IN SUPPORT OF THE FOLLOWING BILLS UNDER CONSIDERATION BY THE JOINT LEGISLATIVE COMMITTEE ON HEALTH CARE FINANCING

May 12, 2025

Dignity Alliance Massachusetts appreciates the opportunity to provide testimony on several matters scheduled for public hearing on May 12, 2025.

More than one million residents of Massachusetts are over age 65, or about 18.47% of the population (55.6% are women). That percentage is expected to grow to 25% by 2030. Researchers and geriatricians say that ageism – discrimination based on a person's age is surprisingly common in health care settings. It can lead to both overtreatment and undertreatment of older adults, says Dr. Louise Aronson, a geriatrician and professor of geriatrics at the University of California, San Francisco.[1]

Ageism creeps in, even when the intent is benign, says Aronson, who wrote the book, *Elderhood*. "We all start young, and you think of yourself as young, but older people from the very beginning are other."
That tendency to see older adults as "other" doesn't just result in loud greetings, or being called "honey" while having your blood pressure taken, both of which can dent a person's morale. Aronson says assumptions that older people are one big, frail, homogenous group can cause more serious issues. Such as when a patient doesn't receive the care they need because the doctor is seeing a number, rather than an individual. Aronson adds that overtreatment comes in when well-meaning physicians pile on medications and procedures. Older patients can suffer unnecessarily. "**There are things...that happen again and again**

[1] Bias against older people in health care settings is common and harmful: Shots - Health News: NPR

and again because we don't teach [physicians] how to care about older people as fully human, and when they get old enough to appreciate it, they're already retired," says Aronson.

Kris Geerken is co-director of Changing Narrative, an organization that wants to end ageism. She says research show that negative beliefs about aging - our own or other people's - are detrimental to our health.[2]
"It actually can accelerate cognitive decline, increase anxiety, it increases depression. It can shorten our lifespans by up to seven-and-a-half years," she says, adding that a 2020 study showed that discrimination against older people, negative age stereotypes, and negative perceptions around one's own age, cost the health care system $63 billion a year.

In the largest examination to date of the health consequences of ageism, or age-based bias, researchers at the Yale School of Public Health have found evidence that it harms the health of older people in 45 countries and across 5 continents. The study included over 7 million participants.

Relative to the overall population, older adults consume a disproportionally large percentage of health care resources. Despite advocacy and efforts initiated more than 30 years ago, the number of providers with specialized training in geriatrics is still not commensurate with the growing population of older adults. Studies provide a contemporary update on the status of geriatric education and explore how geriatric coverage is valued, how geriatric competence is defined, and how students are evaluated for geriatric competencies.

According to a study published in 2012 in The Gerontologist,[3] geriatric training varies across health professions' disciplines. Although some health professionals recognize the unique needs of older patients and value geriatric coverage, there is clearly a shortage of time in packed medical education curricula, lack of geriatrics-trained educators, absence of financial incentive, and low student demand (resulting from limited exposure to older adults and gerontological stereotyping) which are barriers to improving geriatric training. Progress in including geriatric training within curricula across the health professions continues to lag behind need as a result of the continuing presence of barriers identified several decades ago. There remains an urgent need for institutional commitment to enhance geriatric education as a component of health professions curricula.

S891/H1410, An Act relative to the primary care workforce development and loan repayment program at community health centers – AMENDMENT SUGGESTED

Dignity Alliance supports this program established pursuant to the legislation however, we strongly recommend that in view of the growing population of older adults, including in Massachusetts, be amended in line 24 to include a sentence stating: Said regulations shall encourage assistance from providers trained in geriatric medicine. Community health centers

[2] Harmful effects of ageism on older persons' health found in 45 countries | Yale News
[3] Geriatric Education in the Health Professions: Are We Making Progress? - PMC

(CHCs) are federally funded safety-net clinics that provide care to low income and medically underserved persons. The proportion of CHC patients age greater than 65 doubled in the last ten years, yet little is known about this population. A recent study published in the *Journal of the American Geriatric Society* describes the demographic and clinical characteristics of the older adult CHC population. As the population of older adults who access CHCs grows, the study findings highlight the opportunity to enhance focus on key principles of geriatric medicine.

Key study findings:

- The number of adults age greater than age 55 who attend Community Health Centers (CHCs) is growing faster than younger age groups and those age ≥65 are the fastest growing demographic segment of CHC patients.
- Adults 55–64 who attend CHCs have a similar number of chronic conditions and degree of functional impairment as adults over age 65.
- Study findings highlight the opportunity to enhance focus on key principles of
- geriatric medicine for those who are both under and over 65 and attend CHCs.[4]

S882/H1393, An Act to promote graduate medical education – AMENDMENT SUGGESTED

Dignity Alliance supports this legislation however, we strongly recommend that in view of the growing population of older adults in Massachusetts and most other states, the bill should be amended, in line 4 after the words, "primary care" by inserting the words, "including geriatric education." The rationale for this amendment is similar to the information provided earlier relative to S891/H1410 since older adults are frequent users of community health centers, but also of other health care providers.

In addition, Dignity Alliance suggests another amendment for line 7 by inserting after the term "family medicine nurse practitioners," the term "geriatric nurse practitioners and social workers," given the need for both in health care facilities serving older adult. According to a report by the John A Harford Foundation, "The number of older people, particularly those over age 85, is growing and becoming more diverse, and they need more assistance to remain active and independent. As people age, they have more complex health care needs, some experience financial difficulties, and they may become less and less able to coordinate their own increasingly complex needs. Social workers formulate care plans based on comprehensive assessments to manage the interconnected physical, social, and socioeconomic factors that affect the health and well-being of older adults.

"Aging-savvy social workers serve as navigators and expediters, enabling older adults and families to understand and choose among the bewildering array of available health and social services. They empower older adults and families to find appropriate services. They also facilitate family support, provide counseling and direct services, and coordinate care delivered through professional systems. While the need for social workers trained in geriatrics is

[4] J Am Geriatr Soc. 2021 Mar 5;69(6):1592–1600. doi: 10.1111/jgs.17088

escalating, not enough social workers choose this career path. The Hartford Foundation began funding the Geriatric Social Work Initiative in 1999 to address the impending crisis of a growing older adult population being compounded by a shortage of geriatric social workers."[5]

S850, An Act relative to nursing career pathways – AMENDMENT SUGGESTED

Dignity Alliance support this legislation however, we strongly recommend that the bill be amended in line 4, by inserting after the term, "home health aides," the tern, "social workers," and in line 10, by inserting after the word, "School," the words, "or a school of social work." In addition to the above comments about the need for more social workers in long-term care, we also offer the following:" "When an older adult needs care, it's never purely medical. Everything affects the whole person, and it's a social worker's job to come in and look at all parts of an older adult's life — biological, social, cultural, medical — and make sure they have the best care and quality of life available."

A licensed clinical social worker can advocate for their clients with everything from ensuring access to healthcare professionals, speaking up for a client to make sure physicians are giving the best, most comprehensive care, and making sure they aren't being taken advantage of by financial institutions. "[6]

Social workers play a vital role in providing care and support for elderly individuals. Their expertise and guidance contribute significantly to improving the quality of life for seniors. Elder care encompasses a range of services aimed at meeting the physical, emotional, and social needs of older adults. Social workers are crucial members of the interdisciplinary team that ensures the well-being of seniors. Social workers specialize in connecting elderly individuals with resources, advocating for their rights, and providing emotional support. They play a key role in addressing issues such as isolation, abuse, neglect, and mental health concerns.[7]

Finally, Dignity Alliance believes that all three bills for which we have offered testimony have merit, but that they could be improved by focusing the education of health care professionals at every level, including employment in community health centers, is they focus the attention of educational planners on the growing population of older adults and their health needs.

Dignity Alliance Massachusetts is dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing new ways of providing long-term services, support, living options, and care, while respecting choice and self-determination. Through education, legislation,

[5] The John A. Hartford Foundation: 2008 Annual Report
[6] Why Do Older Adults Need a Professional Social Worker on Their Side?

[7] The Role of Social Workers in Elder Care

regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth. As a non-profit, all-volunteer, grass-roots coalition of aging and disability service and advocacy organizations and supporters, Dignity Alliance Massachusetts works to secure fundamental change For more information on the proposed amendments to the above legislation, please contact: Former Senator Richard T. Moore, Legislative Chair, at rmoore8743@charter.net or visit the Dignity Alliance web site. info@dignityAllianceMA.org