



## **Analysis of the Governor’s Council on Aging in Massachusetts Five Year Report**

**[NOTE: Bolded and italicized words reflect the views of Dignity Alliance]**

*Approximately five years ago, the Baker Administration issued an Executive Order establishing a Governor’s Council on Aging in Massachusetts intended to make the Commonwealth an “age-friendly” state and to encourage cities and towns, employers and others to adopt “age-friendly” values, policies and programs.*

*In fairness, it must be noted that the work of the Council and its recommendations were developed prior to the COVID-19 Pandemic which negatively affected older adults, people with disabilities, and caregivers, especially those in nursing homes, more than any other segment of the population. Of course, everyone was impacted by the pandemic to one degree or another.*

*On September 22, 2022, the Council held its final meeting of the Baker Administration to “celebrate,” as they said the progress that’s been made on building an age-friendly Commonwealth. With respect, Dignity Alliance believes that a celebration to mark progress toward an age-friendly state is comparable to the time when President George Bush landed on the USS Abraham Lincoln and declared “Mission Accomplished,” even though 97% of the deaths in Iraq occurred after that declaration. In other words, there’s a lot more to be done before the state is truly age-friendly, and simply making recommendations or signing paper pledges, while welcome, is only a first step.*

Over the past five years, the Council listened and learned from older adults and experts in aging, framed the vision and priorities for the work, dove into working sessions on specific areas, [released 28 recommendations](#), and monitored the implementation of those recommendations. (See Appendix )

*While the Council has offered 28 recommendations, there is no indication of the implementation of these recommendations – where specifically implemented, when implemented, or evaluation of outcomes.*

The Council has impacted older adults, communities, organizations, policies, and systems in meaningful ways. Some impacts are felt in the short-term, while other actions are longer term. Massachusetts was

the [second state to join AARP's Network of Age-Friendly States and Communities](#) and is the [first to become certified as an Age-Friendly Employer](#).

*How, specifically, has the Council impacted older adults, communities, organizations, policies and systems? Just making the statement doesn't make life better for older adults. After all, we understand that becoming an Age-Friendly State is "an aspiration and an intention to resolve the challenges facing an aging population," according to Danielle Arigoni, director of AARP Livable Communities. "It's not a certification." Much more is needed.*

*To get there, we need to ask, what objective measures are used to determine an "age-friendly" state or community or employer? Communities that seek "age-friendly" designation or sign the dementia-friendly pledge? What actions have been taken to make the pledge meaningful to older adults, people with disabilities and caregivers.*

Specific actions and accomplishments of the Council's work include:

- **Communities and organizations have the tools to make the places we live, work, learn, and play more age- and dementia-friendly**
  - Over 200 communities across the Commonwealth are engaged in age- and dementia-friendly work, including being designated as Age-Friendly or signing a [Dementia Friendly Pledge](#). Communities have implemented changes to local policies, programs, services, and the built environment to help older people thrive. *We need to "audit" the actions of these communities to see if they've kept their promise.*
  - More employers value older workers and employees who are caregivers, including over 100 employers engaged in programs such as the AARP Employer Pledge, Certified Age-Friendly Employer (CAFE), and Massachusetts Caregiver Coalition. *We need to audit hiring and retention of older workers and those with disabilities to see if employers are keeping their promise. Since COVID, there were more opportunities to retain or hire older and disable workers, but employers have to make adjustments for access, flexible work schedules, and work from home opportunities.*
- Communities are taking steps to address equity and aging, with tools such as the [Healthy Aging for All Guide](#), [LGBT Aging in Massachusetts Online Training](#), [Age and Dementia Friendly Design Considerations for Physical Infrastructure](#), and the creation of the [Equity in Aging Committee](#) of the Massachusetts Healthy Aging Collaborative. *We need to ask how many health care workers have been taught how best to communicate and treat with dignity older adults and people with disabilities, given the staff shortages, especially in geriatrics. In fact, a national panel has recently proposed mental health screenings for everyone under 65. This proposal is a good example of what more is needed to be done.*

*Treating anxiety is now a high public-health priority because COVID "has taken a tremendous toll" ("Experts recommend expanding routine anxiety testing," Globe,9/21/22). So it makes no sense to exclude from screening the Americans for whom that toll in deaths and suffering has been greatest. Out of a million dead, 800,00 were over 65. The residents of nursing facilities are mostly over 65. In the first year of the pandemic, 2020, 112,000 died, out of 1.4 million who were alive in 2019. A staggering disproportion.*

*Most residents survived, however. Many have Long COVID. They saw friends carried away on gurneys. They were locked away from families. They suffered from isolation and depression.*

*Wouldn't the current residents and older adults seem like the groups to prioritize for anxiety? Frankly, omitting them on the grounds that physicians and nurses cannot distinguish between, say, "trouble sleeping" and anxiety because people turn 65, is a wan excuse, insulting to medical personnel, and, above all, ageist. The worst ageism in medical encounters is dismissing serious symptoms—even of cancer—as merely "aging."*

- **Aging is embedded across policies, and culture has shifted to view aging as an asset.**
  - State policies, programs, and funding have embraced age- and dementia-friendly values including [age-friendly design standards for senior housing](#), age- and dementia-friendly criteria in grant programs, and the creation of [Senior Days](#) at the Registry of Motor Vehicles.
  - Massachusetts is known as an innovation hub for aging with support from partners, such as AGENCY, Babson College FutureLab, GE, MassChallenge HealthTech, and MIT AgeLab. Aging is increasingly viewed as an asset.
  - Point32Health Foundation's investment in [Reframing Aging](#) training across sectors has created shared language and values with regard to what it means to grow older.

*As the above commentary on mental health screening clearly demonstrates, aging is not very deeply embedded in policies and culture. Clearly, this mission is not accomplished and we must look to the incoming Administration to advocate for change.*

- **People have increased access to the resources needed to plan for and live a 100-year life.**
  - Access to health care, behavioral health, and supportive services has increased with the [expansion of programs](#) including the Medicare Savings Program, Elder Mental Health Outreach Teams (EMHOTS), and [Supportive Housing](#).
  - Older adults remain in the workforce longer due to increased opportunities to network, upskill, and work for age-friendly employers.
  - Individuals are more likely to identify as caregivers and receive supports with public awareness efforts, support from employers, expansion of services, and new programs including the [Caring for the Caregiver](#) webinar series.

*Caring for Caregivers is one of the most critical needs in developing an "age-friendly" state. Despite numerous attempts, the state has yet to develop a program to allow spouses to be paid as caregivers. Few would question that caregivers in nursing homes and home care under underpaid and unable to earn a living wage with only one employer. Increased wages, benefits, and a career ladder are needed to begin to improve this area of caregiving.*

- **More Massachusetts residents than ever have lower healthcare costs through expansions to the Medicare Savings Program.**
  - The Baker-Polito Administration was the first administration since the program was established to expand eligibility for low-income seniors. \$73 million has been appropriated to expand eligibility for the [Medicare Savings Program \(MSP\)](#) up to 225% of the federal poverty level.
  - Income eligibility and asset limits were [initially expanded in 2020](#) to reduce healthcare costs for 40,000 Massachusetts low-income residents, and are currently being expanded further to reduce out-of-pocket health care spending and prescription drug costs for approximately 65,000 low-income seniors and disabled individuals.

*State government has yet to pass legislation to control the cost of prescription drugs. Health care costs overall remain a barrier to becoming “age-friendly.” Much more progress is needed and more health care facilities need to become age-friendly.*

## APPENDIX

### Governor’s Council on Aging Recommendations Overview

Recommendations to Improve Economic Security, Ensure Access & Affordability of Services, Promote Age-Friendly Communities, and Facilitate Connection & Engagement

- 1. Partner with employers to strengthen businesses’ support of family caregivers in the workplace ***What progress has been made?***
- 2. Educate older adults on the benefits of working longer ***Is there a public education campaign supported by the business community?***
- 3. Introduce an auto-IRA program to increase retirement savings ***What is Massachusetts doing along the lines of Washington State, to help people save for long-term care?***
- 4. Establish an Age-Friendly Employer Designation program ***How many have been designated, and are we celebrating those who are designated?***
- 5. Promote value of older workers with businesses ***See Recommendation #2.***
- 6. Support training for career centers to better serve older job seekers ***Are any Career Centers doing this?***
- 7. Improve access and affordability of health care coverage for older residents ***This coverage needs to include dental, vision, hearing, and fall prevention.***
- 8. Increase awareness and utilization of property tax deferral programs ***The Senior Citizen Circuit breaker helps home owners and renters. It was in the Economic Development bill that the Legislature has yet to approve.***
- 9. Increase resources to expand supportive housing production for all income levels ***There has been improvement of the HVP vouchers but this has to keep pace with inflation and property owners need incentives to make their property available.***
- 10. Expand supportive services in state public housing ***Included in this list of services should be supportive decision making.***
- 11. Improve self-identification of family caregivers and awareness of resources ***Spouses need to be approved as paid caregivers along with other family members.***
- 12. Support training, education, and career ladder programs to promote professional direct care workforce development ***Amen! Let’s do it.***
- 13. Ensure that programs, services, and information are inclusive of all populations. ***No older adult of person with disabilities should be left behind!***
- 14. Reimagine the continuum of in-home and facility-based services for those who need long-term services ***Nursing home care must be seen as a LAST resort. Hospital discharge planners and others need to do all they can to return people to their homes and communities and promote rehab in the home or adult day health.***
- 15. Integrate health care, behavioral health and coordinated care ***As noted earlier, this access to behavioral and mental health must not be cut off at age 65!***

- 16. Make better use of transportation tools that are already available *After affordable and accessible housing, affordable and accessible transportation is essential for older adults and people with disabilities*
- 17. Support the age- and dementia-friendly efforts in local municipalities *We need to do more than offer training, but grants are needed as well.*
- 18. Support and promote a statewide age- and dementia-friendly effort *Ditto for #17.*
- 19. Develop design standards for all state-funded senior housing to maintain tenancies in the face of increased frailty *Senior housing also need anti-bullying programs and small home housing for veterans so they can stay close to family and community.*
- 20. Improve the built environment through structural enhancements and policy to improve mobility and transportation *Accessory apartments that are handicapped accessible need to be permitted as a right. In addition, grants to make home more accessible and authority of the Architectural Barriers Board to regulate all building and renovation.*
- 21. Increase opportunities for lifelong learning and service for older adults and caregivers *Every educational institution should be encouraged to meet this need.*
- 22. Partner with local organizations to promote connection and engagement for older adults and caregivers, including multigenerational opportunities *Since most caregivers are low-income, often immigrant women, incentives are needed for childcare for these workers.*
- 23. Build on successful programs that identify risk for isolation and depression *For starters, let's not return to the isolation of nursing home residents as happened during COVID. The open meeting law needs to be amended to allow remote participation of older adults and people with disabilities in state and local public meetings.*
- 24. Support older drivers and those in transition by addressing upstream determinants *If drivers face restrictions on licensing, more transportation help is needed.*
- 25. Explore new ways to fulfill a rider's "total trip" through supportive transportation and Transportation Network Companies *Oversight is needed to make sure rides arrive on time and are dependable and courteous.*
- 26. Reframe the conversation about aging from a "challenge" to an "asset" and reduce stigma surrounding aging and caregiving *A concerted effort is needed to combat ageism and ableism. Recognition is essential of the longevity bonus rather than burden.*
- 27. Amplify cross-sector collaboration and partnerships to address opportunities in aging *All service providers, small business, etc. should be part of any age-friendly initiative.*
- 28. Harness the longevity economy and make Massachusetts the Silicon Valley of Aging *With the leadership of Massachusetts in the field of technology, older adults and people with disabilities should have affordable opportunities to benefit from technological improvements and incentives need to be provided by the state for innovations that benefit the aging and disabled in every area such as mobility, hearing, etc.*

## EXECUTIVE ORDER

# Executive Order No. 576: Launching the Governor's Council to Address Aging in Massachusetts

DATE:

04/12/2017

**ISSUER:** Governor Charlie Baker

**MASS REGISTER:** No. 1338

WHEREAS, older adults are the largest and fastest-growing segment of the U.S. population, and whereas those 65 and older will make up 23% of the population of the Commonwealth by 2035;

WHEREAS, the aging of the population impacts every community, and all people should feel confident that they and their families can live vibrant, purposeful lives as they grow old;

WHEREAS, older adults express a desire to live in respectful, inclusive communities, free from ageism and to be celebrated for their accomplishments and contributions;

WHEREAS, many older adults work, volunteer, and contribute to their communities through civic engagement;

WHEREAS, older adults should be able to choose to remain in their communities as they age, and whereas this requires access to a broad range of public and private programs, resources, and informal supports to promote healthy, purposeful aging;

WHEREAS, the growth of the older adult population brings with it an economic opportunity that may be leveraged to benefit all age groups;

WHEREAS, notwithstanding the opportunities that the growth of this heterogeneous population presents, older adults may face challenges related to financial security, housing, transportation, health care, employment, and social service needs;

WHEREAS, direct care workers and family caregivers, who may struggle to balance work and caregiving, provide essential care for older adults, and the demand for this care is growing;

WHEREAS, dementia represents a costly public health concern that affects 12% of older adults and their families; and

WHEREAS, a policy that promotes healthy aging requires actively engaging with older adults as contributors to the social, economic, and civic fabric of our communities, encouraging physical and psychological health and well-being in older adults and their caregivers, and creating a social environment free from ageism;

NOW, THEREFORE, I, Charles D. Baker, Governor of the Commonwealth of Massachusetts, by virtue of the authority vested in me by the Constitution, Part 2, c. 2, § 1, Art. 1, do hereby order as follows:

Section 1. There is hereby established within the Office of the Governor a Governor's Council to Address Aging in Massachusetts (the "Council"). The Council shall be responsible for advising the Governor on the development of governmental policies, community resources, best practices, and informal supports that will promote healthy aging in the Commonwealth. The Council will formulate a plan to achieve the goal of making Massachusetts the most age-friendly state for people of all ages.

Section 2. The Council shall consist of up to 24 members, including two chairpersons. The Secretaries of the Executive Offices of Health and Human Services, Elder Affairs, Labor and Workforce Development, Transportation, and Housing and Economic Development or their designees shall serve as members of the Council ex officio. The remaining Council members shall be members of the public appointed by the Governor, with consideration given to the importance of participation by representatives of the business community, health care, technology and innovation, municipal leaders, the aging network, advocacy organizations, caregivers, and direct service providers focused on the older adult population. Membership on the Council shall reflect the Commonwealth's geographic and cultural diversity.

The Secretary of the Executive Office of Health and Human Services or her designee shall co-chair the Council. The Governor shall designate a second co-chair from among the members of the Council representing the Massachusetts business or health care communities. Members shall serve for two-year terms at the pleasure of the Governor and without compensation. The Council shall meet on a regularly established schedule and as often as the co-chairs direct.

Section 3. The Council may consider conducting a review across the Commonwealth to inventory existing programs and services and to identify promising practices targeted at supporting healthy aging, family caregivers, and liveable communities.

In the first year of its operation, the Council shall develop and propose a plan to improve public and private efforts to support healthy aging in our communities. The plan shall set clear, measurable objectives for evaluating progress toward this goal. The plan shall identify current practices that are efficient and effective in supporting healthy aging and recommend ways of replicating and extending these practices across communities. The Council's plan shall also include recommendations on improving public awareness of and access to services for older adults and family caregivers. The Council may also identify opportunities to promote healthy aging through new programs and projects.

The Council's findings and plan may address, without limitation, the following aspects of healthy aging:

1. The most effective means of encouraging efforts by each municipality and region to address the unique strengths and self-identified needs of older adults and families, whether by recognition in Community Compacts or through other incentives and arrangements.



2. Each community's special strengths in technology, innovation, research, health care, and business, and how those strengths may be leveraged to support healthy aging and the work of family caregivers.
3. Opportunities for improved alignment and coordination of aging and aging-related programs and policies among public and private partners.
4. An assessment of how community-based care is provided to older adults in each region of the Commonwealth.
5. Recommendations on changes to laws, regulations, and policies that will promote capacity building in housing, transportation, elder abuse prevention, job opportunities and training, civic engagement, public safety, caregiver support, and other aspects of age-friendly communities.
6. Opportunities for meaningful engagement in the arts, humanities, music, athletics, life-long learning, volunteer activities, and civic engagement for older adults, including a focus on inter-generational opportunities.
7. Policies and programs that promote respect and inclusivity and celebrate the contributions of older adults in their communities and that combat ageism and negative stereotypes about older adults.
8. Social determinants of health for older adults such as poverty and economic insecurity, lack of affordable, accessible housing, homelessness, food insecurity, high prescription drug costs, and other health care costs.
9. Ways to address the special mental, behavioral, and cognitive health needs of the older adult population, with particular attention to the issues of loneliness and isolation and the need to address access to mental and behavioral health services.
10. Policies that encourage employers to identify and support employees who are family caregivers.

Section 4. All departments, agencies, boards, commissions, or other governmental entities subject to the Governor's control shall provide assistance to the Council by sharing information and expertise as requested by the Council. The Council shall continue the work of supporting aging policy after completion of its report in a manner to be determined by the co-chairs in consultation with the Governor.

Section 5. This Executive Order shall continue in effect until amended, superseded or revoked by subsequent Executive Order.

Given at the Massachusetts Institute of Technology in Cambridge this 12<sup>th</sup> day of April in the year of our Lord two thousand seventeen and of the Independence of the United States of America two hundred forty-one.



