

Understanding the intersection of structural racism and ageism in health care

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In today's edition of the *Journal of the American Geriatrics Society* (*JAGS*), the American Geriatrics Society (AGS) has published a paper that provides a framework for understanding the intersection of

structural racism and ageism in health care. The paper's message is grounded in the Society's belief that a just health care system is one that recognizes that membership in groups—whether classified by age, race, gender, socioeconomic status, or other descriptors— should not affect the quality of the health care that is delivered or who is trained to deliver that care.

"We believe that understanding intersectionality of ageism with other forms of discrimination and bias is fundamental to achieving a just [health care](#) system," Mike Harper, MD, AGSF, AGS President said.

"We see this paper as the first in a series of steps that we will be taking to educate ourselves and others about how ageism intersects with other forms of discrimination and bias in health care."

Three fundamental changes highlighted in the paper include: 1) the health care workforce must both reflect and be better prepared to care for the population it serves, including representing people from racially minoritized groups; 2) training and support for the next generation of health professionals must change to help trainees from [diverse backgrounds](#) to achieve success in their chosen careers; and 3) all aspects of health care must be examined from the perspective of the intersection of ageism and racism as well as with other biases, such as ageism, ableism, classism, homophobia, racism, sexism, and xenophobia.

"In this country we have a long history of racism, ageism and an intersection of structural racism and ageism that impacts the quality of health care, including [poor access](#) to health care and poor outcomes," Timothy Farrell, MD, AGSF, Chair of the AGS Ethics Committee commented. "The COVID-19 pandemic laid bare existing inequities in health care and amplified policies that marginalize older adults and people in racially minoritized groups. This work continues the AGS's efforts to advocate for a health care system that truly supports all of us as we age."

"As geriatrics professionals, we promote care that meets the needs of our patients with a focus on maintaining health, independence and quality of life," Ramona Rhodes, MD, MPH, MSCS, AGSF, AGS Board Member, said. "Therefore, fighting injustice of any kind is one of our core values and supports the AGS's mission to eliminate health disparities."

This paper is one of many efforts that AGS has undertaken in support of its vision for a future where we are all 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 health care access, quality, and outcomes for [older adults](#) and their caregivers.

More information: Timothy W. Farrell et al, Exploring the Intersection of Structural Racism and Ageism in Healthcare, *Journal of the American Geriatrics Society* (2022). [DOI: 10.1111/jgs.18105](https://doi.org/10.1111/jgs.18105)

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