

COMMENTARY

The Graying of Mississippi and a Need for Geriatricians

Monroe J Molesky, MPH¹ 

¹ Department of Health Administration, University of Mississippi Medical Center

Keywords: geriatrics, aging, workforce, shortage

<https://doi.org/10.67225/001c.126203>

Journal of the Mississippi State Medical Association

Vol. 65, Issue 9/10, 2024

The “Graying of Mississippi” describes the evolving demographic dynamics in the state as an increasing and significant portion of Mississippians are older than 65 years of age. With this aging population, there is a need for health care resources that address the unique clinical needs of older adults. This includes specialist physicians called geriatricians that can provide specialized knowledge, and sometimes more effective care, for older adults. However, Mississippi experiences a significant shortage in geriatricians that impacts the access to this care. Increasing geriatric training opportunities and awareness of loan repayment programs for geriatricians in the state, among other options, may help address the shortage. With the “Graying of Mississippi,” it is essential to have the tools and workforce necessary to care for older adults in our communities—a toolbox and workforce that includes the availability of geriatricians.

The Graying of Mississippi and a Need for Geriatricians

The “Graying of America” describes demographic changes in the United States currently underway as a significant portion of the American population ages. According to the U.S. Census Bureau, 21% of the American population will be 65 years of age or older by 2030 alone, and, by 2060, nearly one in four Americans will be over 65.¹ Mississippi is no exception to the graying population. According to the 2023 Mississippi Healthy Aging Data Report, more than 663,000 Mississippians are 60 years or older, and the population of older adults (65 years of age and older) within the state increased by 29.3% between 2010 and 2020.²

With these changing population dynamics, whether in Mississippi or the United States broadly, there is a need for health care resources that address the unique clinical conditions and circumstances of these older adults. Part of that environment of care is geriatricians—internal or family medicine trained physicians with special expertise (including board certification) in geriatrics who focus on working collaboratively with other physicians and coordinating the complex care of older adults.³ These specialists play an important role in the health of older adults. For example, research suggests that geriatricians are more effective and efficient in managing the inpatient care of older adults,

less likely to prescribe potentially inappropriate medication to older adults compared to general internists, and can help to reduce emergency room admissions and hospitalization for some older adults.⁴⁻⁷

Despite this important role, older Mississippians face significant barriers in accessing needed and appropriate care from geriatricians. Particularly, the availability of these specially trained physicians does not meet the current and future needs of Mississippi residents. As of 2021, there are only 29 board certified geriatricians in Mississippi with only one becoming active in the state since 2016.^{8,9} While Mississippi has less than three dozen of these physicians, the American Geriatric Society, in 2016, specifically estimated that Mississippi would need 186 geriatricians to serve residents over the age of 65 years of age—constituting a shortage of at least 157 geriatricians. This shortfall has contributed to Mississippi's rank as 31st in the nation for geriatric care access.¹⁰

Although this gap remains, Mississippi has led the way in addressing some other areas of older adult health. For example, Mississippi has become one of the national leaders in the development and early implementation of the Age-Friendly Public Health Systems model—an approach to identify system changes, convene coalitions and cross-sector partnerships, develop tools/resources, and gather data related to the improvement of the health and well-being of older adults.¹¹ Considering this existing interest and success in addressing the health of older Mississippians, we can and should also endeavor to improve the availability and access to geriatricians within the state.

To do so, the pursuit of various policy options may be appropriate. For one, the opportunities for further graduate medical and continuing education in geriatric are limited within Mississippi. UMMC offers a geriatric fellowship program; however, this type of fellowship typically has limited seats and the programs are intended for physicians coming straight out of residency that want to complete a fulltime post-residency fellowship.¹² Other academic medical centers have found success in implementing “interrupted” fellowships that allow currently practicing physicians to retrain in geriatrics and fill the gap of geriatricians without restarting their career.¹³ Additionally, increasing awareness amongst geriatricians of the Mississippi State Physician Loan Repayment Program that specifically includes physicians practicing geriatrics may contribute to improved recruitment and retention of these physicians through existing financial incentives.¹⁴

In total, “[o]ur aging population has spent their lives taking care of us. Now it’s time for us to take care of them,” as stated by the Executive Director of the Mississippi Department of Human Services in response to the proclamation for Mississippi’s Older Americans Month.¹⁵ To further that mission, it is essential that older adults in the state have access to the care that

they need—especially care specific to the diseases and unique circumstances of older adults. Geriatricians are critical elements of the physician workforce that can provide this specialized clinical perspective that some older adults may need but they remain in critical shortage within the state. Simply, as the graying of Mississippi continues and we strive to meet our obligation to take care of the older members of our communities, action is needed to ensure that we have the tools and workforce to do so—a toolbox and workforce that includes an appropriate number of geriatricians.

Submitted: August 27, 2024 CDT. Accepted: September 15, 2024 CDT. Published: October 15, 2024 CDT.

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