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IMPROVING WELLNESS AMONG SENIORS: SETTING A STANDARD FOR THE AMERICAN DREAM

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IMPROVING WELLNESS AMONG SENIORS: SETTING A STANDARD FOR THE AMERICAN DREAM

Wednesday, January 15, 2025

U.S. SENATE
SPECIAL COMMITTEE ON AGING
Washington, DC.

The Committee met, pursuant to notice, at 3:30 p.m., Room 106, Dirksen Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senators Rick Scott, McCormick, Justice, Tuberville, Johnson, Gillibrand, Kelly, Warnock, Kim, and Alsobrooks.

OPENING STATEMENT OF SENATOR RICK SCOTT, CHAIRMAN

Chairman SCOTT. The U.S. Senate Special Committee on Aging will now come to order. This is my first committee meeting as Chair. I have been up here six years. How about you?

Senator GILLIBRAND. First one, and I have been here fifteen.

Chairman SCOTT. I just got lucky. I want to thank everyone for being here. It is a pleasure to serve as the Chairman for the Senate Special Committee on Aging for the 119th Congress. I look forward to working with Ranking Member Gillibrand and all our colleagues in this Committee to highlight the issues facing older Americans and how the Federal Government can be more accountable to the American people.

This is something I have been focused on since my time as Governor of Florida, and I am excited to have the opportunity to continue this work as Chairman of the Special Committee on Aging.

My goal for this Committee is to make sure every American senior is able to answer yes to this question, to these questions: ″Are you well?″ because they have secured these four things: their physical health, financial security, a safe community to live in, and family and community support. If you have all four of these things, your senior years can be the best time of your life.

Now, I would like to welcome all the new members, or all the members of the Committee, Ranking Member Gillibrand of New York. Also, we have got new members: Dave McCormick from Pennsylvania, Coach Tommy Tuberville, fellow Governor Jim Justice, we have got Andy Kim from New Jersey, and we have got some others that I am sure will be here a little bit later.

Aging is not a partisan issue. Whether or not we would like to admit it or not, we are all aging, and it impacts every single one of us regardless of political party. I think we are all trying not to

age. I believe we have a big opportunity in this Committee to work in a bipartisan manner to support and improve the lives of America's current senior citizens and create change that will improve both the lifespan and health span of future generations.

It is pretty exciting when you look at the conversation about what we are talking about, food safety, medicine safety, and all these things. It is an exciting time.

I think about how my work here will impact my grandkids. I think all of us think about our kids and our grandkids, and it drives what we do. I want them to have every opportunity to live the American dream and have long and have long and healthy lives, mostly around me.

My staff and I are excited to work together with all the members here to find common ground and ways we can advance our shared goals.

I would like to recognize Ranking Member Gillibrand now for her opening remarks.

OPENING STATEMENT OF SENATOR KIRSTEN GILLIBRAND, RANKING MEMBER

Senator GILLIBRAND. Thank you so much, Mr. Chairman. It is a delight to be on this Committee. Thank you for all the new members for selecting this Committee. I think it is one that is highly relevant for everyone in the United States, but looking at the Senate itself, it is quite relevant for us. I am grateful that you are here.

I am excited to serve as Ranking Member in this 119th Congress. I want to thank Senators Casey and Braun for their committee leadership during the 118th Congress. The Committee examined many of the important issues that we are hoping to continue to work on together.

Senator Scott, congratulations on your position as Chair. It is a big deal, and it is very exciting to get to serve with you. We have a lot of ideas in common about what we want to do with the Committee, and I think your agenda that you have laid out is really inspiring and really important, and really urgent.

I am pleased to welcome both new and returning Committee members, and I am really excited to hear your perspectives, what you have learned from your State, what you have learned from your own families, what you have learned in your own lives. I think having interested and committed Aging Committee members makes a huge difference in what we accomplish as a committee, so I am very grateful for your leadership.

This Congress, I hope to continue to work on lowering the cost of prescription drugs, guarding against financial scams, protecting the programs that older adults and people with disabilities rely on, like as Social Security, Medicaid, and Medicare.

Today, we are discussing how to promote wellness among our older Americans. We will address issues like accessible housing, financial security, and engagement in the community. This conversation is about making sure that we are creating and supporting a society that gives people the tools to live, and to live well. Those tools are different for everyone, but include resources like nutrition assistance, Area Agencies on Aging, Centers for Independent Liv-

ing, supportive housing programs, Medicare and Medicaid, and Social Security.

I believe that it is our job to make sure these resources exist and are robust enough to support those who need them.

I look forward to hearing from our witnesses and discussing ways to improve wellness for older adults and people with disabilities.

Thank you, Mr. Chairman.

Chairman SCOTT. Thank you, Ranking Member Gillibrand. I will now introduce the first witness. I would first like to welcome Sheriff Bill Prummell from Charlotte County. The sheriff serves as the President of the Florida Sheriffs Association and has over 25 years of experience in law enforcement, beginning his career with the Charlotte County Sheriff's Office in 1992. In 2015, when I was Governor of Florida, I had the opportunity to appoint him to serve as a commissioner on the Criminal Justice Standards and Training Commission, and he sits as a member of the Officer Discipline Penalty Guidelines Task Force.

Thank you for being here to discuss the importance of public safety and ensuring older Americans in Florida and across the Nation can achieve wellness is their senior years.

STATEMENT OF CHARLOTTE COUNTY SHERIFF BILL PRUMMELL, PRESIDENT, FLORIDA SHERIFFS ASSOCIATION, PUNTA GORDA, FLORIDA

Sheriff PRUMMELL. Thank you. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for inviting me to testify. Today I would like to outline ways in which the Charlotte County Sheriff's Office is working to serve and protect our senior population.

Charlotte County does have a very large senior population. Our average age is about 58 years old. We implement several programs within the Charlotte County Sheriff's Office. Now, the ones I am going to discuss here, they are not going to give you the wow factor, but they are programs that make a difference in my community.

One of our programs we do is a Senior Outreach Program, where we have a volunteer unit call members within our community twice a week. We have also provided Christmas gifts and birthday cards with these weekly phone calls. The participants are over 60 years of age, disabled or living alone, with little or no contact to the community, so we are making sure that somebody is contacting them each week, and if we do not hear from them, there is a scheduled time in which we contact them. If we are unable to get in touch with them, we send somebody out to their house to make sure that they are okay.

You know, we also have the population, they tend to wander at their age, and we have the Take Me Home Program. It is designed to assist deputies in locating loved ones who have gone missing or lost. Information about your loved one, a recent photo, and description is registered in our system. If the individual wanders or goes missing, this information is shared with the road patrol deputies immediately upon dispatch in an effort to locate and reunite the family. Any office member can register a participate to this program.

In addition to that we have our DNA Scent Kits. It is a program that enables participants to keep a DNA scent article at their home in the event a loved one goes missing. Charlotte County K9 deputies use that pure scent to begin a track in order to locate the loved one and reunite them with family. These are handed out by the Community Affairs Team, our Mental Health Unit, and our patrol members.

Project Lifesaver serves as a premier search and rescue program locally operated by the Charlotte County Sheriff's Office and is strategically designed for ″at risk″ individuals who are prone to wandering. The program uses a GPS tracing bracelet to locate the wandering party quickly.

Another thing that we have that we do on a regular basis, we have these in each one of our offices, is our Operation Pill Drop. It allows individuals to drop off expired and unwanted medication in drug receptacle boxes at participating district office locations. This keeps family members and others that might have access to a senior's medicine cabinet from getting those old, unused medications.

We have special vehicle decals. We provide free decals for individual vehicles to alert deputies of a possible presence of someone that may require special attention within the vehicle, such as a hearing impairment or autism. This way the deputy knows how to approach the vehicle and there may be somebody with a disability inside of it.

A real simple program we have is often seniors misplace or leave items behind, such as their keys. Through our local Lock Out Program, key tags are provided to help return lost keys to the owners. The tags are registered with a special code in our system with the owner's information, so if they are found, they are turned into the Sheriff's Office, and we contact the owner through that registration number. We educate them not to put their name and address on the keychain in order to protect themselves.

Then we have our Citizen Police Academy, which is big for our entire community but it is attended mostly by our seniors. The classes are mostly seniors, to learn behind-the-scenes and promote our volunteer program. The class lasts about nine weeks long, and they learn a lot about our different programs within our community policing class.

A lot of our outreach, we do spend a lot of time visiting local retirement homes to advise of the local scams and problems that we see. In addition, we rely heavily on Facebook, Instagram, our blog, and press releases. We know that many seniors do not monitor this, but many family members and those that work or live around seniors do. This helps us get the word out to them to watch out for their neighbors.

In addition to that, we get out there and we educate banks and large retailers in reference to the different scams going on, because often the seniors will go to the banks to make large withdrawals, or they will go to these retailers, like Walmart and Target, and start buying large gift cards or phone cards, and by educating these individuals they know to alert us when somebody is trying to do that.

Last, we focus our effort on speaking to neighborhood watches, local churches, and various organizations, such as the Parkinson's Group. We average about one or two speaking engagements a week. We work closely with OCEAN, which stands for Our Charlotte Elder Affairs Network, which is a group of business owners in the senior arena that want to specifically help seniors.

Currently we are seeing several different methods in which criminals are attempting to scam our senior population. This includes scammers visiting our website, looking up recent arrests, and then calling family, pretending to have the ability to bail out the arrestee. We are also seeing what is referred to as ″romance schemes,″ which can be long-running and generally include a person asking for money while pretending to love someone. Other schemes that have become more pronounced center around sweepstakes lotteries, where individuals have to play to win. In these cases, the scammers will ask for gift cards to pay the taxes to get people their winnings.

The Charlotte County Sheriff's Office has partnered with Charlotte Behavioral Health Care for the addition of a caseworker to be assigned to the CCSO. This caseworker receives referrals from deputies who, during the course of their business, identify a senior who might be in need of services as well as calls from the public. This caseworker will refer and/or provide services through Charlotte Behavioral Health Center and/or make additional referrals to outside entities, depending on the elder's needs.

Our office provides a number of resources, including case management assistance by giving brief overview of the program, provide the contact number, and in some cases, provide hands-on assistance. The case manager follows up by phone, if required, and the case manager provides case management contact information for additional assistance, if needed. Some of the organizations we use are home care providers, transportation, Family Service Center, St. Vincent De Paul, Active Age—it is a daytime senior care—Senior Placement Services, Social Service Resource Center, Florida Rural Legal Services, Meals on Wheels, Senior Friendship Meals, CapTel, Dementia/Alzheimer's Caregiver Support Group, and the Dubin Center, which is also a support group for caregivers.

We have more than 90 partners that provide an array of services to our seniors and disabled. The needs of our seniors are not one dimensional. If there is a need and we cannot provide it, we find somebody that can. I think by a lot of the programs we do we hit those four bullet points that you mentioned earlier, when you opened.

Thank you, Chairman Scott and Ranking Member Gillibrand, for holding this hearing and focusing on senior population. I look forward to working with members of this Committee to develop proactive and effective ways to protect our communities from crime.

Chairman SCOTT. Thank you, Sheriff.

Now I would like to recognize Ranking Member Gillibrand to introduce the next witness.

Senator GILLIBRAND. Thank you, Mr. Chairman. Maria Alvarez is the Executive Director of the New York StateWide Senior Action Council, Inc., a grassroots, consumer-directed and governed nonprofit that has been serving communities for over 52 years. She has

worked with senior citizen groups as an organizer, advocate, and director of housing and caregivers program for over 30 years. She has designed and implemented educational, social service, and leadership programs for older adults, and she has worked with me on my Working Group on Aging, contributing to important policy priorities.

In addition to her work with StateWide, Ms. Alvarez is a board member of Ponce Bank, which serves underserved communities in New York and New Jersey.

Under Ms. Alvarez's leadership, StateWide has played a role in bringing awareness to the importance of economic security for elders, age-friendly banking, enacting the New York State Observation Status Law, the Safe Patient Handling Law, and refunding of the New York State Elderly Pharmaceutical Insurance coverage.

Recently, Ms. Alvarez has advocated for funding for New York's Patient Rights Help Line and the state's Managed Care Consumer Assistance Program. Under Ms. Alvarez, StateWide's federally funded Senior Medicare Patrol has served to alert and assist millions of New Yorkers to avoid Medicare fraud.

Ms. Alvarez has also weighed in with the New York State in favor of home and community-based services through local Area Agencies on Aging.

Ms. Alvarez also holds a bachelor's degree from Marquette University, and a master's degree in nonprofit management from the New School for Social Research, where she is a Sloan fellow.

Thank you very much for coming today and thank you for your advocacy and expertise and leadership on such crucial areas important to this Committee for the older New Yorkers who are able to age with dignity and security. I am honored to have you take the time to be my first witness on this Committee.

STATEMENT OF MARIA ALVAREZ, EXECUTIVE DIRECTOR, NEW YORK STATEWIDE SENIOR ACTION COUNCIL, LONG ISLAND CITY, NEW YORK

Ms. ALVAREZ. Thank you so much, Chairman Scott and Ranking Member Gillibrand, for inviting me here to come speak with you today.

As a participant of the White House Conference on Aging in both 1995 and 2005, I can tell you that there have been dramatic improvements in the system 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.

Since 1995, the fabric of the older population has changed dramatically. This means that systems to promote healthy aging also need to change and modernize to better serve elders today.

There has been a significant increase in the size of the older, non-white, senior citizen 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 White House Conference on Aging is held to help the country chart a course for addressing the needs of this group, as 20 percent of this country is now of the age of 65 and over.

Prior to 1995, Medicare and most private insurance would cover treatment of an illness but not cover the cost of the diagnostic test 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 evidence-based health promotion programs through the Area Agencies on Aging and community-based agencies. Today, most communities have programs like 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 policymakers 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 buildupon, 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 percent of the Federal poverty level, roughly $30,000 a year, and it is not keeping pace with the increasing cost of living.

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 in their funding, to reflect the fabric of our country today.

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

Chairman SCOTT. Thank you and thank you for being here.

Next I would like to welcome Dr. Dawn Carr. Dr. Carr is the Director of the Claude Pepper Center at the Florida State University and serves as Professor of Sociology. Her mission as a scholar and gerontologist is to identify and leverage factors that bolster older adults' ability to remain healthy and active as long as possible.

Before joining Florida State University in 2016, she was a researcher at the Stanford Center on Longevity, a postdoctoral fellow in the Carolina Program for Health and Aging Research at the Institute on Aging at the University of North Carolina Chapel Hill, and a researcher at the Scripps Gerontology Center.

Thank you for being here today to discuss the impact of community engagement on the physiological and emotional well-being of seniors.

STATEMENT OF DAWN CARR, PH.D., DIRECTOR, CLAUDE PEPPER CENTER, FLORIDA STATE UNIVERSITY, TALLAHASSEE, FLORIDA

Dr. CARR. Thank you, Chairman Scott and Ranking Member Gillibrand, and the rest of the Committee. It is an honor to be here today and to have an opportunity to share my testimony with you.

I am the Director of the Claude Pepper Center, and this is a wonderful center at Florida State University that is named for one of the strongest advocates for aging policy in U.S. history, Senator Claude Pepper. I think he would be very excited about the work that you are doing here today.

Today I am here to discuss with you the importance of expanding the scope of U.S. aging policy to increase chances that future generations of older adults not only survive into old age but they can thrive once they get there.

Health problems in later life are strongly influenced by events, exposures, and behaviors that occur well before we reach our later years. Although the consequences of regular harmful exposures and habitual behaviors accumulate to erode health over time, there is growing evidence that if we intervene early, we can significantly modify health trajectories. Current clinical care is not designed with this approach, and there will be significant consequences if we do not change our current approach.

Older adults who are navigating the period of old age when health problems interfere with daily function, a period sometimes referred to as the ″Fourth Age,″ often experience poor quality of life, and they lose the ability to live independently. The needs of this group vary starkly with older people who are healthy and able to engage in a variety of active, meaningful, and purposeful social roles. This is the period sometimes referred to as the ″Third Age.″

This distinction is important because there are stark differences in the needs of a typical 65-year-old and a typical 85-year-old, but also systematic differences in the health and function of older adults of the same chronological age. Much of our current ageing policy is focused on problems related to the Fourth Age.

Further, middle-aged adults today face more significant health problems and disabilities than previous generations. In the absence of significant changes, they are likely to face more complex health issues in later life than previous generations, and they are likely to enter the Fourth Age even earlier.

Our society could, instead, be enriched by a large and growing group of healthy Third Agers if we leverage an aging policy framework that emphasizes health maintenance at every stage of life, targeting risks related to aging-associated diseases and disabilities, engages older adults' unique strengths that benefit society, and addresses barriers to healthy aging that create inequalities in health outcomes as people age.

I believe the following four areas are especially important: employment, social engagement and social integration, health literacy and lifestyle behavior supports, and health care access and early treatments.

First, regarding employment and financial security, working in later life is protective of health as people move into and through the Third Age. However, older workers are less likely to be hired, offered opportunities for upward mobility, or offered opportunities for training. In addition, individuals in physically demanding or hazardous jobs are more likely to become disabled or retire early, with significant financial consequences.

Implementing health-protective occupational interventions, where possible, and midlife retraining for transitions to new career paths can increase the chance that workers remain healthy and fully employed until they reach full retirement ages. Further, making phased retirement or transitions to part-time work opportunities available to all workers will make it possible to remain engaged in paid work longer.

Second, social isolation and loneliness accelerate physiological aging. Isolating older adults within communities is not only detrimental to the health and well-being of older people. It also prevents communities from benefiting from their skills and wisdom. There are very few programs designed to reach isolated older adults. Effective programs like meal delivery programs are low cost and have the added potential of improving access to high-quality, nutritious foods. Expanding these programs is likely to delay onset of disability.

In addition, increasing engagement in volunteering not only is health protective, it also helps people of all generations work collectively to solve social problems. Investing in volunteer infrastructure is not only beneficial to health outcomes, it can provide exponential returns economically. For instance, the Senior Corps volunteer programs have shown an estimated return of between $3.50 and $5.08 for each dollar invested, with the added bonus of reducing burden on the health care industry.

Third, most adults in the U.S. do not have access to scientifically accurate information or resources they need to gain access to a Third Age. One important solution is expanding the number of community health workers, which offers one of the most effective solutions for facilitating healthy behaviors across the life course, by helping community members of all ages build trust with the health

care system and navigate health care services to support healthy aging.

Recent research suggests that there is a $2.47 return for every dollar invested in community health workers for the Medicaid program alone. Further, lack of access to high quality, nutrient-dense foods is a persistent problem reinforced by ultra-processed, unhealthy foods being subsidized so they are low cost. Making healthy foods financially accessible and disincentivizing consumption of ultra-processed foods is key to increasing healthy aging.

Last, most adults do not see a doctor regularly unless they are facing health problems. We need scientific investments to identify ways to halt disease progression early. This means recalibrating health benchmarks at all stages of life to support long-term, optimal health trajectories. For instance, aggressively treating metabolic and lipoprotein health in middle-aged adults has been shown to reduce risk of dementia, diabetes, heart disease, and cancer, the most costly and consequential aging-associated health conditions.

This approach will require more frequent interactions with health care providers, but it has potential to significantly pay off. A recent study showed that a metabolic and lipoprotein pharmaceutical intervention provided a five-year return on investment of nearly $10.00 for every dollar invested.

In conclusion, to build a future that is enriched by a robust population of healthy Third Agers requires us to expand our aging policy priorities to intervene during critical inflection periods so we can modify health trajectories and bolster physiological resilience as we age. If it becomes possible for all adults to remain productively and socially engaged in meaningful ways into late life, old age could become a period of life that we all look forward to, and our society as a whole will benefit.

Thank you.

Chairman SCOTT. Thank you, Dr. Carr.

Next I would like to recognize Dr. Susan Hughes. Dr. Hughes is a professor at the School of Public Health and directs the Center for Research on Health and Aging at the University of Illinois Chicago.

Dr. Hughes is a gerontologist and health policy analyst whose research focuses on the design and testing of evidence-based health promotion programs for older adults.

Thank you for being here to discuss the impact of physical activity on the overall health of older Americans.

STATEMENT OF SUSAN L. HUGHES, PH.D., FOUNDING DIRECTOR, CENTER FOR RESEARCH ON HEALTH AND AGING, UNIVERSITY OF ILLINOIS CHICAGO, CHICAGO, ILLINOIS

Dr. HUGHES. Thank you so much, Chairman Scott and Ranking Member Gillibrand, other members of the Committee, for this wonderful opportunity to talk with you and testify today about this very, very important topic of older adult wellness. It is an honor to be here.

In terms of my background, I directed the Center for Research on Health and Aging at the University of Illinois Chicago, where I led five successive iterations of our NIA Roybal Center. Like other Roybal Centers, we design evidence-based health promotion programs for older adults.

Today I would like to address the limitations of our funding for health promotion programs for older adults and strongly recommend the use of Medicare for that purpose going forward.

Medicare, as everyone knows, is a wonderful program that serves millions and millions of people and greatly improves access to acute and subacute care. However, the designers of Medicare missed a major opportunity to cover wellness programs that have the potential to pay for themselves many times over. Medicare Advantage plans are managed care options that encompass 54 percent of beneficiaries. Medicare Advantage plans must offer all of the plans that regular Medicare offers, but they can supplement that package any way that they choose. The ability to supplement services makes these plans logical providers of health promotion programs. However, plans will only cover evidence-based programs if they see an advantage to doing so.

The good news is the Administration for Community Living and CDC have developed criteria for evidence-based health promotion programs. We need help from Congress to develop incentives for Medicare Advantage plans to include these programs as covered benefits. This will take time. In the meantime, the only source of funding for our growing number of evidence-based programs is Title III D of the Older Americans Act (OAA). Fiscal year 2024 funding for Title III D was $33.6 million nationally. That amounts to $671,000 per State, or $0.23 per senior in the State of Illinois. These funds support care management and falls programs. Currently, there is no set-aside funding for physical activity programs despite overwhelming evidence supporting their impact.

Eighty-four percent of older adults in the United States are sedentary and at high risk for obesity, diabetes, heart disease, and all-cause mortality. We know that any physical activity is associated with lower mortality risk. My work with homebound older adults found that arthritis was their most common chronic condition and the condition that interfered most frequently with their functioning. Our follow-up disability study found that persons who had lower extremity joint impairment were much more likely to become disabled.

Once we understood the pivotal role of lower extremity joints we developed an intervention to improve their function. Fit & Strong! lasts eight weeks. It provides flexibility, aerobics, and systematic lower extremity strength training, and uses group problem-solving with peers to promote physical activity. Our trials found significant gains in physical activity at eight weeks that were maintained at 18 months and accompanied by significantly improved joint pain, lower extremity strength and mobility, and decreased anxiety and depression at the same time points.

Medicare spent $43,000 per total hip and knee replacement combined in 2023. Fit & Strong! costs $300 per participant. It has no harmful side effects and large effect sizes. Drugs have a clear pipeline from bench to uptake. Our growing number of evidence-based programs have no similar pipeline for distribution. We have no way to communicate program benefits to clinicians who can recommend them and no way to reimburse program providers.

Currently, Title III D of the OAA is critical but insufficient to meet growing demand caused by the fact that more programs are

coming online. We need to reauthorize the OAA, increase funding for Title III D, and create a new title for physical activity. Currently, NIA and CDC are creating great programs that unfortunately have nowhere to go in terms of a route for distribution.

To impact older adult wellness, Congress needs to improve coverage of evidence-based health promotion programs by Medicare Advantage plans. This effort would require a full-fledged partnership between the National Institute on Aging, CDC, the ACL, and CMS to speed up the process of disseminating programs that meet clear criteria for suitability for adoption.

Thank you again for this opportunity to share our work with you. I hope this has been helpful, and I look forward to your questions.

Chairman SCOTT. Thank you, Dr. Hughes.

Now we will go to questions. I am going to go ahead and pass my time to Senator McCormick.

Senator MCCORMICK. Great. Thank you, Mr. Chairman, and thank you, Ranking Member Gillibrand, for kicking this off. It is great to be here in my first meeting of the Special Committee on Aging. This is a big issue for Pennsylvania, where I am from, and my predecessor was the Chairman of this Committee, so it is an issue very near and dear to the hearts of Pennsylvanians.

My first question is for you, Dr. Carr. You alluded to the research on part-time work opportunities in your written testimony. What are the benefits of someone choosing to remain in the workforce, and what are some of the barriers that older workers face as they seek to remain in the workforce?

Dr. CARR. Thank you for the question. One of the clear benefits of part-time work is obviously being able to be paid longer, and oftentimes it is not possible to work full-time or it is very challenging as we get older because there may be some physical health problems that people need to address, making it more difficult to maintain that full-time work load, or caring for other family members.

There are a lot of reasons why part-time work is helpful, and it is meaningful. I mean, all of us in this room, I think, have jobs that are extremely meaningful, that we would be very sad to give up because it gives us a lot of sense of meaning and purpose in our lives. Those things are both helpful because they make us feel good but also, they improve our physical health.

A lot of work I have done over the years with my colleagues has shown remarkable protective effects on physical health as well as cognitive health with continued engagement in paid work, so that alone, I think, is an important piece by itself. We also find that the health effects, health benefits of working, are roughly the same for part-time work and full-time work as we move into later life. If you think about effect sizes, part-time work is quite potent in lots of ways.

Regarding the barriers that you mentioned to continued part-time work, there are a lot of different kinds of things, and certain groups of people face more barriers than others. It is easy if you are in, I will say, a high-ranking kind of role to negotiate a singular opportunity to maybe consult or move into a part-time job mentoring others, doing things of that nature, but for a lot of workers, there are not many choices that pay sufficiently or are meaningful enough for it to kind of be worthwhile or even available as

an option, except hourly work or maybe stepping back and doing work that is not very cognitively engaging, so that lack of opportunity, we do not have a lot of, I will say, institutionalized opportunities for people to take on or transition to an intended part-time role. It is more haphazard or one-on-one basis.

Senator MCCORMICK. Yes. Thank you. Sheriff, a question for you. You made mention of scammers taking advantage of all of us but in particular focusing on the elderly. What are some of the protective measures that you would recommend, particularly for hoaxes that are telephonic? What can people do to protect themselves and recognize the potential scam call?

Sheriff PRUMMELL. Well, you know, the best defense is a better offense, because we have got to get out in front of this because a lot of these scams are very, very difficult to track down. Many of the offenders are not just outside your State, normally, but they are outside the country.

What we try and do, especially with the jail scams, your IRS scams, things like that, we try to tell everybody to give a safe word. This way if somebody is calling you saying, ″Hey, Little Johnny, I'm arrested in jail. I need bail money,″ there is some sort of safe word that they both know, that that person is going to use. The scammer, of course, is not going to know that safe word, so they are not going to know to use it, and the person on the other end will catch on to that and realize it is a scam.

The most part is we just educate, educate, educate, in every way possible and to everyone possible, because as you stated, everyone is being scammed, but our seniors are especially being targeted.

Senator MCCORMICK. Thank you.

Chairman SCOTT. Thank you, Senator McCormick. Next I will turn it over to Ranking Member Gillibrand.

Senator GILLIBRAND. I would like to defer my time to Senator Alsobrooks.

Senator ALSOBROOKS. Good afternoon. First of all, thank you to Chair Scott and to Ranking Member Gillibrand for convening this really important meeting. I am enthusiastic about joining the Senate Special Committee on Aging and really pleased to be here today. I want to thank all of our witnesses who came today. Thank you so much for your presentations and your work and all the information that you shared.

As the daughter of two aging parents, I have witnessed, like so many, some of the challenges that our seniors face. Our seniors have spent their entire lives, many of them, working to earn benefits such as Social Security and Medicare, and I view these programs as a promise that we have made to our seniors. I am committed to ensuring that every senior, regardless of their background or circumstances, has access to resources and opportunities that they need to thrive.

With that I will begin my questions. I would like to say to Ms. Alvarez, direct the first question to you, that like so many Americans I am a part of what they call the ″sandwich generation,″ which means that I am both caring for a 19-year-old daughter as well as my aging parents. While I am really grateful for the opportunity to support my parents and understand the rewards that

come with caregiving, I also recognize how challenging it is to bear the full weight of caregiving responsibility.

Now we know that many Federal programs that are so critical to our seniors and that guarantee the support and stability that they need, are really in jeopardy.

In Maryland we have over 1.2 million residents who are over 60, and the Maryland Department of Aging oversees a range of these programs, but Maryland also relies heavily on Federal funding. I wonder, do you believe that volunteer-based organizations who we rely on very often have either the capacity to adequately fill the gaps that would be left by reduced Federal funding, and do you believe that these organizations likewise have the obligation to provide that care, particularly in states like Maryland, where Federal programs are vital to seniors?

Ms. ALVAREZ. Thank you very much for that question. To answer your question, right now if there is a reduction—if things stayed the same, if the funding stayed just the same, just by the fact that we have a larger senior population and more and more aging—in every single day there are 10,000 people who turn 65, every single day in this country, so with no increased funding and more people to serve, that constitutes a cut.

Just starting from that point, I would say that we cannot afford not to increase the funding. Decreasing it would put us in a crisis, and then when you are talking about the mission of organizations that manage volunteers, that is their mission, and my organization also, you know, we are volunteer-based, as well, and it is our mission to do it, and however being realistic, we have to be able to marshal our resources effectively so that we can do a good job and be responsible in our work.

With less funding, you know, it is not possible, right. We are constantly thinking of ways that we can get more people, because there are people out there who are very well meaning and who want to do the work, but we also have to have the wherewithal to administer all of this work, with volunteers coming in, as well as the job at hand, which is an increasing, you know, senior population.

Senator ALSOBROOKS. Next, Dr. Carr, I just have a question also for you. The question is regarding the cost of increasing prescription drug medications. This is yet another area where I have seen really so much struggle. I mentioned my parents. My father is my mother's caregiver, and one of the things I note in Maryland, and around, is that nearly 90 percent of all of our seniors take prescription drug medications. We also know that over 20 percent report that it is extremely difficult to afford those medications, and we know that access to affordable prescription drugs is not just about health, but it is about dignity, as well, and peace of mind.

The question is, how can we ensure that our seniors will have reliable access to affordable prescription drug medications?

Dr. CARR. Yes, I agree that making sure that everyone has access to the medications that they need is extremely important. I do not have a clear history of studying prescription drug costs, but I can say that in order for us to be able to maintain a healthy aging population, inadequate access to prescription drugs will undermine our efforts. The scientific advancements in pharmaceuticals are aston-

ishing and playing a big role in helping with prevention at all ages. There is lots of room for pharmaceuticals to play a strong role, in coordination with other health care efforts, to ensure healthy outcomes.

In terms of financial supports, it would be largely undermining to the efforts to ensure a healthy aging future if we did not have financial support for all of the pharmaceutical needs of order adults.

Chairman SCOTT. Thank you, Senator. Now we will hear from Senator Tuberville.

Senator TUBERVILLE. Thank you, Mr. Chairman. I am thrilled to be on this Committee with you. You laid out great vision for the Committee: Are Americans doing well? We should have some great hearings. I think most Americans would respond to that question with concerns or worries.

Americans who are not just seniors are concerned about their safety, health care, finance, nutrition, and stability for communities, the fact that so many Americans are concerned about their general welfare is unacceptable. We live in the most abundant country in the world. Anxiety about things like public safety, harmful chemicals in foods, financial security, and retirement security should not be at the forefront of Americans' minds, but they are.

Elites in Washington have ignored these concerns for far too long, and the American people are tired of it, so when President Trump's election, Republicans taking back the Senate, we are going to leave no stone unturned, thanks to our Chairman.

I want to make sure that when Americans are asked about their wellness they respond with hope and optimism, not fear and anxiety. I look forward to digging into these with you, Mr. Chairman. It should be fun, we should have a good time, and maybe we can make some progress.

Sheriff, real quickly, I know you hit the spam and the robocalls. I have gotten several spam texts as we have been sitting here. It is annoying. I am sure to seniors who are tired, sitting around, they get absolutely sick of it. You have worked with this.

What can we do on the Federal level to help this? Is there anything that we can do to eliminate some of this garbage?

Sheriff PRUMMELL. You know, I do not know if we are ever going to be able to eliminate it, because with AI and with all the different technologies that are coming up, they are using technology to commit the crimes, and we are trying to use the technology to catch them now, so we are trying to keep up.

The problem is there is a lot of legislation, both on State levels and Federal levels, that is not keep up with technology. It is years behind, so that is a big thing that we need to look at is legislation and technology.

You know, when people receive phone calls and all that, now they can spoof numbers so they can use a number that is very familiar with them. I mean, we have people that use the Sheriff's Office number when they are trying to do the jail scam, because they can easily spoof the numbers. It is just trying to keep up with technology. We really need to get a handle on it.

Senator TUBERVILLE. Yes. Dr. Hughes, we have got a serious nutrition wellness problem in this country, serious. Can you speak to

the importance of a lifestyle in earlier years to help our young people understand what they are getting ready to get into in later life?

Dr. HUGHES. Yes. I think that is a great question. I think we have a real opportunity to educate people early on and develop a life course perspective to health education, physical fitness and so on and so forth. It is going to be far more cost effective in the future if we can get people to adopt healthy nutrition habits, physical activity, other types of activities that will really improve their functioning and quality of life as they age, and into old age.

Senator TUBERVILLE. You know, our young people do not have it as good as we have had it growing up because we used fresh food and vegetables. They eat all this processed food now. I do not know where it is going. I hope we can get a handle on that. I really do.

Dr. Carr, whether it be friends or family, what is the significance of community and social engagement?

Dr. CARR. Can you repeat that question? What is the significance?

Senator TUBERVILLE. I want to read it myself again.

Dr. CARR. Okay.

Senator TUBERVILLE. Whether it be friends or family, what is the significance of community and social engagement? In other words, what does the community do? Not just your family but your community and your social outcome, you know, boyfriend, girlfriend, husband, wife. I mean, how can that all work together to make us have a better, longer life?

Dr. CARR. Well, it has been very interesting over the last 20 years because I think for the first time scientific efforts have been able to show that friends matter a lot. The growing research showing morality consequences of loneliness and social isolation have really accentuated our understanding of why relationships matter.

I think for a long-time things like friendships and family relationships were thought of as sort of soft, not real health behaviors.

Senator TUBERVILLE. Make a huge difference.

Dr. CARR. Yes. I think that there is clear evidence, and sometimes when I talk to people and they say what are the key issues when you think about longevity, and I put social broadly, broadly speaking, at the top of that list, and that is not just you have a good marriage or you have a few good friends, but the interconnected relationships we have within our community are heavily related to that. If we are in a community where we belong and we are able to have our needs met and work as part of a team, like I mentioned, I think, in my testimony solving problems together, those are really powerful relationships that help us feel like we matter and we have a place in the spaces that we are in.

Senator TUBERVILLE. Yes. I will not ask this to anybody. I would just like to put it on the record, but you know—and hopefully we will talk about this in the future—Americans are suffering from a record-breaking, trillion dollars of credit card debt, trillion, and what can we do in the future, as a group, to take——

Chairman SCOTT. The highest interest rates for credit cards ever, also.

Senator TUBERVILLE. Pardon?

Chairman SCOTT. I think it is the highest interest rates for credit cards ever, in the history of the country, too.

Senator TUBERVILLE. Interest rates and the debt, and we just keep racking up. People are broke. They do not have cash.

Chairman SCOTT. Yes. Highest credit card debt in history and highest interest rates on credit cards ever.

Senator TUBERVILLE. Yes. Thank you, Mr. Chairman. Thank you very much.

Chairman SCOTT. Senator Kim.

Senator KIM. Yes. Thank you, Chairman. Thank you, Ranking Member. Thank you, everybody, for joining up here. I appreciate it.

Dr. Carr, I think I will just pick up where my colleague was getting at, you know, this issue about loneliness, issue about mental health in particular. I think that is something that is becoming all the more apparent in our society. I think we have a mental health crisis as a nation right now. It affects young kids. I have got a seven-year-old and a nine-year-old, and I am worried about that generation, but just kind of all throughout this, and from my standpoint it feels like we do not have the workforce that we need right now to be able to address this.

I guess I just wanted to get a little bit more a sense from you of just what are the some of the best practices? Are there certain states or communities that are doing this better, you know, things that we can draw on? We do not want to reinvent wheels here, but if there are certain things we can lift up to a federal level, you know, I am interested in trying to explore that. I just thought I would kind of tease that out a little bit more from you.

Dr. CARR. Yes. I mean, I agree with you that we do not have the resources we need to address the growing mental health issues that we are facing as a Nation, and it is getting worse, and the pandemic was a big spike, that has not really recovered fully in that regard.

In terms of specific case example, I actually think that is a wonderful suggestion for the work that we should be doing is identifying some communities that are getting it right. I am not familiar with any specific individual communities.

I will say that communities in which there are opportunities for people to have all of their basic needs met are doing much better than ones that are suffering in terms of issues with high levels of unemployment and poverty. That is partially because there is this connection with having meaningful roles and connections and being able to connect with other people within the community. Volunteering is one of the ways that a lot of people have been able to maintain those relationships above and beyond having those basic needs met. I think that places where there is a lot of intergenerational engagement, this is particularly useful to a healthy, sort of social fabric.

With this recommendation I am going to be looking for some great communities that provide excellent examples that we should be able to look at.

Senator KIM. I would love to stay in touch with you about them. Mr. Chairman, I think that is something that this Committee might be able to do, is really try to draw upon these different issues of mental health and financial situations. It is hard here in Congress to come up with something completely from scratch, a new, completely novel idea, but if there are pilot projects, if there

are other examples that we can draw upon, scale, try to exemplify, that is something that we can lift up here in this work. I hope that we can have a chance to work together on that.

Ms. Alvarez, a similar-ish type question. If you don't mind I will be a little personal here. I was listening to one of my colleagues talk about she is part of the sandwich generation. I am, as well. My father had a major accident last summer, and is not able to walk anymore, and now having significant cognitive decline.

We are really struggling with this, and I think, Ms. Alvarez, one thing I wanted to raise with you is the thing that really stood out to me was the difficulty of our family trying to get a sense of like where we can turn. What is my father eligible for? What other types of services are available, resources that are out there? Even navigating Medicare. I mean, I am a United States Congressman at that time, and I was having so much trouble just trying to navigate. I cannot imagine what other Americans have to deal with.

From your standpoint, working in New York, what have you seen as sort of the best examples of getting that information out there. The challenge is often that it is, at least from my family and may I talk to, you are often experiencing some of this in an emergency situation, where things have changed dramatically in your life. Are there ways that we can try to ramp up better, try to prepare people better, so that it is not just under this crucible of pressure and emotion in terms of trying to get to it? I wanted some of your thoughts here.

Ms. ALVAREZ. Yes. Thank you so much for bringing that up. At StateWide we operate three help lines. A lot of our work, we are a grassroots organization, and a lot of our work is going out into the community, and many times there are hard-to-reach populations. They might be ethnic minorities. There might be rural areas.

We are constantly thinking of ways in which to outreach to different areas. We have gotten to the point where we are doing a lot of ads in the newspapers, because we know that seniors like to read the newspaper. We do radio interviews, and a ton of outreach into the community through tabling events, fairs. Anywhere they invite us, we are statewide, as the name connotes, but it is also important, not only to reach the senior but the caregiver.

Senator KIM. Yes, the families.

Ms. ALVAREZ. What you are talking about is the family, the caregiver, the friend. It is very important because many times those are the people who are assisting or even making decisions, depending on what State the person is in.

I will say, in response to, if you are looking for a community project that works, we are very proud of a project that we have with our Senior Medicare Patrol Program, where what we have done is to reach out to community organizations, community-based organizations, that are trusted sources in the community, and working with them. What we do is we train people that they identify, people who are active in the community, and so we train them on different issues, who then go speak with their peers.

I always find that the most effective way of reaching out to others is through your peers. You are going to listen to your friends, and we ask them. We do not dictate what it is that we want to do.

We have the content that we want to communicate, of course, which is the fraud and health and things like that, but how they want to be communicated to, that is up to the community. We go to the community and we ask them. They know best, and that is not only that they know and they are trusted, but also that they are then empowered with information. They can go out, and they can become leaders, and they are empowered to go out, so it is a mixture of a lot of things, and the other thing I wanted to followup a little bit on what Senator Alsobrooks——

Senator KIM. If you don't mind, keep it very brief. I don't want to go too long over. Otherwise, the Chairman, I don't want to cause trouble in my first hearing.

Ms. ALVAREZ. It is on me. The family caregivers—no, it is a statistic, very important, I want to say—is that family caregivers, on an average, spend about 20 percent of their own income on the person that they are caring for, the senior, and it is important, you know, we were talking about financial issues before, it is important to note that because then that might put the person caring for the elderly person, or whoever, in jeopardy, and they are not able to build wealth or they will be in more debt, moving forward, and they will be worse off than the person they are caring for when they finally need it. That is all I wanted to say.

Senator KIM. Well, thank you so much. I appreciate it. I yield back.

Chairman SCOTT. You know who should be helping you, your health plan should have a health care advocate that should be able to help you navigate that whole system.

Senator KIM. Yes.

Chairman SCOTT. Most of these, especially these bigger companies, all have a whole program now of advocates that are supposed to be helping, because how would you know? I used to be in the business, and people call me all the time because I was in the business, but other than that, I mean, you are not going to become an expert. That is where it should be done.

Senator JOHNSON.

Senator JOHNSON. Thank you, Mr. Chairman. As you are well aware, I am kind of a late entrant onto this Committee, and I mainly joined because you became the Chair, and I think you laid out a pretty good vision for what you want to do with this Committee.

It will come as no surprise to you, and I think my Committee members will quickly learn that I am not a real fan of the Federal Government. I think it causes or exacerbates more problems than it solves. I think the question you will hear repeatedly out of me—I have certainly heard a lot of support for government programs. I think my overriding question always is what is the negative, unintended consequence of a well-intentioned program.

I will lay one out. I am currently working on a program, or my project, we are trying to make sure everybody is aware of how much the Federal Government spends. In 2019, total government spending was $4.4 trillion, and we had the pandemic, and it shot up to $6.6 trillion.

How if you are a normal family, if you have an illness, your spending dramatically increases and you get well, you go down to

the previous level. We did not do that. For the last five years we have averaged $6.5 trillion. Last year we spent about seven.

It is completely unsustainable. The result has been the devaluation of our currency. A 1998 dollar is now worth 51 cents. A 2014 dollar is now worth 74 cents. A 2019 dollar is now worth 80 centers. I could ask you the question, you know, how much more devastating is that devaluation of a senior's wealth compared to the loss of one government program.

The mismanagement of Social Security is profound. Social Security, when it was first established, I think the retirement age was set at 65 and life expectancy was less than 62. Now, being 69 myself, I am really glad life expectancy has increased, but with that increasing life expectancy you end up with Alzheimer's, you end up with more cancers, you end up with some really difficult problems that we are all trying to solve here.

I appreciated Senator Tuberville's comment about social interaction and community. I think it has been a recurring theme that that is like sort of the number one solution. Strong families, supportive communities. That does not come from the Federal Government.

I guess I just kind of want to at least have everybody think of the Federal Government programs you are advocating for, the costs of those things, helping drive the $1.8 trillion deficit. I mean, if we want to prioritize spending on seniors—and again, we are a compassionate society and we want to help people who cannot help themselves, and seniors are often in that category—what other spending can we put down the priority scale and not do?

My mission as a U.S. Senator is to wean as many Americans off the government as is possible, so we can rely on our families, we can rely on our communities, because that is really where the solution lies here. I just kind of want your comments.

Part of the isolation we are finding is if everybody thinks they can just get a quick check from the government, nobody has to really feel responsible for Mom and Dad, so as people become more and more isolated, the less and less they are connected to their community, or even dependent on their family and their community.

I will start with you, Dr. Hughes. Can you comment on some points I made there?

Dr. HUGHES. Okay. I think that there are a number of things that we can do. I understand where we are headed, you know, with the current deficit, and obviously it is huge. It is not trivial. You are correct that we have issues with maintaining Social Security in the future. However there are also a lot of people out there working on this problem, and what I have read is that it is not an insurmountable one.

There is a group at Boston College that is headed by Alicia Munnell. She is an economist who has spent her whole life working on this issue, and she has basically come up with some relatively simple, straightforward ways of kind of getting us——

Senator JOHNSON. Can I——

Dr. HUGHES. Yes. Go ahead.

Senator JOHNSON. Well, I mentioned the mismanagement of Social Security. You realize we took all that surplus money, and we

had lots of surplus money for years, because there were tens of workers for every retiree. Now we are down to under three to one.

Dr. HUGHES. Right.

Senator JOHNSON. We did not invest that money. We spent it. It is gone, and in its place are government bonds, which really have no value to the Federal Government.

Dr. HUGHES. Right.

Senator JOHNSON. Now, had we invested those in something like a Dow Jones Index Fund, which did not exist back then—this is a couple of years ago—we would have $8 trillion in hard assets, but we did not do that. We spent it.

Dr. HUGHES. Right.

Senator JOHNSON. It is gone. It was mismanaged. Again, that was the Federal Government did that, and the other unintended consequence of that, we led seniors to believe, boy, just get to the age of 65 and we are going to pay for your retirement. We are going to pay for your health care. I do not know any senior that can really get by on just Social Security benefits. That is a poverty-stricken life, but we kind of lead people to believe that, because we really do not educate them. We do not educate our kids and go, ″Hey, save for your retirement, because you are not going to want to live off what Social Security provides, and oh, by the way, we have kind of bankrupted it anyway, and it is not going to be able to provide all those benefits in about 10 years anyway.″

Professor Hughes.

Dr. HUGHES. Well, I would disagree that the program is going to be bankrupt anyway, respectfully. I think that there are things that we can do to keep the program solvent. I am, unfortunately, not a health economist. This is not my area of expertise. I know there are people out there who are working very hard on this, and have some very good ideas about how we can increase the share from people who have more wealth, for example, in terms of their contributions to Social Security. We have already increased the retirement age. There are other things that we can do along that line as people become healthier and have a longer life expectancy.

I think it is, of course, a very, very, very important issue, and one that everybody should be very concerned about and working very hard on.

Senator JOHNSON. Well, I will just relentlessly point out how the government has screwed up time and time and time again, and again, the definition of insanity is doing the same thing over and over again, expecting different results. I mean, continuing to rely on the Federal Government to solve these problems. I think we have to find different solutions.

Thank you, Mr. Chairman.

Chairman SCOTT. Thank you, Senator Johnson. Senator Kelly.

Senator KELLY. Thank you, Mr. Chairman, and congratulations on your new role, and the same to you, Ranking Member Gillibrand. I am glad to be returning to the Aging Committee this Congress. Almost one-fifth of Arizona's population is 65 and older, and that number continues to grow. I think it is pretty simple. Arizona is a great place to live, to raise a family. It is also a great place to retire, has great weather, especially this time of year. I am looking forward to continuing to work with my colleagues on this Com-

mittee to make sure that that stays the case. One of the things we could do is adequately fund senior programs and services, making health care more affordable and accessible, and by giving people the ability to choose where and how they age.

I want to take this opportunity to remind any of my constituents, who happen to be watching, that my office here and in Arizona, we are here to help. If you need some help with a Federal agency, and that includes a problem with your Social Security benefits or an issue with the VA, we are here to help. Please go to my website or give us a call if you need assistance.

I know we have got two big years ahead of us in this Congress, and I am looking forward to making some positive change for Arizonans and folks across the country.

My first question here is for Dr. Carr. First I see in your bio that you are an ASU grad. One of my kids went to ASU. The other is at U of A.

In your testimony you mentioned meal delivery as an example of a low-cost program that has a very valuable impact on older adults, especially those who are socially isolated, and this is something we heard a lot about as we worked on the reauthorization of the Older Americans Act. Many of our Area Agencies on Aging in rural areas of Arizona have a lot of interest in home-delivered meals, and yet they have to put folks on a waitlist for these services, and for some organizations this is the first time they have ever had to use a waitlist for meals.

That is one reason why I was glad that our bipartisan Senate passed Older Americans Act reauthorization included more flexibility for how local agencies can use their nutrition funding, allowing them to move more money toward delivering, if that is what the community, the local community, needs.

In the same spirit of meeting people where they are, last Congress, then-Ranking Member Braun and I introduced legislation to help food banks be able to provide delivery services for the Senior Food Box. This got a great reception in Arizona, and I would like to put it out there that if any of my colleagues on this Committee would like to work with me on this, this year, I am more than willing to do that.

Dr. Carr, could you talk about why these kinds of programs are so valuable, and from your perspective, why are they important for Congress to continue to support?

Dr. CARR. Thank you for that question, and yes, I am an Arizona State grad, and my brother went to the University of Arizona, so you can imagine what that is like sometimes.

I also want to start by just saying, one of my earliest memories is going in the car with my grandmother door-to-door, delivering meals with these programs, and it was a big part of our family growing up, making sure to volunteer and to help support other people in the community in the Tempe area. Where we grew up.

I think of the home-delivered meals programs as kind of the secret sauce of kind of a foundation for healthy aging, because it does a whole bunch of things at once. It has the opportunity to help make sure that people have food, which we know is important. It promotes social engagement.

We know with some colleagues I know at other universities who are really big experts in this field have shown that the more frequently a person gets a home-delivered meal delivered to their house, the better the outcomes, because there is more frequent interaction, and those small bits of social engagement are potent in terms of their benefits for feeling less isolated and more connected and feeling more valued in the community, and the person delivering the meal also gets benefits from the volunteering and engagement in the community, and they feel valued.

There is almost no program I can think of that has those combinations of things that are so collectively relevant. I think if there was a program that could have more impact, I cannot think of one that is as inexpensive as this one could be, to expand.

Senator KELLY. Yes, it is interesting you get an added benefit from doing this. I mean, the food is the goal. I experienced this as I delivered meals during COVID, and I saw seniors multiple times. I could tell that they were getting something out of this beyond just this delivery of lunch and dinner.

Thank you. I am going to have a couple of questions for the record, Mr. Chairman. Thank you.

Chairman SCOTT. Thank you, Senator Kelly. Senator Warnock.

Senator WARNOCK. Thank you very much, Chair Scott, and congratulations on holding the first Aging Committee hearing of the year. I look forward to working with you and also with Ranking Member Gillibrand together this Congress.

Far too many seniors are struggling with high out-of-pocket costs for medications that they need to live. That is why I have been laser-focused on reducing prescription drug costs and improving access to health care. I am proud that my bill, included in the Inflation Reduction Act, lowers the cost of insulin to no more than $35 per month of out-of-pocket costs for seniors, and that as of January 1st of this year, seniors will not pay more than $2,000 in out-of-pocket costs for their prescription drug coverage each year. I can tell you, as a pastor, that I have seen the impact that this has on the lives of ordinary people. I have seen it up close.

I am proud that this spending cap was made possible, again, and included in the Inflation Reduction Act.

Dr. Hughes, how does lowering out-of-pocket prescription drug costs actually help seniors who live on a fixed income? I think often in government we talk about these things in theoretical terms, but give us a clear picture of the human impact of this.

Dr. HUGHES. Well, you know, we all depend right now on prescription drugs. Prescription drugs have almost replaced regular routine medical care in terms of their lifesaving and health maintenance effects, so they are a lifeline, and for people who are, because of income constraints, now able to get a medication renewed and/or have to make a choice between rent or food or something else and the needed medications, that should not happen. It should not happen to older adults. It should not happen in the United States of America. I just think that this legislation, the Inflation Reduction Act has been very important in terms of helping older adults to manage their prescription cost. It is a great piece of legislation, and I think it has enormous potential to help a lot of seniors.

Senator WARNOCK. I agree with you. I think it makes a huge difference. I agree that seniors should not have to choose between prescription drugs, which they need, and food on the table, which they also need. I look forward to building on this and working on it, not only as a member of this Committee but also as a member of the Finance Committee, where a lot of these issues related to costs and seniors comes up through the various programs that we have.

I am grateful for Senator Casey's work last Congress to champion the issue of Medicaid home and community-based services. Medicaid provides coverage for home and community-based services that allow older adults and people with disabilities to receive the care that they need from the comfort of their home without going broke paying for it.

However, in Georgia, over 7,000 people are on waiting lists to access these services, so we had the Better Care, Better Jobs Act last Congress to enhance Medicaid funding for folks who are still on the Medicaid list.

Dr. Carr, how would cuts to Medicaid proposed by some of my colleagues affect access to home and community-based services for our seniors?

Dr. CARR. Yes, so Medicaid and home and community-based services are an actually more cost-effective way to help care for older adults with disabilities than nursing homes, and one of the challenges is if people do not have the care they need it can spill over onto caregivers, family members, who are providing the best care they can, which can be problematic because then they may also be unable to work themselves, which I think has ripple effects that are consequential for families.

Then I think we would anticipate that in the absence of receiving care people need at home, they are more likely to go into a nursing home, and even if people do have money saved and they are not yet on Medicaid, within six months they are usually spent down to Medicaid, and that is very expensive for our system, and it does not meet people's needs that they want, which is to stay in the community.

I think the consequences of not allowing people to have the services they need to stay in their home and get care for as long as possible is the most cost-effective way for us to protect Medicaid costs, among other things, not the least of which is supportive of qualify of life for older people.

Senator WARNOCK. Thank you so much. It is fair to say that this has an adverse impact certainly on the seniors but also on their families, and not only on families, an impact on all of us through the ripple effect.

Thank you so much for your testimony, and I look forward to continuing to work on this Committee and also the Senate Finance Committee to make sure that we protect Medicaid and other critical programs that our seniors rely on.

Chairman SCOTT. Thank you, Senator. Sheriff, what role do you see for law enforcement promoting healthy aging and supporting older adults to remain active and engaged in their communities? Do you think there is any role for law enforcement to be involved?

Sheriff Prummell. Yes, I do. Like I said, we are out there engaged with our community. My philosophy is that you deal with

quality of life issues within your community, and if you deal with the quality of life issues they will not explode into crime issues, and we have one of the lowest crime rates in the State, but you have to stay engaged with your population, whether they are kids or whether they are seniors.

We have a great volunteer program, and we encourage all of our retirees to come join our volunteer program, and we have a volunteer program about 70 members, so they come in and, as stated, they have a purpose. They are out there helping the community. They are giving back to the community. They are staying engaged with us, and in the same sense, they have become part of our family, and we check on them. Even when they come to the point where they decide to retire out of our volunteer program, they are still a part of our family. We are still checking on them. We are still making sure that they are okay and they are getting what they need.

Chairman SCOTT. That is great. Ms. Alvarez, your organization runs the Senior Medicaid Patrol for the State of New York. What are some of the fraud trends that you have seen?

Ms. ALVAREZ. There are so many frauds that we have a Fraud of the Month. That is how much fraud there is that exists, so recently we just had the durable medical equipment fraud, where somebody might call you and ask you if you want a back brace. Somebody just calls you on the phone. Well, we know that a back brace is something very personal, that should be prescribed by a doctor that knows you.

Then recently we had somebody who received like 50 back braces, because somebody got a hold of their Medicare number and charged it to their account.

There are other forms. You know, if there is anything happening in society, there is a fraud for it. For example, when COVID start, fraud really skyrocketed. One of the things that they were saying was that because there is COVID you will get a new Medicare card, and we will send you a text along with it, and we are going to send you a laminated card. We are going to send you all sorts of different—the reality is that there is no new card, right. You get the card and that is what you have.

I mean, it goes on and on. Anything that is happening, there is a fraud for it. I always say that while we get up in the morning to do that valuable work, a scam artist, that is their job, and if they were doing something productive with their time, they would be very successful.

Chairman SCOTT. Thank you. Dr. Carr, how does participating in activities like paid work or volunteering impact the psychological or physical health of older Americans?

Dr. CARR. Well, there is a lot of evidence that both are protective of physical, psychological, and cognitive health. With regard to volunteering, there is not a lot of specific research that says here is the thing about volunteering that makes you better or improves your health, and there have been a lot of researchers that have been trying to figure out sort of why it works, one of which, there is some initial evidence is related to the fact that when you help other people, you actually respond better physiologically to stress,

so there is sort of a buffering effect of being engaged in your community to feeling better when you face everyday challenges.

That is not the only issue. Imagine just like working. You are more physically, cognitively, and socially engaged, when you are engaged in volunteering, and that is largely the reason why we think that remaining engaged in those activities are so good for your health over time.

I had mentioned earlier, 20 hours a week of work is pretty protective, and it really depends on what kind of work that is. If you are engaged in a really physically demanding or dangerous work, it is not health protective. It has to be work that allows people to be able to maintain their health and be able to be engaged, so it is important to keep that in mind.

Chairman SCOTT. Ranking Member Gillibrand.

Senator GILLIBRAND. Thank you. I just want to congratulate the Chairman on such a wonderful panel. Each one of you has had such important information to contribute, and I think all of the Senators feel that you were exactly the right people to answer their questions, so thank you very much for your expertise.

I just have a couple. I want to focus a bit on the financial security issue, even though we have talked a lot about it. Obviously, Social Security is one of the most successful and popular programs ever enacted, and tens of millions of older adults use their Social Security benefits to buy groceries, to buy their medicines, to pay for housing, to just basically live on.

For many older adults, their Social Security benefits are insufficient, and they have a difficult time making choices, and we have talked about some of those choices, those choices between heat and food and medication and not taking their medication or spreading out their medication inappropriately. I have heard about a lot of real horror stories of people just trying to make ends meet, and we heard some more today.

Ms. Alvarez and Dr. Carr, can you amplify a little bit some of these tough choices they have to make? How does it affect their well-being? And particular, I imagine it affects their mental health. When you are struggling on the basic needs that you need to survive, that must provoke enormous anxiety. I want to talk a little bit about how we can amplify or expand upon financial security to take away some of those burdens, and I would just like your insights on that.

Ms. ALVAREZ. Well, first of all, seniors are constantly juggling. If you are on a fixed income any time, they are constantly juggling their finances. You know, they say, well, can I get away with not paying for my prescription drugs, and cutting them in half, things like that, for a month. Can I get away with not paying my rent for a month. We all know that that constant juggling, at one point, is going to come to a head, where if you just simply do not have enough money coming in and you have to pay bills, things are going to collapse.

The programs that the Older Americans Act actually has, those are all programs that shore up people who do not make ends meet. We work with this Elder and Economic Security Index, and basically, in New York State, I mean, not New York State, in the coun-

try, in the United States, the average Social Security income is $29,678, so that is a little bit less than 200 percent——

Senator GILLIBRAND. Poverty. Mm-hmm.

Ms. ALVAREZ. It costs more money than that to actually live, on an average, in any community in the United States.

When we have heating, when we have the SNAP program, when we have the MSP program, the Medicare Savings Program, when we have those things people are able to then benefit from programs that will keep money in their pockets.

One concrete thing I want to say is that the Medicare Savings Program helps with out-of-pocket costs for your health insurance, and your prescription drugs. It pays for your copayments, things like that, and it is calculated that if a person is not accessing one Federal program, they are not accessing four other Federal programs. That is an average of $7,000 that somebody could have in their household, that they do not have to spend money on, so because we have these programs, that is what is going to keep people in the community with dignity, if they do not have those programs.

Senator GILLIBRAND. Dr. Carr? And could you please expand on the Older Americans Act and why that matters?

Dr. CARR. Sure. Well, I will say a couple of brief things. One, I do not think we want to live in a society where we allow old people to suffer in poverty, and these programs are really critical to ensuring that that is the case, but they do not solve the problems entirely.

Second, being poor is really bad for you, in every aspect, and last, poverty is not the consequence of something you do wrong in old age. It is a life-long effect, so a lot of these things that we see with older adults is due to things that have accumulated over the course of their lives, and in later life, we do not have the ability to, many times, go out and recover financially when things go wrong and we run out of money, despite our greatest efforts.

These are really protective of the most vulnerable people who have needs and want to stay in the community, and the Older Americans Act is critical to ensuring that we do not have a massive group of people living in nursing homes because they have no other choices, and I think that in the absence of other opportunities, we cannot place these burdens on families or communities in other ways, so helping support people with these relatively small interventions by allowing them to stay in their homes is beneficial to the larger community.

Senator GILLIBRAND. Agreed. Dr. Hughes, you look like you want to add something. Would you like to add something?

Dr. HUGHES. I am sorry. Could you repeat that?

Senator GILLIBRAND. Do you want to add something to the conversation of why fixed income is such a challenge, especially at $30K a year, and Older Americans Act being important?

Dr. HUGHES. Thank you. I appreciate the opportunity to speak to this. The Older Americans Act is part of the fabric of our society in terms of the services that it provides and funds, and there are so many communities in the United States that really depend on these services.

I think part of the problem is that people do not understand where the money is coming from. If they knew where it was coming

from and why, I think that there would be a much greater groundswell——

Senator GILLIBRAND. Support, yes.

Dr. HUGHES [continuing]. of support for these programs, going forward.

Senator GILLIBRAND. Makes sense, yes.

Dr. HUGHES. I think that the meals, there is no question about the home-delivered meals being hugely valuable. They were hugely valuable in Illinois during the pandemic. There is research showing that they reduce emergency department use. They improve nutrition. They do all kinds of things.

What is really amazing is how much the Older Americans Act has achieved with so little, in terms of resources. I think that that is an amazing success story, and my testimony was really attempting to build on that and just provide more documentation.

Senator GILLIBRAND. I agree. Thank you, Dr. Hughes. With the Chairman's permission, may I ask Sheriff Prummell one question about fraud? So Sheriff, I really appreciate your testimony about the work you do in your community, and it is so much appreciated. I have heard so many stories about seniors who have fallen for these scams, the grandchild scam, the IRS scam, the cryptocurrency scam. They are literally endless, and they are heartbreaking, because our seniors are duped, and they either take money out of their bank account, they send money through multiple means, but it is so rare that we get this money back.

I have also talked to law enforcement up and down my State and across the country, and they have very few tools to go after these transnational criminals, because they are sophisticated criminal networks that are using the internet, using the phone, using data information like who just got arrested, as you testified.

What can we do to crack down on the scams more, and is there any way, or anything we should be doing to get justice? Let's just say we cannot defeat the Chinese network of scammers. But shouldn't we be doing something to make sure the victim is given some measure of relief? Should we create a fund for that? What would you recommend, because you are dealing with the crime and not being able to arrest or put someone in jail most times.

Sheriff PRUMMELL. Yes, and that is the problem, because like I opened with is most of your criminals, they are not just outside the State. They are outside of the country, and they are outside the reach of local law enforcement. Your federal agencies, they have a little bit more far reach, but they will not touch a case unless it reaches a certain dollar amount, which I understand because their plate is full with all the other responsibilities.

Senator GILLIBRAND. Do you know what the dollar amount is?

Sheriff PRUMMELL. I think it is close to a million dollars.

Senator GILLIBRAND. Oh. That is not going to help anybody.

Sheriff PRUMMELL. No. That is not going to help anybody.

Senator GILLIBRAND. Every scam I have ever heard is a $5,000 scam or a $10,000 scam. I have heard a few where bank accounts have been completely eliminated, but it is usually $100,000 or $200,000.

Sheriff PRUMMELL. Yes. It usually does not reach that dollar amount, but I understand because you cannot flood the FBI and

the Secret Service with all these fraud cases either because they have other responsibilities, you know. The problem is, too, is it is heartbreaking because you do see a lot of people that are duped out of their life savings. They worked hard for that money, for retirement, and then now all of a sudden it is gone, and 99 percent of the time, it is not recovered.

You will have some of the financial institutions, very rarely, depending on the dollar amount, will reimburse the victim, partial or all of it, but that is rare, but there is no set fund, at least that I am aware of, that will help reimburse or get that victim back on their feet.

Senator GILLIBRAND. Thank you, Mr. Chairman.

Chairman SCOTT. Can I just followup? So I think what Ranking Member Gillibrand and I both care about is all these frauds, right. I was talking to, oh, I do not know who it was, the other day, but they said if you go to 50 years ago, whatever timeframe, the FBI put a lot of effort into bank robberies and things like that, because the local sheriff's offices, like yours, would not have had the resources to do it. Today, if there was a bank robbery, you do not really need the Federal Government to help you guys, right.

Sheriff PRUMMELL. Mm-hmm.

Chairman SCOTT. What you really need is you need help on issues like this, so has there been any conversation by law enforcement to say, you know, that was great that the FBI, Department of Justice, whoever, helped us 50 years ago. We do not really need their help anymore. Maybe Union County in Florida does, a small county, but you do not need it, right, and they ought to focus on these things that you do not really have the resources to do, and you do not have the authority to handle. Has there been any conversation with law enforcement on that?

Sheriff PRUMMELL. There has really been no discussion that I am aware of. You know, we are involved with a lot of the Federal agencies with regard to investigations that do cross over the borders, but mostly they are focused on terrorist type investigations and drug enforcement type investigations, but as for the fraud investigations, we really do not have a task force. They have some task forces with the Secret Service, but I do not hear much coming out of it.

Chairman SCOTT. I think for both of us, if you, and the organizations you are involved in, if you have—if there is a discussion, or if you think we ought to have a hearing on that, where we could have a real conversation about where should people focus their time. Because there is not unlimited dollars. I mean, nobody wants to pay more in taxes, so there is not unlimited dollars, but you do not need all the Federal help in your county for a lot of things that they probably want to come and help you on.

Sheriff PRUMMELL. No. I mean, most of the stuff within my county we can handle, but like I said, when you are dealing with these major fraud cases that cross not just State lines but the country lines, we do not have an arm that reaches that far, and we do not have really the technology to trace them. They can spoof these numbers. They can hide IP addresses, so it is not as easy to trace them anymore either.

Chairman SCOTT. Right, but they do not take their resources and stop doing stuff that they do not need.

Senator GILLIBRAND. Yes.

Chairman SCOTT. I want to change the subject a little bit. Dr. Carr, and I think all of you have talked a little bit about we will get a return on investment if we spend this money, right, on something. What about spending money on healthy eating? How much money would we save if we got everybody to eat healthy all their life, or start even when they are 65? Has anybody done any studies about the problems of ultra-processed food or excess sugar intake or things like that, that would actually save us money on the other side?

I told Senator Gillibrand, the problem that we always have, like in my business life, if somebody comes to me and says, ″Okay, if you spend money here I will save money over there,″ it was easy. I would just cut the money over there, okay, and spend it over here, because I can make it happen. You know, in my job as Governor of Florida and now my job here, nobody has come up with a program that actually saves money. They all cost more money. Unfortunately, how many of you guys want to vote for tax increases? Nobody does, right. Nobody wants our taxes to go up.

We have to figure out how to do this in a manner that—and healthy eating seems like a logical way. I do not know if you have done any research on that or if you have seen any research.

Dr. CARR. I am not an expert in nutrition but nutrition is one of the things that we know matters for lifestyle, broadly speaking, related diseases, and almost all of the major illnesses of aging are related to lifestyle. Nutrition is hard to study because we cannot put people in a hospital for 30 years and watch them eat a certain diet and compare it over time, but we have learned a lot, and I think you are right to say that ultra-processed foods, as I noted in my testimony, is detrimental to health, and costs us immensely.

There are certain kinds of things, you mentioned sugar. There are lots of different studies looking at the consequences of poor nutrition across a whole variety of different categories, you know, inadequate protein consumption as we age, which becomes more important, and other varieties of things.

If you are talking about a nutrition intervention as a solution to save money, I cannot help but assume that it would, long term, save money if we found a way to make healthy foods accessible, easy to, I will say, encourage people to consume instead of the things that companies have helped us, you know——

Chairman SCOTT. I am not anti-sugar.

Dr. CARR. Right.

Chairman SCOTT. I mean, I am like everybody else. I like a nice chocolate dessert, but, you know, there is a way to do this. There is a way to have healthier sugars, too, right?

Dr. CARR. Yes, but I agree with you, and I think that the challenge that we have in terms of saving money over time, which I agree with you, we need to be paying more attention to these ways to save money by improving health over the long term, this is a long game when you are talking about these things, and if the Federal Government is positioned to start helping us play a long game

with healthy aging, I am really excited about that, and I think nutrition is part of that equation.

Chairman SCOTT. Dr. Hughes, the National Institute of Aging funded your research, the Fit + Strong program. You have shown that it is successful. What does NIA do with that data? You know, what do they do with it? Did they just do the report, or did they do something with it?

Dr. HUGHES. We have been working with the Illinois Department of Public Health. We were very, very fortunate to get ARPA funding from them, and we have been able to basically disseminate the program all throughout the State of Illinois, including many rural areas. We also were able to beef up the presence of the program in Chicago through the same source, the Illinois Department of Public Health money from CDC, and the city of Chicago Area Agency on Aging that had ARPA funding from the AOA. We were able to use that money to get the program out to a lot of people in rural areas, to African Americans, we have a Hispanic version of the program, to people who really, really do not customarily access health promotion programs.

In terms of national presence, we have worked really hard on disseminating the program. We now offer the program in 32 states, nationally. Some of that is due to our partnership with the National Recreation and Parks Association to offer the program in collaboration with them, again, with CDC funding.

What I was trying to get at with the testimony is the fact that everybody now who has an evidence-based program has to reinvent the wheel. You have to do it all by yourself, and there is no playbook. There is no cookbook. There is nothing to help people who are developing these programs, and developing them to help older adults improve their wellness and improve their functioning. Investigators are spending years of their lives developing these programs. We are in a School of Public Health. It has always been important to us, if we find something that works to get it out into the community where people can benefit from it.

This has been a motivating force for what we do. This hearing is a very important opportunity to think creatively about what we can do to maximize health promotion interventions. We, for example, came up with a hypothetical case when we had to present before the Boston Consulting Group, to get our funding from the Illinois Department of Public Health. We basically said, okay, if we were able to demonstrate a three percent reduction in use of total joint replacement surgery, the program would pay for itself over and over and over again.

We know that these programs save money, and they benefit people, and they are very, very cheap, and people like them, and, you know, it is just——

Chairman SCOTT. You are doing good for people, too.

Dr. HUGHES. Pardon?

Chairman SCOTT. You are doing something good for people. It is not like you are selling something that is bad for them.

Dr. HUGHES. Right.

Chairman SCOTT. Do you have anything else you want to add?

Senator GILLIBRAND. No. I just want to thank the Chairman and I want to thank each of our panelists for their excellent testimony

and for their outstanding insights on the challenges that so many of our seniors are facing right now. You are a real blessing. Thank you.

Chairman SCOTT. I would like to thank everyone for being here today and participating. I look forward to continuing to work with members across the aisle and down the dais.

If any Senators have additional questions for the witnesses or statements to be added, the hearing record will be open until next Wednesday at five p.m. Thank you, everybody, for being here.

[Whereupon, at 5:20 p.m., the hearing was adjourned.]

CLOSING STATEMENT OF SENATOR JIM JUSTICE

Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to participate in this vital conversation about improving the health, safety, and opportunities for seniors in our nation. I am honored to serve on this Committee and contribute to such an important cause.

In West Virginia, where nearly 20% of our population is over 65, seniors are the heart of our families, neighborhoods, and economy. They are the grandparents who raised us and the mentors who guide us. Yet, like many older Americans, they face significant challenges, including high rates of heart disease and diabetes. Additionally, our state's rural, mountainous landscape presents unique obstacles, such as social isolation and limited access to reliable transportation.

However, if there is one thing that defines West Virginians, it is our undeniable commitment to taking care of one another. Our close-knit communities and programs offering financial support and care are what help our seniors thrive. In my new position as a U.S. Senator, I am committed to advancing policies that reflect these values. By prioritizing initiatives that enhance safety, promote well-being, and foster meaningful engagement, we can ensure seniors across the nation not only live longer but live fuller, richer lives. Thank you.

APPENDIX

Prepared Witness Statements

U.S. SENATE SPECIAL COMMITTEE ON AGING

"IMPROVING WELLNESS AMONG SENIORS:
SETTING A STANDARD FOR THE AMERICAN DREAM"

JANUARY 15, 2025

PREPARED WITNESS TESTIMONY

Sherrif Bill Prummell

Chairman Scott, Ranking Member Gillibrand, and Members of the Committee, thank you for inviting me to testify. Today, I would like to outline ways in which the Charlotte County Sheriff's Office is working to serve and protect our senior population.

We implement several programs at the Charlotte County Sheriff's Office, including phone calls on Mondays and Thursdays, Christmas gifts and Birthday cards as well as weekly phone calls between trained volunteers and participants over 60 years of age, disabled, or living alone with little or no contact with the community.

Additionally, our Take Me Home Program is designed to assist deputies in locating loved ones who have gone missing or are lost. Information about your loved one, a recent photo, and description is shared with all road patrol officers in an effort to locate and reunite the family. Any office member can register a participant for this program.

Our DNA Scent Kits is a program that enables participants to keep a DNA scent article at their home in the event a loved one goes missing. Charlotte County K9 deputies use that pure scent to begin a track in order to locate the loved one and reunite them with family. These are handed out by our Community Affairs Team, Mental Health Unit, and patrol members.

Project Lifesaver serves as the premier search and rescue program locally operated by the Charlotte County Sheriff's Office and is strategically designed for "at risk" individuals who are prone to wandering. The program uses a GPS tracking bracelet to locate the wondering party quickly.

Operation Pill Drop allows individuals to drop off expired or unwanted medication in drug receptacle boxes at participating district office locations. This keeps family members and others that might have access to a senior's medicine cabinet from getting those old and unused medications. Special vehicle decals provide free decals for individual's vehicle to alert deputies of the possible presence of someone that may require special attention within the vehicle, such as a hearing impairment or autism.

Often seniors misplace or leave items behind such as keys. Through our Operation Lock Out Program, key tags are provided to help return lost car keys to the owners. The tags are registered with a special code in our system with the owners' information. We educate them not to put their name or address on the key chain in order to protect themselves. If the keys are turned in to us, we are able to then return the keys to the owner.

We offer Citizen's Police Academy classes for mostly seniors to learn behind the scenes and promote our volunteer program. Classes are held for seven or nine weeks throughout the year.

We also spend time visiting local retirement homes to advise on local scam problems.

In additional, we rely heavily on Facebook, Instagram, Our blog and press releases. We know that many seniors do not monitor this, but many family members and those that work or live around seniors do. This helps us get the word out to them to watch out for their neighbors.

Lastly, we focus our effort on speaking to neighborhood watches, local churches, and various organizations, such as the Parkinson's Group, averaging 1-2 speeches per week. We work closely with OCEAN, Our Charlotte Elder Affairs, a group of business owners in the senior arena that want to specifically help Seniors.

Currently, we are seeing several different methods in which criminals are attempting to scam our senior population. This includes scammers visiting out website looking up recent arrests and then calling family pretending to have the ability to bail out the arrestee. We are also seeing what is referred to as "Romance Schemes" which can be long running and generally include a person asking for money while pretending to love someone. Other schemes that have become more pronounced center around sweepstakes lotteries where individuals have to play to win. In these cases, the scammer will ask for gift cards to pay the taxes to get people their winnings.

The Charlotte County Sheriff's Office has partnered with Charlotte Behavioral Health Care (CBHC) for the addition of a case worker to be assigned to the CCSO. This case worker receives referrals from deputies who, during the course of business, identify a senior who might be in need of services, as well as calls from the public. This case worker will refer and/or provide services through CBHC and/or make additional referrals to outside entities depending on the elders needs. Our office provides a number of resources, including:

•Area Agency on Aging - Provides a variety of assistance for qualifying seniors (home and community-based care, enrollment in Medicaid long-term supports, Elder help-line) CM assist by giving brief overview of the program, provide the contact number and in some cases provide hands on assistance. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Home care providers (such as Highest Honor Home Care, Home Instead Senior Care, Right at Home) - Provides in home non-medical assistance based on individual's needs (personal care, meal prep, light housekeeping). CM assist by giving brief overview of the program, provide the contact number and in some cases help call the provider. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Transportation - (Charlotte County Transit, F.I.S.H (Englewood only) CM assist by giving brief overview of the program, provide the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Family Service Center - Has programs that assist with paying bills, Housing services, home repair. CM assist by giving brief overview of the programs, provide the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•St Vincent De Paul - Programs that help with food, utilities, rent payment assistance, equipment (wheelchairs, refrigerators, stoves). CM assist by giving brief overview of the programs, provide the contact number and in some cases provide hands on assistance by contacting the provider on behalf of POC. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Active Age (Daytime Senior Care) - Daycare program for seniors. CM assist by giving brief overview of the program, provide the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Senior Placement Services (housing) - Assistance with locating and placement into assisted living, memory care facilities. CM assist by giving brief overview of the programs, provide the contact number and in some cases provide hands on assistance by calling the provider on behalf of POC. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Social Services Resource Center - Provides Guardian and POA services. CM assist by giving brief overview of the programs, provide the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Florida Rural Legal services - Provides legal services. CM assist by providing the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Meals on Wheels - Provides meals to seniors. CM assist by giving brief overview of the program, provide the contact number and in some cases provide hands on assistance. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Senior Friendship Meals (Congregate meals, and Volunteer Services) - Provides congregate meals at a variety of sites in Charlotte County, offer volunteers that visit with home bound seniors. CM assist by giving brief overview of the programs, provide the contact number and in some cases provide hands on assistance. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•CapTel - Captioned telephone for hearing impaired. CM assist by giving brief overview of the programs, provide the contact number and in some cases provide hands on assistance. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•Dementia/Alzheimer's Caregiver support group - Support Group for caregivers. CM assist by providing the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

•The Dubin Center - Support Group for caregivers. CM assist by providing the contact number. CM follows up by phone if required and CM provides CM's contact information for additional assistance if needed.

Thank you, Chairman Scott and Ranking Member Gillibrand, for holding this hearing and focusing on senior population. I look forward to working with members of this Committee to develop proactive, and effective ways to protect our communities from crime.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"IMPROVING WELLNESS AMONG SENIORS:
SETTING A STANDARD FOR THE AMERICAN DREAM"

JANUARY 15, 2025

PREPARED WITNESS TESTIMONY

Maria Alvarez

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 five 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]

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/department-105-cmr-department-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 three 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]

•about one in seven (15%) older Black adults report experiencing unfair or disrespectful treatment in the past three years compared to smaller shares of older White (7%), Hispanic (7%), and Asian (8%) adults.

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

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"IMPROVING WELLNESS AMONG SENIORS:
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JANUARY 15, 2025

PREPARED WITNESS TESTIMONY

Dr. Dawn Carr

Thank you to the Committee and chairman Scott for providing me with the opportunity to testify before you. My name is Dawn Carr. I am a professor of sociology and I direct the Claude Pepper Center, a translational policy center at Florida State University, which was named and funded in honor of one of the strongest advocates for aging policy in U.S. history- Senator Claude Pepper.

Since its inception in 1961, this Committee has worked to evaluate critical problems and potential policy solutions to address the immediate needs of a rapidly growing population of older adults in the United States. As we navigate our later years, we are inevitably at higher risk of disability, loss of independence, social isolation, and poverty. In addition, middle-aged adults today face more significant health problems and disabilities than previous generations, and as they move into their later years over the next several decades, they are likely to face more complex health issues than previous generations of older adults.

However, in addition to ensuring that older adults and their families today have the supports they need to manage the challenges of daily living, we need to expand the scope of U.S. aging policy to ensure that future generations of older adults not only survive into old age, they thrive once they get there. Health problems in later life are strongly influenced by events, exposures, and behaviors that occur well before we reach our later years. Although the consequences of regular harmful exposures and habitual behaviors accumulate to erode health over time, there is growing evidence that if we intervene during critical inflection periods, we can modify health trajectories and bolster physiological resilience as we age.

Current clinical care is not designed with this approach, and with Medicare and Medicaid paying over $400 billion per year spent on long-term care alone, there are significant consequences if we maintain current practices. For example, genetic variations and lifestyle factors may place a thirty-year-old at higher risk of advanced heart disease three decades later, but if routine evaluation of blood-based markers shows "normal range" cholesterol, early interventions that could offer significant lifelong protection are unlikely to be discussed. Instead, treatment typically begins when a person is facing more advanced disease progression and irreversible damage has already occurred. Further, what is considered "normal function" is based on population averages, and in a population facing earlier onset of disease and disability, averages are unlikely to provide meaningful benchmarks for long-term treatments that increase the likelihood of extended years of healthy aging. If our goal is to reduce disability and aging-related disease progression, we need to shift our focus from identifying problems based on deviations from the mean to leveraging a range of strategies that support maintenance of optimal health and function outcomes at all stages of life.

Identifying problems early and addressing health risks is not only important for the quality of life of individuals and their families, the benefits to society are also significant. If people reach later life with fewer years disabled, and several disability-free decades ahead of them, our families, communities, and businesses will benefit. We develop unique skills and abilities as we age that are largely under-utilized. Relative to younger people, older adults are better at processing complex emotions and dealing with interpersonal conflicts. Our goals shift and we prioritize relationships, legacy, and ways that we can make a difference, supporting the wellbeing of future generations. We are more willing to take risks and put our values on the line for the greater good. Multi-generational teams of workers are more effective and more productive than those that include only younger adults. Having a larger group of healthy older adults who have an active and meaningful role in society could help us solve some of the most pressing social problems of our time.

A New Framework for Aging Policy

To create a society enriched by a large group of healthy older people requires a new framework for aging policy, guided by several key principles:

1. An emphasis on health maintenance at every stage of life targeting risks related to aging-associated diseases and disabilities;

2. Acknowledgement of the developmental changes that occur as people move into and through later life, including the way older adults' unique strengths benefit society; and
3. An emphasis on the barriers to healthy aging that result in significant inequalities in health outcomes as people age.

Old age is often defined as age 65 or older, an age that is also often synonymous with retirement. Aside from 65 being the eligibility age for Medicare, this age is arbitrary and provides relatively little information about what people can do. Treating the period in which we are age 65 or older as a monolithic stage of life and age demographic does not make it possible to consider the stark differences in the needs of a typical 65-year-old and a typical 85-year-old, or the systematic differences in the health and function of older adults of the same chronological age.

Older adults who are navigating the period of old age when health problems interfere with daily function, a period sometimes referred to as the ″Fourth Age,″ face significant challenges. Although many people living with certain disabilities lead high quality lives despite their health limitations, the significant losses that come with accelerated physiological aging often lead to poor quality of life, and loss of the ability to live independently. The needs for of this group vary starkly with older people who are healthy and able to engage in a variety of activities and are seeking to engage actively in meaningful and purposeful social roles. This is the period sometimes referred to as the ″Third Age.″

Increasing the proportion of our lives spent as Third-agers and reducing the number of years in which people live in the Fourth Age could have a profound benefit for older people individually and for society. Third-agers have the ability to remain engaged in paid and unpaid (e.g., caregiving, volunteering) work. They help their families by providing care to children or adults who are sick, they have the time and wisdom to take on important leadership roles in their community, and they have a drive to leave a legacy, and mentor others. Although we have social programs designed to provide Third-agers with ways to stay busy, these opportunities often are not designed to leverage or support development of the unique capacities of healthy older people, and may even silo older people from younger people who can benefit from their abilities and wisdom. That is, Third-agers have a pool of talent that often goes unacknowledged and untapped.

Despite the potential of an expanded population of Third-agers, having access to a Third Age is not equally distributed. On the one hand, people who have spent their careers working in physically demanding jobs, have been exposed to dangerous materials on a regular basis, or who did not have access to high quality medical care across their adult lives, not only may stop working well before age 65 by necessity, they may not even survive that long. Alternatively, those who have had access to regular medical care across their adult lives and have had ″good jobs″ may be healthy enough to choose to use their time and abilities to engage in meaningful paid or unpaid roles even two decades beyond typical retirement ages.

Our current aging policy plays a critical role in addressing the needs of adults in the Fourth Age and should remain central priorities of this Committee. Issues such as the enormous costs and challenges we face with long-term care as we prepare for a rapidly aging population, and new cohorts of middle-aged adults who, in the absence of major interventions, will continue to experience accelerated physiological aging, including early entry into the Fourth Age. Important Fourth Age policies also include those providing safety nets for poor and low-income older adults who rely on a fixed income because they are no longer able to work, and face increasingly complex health problems coupled with rising healthcare costs.

Expanding Aging Policy to Include Third Age Policy Priorities

To increase the chances that future generations of older adults can spend the majority of their later years in the Third Age will require an expansion of our current aging policy efforts. Aging policies that target the complex factors that shape our third-age life expectancy (i.e., the number of years we are in the Third Age) will ensure that future generations are both healthier and better positioned to utilize their health resources in ways that benefit our families, communities and society as a whole. These policies address issues such as occupational pathways that facilitate financial security in later life for all workers across the life course, access to high quality food, engagement in healthy behaviors (e.g., exercise), and medical care that is informed by evidence-based research that promotes optimal health function at each life stage. These policies should also prioritize integration of older adults as valued members of our communities, their families, and as they choose, in paid and unpaid social roles.

Consequently, a healthy aging policy framework is one that emphasizes health maintenance at every stage of life, targeting those at highest risk for accelerated

aging. I believe the following four key areas are the most pressing: 1) employment; 2) social engagement and social integration; 3) health literacy and lifestyle behavior supports; and 4) healthcare access and early treatment.

Employment and Financial Security

Working in later life is protective of health as people move into and through the Third Age. However, in many industries, older workers are less likely to be hired, and more likely to be excluded from opportunities for upward mobility and offered fewer opportunities for training/re-training. In addition, those in physically demanding or hazardous jobs are unlikely to be able to sustain their work into their 50s and 60s without significant health consequences, leading to early departure from work and retirement prior to full Social Security retirement age.

Hazardous work environments may be inevitable for a certain population of workers, but implementing occupational interventions where possible, and mid-life retraining for transitions to new career paths can increase the chance that workers remain healthy and fully employed until they reach full retirement ages. Part-time jobs are rarely institutionalized as a standard option in U.S. firms. However, making phased retirement or transitions to part-time work opportunities available to all older people would allow older workers to remain engaged in paid work longer. For example, schoolteachers might stay in the labor force longer if they are able to transition from running their own classrooms to splitting a classroom with another part-time teacher.

Social Engagement and Social Integration

Social isolation and loneliness accelerate physiological aging. Isolating older adults within communities is not only detrimental to the health and wellbeing of older people, it also prevents communities from benefiting from their skills and wisdom. There are very few programs designed to reach isolated older adults. Effective programs like meal delivery programs are low cost and have the added potential of improving access to high quality nutritious foods. Expanding these programs could have a significant impact on healthy aging trajectories.

In addition, increasing engagement of adults at all ages in their communities through activities like volunteering not only is health protective to volunteers, it facilitates social integration in the community and helps people of all generations work collectively to solve social problems. Developing a vibrant volunteer work force will require investment in new infrastructure within our communities, an investment that has been shown to provide exponential returns economically and support healthy aging outcomes. For instance, the Senior Corps volunteer programs have shown a conservatively estimated return of between $3.50 and $5.08 for each dollar invested, reducing burden in the healthcare industry.

Health Literacy and Lifestyle Behavior Supports

Most adults in the United States do not have access to scientifically accurate information or resources they need to maintain lifestyles that greatly increase their chances of achieving a healthy old age and a long Third Age. Expanding the number of community health workers (CHWs) is one of the most effective tools for facilitating healthy behaviors across the life course, helping community members of all ages build trust with the healthcare system and navigate healthcare services to support healthy aging. Recent research suggests that there is a $2.47 return for every dollar invested in community health workers for the Medicaid program alone. For instance, CHWs increase engagement with behavioral health intervention programs which have profound benefits for mental and physical health and increasing health literacy and adherence to healthy lifestyle behaviors. Lack of access to high quality, nutrient dense foods is a persistent problem reinforced by ultra-processed unhealthy foods being subsidized so they are low cost. Making healthy foods financially accessible and disincentivizing consumption of ultra-processed foods is key to increasing healthy aging.

Healthcare Access and Early Treatment

Most adults do not see a doctor regularly to evaluate their health unless they are facing health problems. This is heavily influenced by clinical guidelines and insurance reimbursement. Scientific investments designed to identify disease progression in the earliest stages and effective interventions for halting disease progression is critically needed and can have a significant impact on healthcare costs even over a short period of time. We need to recalibrate health benchmarks so they reflect optimal health thresholds rather than population averages and identify critical biomarkers early enough that we can implement long-term treatment plans. For example, one in 10 adults over 65 has Alzheimer's Disease (AD), with the average person who gets AD living with it for eight years. AD is among the most expensive aging-associated diseases, with AD treatment costs estimated at $321 Billion in 2022, with

costs projected to increase. In addition, about half of all family caregivers care for an adult with dementia, collectively contributing close to 16 billion hours a year, worth about $270 billion, which doesn't count costs related to their foregone wages. However, growing evidence suggests that aggressively treating metabolic and lipoprotein health in middle aged adults will not only significantly reduce the number of adults who go on to get dementia, it will also reduce the number who go on to get diabetes, heart disease, and cancer, the most costly and consequential aging-associated health conditions.

Developing new metrics and strategies for treating early indicators of disease progression such as metabolic and lipoprotein health into the standards of clinical care is key to increasing our Third Age life expectancy. Although more frequent interactions with healthcare providers will be needed to monitor health, MDs are not needed for all stages of successful lifestyle interventions. Most lifestyle-related treatments can be monitored and carried out by nurse practitioners, physician assistants, and other healthcare providers, and with support from lower cost telemedicine monitoring technologies. The benefits to this approach are not only related to long-term health outcomes, but a recent study showed that a metabolic and lipoprotein health intervention leveraging pharmaceutical interventions alone provided a five-year return on investment of nearly $10 for each dollar invested.

Next Steps

Reframing aging policy to promote healthy aging will require an expansion of our current aging-related policy goals. It will emphasize supporting healthy aging at every phase of the life course with a focus on expanding the Third Age and compressing the Fourth Age into fewer years. It means expanding healthy aging research, improving healthcare literacy and access, and incentivizing health behaviors and health interventions based on optimal health function goals. Finally, it also means thinking about viewing older people as a critical resource that improves our society, rather than as a barrier to societal progress. If future generations of older adults have access to a lengthy Third Age, and older adults can remain productively and socially engaged in meaningful ways into late life, old age could become a period of life we all look forward to, and our society as a whole will benefit.

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"IMPROVING WELLNESS AMONG SENIORS:
SETTING A STANDARD FOR THE AMERICAN DREAM"

JANUARY 15, 2025

PREPARED WITNESS TESTIMONY

Dr. Susan Hughes

Good morning. I am Dr. Susan Hughes. I am the Founding Director of the Center for Research on Health and Aging at the University of Illinois Chicago. I have served as the Director of five successfully funded iterations of our National Institute on Aging Midwest Roybal Center for Health Promotion and Translation.

I am also a Professor in the Division of Community Health Sciences in the UIC School of Public Health where I taught Long Term Care Policy for 20 years. My work involves the design and testing of evidence-based health promotion programs that improve the functioning of older adults and can be brought to scale nationally.

Let me start by thanking you very much for this opportunity to talk with you today about this vital topic of Improving Wellness Among Seniors.

Today, I would like to address the limitations of our current funding for health promotion programs for older adults and recommend a transformational re-thinking of our current focus on acute and post acute care using an example of UIC s Fit & Strong! program for persons with arthritisWhen Medicare was designed in 1966, it addressed a compelling need among seniors to access acute hospital care. The designers modeled the program after the Blue Cross and Blue Shield plans of the 60 s to help seniors pay for acute care from reduced post-retirement incomes.

Medicare has served this purpose beautifully but has two important missing pieces. The first is the capacity to provide long-term care to older adults with chronic conditions and disabilities. The second is a tragically missed opportunity to invest in wellness programs that have the potential to pay for themselves many times over. Medicare did not provide reimbursement for even the most basic form of health promotion- screenings- until 1990 when it first covered pap smears, followed in 1991 by mammograms (Gornick et al 1996). Recently, Medicare mandated the implementation of a single annual wellness visit which is a necessary step in the right direction but horribly insufficient in terms of dose needed to achieve behavior change.

As you all know, Medicare Advantage (MA) plans are voluntary options for Part B services for older adults who prefer managed care to customary fee for service care. Enrollment in these plans now encompasses 54% of beneficiaries (Kaiser Family Foundation, 2024). MA plans must offer all of the customary screenings provided by fee for service Medicare but they can supplement that package any way that they choose. Many plans offer vision services, glasses or other covered benefits to attract enrollment.

This ability to offer supplementary services makes these plans very logical providers or payors of health promotion programs, assuming that they perceive advantages, either in the form of reimbursement, savings, marketing and/or quality rankings, that will redound to themselves by doing so. The Administration for Community Living (ACL) and the Administration on Aging (AoA) aging services network have vetting procedures in place for evidence-based and best practice health promotion programs. Although it is important to preserve consumer choice regarding enrollment, this Committee can work on making the offering of evidence-based programs customary practice among MA plans. The recently mandated inclusion of systematic screening for exposure to Social Determinants of Health during the annual wellness visit could be a way to assess the need for these programs and facilitate referral to them.

Changing Medicare will take time. In the meantime, it is critically important to reauthorize the third leg of the programs passed in 1966 to help seniors; namely, the Older Americans Act (OAA). OAA services are administered at the local level and engage multiple types of community providers. The federal funding for and impact of these programs is multiplied by large amounts of private funding contributed by community organizations. During the pandemic, home delivered meals were used very creatively in Illinois and saved thousands of seniors from hunger. Research has also shown that these meals can significantly reduce Emergency Department visits (Berkowitz et al., 2018).

The renewal of OAA is part of a contract with seniors in which we, as a society, acknowledge that we are indebted to them for their service. Included in the OAA renewal is an important opportunity to expand the funding for Title III D and create

a new title that explicitly supports PA programs. Total national FY24 funding for Title III D was $55.5 million dollars. This amounts to an average of $671K per state. Divided by the total number of persons over age 60, this amounts to 31 cents per senior in Illinois. That amount is used to fund all programs including falls prevention and chronic disease management programs (Colello & Napili, 2024). Physical activity can only be funded as an adjunct to those programs despite its demonstrated direct and independent impact on mortality, falls, mobility, brain health, etc. This is an untenable situation that must be fixed.

Why do we care? Despite overwhelming evidence supporting the importance of physical activity for healthy aging, participation in and maintenance of physical activity is still sub-optimal. Overall, 13.9% of adults aged 65 and older met federal physical activity guidelines for both aerobic and muscle-strengthening activities in 2022. Only 5.0% of older adults with disabilities met the guidelines; while 10.2% of Black older adults and 10.5% of Hispanic older adults met the guidelines (Elgaddal et al. 2022). Moreover, 30.9% of older adults over 65 reported performing NO physical activity in the past 30 days (America s Health Rankings, 2025).

We know that 84% of older adults (65+) are sedentary (Yang et al 2019), a condition that is associated with obesity, diabetes, heart disease, and all-cause mortality (Biswas et al., 2015). The good news is that we also know that any, I repeat any physical activity is associated with lower mortality risk (Ekelund et al., 2019; US Department of Health and Human Services, 2018). We also know that short bouts of physical activity are as effective as hours on a treadmill (Saint-Maurice et al., 2018). These findings matter because we can use them to create more positive messages to persuade older adults to engage in activity.

What else can we do? We can foster a culture that makes engagement in and maintenance of PA as easy as possible. This culture can start in grade school; we can have kids walk to school whenever possible. These efforts can be maintained in worksites over the life course. We know that older adults prefer destination over recreational walking opportunities. We can design senior housing that is in proximity to downtowns and provide sidewalks in communities for seniors whenever possible.

We can also examine causes of sedentary behavior in older adults. I began my research career working with homebound older adults in Chicago who reported that arthritis was their most common chronic condition AND that it interfered most frequently with their functioning. To learn more, we conducted a longitudinal study over four years with 600 older adults. Our study found that persons who had osteoarthritis (OA) in their lower extremity joints at baseline were much more likely to become disabled four years later.

Once we understood the pivotal role of lower extremity joints, we developed an intervention to break the disability chain. Our program- Fit & Strong! meets three times per week for eight weeks. It is different from other programs because it combines flexibility with low impact aerobics and systematic lower extremity strength training. Every session uses group problem solving to reinforce the importance and feasibility of using physical activity to manage OA symptoms (Hughes et al., 2004; 2006).

Our clinical trials of F&S found gains in physical activity engagement at eight weeks that were maintained out to 18 months. If you maintain engagement in PA over time other good things happen. We found improved joint pain, and timed performance measures of lower extremity strength and mobility (risk factors for falls) as well as improved anxiety and depression at the same time points (Hughes et al., 2010). During this trial, we were asked by program participants on the south side of Chicago to include more information in the health education sessions about diet and weight management. We responded to this request by testing a new version of the program Fit & Strong! Plus that combined physical activity with diet. The new program demonstrated a decrease in BMI and improved mobility and arthritis symptoms at eight weeks that were maintained at six and twelve months (Hughes et al., 2020; Fitzgibbon et al., 2020).

Medicare spent $11.3 billion on lower extremity joint replacement surgery in 2017 (Liang et al., 2017). Our program clearly benefits people with OA and costs $300 per participant. It has no harmful side effects and large effect sizes. However, our program and others like it that are cost-effective and popular have no place to go. NIA is investing millions of dollars developing and testing high-quality, low-cost programs that demonstrate impact. Drugs have a clear pipeline from bench to uptake. We have no way at present to communicate the benefits of effective health promotion programs to clinicians who can recommend them or ways to market the programs directly to patients themselves.

We also have no effective way to reimburse Senior Centers and other organizations that market and offer the programs to seniors. Finally, we have no pass

through funding mechanism that supports teams that are needed to manage the programs. The aging network is beginning to contract with Medicare Advantage plans to offer home and community based long term care services but collaborations to offer health promotion programs are very rare. Newly funded ACL Community Care Hubs are attempting to bridge the divide between aging and health care services by centralizing administrative functions like managing referrals, information security, data collection and reporting. They could be key players in this effort to disseminate and support EB programs in the future.

Meanwhile, Title III D of OAA is the only reliable source of funding for our program right now. At a minimum, we need to reauthorize the Older Americans Act. We also need to increase funding for Title III D and create a new title explicitly for physical activity programming.

Ultimately, however, we will see much bigger returns if we develop demonstrations and/or regulations or reimbursement mechanisms that support the dissemination of and access to EB health promotion programs as extensively as possible through Medicare.

To conclude, my recommendations are, in the near term, renew OAA, increase funding for Title III D and create a specific funding line for PA. Longer term, use whatever means you can find to promote wellness through MA programs that include assessments, referrals and reimbursement with EB programs.

Thank you, again, for this opportunity to share our work with the Committee. I look forward to your questions.

Citations

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Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"IMPROVING WELLNESS AMONG SENIORS:
SETTING A STANDARD FOR THE AMERICAN DREAM"

JANUARY 15, 2025

QUESTIONS FOR THE RECORD

Sheriff Bill Prummell

Senator Jim Justice

Question:

Elder abuse and scams are significant concerns in rural states like West Virginia, where seniors are often isolated and more vulnerable. What strategies has your department used to address scams targeting older adults, and how might they be adapted to rural, mountainous communities like those in West Virginia?

Response:

The Charlotte County Sheriff's Office focuses strongly on Assisted Living Communities, church groups and men's and women's civic groups where we educate those individuals on the latest scams and trends. As we know, the scammers are constantly seeking new ways to operate differently once we catch on to their latest trickery. We encourage our community to advise us should they receive strange texts or emails that may be scams. We then examine those closely.

Additionally, we speak with banking institutions and advise their staff to be aware of our senior population who may be withdrawing large sums of money. This should raise concerns with banking officials. We ask them to question those seniors who are making withdrawals in the event they are being pressured to do so.

Lastly, we oftentimes post notices on or near bitcoins machines to educate on scams. The scammers frequently ask for payment through bitcoin or gift cards.

These presentations are conducted by our Community Policing Officers, Crime prevention specialists, during our civilian police academy (CPA), PSAs through social media, and our partnerships with the local media conducting interviews about scams and trends we are seeing.

Senator Mark Kelly

Question:

Sheriff Prummell, thank you for your testimony. My parents were both cops. We appreciate your service.

In your testimony, you mention a variety of programs and activities your department undertakes to engage with seniors in your community. One of those was visiting retirement communities to talk about scams. Throughout my time on this Committee, we've heard from a lot of law enforcement agencies on how they approach fraud and scams against older adults. It's something I'm interested in engaging more on.

Could you tell us more about what your department does? How do you collaborate with federal agencies or other law enforcement entities to prevent or stop senior scams?

Response:

The Charlotte County Sheriff's Office has an extensive listing of resources associated with Federal agencies who deal directly with scams and fraud. One of those agencies is the Federal Trade Commission. They have deep resources in dealing with scams and fraud issues. Another agency well equipped to handle fraud is the United States Secret Service. The Charlotte County Sheriff's Office works closely with these federal agencies and shares critical information on a constant basis.

The Charlotte County Sheriff's Office crime analyst group has an extensive network with other law enforcement agencies in which they attend intelligence meetings to discuss and share trends other agencies experience. This is also an opportunity to share how each agency is trying to educate and prevent their senior population from becoming victims.

We are fortunate to have the Our Charlotte Elder Affairs Network (O.C.E.A.N.) which was formed in 1991 and now includes 142 members with 66 companies who meet regularly to discuss issues our elderly population might be dealing with: while

providing education on services available in our county. The group also acts as an advocate to help provide any unmet needs or services. (www.ocean-fl.org)

The CCSO additionally has an Economic Crimes Unit that investigates all types of fraud and utilizes all resources available to them to assist in bringing cases to successful conclusions.

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QUESTIONS FOR THE RECORD

Maria Alvarez

Senator Mark Kelly

Question:

Housing is the pretty much the top issue we hear about in Arizona when it comes to older adults.

Affordable housing is scarce. Folks who are on fixed incomes are seeing new ownership come into their buildings and rent is going up. In Arizona, a household needs to make $68,014 annually in order to afford a two-bedroom rental at HUD's fair market rent, and last year's median home sale price was $422,717, but in Tucson, where I live, the median household income for the 65 and older age group was only $59,457. Those don't match up.

What is the most effective thing Congress can do right now to help mitigate this senior housing crisis?

Response:

Affordable Housing is one of the biggest concerns people living on fixed incomes experience, and recognizing that markets vary from place to place is important. Many times, in the spirit of progress and development seniors who have lived in a community and raised their families and have quire frankly contributed and advocated for a better environment in their living conditions, get priced out of their own neighborhoods.

Where should they go?

The HUD Section 202 program which provides affordable housing has not developed new properties for 20 years, and many of those properties, which are 30 or 40 years old, are in disrepair.

So, a community needs assessment should be conducted to identify the needs in different communities where new Section 202 housing should be developed.

In addition, this would be ab opportunity to do an assessment to upgrade, improve, and expand on existent properties. There are many 202 buildings that in need of an overhaul. With the increasing elderly population, these tenants will become more physically incapacitated as they age. These units should be retrofitted accordingly. Universal Home features would be a good place to begin thinking of modernization models.

Section eight is another successful program that has been stagnant for many years with no new vouchers being issued for a long time. This programs was started as a program where the benefit was attached to a contracted building. The contracts continue with existent providers, but the Housing and Urban Development has discontinued it since 1983. Now this benefit is disseminated through vouchers administered by the states. Waiting lists - for all segments of the populations - can last between 10 to 20 years, so this program could also be expanded so that more low income seniors and families could access affordable housing units in their communities.

However, one glaring problem exists: Statistics show that in the United States, a total of 55.1 % of seniors 65 years of age and over are rent burdened and 25.5 per cent of the seniors are owner burdened. This means that they pay more than one-third of their incomes in housing expenses.

Many senior citizens, who largely live on fixed incomes, cannot afford to age in their communities because their retirement incomes, including their Social Security benefits and pensions, are not keeping pace with the cost of living today.

From a pragmatic perspective, the older adult population makes up fully 20% of the country. Providing affordable and supportive housing that enables them to age in place will be less expensive, far better for their families and their quality of life than if they were prematurely institutionalized in expensive nursing homes that will end up costing the government millions of dollars more.

Recommendations:

HUD Section 202 Program

1. Developing New Properties:

•Conduct community needs assessments to identify specific areas where new developments are most needed.

•Increase federal funding to support the construction of new Section 202 housing developments.

•Explore development of a public-private partnership model to encourage private developers to invest in affordable senior housing.

2. Renovating Existing Properties:

•Designate funding for the renovation and modernization of aging Section 202 properties.

•Implement Universal Home features to ensure buildings are accessible and safe for elderly residents.

•Establish a maintenance fund to support ongoing upkeep and prevent future disrepair.

Section 8 Program:

1. Expanding Voucher Distribution:

•Increase the number of Section 8 vouchers issued annually to meet growing demand.

•Streamline the application and distribution process to reduce waiting times for applicants.

2. Addressing Long Waiting Lists:

•Propose a pilot program to test innovative solutions for reducing waiting lists, such as prioritizing applicants based on need or creating a fast-track process for vulnerable populations.

•Collaborate with local housing authorities to develop strategies for efficient voucher management and allocation.

Addressing Rent Burden:

1. Ensuring Adequate Retirement Incomes:

•Advocate for adjustments to Social Security benefits and pensions to reflect the rising cost of living.

•Propose tax incentives or subsidies for seniors to help offset housing costs.

2. Implementing Rent Control Measures:

•Support the adoption of rent control policies to limit annual rent increases for seniors and low-income families.

•Encourage local governments to offer property tax relief to landlords who provide affordable housing.

Aging in Place:

1. Developing Supportive Housing:

•Promote the construction of supportive housing units that provide on-site services, such as healthcare and social support, for elderly residents.

•Advocate for policies that incentivize developers to include supportive housing features in new developments.

2. Enhancing Community-Based Services:

•Expand access to community-based services, such as home healthcare and transportation, to help seniors age in place.

•Partner with local organizations to provide resources and support for seniors living independently.

Next Steps:

1. Research: Gather detailed information and statistics on the current state of HUD Section 202 and Section 8 programs, as well as rent burden among seniors.

2. Draft Policy Proposals: Use the information collected to create comprehensive policy proposals that address the issues identified.

3. Engage Stakeholders: Present the proposals to community organizations, policymakers, and other stakeholders to gain support and drive action.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"IMPROVING WELLNESS AMONG SENIORS:
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JANUARY 15, 2025

QUESTIONS FOR THE RECORD

Dr. Dawn Carr

Senator Jim Justice

Question:

West Virginia's strong sense of family offers opportunities for intergenerational programs. How can such initiatives promote wellness for seniors while also engaging younger generations?

Response:

Thank you for this very important question. West Virginia's focus on family connections is an important component of health over the life course. Meaningful relationships with family members play an important role in helping people feel connected to something larger than themselves and provide an important function by providing social support systems when people need help. Intergenerational programs can either be designed to bring multi-generational family members together around specific activities, such as volunteering to support the community, or they can be designed so that older people in the community work together with younger people, regardless of their family relationships. Both models have been shown to be beneficial in a variety of ways.

I will focus on the model that involves unrelated older people and younger people, for which there is particularly robust evidence of beneficial effects. Intergenerational volunteer activities in which older people support young people, specifically young people who are struggling in school, have been shown to not only benefit younger adults in their academic outcomes, it has been shown to be associated with a wide range of health benefits for older volunteers. This program, called the Experience Corps program, is now managed by AARP, and involves significant investment of older people in volunteering to work with a young person at the local schools, and they maintain a consistent relationship over long period (typically a school semester or school year). When young people have adults in their lives who can see their potential and are rooting for their success, they are likely to see increases in self-esteem and development of a sense of meaningful and purpose that helps guide them towards working towards future goals. The Experience Corps trial, a large-scale randomized control trial that was conducted by Johns Hopkins University, showed long-term robust benefits to cognitive function, physical health and mental health of older adult volunteers. Although the Experience Corps trial is the only large scale and long-term randomized control study on intergenerational volunteering, other intergenerational volunteer programs have shown similar health benefits for older volunteers.

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QUESTIONS FOR THE RECORD

Dr. Susan Hughes

Senator Jim Justice

Question:

West Virginia has some of the highest rates of chronic diseases, such as diabetes and heart disease, among seniors. What strategies have you found most effective in helping older adults manage these conditions, and how can these be tailored to West Virginia's unique healthcare landscape?

Response:

Thank you for the opportunity to reply to these questions, Senator Justice.

West Virginia is one of the most challenging states to provide health promotion programs for older adults due to the mountainous conditions, the number of older adults in rural areas, and the lack of transportation and internet access. Despite these challenges, several programs currently exist that can help.

You asked about programs that could help older adults with diabetes and heart disease. There are two evidence-based programs that might help. The first is the Chronic Disease Self-Management Program (CDSMP) developed at Stanford University. It is a 6-week program that meets once per week and helps people with chronic conditions manage them. CDSMP is broadly available in most states. It is offered at group sites like senior centers with funding from the Older Americans Act Title-III D and also is available online and by telephone. The program is managed by the Self-Management Resource Center. Your staff should be able to reach a resource person there very easily to learn more about the availability of the program in West Virginia.

CDSMP: https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/

The same group at Stanford has developed a diabetes management program (DSMP) that is currently reimbursed by Medicare. Information about the diabetes program is available at the link below.DSMP: https://selfmanagementresource.com/programs/small-group/diabetes-self-management-small-group/

Arthritis is also common among older adults. Unfortunately, West Virginia has the highest prevalence of arthritis of any state (Barbour, 2018). CDC works with the West Virgina University Research Corporation to raise awareness and promote physical activity and other lifestyle management programs for people with arthritis. We know that physical activity can help. CDC has a roster of recommended physical activity programs for people with arthritis. Fit & Strong! is on that list located at the link below.CDC Arthritis Programs: https://www.cdc.gov/arthritis/programs/index.html

We have worked with the WISH Center in White Sulphur Springs West Virigina previously to offer Fit & Strong. We would love to expand the program to other locations in West Virigina and can be reached at shughes@uic.edu.

Senator Raphael Warnock

Question:

The Older Americans Act (OAA) was signed into law in 1965 and authorizes critical funding for various programs to support older adults.[1] Specifically, Title III-D of the OAA provides grant funding for evidence-based health promotion programs that improve seniors' health and well-being.[2]

How do services authorized by the OAA enhance the health and wellness of seniors and older adults?

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[1] Kirsten J. Colello and Angela Napili, Older Americans Act: Overview and Funding, Congressional Research Service (May 6, 2024), https://crsreports.congress.gov/product/pdf/R/R43414.

[2] Health Promotion, Administration for Community Living (Nov. 21, 2024), https://acl.gov/programs/health-wellness/disease-prevention.

Response:

Thank you for the opportunity to reply to these questions, Senator Warnock.

Currently, Title III-D of the OAA is the only reliable national source of funding for evidence-based health promotion programs for older adults. Evidence-based health promotion programs for older adults have improved disease management (Ory, et al., 2013; Hughes, et al., 2010), improved lower extremity strength and mobility (Duarte, et al., 2019; Duarte, et al., 2020; Der Ananian, et al., 2017; Hughes et al., 2010), and reduced anxiety and depression among older adults (Hughes, et al., 2010).

Several programs have also impacted healthcare costs. EnhanceFitness reduced total healthcare costs by 20% (Ackermann, et al., 2003) with a 41% decrease among participants with good attendance (Nguyen, et al., 2007). CDSMP also found potential net savings of $364 per participant which would yield a national savings of $3.3 billion if 5% of adults with one or more chronic conditions were reached (Ahn, et al., 2013)

Support from Title III-D is vital but this Title is substantially underfunded at present. Fiscal year 2024 funding for Title III-D was $33.6 million nationally. That amounts to $671,000 per state, or $0.40 per senior in the state of Georgia (Consumer Affairs, 2024). Despite their low cost, very few evidence-based programs have been approved for funding by Medicare.

Furthermore, Title III-D funding is restricted to the support of disease management and falls prevention programs. Despite the huge amount of literature demonstrating the benefits of physical activity, and the high levels of sedentary behavior among older adults, Title III-D does not have an explicit funding line to support physical activity programs. This is a serious drawback.

I strongly recommend that Congress re-authorize the OAA, increase funding for Title III-D, and add an explicit line of funding for the promotion of physical activity.

Question:

Why is OAA reauthorization important to ensure that Area Agencies on Aging can continue to provide supportive services?

Response:

The supportive services authorized by the OAA enhance the health and wellness of older adults in multiple ways. The home delivered meals funded by the OAA are a lifeline to many disabled older adults, especially during the recent pandemic. The meals have demonstrated impacts on improved nutrition, reduced ED visits (Zhu & An, 2013), and increased likelihood of continued community residence among recipients who were Black, enrolled in Medicaid, or frail (Berkowitz, et al., 2017; Walsh, Weaver, & Chubinski, 2023).

The congregate meals funded by the OAA are major reasons why older adults in local communities use senior centers and other community organizations that provide multiple opportunities for older adults to socialize and connect with important services ranging from health promotion programs and screenings to foreign language groups, book clubs, and help with Medicare and other health insurance issues as well as preparation of income taxes. We all know that social isolation and loneliness kill older adults (Schutter, et al., 2022; Yu, et al., 2023). The opportunities to socialize provided by programs at senior centers, libraries, park departments and other organizations funded by the OAA are major weapons in efforts to defeat social isolation and depression.

Reauthorization of the OAA is absolutely necessary to continue the availability of these services that have become embedded in the fabric of communities all over the United States. Older adults and their families have hugely benefited from OAA funded programs.

Importantly, the core funding for these services that is provided by OAA is multiplied many times over by philanthropic contributions from the community. The multiplier effect of the OAA funding is huge and a very important byproduct of the program.

I strongly recommend that Congress reauthorize the Older Americans Act as soon as possible, expand the funding for Title III-D of the Act, and add a separate Title III-D funding line for physical activity programs.

I also strongly recommend the initiation of a clearing house that would include representatives from NIA, ACL, CDC, and CMS that would have a clear and transparent process to expedite the scaling up and reimbursement of programs demonstrated to benefit older adults.

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Statements for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"IMPROVING WELLNESS AMONG SENIORS:
SETTING A STANDARD FOR THE AMERICAN DREAM"

JANUARY 15, 2025

STATEMENTS FOR THE RECORD

The John A. Hartfod Foundation Testimony

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January 20, 2025

Senator Rick Scott, Chair
Senator Kirsten Gillibrand, Ranking Member
Special Committee on Aging
United States Senate
G16 Dirksen Senate Office Building
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Dear Chairman Scott and Ranking Member Gillibrand,

As representatives of The John A. Hartford Foundation, we appreciate the Senate Special Committee on Aging beginning the year with its important hearing, "Improving Wellness Among Seniors: Setting a Standard for the American Dream," on January 15th, 2025. We also appreciate the collegial and bipartisan tone set by Senator Scott and Ranking Member Gillibrand's opening remarks. We respectfully submit the following comments to augment the excellent testimony submitted by the witnesses and the robust dialogue with the esteemed Committee Members. We offer our organization and its network of grantees as resources for the Committee's work going forward on behalf of all older Americans.

The John A. Hartford Foundation, a private and nonpartisan philanthropy based in New York City established in 1929, is dedicated to enhancing the health and well-being of older adults. Within our three priority areas – Age-Friendly Health Systems, Family Caregiving, and Serious Illness and End-of-Life – we invest in pioneering aging experts and innovative practices to improve care of older adults and meet the needs of their caregivers. Through strategic partnerships and investments, our mission is to ensure that all older adults receive high-value evidence-based health care, are treated with respect and dignity, and have their goals and preferences honored.

Based on the mission, vision, and values of The John A. Hartford Foundation, which are firmly rooted in championing the well-being of older adults and their caregivers, we offer the following observations and recommendations related to Chairman Scott's stated goal for the committee – for older adults to be able to able to answer "yes" to the question, "are you well?" because they have secured these four things:

- Their physical health;
- Financial security;
- A safe community to live in; and
- Family and community support.

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The John A. Hartford Foundation respectfully submits comments related to the first of these four critical areas.

Physical Health: The Need for Age-Friendly Health Systems

The population of older adults is rapidly growing, utilizes health care more than any other age group, has a higher degree of complex medical and social needs, and experiences disproportionate harm in health care.[1] A recent nationwide survey shows deep dissatisfaction among U.S. older adults aged 65+ with health care and the related systems and services that do not meet their needs and preferences, with 82% saying the U.S. health care system is not prepared to meet the needs of older people and only 11% giving it an "A" grade.[2]

Older adults want a health care system that delivers care focused on what matters to them, and the Age-Friendly Health Systems movement is a direct response. This initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association, the Catholic Health Association of the U.S. and others, reliably and equitably delivers evidence-based care, reduces harm from healthcare, and always centers what matters to older adults and their caregivers. Age-friendly health care is based on the 4Ms Framework in which care focuses on what Matters to the older patient and the patient's Medications, Mind and Mobility. Evidence-based care in this set has been proven to have the biggest impact on functional outcomes for older adults. Multiple studies show that the Age-Friendly Health Systems approach enhances quality of care for older adults, improves patient satisfaction and outcomes, and reduces healthcare costs.[3,4,5]

The initiative has rapidly spread since 2018, with more than 4,500 hospitals, practices, nursing homes, and other sites of care adopting the 4Ms Framework and improving outcomes for older patients and families. Large urban health systems such as Northwell Health in New York to smaller, more rural hospital systems such as Luminous Health in Maryland have joined the

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movement. All MinuteClinics in CVS pharmacies have adopted the 4Ms Framework for patients over age 65.

The federal government has been an important partner in the effort, as well. The Veterans Health Administration has committed to become the largest integrated health care system in the U.S. to be recognized by the Institute for Healthcare Improvement as Age-Friendly.[6] To date, 156 out of 174 VA Medical Centers have dedicated Age-Friendly Health Systems teams on board. These VA sites are spreading and adopting age-friendly innovations and producing compelling evidence of improved outcomes.[7,8] The Health Services and Resources Administration has adopted the 4Ms Framework in its Geriatrics Workforce Enhancement Program. Most recently the Centers for Medicare and Medicaid Services introduced a new Age Friendly Hospital Measure in the Inpatient Quality Reporting Program. Starting January 1, 2025, hospitals in the program are required to report on five domains that draw on the Age-Friendly Health Systems 4Ms Framework, as well as screen for social vulnerability and demonstrate leadership in age-friendly care. Those hospitals that do not report on these measures face a reduction in their annual Medicare update payment. The public will be aware of reporting on this measure through CMS Care Compare.

We believe it is important that the Special Committee on Aging is aware of this effort to improve the physical health of all older adults through further spread of the Age-Friendly Health Systems movement and its related programs. The John A. Hartford Foundation, in partnership with others, has also supported complementary initiatives such as the Geriatrics Emergency Department Accreditation program of the American College of Emergency Physicians and Geriatrics Emergency Department Collaborative, which provides training and resources to emergency departments providing age-friendly care. Similarly, the Geriatrics Surgery Verification Program of the American College of Surgeons is enrolling hospitals across the country to meet surgical standards for age-friendly care. Each of these initiatives can help hospitals meet the new Age Friendly Hospital Measure.

The Committee can bring attention to these initiatives among fellow members of Congress in Committees with respective jurisdiction over Medicare, Medicaid and health care programs. The Committee can raise the visibility among the public for the need for Age-Friendly Health Systems in every community. The Committee could hold hearings about the important role that

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[6] *VA Age-Friendly Health Systems Initiative*. The US Department of Veterans Affairs. (2021, May 21). https://www.va.gov/geriatrics/pages/VA_Age_Friendly_Health_Systems_Initiative.asp
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health care plays in the physical health of older adults and their family caregivers, which impacts all our communities.

We thank you for the opportunity to share The John A. Hartford Foundation's comments, and for your attention to these vital issues for which we hope to serve as a resource. Please contact us if you have questions about this submission and we stand ready to assist the Committee in any way.

Sincerely,

Terry Fulmer, PhD, RN, FAAN
President

Rani Snyder, MPA
Vice President, Program