

March 15, 2025

**Re: Agency for Healthcare Research and Quality (AHRQ) Request for Information Regarding Ageism in Health Care**

The American Geriatrics Society (AGS) appreciates this opportunity to provide feedback to the Department of Health and Human Services' [Agency for Healthcare Research and Quality](#) regarding the impact of ageism in health care. We commend your efforts to better understand and quantify the impacts of ageism on health care quality and to identify innovative strategies and programs that address and mitigate ageism to optimize older adults' health. This is an important topic that should be addressed. We appreciate the agency's long-standing commitment to improving how healthcare systems care for older Americans, many of whom are living with multiple chronic conditions.<sup>1,2</sup>

AGS is a nationwide not-for-profit organization dedicated to improving the health, independence, and quality of life of older people. Our 6000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS is an anti-discriminatory organization. We believe in a society 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 and their care partners. The Society leads efforts to incorporate attention to older adults living with multiple chronic conditions into research<sup>3,4</sup> and clinical care<sup>5,6</sup> and is a champion for improving

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<sup>1</sup> Agency for Healthcare Research and Quality. Advancing Patient-Centered Care for People Living With Multiple Chronic Conditions; Page Last Reviewed December 2024. Accessed on March 15, 2025.

<https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/multichronic/mcc.html>

<sup>2</sup> Proceedings from AHRQ Summit on Transforming Care for People Living with Multiple Chronic Conditions; November 2020. Accessed March 15, 2025.

<https://www.ahrq.gov/sites/default/files/wysiwyg/patient-safety/settings/mcc-summit/mcc-summit-proceedings.pdf>

<sup>3</sup> Advancing Geriatrics Research: AGS/NIA Conference Series; 2004 – present. Accessed March 15, 2025.

<https://www.americangeriatrics.org/programs/advancing-geriatrics-research-agsnia-conference-series>

<sup>4</sup> AGS/AGING Learning Collaborative; 2021-2025. Accessed March 15, 2025.


[https://mccresearch.agscocare.org/what\\_is\\_the\\_ags\\_aging\\_learning\\_collaborative](https://mccresearch.agscocare.org/what_is_the_ags_aging_learning_collaborative)

<sup>5</sup> American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians. *J Am Geriatr Soc.* 2012; 60(10): e1-e25. doi:[10.1111/j.1532-5415.2012.04188.x](https://doi.org/10.1111/j.1532-5415.2012.04188.x)

<sup>6</sup> McNabney, MK, Green, AR, Burke, M, Le, ST, Butler, D, Chun, AK, et al. Complexities of care: common components of models of care in geriatrics. *J Am Geriatr Soc.* (2022) 70:1960–72. doi: [10.1111/jgs.17811](https://doi.org/10.1111/jgs.17811)

attention to the unique health care needs of older adults in workforce training.<sup>7,8</sup> We believe that understanding disease across the lifespan<sup>9</sup> is important to extending healthspan – the time someone lives in generally good health – for all of us as we age.

An important framework for how geriatrics health professionals care for older adults is the 5Ms of geriatrics health care.<sup>10</sup> Our members are on the frontlines of caring for older Americans, many of whom are living with multiple chronic conditions, advanced illness, and or

THE GERIATRICS 5Ms		Geriatrics health professionals focus on these 4Ms...
<b>MULTICOMPLEXITY</b> ...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs 	<b>MIND</b>	<ul style="list-style-type: none"> <li>■ Mentation</li> <li>■ Dementia</li> <li>■ Delirium</li> <li>■ Depression</li> </ul>
	<b>MOBILITY</b>	<ul style="list-style-type: none"> <li>■ Amount of mobility; function</li> <li>■ Impaired gait and balance</li> <li>■ Fall injury prevention</li> </ul>
	<b>MEDICATIONS</b>	<ul style="list-style-type: none"> <li>■ Polypharmacy, deprescribing</li> <li>■ Optimal prescribing</li> <li>■ Adverse medication effects and medication burden</li> </ul>
	<b>WHAT MATTERS MOST</b>	<ul style="list-style-type: none"> <li>■ Each individual's own meaningful health outcome goals and care preferences</li> </ul>

Tinetti M, Huang A, Molnar F. The Geriatrics 5Ms: a new way of communicating what we do. *J Am Geriatr Soc.* 2017;65(9):2115.

with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What **M**atters, **M**edications, **M**entation, and **M**obility) of the Age-Friendly Health Systems movement which seeks to reimagine the twenty-first century health system so as to provide care that is age-friendly, respects the goals and preferences of the older adult, and meaningfully and substantially includes the family caregiver in the plan of care.<sup>11</sup>

Ageism involves discriminating against a person solely based on age. Ageism towards older adults is pervasive in the US. Analysis of the 2019 National Poll on Healthy Aging showed that 93.4% of US adults aged 50 through 80 experience microaggressions termed “everyday ageism.”<sup>12</sup> Older adults are often depicted in popular culture as of less worth than those in younger age groups and as a burden to society.<sup>13</sup> Such discrimination may be subtle but, in the case of older adults, individual attitudes or societal policies result in marginalization, social exclusion, and unjust treatment.<sup>13</sup> For example, older

<sup>7</sup> Letters to House and Senate Appropriations Leadership on FY 2025 Funding for Geriatrics Workforce Training Programs; June 5, 2024. Accessed March 15, 2025. <https://www.americangeriatrics.org/sites/default/files/Letters%20to%20House%20and%20Senate%20Appropriations%20Leadership%20on%20FY%202025%20Funding%20for%20Geriatrics%20Workforce%20Training%20Programs.pdf>

<sup>8</sup> AGS Advancing Health Care in Surgical and Related Medical Specialties Special Collection. Accessed March 15, 2025. <https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/agsadvancinggeriatrics>

<sup>9</sup> Inclusion Across the Lifespan in Human Subjects Research; Page last updated February 27, 2025. Accessed March 15, 2025. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/lifespan>

<sup>10</sup> Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A New Way of Communicating What We Do. *J Am Geriatr Soc.* 2017 Sep;65(9):2115. doi: [10.1111/jgs.14979](https://doi.org/10.1111/jgs.14979). Epub 2017 Jun 6. PMID: 28586122.

<sup>11</sup> Mate KS, Berman A, Laderman M, Kabcenell A, Fulmer T. Creating Age-Friendly Health Systems - a vision for better care of older adults. *Healthc (Amst)*. 2018; 6(1): 4-6.

<sup>12</sup> Allen JO, Solway E, Kirch M, et al. Experiences of everyday ageism and the health of older US adults. *JAMA Netw Open.* 2022; 5(6): 1-13. doi:[10.1001/jamanetworkopen.2022.17240](https://doi.org/10.1001/jamanetworkopen.2022.17240)

<sup>13</sup> World Health Organization *Global Report on Ageism*. World Health Organization; 2021. Accessed September 13, 2022. <https://www.who.int/publications/i/item/9789240016866>

adults are often viewed as both using and being potentially undeserving of an undue amount of healthcare resources.<sup>14</sup>

Examples of ageism abounded during the COVID-19 pandemic when some declared older adults as universally frail, contributing minimally to society, and underserving of being prioritized for COVID-19-related resources.<sup>15</sup> Some pronounced that older adults should be prepared to step aside (e.g., relinquish limited healthcare resources to younger adults, or even die).<sup>16</sup> Some crisis standards of care codified ageism in tools, such as age-based cutoffs, to determine who would receive intensive care under conditions of resource scarcity, as well as “tiebreakers” for healthcare resources based on age.<sup>17</sup> Such resource allocation strategies, in which older adults receive medical care based on a factor they cannot control (e.g., being in a particular age group) rather than on an individualized medical assessment, are inconsistent with a just healthcare system.<sup>18</sup> More importantly, they are inherently ageist. Examples of subtle ageism during the COVID-19 pandemic include the absence of expertise in aging on local, state, and national committees involved with pandemic preparedness and response, as well as visitation policies in hospital and long-term care settings that disproportionately affected older adults and led to a secondary pandemic of social isolation.<sup>19,20</sup>

Unfortunately, all of this means that ageism is pernicious and a poorly understood problem in society and this makes it all the more difficult to counter ageism in healthcare. As a result, concerted efforts are needed to identify and eliminate ageism within healthcare systems as well as society at large. Steps we all can take to begin to combat ageism in healthcare include:

- Understanding our own biases when it comes to aging.
- Advocating for a healthcare system that treats everyone equally regardless of age, race, ethnicity, sexual orientation, or other personal identities.
- Advocating for a workforce that is trained to care for older adults.
- Incorporating attention to both lifespan and healthspan education, and research.
- Incorporating the 4Ms of geriatrics and age-friendly care into healthcare delivery and training.

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<sup>14</sup> Hamel L, Kirzinger A, Munana C, Brodie M. COVID-19 vaccine monitor: December 2020. December 15, 2020. Accessed September 13, 2022. <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

<sup>15</sup> Cox C. Older adults and COVID-19: social justice, disparities, and social work practice. *J Gerontol Soc Work*. 2020; 63(6–7): 611-624. doi:[10.1080/01634372.2020.1808141](https://doi.org/10.1080/01634372.2020.1808141)

<sup>16</sup> Knodel J. Texas Lt. Gov. Dan Patrick suggests he, other seniors willing to die to get economy going again. NBC News. 2020. Accessed September 13, 2022. <https://www.nbcnews.com/news/us-news/texas-lt-gov-dan-patrick-suggests-he-other-seniors-willing-n1167341>

<sup>17</sup> OCR resolves complaint with Utah after it revised crisis standards of care to protect against age and disability discrimination. News Release. U.S. Department of Health & Human Services. August 20, 2020. Accessed September 13, 2022. <https://www.hhs.gov/about/news/2020/08/20/ocr-resolves-complaint-with-utah-after-revised-crisis-standards-of-care-to-protect-against-age-disability-discrimination.html>

<sup>18</sup> Farrell TW, Francis L, Brown T, et al. Rationing limited healthcare resources in the COVID-19 era and beyond: ethical considerations regarding older adults. *J Am Geriatr Soc*. 2020; 68(6): 1143-1149. doi:[10.1111/jgs.16539](https://doi.org/10.1111/jgs.16539)

<sup>19</sup> Kotwal AA, Holt-Lunstad J, Newmark RL, et al. Social isolation and loneliness among San Francisco bay area older adults during the COVID-19 shelter-in-place orders. *J Am Geriatr Soc*. 2021; 69(1): 20-29. doi:[10.1111/jgs.16865](https://doi.org/10.1111/jgs.16865)

<sup>20</sup> Major AB, Naik AD, Farrell TW. Finding a voice for the accidentally unbefriended. *JAMA Intern Med*. 2021; 181(9): 1159-1160. doi:[10.1001/jamainternmed.2021.2956](https://doi.org/10.1001/jamainternmed.2021.2956)

- Encouraging a whole-person approach to health that is focused on what matters to a person, one that takes into account prevention and delay of serious chronic disease.

### **The Role of the Federal Government in Combatting Ageism**

The federal government has long recognized the heterogeneity of older Americans and enacted policies and implemented programs that are inherently anti-ageist given their focus on supporting all of us to age with dignity. In this section, we will focus on the programs that support older Americans. However, we would be remiss if we did not acknowledge the importance of the federal government’s role across the lifespan and encourage continued support of programs that are focused on the health and well-being of children. We look forward to learning more about President Trump’s focus on reducing chronic disease in children given the importance of those efforts to all of us aging in good health.<sup>21,22</sup>

The most well-known programs supporting older Americans are Medicare and Social Security which, together, form a critical safety net for older Americans who, throughout their working life, contribute to these programs via payroll taxes which are matched by their employers. Medicaid is also an important source of support as we age, supporting both home and community-based care (through the Administration for Community Living) and nursing home care for older Americans as they age.<sup>23</sup> AHRQ’s own focus on improving how we deliver healthcare to older Americans (as referenced above) is important to the safety and efficiency of how healthcare systems care for older adults. So too, the Centers for Medicare and Medicaid Services (CMS) efforts to incentivize health systems to provide care that is age-friendly through implementation of an age-friendly health systems hospital measure<sup>24</sup> and the Advanced Primary Care Management Services codes<sup>25</sup> that support longitudinal care of older Americans and are important innovations in Medicare payment. The Centers for Disease Control and Prevention (CDC) has been critical in protecting older Americans from contagious diseases through its careful stewardship of vaccines<sup>26,27</sup> and efforts focused on falls prevention.<sup>28,29</sup> Through its intramural

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<sup>21</sup> Executive Order No. 14212. Establishing the President’s Make America Healthy Again Commission. 90 FR 9833. [Establishing the President's Make America Healthy Again Commission – The White House](#)

<sup>22</sup> Kracov, Daniel A., Temkin, Eva., Mody, Pari R., Dennis, Clarie W. A First Look at the MAHA Era: Initial Thoughts for Industry Based on MAHA Commission EO. Arnold&Porter. February 17, 2025. Accessed March 15, 2025. [A First Look at the MAHA Era: Initial Thoughts for Industry Based on the MAHA Commission EO | Advisories | Arnold & Porter](#)

<sup>23</sup> Flinn, Brendan, and Tobey Oliver. *Medicaid and Its Role for Older Adults*. Washington, DC: AARP Public Policy Institute, March 4, 2025. <https://doi.org/10.26419/ppi.00360.001>

<sup>24</sup> The John A. Hartford Foundation. CMS Approves New 2025 Age-Friendly Hospital Measure. August 1, 2024. Accessed March 15, 2025. [CMS Passes New 2025 Age-Friendly Hospital Measure](#)

<sup>25</sup> Centers for Medicare & Medicaid Services. Advanced Primary Care Management (APCM) Services. Last modified December 10, 2024. Accessed March 15, 2025. [Advanced Primary Care Management Services | CMS](#)

<sup>26</sup> Centers for Disease Control and Prevention. Adult Immunization Schedule by Age. November 21, 2025. Accessed March 15, 2025. [Adult Immunization Schedule by Age | Vaccines & Immunizations | CDC](#).

<sup>27</sup> Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices (ACIP). Accessed March 15, 2025. [Advisory Committee on Immunization Practices \(ACIP\) | ACIP | CDC](#)

<sup>28</sup> Centers for Disease Control and Prevention. STEADI – Older Adult Fall Prevention. Accessed March 15, 2025. [STEADI - Older Adult Fall Prevention | STEADI - Older Adult Fall Prevention | CDC](#)

<sup>29</sup> Johnson, T.M., II, Vincenzo, J.L., De Lima, B., Casey, C.M., Gray, S., McMahon, S.K., Phelan, E.A. and Eckstrom, E. (2025), Updating STEADI for Primary Care: Recommendations From the American Geriatrics Society Workgroup. *J Am Geriatr Soc*. <https://doi.org/10.1111/jgs.19378>

and extramural research programs, the National Institute on Aging (NIA)<sup>30,31</sup> has informed our understanding of the complex interplay of many factors across our lifespan that together are the drivers of aging and age-related diseases. Further, they have advanced multiprofessional collaborations that have improved the health and wellbeing of all of us as we age. Veterans Affairs provides clinical care to millions of older veterans and has made vital scientific contributions and is critically important to developing the next generation of investigators who are focused on improving care for older veterans given their discoveries often lead to improvements in how we care for all Americans.<sup>32</sup>

We appreciate the federal government's long-standing focus on implementing policies and programs that support all of us to age with dignity and health. We believe that Congress and the administration continue to have a critical role to play in ensuring that the programs and policies of the federal government are not inherently ageist and encourage continued support of the following:

- Protecting Social Security, Medicare, and Medicaid given the critical importance of these programs to the health and well-being of all Americans as we age.
- Improving healthcare delivery for older Americans (via AHRQ and other agencies).
- Building upon the enhancements to Medicare payment for care of older Americans as implemented by CMS in 2025.
- Ensuring the healthcare workforce has the skills and knowledge to care for older adults (via the Title VII geriatrics health professions programs at the Health Resources and Services Administration (HRSA)).
- Supporting the science that is critical to increasing Americans' healthspan and to improving clinical care (via the NIA and other NIH institutes).
- Focusing on preventing serious illness and delaying chronic disease (via the CDC).
- Supporting older veterans through high quality clinical care, a well-trained workforce, and research innovation (via the VA).

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<sup>30</sup> Kelley A, Addie S, Carrington-Lawrence S, et al. National Institute on Aging's 50th anniversary: advancing aging research and the health and well-being of older adults. *J Am Geriatr Soc.* 2024; **72**(5): 1574-1582.

<sup>31</sup> Kuchel, G.A. and Smith, A.K. (2024), Happy 50th birthday to the National Institute on Aging: Where would geriatric medicine and care of older adults be without you? *J Am Geriatr Soc*, 72: 1570-1573. <https://doi.org/10.1111/jgs.18931>

<sup>32</sup> Farrell TW, Hogans BB, Moo L, et al. Impact of Veterans Affairs Geriatric Research, Education, and Clinical Centers: Incubators of innovation in geriatrics. *J Am Geriatr Soc.* 2024; 72(11): 3315-3326. doi:[10.1111/jgs.19082](https://doi.org/10.1111/jgs.19082)