AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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Supporting All Americans as We Age
Updated Questions for Candidates for Election in 2024

The American Geriatrics Society (AGS) is committed to improving the health, independence, and quality of life for all of Americans as we age. We believe it is important for Americans to understand how elected officials and candidates for office view federal, state, and local programs that support older Americans. What programs and policies are they championing and what is their vision for the future of aging in the United States?

Our electoral process allows for opportunities for us to ask questions of candidates for public office. Learning about a candidate's commitment to older Americans *now* can help us elect leaders who are committed to our collective health, safety, and independence as we age.

To assist our members and others seeking to learn more about where candidates and elected officials stand on issues important to older adults, we created this compendium of questions. In addition to suggesting questions, our compendium shares programs and policies that are aimed at improving care of older adults. We encourage you to stay informed, get involved, and advocate for the causes you care about.

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Topics Important to Supporting All Americans as We Age
(click any header below to see more on a topic or scroll down to view the full document)

Achieving Equity in Health Care

- How do you plan to address the significant impact racism and other types of discrimination have on the health and well-being of diverse older Americans?
- How will you ensure federally funded health research appropriately reflects the diversity (including age, ethnicity, gender, race) of the American population?
- What are your plans for ensuring traditionally underrepresented groups (e.g. racial, ethnic, women) are vibrant parts of your team?

Ensuring Access to Geriatrics Health Professionals

- What policies and programs would you champion that would increase access to geriatrics health professionals for older Americans?

Expanding Title VII Geriatrics Training Programs

- How would you work to expand the reach of federal training programs so that all older people have access to health professionals who are competent to meet our needs as we age?

Questions for Our Candidates and Elected Officials on Supporting Us All as We Age

Ensuring Our Workforce is Prepared to Care for Older Americans

- How would you reform graduate medical education (GME) to address the gap between training requirements and our nation's need for a workforce that is prepared to care for us all as we age?
- How would you ensure that diversity, equity, and inclusion policies are maintained in health care and medical education?

Reducing the Toll and Impact of Chronic Diseases

- How would you prioritize aging research across federal agencies and institutions so that we can address the human and economic toll of chronic diseases on older Americans?
- What will you do to ensure that Americans trust scientists and experts in other disciplines?

Supporting American Families

- How would you ensure that all Americans, including all those employed by the federal government, have access to paid family leave?

Addressing Complexity in Caring for Older Americans

- How would you work to improve both the quality and efficiency of care delivered to the increasing number of Medicare beneficiaries with multiple chronic and complex conditions?
- Additionally, how would you improve care and care coordination across health care settings particularly for individuals who have dual eligibility for both Medicare (controlled by the federal government) and Medicaid (largely controlled by the states)?

Addressing Public Health Emergencies

- What will you do to ensure we have adequate public health infrastructure and an expanded role for public health workers – particularly those with geriatrics expertise – in addressing future public health emergencies?

Do you have ideas for additional topics?

Submit your ideas for additional topics to info@americangeriatrics.org
or tweet us at @AmerGeriatrics

AGS Geriatrics Healthcare Professionals

Questions for Our Candidates and Elected Officials on Supporting Us All as We Age

Achieving Equity in Health Care

- **How do you plan to address the significant impact racism and other types of discrimination have on the health and well-being of diverse older Americans?**
- **How will you ensure federally funded health research appropriately reflects the diversity (including age, ethnicity, gender, race) of the American population?**
- **What are your plans for ensuring traditionally underrepresented groups (e.g. racial, ethnic, women) are vibrant parts of your team?**

Why It Matters

The AGS believes in a just society, one where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults, families, and care partners. To live up to our ideals, we must work for justice and changes to policies that have allowed racism and discrimination to persist.

From the social determinants of health, medical research, and instances of violence not only expose inequities but also emphasize why action is critical. And though that action is vitally important to older people of color, it also does not begin at old age. Throughout their lives, people of color have poorer access to health care and receive services of lower quality than the general population. Starting in middle age, the toll becomes evident. Among Black people, for example, that means more chronic medical conditions, which worsen over time, and earlier deaths.

Racism also extends well beyond personal well-being to encompass professional advancement, too. In 2018, for example, only 13.6% of science and engineering doctorate holders employed as full-time, full professors at all institutions were from underrepresented racial and ethnic groups. Even the research that can shape both health and academic careers can be jeopardized by marginalization: Racial and ethnic minorities currently make up about 42% of the U.S. population but estimates place their rates of inclusion in research studies at between 2% and 16%.

Additionally, women (including those in geriatrics and health care) continue to earn 85% of the compensation provided to men in similar positions. Discrepancies in pay not only make it more challenging to make ends meet but also reinforce a culture that sees women frequently passed over for major assignments, leadership opportunities, senior mentoring, and promotions.

Policy Approaches that Work

We all must do our part to stand against discrimination, harassment, prejudice, systemic injustice, and violence targeting any individual because of who they are—including their age, ancestry, creed, cultural background, disability, ethnic origin, gender, gender identity, immigration status, nationality, marital and/or familial status, primary language, race, religion, socioeconomic status, sex, and/or sexual orientation.

In health care, that means valuing the significant contributions of colleagues from diverse backgrounds to the care we all need as we age and ensuring they are vibrant members of organizational leadership. For the millions of older adults and caregivers living in the U.S., it also means opposing discrimination or disparate treatment of any kind in any healthcare or research setting. Discriminatory policies—especially when they are perpetuated across the healthspan and lifespan—have a negative impact on public health for us all.

The AGS continues to champion policies that seeks greater inclusion across the healthspan, including a National Institute of Health (NIH) Inclusion Across the Lifespan policy, implemented in 2019, that requires NIH-funded scholars to eliminate arbitrary age limits in their work. We have also recently supported steps taken by the Food and Drug Administration (FDA) to ensure a standardized approach in collecting race and ethnicity data in submissions for clinical studies and trials for FDA-regulated medical products with the goal of ensuring the safety and efficacy of all products in all populations.

What's at Stake

Discrimination structures opportunity and assigns value inappropriately based on how a person looks. The result: Conditions that unfairly advantage some and unfairly disadvantage others. Discrimination hurts the health of our nation by preventing some people—including many older adults—from pursuing the opportunity to attain their highest level of health.

Discrimination may be intentional or unintentional. It operates at various levels in society. Racism is a driving force of the social determinants of health (like housing, education, and employment) and is a barrier to health equity. Even small and subtle acts of racial bias, such as being treated with less respect due to race, can lead to a host of health problems, including heart disease, clinical depression, low-birth-weight infants, poor sleep, obesity, and even mortality. The link between experiences of discrimination and illness has been documented among a variety of groups, including people who identify as African, Asian, Native Hawaiian, Pacific Islander, Black Americans, Latino, and Native American. These problems also do not go unnoticed by the general population: A 2015 poll found that an overwhelming 91% of Americans felt that racism remained a problem in the U.S.; 49% described it as a "big problem."

Ensuring Access to Geriatrics Health Professionals

What policies and programs would you champion that would increase access to geriatrics health professionals for older Americans?

Why It Matters

Geriatrics health professionals are pioneers in advanced-illness care for older adults, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. When these professionals are in short supply, too many older Americans receive care that is not well-coordinated and that often leads to adverse outcomes for all of us as we age.

Policy Approaches that Work

Two policy approaches that would address the shortages and increase access are:

- Restoring and making permanent the 10% primary care bonus that was included in the Affordable Care Act as a mechanism for addressing the shortage of primary care clinicians. This would be an important incentive for geriatricians and other geriatrics health professionals who bill on the physician fee schedule. According to Doximity's 2023 Physician Compensation Report, geriatric medicine remains among the lowest paid of specialties and restoring the primary care bonus is a simple solution that would help primary care.
- Creating loan repayment programs at the federal and state levels that are specific to geriatrics. In particular, such programs would address the significant barrier that student loan debt creates for clinicians who want to pursue primary care careers in geriatrics, while helping to expand the workforce we need to care for the growing population of older Americans. At the federal level, the program would complement existing loan repayment programs offered by the Health Resources and Services Administration for primary care medical, dental, and mental and behavioral health care providers. A separate loan forgiveness program should be established by the Department of Veterans Affairs (VA) to incentivize geriatrics health professionals to pursue careers caring for older veterans.

What's at Stake

In a 2017 report, the Health Resources & Services Administration (HRSA) documented the current and growing shortage of geriatricians (physicians who specialize in geriatrics), forecasting that by 2025 there will be an insufficient number of geriatricians to meet the needs of the U.S. population. This could leave many older adults without access to geriatrics care. There are similar shortages of health professionals specializing in geriatrics across other disciplines.

Expanding Title VII Geriatrics Training Programs

How would you work to expand the reach of federal training programs so that all older people have access to health professionals who are competent to meet our needs as we age?

Why It Matters

Our healthcare workforce receives little, if any, training in geriatrics principles, leaving us ill-prepared to care for older adults as health needs evolve. With the shortage of geriatrics healthcare providers and academics with the expertise to train these providers, the AGS believes it is urgent that we increase the number of educational and training opportunities in geriatrics and gerontology. By 2036, there will be a shortage of 1,740 geriatricians, leaving thousands without access to these services. There are similar shortages of health professionals specializing in geriatrics across other disciplines. Additionally, rural populations have more limited access to primary care than residents of urban areas, and are generally older, have a higher incidence of poor health, and face greater barriers to receiving care such as transportation and internet access.

Policy Approaches that Work

Title VII of the Public Health Service Act is the federal mechanism for supporting health professions education/training that is focused on increasing the skills and knowledge of the primary care workforce to care for older adults. Title VII funding supports two important federal programs that benefit all of us as we age:

- The Geriatrics Workforce Enhancement Program (GWEP) educates and engages the broader frontline healthcare workforce and community-based organizations in improving care for older adults in the communities that the GWEPs serve.
- The Geriatric Academic Career Awards (GACAs) support professional development for clinician-educators who are training the workforce we need as we age and who are leaders in geriatrics.

Currently, HRSA funds 48 GWEPs and 26 GACAs in 38 states and two territories. All are working to ensure that older Americans and those who care for them have access to a healthcare workforce with the requisite skills and geriatrics competencies to meet our needs as we age.

What's at Stake

The current (FY 2024) funding amount of $48.2 million for the GWEPs and the GACAs falls short of what older Americans need today, and what we all will need tomorrow. The AGS continues to advocate for increased funding totaling $82 million, which would do much to close the current geographic and demographic gaps in geriatrics workforce training. Furthermore, the current authorization for the programs expire in 2024, which provides an important opportunity to update the programs and address any new or changing needs.

Long-term, we also must work to ensure geriatrics training programs continue to receive adequate, ongoing federal support for the impact we need as the population of older Americans continues to grow.

Ensuring Our Workforce is Prepared to Care for Older Americans

- **How would you reform graduate medical education (GME) to address the gap between training requirements and our nation's need for a workforce that is prepared to care for us all as we age?**
- **How would you ensure that diversity, equity, and inclusion policies are maintained in health care and medical education?**

Why It Matters

Medicare is the largest funder of Graduate Medical Education, spending an estimated $10.3 to $12.5 billion annually on training the next generation of health professionals. Yet there are no federal requirements that training funded with Medicare dollars prepare trainees to care for older people.

Policy Approaches that Work

One policy approach would be to mandate that all Medicare-supported training include a focus on care of older adults that is discipline or specialty specific. This would prepare a workforce that is competent to care for us all as we age. Models of care that have implemented this approach include the Geriatrics Surgery Verification (GSV) program and the Geriatrics Emergency Department Accreditation (GEDA) program. Both programs include an emphasis on ensuring that the workforce that is coordinating care provided to older adults in systems that have adopted these approaches have the necessary skills and knowledge to provide high-quality, person-centered care.

What's at Stake

More of us than ever before are benefiting from science that has increased our healthspan and allowed us to remain independent in our communities longer. We need to be sure the whole of our health workforce is equipped to support our health, safety, and independence as we age.

Recently, there has been a rise of federal and state laws attempting to eliminate diversity, equity, and inclusion (DEI) in health care and health professional education. The AGS believes it is critically important to incorporate the principles of health equity, geriatrics, and cultural humility into training of health professionals and that our current faculty receive the training they need to adequately support the next generation. Given the increasing diversity among older people and rapid growth of the older population, the healthcare workforce must both reflect and be better prepared to care for the populations that it serves.

Reducing the Toll and Impact of Chronic Diseases

- **How would you prioritize aging research across federal agencies and institutions so that we can address the human and economic toll of chronic diseases on older Americans?**
- **What will you do to ensure that Americans trust scientists and experts in other disciplines?**

Why It Matters

Chronic diseases related to aging, such as diabetes, heart disease, and cancer, continue to affect 80% of people 65 and older. They also account for more than 75% of Medicare and other federal health expenditures. An analysis published in 2019 found that 33% of federally funded clinical trials had an upper age limit, with one-quarter of those studies not allowing people 65 and older to participate. Of the 623 trials reviewed in this analysis, all listed exclusion criteria with comorbid conditions (e.g., hypertension, neurologic disorders, cardiac disease) frequently cited as a reason for not including a participant. Also in 2019, the NIH instituted a policy that requires NIH-funded scholars to eliminate arbitrary age limits in their work, age limits that previously allowed for excluding groups like older people without just cause. We do not yet have updated data on the impact of this policy.

There also are serious physical, financial, and social costs associated with inaction. When medical evidence is generated from study populations that don't resemble most of the people

who actually need care, we miss opportunities to learn how to optimize health and resilience—and avoid suffering and unnecessary costs—in the real world.

Policy Approaches that Work

The National Institutes of Health (NIH) Inclusion of Individuals Across the Lifespan policy is working to address the toll and impact of chronic diseases for older people by removing artificial and arbitrary upper and lower age limits for clinical trial enrollment. Additionally, a "moonshot" approach that addresses health across the lifespan will be key to radically rethinking how research, education, clinical practice, and public policy serve Americans' needs as we grow older.

Geriatrics is well-positioned to move that moonshot forward, since our discipline embraces care well beyond the walls of hospitals and clinics, reflecting the diversity of places and people we need for medical, functional, cognitive, and social well-being with age. To increase the evidence base for prevention and treatment that supports all of us as we age would require:

- Increasing our investment in aging research across federal agencies, including the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), the Veterans Affairs (VA) Administration, the Advanced Research Projects Agency for Health (ARPA-H), and the Patient-Centered Outcomes Research Institute (PCORI).
- Increasing our investment in the NIA and VA, including efforts to recruit and support the next generation of aging researchers. Doing so would ensure our ability to implement whole-person-focused studies of the diseases and conditions older adults face.

What's at Stake

Federal investments in research have led to discoveries that have contributed to increased longevity (lifespan) and helped to delay the onset of chronic diseases (healthspan). Two notable examples include reductions in mortality and delayed onset for heart disease and cancer. Recent evidence also suggests cognitive impairment may be delayed.

Despite these advances in preventing and treating individual diseases, chronic diseases related to aging continue to afflict 80 percent of people age 65 and older. Nearly 45 percent of Medicare beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. Excluding older Americans from federal-funded clinical trials aimed at treating or preventing these concerns jeopardizes lifespan and healthspan for us all.

Furthermore, there continues to be a decline in the number of Americans that feel science has had a positive impact on society. According to a Pew Research Center survey published in 2023, 57 percent of Americans say science has had a mostly positive effect on society, down 9 percentage points since November 2021 and down 16 points since before the start of the COVID-19 pandemic.

Questions for Our Candidates and Elected Officials on Supporting Us All as We Age

Supporting American Families

How would you ensure that all Americans, including all those employed by the federal government, have access to paid family leave?

Why It Matters…
The federal Family and Medical Leave Act (FMLA) entitles eligible employees to as many as 12 weeks of annual unpaid leave to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member. However, roughly 40% of workers remain ineligible for FMLA coverage, and millions who are eligible still struggle to afford unpaid time off.

Policy Approaches that Work…
Ensuring that federal protections can empower employees to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member is key to building a system that serves us all as we age.

What's at Stake…
Under current policy, the overwhelming majority of the U.S. workforce is without access to paid family leave for children and other relatives. Even legislation enacted in 2019 that extended parental leave benefits to federal employees fell short, since it does not allow care for other family members such as parents—a key consideration as our country continues to age. A lack of federal protections for all forms of family leave remains a barrier to recruiting geriatrics health professionals into careers serving older adults.

Addressing Complexity in Caring for Older Americans

- **How would you work to improve both the quality and efficiency of care delivered to the increasing number of Medicare beneficiaries with multiple chronic and complex conditions?**
- **Additionally, how would you improve care and care coordination across health care settings particularly for individuals who have dual eligibility for both Medicare (controlled by the federal government) and Medicaid (largely controlled by the states)?**

Why It Matters
Older people with chronic illnesses and geriatric conditions frequently do not receive optimal care. This not only reduces overall well-being but also contributes to disproportionately high healthcare costs for these older Americans compared with other groups. Improved care for people living with multiple chronic conditions is one approach that has high potential for cost savings and improved care quality by reducing preventable hospitalizations and helping older adults with multiple chronic conditions have a higher quality of life and age in place. This can be especially important for older people served by two of our nation's largest social support programs: Medicare (administered by the federal government to provide health care for all

Americans 65-years-old and older) and Medicaid (a program controlled largely by individual states and intended to support those who live in poverty). Although those who qualify for both programs account for only 20% of the older adult population, these "dual-eligible" individuals account for 34% of spending for each program.

Policy Approaches that Work

- Incentivize innovative care models that value and support teams for complex high-cost patients; provide infrastructure support and funding.
- Improve beneficiary access (with a focus on high-quality integrated care), especially for individuals who have dual eligibility for both Medicare and Medicaid.
- Identify the high-risk beneficiaries and as needed, provide outreach and services in the site of care that is most appropriate.
- Support person-centered care that addresses the comprehensive needs of those living with multiple chronic conditions, including medications, behavioral health, and social needs/function. Focus on better outcomes and beneficiary satisfaction.
- Better align payment incentives with the care needs of the complex older adult.

What's at Stake

Providing high-quality care for individuals living with complex medical conditions requires skilled management of complex medical and medication regimens, coordination among care providers, support for social service providers, and work with older adults and their families to identify what matters to the person and their goals for care. Older adults with complex healthcare needs receive care in multiple care settings, each structured based on funding and federal/state rules. Delivering high-quality, effective, efficient, and coordinated care requires policy solutions that will promote innovations, including the development of care models employing interdisciplinary geriatrics teams demonstrated to make a critical difference. These models are particularly effective for people living with multiple chronic conditions, since they help with preventing complications and enhancing the quality and efficiency of care across the healthcare continuum. Many existing programs (Primary Care First, Hospital at Home (HaH), and Programs for All-Inclusive Care for the Elderly (PACE)) show great promise but are limited in scope and not universally available. We need to support expanding existing programs shown to improve care while also continuing to learn about best practices in providing quality care for older adults with complex needs.

Addressing Public Health Emergencies

What will you do to ensure we have adequate public health infrastructure and an expanded role for public health workers—particularly those with geriatrics expertise—in addressing future public health emergencies?

Why It Matters

No community has been left untouched by the devastating impact of COVID-19—but perhaps none more so than our older adult population. The COVID-19 pandemic underscored the gaps in our planning specific to older adults which – as in natural disasters like Hurricane Katrina –

resulted in the pandemic having a disproportionate impact on older Americans, particularly older Americans of color. One critical area of focus should be to ensure we have plans for how to protect the health and safety of all Americans in the event of a future pandemic, public health emergency (PHE), or other natural disaster.

Policy Approaches that Work

- It will be vital to invest in solutions that address the health, social, and economic disparities that contributed to people of color and older adults being among the hardest hit by the COVID-19 pandemic. Next steps should include those that: Review and revise PHE and disaster guidance related to health care settings to ensure that such guidance identifies all essential health care workers (e.g., certified nursing assistants, social workers, and dietary aides) and settings (e.g., nursing homes and other congregate housing) so that they also receive assistance and resources.
- Advance public health planning and infrastructure, particularly by involving experts in geriatrics and long-term care in evaluating data, plans, and protocols—especially those that can help keep the public informed in times of need.
- Ensuring that our approaches to resource allocation—particularly when crises strain an already stretched health system—do not implicitly or explicitly discriminate based on age. Age should never be used to exclude someone categorically from a standard of care, nor should age "cut-offs" (or proxies for age, such as "life-years saved" or "long-term life expectancy") be used in allocating resources. Programs and plans for administering treatments and prevention must be transparent, applied uniformly, and regularly (and rigorously) reviewed to maintain public trust. Ultimately, the just healthcare system we all need should treat similarly situated people equally, as much as possible.

What's at Stake

Public health challenges like the COVID-19 pandemic exacerbated existing gaps in expertise and systemic weaknesses in healthcare systems and services. Furthermore, many plans for allocating scarce health resources during times of crisis apply age as a criterion. This disproportionately disfavors older people, raising concerns that we may be treated unjustly as we age when there is an emergent need to ration resources due to a crisis. Now is the time to invest in our public health system to ensure an equitable response to future public health emergencies.