Written Testimony: Connecting Pennsylvania's Seniors

Introduction

Submitted for the record to the U.S. Senate Special Committee on Aging, field hearing on "Connecting Pennsylvania's Seniors: Addressing Loneliness and Social Isolation," October 29, 2026, Cumberland Woods Village, Allison Park, Pennsylvania.

Chairman Scott, Senator McCormick, and members of the Committee: thank you for the opportunity to testify and for holding a session on this important issue. I am Dr. Shannah Tharp Gilliam, Director of Aging Services and at the Allegheny County Department of Human Services in Pittsburgh and Administrator of the Allegheny County Area Agency on Aging (AAA). Our agency is the public front door to aging services for county residents aged 60 and older. Last year we served about 37,000 older adults through 70 contracted providers and roughly 175 staff.

Our nation's founding documents offer a useful frame for this testimony. The Declaration of Independence names the ideal: life, liberty or freedom, and the pursuit of happiness. The Preamble to the Constitution names what government must do so that citizens can pursue that ideal, including to establish justice insure domestic tranquility, promote the general welfare, and secure the blessings of liberty.

In 1965, Congress built a mechanism to deliver on that promise for people in later life. The Older Americans Act opens with a declaration of its own. It commits every level of government to help older people achieve "the full and free enjoyment" of ten objectives, "in keeping with the traditional American concept of the inherent dignity of the individual." One objective was first written as the *pursuit of* meaningful activity. In 1987, Congress rewrote it as *participating in and contributing to* meaningful activity across civic, cultural, educational, and recreational life (42 U.S.C. 3001). That change matters. It moved the goal from something a person seeks alone to something a person does with others.

By many measures, the mechanism works. Last year Allegheny County's AAA delivered over half of a million meals…AAA's across the country arrange rides, coordinate care, and protect people from harm. Where I would like to engage you today is regarding social isolation. A person can be fed, housed, and medically stable and still go days without a real conversation. That is not the full and free enjoyment the Act describes. My testimony covers the scale of the problem, who is most at risk, what works locally, and what federal policy can do to help.

The scale of the problem

About one in three older Americans reports feeling lonely, and nearly as many report feeling isolated. In 2024, the University of Michigan's National Poll on Healthy Aging found that 33% of adults age 50 to 80 felt lonely some of the time or often, and 29% felt isolated. Those rates are back to pre-pandemic levels. But the pre-pandemic baseline was already high (University of Michigan, 2024).

It helps to keep two terms distinct. Loneliness is the feeling of being alone. Social isolation is the objective lack of contact with family, friends, or community. This is where I am focusing my testimony. The National Academies estimate that nearly one in four adults age 65 and older is socially isolated (Senate Aging Committee testimony citing NASEM, 2025). Isolation is the part an Area Agency on Aging can see, count, and act on.

Isolation also has a public cost. AARP's Public Policy Institute found that a lack of social contact among older adults is associated with an estimated $6.7 billion in additional Medicare spending each year (AARP, 2017). An older adult with no one to notice a decline tends to reach help later, and at higher cost.

Pennsylvania faces this at scale. In 2025, 21.4% of Pennsylvanians were 65 or older, compared with 18.9% nationally (U.S. Census QuickFacts). The state's 65-and-older population grew 13% between 2020 and 2025, and seniors now outnumber children (County Commissioners Association of Pennsylvania, 2026). By 2030, one in three Pennsylvanians will be over 60, about 3.8 million people (Office of the Governor).

Allegheny County is older still. About 27% of county residents are 60 or older, compared with roughly 23% nationally (Allegheny County AAA Annual Report, FY 2023–24). The most recent Census estimate puts 21.9% of the county's 1.2 million residents at 65 or older. Among the older adults our agency serves, 41% live alone.

Who is most at risk

Isolation rarely arrives all at once. In our experience it follows a loss, and the loss is often one that removes a person's reason or means to leave home. National data point to the same groups:

Group (adults 50–80, 2024)	Felt isolated
Fair or poor mental health	77%
Fair or poor physical health	52%
Not working, receiving disability income	50%

All older adults	29%

Source: University of Michigan National Poll on Healthy Aging, 2024. Rates were also higher for people living alone and for households earning under $60,000.

The circumstances that most often precede isolation in our caseload are these:

- Loss of a spouse or partner. The person who held the social calendar is gone, and so is the reason to go out.
- Losing the ability to drive. In much of the county, a car is the only practical way to reach a senior center, a congregation, or a friend's house.
- Distance from family. Adult children have often moved for work. They call, but they cannot visit.
- A health event or hospital stay. A fall or a surgery can turn a weekly routine into weeks at home, and some people never restart.
- Caregiving. A spouse caring for a spouse can become as isolated as the person receiving care.
- Geography. Pennsylvania has large rural areas with long distances and little transit. Even within Allegheny County, our Senior Companion program struggles to match volunteers with older adults in rural areas, and transportation is a major barrier for volunteers trying to reach them.

Consider Carolyn K. At 80, she cared for her husband at home, and in-home aides came to the house regularly to help with his care. When he died, Carolyn lost more than her husband. She lost her role as his caregiver, which had given her days their shape and purpose. She also lost the people who had filled her home. The in-home supports were authorized for her husband, so they ended with his death. The aides who had been part of her week stopped coming, and Carolyn was suddenly alone. The caregiver had become the one in need.

It was her daughter who noticed. On a visit after her father's death, she looked around a house that had gone quiet now that the aides no longer came, and realized that once she left, her mother would be alone. She moved her mother across the county to Allegheny County then reached out to the AAA for information and referrals. Today Carolyn is connected to a weekly food pantry and has what she needs to sign up for ACCESS, the shared-ride service that can take her to the nearest senior center. She is looking forward to the activities and lunch there, and she is even volunteering at another nonprofit. That is

what life, liberty, and the pursuit of happiness look like at 80. Those rights are unalienable at any age.

What works locally

The most effective tools against isolation are ones the aging network already runs. Each were designed to chip away at social isolation, and each one puts a person in regular contact with someone else.

Senior centers and congregate meals. A weekday lunch is a reason to get dressed and leave the house. Allegheny County's senior centers serve lunch Monday through Friday and offer social, cultural, educational, and physical activities (PA 211). In fiscal year 2025-26, 13,961 older adults visited our senior community centers, which served nearly 233,000 congregate meals.

Home-delivered meals. For homebound older adults, the meal driver may be the only person they see that day. That visit is a daily check on whether someone is eating, moving, and well. In fiscal year 2025–26, nine contracted agencies in the Allegheny County AAA's network delivered more than half-a-million meals to homes across the county.

Transportation. Our Older Persons Transportation program is a shared-ride service for residents 60 and older. It covers medical visits and also trips to senior centers, grocery stores, and adult day care (Allegheny County AAA profile). A ride to the senior center is a ride to a social life.

Volunteer and intergenerational programs. Senior Companions, many of whom are themselves 55 or older, visit and assist other older adults at home (PA 211). These programs connect two people who might each be isolated otherwise. In fiscal year 2025–26 92 Senior Companions spent more than 60,000 hours visiting 381 older adults. Through our ACL-funded Better Together project in the Mon Valley, we pair medically tailored meals with intergenerational cooking demonstrations led by Age-Friendly Pittsburgh.

Community and faith-based partners reached more than 4,300 people. Congregations, libraries, and neighborhood groups often know who has stopped showing up before any agency does. SeniorLine works with Wesley Family Services on faith-based outreach and with COTRAIC on outreach to American Indian elders. Our partnership with the Black Equity Coalition paired health events with activities such as line dancing.

Identification and referral. Our SeniorLine is the single number for older adults, families, and professionals to reach us. A call about meals or a ride is often the first sign that someone is cut off. In fiscal year 2025-26, SeniorLine received 44,798 calls from 17,888 unique callers and made 16,000+ referrals. During intake, care managers ask whether the

person lives alone and what informal support they have from family, friends, or neighbors. When those answers point to isolation, care managers can connect the caller to a senior center, to the Senior Companion Program for friendly visiting and telephone reassurance, to the Warm Line for supportive conversation, or to other community programs.

Technology as a tool. A tablet or a video call can keep a grandparent in touch with family. It works best when it adds to human contact rather than replacing it, and when someone teaches the person to use it.

Building on federal support

The Older Americans Act is one of the most durable bipartisan commitments in federal law, and it is working. Its funds support services that keep older adults connected, reaching about 14 million older adults and family caregivers in every congressional district (North Central-Flint Hills AAA). It also leaves room for local judgment. The Act sets national objectives and lets each Area Agency on Aging decide how best to meet them in its own community. That is why one county can run senior centers in city neighborhoods and companion visits in rural townships under the same law.

Federal partners have also invested directly in connection. Allegheny County was awarded a competitive grant, known as, the Better Together project in the Mon Valley, PA, which pairs medically tailored meals with intergenerational cooking demonstrations. Better Together is funded by the US Health and Human Services Administration for Community Living. Our Senior Companions are supported through AmeriCorps Seniors. And this Committee has made social isolation a recurring focus, including testimony on the subject in 2025 (Senate Special Committee on Aging).

Reauthorization is moving, too. In July, the Senate passed S. 2120, the Older Americans Act Reauthorization Act, by unanimous consent. It would authorize the Act through fiscal year 2030 and includes new provisions on innovation and flexibility in nutrition services (Congress.gov). That bipartisan vote matters to every agency in our network.

With that foundation in place, I see four opportunities to make the Act work even better against isolation.

1. Measure what matters most. Area Agencies on Aging are particularly poised to gather data directly from the source – Older Americans. Today's reporting is built around units of service: meals delivered, rides given, hours of care. Those measures are important for accountability. But a meal driver who notices that a client has stopped answering the phone is doing valuable work that never appears in a report. A simple measure of connection would help Congress see the full return on its investment. But given the

additional strain on the social service system, additional data would require increased funding support.

2. Give local agencies room to combine services. Congregate meals, home-delivered meals, and supportive services are separate funding lines under Title III, each with its own rules. When someone moves from a senior center lunch to a delivered meal after a hospital stay, they can lose their social contact in the transition. More flexibility to braid these services, such as a delivered meal paired with a weekly visit, would let local agencies keep people connected without adding layers of administration. The Senate bill's attention to flexibility is a strong start.

3. Make funding for older adult services adequate and predictable. The aging network runs on long-term relationships with providers, volunteers, and older adults themselves. Completing reauthorization this Congress, demonstrates the value of older adults and the services that support them. Further, it would insulate the seniors who build this nation from lapses in appropriations, and let agencies plan with confidence.

4. Connect health care to community care and social services. Clinicians are often the first to notice that a patient is isolated, and researchers have urged them to screen and refer patients to Area Agencies on Aging (University of Michigan, 2024). A closed-loop referral pathway would let a doctor hand a patient to us and learn that contact was made. Allocating funding for this link in the continuum of care is a relatively low-cost approach to reach people before a decline becomes a much more costly hospital stay with financial implication for insurance, Medicare and Medicaid.

The federal role here is a limited but critical one, and appropriately so. No federal program can replace a friend, a neighbor, or a congregation, and families and communities will always do most of this work. But families now often live farther apart, and many of the institutions older adults once relied on have thinned. What federal policy can do is fund the places, rides, people and visits that make those relationships possible, through the network Congress already built.

Recommendations

I ask the Committee to consider the following, each of which builds on infrastructure that already exists.

1. Finish reauthorization and fund it to match growth. Pass the Older Americans Act Reauthorization Act. Pennsylvania's 65-and-older population grew 13% in five years. Fund Title III supportive services and nutrition at levels that keep pace with the number of older adults, and protect the aging network from interruptions in the future.

2. Make social connection a named purpose of the Act. Recognize reducing isolation as an allowable and expected use of Title III funds, including under disease prevention and health promotion. This would let AAAs fund connection directly rather than as a byproduct of other services.
3. Measure connection, not just units. Direct the Administration for Community Living to add a brief, standard isolation question to OAA intake and reporting. Let AAAs report referrals and follow-ups that result from meal-driver and transportation contacts. Support updates to legacy data systems so that the evidence can be tracked consistently across agencies.
4. Fund flexibility across programs. Design funding opportunities that encourage AAAs to braid congregate meals, home-delivered meals, and supportive services into hybrid models, such as a meal paired with a visit, a ride, or a group call, without separate reporting for each piece.
5. Allocate funding to link social services with health services within the continuum of care. Support referral pathways so that a clinician who identifies an isolated patient can connect them to the local AAA and learn whether contact was made. Recognize community-based social services as a partner to the healthcare system.

Our founding father described what people want: life, liberty, and the pursuit of happiness. The Preamble described the conditions that make those outcomes possible. In the Older Americans Act, Congress built the mechanism to extend them into later life. On isolation, the mechanism needs updating and support, not replacement. Thank you for your attention. I welcome your questions.

Oral statement

Chairman Scott, Senator McCormick, members of the Committee: thank you for the opportunity to testify and for holding a session on this important issue. My name is Dr. Shannah Tharp Gilliam, and I direct the Allegheny County Area Agency on Aging also known as Aging Services, at the Allegheny County Department of Human Services.

Our nation's founding documents offer a useful frame for this testimony. The Declaration of Independence names the ideal: life, liberty or freedom, and the pursuit of happiness. The Preamble to the Constitution names what government must do so that citizens can pursue that ideal, including to establish justice insure domestic tranquility, promote the general welfare, and secure the blessings of liberty.

In 1965, Congress built a mechanism to carry that promise into later life. The Older Americans Act commits government to help older people enjoy, in full, a set of objectives rooted in the dignity of the individual. One of those objectives is participating in and contributing to the life of the community.

By many measures, the mechanism works. The more than 600 Area Agencies on Aging across the country, including 52 in Pennsylvania, deliver meals, arrange rides, and coordinate care. But isolation is still a major concern. A person can be fed, housed, and medically stable and still go days without a real conversation.

The numbers bear this out. One in three older adults reports feeling lonely. Nearly one in four adults 65 and older is socially isolated. Isolation is associated with an estimated $6.7 billion a year in added Medicare spending. And Pennsylvania is aging fast. By 2030, one in three of us will be over 60.

Isolation usually follows a loss: a spouse who dies, car keys handed over, a hospital stay that breaks a routine, a child who moved away for work.

Consider Carolyn K. At 80, she cared for her husband at home, and aides came regularly to help with his care. When he died, she lost her husband, her role as his caregiver, and the people who had filled her home. The aides were authorized for him, so they stopped coming, and Carolyn was suddenly alone. It was her daughter who noticed. She looked around a house that had gone quiet and realized that once she left, her mother would be alone. She called the AAA. Today Carolyn is connected to a weekly food pantry, has what she needs to ride ACCESS to her nearest senior center, and is even volunteering at another nonprofit. That is what life, liberty, and the pursuit of happiness look like at 80.

The good news is that the infrastructure and services already exist. For those who are homebound and receive home delivered meals through their Area Agency on Aging, the

meal delivery driver may be the only person an older adult sees a couple times per week – but thankfully the service exists. A shared ride to the senior center is a ride to a social life. Senior centers, with their activities and shared lunch, give people a reason to leave the house and connect. Senior Companions, many of them older adults themselves, visit people who would otherwise be alone.

This committee's focus on federal policies that sustain our trusted aging network gives me hope that our work is seen – that voters over 60 are valued, that social isolation is a worthy adversary and connection is recognized as a valued outcome.

I encourage your continued support, because gaps remain. Funding streams are separate and often less flexible than the challenges they are poised to address. Funding is flat while demand grows. And there are many opportunities to reliably connect the aging network of supports to continuums of traditionally medical or physical health pathways.

My written testimony includes five recommendations. Today I'll highlight three. First, finish reauthorization and fund aging services to keep pace with the growing number of older adults. Second, encourage and fund local agencies with the flexibility to braid services like meals, rides, and visits into hybrid models that keep people connected. Third, link social services with health care, so that a clinician who spots an isolated patient can connect them to the local Area Agency on Aging and know that contact was made.

The mechanism Congress built through the Older Americans Act is sound and worthy of increased support. Thank you. I look forward to your questions.

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