

**BREAKING THE CYCLE OF SENIOR
LONELINESS: STRENGTHENING FAMILY
AND COMMUNITY SUPPORT**

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Wednesday, March 12, 2025

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

The Committee met, pursuant to notice, at 03:31 p.m., Room 106, Dirksen Senate Office Building, Hon. Rick Scott, Chairman of the Committee, presiding.

Present: Senator Scott, Justice, Johnson, Moody, Husted, Gillibrand, and Warnock.

OPENING STATEMENT OF SENATOR RICK SCOTT, CHAIRMAN

The CHAIRMAN. [[added post: The U.S. Senate Special Committee on Aging will now come to order.

Today, I want to address the tragedy of rising social isolation and]] loneliness among American seniors. Americans have never had more opportunities for connection than we do today, but studies are repeatedly warning that feelings of isolation and loneliness are rising dramatically, especially among elderly Americans. This is a problem.

Here is why it should matter to everyone in this room and the American people. The cycle of loneliness in seniors impacts all of us, and if we don't figure it out now, we are doing future generations to suffer the same negative impacts of isolation. We can and must do better.

Combating the feeling of isolation and loneliness for the aging community has endless benefits, from better mental and physical health, to stronger multi—generational relationships for families and communities. Another benefit to reducing isolation and loneliness is that this is critical in our fight against scams.

The internet and social media are great for many things, but when isolated and lonely seniors turn to the internet for companionship and social interaction. They are far more likely to become victims of scams. It is heartbreaking because this only fuels a cycle of negative outcomes for vulnerable older Americans.

That is why last week I was proud to be joined by Senator Mark Kelly and several of our colleagues on the Aging Committee to introduce and pass a resolution designating March 6th as National Slam the Scam Day and working to raise awareness of scams tar-

getting older Americans. Seniors have lost so much to scams, in many cases their identities or their life savings.

Seniors are attacked with grandparent scams, financial services scams, tech support scams, Government impersonation scams, romance scams, among others. All of these scams are even more effective with seniors who are struggling with loneliness, isolation, and depression. In 2023, people over 60 lost a combined 3.4 billion to fraud worldwide. We need to put an end to this.

This is something that every American should be worried about. I know that every member of this Committee wants to put an end to this critical issue. I am glad that Pam Bondi is our Attorney General and Kash Patel is the Director of the FBI.

I am confident they will fight for every senior in our country and make sure that criminals are held accountable for their despicable crimes. Beyond preventing scams, tackling the issues associated with loneliness are key to my goal as chairman of this Committee to improve the wellness of American seniors.

I know the ranking member has the same goal. In our first meeting, I outlined four issues for this Committee to focus on as we work to improve the wellness of American seniors. One of these four issues was improving family and community support, and that is so important because when seniors feel they have purpose and are part of the community, they thrive.

The sad reality we face today is that a growing number of senior citizens are suffering from mental and physical issues largely driven by an epidemic of loneliness. Despite public health officials sounding the alarm, the issue has not yet been addressed through any major legislation.

That is why I introduced the Social Engagement and Network Initiatives for Older Relief, or SENIOR Act, to address senior loneliness. I am proud to have the support of Argentum, the Foundation for Social Connection Action Network, and the YMCA, who are all represented here today by our witnesses.

The SENIOR Act has also been endorsed by Meals on Wheels. Finally, I think it is incredibly important to recognize the impact that COVID had on our seniors. Due to shutdowns and restrictions in places like hospitals, assisted living facilities, and nursing homes, many seniors weren't allowed to be near their children, or grandchildren, or any of their loved ones. In many cases, they were completely isolated to their own rooms. That is horrible. This was heartbreaking to see.

We all know the importance of community and social interaction for our seniors and the great health benefits it has. We had so many seniors that weren't even allowed to have their loved ones next to them during their last time of need or their last moments on this earth. We all know that seniors contribute greatly when given opportunities to be active members in their communities.

I hope to make significant progress on this issue to end loneliness and isolation among seniors, pass my SENIOR Act, and work together to improve the wellness of older Americans. I look forward to hearing your testimony and working with my colleagues on next steps to fight this issue. I would now like to recognize Ranking Member Gillibrand for her opening statement.

**OPENING STATEMENT OF SENATOR
KIRSTEN E. GILLIBRAND, RANKING MEMBER**

Senator GILLIBRAND. Thank you, Chairman Scott, for calling today's hearing. Imagine growing old by yourself with no friends, no family, no loved ones around. I have seen it before, and it is really lonely. It is the reality of many of our seniors today.

A heartbreaking one in four older Americans report being socially isolated, and 43 percent report feeling lonely. Loneliness and social isolation have detrimental consequences, increasing risks of early death, chronic disease, and dementia. This is not the kind of life that we want for our loved ones.

It is not the kind of life we want for ourselves. The good news is there are many things we can do to reduce and prevent loneliness and social isolation. For example, home and congregate meals deliver both life—sustaining nutrition and social connection for older adults in their homes and community.

Transportation programs allow adults with limited mobility to participate in community and social activities. There are also various innovative programs, such as intergenerational initiatives, that can help reduce social isolation. I look forward to working with my colleagues to support and strengthen programs that do reduce loneliness and social isolation for older adults.

This includes protecting and strengthening critical federal funding for these programs, including in the Older Americans Act. I am proud to lead and support efforts to increase funding for the Older American Act programs, including the nutrition programs.

I look forward to hearing from our witnesses today, and to hear all the ways that they can help—that we can help seniors stay engaged, connected, and integrated in their communities.

The CHAIRMAN. Thank you, Ranking Member Gillibrand. Now, to welcome our witnesses here today. Before I introduce our first witness, I would like to ask each of you to be mindful of our limited time together today and keep opening statements to five minutes. First, I would like to welcome Andrew MacPherson.

Mr. MacPherson is the Founder and Board Chair of the Foundation for Social Connection Action Network, an organization representing some of the most influential consumer groups, patient advocates, health plans, community-based organizations, behavioral health groups, and private sector innovators in the United States. Thank you for being here today, and please begin with your testimony.

**STATEMENT OF ANDREW MACPHERSON, FOUNDER AND
EXECUTIVE CHAIR, FOUNDATION FOR SOCIAL
CONNECTION ACTION NETWORK, WASHINGTON, D.C.**

Mr. MACPHERSON. Chairman Scott, Ranking Member Gillibrand, and distinguished members of the Aging Committee, thank you so much for the opportunity to testify today on the critical issue of loneliness among older adults.

My name is Andrew MacPherson, and I am the Founder and Executive Chair of the Foundation for Social Connection Action Network. Established in 2018, we convened a diverse multi-sector coalition of national organizations to develop and advocate for federal

policy solutions that address the epidemic of social and loneliness in America.

Since our establishment, the Action Network has been honored to play an important role in supporting and advising the policy efforts of Congress, on a bipartisan basis, as well as the executive branch. Chairman Scott, thank you for your leadership in authoring the bipartisan Social Engagement and Network Initiatives for Older Relief, or SENIOR Act, which underscores the role that the Older Americans Act plays in addressing loneliness.

While significant progress has been made here in Congress, of course our work on this issue is far from over. As you know, social isolation and loneliness among older adults has reached epidemic proportions with devastating combined effects on public health, healthcare costs, and individual well-being.

According to the National Academies, 24 percent of Americans aged 65 and older are considered to be socially isolated. Forty percent of adults aged 60 and older report feeling lonely, and chronic loneliness is linked to a 50 percent increased risk of dementia, 29 percent increased risk of heart disease, and 32 percent risk of stroke.

Beyond its impact on an individual's health, social isolation and loneliness among older adults carries a substantial economic burden to our country as well. AARP, a member of our coalition, estimates that Medicare spends an additional \$6.7 billion annually on socially isolated older adults due to increased hospitalizations, emergency room visits, and over-reliance on long-term care services.

Chairman Scott and Ranking Member Gillibrand, I have included much more comprehensive analysis in my written testimony submitted to the Committee. Fortunately, there are ways, a number of ways, that Congress can ameliorate loneliness and its deleterious impacts on older adults' health and well-being.

First, pass the SENIOR Act. Adding the term loneliness to the Older Americans Act will allow and direct those funds to ensure older adults are more socially connected. Second, and as you know, the Older Americans Act serves as a vital cornerstone for aging services but demands far out seed available resources.

By increasing funding for Older Americans Act nutrition programs and community-based resources like senior centers, older adults can access structured opportunities for socialization, supporting their overall well-being. Additionally, targeted funding for rural aging interventions is essential to address isolation and loneliness in areas with limited transportation resources.

The Administration for Community Living's Commit to Connect Program, which Congress created, is just one example of an evidence-based model that can enhance and that should be protected and expanded.

Third, strengthening and expanding intergenerational initiatives, such as shared housing programs, mentorship opportunities, and community volunteer projects have proven to significantly reduce loneliness across generations. To strengthen these bonds, evidence-based strategies can be implemented to include socially friendly environments, expanding community programs that connect diverse

age groups, and investing in local institutions that serve intergenerational hubs.

Fourth, we must promote technology access in this country for seniors. While technology holds significant potential to mitigate loneliness, nearly 22 million senior—older adults today lack broadband access.

To bridge this gap, leveraging telehealth, assisted devices, online support groups, and expanded broadband access are truly necessary to address this issue, and finally, of course, Medicare plays a critically important role here in the growing crisis—to address the growing crisis of loneliness and isolation as well.

Medicare can, for example, ensure that the annual wellness visit includes routine screenings for loneliness, expand coverage for peer supports and hearing aids, support non-emergency transportation opportunities through Medicare Advantage, and other non-medical supports that can enhance social connection and build social capital.

In addition to recommendations, today I am proud to announce the launch of our organization's federal policy priorities for social connection, a comprehensive framework comprising a full 130 policy recommendations designed to foster social connection and end the public health crisis.

Chairman Scott, Ranking Member Gillibrand, and members of this Committee, the Aging Committee, addressing the epidemic of loneliness among older adults is not only a moral imperative, but it is a critical public health and economic necessity in this country.

Together, we can build a future where connection, not loneliness, defines the American experience for seniors. Thank you so much for the opportunity to testify today. I look forward to your questions. Thank you.

The CHAIRMAN. Thank you, Mr. MacPherson. Now, I would like to welcome James Balda. Mr. Balda is the President and CEO of Argentum, the leading national trade association serving companies that own, operate, and support professionally managed senior living communities.

Under his leadership, they have focused on critical advocacy and action to support seniors. Thanks for being here today. Please begin with your testimony.

**STATEMENT OF JAMES BALDA, PRESIDENT
AND CEO, ARGENTUM, WASHINGTON, D.C.**

Mr. BALDA. [Technical problems]. Excuse me. Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for this opportunity. My name is James Balda, the President and CEO of Argentum, the leading national association representing senior living, including independent living, assisted living, and memory care, where over two million seniors are overwhelmingly satisfied with calling our communities home.

Argentum commends you, Senator, and Senator Smith, and Senator Warnock on the introduction of the SENIOR Act and for holding this important hearing. You all know, which is why we are here today, that loneliness is an epidemic among our Nation's elderly.

As many as 50 percent experience it, and the physical, mental, and cognitive consequences can be devastating and overwhelming, particularly for those with some form of dementia.

The toll of loneliness impacts an individual's quality of life and adds an ever-escalating cost to our healthcare system. As has already been mentioned, this former Surgeon General outlined the health consequences of loneliness, and the Harvard, Stanford AARP study also recognized the costs of that loneliness.

The Alzheimer's Association has identified that loneliness increases the risk of dementia by over 50 percent, which in turn translates to over \$230 billion in Medicare and Medicaid expenses annually, which is projected to increase by over 200 percent by 2050.

While these data points are staggering, the personal impact is often tragic, reducing the quality of life for seniors and putting a strain on caregivers and loved ones, but there is a commonsense solution, offering seniors greater opportunities for support and engagement. Socialization is a crucial aspect of healthy aging.

It promotes a sense of purpose and connection with others, and significantly improves the mental, cognitive, and physical health of seniors. We see this every day in senior living communities, where residents become friends, and friends ultimately become family.

Our assisted living model, which is predominantly private pay and supports all activities of daily living, was created to allow seniors to thrive. It strives to recognize the importance of dignity, choice, and community to keep them living as independently—for as long as possible and providing them with a sense of purpose and belonging and providing them with a wide range of social and interactive activities, such as gardening, educational programs, tours, exercise classes, book clubs, and so much more.

The social atmosphere of assisted living actually decreases loneliness. A national survey of more than 130,000 assisted living residents based on the UCLA loneliness score identified that just 14 percent of seniors identify themselves as being lonely living in an assisted living community compared to nearly 30 percent in the broader community.

Just yesterday, U.S. News reported that about two-thirds of seniors said loneliness or isolation contributed to a decline in their health before they moved into a senior living community, but that 61 percent of residents say their feelings of loneliness or isolation improved after moving in.

Mr. Chairman, we believe our communities offer many opportunities for seniors to combat loneliness, but we know more can be done and more needs to be done outside of the four walls of our buildings. That is why Argentum commends you on taking the important step of introducing the SENIOR Act. This bill will take critical steps to address the epidemic of senior loneliness by promoting key programs specifically designed to support seniors.

Additionally, the requirement to direct the Secretary of HHS to focus on the importance of multi-generational relationships to mental health and loneliness is incredibly significant. Argentum is also pleased to support House Resolution 1812, the Care Across Generations Act, a bipartisan bill that will create opportunities for inter-generational connection through the establishment of a grant pro-

gram for assisted living and long-term care settings to co-locate a childcare facility with the senior community.

We believe the benefits to both seniors and children will be invaluable, and I can speak firsthand to the value of intergenerational programs, whether it is the experiences my children have shared volunteering in a senior living community, or through stories told to me by my wife about one of her first jobs working in a preschool adjacent to an assisted living community.

Then there is the benefits of pet therapy, when Buttercup and Sugarplum, two golden retrievers, visit a memory care center in Maryland and bring the room and residence to life. Or the impact of music therapy on Mary, a lifelong Beatles fan who today is often non-verbal until "Let It Be" starts playing and she is quickly leading the room in song.

The World War II veteran who became isolated after losing mobility, but after moving into a community, making friends, and accessing physical therapy received a new lease on life. While these are just a few stories I can share today, these stories are commonplace in our communities.

Mr. Chairman, thank you for the hearing and for taking the first steps to break the cycle of loneliness, and we look forward to working with you and the Committee on this and other critical issues.

The CHAIRMAN. Thank you, and thank you for what your companies do for seniors. Now, I would like to welcome Suzanne McCormick. She is the President and CEO of YMCA of the USA, the National Resource Office for the Y.

Everyone of course knows the YMCA, operating in 10,000 communities across all 50 states, D.C., and Puerto Rico. The YMCA is a key community partner in combating senior loneliness. Thanks for being here today and we look forward to your testimony.

STATEMENT OF SUZANNE MCCORMICK, PRESIDENT AND CEO, YMCA OF THE USA, TAMPA, FLORIDA

Ms. MCCORMICK. Chairman Scott, Ranking Member Gillibrand, and other distinguished members of the Committee, I want to thank you for inviting me today. I am here representing the 2,600 YMCAs, which serve 10,000 communities across our country. I am grateful for the opportunity to share the story of how they connect and support our older adults every day.

At the Y, our mission is to strengthen communities by connecting people of all ages, abilities, and backgrounds to their potential, their purpose, and each other. This has been at the core of who we are for 175 years, but today we know that so many people are struggling to make these life-changing connections, especially our seniors.

Forty percent of adults say they feel lonely sometimes or even more than that, and the mortality rate of being socially disconnected is similar to the impact of smoking 15 cigarettes a day, which is greater than the impact associated with obesity and inactivity.

The health risks for our older adults are heightened even more because they are more likely to feel isolated and disconnected than younger Americans. A bright spot, however, at the Y, older adults

find the support and meaningful relationships they need to feel connected and healthy.

YMCAs engage 17 million Americans every year, and nearly four million are over age 55, and five million are over 65. Seniors make up one-quarter of our members. A few years ago, the Y partnered with NORC at the University of Chicago to find out if older adults report better quality of life and social connectedness when they visit our facilities and participate in our programs. Results of this study showed significant increases in overall well-being and social connectedness.

They also showed a decrease in loneliness and improvements in social well-being, spiritual well-being, physical health, and mental health. The results were even better for older adults who were able to engage more frequently in their Y.

Our programs not only help participants build friendships and connections that we all need to thrive, but they also help prevent, delay, or control chronic disease. Thanks to a 20-year partnership with CDC, the Y is the leading in-person provider of evidence-based chronic disease prevention and management programs, which address issues like diabetes, hypertension, arthritis, falls, and cancer.

These programs have been proven to improve health outcomes and quality of life, and they often save health care dollars. In fact, The Y is recognized for its work with the Centers for Medicare and Medicaid Innovation.

During a national study of 8,000 Medicare recipients, the YMCA's Diabetes Prevention Program saved \$2,650 per participant, while preventing or delaying diabetes among the majority of participants. The Y is also the leading provider of Medicare Advantage fitness benefits, larger than the next seven providers combined, but for as much as we are able to accomplish on our own because of our national scale and community level credibility, the Y is always looking to maximize our impact through partnerships. In communities across the country, YMCAs collaborate with partners like senior centers, libraries, and places of worship to reach and engage more seniors. The Y looks forward to also partnering with the

Select Committee on Aging to improve both physical and emotional well-being of our Nation's older adults.

We urge Congress to continue supporting the highest level of funding for the CDC, to help the Y innovate our evidence-based chronic disease prevention and control programs, to uphold Medicare Advantage's ability to offer supplemental benefits like fitness and socialization opportunities and enable Medicaid to help low-income seniors improve their physical and mental health by helping them access the Y and our evidence-based programs.

Every dollar invested in community-based organizations like YMCAs, organizations that are trusted and have on the ground credibility, pays a dividend in the form of improved health and wellness, especially for our older adults.

There are a thousand stories I could share but I will leave you with just a few. There is Pam from Palm Harbor, Florida. Her husband passed away, she lost her home in a hurricane, and she has become a caregiver for her adult son. She called it the darkest pe-

riod of her life and said she didn't even want to get out of bed in the morning. At the Y, she found friendly people and opportunities to engage and get active. She says it is the best thing she has ever done for herself.

In Phoenix, 86-year-old Gloria has a new bestie. That is what she calls Lisa, a volunteer with the Y's Outreach Program for Aging Seniors. Each week they go grocery shopping, they get their hair done, and they have lunch together. Gloria says this relationship helps her stay active and feel young.

Lastly, serving so many older adults creates employment opportunities for them as well. Althea and Oscar, both in their 80's, work part time at their Y. She works at the front desk. He is a greeter who gives tours and manages the coffee bar. These jobs, they say, help them find fulfillment and purpose in their lives.

On a personal note, I have had the great privilege of meeting three Y members who bragged to me about celebrating their 100th birthday with friends and family at their local Y, their Y in Athens, Georgia, Kansas City, Missouri, and Anchorage, Alaska.

It still warms my heart to remember the joy on their faces when they told me all their friends who turned out to celebrate with them at their Y. This is the magic of creating places, experiences, and opportunities for people to genuinely connect with each other. This is the magic of the Y. This is the magic our seniors need more than ever.

In closing, there are YMCAs in every state represented by the members of this Committee that are helping older adults stay engaged and healthy every day. I would be happy to share examples and submit them as part of the record today.

Again, Y's across the country want to be your partner. Thank you for the opportunity today and thank you for your leadership.

The CHAIRMAN. Thank you. We will take those and put them in the record.

Ms. MCCORMICK. Thank you.

The CHAIRMAN. Without objection, and thank you for being here. Next, I would like to recognize Ranking Member Gillibrand to introduce the next witness.

Senator GILLIBRAND. I would like to give Senator Warnock the privilege since she is from Georgia.

Senator WARNOCK. Thank you, Ranking Member Gillibrand. Thank you, Chair Scott, so grateful that we are hosting this hearing today on such an important issue, this issue of loneliness.

I look forward to our continued partnership and work, including by passing the SENIOR Act, to address this issue, but while I am working in the Senate to improve access to these programs, I am in awe of how Georgians back home are stepping up every day to serve their communities.

Grateful for the work that we get to do here, but it is really the folks on the ground who are the tip of the spear, so today I am so very proud to introduce a Georgian, Ms. Tori Strawter-Tanks. Tori has served as Director of Clayton County Senior Services for the past 12 years.

As Director, Tori oversees five centers and manages the Clayton County aging program, which provides essential services to seniors, including home-delivered meals and transportation.

Beyond her role in Clayton County, she is the President and Founder of the Georgia Association of Senior Centers, so as someone who has long been committed to this work, Tori thank you for the work that you do every day for seniors all across our state but particularly in Clayton County.

We are all very, very grateful that you are here today to share your experience and your perspective.

**STATEMENT OF TORI STRAWTER-TANKS, DIRECTOR,
CLAYTON COUNTY SENIOR SERVICES
DEPARTMENT, JONESBORO, GEORGIA**

Ms. STRAWTER-TANKS. Thank you so much for that introduction. Thank you for the opportunity to speak before you today. I am Tori Strawter-Tanks, and I have the privilege of serving as Director of Senior Services in Clayton County, Georgia, and as Senator Warnock said, I am the President of the Georgia Association of Senior Centers.

I am honored to be here today to discuss a critical issue facing older adults across the country, social isolation and the vital role senior centers and other aging programs play in combating it.

Senior centers are hubs of a high-impact exercise, cultural engagement, physical wellness, and lifelong learning. The Older Americans Act, it contributes funding to senior centers and other important aging services.

Protecting that funding is critical to ensuring that older adults continue to have access to the services that I have spent over half of my life carrying out. Across Georgia and throughout the Nation, senior centers provide vital programs that enhance the lives of older adults, keeping them socially engaged and supporting their overall well-being.

These programs include health, wellness, aquatic, technology, fitness classes, lifelong learning, theatrical productions, cultural arts programs, trips, and also evidence-based programs.

These programs play a vital role in improving seniors' physical health, reducing fall risk, preventing chronic disease, enhancing mental well-being, fostering creativity, promoting social engagement, strengthening community connections, and bridging the generational digital divide.

At Frank Bailey Senior Center in Riverdale, Georgia, we saw firsthand the extraordinary potential of older adults when Ms. Dorothy Steele who started acting at the age of 80. Ms. Steel, she took the stage, and she was a Hollywood sensation. She went on to become a Hollywood sensation, starring as a tribal elder in Marvel's Black Panther and Black Panther 2, Wakanda Forever, proving that dreams do not have expiration dates.

Ms. Steel has appeared in several other movies. You can Google her to see her entire amazing body of work. Her story is a testament to the power of senior centers to unlock potential and rewrite the narrative of aging. Another essential service that senior centers provide is congregate meals.

For many older adults, these meals aren't just about food, you see. They are about connection, dignity, and community. Congregate meals ensure that seniors receive balanced, nutritious food, reducing the risk of malnutrition and diet-related illnesses. They

combat isolation by providing opportunities for older adults to gather, talk, and form meaningful relationships.

For some seniors, this may be the only hot meal they receive in a day. Without adequate funding for congregate meal programs, like these provided by the Older Americans Act, too many older adults risk going hungry or becoming further isolated. Along the same line, home-delivered meals also provide nutritious food, social interaction, and wellness checks for older adults who may not be able to leave their homes.

These services are especially critical for those who are aging alone without family or other community support. Additionally, transportation services provided through assistance from federal funding help seniors to get to their medical appointments, buy fresh and healthy foods at the grocery store, and to see their friends, rather than being isolated at home because they are not able to drive.

Beyond their social and emotional benefits, senior centers and other aging programs save our economy billions of dollars annually. Research has shown that healthy, active seniors who participate in community-based programs reduce healthcare costs significantly, both for themselves and for taxpayers, and you know what? We cannot begin to overlook the sandwich generation.

These are those that are caring for aging parents while supporting their children. As the senior population grows, working caregivers face mounting financial, emotional, and logistical challenges. When older adults stay active, healthy, and engaged, it eases the burden on their families. Without proper investment in senior centers and community-based services, caregiving falls heavily on adult children already juggling careers, finances, and family life.

Access to social engagement, nutritious meals, health programs, and transportation supports not just seniors, but their families. It impacts workforce retention and the economy. Yet despite their proven benefits, senior centers remain underfunded, leaving many older adults struggling with barriers like transportation, awareness, and the lack of investment.

If we are really serious about combating senior isolation and improving public health, we must, one, expand funding for senior centers and other aging services. Improve transportation access, especially to those in rural areas so older adults can actively participate in community life.

Strength in digital inclusion for seniors so they can stay connected in a technology-driven world. Recognize senior centers—I am going to say this one more time. Recognize senior centers as essential infrastructures to support aging in place, health, and well-being. Invest in meal programs to fight food insecurity, combat isolation, and promote nutrition for older adults.

Support caregivers by ensuring seniors have access to services that promote independence. Social isolation is not just an individual problem. It is a public health crisis with consequences as severe as smoking and obesity, but senior centers and programs like congregate and home delivery meals offer a proven solution, helping older adults not only stay socially engaged but thrive in ways they never imagined.

When we invest in senior centers, when we invest in senior centers, we are not just enriching lives. We are saving money, we are strengthening families, we are supporting working caregivers and ensuring a better future for generations to come. Thank you for your time and commitment to this issue. I look forward to your questions and to working together to build a stronger and more connected future for our Nation's seniors.

The CHAIRMAN. Thank you, Ms. Strawter-Tanks, and thanks for what you do.

Senior centers down in Florida, and they are fun to go visit, so there is a lot of action. Now, we will go to questions. Let's start with Senator Moody.

Senator MOODY. Thank you Senator Scott and Ranking Member Gillibrand. We appreciate you holding this hearing. I think that the two of you in charge, I don't know that we have ever seen so much activity on this Committee.

I love it. It has been—protecting seniors within the State of Florida, certainly while I was the Attorney General in the State of Florida and growing up with a mother who dedicated her entire career to helping seniors, low-income seniors. This is an important committee, and this is an important hearing.

I appreciate all of you taking time to be here. Certainly, it is nice to see not only our sister state and neighbor state people from Georgia, but from Florida as well. It was so nice to see Ms. McCormick from Tampa Bay, which is my home.

It is great to see a friendly face being here only a little over a month. I crave folks from the Sunshine State coming up here, and I remind them when I left and came up from the Sunshine State, so much leadership came up here to Washington that it snowed in Florida.

It was crazy, but this is a great hearing, and certainly the leadership of Senator Scott does not go unnoticed. He has always been one to dig into the details of really complex problems and I have always admired that about him, not only as the Governor of Florida, but certainly as a Senator.

What is remarkable to me is hearing from each of you—and each of you pointed out very significant ways we could address isolation of seniors, improve the health of seniors, and it touched a lot on funding. Protecting funding, certainly important. All of us on this Committee understand that, but additional funding.

I know that so many of us, whether you are on the Republican side of the aisle or the Democratic side of the aisle, so many of us I take very seriously this responsibility we have to make sure that the fiscal health of this Nation isn't driven right off a cliff.

We have been seeing so much of that in the last few years with pandemic spending never returning to normalcy. We ramped it up during a time of emergency and was never backed off, and so, many of us are struggling with, OK, we have got to face the reality of we have very limited taxpayer funds to work with, and as I am hearing from each of you, the answer is, in many respects—one of your answers, I don't want to limit it to that, is funding, and what I have been so interested in—and yes, I understand that, and I am glad that you are here, and I am glad you are advocating for that.

What I have seen work so well throughout communities, including with organizations like the Y and others, if they have identified ways to combat problems that might not be asking for more money.

For example, I have seen—I heard about putting daycares, and I know that is attached to a grant, but the idea of putting a daycare within a senior living community and what that might do just by being creative and thinking outside the box and planning programs that put these two together in a way that might benefit both.

I have seen high school seniors around the Nation come up with community service projects. Number one, to satisfy graduation rates, but also it looks really good to colleges when you are applying and showing what you do that are creating programs to volunteer with seniors, and programs to help them cleanup, or help take them places, or volunteer at senior community centers.

I think that not only helps the seniors and addresses isolation among our seniors, but I think in a young person's world where they are seeking validation, and inspiration, and teachings, and modeling through an empty influence of social media, I think it is so great that they are now spending time with people who have lived a life and experienced the great joys of life, and the tribulations and challenges of life, and maybe have overcome them, or can warn about downfalls or risks.

I think there is a mutually beneficial thing there too, and I will start with you, Ms. McCormick. Are there any programs like that, that the Y is fostering, that may not be asking for large amounts of money, but that are facilitating the communication or the creation of these outside the box programs so that both age groups, young and old, benefit?

Ms. MCCORMICK. Without question. I do appreciate it, it does feel often when any of us come to Washington, all we are asking for is money. I think one of the things I would like to highlight as an example is in our universe of Ys, one of our strategies to increase services is through partnerships, and often through public-private partnerships.

We see many more YMCAs around the country finding private partners, often their healthcare providers, to come into their space and serve clients together, so leveraging resources that exist in the community outside of Government funding.

I think that is something that we have to continue to push for, and we definitely see that in regards to serving seniors. The other nugget I heard in your comments is community service, and without question, we are an organization that is built on volunteerism.

The ability to bring volunteers in to deliver—but, you know, it is a balance, and I think that is what we are all striving for is how—what is the way that we can all contribute something so that we can leverage our gifts and what we can bring to achieve shared outcomes.

Senator MOODY. Thank you, Chairman.

The CHAIRMAN. Thank you, Senator Moody. Now, I would like to recognize Ranking Member Gillibrand.

Senator GILLIBRAND. Thank you, Mr. Chairman. I really appreciate everyone's testimony. Thank you so much for being experts in

this and caring so much about our older adults. I really, really appreciate it.

Ms. Strawter-Tanks, the goal—first of all, thank you so much for being here and testifying. In your testimony, you mentioned that you run various senior centers which are the setting for the congregate meals.

Can you describe the ways congregate meals have improved the health of and reduced social isolation for older adults in your centers? And where do you get your funding for congregate meals, and are there any innovative ways to fund congregate meals that you have thought of?

Ms. STRAWTER-TANKS. Yes, so inside of our senior centers, we offer congregate meals, and right now, our congregate meal program is funded through the Older Americans Act funding, and our seniors, they come—they also receive transportation to get to our centers to get congregate meals.

Right now we are exploring ways that we can come up with better ideas to provide meals to them because we have faced issues where funding has been cut. Our county is an amazing county and our county supplements our congregate meal programs whenever there are cuts or fluctuations with the budget.

Right now we are just really exploring how we can be prepared in case something happens where we can't provide those congregate meals, but our congregate meal clients, they come to our center, and they also receive some form of case management where our staff is actually meeting with them, and talking to them, and finding out what their needs are, because sometimes it is a little bit more than just the meal, but we do know that the meal is really important for our clients that come for congregate meals.

Senator GILLIBRAND. Can you—would you imagine if we asked people who are on SNAP benefits if you could use your EBT card to pay for congregate meals? Do you think that would be a useful opportunity for settings that offer it?

Ms. STRAWTER-TANKS. I think that would be an amazing setting, especially in our side of our senior centers. Our senior centers have full cafeterias where we have a contract with, you know, local restaurants.

I think that would be a really great benefit if we could have that because some of our seniors do not qualify for congregate meals, and so, they do have to pay for their meals, but again, Clayton County does an amazing job with our senior centers.

Our senior centers are not underfunded. They are actually funded very well. However, our meal program is kind of underfunded because we need more funds to provide services to those seniors who need meals.

Senator GILLIBRAND. Then, you know, in New York, we have so many good—in God's Love We Deliver, we have Meals on Wheels, we have all these different types of organizations that are willing to bring homebound seniors a cooked meal at least once or twice a week.

What we have heard is that that sometimes is the only person who has visited them all week. It is the only person who checks in on them to make sure they are okay, taking their medicine, having heat on in the apartment. What is your experience with home

delivery of meals, and why is that important for your constituencies?

Ms. STRAWTER-TANKS. Home delivered meals are so important. It is even greater than just that human contact. When the Meals on Wheels driver comes to the door, all of our seniors who receive home delivered meals also receive case management.

Again, someone is actually talking to them, finding out what their need is. Talking to them about are they having issues with falling, do they need more than a meal, and just connecting them with resources.

It starts there. Once a Meals on Wheels driver is assigned to that senior, that Meals on Wheels driver is actually checking on them to make sure that everything is OK with the senior as well, and then in our county, we also do things around the holidays. We take Christmas food to them.

We take turkeys to them. It is truly a collaboration of the community and our county. We pull together to make sure that those home delivered meal clients have everything that they need socially and beyond the meal.

Senator GILLIBRAND. Ms. McCormick, do you have a perspective on either of those two questions?

Ms. MCCORMICK. I was just thinking as I was hearing you talk, I was recalling a visit that I made to Buffalo, New York, actually, and it was—it was on Halloween, and they did a congregate meal lunch on the gym floor of one of the Y's there in Buffalo in a historically underserved community, and it was packed.

In addition to the food, which I went and met with the staff, and I heard it is—when I went to meet with the staff and I heard the benefits are always two-fold. It is nutritional you know, first and foremost, but it is also the ability to bring seniors together in a setting where they can be with each other, where they can make friends.

In this particular forum, they had an opportunity to meet with at least four of their public elected officials to talk about what was going on in the city of Buffalo, so I think it is always two-fold. It is always about nutrition and making sure that that the health aspect, physical health is being met, but as importantly, it is always about the social wellness that congregate feeding—or it is not feeding, it is congregate dining because it is usually a very festive atmosphere, so I think, you know, we see that too in the Y.

Senator GILLIBRAND. Thank you. Thank you both. Thank you all.

The CHAIRMAN. Senator Justice.

Senator JUSTICE. Thank you, Mr. Chairman. I haven't had the opportunity to be here, you know, with different committees that we had to go to and everything, and I didn't hear your testimonies. I just caught the tail end of yours. It was great and everything, but I would like to say just this.

You know, I am one of the new kids on the block. You know, I am a new kid that came here with white hair, and if you show up with white and you are a new kid, you are here for a reason other than just maybe some self-satisfying reason for yourself. You see, I don't want anything. I don't want a thing, but I can tell you what I really do want beyond anything for myself is I want to do goodness.

I want to do goodness absolutely for everybody that I can possibly touch. I meet up with being a patriot, but I would read just this, "breaking the cycle of senior loneliness, strengthening family and community support." I am going to tell you just this, in my State of West Virginia, you see plenty of loneliness.

I don't know how it gets any worse. That is all there is to it. Let me just say just this and then I will ask a couple of real quick questions. Again, to me, our seniors need so much more than just contact with their seniors.

You know, at the end of the day, they need kids involved. They need animals involved—dogs. They absolutely need to be able to give of their wisdom. You see, there is so many out there that really want their wisdom, and they want to give it so bad it is unbelievable because they want to feel worth, worth in what they are doing.

You know, we can have lots and lots of meetings, and we can try to move the ball, but I am telling you just this from the bottom of my heart, if you are speaking of loneliness and you are speaking of our seniors, we have got to do a lot more. We have got to do a lot more than we are doing.

We can absolutely, and I hate to say this in any way, but we can just call them seniors. You are a senior. You are a senior. For God's sake the living, I am a senior, and before you know it, we have become almost labeled or pigeonholed. I am not a senior. I am Jim Justice.

They are individuals, and they should be loved and cherished in every single way, and we should be trying to help in every way. For God's sake the living, they have given us everything, everything, and they still stand ready to give us more.

Again, I didn't hear your testimony. I can ask you a question like, you know, all the things we hear about, whether it be the phones, or the internet, and everything we hear negative about it, can we use that in a way to really help us do better? And the last thing I will tell you is just this, and I will open up to you and let any of you that wants to answer the question to answer it.

I would say to all of us, to all of us, to our Ranking Member, to this great Chairman, to all those that are on this Committee that have come and gone and everything, I would say, net—net, we better get at it doing more, because we are losing, we are losing our knowledge, and for crying out loud, our seniors, that I wish to goodness we didn't even use that name, but our seniors are really wanting to give to all of us.

They have already given so much. I say this in the military over and over, but our military of all, of all, they absolutely give so much and ask so little. They have done it, and done it, and done it. We have got to do something about it, so anyway, you don't have to answer my questions because I didn't hear your testimony, so anyway, but I love you for being here. Thank you so much.

The CHAIRMAN. Thank you, Senator Justice. Mr. MacPherson, we know that criminals prey on lonely seniors, making them more susceptible to fraud and scams. Can you speak to the connection between social isolation and the increased risk of being targeted or falling victim to scams?

Mr. MACPHERSON. Yes. Mr. Chairman, thank you for the question, and it is a significant issue in this country. Studies show that socially isolated seniors are twice as likely to fall victim to scams compared to those with more regular social connections, and that is why holding this hearing is so critically important here in the U.S. Senate.

Loneliness is linked to 40 percent increased risk of cognitive decline, as we know, which leads older adults to be more susceptible in this country. I do want to go back to the Older Americans Act. You know, a fraction of the federal budget. It adds a pretty—fairly small amount of money but high-impact dollars.

A critically important component of the Older Americans Act, of course, is focusing on elder abuse and protecting our seniors, so we want to make sure that we continue that funding. That we reauthorize the Older Americans Act. I also think, you know, the previous Surgeon General, Dr. Vivek Murthy, really took this issue on, and released a report in 2023 that our organization was very much involved with.

We sort of—he put an idea forward that we should have connection in all policies, right, so whether it be healthcare policy, whether it be labor, pick your poison, we need to infuse connection in everything that we are doing in this country, and Senator Justice, that is the only way that we are going to have a comprehensive solution to a very complex problem.

Thank you for the question, Mr. Chairman.

The CHAIRMAN. Thank you. Mr. Balda, sort of like our three states, has a huge senior population, so naturally, there are larger amounts of senior living communities. What is one clear link between senior living communities and healthy aging?

Mr. BALDA. Thank you for that question, Mr. Chairman. When you think about what goes on in our buildings, at its heart, it is the social determinants of health. It is nutrition. It is physical activity. It is mental and cognitive activity. It is socialization.

It is all of those twenty-four hours a day, seven days a week, and that has enormous benefit to the health outcomes of the residents that live in our buildings. A study done by NORC, you had mentioned NORC earlier, took a look at the frailty of individuals right before they moved into our communities, and right after they moved into our communities, and then over a period of time.

What they found was right before they moved in, they were on a decline, and that persisted for a short period of time after they moved in, but then it leveled off and over the next several months it started to improve in terms of their frailty, and that is because of the activity and the engagements we do on a regular basis.

I think the issue we need to figure out, and there were questions earlier about, you know, funding and such, we are predominantly a private pay model, and I think as a country we need to figure out how to help more seniors access that model, whether it is in the four walls of our building or it is in their own private residence.

We think a lot about what we call sort of the forgotten middle of seniors in this country, the seniors that don't qualify for Medicaid and might not quite be able to pay for the current assisted living product, and we estimate that there is going to be more than 16 million of those in the coming decades.

How are they going to get the care and the services they need? How are they going to get access to the nutrition and the physical activity? And we think there is a lot that we can do to support that. We just need to be able to identify a model that is actually affordable for those individuals. There is also the concern that we have about the workforce in the long term and who is going to care for all of these seniors.

We have proven that our model works. It saves Medicare money. It saves Medicaid money, and I think there is much more that we can do to get those types of services and supports to more seniors in the country.

The CHAIRMAN. Thank you. Ms. McCormick, with your experience being President of YMCA, what real life instances of physical health linking to mental health and reducing loneliness among seniors have you seen?

Ms. MCCORMICK. Well, I will share a Tampa example with you, because we have already had the Florida love today. You know, it is very hard not to see the connection when you go into a Y. The seniors that I encountered have such a vibrancy and energy to them.

One of the first people I met when I took this job, which was about three and a half years ago, he reached out to me on LinkedIn. His name is Danny Ferry. He is a retired Army veteran, and he has been—he had been actively participating in the Y in a swim program to rehabilitate a knee injury, and so, his initial engagement with the Y was around a health benefit.

He fell in love with the sense of belonging that it offered him. It gave him a place to go and feel like he could make friends. He has become an Uber volunteer with the Y. We held a large national fundraising conference down in Tampa about three years ago, and every day he was there dressed as a pirate with a parrot on his shoulder, serving as a greeter and giving directions.

He continues to reach out to me and tells me that the Y gave him a second chance after having just an incredible career in the Army and then transitioning out. He now has a sense of purpose.

What I see every time I go into a Y, we see seniors who come in potentially with the goal of working on their health or their physical activity, those are often the same thing, but the added benefit from their participation is that they are seen as people, and they make friends, and they have a joyful time, and those two things go hand in hand in almost every case I have seen.

I could tell you story after story of seniors. Walk into a Y. At around 10:30 a.m., they will either be in the pool exercising as a group, they will either be doing chair aerobics, or they will be socializing around the coffee clutch after they are done with their activities.

Sometimes it is hard to get them out of the Y just because they want to stay. We have our own version of a senior center some days.

The CHAIRMAN. Give me some—what are some of your important programs you think impact seniors?

Ms. MCCORMICK. Some of our chronic disease prevention programs. We have programs that focus on arthritis mitigation. Diabetes prevention is one of our strongest signature programs. We have

incredible results in that program. We have blood pressure self-monitoring program.

We have a cancer survivorship program, and we also have many wives who participate in falls prevention training with seniors, so it really covers the gamut of chronic disease—you know, the whole portfolio of chronic diseases many Ys are participating in, and I would say almost every Y in Florida is very engaged in that work.

The CHAIRMAN. Ms. Strawter-Tanks, can you give me some stories of how the seniors' activity in one of your centers is impacting—reduce the cost of Medicare and Medicaid?

Ms. STRAWTER-TANKS. Yes, so inside our senior centers, we have wonderful opportunities. The average age of our staff inside our senior centers is around 50 or 55, so seniors actually come to our centers looking for social engagement, looking for a meal, and some of them actually receive employment opportunities inside our senior centers. All of our exercise programs inside our seniors—are high impact, which actually improves their quality of life.

We do fall prevention classes. We do evidence-based classes. We do—it is a whole gambit of different activities and programs that we provide to keep seniors socially engaged and to improve the quality of life and their health.

The CHAIRMAN. Mr. MacPherson, what can we do to strengthen community ties and protect seniors from these bad actors?

Mr. MACPHERSON. There is a lot we can do. You know, the community-based interventions that we have heard some of them here today are just critically important. I think we need to take a settings approach, Mr. Chairman, to this issue, whether you are talking about health centers, community centers, housing, schools, workplaces, places of worship.

Our 130 policy recommendations that we have, that we just released today, addresses all of those settings, and ideas for the Federal Government, but also states, to invest in a—as I said, a comprehensive approach to a really challenging problem. Again, going back to the Older Americans Act.

It is just critically important that we protect that funding, expand that funding. It is a drop in the bucket in the federal budget that has an outsized impact on seniors across the country. The last thing I will say is that we have touched on intergenerational today, but I think it is worth emphasizing that.

Ranking Member Gillibrand, you have an extraordinary program in your state, DOROT, which is a member of our Steering Committee, that receives funding from the Older Americans Act and private sources as well, that has a whole range of intergenerational programming. That has been very successful in not just addressing social isolation and loneliness, but also addressing the well-being of the communities that they serve.

This is a complex issue, and there is a lot of different ways to address it. At the Foundation for Social Connection Action Network, again, we have got almost 70 national organizations involved in our work to come together to find a whole range of solutions, so thank you for the question.

The CHAIRMAN. If you have had 20 years of work in the healthcare policy space, what do you think is the most effective, or

one of the most effective, I am sure there is a lot, of initiatives that combat loneliness among seniors?

Mr. MACPHERSON. I really appreciate that question. 20 years. Look—

The CHAIRMAN. Is that true?

Mr. MACPHERSON. It is true. Thank you for saying that. My hairline said it.

The CHAIRMAN. At least you have some.

Mr. MACPHERSON. You know, I will say raising the visibility of this issue is the most important aspect from my perspective, and this hearing is a critically important way to do that. Look, there is still a lot of stigma in this country around being socially isolated and, or lonely.

The way that we break down those barriers and allow people to be more connected at a very fundamental level is to talk about it, so, that is number one. Number two, as I said the former Surgeon General I think did an extraordinary job in raising the visibility of this issue and releasing a number of really thoughtful reports.

Went all over the country and talked about this. I will give you some more specifics though in health care policy, Mr. Chairman. Medicare Advantage—in 2018 Congress passed the Chronic Act, okay, and the Chronic Act was widely bipartisan, and what it did was allow Medicare Advantage plans in supplemental benefits to offer non-medical benefits.

Things like nutrition services, home-based palliative care, non-emergency transportation. If I think back over, you know, 20 years of doing this work, that was critically important—as Medicare Advantage was growing in the program, it was critically important that Congress gave them, and the Trump Administration at the time as well, gave the plans the opportunity to provide benefits that were non-medical in nature.

We would love to see that expanded. We would love to see hearing reimbursement, for example, for hearing devices and hearing moved into original Medicare, which would create more space in supplemental benefits for more non-medical approaches.

Those are just some samples—examples, Mr. Chairman, of things that I have seen over the years I think have been really impactful.

The CHAIRMAN. Do you think the SENIOR Acts would help groups that you work with fight loneliness?

Mr. MACPHERSON. I mean, look, absolutely, so the previous reauthorization of the Older Americans Act in 2020 included the word—added, I should say, the word social isolation. This is before the pandemic, by the way. Added the word social isolation to the Older Americans Act and attached about \$250 million for the—for ACL to implement programming.

That programming was wildly successful, and I would argue saved the Federal Government money. By adding loneliness, Mr. Chairman, that allows the resources in the Older Americans Act and senior centers, nutrition programs, etcetera, to direct funding at the public health epidemic crisis, so we are 100 percent supportive. We are excited to advocate for it and get more co-sponsors, and we are eager to see it pass the Congress.

The CHAIRMAN. Ranking Member Gillibrand, do you have some questions?

Senator GILLIBRAND. Mr. Balda, can you talk a little bit about the role that insurance companies play in helping our seniors? Can you talk a little bit about what do you feel health care companies could do to help communities congregate care settings, ensure older adults are less isolated, and address maybe any of the issues we have been talking about from the insurance perspective?

Mr. BALDA. Sure, absolutely, and thank you for the question, and unfortunately, over the last several years, we have seen the long-term care insurance market decline.

I think if there is a way for us to determine how to shore that market up so that more people can have access to long-term care insurance policies, that can help support the isolation issue in the long term in terms of giving them access to supports and services, whether it is in their private residence or whether it is in one of our communities.

I think programs like the YMCA have in terms of getting physical engagement for those that live outside of our settings and are supported through Medicare Advantage plans and things of that sort are incredibly helpful. Our communities already offer a lot of that just directly within their four walls in terms of activities in our pools, and activities in our gym centers, and yoga for seniors and such.

Anything insurance companies can do to offer supports and services, like the Silver Sneakers program is one example, would be incredibly helpful, but I really think figuring out a way to shore up the long-term care insurance market would be incredibly helpful so that people can access those supports and services in any setting.

Senator GILLIBRAND. Thank you. Mr. MacPherson, you touched upon intergenerational programs to reduce loneliness. Can you talk about which ones are most effective, what makes them effective, how they are funded, and what suggestions you have for this Committee?

Mr. MACPHERSON. They are funded from a whole range of sources, but as I said, the Older Americans Act is a critical source of funding.

You know, they really run the gamut. I would love to submit for the record some case studies, Senator Gillibrand, of some of the most effective programming and meet with your staff about that and kind of walk you through it.

I know that DOROT, for example, has the Genuine Connections Program, which is actually a virtual volunteer program for teens and adults over the age of 65, where they run workshops through Zoom and have social connectivity through that. Chess, art, etcetera. I am the son of a hospice volunteer.

I think that the hospice volunteer model could be a very effective way—that we have in communities across the country, could be a very effective way to address social isolation and loneliness, not just for seniors, but also for younger populations as well.

We have got an infrastructure out there. The question is, how do we leverage it in a thoughtful way?

Senator GILLIBRAND. Yes. Well, one of the ideas that my 16-year-old son had was—they have 10 hours of public service required every year at their school, so we came up with an idea that him and his friends would visit the local senior center and just spend

hours upon hours getting to know different seniors and being part of their lives.

I also thought about this risk that our seniors fear and are subjected to all day long, which is the scams, the digital scams, the phone scams, the online scams, you know, clicking the wrong button. I think our young people would be so helpful in creating digital awareness, digital hygiene for our older people because they are so native, and they can explain—certainly my sons explain to my mother all the time what not to click on and why.

I think that could be the future of a great partnership, but I do hope you will keep exploring that and we would be delighted to receive your testimony and the studies because I think that intergenerational connection—a lot of our kids during COVID became deeply disconnected.

They missed two, three whole years of maturity and development, and I think our seniors could help our younger people learn how to be more connected and learn how to, you know, don't look at your phone, talk to your friend, you know, what are you missing in those social interactions.

I think the wisdom that our older generation has is extremely meaningful, so, I appreciate the work you do there, and then last, for Suzanne, I just wanted to ask you one more question about falls and social isolation. You know, every senior that I have talked to is worried about falling, so they buy the best sneakers. They try to take, you know, small steps, but they are very afraid to go out when the weathers bad. They are afraid—if they have had a fall, they don't want to go out at all.

I know a lot of older people who won't drive at night, a lot of older people who won't engage at all at night, because they are afraid of falling, and this is a question for anybody actually. If you have any ideas about how do we prevent falls, how do we prevent fear, and how do we build confidence and allow for social interactions so that they don't—not engage because of that fear.

Ms. McCORMICK. Excuse me, thank you for the question. I will start by building on something Mr. MacPherson said. I think part of the challenge and the opportunity before us is awareness about the opportunities to learn about falls prevention.

In New York State, I am happy to say that we—our YMCAs are engaged in a 4-year plan to enroll over 2,500 New Yorkers in fall prevention programs, so we have the capability, but we have to create greater awareness and reduce the stigma.

I think the Y wants to be a helpful partner in being that place where seniors feel like it is safe to come. In the summer months or the fall months to learn falls prevention so that they can continue to come. I do know, like the hard winters in the Northeast, but we are making progress in New York.

As I said, it is a four-year plan. We have 40 new instructors, and they are going to be taking the falls prevention program outside of the Y's where seniors are meeting, so into senior centers, churches, and other community locations.

We hope this will prove to be a good model, that we can meet seniors where they are. I think that is probably one of our great opportunities, not expecting them to come to us, and so we look for-

ward to reporting back to you on the work that is happening in New York that hopefully can be scaled in—across the country.

I think it is when we get to seniors, when they participate in the program, when they can learn falls prevention, we can take that fear away, and then they can engage in ongoing social connection activities with other community members.

Senator GILLIBRAND. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Justice.

Senator JUSTICE. Well, I will end, and I will end really quickly on my part, and Mr. Chairman, thank you, sir, and I will just say just this. In West Virginia, we value families like you can't imagine, and absolutely, the foundational part of our families and our culture is our families. There is no question whatsoever.

Now, let me just go back just a second and just say just this. You know, there was a few years ago that in West Virginia—I always called the voters Toby and Edith, and I would say just this, and this reflects on loneliness, but let's say Aunt Edith wants to have a picnic, and she wants all of her grandkids to be there.

We were in a situation in West Virginia a few years back where to be perfectly honest many, many, many folks left that had those kids because they had to go someplace else to find a job, and absolutely, if you haven't seen the ramifications of loneliness, then you have really missed something because it is sadness beyond belief.

I really think just this, that we are plenty smart enough to solve this riddle. We are not doing enough. We have got to go back to what I said just a little while ago. We have got to get kids involved. We have got to get dogs involved.

We have got to—I mean, for God's sake the living, you just think, and many of you probably don't know this, but if you know who Babydog is, honest to goodness, I can't tell you the number of places that I have gone to senior centers that absolutely—they don't care about me being there. They wanted Babydog to be there.

You know, absolutely, I tell you, we can solve this riddle, and all of us—and if we don't, shame on us. All of us should be willing to take a blood oath that we are going to fix it. We are going to fix this. I mean, there is so much that can be done, and absolutely, again, if you have not seen and felt and touched loneliness, then absolutely you have been very, very, very lucky because it is sadness like you can't imagine, so all I would say is just this. My question would be, what can we do? What can we do beyond—I mean, I know your answer is going to be—you know, it is almost like you go in a restaurant and say—you know, the waitress comes over and says, sir, how do you like your eggs? Do you like your eggs scrambled or fried? And you say, yes, absolutely.

In this situation, we have got to say yes to all these ways, all these ways to make things better. These people have given so much, it is off the chart, and so, I want to listen real quickly if anybody on the panel wants to take the question.

My question would be just centered around, you know, in West Virginia, those values are unbelievable. Tell me anything and everything you can possibly tell me in a matter of just a few seconds that will make it better. Please, any of you.

Mr. BALDA. Thank you, Senator, for that question and those sentiments, and love the idea of pets and just so you know, almost all

of our communities allow pets. In most cases, either the residents have pets or the communities themselves have pets, which then become pets for everybody else in the building.

Senator JUSTICE. Babydoll is not a pet.

Mr. BALDA. Well, exactly. Fantastic point.

Senator JUSTICE. I mean, Babydoll is one of us.

Mr. BALDA. They bring any, any animal, right. It brings life to the entire community, and it is things like that, and it is things like music therapy, and it is the intergenerational, you know, connections that we have been talking about, and I think there is not a single solution to this crisis.

I think there is elements of a solution among all of us here, all serving sort of different parts of the community, and learning from each other on what works and what doesn't, I think is a tremendous opportunity, and even before we started, we were sort of sharing ways to potentially partner with each other on some things.

Senator Gillibrand, back to your question about falls, you know, I think that is a terrible concern for seniors and I see it in my loved ones, and I can only tell you, in our communities, you know, one of the first things that happens when somebody comes in, they go through an assessment.

Oftentimes we identify that it has been lack of nutrition, lack of exercise. Needs some physical therapy. Oftentimes it is medication, on too many medications, and having to adjust that regimen, but it goes beyond that. It is also the setting in which they live, and does it have the right flooring? Does it have the appropriate lighting?

There is a whole host of those, regardless of whether they live in our buildings or others, but I think technology is also a crucial role in that as well, in terms of being able to identify when somebody has fallen if they live on their own.

I can tell you personally, my mom was an hour away from me, and she fell, and she sat there until I could come and pick her up because she was too proud to call for help, and so, it is a terrible need that we need to fill, and we are part of the solution, and I think all of us here are part of the solution.

I commend you for this hearing and bringing us all together to work on it together, so, thank you.

Ms. MCCORMICK. Senator, I would respond and say, I think that you have heard today—you have heard a lot of tactical activities, things that we can do to provide, but I think what you have said that has touched me is this is about cultural recommitment to a belief in our responsibility to seniors.

At the Y, we have four core values. They are caring, honesty, respect, and responsibility, and I think this Committee is—has a huge opportunity to continue to elevate the responsibility that every American has to every American person who happens to be over the age of 55 or 60. I won't say older adult or seniors.

I think it is an opportunity, again, for us to raise awareness and recommit to the responsibility that we have for those who have lived wonderful lives and still are living wonderful lives that we can all learn from.

Senator JUSTICE. Well, thank you so much for all you do every day. Let's just do more.

The CHAIRMAN. All right, I want to thank Ranking Member Gillibrand for being here. I want to thank my fellow Senators for being here. I thank our witnesses and the audience.

Yes, I think all of us can picture somebody in our lives that, you know, has gone through loneliness, whether it is a family member or somebody you have seen along the trail or something, and it is tough.

It is important that we figure out how to recommit to figure out how to get this done. There is some things that the private sector can do, or families can do, our friends can do, and there is some things Government can do. We have got to figure out how to do all those things in a manner that has an impact.

Thanks everybody for being here. I look forward to continuing to work with members across the aisle and down the dais on this very important topic. If any Senators have additional questions for the witnesses or statements to be added, the hearing record will be open until next Wednesday at 5.00 p.m..

I want to thank everybody for being here.

[Whereupon, at 11:57 a.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

PREPARED WITNESS STATEMENTS

Andrew MacPherson

Chairman Scott, Ranking Member Gillibrand, and distinguished members of the Aging Committee, thank you for the opportunity to testify today on the pressing issue of social isolation and loneliness among older adults. My name is Andrew MacPherson, and I am the Founder and Chairman of the Foundation for Social Connection Action Network (F4SC-AN). Since our establishment in 2018, our mission has been to create a diverse coalition of national organizations, including consumer groups, health plans, health care providers, technology innovators, and patient advocates, with the goal of developing and advocating for federal policy solutions that address the epidemic of social isolation and loneliness. Our efforts encompass a wide range of activities, from legislative and programmatic advocacy to public awareness campaigns that integrate research and evidence.

The Action Network is honored to have played a role in supporting and advising a range of federal policy efforts to address the public health crisis of social isolation and loneliness, including working directly with members of Congress on a bipartisan basis, former U.S. Surgeon General Dr. Vivek Murthy, the White House Domestic Policy Council, and leading agencies such as the Administration for Community Living as well as leading advocates in the field such as the Gerontological Society of America and AARP. Over the past seven years, we have worked diligently alongside these and other influential voices to address loneliness and social isolation, striving to make meaningful progress in addressing one of the most pressing public health challenges of our time.

As this Committee knows, this issue is critical. Before sharing key statistics and the reasons behind our work, I want to acknowledge and thank you for the tremendous efforts and progress in the Senate and House to support older Americans.

We strongly support Chairman Scott and Senator Tina Smith in their introduction of the Social Engagement and Network Initiatives for Older Relief (SENIOR) Act, which aims to reduce loneliness by expanding access to community-based initiatives that foster social connection. A key element of this legislation is the inclusion of the word "loneliness" in the definition of "disease prevention and health promotion services" under the Older Americans Act. This inclusion underscores the critical role social connection plays in helping older adults live healthy, independent lives. Additionally, this change would increase funding for vital gathering places, like senior centers and libraries, where older adults can participate in structured social activities that build connections. It also supports transportation solutions through subsidized ridesharing and shuttle services that help older adults stay active in their communities. It expands volunteer and peer-support networks, providing older adults with meaningful opportunities for mutual aid, mentorship, and community engagement. Importantly, the legislation mandates a federal report on the impact of loneliness, examining how multigenerational family structures influence social connectedness in older adults. We thank the Chairman and Senator Smith for their leadership on this important legislation.

In the House, Congressmen Flood and Bera introduced the Improving Measurements for Loneliness and Isolation Act. Even with increasing recognition of loneliness as a public health crisis, the U.S. health care system currently has no standardized method for measuring social disconnection, loneliness, or social isolation. This bill addresses the gap by establishing a federal Working Group composed of experts, researchers, and agency representatives to develop uniform metrics for assessing loneliness and isolation. These standardized tools could be integrated into Medicare wellness visits, electronic health records, and public health surveys, to ensure early identification of at-risk seniors. Additionally, this legislation would provide critical data to inform policy decisions, including potential insurance coverage for community-based interventions like home-visit programs, which have been shown to reduce loneliness and improve overall well-being.

In addition to these two pieces of bipartisan legislation, we are pleased to note that a number of other bills that have been introduced on this issue in the past sev-

eral years. We commend these members for their bipartisan leadership and their commitment to this critical issue.

Although significant progress has been made, the work is far from complete. We must continue to build on these efforts, ensuring that we address the full scope of loneliness and social isolation with the urgency and dedication it requires. This demographic, already dealing with challenges related to aging, health, and accessibility, is disproportionately impacted by isolation, with consequences extending beyond emotional well-being to physical health, cognitive decline, and even mortality. The impact of loneliness on older adults is not merely a matter of individual suffering but a societal concern with costs that merit our collective attention.

The Crisis of Loneliness Among Older Adults

Social isolation and loneliness among older adults have reached epidemic proportions, with devastating effects on public health, health care costs, and overall well-being. According to the National Academies of Sciences, Engineering, and Medicine (NASEM), nearly one in four adults aged 65 and older is considered socially isolated.¹ The consequences are severe: chronic loneliness is linked to a 50% increased risk of dementia, a 29% increased risk of heart disease, and a 32% increased risk of stroke.^{2,3,4} Research has also found that prolonged loneliness is as harmful to health as smoking 15 cigarettes per day,⁵ making it a significant public health crisis that demands urgent action.

Beyond its impact on health, social isolation among older adults carries a substantial economic burden. Estimates show that Medicare spends an additional \$6.7 billion annually on socially isolated older adults due to increased hospitalizations, emergency room visits, and nursing home admissions.⁶ Loneliness is also associated with higher rates of depression and anxiety,⁷ leading to increased prescription medication use and mental health service costs. Furthermore, socially disconnected older adults are more likely to experience functional decline,⁸ increasing reliance on costly long-term care services.

The economic impact extends beyond health care expenditures. Social isolation reduces workforce participation among older adults who might otherwise engage in part-time employment, mentorship, or volunteer activities, all of which contribute to economic productivity.⁹ It also places a financial strain on family caregivers, many of whom must reduce their working hours or leave the workforce entirely to provide care for an isolated loved one.¹⁰ Addressing this crisis is not just a moral imperative, it is an economic necessity.

¹ National Academies of Sciences, Engineering, and Medicine (2020) *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, The National Academies Press, Washington, DC. 10.17226/25663.

² National Academies of Sciences, Engineering, and Medicine (2020) *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, The National Academies Press, Washington, DC. 10.17226/25663.

³ Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*. 2016;102(13):1009-1016.

⁴ Kuiper JS, Zuidersma M, Oude Voshaar RC. Social relationships and risk of dementia: a systematic review and meta-analysis of longitudinal cohort studies. *Ageing Res Rev*. 2015;22:39-57. doi: 10.1016/j.arr.2015.04.006.

⁵ *Our Epidemic of Loneliness and Isolation* (2023). Office of the U.S. Surgeon General. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.

⁶ Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., Schoemaker, L. & Farid, M. (2017). Medicare Spends More on Socially Isolated Older Adults. AARP. <https://www.aarp.org/pri/topics/health/coverage-access/medicare-spends-more-on-socially-isolated-older-adults/>.

⁷ *Our Epidemic of Loneliness and Isolation* (2023). Office of the U.S. Surgeon General. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.

⁸ National Academies of Sciences, Engineering, and Medicine (2020) *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, The National Academies Press, Washington, DC. 10.17226/25663.

⁹ National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. <https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the-health-care-system>

¹⁰ Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J, editors. *Families Caring for an Aging America*. Washington (DC): National Academies Press (US); 2016 Nov 8. 4, Economic Impact of Family Caregiving. <https://www.ncbi.nlm.nih.gov/books/NBK396402/>.

Several structural and societal factors contribute to this crisis of social isolation and loneliness among older adults. The decline of multi-generational living - a trend driven by economic pressures and shifting cultural norms - has reduced the built-in support systems that once naturally fostered intergenerational connections. According to the Pew Research Center, while 57% of older adults worldwide lived in extended family houses in 1960, that figure has steadily declined, particularly in high-income nations like the United States, where only 20% of older adults now reside in such arrangements.¹¹

Simultaneously, shrinking social circles and declining participation in community and civic life have further exacerbated the problem. Robert Putnam's seminal work *Bowling Alone* (2000) details how social capital has diminished over recent decades, with fewer individuals engaging in clubs, religious institutions, and volunteerism - key avenues through which older adults have historically built and maintained relationships.¹²

Barriers to mobility - both physical and financial - compound these issues. Many older adults face challenges such as inaccessible public transportation, unaffordable housing, and declining physical health, which can prevent them from engaging in the social activities they once enjoyed. Mobility limitations have been reported to affect about 35% of adults aged 70 and older, and the majority of adults over 85 years, making it difficult to visit friends, attend social gatherings, or participate in community life.¹³

At the same time, the increasing reliance on digital communication as a primary means of connection has created new barriers. While technology has expanded opportunities for social engagement, many older adults struggle with digital literacy and lack access to high-speed internet, particularly in rural and underserved communities.

Finally, ageism in society discourages many older adults from seeking social engagement, exacerbating their isolation. Negative stereotypes about aging can lead to self-imposed withdrawal, as older adults may feel undervalued or unwelcome in spaces dominated by younger generations. Research from the World Health Organization (WHO) suggests that ageism is linked to poorer physical and mental health outcomes, increased social isolation, and even reduced life expectancy.¹⁴

Evidence-Based Policy Solutions to Address Loneliness

In light of these statistics, I would like to highlight five key areas where public policy can play a transformative role in addressing and mitigating this crisis. These areas present tangible opportunities for a response rooted in collaboration and innovation to ensure our most vulnerable populations receive support and connection. I want to express my gratitude once again for the committee's focus on this critical matter, and I look forward to exploring these solutions together.

Strengthen Federal Programs to Address Loneliness Among Older Adults

The Older Americans Act (OAA) serves as a vital cornerstone for aging services, but current demand far exceeds available resources. While an increase in funding is needed, it can result in cost savings in other areas. By enhancing funding for OAA nutrition programs, we can ensure that congregate meal sites not only provide nourishment to maintain physical health but also serve as vital social hubs that promote engagement and connection among older adults. In alignment with the committee's jurisdiction, addressing issues of health maintenance, securing adequate income, and engaging in productive activities, further investments in senior centers, libraries, and multi-use community spaces will offer structured opportunities for socialization, supporting overall well-being.

Additionally, targeted funding for rural aging interventions is essential to address isolation in areas with limited transportation and resources. The Administration for Community Living (ACL) has taken an important leadership role in developing evidence-based models to integrate social engagement into health policy. Expanding funding for ACL's Commit to Connect initiative would enable a more comprehensive evaluation of interventions that address loneliness, including technological solutions, intergenerational programming, and cognitive health initiatives. We also rec-

¹¹ Pew Research Center (2010). The Return of the Multi-Generational Family Household. <https://www.pewresearch.org/social-trends/2010/03/18/the-return-of-the-multi-generational-family-household/>.

¹² Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. Simon & Schuster.

¹³ Freiburger E, Sieber CC, Kob R. Mobility in Older Community-Dwelling Persons: A Narrative Review. *Front Physiol*. 2020 Sep 15;11:881. doi: 10.3389/fphys.2020.00881. PMID: 33041836; PMCID: PMC7522521.

¹⁴ World Health Organization (2021). Ageism is a global challenge: UN. <https://www.who.int/news/item/18-03-2021-ageism-is-a-global-challenge-un>

ommend that policymakers prioritize funding for peer support programs, volunteer-based companionship models, and faith-based mentorship initiatives, which are instrumental in strengthening community-driven approaches to social connection. This broader approach will not only enhance quality of life but also ensure that older adults receive the full spectrum of support they need to thrive in all areas of life.

Expand Intergenerational Programs

Intergenerational initiatives—such as shared housing programs, mentorship opportunities, and community volunteer projects—have proven to significantly reduce loneliness among both older and younger generations. A recent study by Generations United found that 92% of Americans believe that participation in intergenerational programs improves feelings of loneliness across age groups.¹⁵ Fortunately, many evidence-based strategies can be implemented to strengthen these bonds, including designing built environments that encourage social interaction,¹⁶ establishing and scaling community connection programs that unite diverse age groups, and strategically investing in local institutions that serve as intergenerational community hubs.

Increasing funding for these programs is essential to deepen community cohesion and enhance mental well-being, aligning with the Committee's focus on promoting health, income security, and access to productive activity for older adults. Furthermore, the development of intergenerational and age-friendly communities creates opportunities for social engagement, reduces feelings of loneliness, and fosters empathy across generations. Such initiatives not only strengthen individual well-being but also contribute to a more inclusive and supportive society.

Promote Digital Inclusion and Technology Access

While technology holds significant potential to mitigate social isolation, its adoption among older adults remains limited. Pew Research Center data indicates that 55% of Americans aged 65 and older do not use social media,¹⁷ and nearly 22 million older adults lack broadband access.¹⁸ To address these challenges, prioritizing digital literacy training and ensuring affordable broadband access, particularly in rural and underserved communities, is crucial. Despite the overall increase in technology adoption, digital disparities persist, especially among individuals with disabilities, lower-income adults, and rural residents. A Gallup study highlights that older adults who use technology for support are more likely to seek in-person assistance, underscoring the complementary relationship between digital and physical connection.

To bridge this gap, leveraging telehealth, assistive devices, online support groups, and expanded broadband access can significantly enhance social connectivity among older Americans. These interventions not only increase access to social support beyond in-person interactions but also improve patient-doctor relationships and foster community cohesion.

In addition, updating the 2010 National Broadband Plan to focus on low-income, rural, underrepresented, and socially isolated populations will ensure a more inclusive digital landscape. Federal digital literacy programs should also be expanded to include cybersecurity education, specifically targeting older adults to ensure they can navigate online spaces safely. By addressing digital literacy, expanding broadband access, and continuing to innovate in the development and implementation of technology, we can effectively combat social isolation and foster meaningful connections across generations.

Enhance Medicare's Role in Addressing Loneliness

Medicare plays a crucial role in supporting the health and well-being of older adults, and it is poised to do more to address the growing crisis of loneliness and social isolation. One effective strategy would be to require Medicare Annual Wellness Visits to include routine screenings for social isolation and loneliness, enabling providers to identify at-risk individuals and connect them with appropriate interventions. It is also important to ensure that Medicare Advantage plans main-

¹⁵ Generations United and The Eisner Foundation (2018). All in together: Creating places where young and old thrive. <https://www.gu.org/app/uploads/2018/06/SignatureReport-Eisner-All-In-Together.pdf>.

¹⁶ Jennings, Viniece & Browning, Matthew & Rigolon, Alessandro. (2019). Planning Urban Green Spaces in Their Communities: Intersectional Approaches for Health Equity and Sustainability. 10.1007/978-3-030-10469-6—5.

¹⁷ Faverio, M. (2022). Share of those 65 and older who are tech users has grown in the past decade. Pew Research Center. <https://www.pewresearch.org/short-reads/2022/01/13/share-of-those-65-and-older-who-are-tech-users-has-grown-in-the-past-decade/>.

¹⁸ Older Adults Technology Services (OATS) (2021). Report: 22 Million U.S. Seniors Lack Broadband Internet Access; First Time Study Quantifies Digital Isolation of Older Americans as Pandemic Continues to Ravage Nation [Press Release]. AARP. <https://oats.org/aging-connected-press-release/>.

tain access to sufficient rebate dollars to offer and tailor supplemental benefits that directly address these issues, such as social engagement programs and transportation assistance. Expanding Medicare's coverage to include interventions for loneliness, such as counseling and peer support services, would provide this at-risk population with a critical avenue for emotional and social care. Furthermore, expanding coverage for hearing aids through improved private insurance and Medicare benefits would remove a significant barrier to communication and socialization for older adults, helping to reduce the isolation often caused by hearing loss. These steps would strengthen Medicare as a more comprehensive solution for addressing loneliness, ensuring that older adults receive not just physical care but also the social and emotional support they need to thrive.

Improve Transportation Access

Reliable transportation acts as a crucial bridge to social connection, directly combating feelings of loneliness. Access to transportation enables individuals, especially those with mobility limitations or living in rural or isolated areas, to engage in social life by connecting them to parks, green spaces, community activities, cultural institutions, social events, and visits with loved ones. For individuals with lower socioeconomic status, access to affordable transportation can alleviate the psychological burden of prioritizing basic needs over social activities. Overall, access to transportation is vital for reducing social isolation and loneliness in these vulnerable populations who may otherwise find themselves cut off from essential support networks.

Studies consistently demonstrate that increased use of public transportation, especially among seniors, correlates with a reduction in feelings of loneliness and depression.^{19,20} Increasing access to affordable, reliable public transportation can improve opportunities for social connection and recreation, build social capital, and increase social ties. Therefore, we urge transportation planners and decision-makers to adopt a "people first" mentality by prioritizing movability through walking and bicycling networks, accessible and affordable transit services, lower traffic speeds, and better air quality control.

Additionally, policymakers should develop a Senior Mobility Program under the Federal Transit Administration (FTA) to incentivize cities to improve public transportation options, such as subsidized ride-sharing services and accessible bus routes for older adults. Addressing transportation insecurity by improving access to non-emergency medical transportation and non-medical transportation programs also provides social interaction opportunities, connects individuals to healthcare services, and improves quality of life. Ultimately, transportation transcends its function as a means of travel and is a fundamental tool for fostering social inclusion and bolstering overall well-being.

A Bold Agenda for the Future: F4SC-AN's Policy Priorities

Today, I am honored to announce the launch of the Foundation for Social Connection Action Network's Policy Priorities for Social Connection, which includes these and other focus areas. It is a groundbreaking framework comprised of over 130 strategic policy solutions designed to foster genuine social connection. Based on a thorough review of existing research, including leading scientist Dr. Julianne Holt-Lunstad's SOCIAL Framework (Systems Approach of Cross-Sector Integration and Action Across the Lifespan),²¹ our framework prioritizes seven key areas for action: Health; Education; Work, Employment & Labor; Built Environment; Arts, Culture, and Leisure; Food & Nutrition; and Research and Measurement, most of which I've discussed with you today.

This ambitious agenda calls for a united effort across all levels of government while also recognizing the crucial role communities play in strengthening social bonds. At its core, our policy agenda aims to create sustainable, inclusive solutions that promote meaningful connections for individuals at every stage of life. Grounded in rigorous scientific evidence highlighting the devastating effects of social isolation and loneliness, this agenda aligns promising policies with the transformative poten-

¹⁹ Henning-Smith, C., Evenson, A., Kozhimannil, K. B., & Moscovice, I. (2018). Geographic variation in transportation concerns and adaptations to travel-limiting health conditions in the United States. *Journal of Transport & Health* (Print), 8, 137-145. doi.org/10.1016/j.jth.2017.11.146.

²⁰ Mattson, J. W., & Peterson, D. (2021). Measuring benefits of rural and small urban transit in Greater Minnesota. *Transportation Research Record*, 036119812199001. https://doi.org/10.1177/0361198121990014

²¹ Holt-Lunstad J. Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the "Social" in Social Determinants of Health. *Annu Rev Public Health*. 2022 Apr 5;43:193-213. doi: 10.1146/annurev-publhealth-052020-110732. Epub 2022 Jan 12. PMID: 35021021.

tial to enhance public health, drive economic prosperity, uplift community well-being, and elevate the overall quality of life for all Americans. Together, we can build a future where connection, not isolation, defines the American experience.

Conclusion: A Call to Action

Chairman Scott, Ranking Member Gillibrand, and esteemed members of the Committee, as this hearing instructs us, addressing the epidemic of loneliness among older adults is not only a moral imperative but also a critical public health necessity. The time for decisive action is now. We urge Congress to increase funding for proven programs, advocate for innovative legislative solutions, and prioritize social connection as a national objective.

Tackling this issue offers us an opportunity to unite in a time of increasing polarization. By fostering social connection, we can bridge divides, rebuild trust, and strengthen the fabric of our communities. This issue transcends political affiliation and speaks to our shared humanity. Together, we can build a future where connection, not isolation, defines the American experience. Thank you for the opportunity to testify today.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

PREPARED WITNESS STATEMENTS

James Balda

Chairman Scott, Ranking Member Gillibrand, and members of the committee, thank you for this opportunity. I am James Balda, President and CEO of Argentum, the leading national association serving senior living communities, including independent living, assisted living and memory care communities across the nation. More than 2 million seniors call our communities home. Argentum commends you, Senator Smith (D-MN) and Senator Warnock (D-GA) on the introduction of the SENIOR Act and for holding this important hearing.

Socialization is a crucial aspect of healthy aging. Socialization promotes a sense of purpose and connection with others. It significantly improves the mental health, cognitive function, and physical health of seniors.

We see this firsthand every day in our communities. Our assisted living model of care was created to allow seniors to thrive - to provide seniors with a sense of dignity, independence and community - to keep seniors living as independently as possible, to prolong the quality of life, and delay for as long as possible the need for costlier care. The structure of our communities' social activities specifically fosters a sense of community and belonging while simultaneously providing 24-hour care -- assisting our residents with a multitude of ADLs, or activities of daily living, such as bathing, dressing, toileting, eating and mobility. Our care also includes medication management, providing nutritious meals and crucial socialization.

I believe we do our job well. According to multiple national surveys, our residents are thriving. Ninety-four percent of senior residents said they were happy with their choice of community and had made friends; 99% said they felt safe; 75% responded that their quality of life improved; and according to a poll of more than 130,000 assisted living residents, loneliness levels were reduced dramatically when residents, who formerly lived alone, moved into our communities.

Lillian, an 85-year-old assisted living resident in California, lived alone and suffered mobility issues and depression. Shortly after she moved into an assisted living community, Lillian filled her day with art classes, exercise classes, and prayer groups and stated she now has a "wonderful group of friends, many who are life-long."

An assisted living community provides a wide range of social and interactive activities tailored to different abilities and interests. Seniors can enjoy gardening, dancing, educational seminars, exercise classes, concerts, book clubs, religious services, arts and crafts, and game nights, to name just a few. Regardless of the activity, each is designed to create a sense of purpose and community, and to combat isolation, depression and loneliness. Equally importantly, because assisted living communities are the homes of seniors, pets are welcome at most communities, and pet therapy is often available for those who are not capable of caring for a pet.

The Health Impact of Social Isolation

Loneliness and social isolation in older adults are serious public health risks, affecting millions of seniors. According to a study in JAMA Internal Medicine, up to 50% of those 60 and older are at risk of social isolation, and nearly one-fourth of adults aged 65 and older are socially isolated. Factors such as living alone, the loss of family or friends, chronic illness, and hearing loss are all contributing factors to social isolation and loneliness.

The consequences of social isolation cannot be overstated. The former U.S. Surgeon General, Dr. Vivek Murthy, called loneliness "America's invisible epidemic," noting that "The physical health consequences of poor or insufficient connection include a 29% increased risk of heart disease, a 32% increased risk of stroke, a 50% increased risk of developing dementia for older adults, and a 60% increased risk of premature death." An AARP report estimates that the adverse health effects of loneliness equal that of smoking 15 cigarettes per day.

The Alzheimer's Association reports that social isolation increases dementia risk by more than 50%. What's more, it found that a strong connection exists between high social contact later in life and memory and thinking skills.

The Cost of Social Isolation

The costs of loneliness are significant. According to a Harvard-Stanford-AARP study measuring the impact of social isolation on the healthcare system, Medicare spent an estimated \$1,608 annually for each socially-isolated older adult than it did for those who had more social contacts, concluding that “a lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional federal spending each year.” Additionally, a recent study in JAMA Internal Medicine determined that social isolation among seniors can increase the chances of admission to nursing homes and recommended that programs to increase their socialization could reduce healthcare spending.

As this committee well knows, the prevalence and cost of dementias is escalating, with some projections stating the number of people living with dementia is projected to roughly double every twenty years. The health care costs of Alzheimer’s and other dementias to Medicare and Medicaid are approximately \$231 billion annually, and is projected increase of over 200% by 2050.

The Benefits of Communal Living

Assisted living communities strengthen social connections for our residents and therefore play an important role in reducing social isolation and supporting the overall health and well-being of seniors. A national study by the University of Michigan found that adults aged 50 to 80 who live alone report higher rates of social isolation than those who live with others. The social and communal atmosphere of assisted living changes that dynamic. As stated above, a national survey of more than 130,000 assisted living residents by Activated Insights, found that just 14.3% of senior living residents reported being lonely, compared to 29.9% of seniors who live alone. Many of our communities have reported even lower loneliness scores.

The communal yet home-like nature of assisted living fosters independence and socialization to help seniors thrive while preventing mental and physical decline. “A community is a group of people who care about one another, and that’s what we are here,” said Eilean of her community in upstate New York. Resident satisfaction in assisted living remains extremely high because communities are able to not only offer high quality of personal care but also improve the quality of life of residents. National surveys have found that 90% of assisted living residents report high satisfaction with their care and communities.

When 95-year-old James’ wife died and it wasn’t safe for him to remain at home alone, he reluctantly moved into an assisted living community. His granddaughter said that the move “literally saved his life” and that her grandfather “blossomed due to his many new friendships.” His caregivers managed his chronic conditions, medications and psychosocial needs. She stated, “I am a firm believer that without assisted living we would have lost my grandpa quickly after the death of my grandmother. To see a light in his eyes again and to hear that he feels he has purpose has been the greatest gift.”

A 2024 U.S. News & World Report survey of older Americans and their families found that nearly all the respondents (99%) said they felt safe at their senior living community, further, nearly all respondents (98%) said they trusted the staff at their senior living community to care for their well-being. Social connections made in assisted living communities are important -- 93% of residents reported that they are pleased with the social opportunities within their communities, and 75% say assisted living has demonstrably improved their quality of life. According to the 2024 J.D. Power Senior Living Satisfaction Survey, assisted living communities received a satisfaction score of 855 (on a 1,000-point scale), up 18 points from the prior year, and higher than industries like travel and hospitality.

“A laugh a day keeps the doctor away, and that’s what we do here,” said Bob, an 84-year-old resident, in a Florida community. Perhaps Bob is on to something. In a review of Medicare claims of residents from more than 14,000 senior living communities, and using the Harvard Claims-Based Frailty Index to assess vulnerability, researchers found that residents experienced a 10% decline in frailty levels one year after moving in. Through care coordination and managing chronic conditions, assisted living communities improve the health and wellbeing of their residents while decreasing the financial strain on the healthcare system. A 2018 Washington University study found that living in a senior community can lead to lower levels of hospitalization for vulnerable seniors-including those with chronic health conditions. Utilizing data from a decade-long study, the report concludes that the services offered by many senior living communities encourage residents to seek treatment sooner for pressing issues, leading to fewer trips to the hospital. The “findings suggest that the positive effects from the various support services available in the senior housing environment accrue over time in helping vulnerable elders better manage their health conditions.”

Two Testimonials:

"About three years ago my neighbor started to decline in his physical abilities. He was a veteran and would go to the VA regularly for help with different issues he was experiencing. He loved walking and tried as hard as he could to keep moving so he would not lose his ability to walk. Despite his efforts he continued to decline. In the winter, my friend could not walk safely outside. He had a hard time with some stairs in his house and the sloped driveway and in the winter, he lost much leg strength. He cooked for himself and did not always want to take the time to eat properly. He became very skinny and frail. He was a very social person, but he continued to become more isolated. Family and neighbors tried to keep him company as best as they could, but no one could provide him with the social aspects of his life as he needed.

I used to pick him up every Sunday for church services, but it became harder and harder for him to get himself ready. Sometimes it would take him three hours to get ready. It became hard for him to shower and to dress. Eventually he finally gave up on trying to come to church with us, which was a big part of his life -- not just spiritually but also socially. As time went on, the decision was made to move him into an assisted living community. Immediately he loved it! It met his needs in so many ways. He could walk the building without fear of what he used to worry about. He could use the fitness room every day, which he loved to do. He ate three meals daily in the dining room and started to put back the weight he had lost. Socially he integrated very quickly, and he told me recently that he considers the people living there to be a part of his family. He truly loves it, and it made such a difference in his quality of life.

I had spoken to his daughter about her dad many times on the phone. She lived in a different city and didn't get to see him too often. One day after he moved into the community, his daughter gave me a big hug and thanked me for all the talks and discussions that helped to lead her dad to moving into an assisted living community. She said the people that work there are her heroes. She then said that her dad was happier than he had ever been in his entire life. She said her entire family was grateful for the community that gave her dad renewed hope and happiness and a better life than he had in a very long time."

-Holladay, Utah, January 2024

Meet Zelma Bennett, one of our newest residents at Commonwealth Senior Living at Stratford House. Zelma moved into our community on January 29th, after spending the past year living with a friend. Zelma, who had previously run a group home for adults, enjoyed maintaining a vibrant social life with assistance, but her memory loss prompted her to seek a community where she could continue engaging socially while receiving the support she needed. From the moment she arrived, Zelma embraced every opportunity for socialization, participating in nearly every activity offered. She uses her calendar so frequently to keep track of events that she wears it out and needs to replace it before the month's end! Her enthusiasm has been contagious, and she has made many new friends in a short time. Zelma's story is just one example of how socialization in our communities has dramatically improved the quality of life for seniors. The friendships and activities she's engaged in have helped alleviate her feelings of loneliness and have given her a renewed sense of purpose and joy. We are so grateful she chose to join our community.

-Resident Program Director, Danville, Virginia, March 2025

As we look back five years from the start of the pandemic, it is important to note how our residents fared during those times of intense isolation. A 2022 joint report from the ATI Advisory and the American Senior Housing Association found that senior living communities improved quality of life during the pandemic through cohesive social environments and encouragement of residents to participate in social activities. Residents, the study found, were more likely to have greater social, physical and intellectual wellness than their counterparts living in the greater community.

The Benefits of Pet Therapy

The powerful bond between humans and animals has been proven to benefit physical, mental, and emotional well-being. For this reason, most assisted living communities allow pets. Pets can provide unconditional love and support, encourage socialization, reduce stress levels, and foster a sense of belonging - all of which can curb loneliness and bring about physical and mental healing.

Pets have an incredible capacity to bring joy and companionship into our lives. Joanie and her rescued black cat, "Baby Boy," often serve as the "greeters" to visitors of their assisted living community. And Jean, a resident of a community in Florida, has Gretta Garbo, a 9-year-old Miniature Poodle, as her steadfast com-

panion. Gretta Garbo is every bit the starlet of the community as her namesake suggests -- the poodle dresses for all types of occasions and provides the normally introverted Jean with the motivation to socialize and participate in communal activities.

For those who are unable to have their own pet, many communities utilize pet therapy which can play a crucial role in curbing negative behaviors associated with dementia and other cognitive impairments. By providing companionship and emotional support, pet therapy can help seniors feel more connected and less isolated, leading to a reduction in negative behaviors. Furthermore, the soothing presence of therapy animals can help calm seniors with cognitive impairments, promoting a more stable emotional state and overall well-being.

Buttercup and Sugarplum, two Golden Retrievers, are regular visitors to a memory care community in Maryland. When they arrive during circle time, there isn't a resident who doesn't want to see an affectionate tail wag and maybe receive a friendly lick on their hands. A room, once quiet, can transform into laughter and perhaps even unlock precious memories of long-forgotten childhood pets or spark the recollection of the name of their children's first puppy.

Directed Socialization Critical in Caring for Seniors with Dementia

Research links dementia-associated apathy to accelerated decline in all physical and mental areas. When cognitive changes start, withdrawal and isolation are common. Memory care communities often have programs to encourage residents to consistently socialize and participate in therapeutic activities to reduce apathy and build cognitive reserve.

A national senior living provider headquartered in Texas recently evaluated its memory care socialization program known as the Circle of Friends program and compared two cognitively similar groups of their assisted living residents. One group was enrolled in Circle of Friends. The second group was not, but chose from a similar menu of activities to attend on their own. The participation standard for both groups was four hours a day. What was learned was that approximately 75% of the residents in the Circle of Friends group spent a minimum of four hours per day engaged in purposeful activities, with less than one-fourth exhibiting apathy. However, less than a third of the group of self-directed participants met the study's minimum participation standard and nearly two-thirds exhibited apathy. For residents who are beginning to experience cognitive decline, the benefits of a guided program can be significant in helping to maintain engagement and function.

Whisper Words of Wisdom - Music Therapy and Cognitive Decline

Directed socialization with music therapy is also effective when dementia residents become socially withdrawn and can encourage engagement and improve verbal abilities. Mary, a 73-year-old memory care resident suffering from vascular dementia, can become non-verbal and withdrawn as her disease progresses. To help abate this, a record player in her apartment becomes an important tool. For Mary, a lifelong Beatles fan (she has a framed \$5 ticket stub from a 1965 Beatles concert she attended in Portland, Oregon in 1965), directed music therapy is effective. Let it Be is often the song of choice. Mary remains silent at the beginning of the song but soon is swaying to the music and when the phrase "whisper words of wisdom" is sung, Mary is inevitably singing along. It's common for fellow residents to join in for an impromptu sing-a long.

The Aging Crisis and Long-Term Care Solutions

By 2030, all baby boomers will be at least age 65, and in that same year for the first time in our nation's history, there will be more individuals over the age of 65 than under the age of 18. The most rapidly growing segment of the population are those 85 and older. As this Committee continues to provide guidance to Congress on how to prepare for the nation's aging crisis, is it important to note that assisted living is the most cost-effective form of long-term care.

To stretch limited federal long-term care dollars, "right-sizing" long-term care needs is critical. A 2021 report by the U.S. Department of Veterans Affairs found that if veterans did not need the high level of care of skilled nursing, the federal government could save an average of \$69,000 per year per veteran by providing care in assisted living communities. Ensuring that veterans and seniors are in their appropriate level of care can provide significant financial savings, both to the individual and to taxpayer-funded public programs.

Additionally, the need for investment in our nation's long-term care is long overdue, with a rapidly aging population and need for long-term care projected to explode in the coming years. Every day, more than 10,000 Americans turn 65, and the 85 and older population (average age of an assisted living resident) is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118% in-

crease). By 2030, all baby boomers will have reached 65 years old and for the first time in history, older adults will outnumber children in the United States. Federal data shows that someone turning age 65 today has a 70% chance of needing some type of long-term care in their lifetime, 50% will need more extensive care in a skilled nursing facility or assisted living community, and 20% will need it for five years or more.

Despite this projected explosion in demand, there is not nearly enough supply of senior housing to meet these care needs. The National Investment Center for Seniors Housing and Care (NIC) estimates that approximately 881,000 additional units of assisted living inventory will be needed to serve seniors by 2030. Estimates suggest that the development cost associated with needed production of assisted living will exceed \$1 trillion by 2050. Insufficient investment will dramatically limit housing access and options for seniors.

The Importance of the SENIOR Act and the Care Across Generations Act

Mr. Chairman, we believe our communities offer many opportunities for seniors to combat loneliness, but we know more can be done and believe seniors should be able to choose where and how they live. That is why Argentum commends you on taking the important step of introducing the SENIOR Act. The important bill will take critical steps to address the epidemic of senior loneliness by promoting key programs specifically designed to reduce loneliness for all seniors in the broader community. Additionally, the requirement to direct the Secretary of HHS to report to Congress on the importance of multigeneration relationships to mental health and loneliness is significant.

According to studies by the National Institute of Health, both older and younger people experience a significant reduction in loneliness through interactions with individuals from different generations. Therefore, Argentum is also pleased to support H.R. 1812, the Care Across Generations Act, a bipartisan bill which will create opportunities for intergenerational connection through the establishment of a grant program for assisted living and all long-term care settings to co-locate a childcare facility near or within a long-term care community. We believe the benefits to both the seniors and the children will be enormous.

Mr. Chairman, thank you again for holding this important hearing. Argentum looks forward to working with you and the Committee on this and other critical issues impacting our nation's seniors.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

PREPARED WITNESS STATEMENTS

Suzanne McCormick

Chairman Scott and Ranking Member Gillibrand: I want to thank you for inviting me today.

I am here representing the nation's 2,600 YMCAs, which serve 10,000 communities across our country. I am grateful for the opportunity to share the story of how they connect and support our older adults every day.

At the Y, we are committed to strengthening communities by connecting people of all ages, abilities and backgrounds to their potential, their purpose and each other.

This has been at the core of who we are for 175 years in the U.S. But today, we know that people are struggling to make these connections.

Forty percent of adults say they feel lonely sometimes or even more often than that.

The mortality rate of being socially disconnected is similar to the impact of smoking 15 cigarettes a day, and greater than the impact associated with obesity and inactivity.

The health risks for our older adults are heightened, because they are more likely to feel isolated and disconnected than younger Americans.

But at the Y, older adults find the support and meaningful relationships they need to feel connected and be healthy.

YMCAs engage 17 million Americans annually, and nearly 4 million are over age 55. Almost 2.5 million are over 65. Seniors make up nearly one-quarter of our members.

A few years ago, the Y partnered with NORC at the University of Chicago to find out whether older adults report better quality of life and social connectedness when they visit our facilities or participate in our programs.

Results of this study showed significant increases in overall well-being and social connectedness, a decrease in loneliness, and observed improvements in social well-being, spiritual well-being, physical health and mental health.

The results were even better for older adults who were able to engage more frequently with their YMCA.

Our programs not only help participants build friendships and connections that we all need to thrive, but they also can help prevent, delay or control chronic disease.

Thanks to a 20-year partnership with CDC, the Y is the leading in-person provider of evidence-based chronic disease prevention and management programs, which address issues like diabetes, hypertension, arthritis, falls and cancer.

These programs have been proven to improve health outcomes and quality of life, and they often save health care dollars.

In fact, the Y is recognized for its work with the Centers for Medicare and Medicaid Innovation. During a national study of 8,000 Medicare recipients, the YMCA's Diabetes Prevention Program saved \$2,650 per participant while preventing or delaying diabetes among the majority of recipients.

The Y is also the leading provider of the Medicare Advantage fitness benefit -- larger than the next seven providers combined.

But for as much as we are able to accomplish on our own due to our national scale and community-level credibility, the Y is always looking to maximize our impact through partnerships.

So, in communities across the country, YMCAs collaborate with partners like senior centers, libraries and places of worship to reach and engage more older adults.

The Y looks forward to also partnering with the Select Committee on Aging to improve both the physical and emotional health of our nation's older adults.

We urge Congress to continue supporting the highest level of funding for the CDC to help the Y innovate our evidence-based chronic disease prevention and control programs, uphold Medicare Advantage's ability to offer supplemental benefits like fitness and socialization opportunities, and enable Medicaid to help low-income seniors improve their physical and mental health.

Every dollar invested in community-based organizations like YMCAs - organizations with trusted relationships and on-the-ground credibility - pays a dividend in the form of improved health and wellness, especially for our older adults.
Again, thank you for this opportunity today, and thank you for your leadership.

U.S. SENATE SPECIAL COMMITTEE ON AGING

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MARCH 12, 2025

PREPARED WITNESS STATEMENTS

Tori Strawter-Tanks

Thank you for the opportunity to speak before you today. My name is Tori Strawter-Tanks, and I have the privilege of serving as the Director of Senior Services in Clayton County, Georgia, and the President and Founder of the Georgia Association of Senior Centers (GASC). I am honored to be here today to discuss a critical issue facing older adults across the country-social isolation and the vital role senior centers and other aging programs play in combatting it.

Senior centers are hubs of high-impact exercise, cultural engagement, physical wellness, and lifelong learning. The Older Americans Act contributes to funding senior centers and other important aging services, and protecting that funding is critical to ensuring older adults continue to have access to the services I have spent my life carrying out.

Across Georgia, and throughout the nation, senior centers provide vital programs that enhance the lives of older adults, keep them socially engaged, and support their overall well-being. These include:

- Health, wellness, aquatic, technology, and fitness classes, theatrical productions, cultural arts programs, trips, and evidence-based programs. This programming plays a vital role in improving seniors' physical health, reducing fall risks, preventing chronic disease, enhancing mental well-being, fostering creativity, promoting social engagement, strengthening community connections, and bridging the generational digital divide.

At Frank Bailey Senior Center in Riverdale, Georgia, we saw firsthand the extraordinary potential of older adults when Ms. Dorothy Steel, who started her acting career at age 80, took her first acting class at our center. She went on to become a Hollywood sensation, starring as a tribal elder in Marvel's *Black Panther* and *Black Panther: Wakanda Forever*, proving that dreams don't have expiration dates.

Ms. Steel's appeared in several other films. Her story is a testament to the power of senior centers to unlock potential and rewrite the narrative of aging.

Another essential service that senior centers provide is congregate meals. For many older adults, these meals aren't just about food; they are about connection, dignity, and community.

- Congregate meals ensure that seniors receive balanced, nutritious food, reducing the risk of malnutrition and diet-related illnesses.

- They combat isolation by providing opportunities for older adults to gather, talk, and form meaningful relationships.

- For some seniors, this may be the only hot meal they receive in a day.

Without adequate funding for congregate meal programs, like those provided through the Older Americans Act, too many older adults risk going hungry or becoming further isolated.

Along the same line, home-delivered meals also provide nutritious food, social interaction, and wellness checks for older adults who may not be able to leave their homes. These services are especially critical for those who are aging alone, without family or other community support.

Additionally, transportation services provided through assistance from federal funding help seniors get to their medical appointments, buy fresh and healthy food at the grocery store, and see their friends-rather than being isolated at home because they are not able to drive.

Beyond their social and emotional benefits, senior centers and other aging programs save our economy billions of dollars annually. Research has shown that healthy, active seniors who participate in community-based programs reduce healthcare costs significantly-both for themselves and for taxpayers.

We cannot overlook the sandwich generation, those caring for aging parents while supporting their children. As the senior population grows, working caregivers face mounting financial, emotional, and logistical challenges.

When older adults stay active, healthy, and engaged, it eases the burden on their families. Without proper investment in senior centers and community-based serv-

ices, caregiving falls heavily on adult children already juggling careers, finances, and family life.

Access to social engagement, nutritious meals, health programs, and transportation supports not just seniors, but their families, workforce retention, and the economy. Yet, despite their proven benefits, senior centers remain underfunded, leaving many older adults struggling with barriers like transportation, awareness, and lack of investment.

If we are serious about combatting senior isolation and improving public health, we must:

1. Expand funding for senior centers and other aging services
2. Improve transportation access, especially in rural areas so that older adults can actively participate in community life
3. Strengthen digital inclusion for seniors so they can stay connected in a technology-driven world
4. Recognize senior centers as essential infrastructure to support aging in place, health, and well-being
5. Invest in meal programs to fight food insecurity, combat isolation, and promote nutrition for older adults
6. Support caregivers by ensuring seniors have access to services that promote independence.

Social isolation is not just an individual problem, it's a public health crisis with consequences as severe as smoking or obesity. But, senior centers and programs like congregate and home-delivered meals offer a proven solution, helping older adults not only stay socially engaged but thrive in ways they never imagined.

When we invest in senior centers, we are not just enriching lives, we are saving money, strengthening families, supporting working caregivers, and ensuring a better future for generations to come.

Thank you for your time and commitment to this issue. I look forward to your questions and to working together to build a stronger, more connected future for our nation's seniors.

Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

QUESTIONS FOR THE RECORD

Suzanne McCormick**Senator Raphael Warnock****Question:**

The Centers for Disease Control and Prevention (CDC) maintains key community partnerships to address complex public health issues, including chronic disease. For example, the Diabetes Prevention Program, in partnership with the YMCA and CDC, supports evidence-based lifestyle change programs to prevent type 2 diabetes.¹

Why are strong investments in federal health agencies, including the CDC, important for maintaining community partnerships and support programs that address chronic disease prevention?

Response:

CDC is the nation's leading science-based, data-driven organization that protects public health through health promotion and disease prevention. CDC's National Center on Chronic Disease Prevention and Health Promotion and National Center on Injury Prevention and Control have invested in the Y to pilot and scale evidence-based programs that prevent and control chronic diseases and prevent childhood drownings.

Health care costs in the United States are among the highest in the world, but Americans often face worse health outcomes than their peers in other high-income countries. According to CDC:

- An estimated 129 million people in the U.S. have at least one major chronic disease (heart disease, cancer, diabetes, obesity, hypertension, etc.).
- Over the past two decades, the prevalence of chronic diseases has increased steadily, and this trend is expected to continue.

Strong federal investments in the CDC will:

- Help our Ys scale proven programs and strategies that address the nation's leading causes of death and disability, which include heart disease, cancer, obesity, stroke, arthritis, and diabetes.
- Address chronic diseases, which impact 6 in 10 Americans.
- Help the nation save money-90% of health care spending goes to treating chronic disease as opposed to preventing these conditions.

The public health programs and prevention activities conducted by the CDC in partnerships with organizations like the Y have been proven to be effective. They are crucial to reducing health care costs and improving health outcomes. The Y offers a variety of evidence-based programs to address chronic disease and prevent drownings and, with modest funding from CDC and the help of private philanthropy, has scaled these programs in communities across the country (see below for examples).

CDC's National Diabetes Prevention Program (NDPP) helps some of the 98 million adults living with prediabetes reduce their risk for developing the disease by taking steps that will improve their overall health and well-being. Consider that Research has shown that programs like the National Diabetes Prevention Program can reduce the number of new cases of type 2 diabetes by 58%, and by 71% for adults over the age of 60. e YMCA's Diabetes Prevention Program (DPP) has helped the average participant lose 5% of their body weight and helped Medicare save \$2,650 per participant over 15 months. In April 2018, Medicare began covering DPP. The Y is delivering the NDPP in 41 states and has served 80,842 participants at 1,159 sites.

CDC's Arthritis Program helps the Y expand its EnhancerFitness program to more people. EnhancerFitness is a proven community-based senior fitness and arthritis management program that helps some of the 54 million adults living with arthritis become more active, energized, and independent. Were you aware that

¹What is the National DPP?, Centers for Disease Control and Prevention (May 15, 2024), <https://www.cdc.gov/diabetes-prevention/programs/what-is-the-national-dpp.html>.

EnhancerFitness program participants were found to have fewer hospitalizations and spend \$945 less in health care per year than non-participants. Now offered at 258 Ys in 634 sites in 45 states, the program has reached 42,584 individuals living with arthritis.

CDC's Heart Disease and Stroke Program supports the Y's Blood Pressure Self-Monitoring Program, which helps some of the 116 million Americans living with hypertension prevent heart disease and stroke by getting their condition under control through tracking their blood pressure and receiving nutrition education. Importantly, today, three in four people living with hypertension do not have their condition under control. As of 2024, there were 13,718 participants across 41 states who experienced an average reduction of 8.6% in systolic blood pressure and 4.8% in diastolic blood pressure through the Y's program.

CDC's Comprehensive Cancer Program supports the LIVESTRONGr at the YMCA program, which helps some of the 18 million Americans who are living with, though, or beyond cancer to strengthen their spirit, mind, and body with physical activity programs. Recent clinical trials from the Yale Cancer Center and Dana-Farber/Harvard Cancer Institute confirmed that LIVESTRONGr at the YMCA participants experienced improved fitness and quality of life as well as significant decreases in cancer-related fatigue. Ys have served more than 85,477 cancer survivors in 42 states.

CDC's Nutrition, Physical Activity and Obesity Programs help evaluate and scale Family-based weight management programs like the Y's Healthy Weight and Your Child, an evidence-based program that equips 7- to 13-year-olds and their families with the knowledge and skills to live a healthier lifestyle. Research showed a statistically significant reduction in body mass index, sedentary activities and improvements in physical activity and self-esteem at 6 and 12 months. The program is being delivered in 31 states across the country. Strategies that increase community access to safe places to walk and bike.

In closing, the Y supports the highest level of funding possible for the CDC's programs that prevent and control chronic disease in order to scale programs that work in partnership with states and community-based organizations. Thank you.

U.S. SENATE SPECIAL COMMITTEE ON AGING

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QUESTIONS FOR THE RECORD

Tori Strawter-Tanks

Senator Raphael Warnock

Question:

As Director of Clayton County Senior Services, you have witnessed firsthand how senior and intergenerational centers positively affect the lives of older adults, families, and entire communities across the state of Georgia.

Can you share specific challenges that older adults and families across Georgia might face should federal funding for senior programs be reduced or limited?

Response:

1. Service Reductions or Eliminations
 - Fewer people served: Programs may have to prioritize the most at-risk clients, leaving many without services.
 - Waitlists would grow: Individuals who previously received help may be put on indefinite waitlists.
 - Program closures: Some services (like congregate meals at senior centers) might be shut down entirely in some areas.
2. Increased Risk for Older Adults
 - Malnutrition: Loss of meals (home-delivered or congregate) can lead to poor nutrition and worsening health.
 - Increased isolation: Reduced transportation or closure of senior centers limits social interaction, increasing depression and cognitive decline.
 - Unmet healthcare needs: Without transportation or case management, seniors may miss critical medical appointments or medication pickups.
 - Safety risks: Without home repairs or in-home care, falls and hospitalizations may rise.
3. Greater Long-Term Costs
 - More emergency room visits and hospitalizations: When basic needs aren't met, healthcare costs rise significantly.
 - Earlier nursing home placement: Seniors without caregiver or in-home support may be institutionalized prematurely, which is more costly for both families and the state.
4. Job Loss and Local Economic Impact
 - Fewer staff positions: Reductions in funding may lead to layoffs of drivers, case managers, and program coordinators.
 - Strain on caregivers: Family members may have to leave work or reduce hours to care for loved ones, affecting household incomes and overall productivity.
5. Pressure on State and Local Governments
 - Without federal support, state and local governments would face pressure to fill the funding gap, often without sufficient resources.
 - Counties with fewer tax dollars (especially rural ones) would be disproportionately affected.

Question:

Why is predictable funding important for the operations of senior centers?

Response:

Predictable funding is critical for the successful operation of senior centers because it provides the stability and security needed to plan, operate, and grow programs that directly support older adults.

1. Stability for Essential Services
 - Senior centers provide vital daily services, like meals, transportation, fitness, education, and socialization. Predictable funding ensures these can continue without interruption.
 - Older adults rely on consistent access, and gaps in funding could cause programs to shut down temporarily or permanently.
2. Long-Term Planning and Program Development

- Predictable funding allows staff to strategically plan for:
 - New programs
 - Seasonal events
 - Community partnerships
 - Facility improvements
- Without reliable funding, long-term planning is replaced by crisis management and uncertainty.
- 3. Staffing and Retention
 - With steady funding, senior centers can hire and retain qualified staff, including social workers, drivers, program coordinators, and health educators.
 - Frequent funding fluctuations can lead to layoffs, low morale, and high turnover.
- 4. Consistent Vendor & Supply Relationships
 - Many centers rely on external vendors for meals, supplies, transportation services, and programming.
 - Predictable funding ensures timely payments and helps maintain strong vendor relationships, which can result in better pricing and service.
- 5. Community Trust and Engagement
 - When the community sees reliable services and programming, it builds trust and participation.
 - Older adults feel safe and supported when they know the center will be there for them tomorrow, next month, and next year.
- 6. Stronger Grant Writing & Fundraising
 - Consistent funding provides a foundation that can be built upon with private donations, sponsorships, and competitive grants.
 - Grantmakers and donors are more likely to contribute to centers that show financial stability and sustainability.

Statements for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

**The Alzheimer's Association and Alzheimer's Impact Movement (AIM)
Statement**

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) thank the Committee for its continued leadership on issues crucial to individuals living with Alzheimer's and other dementias. We appreciate the opportunity to submit this statement for the record for the Senate Special Committee on Aging hearing on "Breaking the Cycle of Senior Loneliness: Strengthening Family and Community Support." This statement highlights the profound impact of senior loneliness and social isolation on our nation's aging population, particularly those at risk of developing or who are living with Alzheimer's or another dementia.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's disease and other dementias through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

The Critical Role of Family Caregivers

People living with Alzheimer's disease may experience changes in the ability to hold or follow a conversation. As a result, they may withdraw from hobbies, social activities, or other engagements. Caregivers of individuals living with Alzheimer's or another dementia play an essential role in combating this, maintaining the quality of life for their loved ones, and helping them live independently in their homes and communities for as long as possible. They are the backbone of our nation's health care system. However, the immense physical, emotional, and financial toll of caregiving often leaves them socially isolated themselves. In fact, 41 percent of dementia caregivers report having no additional unpaid assistance, highlighting the urgent need for stronger support systems. In 2023 alone, more than 11 million caregivers provided 18.4 billion hours of unpaid care - valued at nearly \$350 billion - underscoring their indispensable role in our health care system. There are several types of caregiver interventions designed to assist caregivers of individuals with Alzheimer's or another dementia, such as support groups, which provide caregivers the opportunity to share personal feelings and concerns to overcome feelings of isolation in a community-based setting.

It is evident that Alzheimer's takes a devastating toll on caregivers, from facing social isolation to battling the financial strain associated with caregiving. Amid these challenges, there is an urgent need to alleviate the overwhelming costs faced by caregivers. We strongly support the bipartisan Credit for Caring Act (S. 925/H.R. 2036), which would create a new, nonrefundable federal tax credit of up to \$5,000 for eligible working family caregivers of individuals, regardless of age, with certain functional or cognitive limitations. The tax credit would help alleviate some of the financial strain on these selfless caregivers nationwide and could be used to offset some of the costs of caregiving, including the costs of respite care, transportation, lost wages, and more. We look forward to working with Congress and members of the Committee to advance the bipartisan Credit for Caring Act and other legislation to support caregivers, as they enhance the longevity and quality of life for our aging population.

Expanding Capacity for Health Outcomes (Project ECHO)

Technology-enabled learning models, such as Project ECHO, are also transforming the way health care providers support individuals with Alzheimer's-especially in rural areas. These education models, often referred to as Project ECHO, can improve the capacity of providers, especially those in rural and underserved areas, on how to best meet the needs of people living with Alzheimer's. Project ECHO helps

primary care physicians in real-time understand how to use validated assessment tools appropriate for virtual use to make early and accurate diagnoses, educate families about the diagnosis and home management strategies, and help caregivers understand the behavioral changes associated with Alzheimer's, which can be heightened during isolation. We ask that Congress continues to support provisions expanding the use of technology-enabled collaborative learning models. Expanding these programs will not only improve dementia care but also strengthen the support networks that help individuals with Alzheimer's and their caregivers feel less alone.

Social Isolation as a Dementia Risk Factor

As of 2024, nearly 7 million Americans are living with Alzheimer's, a number expected to rise to nearly 13 million by 2050. Some researchers have surmised that factors such as social isolation from COVID-19 lockdowns, for example, no-visitor policies in long-term care facilities, and increased intensive hospitalizations may increase dementia risk at the population level, but research in coming years will be necessary to confirm this and examine whether the impact is time-limited or long term. With many more at risk of developing the disease or another form of dementia, the need for effective dementia risk reduction strategies that help all communities increases by the day. Two-thirds of Americans have at least one major potential risk factor for dementia. As the prevalence of dementia continues to rise, addressing modifiable risk factors - such as staying mentally and socially active and physical activity - is essential not only to reduce the number of new cases but also to prevent current projections from worsening.

Population-based and epidemiologic studies show that certain modifiable risk factors can increase the risk of cognitive decline and possibly dementia. A growing body of evidence shows that healthy behaviors can protect and promote brain health. Given the growing evidence that lifestyle factors play a significant role in cognitive health, larger studies are essential to further understand how we can effectively reduce the risk of cognitive decline and help individuals live longer, happier lives. The Alzheimer's Association U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk (U.S. POINTER) is a two-year clinical trial to evaluate whether lifestyle interventions that simultaneously target many risk factors protect cognitive function in older adults with an increased risk for cognitive decline. U.S. POINTER is the first such study conducted on a large group of Americans across the United States. Approximately 2,000 volunteer older adults who are at increased risk for dementia have been enrolled and will be followed for two years. Two lifestyle interventions will be compared, which vary in intensity and format. Eligible volunteers are randomly assigned to these interventions to evaluate whether cognitive benefits from a structured program differ from a self-guided program. Lifestyle interventions combining multiple behavior components show promise as a therapeutic strategy to protect brain health. We look forward to sharing the results of this groundbreaking study soon.

Conclusion

By prioritizing policies supporting caregivers and combating social isolation and senior loneliness, we can help the aging population live longer, healthier lives. The Alzheimer's Association and AIM deeply appreciate the Committee's continued commitment to advancing issues vital to the millions of families affected by Alzheimer's disease and other dementias. We look forward to working with the Committee in a bipartisan way to combat senior loneliness and improve quality of life for those impacted by dementia.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

ASHA Statement

The American Seniors Housing Association (ASHA) appreciates the opportunity to submit this statement for the record regarding the March 12, 2025, Senate Aging Committee hearing, Breaking the Cycle of Senior Loneliness: Strengthening Family and Community Support.

ASHA is a national organization of over 500 senior living companies that own, operate, or provide services to approximately 7,000 senior living communities across the U.S., including independent living, assisted living, memory care and life plan/continuing care retirement communities. The Association's programs are focused on promoting quality and innovation, advancing research, exchanging strategic business information, and educating seniors and their families about the benefits of senior living communities.

As such, we have a keen interest in the policy agenda of the Senate Aging Committee and encourage the committee to look to ASHA as a resource for timely and relevant research on issues that impact seniors relative to their housing options and long-term care needs.

We appreciate the Committee addressing what has been described as an epidemic of loneliness. While the harmful effects of loneliness are currently receiving much needed attention, it has long been a top-of-mind issue for our members who prioritize social engagement as a core benefit of seniors' housing. The industry welcomes the opportunity to create more awareness about what it is achieving to combat this serious public health issue through the hard work and dedication of senior living professionals, compassionate caregivers and other essential team members.

Our comments focus on the following:

- The epidemic of loneliness and its harmful health impacts
- How senior living communities promote social engagement in creative and innovative ways
- Important policies to address loneliness should be advanced in Congress and Agencies

The Epidemic of Loneliness and Harmful Health Impacts is Well Documented

As the population ages, it is critical that our nation adequately meets the demands of providing quality long-term care, especially given the significant and growing numbers of seniors who are lonely, isolated and socially disconnected. According to Johns Hopkins, nearly 25% of adults aged 65 and older are considered socially isolated-as they're more likely to live alone or experience the loss of family members and friends. Facilitating opportunities for connection for older adults is one way to address the heightened risk of loneliness.

In a report by the National Academies of Sciences, Engineering, and Medicine (NASEM), findings on loneliness and social isolation in older adults conclude that social isolation significantly increases an individual's risk of premature death from all causes, rivaling the risks associated with smoking, obesity, and physical inactivity. Social isolation was associated with a 50 percent increased risk of dementia, a 29 percent increased risk of heart disease, and a 32 percent increased risk of stroke. These are stunning outcomes that should prompt action to address ways to mitigate the source of these harms.

We are grateful your committee is raising the visibility of this epidemic among seniors, and we look forward to assisting with your efforts.

Senior Living Promotes Socialization and Engagement as a Core Benefit to Residents

There are approximately two million older adults who call senior living "home", and numerous reasons why they move into a community. In addition to the myriad services offered, the added benefit of promoting social engagement with others in the community ranks among the most important aspects of senior living for residents and family members.

The average assisted living resident is an 84-year-old woman who is widowed, has multiple chronic and functional limitations, requires assistance with her activities of daily living such as, bathing, eating, and dressing. She and her family are looking for quality care, safe housing and balanced nutrition in an environment that allows for independence (with assistance, as needed) and the ability to age in place with dignity. These services are the core characteristics of senior living, but creating opportunities for engagement and personal connection is intrinsic to everything offered in a community.

Life in a community means always having something to do - and people to enjoy life with, creating a meaningful lifestyle. We know the role that social, economic and physical living conditions play in achieving good health, well-being, and quality of life. These non-medical factors (the "social determinants of health") that influence health care outcomes are at the heart of senior living. This doesn't just happen; it is purposeful in design with the goal of creating environments where residents have the opportunity to thrive.

Given the high priority senior living providers place on the benefits of socialization, ASHA sponsored a research report to focus on this topic. We are pleased to share with the Committee: Senior Living Communities: Uniquely Positioned to Reduce Social Isolation and Promote Social Connection in Older Adults. This brief was prepared for ASHA by ATI Advisory and included a literature review, senior living company surveys and individual case studies that highlight the impact of social opportunities on residents' wellbeing.

The goals of this report were twofold:

- (1) to explore the relationship of social isolation to physical and mental health outcomes and utilization of health care services and;
- (2) to highlight approaches that senior living communities are taking to reduce social isolation and promote social connection among their residents.

I hope you will find this full report of value to your efforts in further addressing this issue. For purposes of the statement, I want to highlight a few key observations in the report.

Key Observations:

- Senior living plays a critical role in reducing social isolation among older adult residents, limiting the risk of negative health effects and promoting critical social connections. Many residents move into a community and become more active than when they lived in their former home.

- Senior living improves quality of life by fostering a cohesive social environment and encouraging participation in social activities. The authors highlight a recent study which found that senior living residents had increased resilience, mood, optimism and satisfaction with their lives compared to their counterparts in the general population.

- Senior living offers diverse activities to meet the needs, desires, and interests of their varied community base. Quality of life is improved by offering opportunities that promote resident and community connection.

- Case studies demonstrate that while no two senior living communities are the same, they offer innovative approaches to promoting social engagement. See more below.

- Senior living socialization efforts, enhanced during the COVID pandemic, continued, albeit with a twist. While interaction with friends and family decreased during the pandemic, virtual interaction dramatically increased. Staff were on hand to navigate new technologies, thus uncovering new ways senior living communities allowed for greater access to social, physical and intellectual wellness than their counterparts living in the greater community.

Figure 1: Senior Living Communities Offer Diverse Opportunities for Social Connection

 Offer Diverse Activities	 Promote Resident Connection	 Promote Community Connection
➤ Group karaoke ➤ Drumming class ➤ Monthly men's breakfast and women's social tea ➤ Grief share group ➤ Wellness programs ➤ Casino night ➤ Poetry and theater programs ➤ Puppy yoga with local animal shelter ➤ Writer's group (journaling, vision boards) ➤ Life reflections program (sharing life stories with others) ➤ Interactive robots with games and music ➤ Indoor farming with herbs and lettuce for the community ➤ Resident-led program development	➤ Resident pen pal program ➤ Buddy system, resident floor captains assigned to new residents ➤ Personalized envelopes at each resident door (for notes, treats) ➤ Rewards program to incentivize engagement in classes and activities ➤ Using data to tailor programming to residents who currently don't participate in activities ➤ Continued virtual social programming for residents more comfortable in their room ➤ Hall/Neighborhood events and support groups ➤ Restaurant style dining programs	➤ Fitness club open to surrounding general population over 50 ➤ Remote trivia games with local high schools ➤ Hydroponic gardening with local elementary school ➤ Local beauty school providing practice manicures ➤ Senior-friendly social media app to promote communication among residents with the wider community ➤ Volunteer opportunities (hats for individuals with cancer; blankets for pediatric hospitals)

Source: ATI with ASHA member input (late 2021/early 2022)

Other Studies/Reports:

NORC/University of Chicago: Findings demonstrate that upon moving into senior housing, vulnerability increases for a short period as residents settle into their new community before leveling off and showing improvement. "Non-medical care and services like socialization, transportation, exercise, balanced nutrition, medication management, and others have a positive impact on a resident's health," said Dianne Munevar, lead researcher at NORC.

US News and World Report: Released new findings from their survey of residents who had recently moved into senior living communities and their families about their experiences with loneliness, the health impacts of social isolation and how moving into a senior living community positively changed that experience. (How Senior Living Communities Reduce Loneliness and Improve Senior Health: 2025 U.S. News Survey Report)

Important Policies to Address Loneliness Should be Advanced in Congress and Agencies

There are many opportunities Congress can take to enact policies and programs and raise general awareness about and enhance what is already available. The Senate Special Committee on Aging is positioned to do this by promoting policies to call more attention to the harms of loneliness and incentivizing creative programming to enhance social engagement in senior living communities

- The Social Engagement and Network Initiatives for Older Relief (SENIOR) Act (Senior Act) creates a meaningful approach to initiating the broader conversation on loneliness among older adults. Adding loneliness to the definition of disease prevention and health promotion services under the Older Americans Act, requiring the Department of Health and Human Services to create a report on the effects of loneliness on older adults, and recommending solutions and analyzing the relationships between multigenerational family units, has the ability to place this health crisis front and center in the minds of policymakers, health care providers and systems, academics, research institutions and the entire long term care industry.

- The Care Across Generations Act. There is much evidence to date to indicate that fostering relationships between young and old are beneficial to both in terms of increased socialization and overall wellbeing. Taking action to increase such arrangements is encouraged. ASHA supports additional voluntary programs that encourage these relationships. The Care Across Generations Act is a worthy program to encourage these relationships. We need to promote intergenerational care, such as encouraging child-care and early-learning programs to be established in relation to senior living communities.

Other Areas for Consideration:

Workforce Shortage in Senior Living: Given the importance of senior living as a positive factor in addressing the crisis of loneliness, it is important that the industry continue to meet the current and future needs of the aging population. To do so, it is important that policymakers understand the workforce challenges we are facing in the caregiver, nurse assistant, housekeeper, and dining staff positions.

ASHA supports an "all of the above" solution that creates a pipeline of caregivers in a number of ways including 1) through workforce training and development pro-

grams, specifically targeted for long term care positions; and, 2) the advancement of proposals to enact legal immigration reform for worker visas, to allow foreign workers to work in the senior living industry to help meet the growing needs.

There are simply not enough native-born workers to meet the current and future demand for long-term care. Left unresolved, it will ultimately impact the ability to care for older adults. As the aging population grows exponentially, organic workforce growth in the country is expected to stagnate. We understand the need to address border security, but we also need to create a legal immigration process where visas are made available to caregivers and other essential workers in long term care. We support efforts to address both challenges.

Costs of Long-Term Care: In addition to sharing and promoting these favorable studies and reports about the benefits of senior living in reducing the level of loneliness for older adults, it is also important to recognize the cost effectiveness of senior living relative to other settings.

Specifically, as explained in the ASHA sponsored report, *The Surprising Price of Staying in a House, Cost Comparisons Often Favor Senior Living*, the emphasis on keeping people in their homes at all costs may be shortsighted. While we understand most people do not want to leave their homes given their personal attachment, the decision should not be based on cost alone, without further examination of what it takes financially to remain in the home.

A recent analysis challenges the cost assumptions. The math most seniors and families use does not capture all of the costs associated with living in a house, such as taxes, insurance, HOA fees, maintenance, system failures, etc. or enjoying meals and transportation to appointments, grocery store, movies, etc. When all of these factors are considered, the costs tell a different story. This information should be made widely available to older adults in all public service information sharing efforts to ensure they have important facts to make an informed decision. NOTE: The figures below under Home Health Care, do not reflect a 24/7 care environment as included in assisted living. Therefore, as more hours are needed, the costs grow exponentially.

Provider	Setting	Monthly Cost	Yearly Cost
Assisted Living Community (12 months of care/housing)	Private, One Bedroom	\$5,900	\$70,800
Home Health Care (44 hours per week/52 weeks)	Home Health Aide	\$6,483	\$77,792
Nursing Home Care (365 days of care)	Semi- Private Room	\$9,277	\$111,325
	Private Room	\$10,646	\$127,750

Source: Genworth Cost of Care Survey 2024

ASHA welcomes the opportunity to create more awareness among the Senate Aging Committee about what the industry is achieving in senior care for residents, caregivers, families, and the broader healthcare system. As noted above, the senior living industry's work to promote social engagement and thus reduce the associated health risks is especially relevant to the current inquiry by the Committee. The hard work and dedication of senior living professionals and the overwhelming resident and family satisfaction deserves to be recognized.

The aging population and booming demand for long-term care in the very near future requires policy makers to give serious thought to innovative approaches to create more options for older adults who need care and housing. We look forward to working with the Committee to advance opportunities to meet this critical need.

Sincerely,

/s/

David Schless
President and CEO

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND
COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

ASHA: Senior Living Communities Report

special issue

brief



SUMMER 2022

SENIOR LIVING COMMUNITIES:

Uniquely Positioned to Reduce Social Isolation
and Promote Social Connection in Older Adults

asha
American Seniors Housing
ASSOCIATION

ATI ADVISORY
IDEAS TO ACTION IN HEALTHCARE & AGING



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SENIOR LIVING COMMUNITIES: 1

Uniquely Positioned to Reduce Social Isolation and Promote Social Connection in Older Adults

OVERVIEW

Even before the COVID-19 pandemic intensified levels of physical isolation, nearly one in four older adults was socially isolated. Social isolation, particularly in older adults, increases risk for poor health outcomes.¹

Senior living communities play a critical role in reducing social isolation among older adult residents, limiting the risk of negative health effects, and promoting critical social connections that contribute to overall quality of life. The social opportunities ingrained within senior living communities have a tangible, positive impact on residents' lives and health. Many residents move into a community and become more active than when they lived in a private residence.

These communities offer a range of both structured and unstructured opportunities for residents to socialize with each other, with staff, and with the broader community. This diverse programming helps engage each resident in a way that feels natural to them and provides residents with autonomy to choose how they spend their time.

Senior living communities deliver various levels of support across independent living, assisted living, and memory care, as well as continuing care retirement communities (CCRCs). A 2018 survey of people living in senior living communities found that 73% of residents felt at home in their community most or all of the time.² The study pointed to social connection as a key factor that contributes to feeling at home. Purposeful use of physical spaces, programming, technology, and focused efforts to support relationship building within the community's walls and beyond can help facilitate social engagement for residents.



Residents enjoy the view while on a Walking Club excursion.

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2

The American Seniors Housing Association (ASHA), with support from AT1 Advisory (AT1), prepared this *Special Issue Brief* to (1) explore the relationship of social isolation to physical and mental health outcomes and utilization of health care services and; (2) to highlight approaches that senior living communities are taking to reduce social isolation and promote social connection among their residents.

AT1 conducted a literature review and surveyed ASHA members regarding senior living communities' efforts to reduce social isolation. In addition, interviews with three senior living communities informed in-depth case studies outlining the impact of social opportunities on residents.

SOCIAL ISOLATION AND LONELINESS LEAD TO POOR HEALTH OUTCOMES AND INCREASED HEALTH CARE SPENDING

A growing body of evidence demonstrates a link between social isolation and worsened health outcomes. Social isolation¹ is associated with increased depression and anxiety,⁴ increased risk of dementia,⁵ decreased cognitive function,⁶ increased risk of smoking,⁷ lower likelihood of regular exercise,⁸ increased medical risk (higher rate of coronary heart disease, stroke, cancer),^{9,10} difficulty with activities of daily living (ADLs) like eating, bathing, and dressing,¹¹ and an increased risk of premature mortality.¹² A meta-analysis found social isolation and loneliness increased the risk of mortality by 29% and 26%, respectively.¹³

Social Isolation: an objective lack of social contacts or regular interaction with people.³

Loneliness: the subjective perception of feeling alone

Growing older puts people at risk of experiencing social isolation and loneliness due to shrinking networks and increased risk of hearing, vision, and memory loss. The need for increased physical distance due to COVID-19 has only exacerbated these effects.

The brain is wired to seek social connection, and when this is not available, the brain experiences stress, which can make the body more vulnerable to diseases.¹⁴ One study found that people who felt lonely were more vulnerable to a cold virus, experiencing more severe symptoms, than people who were not lonely.¹⁵

Individuals experiencing social isolation are also more likely to utilize higher acuity care settings and have associated higher health care expenditures. Social isolation is linked to increased rates of hospitalization,^{16,17} more frequent use of intensive care units (ICUs),¹⁸ and a higher rate of nursing home stays.¹⁹ In 2017, Medicare fee-for-service paid an additional \$8.7 billion for adults living in the general population who were experiencing social isolation, compared to beneficiaries who were not. Controlling for living arrangement, region, Medicaid coverage, comorbidities, and demographic variables, Medicare paid an extra \$134 per beneficiary per month for those experiencing social isolation. For comparison, Medicare paid an extra \$117 per beneficiary per month for those with a diagnosis of arthritis, \$17 lower than the added costs caused by social isolation.²⁰

THE POTENTIAL OF SENIOR LIVING COMMUNITIES TO REDUCE SOCIAL ISOLATION

Senior living communities improve quality of life by fostering a cohesive social environment and encouraging participation in social activities. An extensive literature search found the following:

- ▶ A 2018 study found that residents in senior living communities had increased resilience, mood, optimism, and satisfaction with their lives compared to their counterparts in the general population. Residents were more likely to have greater social, physical, and intellectual wellness than older adults living in the general population, and they also reported more healthy behaviors.²¹

70% of residents said that moving into a senior living community improved their social wellness.²¹

- ▶ Senior living communities are uniquely positioned to help reduce loneliness and social isolation by promoting meaningful connections among residents and with members of the surrounding broader community. Emerging research in senior living communities demonstrates the effectiveness of efforts to support social connectedness.²²
- ▶ Social facilitation and befriending interventions, such as peer mentoring programs and volunteer outreach, successfully cultivate connections between senior living residents.²³
- ▶ Staff support for video calls with family and friends and telephone calls with community volunteers reduce loneliness and depression in residents.²⁴
- ▶ Engagement in social opportunities offered by senior living communities – such as games, fitness, and religious groups – benefits residents mentally while also reducing the risk of falls and improving muscle mass.²⁵
- ▶ Interventions to promote physical activity can also reduce social isolation and depression (and improve function), particularly if delivered at least weekly and with the involvement of a health care provider.²⁶
- ▶ Other research-backed strategies to foster social engagement include leisure/skill development (e.g., computer and internet training) and group interventions with a psychosocial component (focusing on both psychological and social aspects).²⁷
- ▶ More broadly, successful interventions to promote social connection are adaptable for varying interests, promote productive engagement, and involve input from older adults themselves in program development.²⁸
- ▶ Programming that promotes autonomy, supports achievement through mastery of a subject, and enhances affiliation with others is particularly likely to improve well-being.²⁹

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SENIOR LIVING COMMUNITIES OFFER DIVERSE OPPORTUNITIES FOR SOCIAL CONNECTION

ATI's survey of ASHA members in late 2021 revealed a range of creative approaches to support social connection in senior living communities, including buddy systems, resident-designed and led programming, virtual event options, diverse programming tailored to all resident interests, intergenerational social offerings, activities integrating residents with the broader surrounding community, and fun and creative physical and mental activities. Figure 1 includes a sampling of the approaches for promoting social connection shared by survey respondents.

Survey responses included 290 senior living communities across 35 states (including assisted living, independent living, active adult, memory care, and continuing care retirement communities).

Figure 1:
Senior Living Communities Offer Diverse Opportunities for Social Connection

 OFFER DIVERSE ACTIVITIES	 PROMOTE RESIDENT CONNECTION	 PROMOTE COMMUNITY CONNECTION
- Group karaoke - Drumming class - Monthly men's breakfast and women's social tea - Grief share group - Wellness programs - Casino night - Poetry and theater programs - Puppy yoga with local animal shelter - Writer's group (journaling, vision boards) - Life reflections program (sharing life stories with others) - Interactive robots with games and music - Indoor farming with herbs and lettuce for the community - Resident-led program development	- Resident pen pal program - Buddy system, resident floor captains assigned to new residents - Personalized envelopes at each resident door (for notes, treats) - Rewards program to incentivize engagement in classes and activities - Using data to tailor programming to residents who currently don't participate in activities - Continued virtual social programming for residents more comfortable in their room - Hall/Neighborhood events and support groups - Restaurant style dining programs	- Fitness club open to surrounding general population over 50 - Remote trivia games with local high schools - Hydroponic gardening with local elementary school - Local beauty school providing practice manicures - Senior-friendly social media app to promote communication among residents with the wider community - Volunteer opportunities (hats for individuals with cancer; blankets for pediatric hospitals)

Source: ASHA member input (late 2021/early 2022)

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Figure 2:
Approaches to Promoting Social Connection Reported
by Senior Living Communities

SOCIALIZATION INNOVATIONS: KEY THEMES

Resident-designed and led programming	Social activities integrating residents with broader community	Mental / Intellectual health	Inter-generational social engagement
Continued incorporation of virtual events during pandemic	Diverse programming tailored to all residents	Buddy systems/ peer support	Fun and creative physical activities

Source: ASHA member input (late 2021/early 2022)

Senior living communities reported a diverse range of activities prior to the COVID-19 pandemic and described plans for further expansion of activities over the next two years (Figure 2). In both time periods, group exercise, educational programs, entertainment events, and excursions were most commonly reported.

Respondents also indicated how they promoted safe social connectedness during the pandemic. Figure 3 shows that virtual interaction with family and friends dramatically increased during the pandemic, while in-person events with family and friends and excursions outside of the community decreased, as would be expected and advised by public health officials. Many communities continued to offer educational events, group exercise programs, gardening opportunities, resident-directed activities, and entertainment opportunities during the pandemic, with virtual and/or outside options. When programming was virtual, staff helped residents navigate the technology so they could take full advantage of the experience. Though the pandemic brought many challenges, it also uncovered new ways senior living communities can promote connection virtually.

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Figure 3:
Percent of Senior Living Communities Offering Specific Social Opportunities



Source: Dec 2021/Jan 2022 ASHA member survey data

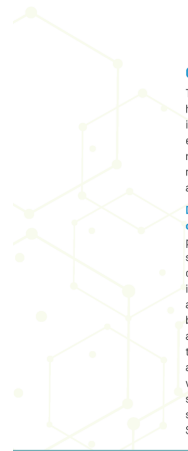
While there is an extensive range of social activities to choose from, senior living communities are also purposefully designed to provide physical spaces that foster easy social interaction among residents through impromptu connections, in addition to planned activities.

➤ More than 80% of respondents reported that they have an indoor common area, outside patio seating, indoor entertainment space, arts and crafts studio, walking paths and/or outside gardens. The indoor common areas and entertainment spaces are particularly popular among residents, followed by the outdoor patio and arts and crafts studio.

➤ Many communities also offered an indoor gym (75%) and outdoor activities (61%).

The combination of diverse structured and unstructured opportunities for residents to socially engage ensures there are varied options for each resident to socialize, regardless of preferences, personality, or ability.

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CASE STUDY: SENIOR RESOURCE GROUP

This case study focuses on Senior Resource Group's (SRG's) approach to fostering resident health and socialization in their independent living and assisted living communities operating in seven states. SRG brought in a Corporate Director of Life Enrichment focused on resident engagement and well-being with a population health lens who launched "SRG Zest" to support residents in living happier, healthier, more socially connected lives. The program encompasses mind (building cognitive reserve and nurturing social connections), body (movement to prevent and slow decline), and soul (full immersion in a flow state through personalized creative outlets).

Data-driven program design supports a personalized approach to promoting social connection. SRG uses an engagement platform tool to track and analyze resident data, plan social activities, and support resident connections to each other, their families, and staff. Staff review resident reports, looking for trends of note and identifying residents with decreasing engagement activity or those not participating so that staff can reach out to seek input that allows adjustments to engagement offerings. Engagement data can be analyzed alongside other data for deeper insights into resident well-being (e.g., engagement levels before and after beginning physical therapy). Each resident profile includes a brief biography and likes and dislikes, information that assists staff in designing socialization opportunities that are tailored to resident interests. For example, a recent analysis identified vinyl records as a top interest; each community purchased a vintage record player and began offering vinyl variety hour - a very popular activity. The platform also functions as a community-specific social network, with a daily color-coded activity calendar, messaging (between residents, staff, and family members), and the ability to upload photos and tag other residents in them. Some communities have reached a 95% resident adoption rate of the platform.



It used to be that any time my sister, brother or I would want to see our mom, she was available. Now (after moving in), she needs to check her schedule to see when she's available! We are so thrilled to see her so happy and engaged with life again!"

— Lisa (daughter of an SRG resident)

Incorporating social connection into the operational model improves resident quality of life. Corporate-level programmatic support (monthly themes, marketing templates, activity ideas, messaging tips, photo backdrops, etc.) for staff at each community bolsters their ability to use resident data to tailor engagement activities to align with the cultural characteristics and interests of a specific community, and to do so in a way that is easy and efficient. SRG looks for opportunities to streamline workflows in this way to enable directors to be on the floor to interact with residents and to shape social connection opportunities that are responsive to resident input. In a recent resident survey, 85% of residents felt that staff knew them well, and 77% felt that interactions with staff were the best part of their day.

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Residents enjoy Zest Cardio Drumming.

Diverse social activities, many incorporating physical activity, engage a broad range of residents. SRG offers numerous ways for residents to explore interests and engage with others who have similar interests, and more than half (54%) of residents participate in activities across all communities. Residents design and run their own programs as well, including Book Club, Today in History, Biker Babes, and Bocce Ball. This approach is illustrative of a broader trend in senior living communities (82% of ASHA survey respondents expect to continue using resident-driven activities going forward). SRG also launched a podcast series spotlighting resident stories and offers a number of intergenerational activities involving the wider community such as local college students teaching dance lessons.

Physical activity is intentionally prioritized in social engagement activities. Communities are designed to promote walking, and each location has a walking club and a tailored walking map to facilitate this popular form of exercise that promotes social camaraderie in addition to physical health. Drumming classes using exercise balls to encourage both healthy movement and social connection have been particularly popular and have been expanded across community locations. Staff and residents also participate together in wellness challenges (e.g., "take a photo of someone making a healthy choice"), strengthening social ties in fun health-promoting ways.

Welcoming new residents is key to facilitating social connection. To integrate new residents into the social fabric of the community, the welcoming committee (comprised of both staff and residents) hosts a "meet your neighbor" welcome party for the new resident and creates a dinner schedule rotation to introduce them to potential new friends with interests in common identified via the engagement platform. Across SRG locations, 82% of residents eat two or more meals each day in the communal dining room or café. Each resident also receives personalized recommendations for activities they might enjoy based on their interests. In addition to facilitating social connections for new residents, the community uses tools such as seat rotations at events to encourage connections outside a resident's immediate social circle, supporting new friendships and minimizing social cliques.

The pandemic required flexible and creative approaches to helping residents feel socially connected. SRG supported residents in re-framing the anxiety and worry they might be feeling related to the pandemic and offered novel ways to share experiences and communicate with each other. The implementation of "Zest walls" offered open space for residents to share their responses to question prompts and to write messages to each other. Community rituals (such as ringing bells at set times) and outdoor movie nights with residents watching from their balconies allowed residents to safely share in an experience together. The community also supported residents in learning to use Zoom and FaceTime in order to access virtual programming and chat with friends and family living outside the community.

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CASE STUDY: JUNIPER VILLAGE

Juniper Village at Bucks County is a Life Plan Community (also referred to as a continuing care retirement community or CCRC) in Bensalem, PA near Philadelphia. On a 20-acre campus, residents can access independent senior living but with the "safety net" of rehabilitation and skilled nursing stays, personal care, and memory care available on-site if needed. To that end, the community has designed its engagement programs, technology platforms, and physical spaces to foster meaningful connections between residents, staff, and the broader community.



I participate in the programs here because it's a friendly, good place.
When I came to Juniper, I decided I wasn't going to just sit."

— Joan F. (Juniper resident)

A data-driven approach provides personalized engagement opportunities for residents.

For example, when a new resident moves in, they meet with a "lifestyle concierge" to discuss their goals for well-being – taking into account not only health and wellness goals, but whole person well-being, including interests, passions, intellectual pursuits, friendships, and more. By getting to know what ignites the spark in each individual, staff are able to offer a "lifestyle prescription" that connects residents with a variety of experiences tailored to their specific interests and goals.

Similarly, Juniper uses a technology solution to continually analyze the interests, backgrounds, and goals of residents living in the community, track resident social activity, and plan engagement programs that cater to changing demographics. For example, if the community has a high percentage of self-identified "foodies" they will plan more culinary-based experiences, such as cooking demonstrations from a local chef, mixology classes with the in-house bartender, and a recipe-sharing club run by residents. While personalized programming increases engagement levels, it also gives residents the opportunity to connect with others with similar interests, and plants the seed for friendships to grow. This technology solution is also used more broadly to increase awareness of both virtual and in-person engagement opportunities, and the community is in the process of expanding efforts to collect data to measure the impact of personalized engagement on resident satisfaction and wellbeing.

A hybrid approach to technology offers new ways for residents to engage. Prior to COVID-19, most programming was offered face-to-face, onsite. Thanks to the adoption of Zoom as well as an on-site tech concierge, residents are embracing virtual programming, both on-demand and in real time. For example, residents can access a virtual, self-guided tour of the Philadelphia Zoo and also enjoy a live, interactive lecture with art history experts from the Smithsonian. The community also uses a web-based platform to connect residents to

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each other through a resident directory and an online news feed. The platform also supports engagement between residents with common interests (e.g., the "crafty ladies" resident committee) across in-person and virtual spaces.

Building and maintaining strong relationships is key to keeping people healthy. In addition to connecting with peers, it is also important for residents to develop meaningful relationships with staff. For decades, Juniper has employed the "Best Friends" program to help people feel at home, beginning on the day of move-in. This program pairs each resident with a staff member who takes a focused interest in their lives. When residents have a question or are experiencing a challenging time, they have an established connection with someone who can offer guidance. Intentional approaches to deepening relationships between residents and staff are an important part of planned programming in other senior living communities as well: 66% of survey respondents said they plan to continue using welcome resident/staff pairing programs to ease transitions into the community going forward. In addition, the Refresh mindfulness program also brings staff and residents together regularly through daily breathing exercises and intention-setting each morning, an activity that staff indicated has "brought a wall down" as individuals are experiencing an opportunity to slow down and be present together. The impact of COVID-19 has demonstrated that these programs are particularly vital.

Communities intentionally create opportunities for blending of residents and those living outside the community. Juniper's recently re-designed campus promotes diverse opportunities for residents as well as individuals from the surrounding community to connect. The campus includes spaces for casual gathering and events, a coffee shop, a fully functioning bar, and a fitness center with a pool, gym, and lounge for socializing. People living in the area can frequent the café and bar and can also sign up for a membership to use the fitness facilities alongside current residents, which allows for impromptu connections between residents and others living beyond the senior living community's campus.

More formally, the community enters into partnerships with local organizations and businesses to use the space, such as theatre companies, book clubs, massage therapists, wineries, and more. They are also considering an expansion of the resident social media app to include individuals from the surrounding community. Through a mindset shift that approaches spaces as hubs for the greater community, residents have more opportunities to build meaningful relationships – within the community's walls and beyond.

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CASE STUDY: KENSINGTON SENIOR LIVING

This case study focuses on memory care communities in two Kensington Senior Living (Kensington) locations - one in Kensington, MD and the other in Falls Church, VA. Each community offers a "Connections" and a "Haven" neighborhood, supporting residents with varying levels of memory loss. Connections is intended for those in earlier stages of memory loss and promotes resident engagement that promotes meaning and purpose in their lives. Haven is intended for those with more advanced cognitive decline and seeks to enable connections while reducing agitation and increasing comfort.

Intergenerational experiences have been important to residents. Though many survey respondents reported that the pandemic decreased their intergenerational programming options, over half indicated they plan to offer these types of experiences going forward. Kensington uses a wide range of social activities and intergenerational programming to promote social connections beyond the community's walls. Music activities such as choir, community-wide live piano sing-alongs, musical entertainers, and music therapy (individually and in groups) are especially popular. The community actively engages nearby businesses and schools to create opportunities for residents to connect with others around interests, hobbies, and shared projects. In partnership with nearby schools, residents have opportunities to perform in an intergenerational choir and to be interviewed by students who write about their lives for their English projects. Staff note that this partnership is mutually beneficial, bringing joy to residents and also helping children understand and develop connections with older adults, especially if they do not have grandparents in their daily lives. Residents can also read aloud at nearby preschools and elementary schools and partner with middle schools on volunteer projects. Partnerships around art and photography have also been fruitful, including collaboration with a nearby arts collective that provides workshops to residents, periodically changing the artwork in residents' hallways, and holding an art fair open to the community that includes resident submissions.

Virtual programming expanded activity options during COVID-19 and beyond.

Throughout the pandemic, Kensington explored novel virtual options for connection, including live tours to destinations around the world, complete with boarding passes. They found that these options were powerful strategies for keeping people connected with the outside world and families and have indicated that they'll continue to use these tools into the future. Virtual options are particularly helpful for those who experience functional challenges and chronic pain, which may create more difficulty in attending



Kensington resident and school project

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12

In-person activities. Staff members play a key role in facilitating these events and making them accessible for all residents. In a survey of ASHA members, 60% of respondents also indicated that they plan to continue using virtual program options going forward.



That feeling of loss [when leaving her home] was soon replaced by a feeling of belonging once the staff surrounded her with their warm embrace. From the caring attention of the staff to the loving kindness of Kyoko and the friendship of her Kensington Club pals, my mom is living her best life."

– Julie R. (daughter of Kensington resident)

Physical spaces can be key drivers of social connection. The community intentionally designs physical spaces so that wayfinding and navigation are easy and so that communal space can be used flexibly to promote connections in diverse ways. Communities are designed around a single communal hub that includes a café, dining room, activity rooms, piano area, and outdoor terrace. Recognizing the importance of being able to host and gather with others over a meal or a drink, communal spaces are used to allow individuals living outside the community to engage naturally with residents over the course of a day. Daily happy hours open to family and friends center around live piano music with snacks, cocktails, and non-alcoholic beverages. Residents also have the opportunity to host their family and friends at meals held at flexible times throughout the day. Through incidental and planned connections, residents use common spaces to engage with each other, their families, and friends, and make new social connections with the guests of other residents.

Person-centered approaches support socialization during the transition into memory care.

The pandemic has been especially isolating for older adults living alone. Staff indicate that families report seeing the biggest impact on their loved ones during the initial transition from an isolated home environment into the memory care community where residents can more readily connect with peers and enjoy the benefits of socialization. As they move in, residents have a designated care partner (private duty aide) who meets with them 1:1 and gives them a tour of the community. Kensington creates a "Move-ins At a Glance" sheet for all staff and care partners to learn about new residents' backgrounds, family, pets, likes, and dislikes. Care partners use this sheet to engage with residents on a personal level and to connect them with residents with similar interests. The community is also planning to re-start "memory cafés" this summer – where local citizens, potential new residents and their family members can spend time together in the café space (doing art projects, exercise class, music, games). Community caregivers also benefit from the ability to connect with each other and share experiences of caring for someone with a cognitive impairment.

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MOVING FORWARD

Senior living communities offer older adults a home where they can strengthen social connections. Tailored social programming engages residents and provides opportunities for them to connect with others through shared interests. Physical space is designed to support casual social encounters between residents and staff, as well as hosting opportunities for family and friends. Residents appreciate the virtual activity options spurred by the pandemic, and this modality will likely continue to be used alongside in-person events as a way to reach as many residents as possible.

Social isolation and loneliness were problems before the pandemic and have only increased. When older adults do not have access to social opportunities, both physical and mental health is at risk. Senior living communities play an integral role in addressing social isolation and supporting the overall health, well-being, and happiness of their residents.



Disco Night



Walking Club

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Photos:

- Senior Resource Group photos appear on pages 1, 8, and 13.
- Juniper Village photo appears on page 9.
- Kensington Senior Living photo appears on page 11.

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STATEMENTS FOR THE RECORD

ASHA: The Surpassing Price of Staying in a House Report

special issue

brief

» FALL 2024

**THE SURPRISING PRICE
OF STAYING IN A HOUSE**

Cost Comparisons Often Favor Senior Living

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THE SURPRISING PRICE OF STAYING IN A HOUSE

Cost Comparisons Often Favor Senior Living



INTRODUCTION

One of the obvious challenges in marketing senior living communities is the so-called “sticker-shock” that prospective residents experience, particularly those who have lived in a house for many years and no longer have a mortgage. Frequently, prospective customers have not considered the true costs associated with their current house (property taxes, insurance, home maintenance, etc.), nor have they adequately assessed other living costs such as home health care. ASHA last addressed the cost of staying in a house versus living in seniors housing in 2017. Since that last Brief, there have been significant inflationary pressures on housing, food, and healthcare that require a revisit of that analysis.

This *Special Issue Brief* was prepared by Daniel M. Bernstein, CFA, a longtime industry analyst formerly at Stifel and Capital One. He has worked in equity capital markets and health care commercial real estate lending, and he has been recognized by the *Wall Street Journal* and *Financial Times* for equity research on health care services companies. He has also been a frequent expert speaker on health care and real estate panels. What follows in this Brief clearly demonstrates the importance of sales and marketing professionals pointing out the true economics facing prospective customers. As you will see on the pages that follow, for many seniors the costs associated with senior living are, in fact, equal or less than what prospects are paying in their current housing situation.



EXECUTIVE SUMMARY

Most seniors and their families see the monthly cost of a senior housing community as much higher than the monthly cost of living in a house with family care, or even with part-time or full-time home health care. The 2017 Brief demonstrated the value of seniors housing versus home care, and since that report there have been significant inflationary impacts from Covid, fiscal policy and monetary policy on housing, food, and health care costs that further tilt the math in favor of seniors housing. Relative to the 2017 Brief, home prices are up 22 percent, rent and rent equivalents are up 45 percent, food up 31 percent, and home health costs are up roughly 75 percent. For comparison, seniors housing rents are up just over 30 percent.

The math most seniors and families use to make this comparison assumes no cost for home health care and very likely no implied economic cost (net implied rent) for occupying a home without a mortgage. Furthermore, decision makers likely fail to include in the decision equation the safety, companionship and social interaction that a seniors housing community can provide. I also believe most senior decision makers ignore the increased likelihood of unexpected increases in special assessments or large increases in HOA fees to address under-investment, major home repairs such as roofing or HVAC replacement, and costs to convert a house to safely accommodate a senior aging in place with ADL needs that could cost several thousand dollars to well over \$10,000.

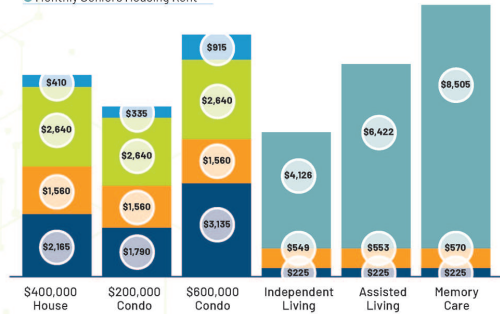
This analysis, using data from a variety of sources, attempts to make a fair apples-to-apples comparison, before and after taxes, of the cost for a senior living in a house without care, living at-home with a modest amount of paid care and living in an independent living, assisted living or memory care facility.

The chart on page 3 shows the comparison on a pre-tax basis of living in a house with a modest level of care to the cost of various types of seniors housing communities. Relative to the 2017 Brief, I updated the calculations using a U.S. median priced home of \$400,000, a lower price-point real world example for a \$200,000 Florida condo and a higher price point \$600,000 condo (prior Brief example plus 20 percent increase in the condo price).

Bottom Line – The cost of living in a house priced at the U.S. median of \$400,000 with even a modest level of home health care can easily exceed the cost of an independent living community and approaches the cost of assisted living. In addition, a senior living in a house with part-time care does not get the companionship and social interaction that a seniors housing community can provide, which many studies indicate are beneficial for a senior's mental acuity and well-being.

Cost of Seniors Housing vs Living in a House

- Net Implied Rent
- Home Care 4hr / 5 Days
- Home & Maintenance
- Living Expenses
- Monthly Seniors Housing Rent



In this update, we also examined median net worth against seniors housing costs, given most seniors own their house, have significant home equity and will sell their house to move into seniors housing. We use the 75+ cohort data from the U.S. Census Bureau's Wealth of Households reports (last published in 2021) adjusted to year-end 2023 using broader measures of household wealth from the Federal Reserve. The simple math of net worth against seniors housing cost strongly suggests affordability has improved by 27 percent, 23 percent, and 22 percent for IL, AL, and Memory Care relative to year-end 2017.

In conclusion, this Brief provides seniors considering a move to an IL, AL or Memory Care unit in a senior housing community, and industry marketing professionals, with a refined and more current tool with which to evaluate the cost of a community vs the cost of staying in a house and using home care. Home prices and the cost of home maintenance have risen much faster than the monthly cost of senior housing, making it more economical for seniors to make this move. A potential reduction in interest rates should further increase housing prices and boost seniors' net worth to support seniors housing affordability.

THE COST OF A SENIOR HOUSING COMMUNITY

The cost of various seniors housing settings is easy for seniors and their families to see because most communities charge a monthly fee for housing and care. The average monthly asking cost for this care as of year-end 2023 according to NIC-MAP Vision is as follows:

Independent Living	\$4,126 per month
Assisted Living	\$6,422 per month
Memory Care	\$8,505 per month

To these costs, we need to add some additional expenses for a senior living in a seniors housing community for social and entertainment activities, transportation and non-housing living expenses. I have estimated these at half the estimated cost of someone living in a house, consistent with the prior 2017 Brief, because many of these services are provided in a typical seniors housing community and are included in the monthly rate. I add another \$225 per month for a senior living in a seniors housing community for utilities, cable television, WiFi and phone and renter's insurance. Adding a combined \$800 per month for those additional costs to the monthly fee for seniors housing communities brings the total monthly cost for living in senior housing rounded to the nearest \$100 to:

Independent Living	\$4,900 per month
Assisted Living	\$7,200 per month
Memory Care	\$9,300 per month

COSTS FOR LIVING IN A U.S. MEDIAN PRICED HOUSE

When the total monthly cost for seniors housing and care settings are compared to the out-of-pocket costs for a senior living in a \$400,000 house (U.S. median of \$412,300 per Federal Reserve data rounded down) without a mortgage they certainly initially appear formidable. We base our estimates below using data from Zillow, the U.S. Dept. of Transportation, the U.S. Bureau of Labor Statistics, the USDA, and other public resources. Below is our \$3,725 estimate of monthly out-of-pocket costs for an average senior living in a suburban house worth \$400,000 with no mortgage.

• HOA	\$200
• Maintenance Costs	\$835
<i>(annual range of 1 percent to 4 percent, midpoint 2.5 percent, of house value depending upon size and the age of HVAC, roof, and appliances, excludes any senior friendly or handicap required home modifications)</i>	
• Utilities including phone and cable	\$425
• Property Taxes	\$415
<i>(1.25 percent of house value, U.S. range 0.32 percent to 2.23 percent)</i>	
• Property Insurance (\$35 per \$100,000 of house value)	\$140
• Three meals per day	\$510
<i>(used top end of USDA Cost of Food range \$306-\$510 for an over 71 age household with one person)</i>	
• Housekeeping Services	\$150
• Emergency Alarm System	\$50
• Transportation	\$700
<i>(Single household, one car)</i>	
• Social and entertainment	\$300

It is this \$3,725 cumulative figure (or something lower because the senior in question has curtailed her social, entertainment and transportation expenses) that most seniors and their families compare to the \$4,900 to \$9,300 monthly cost of seniors housing. Using these estimates, seniors and their families generally see community-based care as 30 percent to 250 percent more expensive than having a senior live at their house.

However, the above comparison ignores the cost of home health and the socialization benefits that a senior would receive if she were living in a seniors housing community. Let's deal with each of these separately. It further ignores the value of the house itself or net implied rent (rent less HOA and operating costs).



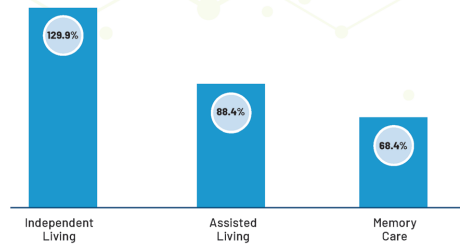
HOME CARE COSTS

From the above analysis, we see that the cost of a senior remaining at home, excluding home health, is less than the cost of any type of seniors housing community, even independent living. However, as soon as any degree of paid home health care is provided the cost advantages of living in the house disappear.

According to the 2023 Genworth Cost of Care Survey, the cost of in-home companion care was \$30 per hour and a home health aide was \$33 per hour. If you assume only four hours health aide care per day and only five days per week with family providing care on the weekends, the monthly cost of this much home health care would equate to \$2,640 (\$33 x 4 hours x 5 days x 4 weeks). However, we note the standard number of care hours indicated by Genworth and other health care sites is 44 hours per week or \$5,808 (\$33 x 44 hours per week x 4 weeks) per month, which would nearly equal the cost of assisted living care without consideration of home costs.

When we add the \$2,640 cost of four hours / five days per week home care during the week to the \$3,725 cost of living in a U.S. median \$400,000 house noted previously, the monthly cost of housing plus a modest level of home health would be approximately \$6,365. No cost is assumed for family care on weekends. As indicated in the chart below, the cost of living in a house plus a modest level of home health exceeds the cost of independent living by 30 percent, equaling nearly 90 percent the cost of assisted living and nearly 70 percent of memory care. If a senior needs significant home health care, then the cost of living in a house likely exceeds the cost of assisted living and memory care, as well.

Out-Of-Pocket Costs for a \$400,000 House vs Seniors Housing



As we will explore next, most seniors and decision makers still need to factor in the economic value of the home or net implied rent, which further tilts the cost equation in favor of senior living.

ADDING NET IMPLIED RENT TO COMPUTE TOTAL COST OF LIVING IN A HOUSE

We believe most decision makers fail to factor in the economic value of their house when considering the cost of seniors housing. To account for the value of the home itself, we need to compute gross rent, less operating costs. I estimate gross rent that could be earned from renting the house, using a monthly rate at 0.5 percent of the home value for a suburban home with low or no HOA. Assuming the median U.S. home value of \$400,000, the 0.5 percent monthly rent equivalent equals \$2,000. Net implied rent is then that \$2,000 gross rent figure less HOA, operating costs, insurance and taxes, or \$410.

So, the true economic cost of living in a \$400,000 house with low HOA is \$6,775 and consists of:

Costs of Living at Home	\$3,725
Costs of Home Health	+ \$2,640
Net Implied Rent	+ \$410
	= \$6,775

From the above analysis you can see that the cost-of-living expenses, maintenance and operation and net implied rent/housing costs for a senior residing in one's own \$400,000 house, calculated in what I believe is a conservative fashion, exceeds the average cost of a senior living in an independent living community by 38 percent, a jump of 8 percentage points versus not including the economic value of the house. Using this same methodology adding the economic value of the house, the full cost of the residing at home is 94 percent of assisted living.

Furthermore, in independent living and assisted living communities the senior has lower risks for illness, falls and accidents, and receives much more interaction and socialization with other people, which has been shown to improve a senior's overall physical and mental health.

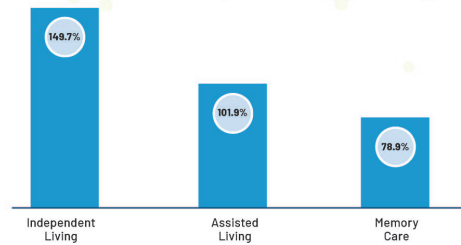
HOUSING COSTS, HOME HEALTH AND ECONOMIC VALUE FOR A \$600,000 CONDOMINIUM

Doing the same math for a senior living in a \$600,000 condominium (2017 Brief of \$500,000 plus 20 percent increase in house value) yields estimated monthly living and home operating expenses of \$4,695 broken down as follows:

• Condo Fees	\$1,500
• Maintenance costs (1 percent of home value, excluding major repairs)	\$500
• Utilities including phone and cable	\$200
• Property Taxes	\$625
• Property Insurance	\$210
• Three meals per day	\$510
• Housekeeping services	\$100
• Emergency alarm system	\$50
• Transportation	\$700
• Social and entertainment	\$300

Adding the cost of home care for four hours per day five days per week brings the cash out-of-pocket cost of living in a condo to \$7,335. As indicated in the chart below, the out-of-pocket cost of living in a \$600,000 condo plus a modest level of home health exceeds the cost of independent living by 50 percent, nearly matches the cost of assisted living, and approaches 80 percent of memory care. If a senior needs significant home health care beyond 20 hours per week, then the cost of living at home likely exceeds the cost of assisted living and memory care.

Out-Of-Pocket Costs for a \$600,000 Condo vs Seniors Housing



Still, we need to add the economic value of the home to the cash out-of-pocket costs to understand the full picture of living at home costs. The implied gross rent calculation for a \$800,000 condo at a monthly rate of 0.75 percent of home value (higher than a suburban home due to HOA fees) is \$3,750 per month. Net implied rent, after operating costs, is \$915. Combining monthly living and home operating expenses, home health and implied net rent totals \$8,250 for the economic cost of living at home in a \$800,000 condo.

You can argue that comparing the cost of a \$800,000 condo with the average cost of seniors housing is an unfair comparison because these seniors housing communities would also cost more in an expensive real estate market. However, I believe the calculation on a \$800,000 condo is fair for a mid-price point top-30 metro market, and I believe it is fair to say that when a true apples-to-apples comparison of housing, living costs, home health, and economic value forfeited from living at home, the difference is smaller than most seniors and families realize.

REAL WORLD EXAMPLE FOR A LOWER PRICE POINT \$200,000 CONDOMINIUM

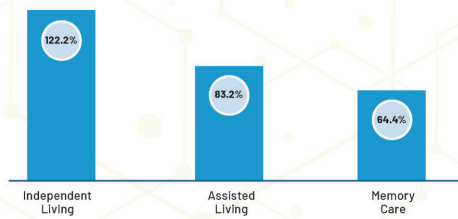
The author's mother, approaching 80 years of age, owns a 55+ age restricted garden style apartment in South Florida. The condominium has doubled in price since purchase in 2018 and has no mortgage. The author believes the property provides a noteworthy example of the post-Covid inflationary impacts on home costs versus seniors housing, even in the case of modest home value with no mortgage. The special assessments noted below represent hidden costs for condo owners usually not accounted for in calculations comparing living at home to seniors housing. Since purchase, the monthly HOA has tripled, insurance costs have doubled, tax costs have doubled, and there have been over \$10,000 of special assessments (excess costs beyond insurance recoveries to rebuild a clubhouse that burned down and unexpected community insurance costs for 2023 that created a shortfall). There have been no modifications to the home, thus far, for accessibility or aging in place, and the author's mother does not receive home health care.

Running the same analysis as for the \$400,000 suburban home and \$600,000 condominium, the estimated monthly living and home operating expenses of \$3,350 on a \$200,000 Florida condo is broken down as follows:

• Condo Fees	\$1,100
• Maintenance costs (1 percent of home value)	\$165
• Utilities including phone and cable	\$75
<i>(for cell phone and streaming services only other utilities included in HOA)</i>	
• Property Taxes	\$200
• Property Insurance	\$200
• Three meals per day	\$510
• Housekeeping services	\$50
• Emergency alarm system	\$50
• Transportation	\$700
• Social and entertainment	\$300

Adding the cost of home care for four hours per day five days per week brings the cash out-of-pocket cost of living at home to \$5,890. As indicated in the chart below, the out-of-pocket cost of living in a \$200,000 garden style Florida condo plus a modest level of home health exceeds the cost of independent living by 22 percent, equates to 83 percent of assisted living and 64 percent of memory care. If a senior needs significant home health care beyond 20 hours per week, then the cost of living at home likely approaches the cost of assisted living and perhaps memory care.

Out-Of-Pocket Costs for a \$200,000 Florida Condo vs Seniors Housing



For consistency with prior calculations, we need to further add the net implied rent to capture the economic costs of living at home. The implied rent calculation for this \$200,000 condo is a rounded \$2,000 per month (per Zillow). Less operating expenses equals a net implied rent of \$335. Combining monthly living and home operating expenses and a modest level of home health costs with the net implied rent yields a total cost of \$6,325.

When the above figure is compared to the cost of seniors housing, you can see that the estimated monthly cost of a senior residing in a modest \$200,000 condo exceeds the cost of independent living by 29 percent.

HIGHER NET WORTH SINCE 2017 SUPPORTS SENIORS HOUSING AFFORDABILITY

According to ProMatura, over 70 percent of seniors sell their home to fund a move to seniors housing. Therefore, we believe an alternative method to examine affordability in seniors housing is total net worth to cost of an average length of stay in a seniors housing community. I started with the U.S. Census Bureau's Wealth of Households data that indicate median 75+ wealth in 2017 and 2021 at \$237,900 and \$315,900, respectively. Utilizing the Federal Reserve broader net worth data published quarterly, we can extrapolate year-end 2023 median net worth has risen to \$374,000, or 57 percent in total since YE2017.

In comparison, IL, AL, Memory Care monthly asking rents increased 33 percent, 34 percent, and 34 percent year-end 2017 to year-end 2023 according to NIC Map Vision. As a result of this large increase in net worth versus the smaller increase in seniors housing costs, we compute the ratio of median net worth to IL, AL and Memory Care, assuming a 36-month, 24-month, and 18-month stay, respectively, at 2.1x, 2.2x, and 2.2x versus 1.7x, 1.8x, and 1.8x in 2017. We note that home equity equals approximately 70 percent +/- of the 75+ age cohort net worth and we did not adjust 2017 or 2023 calculations for any costs to sell a home to utilize that home equity.

The charts below summarize my findings of significantly increased affordability between year-end 2017 and year-end 2023 comparing net worth to seniors housing costs.

	YE2017	YE2023	CHANGE
Median Net Worth	\$237,900	\$374,000	57.2%
Cost 3yrs IL	\$142,700	\$177,300	24.2%
Net Worth To IL Cost	1.7x	2.1x	26.5%
Median Net Worth	\$237,900	\$374,000	57.2%
Cost 2yrs AL	\$135,700	\$173,300	27.7%
Net Worth To AL Cost	1.8x	2.2x	23.1%
Median Net Worth	\$237,900	\$374,000	57.2%
Cost 1.5yrs Memory Care	\$129,500	\$167,500	29.3%
Net Worth To Memory Care Cost	1.8x	2.2x	21.5%

TAX CONSIDERATIONS

In general terms, unchanged from the 2017 Brief, eligible medical expenses exceeding 7.5 percent of a senior's income are tax deductible. This includes long-term care services if the senior is chronically ill and is being cared for pursuant to a plan of care prescribed by a licensed health care practitioner.

If a family member is paying for care, health care costs exceeding 7.5 percent of the adjusted gross income of the family member paying for care are deductible. This can apply to medical-related home care and does not need to be performed by a nurse, but personal and household services are not tax deductible except in cases where that care allows the family member to work, nor is a senior's housing costs while living at home. Some home modification costs may be tax deductible less any increase in home value from the home modifications, and it may be possible to claim the parent as a dependent in certain circumstances.

The cost of health care provided in assisted living or a memory care facility that exceeds 7.5 percent of AGI may be deductible if required by a senior's medical condition. Under some circumstances it may also be permissible to deduct the full cost of senior living community care, including the housing components, if living in such a community is considered essential for medical reasons. See IRS Publication 502 <https://www.irs.gov/pub/irs-pdf/p502.pdf> for more information and consult with an accounting professional for more complete information.

AVAILABILITY OF GOVERNMENT ASSISTANCE

While many people believe it does, and there has been some expansion of Federal funding for home health value-based purchasing models since the 2017 Brief, Medicare still does not pay for long-term custodial care at home or in a seniors housing community. It may pay for short-term or intermittent home health, therapy or nursing care at home if homebound or in a facility if prescribed by a physician in response to a particular medical need. This Medicare coverage excludes 24/7 care, homemaker services such as housekeeping or shopping, and custodial care to aid with daily living activities such as bathing or dressing.

Medicaid will pay for long-term custodial care in skilled nursing facilities, but only after all other resources are exhausted. Medicaid does not pay for Independent Living.

Some states have Home and Community-Based Services (HCBS) Medicaid waivers or 1915(c) Medicaid waivers that allow Medicaid to be used for assisted living and memory care or at-home community-based care, but as is the case with nursing home care, Medicaid will pay only after all other resources are exhausted. In addition, there are limited spots with potentially long waiting lists before receiving care, there are variations in care coverage by state, and Medicaid waivers do not typically cover the room and board portion of assisted living.

Veteran's benefits include increased Veteran's Aids and Attendance Pensions payment for care in a seniors housing or long-term care facility under certain circumstances and seniors who qualify for Veteran's benefits should investigate this option. We also note that some aging in place home conversion costs (\$2,000 to \$6,800 depending upon how much a condition is military service connected) may be paid for through Veteran's benefits.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND
COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

James Balda Statement

ADDENDUM: Testimonials from senior living stakeholders on importance of socialization in senior living communities.

Helen, a 97-year-old woman from the Bay Area, had been struggling at home with loneliness and feeling particularly isolated, especially since she had lost her husband. Feeling resigned to leave her home behind, which for her symbolized leaving her entire life behind, she reluctantly made the decision to move into one of our Bay Area Assisted Living communities. To her surprise, she found renewal when she met Barbara, another resident in her nineties, and today the two are inseparable. As Helen told us in an interview with the pair, "We just have a very close friendship. Barbara has a heart of gold, and I just love her. I never thought I would find my best friend at age 97."

George and Mary have led a full life together - raising their children, traveling the world, and enjoying virtually every outdoor pursuit one can imagine. When George was diagnosed with Lewy body dementia with Parkinsonism, Mary stoically took on the role of caregiver. But within weeks, she began experiencing extreme symptoms of stress and anxiety. "I wound up in the hospital. I was ignoring my best friend's needs over some misconception of mine that I had to do it," she shares in this documentary video. She and her family made the decision to bring George into one of our communities, and it has been transformative for them. Today, Mary continues to live at home just a few miles from the community. One might think she would be lonely living alone, but she's not. She still spends much of each day with George, engaging in life in the community alongside him and the other residents and associates in our Prema Memory Support neighborhood. "George is doing so much better," says Mary. "The Nayas here love their work, they love being with the residents. George has made friends with the Nayas. They are able to be with one another as family." (Watermark's Nayas, which is a Sanskrit word for "guide," are more than caregivers - they participate in daily life alongside our memory care residents.) In many ways, the decision to move George into our community enabled them both to regain strength and find new modes of engagement, while avoiding loneliness. "We've always had a very adventuresome life," says Mary. "And it's continuing."

The health and well-being benefits of socialization at our communities are enjoyed not just among people, but also between people and animals. Every Watermark community is pet-friendly. And among Watermark's award-winning signature programs is In the Presence of Horses, which brings equine therapy into the community, enabling residents and horses to interact in ways that benefit both. Janet, a resident in Memory Care in one of our Tucson communities who came to us at age 93 with late-stage dementia, had not spoken a word in nearly a year. Her daughter, who visited her regularly at the community, was bereft at seeing her mom slip away. But in her first week at the community, Janet met Brown, one of the program's horses, and there was an instant connection. "It was as if this horse knew her, and she knew him," said the equine program director. At another session just a few weeks later, Janet greeted Brown with a "Hello." And from that day forward she was speaking again, which also enabled her to reconnect with her daughter.

Panelists share how they use content as a versatile and scalable tool to deliver outstanding resident engagement programs for veterans and memory care groups; session includes stories about the importance of enriching versus entertaining and their strategies for implementing technology to help your community flourish.

•<https://lifeloop.com/flourishing-communities-sitter-barfoot-veterans-care-center-on-demand-webinar-ty>

Breaking the Cycle of Senior Isolation: A Community Story

When Hurricane Helene tore through Western North Carolina, it didn't just damage homes-it cut off the most vulnerable. In the rural townships of Ramsay Creek and Bernardsville, seniors were already struggling with isolation, living miles apart with limited transportation and spotty phone service. Many relied on neighbors, local groups, or a rare internet connection for help. But when the storm hit, those lifelines disappeared.

From Isolation to Connection

With power and communication down, many seniors were left alone, unable to call for help or even know when it might come. For those with mobility issues, getting food or medicine became impossible. Roads were flooded, homes were unreachable, and fear set in.

In Bernardsville, the community supply center became a beacon of hope. What had once been a quiet space turned into an emergency hub. Volunteers worked tirelessly, delivering food, water, and medication to those who had no way to get to safety. For many seniors, it was the first human contact they had in days.

More Than a Roof Over Their Heads

For some, the storm took everything. Their homes, already fragile, were now unsafe-waterlogged, crumbling, and unlivable. The reality of displacement hit hard, especially for those who had lived in the same place for decades. Losing their homes meant losing familiarity, routine, and a sense of security.

A church in Spruce Pine opened its doors, turning its sanctuary into a temporary shelter. Volunteers set up cots, cooked meals, and offered comfort to those who had nowhere else to go. But as days turned to weeks, it became clear that this wasn't a permanent solution. These seniors needed real, stable housing-something ALG immediately began working on with local leaders and families to make happen. Through these efforts, we were able to house around 25 seniors.

Beyond the Storm: Building a Future of Connection

Hurricane Helene was more than a disaster-it was a wake-up call. It exposed how fragile the support system for seniors in rural areas really is. It showed how critical human connection is, not just in emergencies, but every day.

Since the storm, communities have stepped up. Volunteer programs now pair seniors with regular check-ins. Local organizations are improving transportation access. Plans are in motion to strengthen emergency networks so no senior is left alone in a crisis.

Isolation doesn't have to be a way of life. Through connection, compassion, and proactive support, these communities are proving that seniors can do more than just survive-they can thrive.

Meet Zelma Bennett, one of our newest residents at Commonwealth Senior Living at Stratford House. Zelma moved into our community on January 29th, after spending the past year living with a friend. Zelma, who had previously run a group home for adults, enjoyed maintaining a vibrant social life with assistance, but her memory loss prompted her to seek a community where she could continue engaging socially while receiving the support she needed. From the moment she arrived, Zelma embraced every opportunity for socialization, participating in nearly every activity offered. She uses her calendar so frequently to keep track of events that she wears it out and needs to replace it before the month's end! Her enthusiasm has been contagious, and she has made many new friends in a short time. Zelma's story is just one example of how socialization in our communities has dramatically improved the quality of life for seniors. The friendships and activities she's engaged in have helped alleviate her feelings of loneliness and have given her a renewed sense of purpose and joy. We are so grateful she chose to join our community.

-Dale Smith, Resident Program Director, Commonwealth Senior Living at Stratford House

Testimonials from Brookdale Residents:

One of my biggest fears is being all alone in the world. We just enjoy doing things together and talking and it just works. We are a group.

I think it just enriches your life. It gets rid of that loneliness that so many people at this stage in their life experience.

Not only do you have somebody else that you feel like you can talk to, but it's also supporting that somebody else and knowing that they're going to support you.

To me, Friends for Life means that the people that you meet here are going to be your friends for life because no matter where you go, these people have impacted your life. They've enriched your life. Hopefully you've enriched theirs.

The closeness that is offered to making yourself feel at home is to have that beautiful relationship with all of these people. Friendships are very, very important. I feel that being a friend means being there through the good times as well as the bad. Just being with people has taught me so much about the healing power of friendship.

I must tell you, I didn't know I was lonely until I moved into Brookdale. And to this day, I have wonderful friends that I luncheon with. And it's just a privilege. I found my people at Brookdale. It's the people I break bread with. We care for each other. And it's wonderful. It's like an extended family, really and truly.

We all talk and we all laugh. And that's good for everybody. It is certainly good to live here and do it all.

I told my kids, I want to move where there'll be friends and social things because I needed it. And it's been absolutely marvelous. So I'm really glad. And the people I met, I felt closer to because this gives us a chance to kind of live again.

And now you can't be lonesome because there's somebody on the elevator. There's somebody sitting with you at a meal. There's people all around you. All you have to do is reach out. I don't know what I would do without these people.

We have a nice bunch of friends. And you know what? We confide in each other. We tell each other things. We sit and we talk to each other and we hug each other. You know, this is part of our everyday routine.

I noticed these ladies sitting at a table in the lounge and they seem to be having fun and they're chattering away. So I said, "May I join you?" And they said, "Yes." And the rest is history. I love them all dearly and they're fun to be with.

Nolan is a native Oregonian, born in Bend in May of 1938. When he was seven, he and his family moved Eugene, OR where Nolan lived until about ten years ago, moving to Gresham, OR.

Sadly, when Nolan's wife passed away, he began experiencing some health concerns, landing him in the hospital. Nolan's family reached out to Merrill Gardens at Sheldon Park for an evaluation. At that time our Senior Health Services Director, Kellie Williams, drove from Eugene to Mt. Hood to meet Nolan.

After meeting Nolan, it was an easy YES from Kellie as Nolan wasn't a hard sell with his giant grin and kind heart. He was soon to be part of the Sheldon Park family.

Now, here's the most heartfelt part! Nolan recently called Kellie over to his table and stated, "You saved my life!" When Kellie asked what Nolan was speaking of, he shared a story of what he calls a heroic act.

Nolan's water heater at his home in Mt. Hood was found to be leaking natural gas (carbon monoxide) for quite some time. Nolan was unknowingly being poisoned in his home. Nolan stated, "I was sitting in a time bomb and didn't even know it. It may have killed me if you had not got me moved here."

Nolan expresses deep gratitude to the Merrill Gardens team for "saving" him. We are all so thankful Nolan is safe, happy and healthy. He is a true delight and brings so much joy to our community.

Thank you, Nolan, for letting us be part of your family.

Truewood by Merrill, Keller, Texas

When Mr. Jerry first arrived in our memory care unit he was faced with a whirlwind of life changes. Having just lost his wife and relocated from California to Texas, he understandably felt scared, withdrawn, and overwhelmed by the unknown. The adjustment to such significant changes in his life wasn't easy, and it took time for him to trust us.

However, through consistent, one-on-one interactions and building a relationship based on sharing our personal stories and experiences, we were able to earn his trust. Over time, Mr. Jerry began to let his guard down, allowing us to become a part of his journey. He found comfort in our steady presence, and it wasn't long before he became an ambassador for our community.

Now, Mr. Jerry is an integral part of our family here. He regularly expresses his gratitude for the staff and shares how much he loves living here. You can often find him participating in bingo games, solving crossword puzzles under our reading tree, or most joyfully, spending time with his daughter and grandchildren around the community. His joy is contagious, and it brings so much warmth to all of us.

Mr. Jerry holds a special place in our hearts, and we are honored to be a part of his extended family. His transformation from a scared, withdrawn newcomer to a vibrant, engaged member of our community is a testament to the strength of his character and the bond we share with him. We are truly grateful to have him here with us.

Just four short months ago, a sweet and gentle woman joined our memory care unit. At first, she was very shy and quiet, and her husband, deeply devoted to her, would come in several times a day to check on her. He shared that his wife wouldn't eat unless he was there with her, and she would be hesitant to participate in activities unless he was present. She also didn't like noise, having lived a quiet, settled life at home.

For the first few weeks, her husband kept to his routine, sitting in on meals, participating in activities, and ensuring she was away from any noise. It was clear how much he cared for her, and we respected their need for comfort and familiarity. However, on one particular day, he had a doctor's appointment, and we decided to gently test the waters by bringing her out for some musical entertainment. We knew that music was something she enjoyed, as we often heard her husband sing songs to her during their walks through the unit.

Sure enough, the music was just what she needed. She began to relax, her smile brightening with each note. One song even got her up out of her seat, and before we knew it, she was clapping and dancing-something we had never seen before. We managed to capture the moment on video, and when we showed it to her husband, his face lit up with surprise and joy. His gratitude was overwhelming, and he

couldn't thank us enough for taking the chance and helping her break free from her shell.

That moment marked a turning point. From that day forward, her husband knew he could trust us to do what was best for his wife. He no longer felt the weight of needing to be present for every meal or activity, knowing she was in good hands. She had found her comfort, and he shares with us often how much she's growing. Not only was she comfortable without him, but he began participating in activities as well, knowing that she was safe and content.

The progress we've seen in her has been truly remarkable. What started as a quiet, reserved woman has blossomed into someone who now enjoys the company of others, embraces activities, and even dances to her favorite songs. This transformation wouldn't have been possible without the trust, patience, and understanding of both her and her husband-and we are grateful of having the privilege of supporting them on their journey.

Merrill Gardens at Sheldon Park, Eugene, OR

When Shirley moved in with us, she was very quiet, reserved and preferred to stay in her apartment. After a short adjustment period she felt comfortable with joining in conversations in the dining room and became fast friends with Donna. The two of them are now darn near inseparable and Shirley is out socializing more often than not.

Frieda moved in with Bill and his care was her singular focus. After he passed, she enjoyed the sense of community and her neighbors made her want to stay. She is often found with Weezy and laughing and joking. She tells everyone she meets how much she loves it here and often says "I can't imagine going home to that empty house and having no one to talk to. You all have provided that sense of community that I didn't know I needed.

Merrill Gardens at The University, Seattle WA

We have a resident who moved into our community in his 70s, initially planning to stay only for six months. He loved it here so much that he's been with us for almost four years and doesn't plan to leave. He fell in love with the sense of community. When he walks out of his apartment every morning, he greets our receptionist and says hello to those in the bistro, reading their morning paper with a cup of coffee. He has considered moving to a regular apartment building, but he wouldn't want to be anywhere else because you don't get the sense of community elsewhere. This resident spends most of his time out and about during the day but loves coming home to his own apartment in the community he loves and has now called home for the past four years.

Merrill Gardens at Kirkland, Kirkland, WA

Prior to moving into a Merrill Gardens at Kirkland Senior Living, Joann M, age 88, a widow of 18 years, lived alone independently in her own home. The isolation took a toll on both her physical health as well as her cognitive health. Because of the social isolation, she spent most of her time sitting in her chair, reading or watching movies on her IPAD. Family noticed that she started to become withdrawn and showed a lack of interest with most things. She also became less sturdy on her feet and at times they would notice bruises on her face and body, as well as watching her walk in pain concealing that she had fallen. She finally made the decision that she had been putting off and agreed that it was time to move into a community to make new friends and to start getting active again. Within a few short months of embracing the new community, her strength and balance came back. She started going on all the outings, participated in all the social activities, and never missed a meal with her new friends. Family reported that all cognitive concerns had gone away since she moved in, and this resident never had a fall during the two years she moved to this senior living community. The community described her as a resident that was aging backwards in real time. When we talked to this resident and asked if she had any regrets about leaving her home and moving to the community, she told us bluntly, YES, I regret not moving in five years sooner. This was the best decision she had made in the last 20 years, and she was having the time of her life.

This resident is my own mother who just recently passed away. She absolutely loved living at Merrill Gardens at Kirkland
-Brian Madgett, General Manager

Merrill Gardens at Burien, Burien, WA

The community had a resident who was never married, was scared, living alone in her own home, failing mentally and physically. Was fiercely independent, however friends noticed she needed help and was able to have her move to our community. She has since regained weight, is very active within the community and now has a fellow resident as her "boyfriend" and living her best life.

A family from California toured with us months back wanting to move to Washington to be with local family in a year or so. Unhappily, the husband was diagnosed with terminal cancer. It was so very important for the children to get Mom & Dad up to WA and in our community - knowing that when Dad passed if Mom was not already living in a senior community their fear was Mom would follow Dad soon after. The family was able to move them in, Dad on hospice and passing soon after their arrival. The community of residents and staff wrapped their arms around her, and she is thriving; active and engaged.

Merrill Gardens at Renton Centre, Renton, WA

When we first met her, Maureen refused to get out of bed. Her apartment was dark at 3:00 in the afternoon and she was still in bed. She hadn't eaten, showered, or dressed for the day. I began seeing her on a regular basis and talking with her daughter, who lives out of state. I started to accompany her on medical appointments. Because of her memory impairment, she couldn't ever recall what was said at prior appointments. I took notes, which I shared with our staff and her daughter.

A number of things resulted from the initial visit. The doctor prescribed antidepressants. Our nurse scheduled a virtual care conference with her daughter. All agreed that Maureen needed more care than she was currently receiving. With constant encouragement, she began to take baby steps toward a more fulfilling life. She started dressing up and having all of her meals in the dining room. We connected her with in-house therapists and she began receiving both physical and occupational therapy. Maureen began to thrive in our community. She missed entertaining her friends for tea in her home. I helped her to reconnect with those friends and invited them to her apartment for high tea, complete with scones, finger sandwiches, and petit fours (thanks to our chef). She also made new friends in the community. Thanks to these interventions, Maureen developed a brighter outlook and "a new lease on life" (her words) at age 91.

Patricia Will, Founder and CEO of Belmont Village Senior Living, moderated a webinar entitled "Resilience and Wisdom in Senior Housing Communities" presented by Dr. Dilip V. Jeste, M.D., a renowned geriatric neuro-psychiatrist and Director of the Sam and Rose Stein Institute for Research on Aging at the University of California San Diego. . In the webinar, Dr. Jeste addressed conditions experienced by aging seniors, such as loneliness and isolation, and how a senior's quality of life can be improved by promoting the inherent resilience and wisdom of seniors when living in an engaging, communal environment among peers. . Dr. Jeste explained that older adults are at increased risk for loneliness and social isolation because they are more likely to face difficulties in living alone, the loss of family or friends, chronic illness, and hearing loss. Loneliness is described as the distress caused by a feeling of being alone, while social isolation is the inadequacy and infrequency of engaging social relationships. Loneliness can increase the risk of major diseases, such as heart disease, diabetes, obesity, depression, substance abuse and Alzheimer's and other forms of dementia.

-Belmont Village Senior Living and Dilip Jeste, MD, Present "Resilience and Wisdom in Senior Housing Communities," a Webinar on the Benefits of Community Living Ahead of New La Jolla Community Opening.

Belmont Blooms Fashion Show (Video)

Testimonial: Kay Allen, Belmont Village Fort Lauderdale (Video)

Finding Friendship at Belmont Village (Video)

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND
COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

NANASP Statement

The National Association of Nutrition and Aging Services Programs commends the committee for convening the hearing on "Breaking the Cycle of Senior Loneliness: Strengthening Family and Community Support."

ANASP is an association of over 1,000 members across the country who form a vital lifeline through senior centers, dine-in and congregate meal sites, and home-delivered-meal services. These essential providers reach into every corner of America, from rural small towns to bustling urban hubs. Almost 60% of our older adult participants live alone, making our programs one of their few daily social connections.

Older adults are at higher risk for social isolation due to factors like mobility limitations, health issues, lack of transportation, loss of loved ones, and financial constraints. In 2024, one in three older Americans reported feeling lonely. Social isolation not only creates health problems -it amplifies them, increasing the risk of premature death for older adults managing chronic conditions and increasing avoidable admissions to a hospital or nursing home. Those experiencing isolation and loneliness are more vulnerable to falls and depression, threatening their independence and self-reliance.

An effective answer to this silent epidemic already exists in a landmark program, the Older Americans Act (OAA). OAA programs offer vital nutrition and supportive services, breaking the cycle of isolation while improving health outcomes. A recent survey found 61% of home-delivered meal participants noted the daily meals helped reduce feelings of social isolation and nearly three-quarters of participants believe the program helps them to continue to live independently and improve their health. As Mr. MacPherson, Founder and Chairman of the Foundation for Social Connection Action Network, stated in his testimony, addressing this epidemic is not only a moral imperative, but also a critical public health necessity.

This year, the OAA will celebrate 60 years of success of delivering services and programs that create connections. Despite bipartisan support, the OAA wasn't reauthorized in 2024. We encourage the committee to work in a bipartisan fashion to reauthorize the OAA to ensure these essential services can reach even more older adults facing social isolation and loneliness.

Sincerely,

/s/

Bob Blancato
Executive Director
NANASP

U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

Oshkosh Community YMCA Statement

FOR HEALTHY LIVING
WINTER + SPRING 2025 | OSHKOSH COMMUNITY YMCA

FOREVERWELL • AGES 55+

FOREVERWELL

(formerly AOA)



ForeverWell is an ever-expanding set of Y programs and activities designed exclusively for seniors! ForeverWell provides programs and services to engage this community in wellbeing experiences. Our focus is helping older adults improve their overall health in a holistic manner. In addition to concentrating on physical health, we aim to deepen social engagement between the Y and older adults. The meaningful relationships formed through the social support of the Y will reduce social isolation and improve quality of life. We strive to achieve these goals with programming that engages the mind, body, spirit and involves community and nature experiences.

FOUNDATIONS OF FOREVERWELL

A special Y orientation just for seniors.

Join us for these informative sessions and learn everything you need to know to be comfortable and to feel at home at our Ys.

These sessions will include:

- Assistance downloading our app
- How to register for classes
- How to use Y360
- Where to find schedules and monthly events... and more!

17 2nd Tuesday of each month:
9-9:30 a.m.

20 2nd Wednesday of each month:
9-9:30 a.m.

Orientations will be offered once a month at each location.

**FREE
TO Y
MEMBERS!**

Coffee & Conversation

Monthly lifelong learning program designed for seniors, offering engaging presentations from community experts. Each session covers topics on health, wellness, and a variety of subjects aimed at enriching the lives of our members. See monthly flyer and calendar.

SPONSORED BY:






SAVE THE DATE!

NATIONAL SENIOR HEALTH & FITNESS DAY

MAY 28, 2025

REGISTRATION OPENS MAY 1, 2025.

Watch for details & more information for this special event!

FREE FOR ANYONE IN THE COMMUNITY AGE 55+

SPONSORED BY:





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M Y Member N Non-Member
web: www.oshkoshymca.org email: info@oshkoshymca.org





FOR HEALTHY LIVING

WINTER + SPRING 2025 OSHKOSH COMMUNITY YMCA

FOREVERWELL • AGES 55+

LUNCH + LEARN

Monthly lunch and presentations created for members and guests, ages 55+. **FREE for Y Members** and a small fee for guests.

20 JANUARY

KIDNEY HEALTH, AURORA

01 FEBRUARY

TOPIC & PHYSICIAN TBA

03 MARCH

PHYSICAL ACHIEVEMENT CENTER

01 APRIL

UNDERSTANDING PARKINSON'S DISEASE

20 MAY

OSTEOPOROSIS, ASCENSION

Sign up at the Front Desk of either location, by calling (920) 230-8439, or [click here to register online.](#)

THANK YOU TO OUR MONTHLY LUNCH CO-SPONSORS:

senior stride[®]

Home Care

MIRAVIDA LIVING

PICKLEBALL

A fun game that is played on a badminton court with a low net. Pickleball, easy for beginners, is one of the fastest-growing sports for seniors. All equipment is provided by the Y. **ALL ABILITIES ARE WELCOME!** For current Pickleball times, visit oshkoshymca.org to view the Gym schedules for days and times or pick up a schedule at the front desk.

01 20

FREE TO Y MEMBERS

10

TENNIS & PICKLEBALL CENTER FEES APPLY

CHAIR VOLLEYBALL

Improve cardiovascular fitness and hand-eye coordination, increase joint flexibility, enhance muscle tone and endurance, and build upper body strength. Chair volleyball is played just like regular volleyball but with a beach ball and chairs. All equipment is provided and no registration is required!

20

Main Gym

WEDNESDAY

10:30 a.m. - 12:00 p.m. **FREE TO MEMBERS**

Urban Pole Walking Class

Increase your cardiovascular fitness, walking posture, improve stability and balance with this Urban Pole Walking Class!

9:15 - 10:00 a.m.

20 January 14 • February 11 • March 11 • April 8 • May 13

01 January 28 • February 25 • April 22 • May 27 (no class in March)

FOOT CARE CLINICS

A nurse from Valley VNA Senior Care will provide a foot soak, nail trim, filing, foot massage, and treatment of minor corns or callouses. The nurse will also look out for any concerning issues.

01

TEACHING KITCHEN

FEBRUARY 6 • APRIL 3

FEE \$39

Reserve your spot today! To schedule a Foot Care appointment, call (920) 426-1931.

Valley VNA Senior Care

In-Home Care | Independent Living | Assisted Living

OSHKOSH Y MEMORY CAFÉ

Open to you and your care partners. Join us for an afternoon of fun, learning and socializing with others. Memory Cafés provide an innovative form of social engagement for people living with dementia, cognitive decline, or other forms of memory loss. Supported by Alzheimer's Association, Oshkosh Area United Way, Oshkosh Area Community Foundation.

Open to all. Y Membership is not required. **FREE TO MEMBERS & COMMUNITY**

January 8 • February 5 • March 5 • April 2 • May 7 1:30-3:00 p.m.

FOX VALLEY MEMORY PROJECT

IN PARTNERSHIP WITH:

alzheimer's association[®]

MAKE PROGRAMS FOR AGES 55+ POSSIBLE FOR ALL WITH A DONATION TO THE OSHKOSH Y ANNUAL CAMPAIGN.

To learn how you can make a difference, please contact Patti Weissling at (920) 230-8952 or pattiweissling@oshkoshymca.org.

ANNUAL CAMPAIGN

FINANCIAL ASSISTANCE FOR ALL

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Y Member

N Non-Member

web: www.oshkoshymca.org email: info@oshkoshymca.org

FOR HEALTHY LIVING

WINTER + SPRING 2025 OSHKOSH COMMUNITY YMCA

FOREVERWELL • AGES 55+



MONTHLY BOOK CLUBS

Join us at either or both locations for book club! The Downtown Y Book Club will meet on the third Thursday of the month and the 20th Ave Y will meet on the first Wednesday of the month. Each month a NEW book will be selected, a different book for each location. Books will be provided to those who participate and can be picked up at the front desk of the respective branch.

DT 1:00 - 2:00 p.m.
January 16, February 20, March 20, April 17, May 15

20 10:30 - 11:30 a.m.
January 8, February 5, March 5, April 2, May 7

Register at the front desk of either location or by calling (920) 236-3380 for Downtown Y Book Club or (920) 230-8439 for 20th Y Book Club.



GRIEF SUPPORT

This program follows the Group Peer Support (GPS) model. GPS Groups incorporate evidence-based approaches of Cognitive Behavioral Therapy, Motivational Interviewing, Mindfulness-based Stress Reduction, Trauma Informed Care and Psychosocial Education in a warm and accessible group model. GPS groups are deliberately judgment and advice-free zones where people can be listened to with respect.

DT 20 This program rotates Y locations each week and is offered on an on-going basis. **FEE FREE**

Contact Brandy Hankey at (920) 230-8439 or brandyhankey@oshkostymca.org for more information.

FOR ALL

BRIGHTER DAYS SUPPORT PROGRAM

More than a support group, Brighter Days is a program that nurtures the spirit, mind and body of those 55 and older who are grieving the loss of their partner.

The goals of the Brighter Days Support Program are:

- To build community by bringing people of like experience together.
- To improve feelings of isolation and depression through social connectedness, mindfulness activities, and physical activity.
- To help participants maintain independence through regular physical activity and fall prevention measures.

Stay up-to-date! Join the Oshkosh Y ForeverWell Facebook Group • Ages 55+

COFFEE + COMMUNITY!

Enjoy complimentary coffee Monday-Friday! Help us be socially responsible: bring your own cup, or purchase a paper cup for \$.25 at the Front Desk.

Coffee + Community sponsor for both locations.

CARE *Partners* **30+**

NEW! WeCOPE

Managing life's challenges in healthy ways to take better care of ourselves and others. WeCOPE is a six-week evidence-based program that helps adults cope with daily life stress. WeCOPE has been shown to reduce stress and depression, increase positive affect, and improve health behaviors in randomized trials.

20 Meeting Room FREE!
TUESDAYS 1-2 p.m.
February 4, 11, 18, 25 • March 4, 11

Extension
UNIVERSITY OF WISCONSIN-MADISON

FOR HEALTHY LIVING

WINTER + SPRING 2025 OSHKOSH COMMUNITY YMCA

FOREVERWELL • AGES 55+



FOREVERWELL FITNESS CLASSES

AGE 55+ Free to members. A 15-visit punch card for \$80 is available for non-members to participate in ForeverWell programming to include FW Group Exercise classes, Water Fitness classes before 1 p.m., Pickleball before 12 p.m., and use of the Walking Tracks before 12 p.m. Monday - Friday. Punch cards do not apply to open use of the Y pools, gyms, wellness center, arenas or group exercise programming outside of the FW listing.

All ForeverWell classes are run on a continuous basis. Schedules of class offerings are available at oshkostymca.org on the Oshkosh Y Mobile App or at the Front Desk of any Oshkosh Y location.

ForeverWell Programming is INCLUDED in your Y Membership.

ARTHRITIS AQUATICS
This activity offers water exercises that are recommended by the Wisconsin Chapter Arthritis Foundation. For more information on this program, please see Aquatics ([page 43](#)).

FOREVERWELL WATER FITNESS
This class is designed to be an aerobic workout without stress to your joints.

FOREVERWELL YOGA
You will move your whole body through a series of seated and standing yoga poses. Chair support is offered to safely perform a variety of postures designed to increase flexibility and balance. Restorative breathing exercises and a final meditation will promote relaxation and mental clarity.

FOREVERWELL CIRCUIT
Combine fun with fitness to increase your cardiovascular and muscular endurance with a standing circuit workout. Upper body strength-work is alternated with low-impact aerobic choreography. A chair is offered for support, stretching and relaxation exercises.

FOREVERWELL CYCLING ⓘ
Take a fun-filled group ride that's fitting for beginners and seasoned cyclists. This version is less strenuous than a 'regular' Group Cycling class.

TAI CHI FOR BEGINNERS
This program is a gentle introduction to the practice and philosophy of Tai Chi. This class will improve your balance, flexibility, and strength while promoting relaxation and harmony in the body.

FOREVERWELL TRX ⓘ
The TRX strap is a great tool for seniors to improve their balance, increase joint mobility and stability, and gain muscular strength. You will use the strap to push, pull, and lift your own bodyweight.

FOREVERWELL STRENGTH
This strength training class will use hand held weights, resistance tubing, a ball and more to increase muscular strength, endurance, range of motion and the ability to perform activities of daily living. A chair is used for seated and/or standing support.

FOREVERWELL PILATES
Pilates offers unique opportunities for participants to work on core muscles and toning. This version is less strenuous than a 'regular' Pilates class.

SILVERSNEAKERS® CLASSIC
Have fun and move to the music through a variety of exercises designed to increase muscular strength, range of movement, and activity for daily living skills. Hand-held weights, elastic tubing with handles, and a ball are offered for resistance; and a chair is used for seated and/or standing support.

ZUMBA GOLD
Ditch the workout and join the party! This is an easy-to-follow program set to Latin and International music that lets you move to the beat at your own speed. This class is great for those that prefer a low-impact workout experience.

DRUMS ALIVE!™ GOLDEN BEATS
This class uses drum sticks with a stability ball and can be done seated or standing. When we drum and dance we are having FUN! This in return releases endorphins and releases negative feelings. The rhythmic patterns of the drum increases synchronization of brain wave activity which in turn provides feelings of euphoria and improved mental awareness and self acceptance.

ⓘ Classes with this symbol require a reservation. Reserve your spot online up to 24 hours before class time.

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Y Member

Non-Member

web: www.oshkostymca.org

email: info@oshkostymca.org

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y

FOR HEALTHY LIVING
WINTER + SPRING 2025 | OSHKOSH COMMUNITY YMCA

HEALTH + WELLNESS

BUILD POWER,
STRENGTH,
FLEXIBILITY &
SPEED

ROCK STEADY BOXING

PARKINSON'S DISEASE MANAGEMENT PROGRAM

ENJOY THE CAMARADERIE OF A GROUP ATMOSPHERE AND A TEAM OF SUPPORT!

OPEN TO MEN & WOMEN.
ALL ABILITY LEVELS.

Rock Steady Boxing is a program that gives people with Parkinson's disease hope by improving their quality of life through a non-contact boxing-based fitness curriculum. By exercising with coaches who know the ropes, you can fight your way out of the corner and start to feel and function better. Boxing works by moving your body in all planes of motion while continuously changing the routine as you progress through the workout.

MONDAY • TUESDAY • THURSDAY • FRIDAY 9:30-10:45 a.m.
Through generous donations, this program is offered free for all.

OPTIONAL STARTER PACKAGE: \$25 | Includes gloves, wraps, t-shirt, and storage bag!

Contact Lindsey McMullin for more details at lindseymcmullin@oshkoshymca.org.

Ask about our support group meetings.

Check out our
Rock Steady
Boxing
mission video!

BROUGHT TO YOU WITH HELP FROM:

WANT TO HELP?

Support the basic needs of our community by empowering youth, individuals, families, and seniors through membership and programs that support their financial self-sufficiency, build social connections, and improve health and wellbeing?

Please contact Patti Weissling at (920) 230-8952 or pattiweissling@oshkoshymca.org.

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Member Non-Member

web: www.oshkoshymca.org email: info@oshkoshymca.org

FOR HEALTHY LIVING WINTER + SPRING 2025 | OSHKOSH COMMUNITY YMCA

HEALTH + WELLNESS




PEDALING FOR PARKINSON'S

Pedaling for Parkinson's™ is an exercise program using cycling to help manage Parkinson's symptoms and improve quality of life. Participants cycle at moderate to high cadences, on stationary bikes, led by a trained instructor.

Research shows cycling can reduce tremors, stiffness, and slowness of movement while improving motor function, mood, and overall health. The program fosters community support alongside physical benefits.

Pedaling for Parkinson's™ is based on research indicating that forced exercise on a bicycle can reduce symptoms of Parkinson's Disease. In fact, participants who ride three days a week over eight weeks have shown improvement in their Parkinson's-related symptoms by as much as 35%. Workouts are built around the research, and will include motivating music and conversation.

Participants can attend with a support person.

Through generous funding this program is **FREE FOR ALL**.

TUESDAYS & THURSDAYS
1:30-2:15 p.m.
Studio 1

Registration is required.

Group sessions foster a supportive environment, encouraging participants to stay active and socially connected.

Contact Lindsey McMullin at lindseymcmullin@oshkoshymca.org with questions or to get started!

56  Member  Non-Member web: www.oshkoshymca.org email: info@oshkoshymca.org   

FOR HEALTHY LIVING WINTER + SPRING 2025 OSHKOSH COMMUNITY YMCA

HEALTH + WELLNESS

LIVESTRONG® AT THE YMCA



A small-group program for adult cancer survivors in the transitional period between completing treatment, and the shift to feeling physically and emotionally strong enough to attempt to return to their "new normal."

There is NO COST to the survivor and their family during this 12-week mission program, thanks to the community's generous support of the Annual Campaign.*

STRONGER TOGETHER

Each household receives a **FREE MEMBERSHIP** to help reduce the burden that cancer can bring to a family.

FOR MORE INFORMATION on this FREE program, contact Lindsey McMullin at 230-8963 or lindseymcmullin@oshkoshymca.org.

SURVIVOR



CHECK OUT OUR STAY STRONG MISSION VIDEO!

LIVESTRONG® at the Y

20 LIVESTRONG at the Y is for cancer survivors, to help build muscle mass and strength, increase flexibility and endurance, and improve functional ability. We also aim to reduce the severity of therapy side effects, prevent unwanted weight changes and improve energy levels and self esteem. Participants develop their own physical fitness program to continue to practice a healthy lifestyle as a way of life. The program provides a supportive environment and a feeling of community with fellow survivors, Y staff and members.

For more information for this **FREE** program, contact Lindsey McMullin at 230-8963 or lindseymcmullin@oshkoshymca.org. Reserve your spot today!

STAY STRONG PROGRAM

ARE YOU A CANCER SURVIVOR? Have you completed our LIVESTRONG AT THE Y Program? Do you miss the camaraderie of your fellow survivors? During this class, one of our Livestrong coaches will guide you through scientifically proven methods of exercise to include strength, cardio, balance, and flexibility.

MONDAY-WEDNESDAY

For session times, please contact Lindsey McMullin at lindseymcmullin@oshkoshymca.org. Members and LIVESTRONG Alumni Only

WANT TO HELP? **ANNUAL CAMPAIGN** FINANCIAL ASSISTANCE FOR ALL

To learn how you can make a difference, please contact Patti Weissling at (920) 230-8952 or pattiweissling@oshkoshymca.org.

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U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

YMCA Statement

SOCIAL CONNECTION & FALL PREVENTION - A WINNING COMBINATION AT NYS YMCAs

Studies show that participation in group-based exercise programs designed for fall prevention can effectively reduce social isolation among seniors by fostering social connections and a sense of community.

In New York State, falls are the leading cause of injury and death in New York State, accounting for \$1.7 billion in annual hospitalization charges. New York State YMCAs are rising to meet this challenge by expanding capacity in statewide fall prevention programs.

- YMCAs are engaged in a 4-year plan to enroll over 2,500 New Yorkers in fall prevention programs, expanding access to life-saving resources and promoting social connection.

- 40 new instructors have been trained in the last six months, enabling evidence-based falls prevention programs to expand to new YMCA locations as well as senior centers, churches, and other community locations, making fall prevention more accessible than ever.

- NYS YMCAs are preparing to launch a statewide, virtual, small-group based fall prevention program to reach those facing mobility challenges or lack access to transportation.



U.S. SENATE SPECIAL COMMITTEE ON AGING

"BREAKING THE CYCLE OF SENIOR LONELINESS: STRENGTHENING FAMILY AND
COMMUNITY SUPPORT"

MARCH 12, 2025

STATEMENTS FOR THE RECORD

YMCA Florida Statistics

County	YMCA serving the county	% of Persons 65 and over
Alachua County	North Central	14
Baker County	First Coast	14.2
Bay County	Northwest	17.1
Bradford County	North Central	17.8
Brevard County	Central Florida	23.7
Broward County	South Florida	16.6
Calhoun County	Northwest	18
Charlotte County	Southwest	40.2
Citrus County	Suncoast	36.3
Clay County	First Coast	15.8
Collier County	Collier	32.2
Columbia County	North Central	18.9
Dade County	South Florida	17.4
DeSoto County	Southwest	22.2
Dixie County	North Central	23.6
Duval County	First Coast	14
Escambia County	Northwest	16.8
Flagler County	Volusia-Flagler	30.7
Franklin County	Northwest	24
Gadsden County	Northwest	17.9
Gilchrist County	North Central	20.5
Glades County	Southwest	27.3
Gulf County	Northwest	21.6
Hamilton County	First Coast	18
Hardee County	Southwest	16.6
Hendry County	Southwest	13.7
Hernando County	Suncoast	27.5
Highlands County	Highlands County	35.3
Hillsborough County	Tampa	14.3
Holmes County	Northwest	19.9
Indian River County	Treasure Coast	33
Jackson County	Northwest	19.5
Jefferson County	Northwest	23.5
Lafayette County	North Central	16
Lake County	Central Florida	26.7
Lee County	Southwest	28.6
Leon County	Northwest	13.4
Levy County	North Central	24.8
Liberty County	Northwest	14.5
Manatee County	Southwest	27.4
Marion County	Central Florida	28.9
Martin County	Treasure Coast	30.9
Monroe County	South Florida	23

Nassau County	First Coast	22.2
Okaloosa County	Northwest	16
Okeechobee County	Treasure Coast	19.8
Orange County	Central Florida	11.9
Osceola County	Central Florida	13.2
Palm Beach County	West and South Palm Beach	23.9
Pasco County	Suncoast/Tampa	22.6
Pinellas County	St Pete/Suncoast	24.8
Polk County	West Central	20.2
Putnam County	First Coast	23.2
Saint Johns County	First Coast	20.2
Saint Lucie County	Treasure Coast	24.1
Santa Rosa County	Northwest	16
Sarasota County	Southwest	36.7
Seminole County	Central Florida	15.5
Suwannee County	North Central	21.4
Union County	North Central	15
Volusia County	Volusia-Flagler	24.4
Wakulla County	Northwest	15.7
Walton County	Northwest	20.6
Washington County	Northwest	17.5

Florida YMCA		TOTALS	Members over 65	3rd party members	Comm Health Programs	YMCA Programs Across Florida for Seniors/Older Adults
South Florida Highlands		41897	36%	12600	43000	From 1916, senior felias, veterans event, lunch and learns, arts/crafts, self defense, healthy living orientations, etc. Related with over 50+ years old. Community, Chronic Disease Blood Pressure, Diabetes, Fall Prevention Program, La Bodega Food Pantry each day with food distribution in Miami Y. Senior Housing programs in Affordable Housing Project, and lots of other community outreach and canvassing in the community.
First Coast		22,890	28%			Traditional seniors programs and a lecture series (hospital partnership) Bible Study, Book Club, Cards and Games, Pot Luck, Bingo, Trivia, Color Me Calm, Walking Clubs, Cooking Demonstrations, Arts and Crafts, Monthly Birthday Celebration, Travel Club, Coffee and Conversation, Tea Party, Painting Parties, Lunch outings, Bowling, Day Trips to our local beach towns, Man Jung, Quilting, Self Defense for Seniors, Games, and Chair Yoga, Stretch, Zumba& Zumba Gold, Aqua Zumba, Shallow Water Fitness, Literacy Learning, Tai Chi, Relaxation & Meditation, Pickleball, Lap Swim, Racquetball & Handball, Tennis, Programs Healthy Aging Day.
Volusia-Flagler		8299	30%			Silver Sneakers Group Exercise Classes, Active Adults Group Exercise Classes, Water Aerobic Classes, Indoor Cycling (silver cycling), Lunch & Learns, Health Seminars (i.e., Fall Prevention, etc.), Pot Luck, Pickleball, Monthly Senior outings, Weekly Senior lunch outings.
Central Florida		37000	25%			Healthy Seniors Day, Seniors Potluck Socials, Senior walking club, Senior Sunshine Club and Activity Clubs, Brain Train @ YMCA Memory Institute, Livestrong for Cancer survivors, Seniors BINGO, Silver Sneakers, Basic Fitness, Yoga and Chair Yoga, Stretch, Zumba& Zumba Gold, Aqua Zumba, Shallow Water Fitness, Deep Water Fitness, Tai Chi, Relaxation & Meditation, Pickleball, Lap Swim, Racquetball & Handball, Tennis, Joints in Motion
West Central		15,543	41%			Silver Sneakers, Fitness Incentives, Potluck, Golf Leagues, Water Aerobics, Yoga, Chair Yoga, Circuit, Stability and Classic Group Exercise Classes, Tai Chi
Treasure Coast		2,000	65%*			water aerobics, chair yoga, and the meditation class, the Y Knot Knitting Club, and the cards and games club
						Senior Socials, Senior Olympics, Lunch and Learns, Book Club, Senior Self Defense program, Nail and spa day, Welcome Back Snowbirds Event, Potluck, Game days such as, bingo, bunks, and dominoes, Senior Punch Pass to encourage seniors to come to the Y, Senior Balance and Strength, Balance in Motion, Balance, Strength & Stretch, Bone Density, Cardio Circuit & Core, Cardio Dance, Cardio Strength, Chair Yoga, EnerChi, Functional Fitness, Functionally Fit, Gentle Restorative Yoga, Guided Meditation and Yoga, Lengthen & Strengthen, Line Dancing, Low Impact Aerobics, Meditative Yoga - Chairs are Optional, Qigong, Sculpt, Senior Core Express, Senior Strength, Senior Yoga Stretch, Silver Sampler, Silver Sneakers BOOM, Silver Sneakers Circuit, Silver Sneakers Classic, Silver Sneakers EnerChi, Stretch, Stretch & Flex, Tai Chi, Zumba Gold
St Petersburg Northwest		9,985	31%			Total Community Health: 858 participants (with support groups) are predominantly seniors, YMCA Diabetes Prevention, Enhance Fitness, Healthy Steps for Older Adults, Total Parkinson's, Mindful Movement for Parkinson's, Parkinson's cycling, Livestrong at the Y, Blood Pressure Self Monitoring, YMCA Weight Loss, Parkinson's Participant Support Group (monthly), Parkinson's Care Partner Support group (weekly), Parkinson's Self Defense, Parkinson's Lunch and Learns, Healthy Heart Lunch and Learn, Healthy Heart Nutrition Workshop, Health Screenings (BP, Blood Sugar, Cholesterol)
		2227	13.70%			Senior Fit, Senior Chair Yoga, Water Fit, Personal Training, Service groups, Parkinsons Program

Southwest	19,234	35.89%		Enhance Fitness, Enhance Gold, Rocksteady Boxing, Senior Self Defense, Card Making, Classic Movie Days, Cooking for One, Bingo, Senior Health Fair, Field Trips, Potluck on Holidays, LiveStrong, Lunch and Learn, Cardio Splash, Active Older Adults Classic, Coffee and Connections, Paint and Create, Senior Dances, Arthritis Plus, Adult Cardio, BodyBalance, Cycle, Neurocycle, Cardio Step, Les Mills Core, Sculpt, Sit-n-Fit, Yoga, Balletone, Dance Trance, Gentle Yoga, Les Mills Shapes, Pure Core, Tai Chi, Tap Dance, TRX, Water in Motion, Pickleball, Dance Parties, Senior Boot Camp, Balance for Fitness, Forever Fit, StretchFit, MuscleWorks, AOA Cardio, Seniors in Motion, SitnFit, S.E.A.T., Chair Yoga
South Palm Beach	3439	20%*	1979	LiveSTRONG, EnhanceFitness, Parkinson's Surf and Turf, Parkinson's Cycle, Parkinson's Dance, Arthritis Land, Arthritis Aquatics, Blood Pressure Self Monitoring, Diabetes Self Management Program, Chronic Disease Self Management Program, Health Lectures, Tobacco Cessation Program, Hand Drumming, CPR for Seniors, Technology 101 Series, Senior Craft Events, Majong Game Groups, Health Screenings, Health Fairs, Health Research Opportunities, Field Trips, Pick Up Ping Pong, Pickleball, Table Tennis Program
Palm Beach	2137	62%		Chair Yoga, Sit & Be Fit, Water Aerobics, Water Mobility, Bingo, Doc Talks, Paint & Sip, Arts& Crafts, Potlucks, Monthly Birthday parties, Holiday parties
Suncoast North Central	30,386	37.74%		Arts & Crafts, Card games, Chair Volleyball, Community presentations, cook-offs, DIY projects, Enrichment, Family programming, grief support, group training, health fairs, mahjong, martial arts, MASH, massage, personal training, pickleball, potlucks, swim lessons, SmartStart, Social mixers, Spectator, Survivorship, Swim Club, Tennis, trips, veterans programs, weight loss, wellness, wellness challenges, wellness education
Tampa	32,018	22.60%		Yoga, Zumba, Silver Sneakers - Classic, Boom and Splash, Aquatunity Pot Luck, Holiday events
Collier	6411	25%*		Potluck lunch to encourage socialization, Field trips, Personal training, Enhanced fitness, Low impact group exercise, Pickleball, Special interest clubs including board games, crocheting, book clubs, arts and crafts, etc. Healthy Steps for Older Adults, an evidence based fall risk screening and education class for Active Older Adults, Blood Pressure Monitoring, Basic Senior Fitness, Water Aerobics, Chess, Senior Volleyball, Senior Basketball, Triathlon, Line Dancing, Cancer Survivor Programming, Pedaling for Parkinsons, Self Defense, Weight Lifting.
Total 65+	237,516			From website: Bone density training, Health and mobility classes, social activities, Diabetes prevention, Aquacise, yoga, stretching, pickleball, Parkinsons.
* includes 55-64 year olds				

Impact stories

[Veronica Berry learns to swim at J. Douglas Williams YMCA - https://youtu.be/0TeCk3H8aFU](https://youtu.be/0TeCk3H8aFU)

[Marjorie & Margaret - https://www.youtube.com/watch?v=itwKAEzqMyM](https://www.youtube.com/watch?v=itwKAEzqMyM)

[Andy Pawlowski's memorial for his wife at the Frank DeLuca YMCA - https://www.youtube.com/watch?v=dMHkka9q](https://www.youtube.com/watch?v=dMHkka9q)

[Roberto Claussell's Family finds a second home at the Frank DeLuca YMCA - https://www.youtube.com/watch?v=FE](https://www.youtube.com/watch?v=FE)

[Sherry Nesom gets stronger at the Oviedo YMCA - https://www.youtube.com/watch?v=JBpzrjiv JA](https://www.youtube.com/watch?v=JBpzrjiv JA)

[YMCA Seniors facing social isolation](#)

[Art for the Heart](#)

[Chess Club](#)

[Preventing Falls](#)

[YMCA South Florida Active Older Adult Programs](#)