



Statement for the Record
Before the U.S. Senate Special Committee on Aging
for the Hearing:
“Combating Social Isolation and Loneliness During the COVID-19 Pandemic”
June 11, 2020

The Leadership Council of Aging Organizations (LCAO) is a coalition of 69 national nonprofit organizations concerned with the well-being of America's older population. We greatly appreciate the ability to submit this statement for the hearing record.

Social isolation and loneliness are serious health risks that become more problematic with increasing age. They are associated with a significantly increased risk for early death from all causes as well as increased disabilities such as dementia. Social isolation is so toxic to people's health and well-being that it has been likened to smoking 15 cigarettes a day. The 2020 National Academies of Sciences, Engineering, and Medicine report, funded by the AARP Foundation, found that 43 percent of adults age 60 or older in the U.S. reported feeling lonely before the social distancing practices required by the COVID-19 pandemic began. Now public health authorities are advising those age 60 and older to stay home as much as possible, people with chronic health conditions at higher risk of illness are in quarantine, long-term care facilities and hospitals have shut down visitation, and normal, fundamentally important social activities such as caregiving, supportive services and even religious services and funerals have in many cases come to a halt. The numbers of people feeling socially isolated have increased, and the loneliness that substantial numbers of older people feel is even worse.

For people with severe chronic health conditions who are at higher risk for developing more serious illness from COVID-19, there is no quick end in sight to the isolation or its harms. Quarantining, necessary to reduce risk of exposure to the virus, also threatens peoples' ability to access food, medicine, information, and other essential supplies, further exacerbating chronic health conditions. A 2017 AARP study showed that social isolation among older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually. We have every reason to believe the economic costs to the system will actually increase due to the ongoing pandemic.

COVID-19 has also magnified existing disparities for low-income older adults. This crisis has had an outsized impact on communities of color, with disproportionately high

infection and death rates being reported among Black, Latino, and Indigenous communities. We know internet coverage gaps are more prevalent in low-income communities, frequently those hardest hit by the pandemic. These areas are often the last to get broadband and often at slower speeds, leaving these communities at an ongoing disadvantage at the same time that public sources of internet access such as libraries, senior centers and commercial establishments are closed. Most federally-assisted low-income housing communities do not even have building-wide Wi-Fi. Therefore, many of the virtual, digital tools taken for granted and available to more affluent communities to lessen the negative impact of social isolation are not available to some of the communities that need it the most.

To address social isolation and loneliness caused by social distancing, we will need to have sufficient Personal Protective Equipment (PPE) and testing to protect health care workers, and patients and their caregivers, in order to prevent the spread of COVID-19 as our institutions open back up allowing in needed supports and services. Congress should see to it that sufficient PPE is available for all health and direct care workers, long-term services and support providers, mental health providers, aging network personnel, and senior housing providers who provide on-site, or in-home, health care or social services to older adults and people with disabilities. We also need to make available PPE and testing for older people and their caregivers who are in long-term care or assisted living facilities or other health settings in order to stop the cruel and inhumane separation of people from their loved ones, particularly those with physical and mental disabilities during this time of health and emotional crisis. The balance between protecting persons in long-term facilities from COVID-19 and the need for human connectedness should be reexamined as this crisis continues. This article provides additional insights on this issue:

<https://www.syracuse.com/opinion/2020/06/our-elders-are-suffering-open-ny-nursing-homes-to-visitors-commentary.html>

On June 9, 2020, the Office for Civil Rights at the US Department of Health and Human Services said that the State of Connecticut was in violation of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act by prohibiting reasonable access to needed support persons for people with disabilities in hospitals during COVID 19.

<https://www.hhs.gov/about/news/2020/06/09/ocr-resolves-complaints-after-state-connecticut-private-hospital-safeguard-rights-persons.html> The same should be true for people in nursing facilities. The caregivers, who are the support persons for older people, are still being denied access to their loved ones in long-term care facilities and in many hospitals.

While hospitals have been given a priority access to PPE, the same is not true of long-term care facilities, long-term care workers, and those who provide services to older adults in their homes. Congress should take action not only to declare the rights of people to have the support they need no matter where they live, but also help to get the

resources to both the workers and families so this can be done safely with the appropriate protective equipment and testing necessary.

Additional Recommendations:

Support is needed beyond the critical work that has already been done by the committee through reauthorization of the OAA and recent emergency relief packages. Further efforts are needed to ensure the safety and social connectedness of our nation's older adults in weeks and months to come. The expert witnesses at the hearing provided strong policy recommendations and strategies to mitigate the adverse effects of social isolation on older adults living independently. We look forward to building upon these recommendations and working together with others to advocate for and implement policies that address the needs of older adults through the ongoing COVID-19 pandemic, including:

1. **Additional emergency funding for all core OAA programs in the next COVID-19 relief package.** As indicated above, the aging services network established by the OAA is a vital source of social connection for older adults. For example, the Act's nutrition programs provide nutritious meals along with friendly visits and social interaction. Other services play multiple roles (including addressing social isolation) and include in-home and community services, such as outreach and information, transportation, health and wellness, caregiver supports, and much more. These all inherently contain social engagement practices and goals. This remains particularly critical during the COVID-19 pandemic as an unprecedented number of older adults need to remain homebound and therefore need more help in preventing social isolation and loneliness.
2. **Targeted OAA resources to address the COVID-19 realities of social isolation and the Aging Network's ability to respond.**
 - a. **An additional \$18 million under Title IV**, to be directed through the ACL's National Resource Center for Engaging Older Adults, for projects that address negative health effects associated with social isolation among older individuals, including \$6 million dedicated to the needs of minority older adults, as well as multigenerational projects that reduce social isolation and improve participant social connectedness, as established under PL: 116-131 [42 USC 3032(a)(18) and 3032f(a), respectively];
 - b. **Additional Title III B funding** of \$80 million for states and area agencies on aging to use and deploy technology to promote or support social connectedness and reduce the negative health effects associated with social isolation, as established under Public Law: 116-131 [42 USC 3030d(a)(25)]. This funding would allow the purchase and dissemination of technology, including laptops, tablets, and assistive devices, to help low-income older adults without technology stay connected. Such funds may also provide for technology and telecommunications trainings that

improve the technological capacities of older adults and, thus, to improve social connection.

- c. **Additional Title III D funding** of \$50 million for evidence-based disease prevention and health promotion services to provide states and area agencies on aging the resources necessary to transition existing programs to online/digital or telephonic platforms, thus ensuring that these health and wellness programs can continue to keep older adults engaged, active and healthier.