



Senate Special Committee on Aging

Combatting Social Isolation and Loneliness During the COVID-19 Pandemic

June 11, 2020

9:30 AM, Senate Russell Office Building 253

Purpose

The purpose of this hearing is to examine strategies to combat social isolation and loneliness among the elderly population amid the COVID-19 pandemic.

Members Present

Chairman Collins, Ranking member Casey, Senators Braun, Gillibrand, Rosen, Jones, McSally

Witnesses

Carla Perissinotto, MD., Associate Chief For Geriatrics Clinical Programs, Associate Professor, School Of Medicine, The University of California, San Francisco, CA

Peter Reed, PhD., Director, Sanford Center For Aging; Professor, Community Health Sciences, School of Medicine, University of Nevada, Reno, NV

Betsy Sawyer-Manter., President And CEO, SeniorsPlus, Lewiston, ME

Najja Orr., President and CEO, Philadelphia Corporation for Aging, Philadelphia, PA

Opening Statements

(21:00) Chairman Collins said that 80% of COVID deaths can be accounted for in the 65 and older population. Unfortunately this statistic is worse among people of color. Despite accounting for a smaller proportion of the population, African Americans are at an increased risk of dying as a result of COVID when compared to white people. Today's hearing focuses on the risk of social isolation. Social isolation increases the risk of heart disease, stroke, dementia and depression. Social distancing is a key strategy to reduce the negative impact of the COVID-19 pandemic. While this is necessary, it has increased the burden placed on older Americans all across the nation. Too often, older Americans are dying without loved ones by their side. As the pandemic persists, we run the risk of a virus causing a mental health epidemic. While technology has been important in connecting individuals, it cannot replace the physical human touch. Social isolation also has a profound financial impact.

(30:45) Ranking member Casey said that across the country people continue to experience tremendous suffering, both physically and financially. The impact of this virus has not been evenly felt across the country. People of color have been disproportionately impacted by the COVID-19 pandemic. Despite making up a smaller share of the population they make up a significant amount of overall infections and deaths. Furthermore, the economic impacts of the pandemic has also hit the black community the hardest. Unemployment numbers in communities of color continue to be far too high. The senior community is also suffering disproportionately. These individuals are living alone and face social isolation every day. Individuals living in nursing homes deserve to live a life of dignity. They have been deprived from interacting with loved ones. While this measure is well intentioned, it is leading to significant cognitive and physical decline. While social

isolation is not new, it is certainly worse than it has ever been. Unfortunately, the Senate and this Administration have not been interested in helping this community. It is time to put politics aside and deliver change for the American people.

Testimony

(44:30) Dr. Perissinotto said that being connected to others is widely considered a fundamental human need—crucial to both well-being and survival. This need has been described extensively in the literature. When the risks of loneliness and isolation are examined, both have dramatic effects on our health even after accounting for usual confounding factors such as depression, medical comorbidities and socioeconomic status (SES). Given these associated health care risks, it is not surprising that a study by AARP found that social isolation results in increased Medicare spending, by an estimated 6.7 billion dollars a year, thought to be due to increased inpatient care costs and skilled nursing home spending. The following recommendations should be considered by the committee. Develop a more robust evidence base for effective assessment, prevention, and intervention strategies for social isolation and loneliness. Translate current research into health care practices in order to reduce the negative health impacts of social isolation and loneliness. Improve awareness of the health and medical impacts of social isolation and loneliness across the health care workforce and among members of the public. Strengthen ongoing education and training related to social isolation and loneliness in older adults for the health care workforce. Strengthen ties between the health care system and community-based networks and resources that address social isolation and loneliness in older adults. It is also crucial to ensure adequate funding for research and evaluations of proposed programs and interventions so that we can know what works, what should be scaled, what the return on investment is, and how it should be funded. Given the large public health impact, this will require a national approach. The solutions ahead of us may not be readily apparent, but starting with addressing the underlying ageism and other discrimination will need to be part of our response.

(54:20) Dr. Reed said that in order to enable older adults to stay home and stay safe, while remaining connected to needed resources, the State of Nevada launched Nevada CAN, or the Nevada COVID-19 Aging Network Rapid Response. On April 1st, after a rapid planning process, Nevada CAN launched a new website, connected to Nevada 2-1-1, through which older adults can request help. Aging and Disability Resource Center case managers connect elders to the appropriate action teams for support. The Food and Medication Action Team engages a network of county and community-based agencies in delivering food, medications and other essential items to the doorsteps of older adults. The Telehealth Action Team brings together existing healthcare and social service providers into an integrated statewide telehealth network, offering geriatrics, social work, primary care and other services. Finally, the Social Support Action Team, led by Dr. Jennifer Carson, launched the truly innovative “NEST Collaborative”. Standing for “Nevada Ensures Support Together”, the NEST Collaborative recruits volunteers, including many college students,

who are committed to delivering social support to reduce social isolation. This time of social distancing does not mean elders must be socially isolated. Nevada CAN and the NEST Collaborative are examples of how to help elders stay meaningfully engaged and connected to their communities.

(1:00:31) Ms. Manter said that Maine has a very old population. The COVID-19 pandemic has disrupted the service delivery system that the elderly population in Maine relies on. Her organization has found adequate PPE so that meals on wheels employees and volunteers can continue to do their jobs safely. Her organization has also pre-prepared an extra 2,000 meals and stored them in the freezer in case of an emergency. Furthermore, her organization also delivers pet food because pets are an essential companion for many elderly individuals. As the days in isolation continue, her organization is working to expand access to activities such as trivia, yoga, counseling, and support groups. Many of these activities are conducted over Zoom to keep residents and staff safe. Zoom, is also essential in order to provide home health service. Without Zoom home health visits would not be possible and many individuals would have to transition into an assisted living type residency. Social isolation is detrimental to the health of seniors and this committee must do everything it can to combat this disease.

(1:06:18) Mr. Orr said that Philadelphia has the second highest proportion of impoverished older adults and is the poorest overall of the 10 largest cities in the United States. According to the National Institute on Aging, isolation increases risk of decline in cognitive impairments, depression, comorbidities, nutrition, and physical activity. As focal points in the community, senior centers play an integral part in engaging active older adults. As a result of the pandemic, senior centers have had to make significant adjustments to services; staff have made over 9,000 wellness calls to ensure safety, provided information and resources, encouraged response to the census, and completed nutrition screenings. Many centers have also transitioned health and wellness programs to online platforms and social media outreach. Unfortunately, due to the high rates of poverty in Philadelphia, many older adults do not have access to the technology required to participate in online programming. Increased funding and education is needed to bridge the digital divide in communities. Furthermore this committee should consider providing States and Area Agencies on Aging (AAA) the ability to be more flexible with Older Americans Act (OAA) funding. This will create the opportunity for innovation and the capacity to meet the needs specific to their communities. Finally incorporating additional funding for AAAs in the next relief package will allow for the provision of essential OAA services to be adapted to telephonic or online options.

Questions and Answers

(1:12:30) Chairman Collins asked about the impact of restricted visitor policies on resident's health. **Dr. Perissinotto** said it can be very detrimental. Dependent adults should be thought about in the same way as dependent children. The presence of a family

member can be very beneficial in reducing length of stay. **Chairman Collins** asked how an increased flexibility in OAA funding for AAAs has helped to reduce food insecurity. **Ms. Manter** said that the flexibility has been incredible important. They can now deliver meals and to homes and congregate care settings. Due to this flexibility it was discovered that there was a higher community need than originally thought.

(1:19:30) Ranking member Casey asked how expanding SNAP delivery options would benefit seniors. **Mr. Orr** said that any additional support would improve the health and wellness of seniors. About 60% of older adults are at risk of malnutrition. Furthermore, malnutrition increases the average stay in a hospital. **Ranking member Casey** asked how increased funding for language translation would enhance the ability for AAAs to help seniors. **Mr. Orr** said that it would be very helpful. This would allow AAAs to reach more vulnerable community members who may have barriers to accessing support services.

(1:25:25) Sen. Braun asked what best practices have come along since COVID to allow family members into the facility. **Dr. Perissinotto** said that the conversation needs to include long term care facilities. Moving forward, the epidemiology of COVID needs to be better understood. Identifying more cases increases the ability to isolate cases. **Dr. Reed** said that facilities that work to build meaningful relationships between residents and family members often have better health outcomes. Facilities need to encourage social engagement. **Ms. Manter** said that facilities should create a common safe area where approved family members and residents can meet. **Mr. Orr** said that resources need to be available for residents to leverage technology. People of color tend to lack these resources.

(1:33:20) Sen. Gillibrand asked how increasing SNAP benefits would address food insecurity for older adults. **Dr. Reed** said that increasing SNAP eligibility would help to reduce food insecurity. **Sen. Gillibrand** asked what the impact of the USDAs SNAP online purchasing pilot has been on food insecurity in older adults. **Dr. Reed** said that he is not familiar with that program. **Sen. Gillibrand** asked what the health benefits in closing the broadband gap are. **Ms. Manter** said that telehealth has been very important for nursing homes. Unfortunately, there are many residents who do not even want to use technology. It is important to figure out how to support these residents.

(1:38:45) Sen. Rosen asked how Nevada CAN, can be beneficial in the long term after the pandemic. **Dr. Reed** said that the relationships formed are the central sustainable component of Nevada CAN. By bringing together multiple stakeholders and providers, there is now a new network of support that has been created and can be sustained in the long term. **Sen. Rosen** asked what strategies can be implemented to help seniors overcome technological barriers. **Dr. Reed** said that volunteers can be engaged in providing tech assistance to seniors and their social group. Seniors need IT support.

(1:46:10) Sen. Jones asked how facilities are planning on using PPE in the long term. **Ms. Manter** said that PPE is going to become a standard operating procedure. Clients and workers will both need PPE in order to be protected. It has been hard to obtain masks and keep an appropriate level of PPE. **Sen. Jones** asked how to fix ageism. **Dr. Perissinotto** said that there needs to be a shift in dialogue starting at the federal level. There needs to be a large cultural shift.

Second Round

(1:54:10) Chairman Collins asked what is being done to protect seniors from scams. **Mr. Orr** said that they are adding resources to an older adult protective services unit. Furthermore, he is working with collaborative partners who provide education and outreach for older adults. **Chairman Collins** asked if Nevada CAN helps connect patients with social services. **Dr. Reed** said that Nevada CAN does link patients with social services. This is done by collaborating with many stakeholders.

(2:00:10) Ranking member Casey asked if programs to expand technical capabilities in nursing homes are necessary. **Dr. Reed** said yes.

(2:04:45) Sen. McSally asked if it is possible to get to a place where family members can enter a facility while also protecting residents. **Ms. Perissinotto** said yes, this is especially important in preventing elder abuse. **Dr. Reed** said yes. It is important to balance personal autonomy with safety. **Sen. McSally** asked if it would be good to expand telehealth to cover remote patient monitoring. **Ms. Perissinotto** said that it is important to consider whether or not the users can use the technology. Over monitoring is also a potential downside. It would still be good to do.

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