

The 21st-Century American Geriatrics Society: Destinations and Highways to Get There

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It is 2007, and we are already beginning to see signs that this is no longer the 20th century. The nation is beginning to grapple with issues that will be important in the first half of the 21st century. Many of these are directly influenced by the aging of the population including the dependency ratio (the ratio of workers to retirees and those who are too young or too disabled to be in the work force), housing, transportation, and health care. The American Geriatrics Society (AGS), the nation's largest organization of health professionals devoted to the health of older persons, is also changing.

AGS has traditionally focused on three priorities—education, research, and clinical practice—to achieve its core mission of improving the health, independence, and quality of life of all older people. In the last few years, however, AGS has also focused on two additional, related priorities: influencing public policy and raising public awareness of the need for high-quality health care for older adults. For example, the AGS Foundation for Health in Aging (FHA) was incorporated in 1998 as a vehicle for public education and outreach.

In early 2006, with support from the Atlantic Philanthropies, the Society began to work with the nonprofit Bridgespan Group to refine its strategic vision and plan. As a result of this process and with the unanimous support of its Board of Directors, the AGS will be working to heighten external awareness that the Society is an organization that primarily focuses on issues that are important to the health and quality of life of older persons.

The change is more than semantic. It also means that the Society will devote more resources to making sure that issues critical to the health, independence, and quality of life of all older people are placed prominently on the agendas of the public and governmental leaders who can move ideas into action. It also means that all older Americans, not just AGS members, are the intended primary beneficiaries of the Society's efforts. Again, the distinction is subtle but impor-

tant. AGS is assuming a broader perspective, and there will be some consequences. For example, the AGS may take a stance on some issues that are likely to benefit the health of older persons but may not benefit all of its membership directly. However, this shift in focus is critical to increasing the organization's stature and building relationships and trust with partners who will be essential to accomplishing the Society's mission.

As the AGS committees, leadership, and staff have begun to plan initiatives to meet its mission, priority areas have been termed "highways," because they are paths that the Society will travel to accomplish its mission, hopefully at freeway speed. The five highways to accomplishing the Society's mission are:

Expand the geriatrics knowledge base. This highway includes initiatives that promote research on the health of older persons from basic science of aging and age-related diseases through translational research that facilitates diffusion of clinical research findings into practice. This highway will also promote behavioral and social sciences as well as clinical epidemiology research.

Increase the number of healthcare professionals who employ the principles of geriatric medicine in caring for older persons. The Society will stimulate programs and support expansion of geriatrics education in every relevant health profession and at all levels of training, including continuing education. Moreover, it will promote the development of systems of care and practice redesign to facilitate good geriatric care by all healthcare providers.

Recruit physicians and other healthcare professionals into careers in geriatrics. The Society recognizes that it can accomplish its mission only if there is a strong and growing cadre of healthcare professionals who focus their work on older persons. It will promote efforts to ensure that geriatrics is a viable and attractive career choice for health professional graduates.

Guide public policy effort to continually improve the health and health care of seniors. It is no longer sufficient to merely recommend the actions needed to improve the health and well-being of older persons. Too many recommendations have sat on bookshelves only to be reinvented, virtually unchanged, a decade or two later. The AGS and FHA will increase their efforts to translate ideas into implementation by augmenting their advocacy efforts.

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Increasingly the AGS and FHA will be seen as national, unbiased, and trusted “go to” experts on the health and health care of older persons.

Raise public awareness of the need for high-quality, culturally sensitive, interdisciplinary geriatric health care. This highway recognizes that an empowered, proactive public can drive change in the type and quality of care that older persons receive. The Society will renew and expand its commitment to stimulate public demand for the best care of older persons.

The first three highways should sound familiar to the Society’s members. Most of the organization’s efforts during the past 2 decades have focused on these strategies. The last two are relatively new but will gain increased prominence as the Society moves forward.

AGS activities will not be confined exclusively to these highways. Members, committees, directors, officers, and staff may suggest that the Society pursue other initiatives that advance the mission. The Society will also need to take advantage of emerging opportunities and respond to crises that are important to its mission but do not neatly fit within the highway framework. Nevertheless, articulation of the highways sends an external and internal message about how the Society intends to fulfill its mission.

The AGS has already begun implementation strategies around its new 21st-century persona and the five highways to achieve its mission. During the past year, the committee structure has been evaluated, with a resulting reorganization of committees and how they function. New staff have been hired to fill new and redefined positions. The relationships between the AGS, the FHA, and the Association

of Directors of Geriatric Academic Programs have been clarified and realigned. Beginning with this issue of the *Journal*, AGS will publish in every issue the statements that describe: 1) Who We Are; 2) Our Mission; 3) Our Vision for the Future; and 4) Strategies for Achieving Our Vision (the 5 “Highways” described). However, there are still many unknowns and challenges for the Society as it moves forward. For example, the Society still needs to determine the best way to increase the effectiveness of its state chapters. Another challenge will be to unite professional organizations that are focused on aging to speak as a common voice and work together in advancing key issues. Similarly, the Society will need to work with other advocacy groups and service organizations to educate and mobilize consumers on health and aging issues.

As the nation awaits the first baby boomers reaching age 65 in 2011, a reinvigorated AGS is working to ensure that America is prepared to optimize the health and quality of life of today’s older persons and the 75 million who will join their ranks over the next 25 years.

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