

2025
Signature
Series

Key Insights Report: Aging Policy in America

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FOR HEALTH POLICY

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I. BACKGROUND

Summary

From November 2024 through December 2024, the Alliance for Health Policy conducted 11 in-depth interviews with individuals to inform this report. This report summarizes findings on the most pressing gaps and priorities on aging policy, as well as areas of opportunity for future discussion – providing an overview of the policy landscape.

Design and Methods Description

Participants were chosen to represent patient advocacy, government, nonprofits, and the private sector based on a set of criteria that prioritized representation of bipartisan, multi-stakeholder perspectives, as well as policy and political expertise.

IDIs were 30 minutes long and conducted via Zoom. Each session followed a semi-structured interview format. These findings are qualitative in nature and provide directional insights.

II. THE ROLE OF FEDERAL PROGRAMS

Respondents across the interviews identified federal programs as central to addressing the growing challenges of an aging population. Many emphasized that programs such as Medicare, Medicaid, Social Security, and the Older Americans Act serve as critical resources for older adults, especially for low-income individuals and underserved populations.

Social Security

Respondents noted Social Security as a critical lifeline for older adults, often serving as their primary or sole source of income in retirement, helping to prevent poverty and homelessness.

"Social Security is critical for older adults and, in some cases, their only source of income. Without it, we would see significantly higher rates of homelessness among older adults." — Senior Executive, Think Tank

"Obviously, the future of Social Security and Medicare are essential to this conversation and ensuring that they are programs that are available to all of us as we age is something that's imperative. It's one of the few social contracts we have left that works really well — people pay into it their whole lives, and then it provides them with essential care in older age." — Executive, Think Tank

"The biggest issue we're unprepared for is how to support people to age well at home and in the community... You can't stay at home if your Social Security benefits aren't good enough." — Senior Executive, Aging Organization

Medicaid

Respondents noted Medicaid as a critical safety net for older and lower-income adults, often providing essential health care and long-term care services that they could not otherwise afford.

"Medicaid is the safety net for many older adults, especially for those in low-income households, but it doesn't receive enough recognition as part of the aging policy conversation... Medicaid right now, I think, is going to have a lot of attention. And most people, when they think of Medicaid, think about it [as benefiting] —honestly— poor women. They don't connect that there's a whole bunch of older adults that are relying on Medicaid." — Program Officer, Aging Nonprofit Organization

"Medicaid home and community-based services provide critical lifelines, but it's incredibly hard to become eligible for it. You have to be so low income, and the population just above that threshold gets completely left out." — Senior Executive, Aging Advocacy Organization

MEDICAID AND MEDICARE DUAL ENROLLEES

Respondents noted that dual enrollees in Medicaid and Medicare rely on the programs with Medicare providing primary health care coverage and Medicaid filling gaps by covering long-term care and additional services, helping to prevent poverty, homelessness, and unmet medical needs among low-income older adults.

"We have a significant number of individuals that are both Medicare [and] Medicaid qualified. And we really need to figure out how to [do] better... That's a very vulnerable population, [it's important to consider] how to better care for that population, provide resources and simplify it for them because it's hard enough to navigate one insurance program, let alone two...The dual-eligible population navigating both Medicare and Medicaid face significant challenges due to the lack of program coordination between federal and state systems." — Former Senior Executive, State Medicaid Program

"They [dual-eligible people] represent some of the most, socioeconomically in particular, vulnerable patient populations... These are very expensive to care for. The dual-eligible population, often those who qualify for both Medicare and Medicaid, face significant challenges navigating two complex systems that frequently fail to coordinate care effectively. Policymakers are aware of these issues but often struggle to address them due to entrenched administrative barriers and the high costs associated with caring for these individuals. While discussions about improving dual-enrollee care are frequent, tangible progress remains limited, largely because Medicare and Medicaid continue to shift responsibility between federal and state levels, leaving gaps in care and inefficiencies unaddressed." — Senior Executive, Think Tank

Medicare

Traditional Medicare was appreciated for its broad network of providers and straightforward access to care:

*“The **cost of health care under Medicare, especially prescription drugs, is one of the most pressing issues for older adults.** For older Americans, Medicare provides stability. It’s a foundation of their health coverage, and it’s something we cannot afford to lose.”* — Executive, Nonprofit Organization

*“**Medicare Advantage plans are growing** in popularity because of supplemental benefits, but **traditional Medicare still remains important** for people with complex or chronic conditions who need flexibility.”* — Senior Executive, Aging Advocacy Organization

*“**Medicare has done a tremendous job** in ensuring access to care for older people, even though there are gaps in coverage that need addressing.”* — President, Private Sector Health Care Consulting

MEDICARE ADVANTAGE

Meanwhile, Medicare Advantage plans were praised for offering additional benefits such as vision, dental, and wellness programs. The cost-saving potential of Medicare Advantage plans for some beneficiaries was also noted:

*“Medicare covers health care but leaves out dental, vision, and hearing. **These gaps profoundly affect quality of life for older adults...** People are drawn to Medicare Advantage because it **includes extras like vision or dental, which traditional Medicare doesn’t cover.**”*

— Vice President, Nonprofit Advocacy Organization

*“Medicare under traditional Medicare, there’s no coverage for vision and dental...**if you’re just an older person who needs a lot of dental work, for example, there’s very little coverage under Medicare.**”* — Senior Executive, Nonprofit Organization

*“For those who don’t need frequent medical care, **Medicare Advantage can be a more affordable option** due to lower premiums and out-of-pocket caps.”* — Executive, Think Tank

Not all respondents were as positive about Medicare Advantage, with one noting questions about the value the program provides. One interviewee stated:

*“We aren’t in a position to say that MA (Medicare Advantage) is not going to work... but certainly, **it hasn’t necessarily provided better care outcomes for some populations.**”* — Senior Executive, Nonprofit Organization

Regardless of perceived benefit, most respondents think Medicare Advantage will continue growing compared to traditional Medicare.

*“Medicare Advantage plans have generally done well, and I think people who participate in them like them... **the trend shows more older adults are opting for these plans.**”* — Senior Executive, Health Care Consulting

*“**Medicare Advantage has seen tremendous growth**, but there’s a lot of noise about whether it’s meeting its original intent or if it’s just becoming another way for private plans to dominate... **The trajectory– if you look at the data– Medicare Advantage seems to be the way things are going.**”* — Program Officer, Aging Nonprofit Organization

*“**That’s the way things are going**, and Medicare Advantage gets more money, but if they get more money, I want [Areas Agency on Aging and similar organizations] to get some of that money.”* — Senior Executive, Aging Organization

Older Americans Act

Respondents emphasized how the Older Americans Act (OAA) provides essential programs and resources, such as nutrition services, fall prevention, and caregiver support, that empower older adults to age healthily and remain in their communities. Despite its bipartisan support, there are concerns over underfunding and discretionary cuts.

*"The Older Americans Act **funds critical programs like Meals on Wheels, case management, and fall prevention programs** that enable older adults to remain in their communities." — Executive, Think Tank*

*"Many Older Americans Act programs, such as nutrition services, congregate meals, and social engagement activities, are **lifelines for older adults**. These programs **address both physical and social health**, which are interconnected and essential to aging well." — Senior Executive, Nonprofit Aging Organization*

*"The majority of older adults have no interest in living in a nursing home as they age... **OAA services help meet their needs at home and in the community**." — Program Officer, Aging Nonprofit Organization*

*"We've woefully underfunded the Older Americans Act... The idea of creating healthy aging programs in the community is essential. The Older Americans Act always passes on a bipartisan basis. It's not a controversial law... **While reauthorization was viewed as likely, concerns remain over the discretionary funding cuts**." — Senior Executive, Aging Organization*

*"At this point, we're really thinking about **how do we protect the progress that's been made**...this Older Americans Act bill that is now just officially as of last night a part of the CR. So, we've been fighting this past year to make sure that keeps moving forward. **It is a program that provides vital programs and resources** to older Americans as well as their family caregivers." — Executive, Caregiver Organization*

Concerns Remain About the Future of Funding for These Programs

The federal programs supporting older adults face critical funding concerns as the size of the aging population grows rapidly across the United States. These programs are described by many as "essential lifelines," and they face ongoing challenges related to the lack of long-term solvency, inadequate funding, and rising demand for services. While respondents are not sure what will occur over the next two-year time frame, many are concerned that programs like Medicaid might see a decrease in funding. While there are concerns about Social Security and Medicare, most respondents do not think those programs are as vulnerable to significant funding reductions. Respondents noted that addressing these funding issues ensure older adults can access necessary care, remain in their communities, and age with dignity.

"The interest of policymakers right now is how do we save money? And our concern with that is that's not always the right lens to view the issue... further limiting or cutting them isn't going to do anyone any favors. You're going to have an older population that will then have even more difficulty getting their basic needs met... Policymakers focus on how to save money from Medicare instead of improving it, which doesn't help older adults get the care they need."

— Senior Executive, Nonprofit Organization

*"We need more money for Medicare and Social Security because we have an aging population... Of course, we need these programs to be stable, but **no one wants to be honest about the need for tax increases to keep them afloat**. We cannot actually tackle the fact that they want to extend the tax cuts... And **the minute you take Social Security and Medicare off, I don't want them on a chopping block either. But that's two thirds**... And it'll be once again, they'll spare defense... So now you've got a half of that remaining 30%... I just don't know." — Senior Executive, Aging Organization*

*"**Medicaid is on the chopping block** and that's not great for anybody, but in particular, the most vulnerable patients and then those providing care for them as well." — Executive, Caregiver Organization*

III. TOP ISSUES IN AGING



Equity and Access

Equity and access are critical issues in aging, with marginalized communities facing disproportionate challenges. Older adults of color, women, LGBTQ individuals, and those living in rural areas encounter systemic barriers that exacerbate disparities in health care, housing, and financial stability. Addressing these inequities is essential to creating a more just and supportive system for all.

*“We know that **the impacts [of aging] hit disproportionately for older adults from marginalized communities**— older adults of color, older women, and LGBTQ individuals often experience additive and unique challenges that our systems aren’t set up to address equitably.” — Senior Executive, Nonprofit Organization*

“Ageism and cultural biases mean older adults are often overlooked in conversations about equity, yet their experiences and needs should inform policy to better serve everyone.” — Deputy Senior Executive, Think Tank

Some respondents also noted the concern with rural access when ensuring equity:

*“Most near-dual older adults live in rural areas, where **Medicare infrastructure often fails to provide access** to the supplemental benefits people need to age at home, such as dental and transportation services.” — Program Officer, Aging Nonprofit Organization*

***"Many older adults, especially in rural areas, lack access to tools or education to navigate online systems for health care and social services. While some older adults are more tech-savvy than assumed, platforms need to be simplified and designed with their needs in mind."** – Former Senior Executive, State Medicaid Program*

Addressing Mental Health and Isolation

Mental health challenges and social isolation are pervasive among older adults, often stemming from loss, chronic pain, and systemic neglect. Solutions must address stigma and ensure accessible, community-based support. To change the text weight, set italics or change the color use the formatting options under character styles.

“Mental health is a high-salience issue, and we need to tie aging issues into it. Think about what happens when someone can’t leave their home— they get sad, they get depressed. These are intertwined challenges.” — Deputy Senior Executive, Think Tank

*“Depression, loneliness, and isolation are huge challenges, but **older adults often don’t access care because of stigma or lack of resources.**” — Former Senior Executive, State Medicaid Program*

“Mental health issues in older adults are often dismissed as just ‘part of aging,’ but there are cost-effective treatments that could help...Research trials often exclude older adults, leading to significant gaps in knowledge and protocols for conditions like depression and chronic pain. For example, **there’s limited research on screening older adults for mild or moderate depression, which prevents evidence-based treatments from being widely adopted.**” — Vice President, Nonprofit Advocacy Organization

Some respondents also noted how comorbidities can exacerbate mental health concerns:

“Chronic pain isolates people and **amplifies depression, creating a vicious cycle that makes aging even harder** for those in long-term care settings... We need more payment models that incentivize a multidisciplinary approach to care where mental health isn’t separate... especially for chronic conditions where services are often siloed.” — Senior Executive, Health Care Consulting

The High Cost of Aging

The financial burden associated with health care, basic needs, and medication emerged as a major concern. Cost-related challenges prevent older adults from accessing necessary services, exacerbating health inequities.

“The **cost of everything related to aging healthily**—prescription drugs, health care, basic needs—is a top concern among older adults.” — Senior Executive, Think Tank

“Prescription drug costs and the **rising costs of health care** are enormous issues impacting the aging population.” — Vice President, Nonprofit Advocacy Organization

Long-Term Care Financing and Accessibility

Stakeholders consistently emphasized the challenges surrounding long-term care financing and the limited options for aging in place. The lack of sustainable funding models forces families to deplete personal assets, limiting independence and choice.

“One of the biggest issues in the aging policy world is trying to figure out **sustainable long-term care financing solutions** for older adults and their family caregivers... It’s a huge kitchen table issue for so many families that still kind of is in the shadows because so many people internalize it as a, this is the issue that we just deal with as our family and gosh it really is hard to take care of mom and dad, you know, and afford all this.” — Senior Executive, Nonprofit Advocacy Organization

“Medicaid is the **primary policy vehicle** for older adults to receive care at home, but **navigating these systems is so complex—it’s like they’re designed for failure.**” — Former Senior Executive, State Medicaid Program

Respondents also noted that providing support to caregivers is a top priority:

“Caregiving is certainly a very big issue that we see in a lot of different sectors... **ensuring that caregivers are getting the services and support that they need.**” — President, Private Sector Health Care Consulting

“Promoting caregiver financial wellbeing is a **priority.** How do we foster caregiver-friendly communities, which is a pretty broad statement, and then also build equity and inclusion for family caregivers.” — Senior Executive, Caregiver Nonprofit

Lack of Integration Across Services

Respondents highlighted how the fragmented nature of aging services creates barriers for older adults and their caregivers, who respondents say, must navigate a confusing web of programs that often fail to communicate with one another.

“We’ve been putting Band-Aids on a broken system for years— it’s time to **overhaul how we coordinate aging policy and services.**” — Program Officer, Aging Nonprofit Organization

“We’ve made it **incredibly hard for older adults to navigate the maze of services available to them.** They don’t know who to call for what. Programs are fragmented, and there is no single platform to connect people to resources like insurance options, transportation, and health care providers... Our programs don’t talk to each other, and **people get lost in the maze** of who to call for what— there’s no cohesive system to help older adults navigate care.” — Senior Executive, Nonprofit Organization

IV. WHERE ARE THERE EDUCATIONAL GAPS AND NEEDS FOR RESOURCES?

Policymakers often lack a clear understanding of federal programs like Medicaid and Medicare, not fully understanding what each program covers. Targeted, data-driven efforts are needed to ensure policymakers have the accurate information needed to compel informed policymaking.

*“Policymakers and their staffers are often **uninformed about [details of] how these programs operate, particularly the financial realities of Medicaid, Medicare, and other federal support. Educational programs must clearly articulate how these systems work, who they serve, and where gaps exist.**”*

— Vice President, Nonprofit Advocacy Organization

*“There’s a lot of myths out there about what these programs cover and what they don’t. Policymakers often assume, for example, that Medicare takes care of everything, including long-term care, when in reality, it does not. There’s a **significant lack of understanding about the differences between Medicare and Medicaid**, especially outside of relevant congressional committees.”* — Senior Executive, Nonprofit Organization

*“Policymakers respond to crisis and urgency. We need targeted data on pressing issues— like the **economic impacts of chronic pain, housing instability, or caregiver burnout**—framed to show why action is needed now.”* — Senior Executive, Health Care Consulting

*“Policymakers know **caregiving is important, but they don’t necessarily see it or really understand the depth of that...** They know the role is important, but I don’t think they understand the depth of the support that family caregivers provide to our society and community as a whole. That whole point of it being the backbone of the long-term care system, providing \$600 billion in unpaid care.”* — Executive, Caregiver Organization

Respondents highlighted a wide range of data and resources that would be helpful for informing policy:

*“We need more data on how **Medicare and Medicaid are being used, specifically in areas like home and community-based services (HCBS), chronic pain management, and mental health.** For example, there’s limited research on how new Medicare codes for chronic pain management are being used and what the outcomes are.”* — Senior Executive, Health Care Consulting

*“There’s a need for both **quantitative data and qualitative stories that show the transition from community living to long-term care facilities.** Policymakers need to understand what causes people to lose independence and how the system can prevent those scenarios.”* — Executive, Nonprofit Organization

*“There’s **limited data on older adults and mental health treatments, particularly for mild and moderate depression.** More research is needed to address evidence gaps and drive the adoption of screening and treatment protocols for this population.”* — Vice President, Nonprofit Advocacy Organization

*“The **forgotten middle— people who are not poor enough for Medicaid but not wealthy enough to afford private care— needs to be better understood.** We found that many of these near-duals live in rural communities, where access to services is limited. Policymakers **need data that reflect the unique challenges these populations face.**”* — Program Officer, Aging Nonprofit Organization

*“We need data that highlights disparities in access and outcomes for marginalized populations, including older adults of color, LGBTQ older adults, and low-income seniors. **Policymakers need to see how these inequities affect health and economic security.**”* — Senior Executive, Nonprofit Organization

*“I think the **financial impact data is really important.** And not only the financial impact for us as a community, as a society, but also the impact on individuals.”* — Executive, Caregiver Organization

V. AREAS FOR FURTHER RESEARCH

Some participants identified areas for further research that, while noteworthy, were not considered core or pressing concerns.

Brain Health

Some respondents mentioned brain health as an issue that needs more exploration, focusing on conditions such as Alzheimer's and dementia.

"How are we protecting the brain health of older Americans and supporting that as much as we possibly can? I'm just always struck by when I talk to patients that don't have any understanding they haven't heard of about the relationship between their blood pressure and their brain health, their sleep quality and their brain health, their smoking, their physical activity, their diet."
— Executive, Nonprofit Organization

*"40% of all dementia cases could be prevented by lifestyle interventions— everything from social connection, nutrition, exercise, sleep, stress management, hearing, and vision loss... **African-American folks have twice the rate of dementia as white folks do, or the general population. Hispanic Americans have one and a half times. And women actually suffer even higher rates of dementia.**"* — President, Private Sector Health Care Consulting

Aging and Environmental Changes

One respondent noted changes in climate is a particular concern for an aging population:

*"Older adults and people with disabilities are **disproportionately affected during climate-related disasters**. They often cannot evacuate or moderate their body heat in extreme weather conditions."* — Senior Executive, Aging Organization

VI. CONCLUSION

The findings outlined in this report highlight critical gaps and opportunities in aging policy that respondents think demand immediate and thoughtful action. Aging policy includes Medicare, Medicaid, and the Older Americans act at its core, but is far more than that. It includes the challenges of long-term care financing, high health care costs, mental health support, and systemic inequities, chronic conditions. Policymakers and stakeholders can better support older adults in aging with dignity and independence. Federal programs like Medicare, Medicaid, and the Older Americans Act are essential lifelines, but they require renewed funding, structural improvements, and more effective integration to meet the growing demands of an aging population. Moreover, the emphasis on data-driven solutions and personal storytelling underscores the need to communicate policy impacts effectively, bridging the gap between quantitative insights and human experiences.

These insights can significantly inform future educational programming by targeting key knowledge gaps among policymakers, stakeholders, and communities. The research makes it clear that educational initiatives on the fundamentals of aging policy are an area of acute and evergreen need, and that there are also opportunities to focus on long-standing challenges like a better coordinated experience for those who are dual-eligible, the need to align services with the number of aging Americans, and optimizing care coordination and administrative burden for older patients. There are also underexplored issues such as the importance of health equity for older people, managing chronic conditions, including chronic pain, brain health and impact of climate, and dozens more, as the population is so broad. Those looking to understand aging and health policy will do well to begin by examining the roles of the traditional, high-impact areas of Medicare, Medicaid, and the Older Americans Act, understanding that there are hundreds of issues that touch the care of this diverse, growing, high needs population.



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