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United States Senate Special Committee on Aging

**Improving Wellness Among Seniors:
Setting a Standard for the American Dream**

Date: Wednesday, January 15th, 2025

Time: 03:30pm

Location: SD-106

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Chairman Scott, Ranking Member Gillibrand, and members of the Senate Special Committee on Aging, thank you for the opportunity to testify before you today to discuss Wellness Among Seniors. My name is Maria Alvarez. I am the Executive Director of New York StateWide Senior Action Council, Inc., a consumer directed and governed grassroots organization serving the community for 52 years. It has been an honor for me to serve as the Executive Director for the past fifteen years. Thank you for inviting me to speak with you today.

As a participant of the White House Conference On Aging (WHCOA) in both 1995 and 2005, I can tell you that there have been dramatic improvements in the systems of preventive care and health promotion, but we still have a long way to go. With your leadership and advocacy, we can continue to make improvements for the seniors of today and for future generations.

I want to also note that in the three decades that have elapsed since the 1995 WHCOA, the fabric of the older population has changed dramatically. This means that the systems to promote healthy aging also need to change and modernize to better serve our current older population. There has been a significant increase in the size of the older non-white population which is on

pace to make up half of the elderly population by 2060.

Fortunately, though, many elderly can remain in the community despite managing multiple chronic conditions. I suggest that one step in the right direction would be to make sure that the 2025 WHCOA is held to help the country chart a course for addressing the needs of the growing older population as 20 percent of this country is now over the age of sixty-five.

Prior to 1995, Medicare and most private insurance would cover treatment of an illness but not cover the cost of the diagnostic tests or prevention. Thanks to action by Congress to improve Medicare in 1997 and 2003 and the implementation of the Affordable Care Act in 2010, coverage of preventive services has steadily increased. Now most preventive tests and immunizations are available without copays and Medicare provides an Annual Wellness exam to help beneficiaries identify health risks, schedule preventive tests, and identify social determinants of health.

In addition, the country has invested resources through Part III D of the Older Americans Act to provide evidenced base health promotion programs through the Area Agencies on Aging and community-based agencies. Today most communities have programs like the Chronic Disease and Diabetes Self-

Management Program and Falls Prevention. Many have been adapted to meet the needs of older persons of different races and ethnicities. These programs are cost-effective approaches and should be expanded.

At one time, federal and state policy makers considered services like congregate and home delivered meals, transportation, case management, and housing assistance as nice but “soft services” that were not as important as health care. It took years of advocacy and research to get the medical system to finally recognize the importance of social determinants of health, which are critical to the ability of older persons to follow needed courses of treatment and maintain healthy lifestyles.

These are all important improvements that we can build upon. But we cannot ignore the need to recognize that having health care and preventive services available is not sufficient if they are not affordable or if discrimination, actual or perceived, persists.

Many problems still exist.

Income Security continues to be a problem in a country where there is so much abundance. The reality is that one in three senior citizens are not making ends meet. Their incomes are under 200% of the Federal Poverty Level (roughly \$30,000), and

it is not keeping pace with the increasing cost of living, let alone their out-of-pocket healthcare costs, food, transportation, and housing among other expenses.

Lest you think that this is only one segment of the population, I will tell you that we increasingly see people who look good “on paper”, who consider themselves to be middle income, sliding into poverty at dizzying rates.

According to several reports, we are about to experience the largest amount of homelessness in the elderly population ever. We are already seeing it in New York City. More Section 202 Housing must be developed, with social services attached to them. This will ensure that seniors not only have an adequate place to live, but they have access to all of the programs and services for which they qualify.

I cannot end my time without telling you that along with Social Security, Medicare and Medicaid, the Older Americans Act is a law that has had a seismic effect on the elderly population. All of those programs form the framework that seniors can rely on to continue to thrive and live in dignity. Now that this generation makes up 20 percent of the country, we need to strengthen and improve them – in their structures as well as their funding – to reflect the fabric of our country today.

I have many other points to make, and 5 minutes is not enough. I hope that you ask me about them during the time that we have together. I have also included a full list of programs and recommendations with my formal testimony.

Thank you.

Recommendations:

Reauthorize the Older Americans Act in 2025

We were honored to work with Senator Gillibrands workgroup on the Older Americans Act. Some of the recommendations were able to help inform the update of the regulations in 2024. However, the reauthorization of the act did not occur and that should be a primary objective of the new Congress I 2025. It provides the foundation for the network of evidenced based wellness programs offered across the country.

Convene a 2025 White House Conference on Aging (WHCOA)

This summit is critical to help the nation chart a course for addressing the health and wellness needs of the growing older population.

Help Communities Achieve Health Aging 2030 Objectives

Improve health and well-being for older adults by helping communities achieve the Older Adults Objective in the Office of Disease Prevention and Health Promotion's Healthy People 2030 Plan.

[\[https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/older-adults\]](https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/older-adults)

Expand the Patients' Bill of Rights:

The family member can often detect negative changes in a patient's affect long before hospital staff yet they are often powerless to get the hospital to attend to their concerns. We recommend that Congress expand the patients' bill of rights to allow patients or their care givers to obtain a rapid response second opinion if they believe the current treatment is not effective. Massachusetts and South Carolina have already implemented this requirement and it can be a life saver in times or acute care crisis.

[\[https://casetext.com/regulation/code-of-massachusetts-r-segulations/departement-105-cmr-departement-of-public-health/title-105-cmr-130000-hospital-licensure/subpart-d-supplementary-standards-particular-services/section-1301600-rapid-response-method\]](https://casetext.com/regulation/code-of-massachusetts-r-segulations/departement-105-cmr-departement-of-public-health/title-105-cmr-130000-hospital-licensure/subpart-d-supplementary-standards-particular-services/section-1301600-rapid-response-method)

Identify Discrimination

Provide patients with the opportunity to report experiences of racism or other types of discrimination when completing standard patient satisfaction surveys.

Develop a Diverse Health Workforce

Promote cultural competency in the health care system and address the lack of diversity in the workforce especially in underserved communities.

Please see attached StateWide’s Legislative Goals and Priorities and Insufficiency Tables – Attached.

Extra Comment

Affordability is still a barrier

While Medicare and the Affordable Care Act have made health care more affordable one in six older Black adults (16%) and one in seven older Hispanic adults (14%) report problems paying for health care.

[source: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/older-adults-health-care-experiences-by-race-ethnicity/>]

Discrimination is a problem. It is disheartening to see that amongst advanced countries:

- Older adults in the United States are by far the most likely to report that their health system treats people differently because of their race or ethnicity.
- Nearly half of older Black women say the health care system often treats people differently because of their race or ethnicity.
- One in four Black and Latinx/Hispanic older adults report racial or ethnic discrimination when seeking health care.
 - about one in seven (15%) older Black adults report experiencing unfair or disrespectful treatment in the past 3 years compared to smaller shares of older White (7%), Hispanic (7%), and Asian (8%) adults.

[source: <https://www.commonwealthfund.org/publications/issue-briefs/2022/apr/how-discrimination-in-health-care-affects-older-americans>]

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