Arborizadora Alta, in Ciudad Bolívar. This neighborhood faces challenges such as limited infrastructure and restricted access to healthcare services and recreational spaces for older persons. For years, as a 75-year-old woman, she managed arterial hypertension and grade II obesity, coupled with chronic knee pain from osteoarthritis, particularly in her left knee. This pain significantly restricted her mobility, household activities, and physical activity participation, worsening her isolation and straining her family and social relationships. During a medical consultation, she was diagnosed with knee osteoarthritis and prescribed pain management, dietary modifications, weight reduction, and physical activity. However, after 3 months, despite following medical recommendations, her condition showed little improvement. She remained homebound, avoiding interactions with neighbors, reflecting the emotional and social toll of her health challenges. At a follow-up consultation, the geriatrician recognized her strong family support network and identified a community resource: the public swimming pool in her territory. Located within a reasonable distance, the pool is free and accessible via public transportation. However, many older adults in her area were unaware of its therapeutic potential. Encouraged by her family and the doctor via social prescription (Clements-Cortés & Yip, 2020; Paquet et al., 2023), Mrs. María joined a swimming group at the pool. She quickly connected with others who shared similar health conditions, creating a supportive space to exchange experiences and concerns. This integration helped her engage in physical activity and reconnect with the community. Swimming not only served as a therapeutic exercise but also strengthened her social ties, enhancing her sense of belonging. Over several months, Mrs. María showed remarkable improvements. She experienced reduced knee pain, lost 2 kg of weight, regained the ability to manage household tasks, and began leaving her home more frequently. These changes strengthened her family bonds and helped her form new friendships, significantly improving her physical and emotional well-being. Her case demonstrates how community-based rehabilitation can address both physical limitations and the psychosocial needs of older adults in vulnerable settings. Utilizing existing resources, such as the public swimming pool, was key to improving her quality of life. These

interventions promote physical activity while fostering personal and cultural connections, reinforcing community belonging. Mrs. María's case underscores the potential of holistic approaches in community geriatrics. Even in economically disadvantaged areas like her neighborhood, leveraging community resources and networks can provide comprehensive solutions that enhance the lives of older adults. Her story exemplifies the transformative impact of intersectoral accessible and inclusive community-based interventions. Limiting the intervention to biomedical expertise would limit the improvement on her life. By integrating community elements into care plans, geriatricians can promote autonomy and active participation while addressing physical and emotional needs, ultimately restoring dignity and well-being.

Also, our rotation aims to prepare geriatricians to contribute critically to public health policies and the improvement of older persons quality of life in Colombia. These experiences allow residents to apply theoretical knowledge acquired in the classroom to complex, multifaceted community scenarios. The exposure to the socioeconomic and environmental conditions that impact aging provides them with a deeper understanding of the non-medical factors that influence health outcomes. The rotation seeks to contribute to the ongoing conversation about community geriatrics by sharing insights from the Colombian experience, highlighting the need for a more integrated, rights-based approach to elder care that bridges the gap between clinical practice and community life. This focus on continuity of care and community-based rehabilitation reflected a broader shift in healthcare, which began to emphasize the role of social and environmental factors in managing chronic illness among older persons. The residents' direct contact with older persons in their neighborhoods' environments fosters greater empathy and a deeper awareness of the structural resources, barriers and capacities they have. This helps shape healthcare professionals who not only treat diseases but also advocate for the rights and well-being of older persons in broader social contexts.

## Interdisciplinary Collaboration

A core aspect of community geriatrics is its emphasis on interdisciplinary collaboration. Some authors have addressed its power within the education of health personal (Flaherty & Bartels, 2019; Reilly et al., 2021). By recognizing that healthcare for older adults is multidimensional and complex, and that person-centered care leads to better outcomes, health education must seek to integrate various professions and disciplines in a shared, problem-focused setting (Díaz-Ortiz et al., 2023). Around the world, it has already been demonstrated that collaborative, interprofessional, and interdisciplinary education fosters teamwork, coordination, and conflict resolution through communication, integration, and the merging of knowledge from different professionals in healthcare and social care, starting from academic training (Arbea Moreno et al., 2021). In fact, it has been documented that interprofessional practice reduces the economic burden on the system while also providing integrated and efficient care (de Gans et al., 2023).

Older persons, particularly those with complex health needs, require care that spans multiple disciplines. The community geriatrics rotation underscores the importance of working within such teams to provide holistic care. Residents learn the value and challenges of interdisciplinary consensus in developing care plans and the importance of continuity of care across different healthcare settings, recognizing how in Colombia as in other countries older persons have to navigate a complex system (Valaitis et al., 2020) and how at the end of the day their local social networks are the enablers to health access (George et al., 2023). This approach is crucial for the comprehension of the critical problem that the fragmentation of services implies for older persons, which can occur when various healthcare providers or institutions work in isolation from each other. By collaborating with different professionals, geriatricians can ensure that all aspects of an older person's health—physical, mental, and social—are addressed in a coordinated manner. This reduces the risk of missed opportunities for early intervention in areas like fall prevention, cognitive decline, or mental health support. The reality of the scarcity and limited availability of geriatricians in the country forces a re-evaluation of the geriatrician's role within the healthcare system, emphasizing the need for collaborative work and the importance of actively training other professionals in aging-related issues, especially in community contexts, work toward alliances with local care providers and to discuss the relation of geriatrics with social services and professionals (Flaherty & Bartels, 2019).

## Rights Based Approach

A rights-based approach to healthcare for older persons is fundamental in ensuring that this population is treated with dignity and respect (Beard et al., 2016). In Colombia, as in many other countries, older persons often face ageism, which can manifest in their exclusion from social and economic activities or in inadequate healthcare responses to their needs. CG, with its focus on the broader social determinants of health, challenges healthcare professionals to think beyond the immediate clinical encounter. It encourages them to consider how factors like gender, housing, education, and social support systems influence the health of older persons, and how their own beliefs and social position may affect their own practice. Moreover, by engaging with local civic and social spaces, such as the Local Operational Committees—a district unit that attend and coordinates services for older persons—, Javeriana's geriatricians can comprehend and contribute to the development of policies and programs that support healthy aging. These

spaces offer an opportunity to bridge the gap between clinical practice and public health policy (Valaitis et al., 2020), and challenges to ensure that the voices of older persons are heard in decision-making processes that affect their lives. As they apply they knowledge on public policies and the health system they recognized that the system they work in is just one of multiple possibilities, including those that place geriatricians within hospitals and complex clinical situations, but also those that see geriatricians as a team member in primary health.

## Conclusion

As proposed, geriatricians must be prepared to navigate complex social and environmental factors that affect their patients' health. This requires a shift in geriatric education toward more community-based, interdisciplinary training programs that equip healthcare professionals with the skills they need to provide holistic care. By focusing on continuity of care, interdisciplinary collaboration, and the social determinants of health, community geriatrics offers a more holistic, patient-centered model of care that is well-suited to the challenges of aging in Colombia and other countries facing similar socio-economic conditions. The insights gained from the community geriatrics rotation at Pontifical Javeriana University highlight the transformative potential of this approach, not only in improving health outcomes for older persons but also in shaping the future of geriatric care. However, to fully realize the benefits of community geriatrics, supportive policies are needed to ensure that healthcare systems are equipped to deliver this type of care on a broader scale. By integrating medical care with social and community-based strategies, community geriatrics holds the potential to significantly improve the quality of life for older persons in Colombia and beyond.

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