

Future forward: AGS initiative addressing intersection of structural racism and ageism in health care

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Abstract

The American Geriatrics Society is committed to taking purposeful steps to address racism in health care, given its impact on older adults, their families, and our communities. In fall 2020, AGS added a statement to our vision for the future, which reflects that our commitment is central to mission: “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 caregivers.” In 2021, we will be working to flesh out a multi-year, multi-pronged initiative that addresses the intersection of structural racism and ageism in health care. This will include engaging members in identifying strategies and with the goal of increasing member engagement around the idea that it will take all of us working together to achieve our vision for a collective future that is free of discrimination and bias. The Society has set as the first objective that by 2031, 100% of research presented at the AGS Annual Scientific Meeting and published in the *Journal of the American Geriatrics Society (JAGS)* will reflect the diversity of the population being studied. Other immediate efforts include undertaking a complete update of the Geriatrics Cultural Navigator, development of corresponding public education materials, and a webinar series focused on helping us all understand our own implicit bias, recognize implicit and explicit bias, and consider actions that we each might take to address bias when we observe it.

KEYWORDS

ageism, diversity, equity, geriatrics, racism

“Though the quest for success leads to victory, AGS never rests on its history—
And with each new endeavor (and with each new endeavor)
We’re stronger than ever (we’re stronger than ever)
Yes, you know that we care and will always be there.”

- David B. Reuben, MD, AGSF, AGS Past President

In 2017, we commissioned a song to celebrate the 75th anniversary of the American Geriatrics Society (AGS). Dr. Reuben did not disappoint, capturing the essence of who we are as a Society and as geriatrics health professionals.

First, *we care*. We are in awe of the ways in which our AGS members have risen to the challenge of the COVID-19 pandemic. As relentless advocates for older adults, you have worked tirelessly to ensure that

they have access to health care that is informed by geriatrics principles. You have been there to lift up and support other members in MyAGSONline, responding to questions, sharing tools and approaches, celebrating successes, and we have grieved together as we have mourned colleagues lost during the current public health crisis. AGS members are our geriatrics superheroes.

Second, *we are stronger together*. Many of us entered the field of geriatrics because we loved older people and saw that we could make a meaningful difference in their lives. Together, we live the AGS mission: to improve the health, independence, and quality of life of all older people. Even as we approach our work from different perspectives using different tactics, our shared commitments make us stronger.

Third, *we never rest on our history*. Just as we were learning to live in our “new normal” created by the COVID-19 pandemic, we were horrified by how George Floyd died at the hands of police. In the wake of his death, AGS issued a statement opposing discrimination and advocating for a just society free of discrimination and bias. In that statement, AGS committed to taking purposeful steps to address racism in health care, given its impact on older adults, their families, and our communities. In the intervening months, AGS leaders have thought about what that commitment means for a Society that is focused on addressing another big ism—ageism. We have also been in learning mode, working to understand our own implicit bias, gathering ideas for achieving change, and identifying ways to build member engagement around the idea that it will take all of us working together to achieve our vision for a collective future that is free of discrimination and bias. On January 6, 2021, we were reminded of the importance of our efforts as a part of the larger efforts underway to eradicate racism from our society.

Fourth, *we learn from our history*. We are #AGSproud of how our members are leading transformative change in health care for older adults at the bedside, through research, education, clinical care, and advocacy. Starting with Dr. Ignatz Leo Nascher, who argued the need for a specialty focused on the care of older adults in 1909 and who coined the word “geriatrics,” the field and the Society have always looked to the future, focused our efforts on the older people we care for, and set big goals for ourselves. That history has taught us to put those big, transformational goals front and center when we talk about who we are, rather than shy away from them. With this in mind, this past fall the AGS Board voted unanimously to add the following statement to our vision for the future:

Key Points

- The AGS envisions a future free of ageism and other forms of bias and has launched a multi-pronged, multi-year initiative that is focused on the intersection of structural racism and ageism in health care with the goal of engaging members, stakeholders, and others in this effort.

Why Does this Paper Matter?

The AGS describes the steps that it is taking to achieve its vision for a future 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 caregivers.

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We know that achieving lasting and meaningful change will require tremendous work across the AGS. To ensure that we continuously prioritize our work toward achieving this vision, we have added a corresponding 6th strategic priority that states we will incorporate this focus across our portfolio of programs, products, and initiatives.

Fifth, *we are putting our words into action*. The AGS is embarking on a multi-year, multi-pronged initiative that stands at the crossroads of structural racism and ageism in health care (see Figure 1). We know that our success in this effort rests upon our members, so a large part of our work in 2021 will be developing objectives for our Intersection of Structural Racism and Ageism in Healthcare Initiative (Structural Racism and Ageism Initiative) and also fleshing out our understanding of this intersection. We have established two writing groups for this part of our efforts. The first will be developing objectives for our initiative which we will then be sharing with members with the goal of garnering your ideas for strategies that move these objectives forward. The second writing group will focus on helping AGS and its members to understand the intersection of structural racism and ageism in health care.

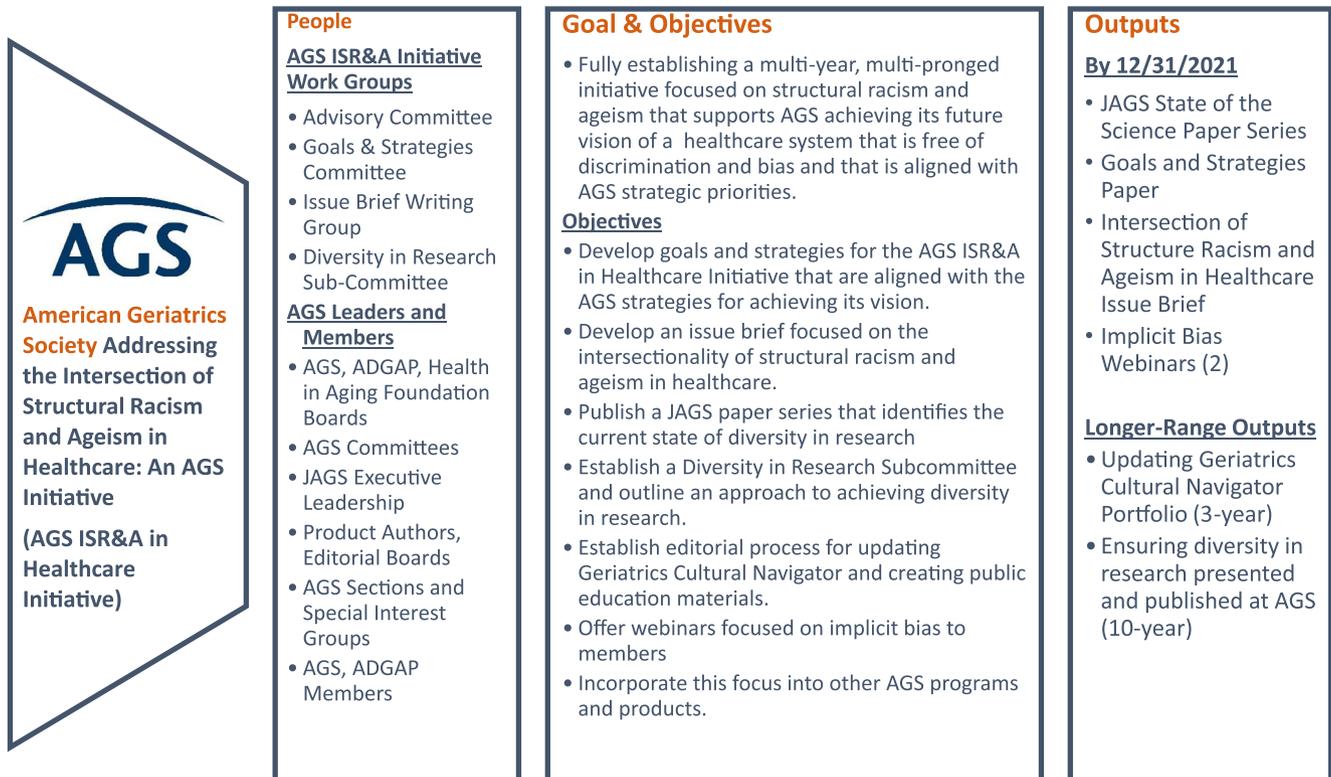


FIGURE 1 AGS addressing the intersection of structural racism and ageism in health care

Sixth, we identified immediate projects that we could undertake even as we frame out the overall objectives of our initiative. First, we will begin to incorporate a focus on the intersection of structural racism and ageism into all our programs and products, starting with a complete update of the Geriatrics Cultural Navigator, which provides cross-cultural assistance in the form of doorway thoughts, factors that a practitioner should understand before entering a room to interact with a patient. Our Ethnogeriatrics Committee is leading this effort and our Public Education Committee will join them to spearhead the development of public education tip sheets for each topic. Additionally, the *Journal of the American Geriatrics Society (JAGS)* has committed to featuring topics in future issues of the journal.

Other immediate efforts include a webinar series (led by the AGS Ethics, Ethnogeriatrics, and Public Policy Committees) that is focused on understanding helping us all to understand our own implicit bias, recognize implicit and explicit bias, and consider actions that we each might take to address bias when we observe it. Other AGS Standing Committees have begun to incorporate our new focus on eliminating bias into comments we submit to external bodies (e.g., other societies, certifying organizations, federal agencies, and members of Congress). Recent examples of this include our letter to the Accreditation Council for Graduate Medical Education (ACGME) noting that an

emphasis on implicit bias should be incorporated into internal medicine residency training. Going forward, we will be asking all AGS editorial boards and writing groups to integrate diversity into their work.

Seventh, we believe that, to achieve meaningful change in health care, we lead efforts to ensure the evidence base that informs clinical care reflects diverse study populations. For that reason, JAGS, the AGS Annual Meeting Program Committee, and the AGS Research Committee have set a goal of 100% of published research and meeting presentations reflecting diversity in study populations by 2031. To inform our work, the JAGS Editorial Board will be inviting a series of papers on the state of the science when it comes to diversity in research populations. We have established a Diversity in Research Subcommittee of the AGS Research Committee that will include representation from the JAGS Editorial Board to plan, implement, and oversee progress on this goal.

We are writing this joint column at the start of a new year and after a round of discussions with the AGS, ADGAP, and Health in Aging Foundation Boards, and our AGS Committees. We are grateful for the support that AGS leaders have expressed, and we are very much looking forward to hearing from our AGS members as we embark on this journey together. We recognize that this will require hard work, that there will be many challenges to overcome. We know that our focus and efforts will need

to evolve over time. But we also know from our past successes that working together we can make a difference.

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CONFLICT OF INTEREST

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SPONSOR'S ROLE

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