

# Reimagining Aging in America:

*A Blueprint to Create Health and  
Economic Security for Older Adults*



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# Executive Summary

The novel coronavirus (COVID-19) is devastating the lives of older adults and exposing the long-standing inequities of aging in America. For far too long, too many older Americans, particularly seniors of color, have languished in, or teetered on the edge of, abject poverty. Millions of older adults working well into their golden years in order to make ends meet face age discrimination in the workforce and limited job prospects. Too many seniors who succumb to these obstacles are forced into an early retirement that comes with diminished Social Security benefits and fear over how to put food on the table while paying for the increasing price of prescription drugs. Indeed, nearly one in four seniors rely on Social Security for at least 90 percent of their income and the average Social Security benefit is just \$1,514 a month, or \$18,170 a year.<sup>1</sup>

While COVID-19 did not create these challenges, it has put the spotlight on these long-standing barriers to building health and economic security for older Americans. Unfortunately, the negligent and dangerous approach taken by President Trump and Republicans in Congress to the threat of the virus only made matters worse.

Six months into the pandemic, older adults, particularly those from racially and ethnically diverse communities, continue to be infected and die at alarmingly high rates. The majority of hospitalizations due to COVID-19 continue to occur among adults ages 65 and older with over 143,000 people over age 65 having lost their lives as a result of the virus.<sup>2</sup> Data

released by the Centers for Medicare and Medicaid Services on people with Medicare indicate that the hospitalization rate among COVID-19 positive cases is highest for Black and Hispanic people with Medicare.<sup>3</sup> Low-income seniors and people with disabilities that are dually enrolled in Medicare and Medicaid also have higher hospitalization rates than people only enrolled in Medicare.<sup>4</sup> Further, reports show that of the nearly 200,000 Americans that have died from COVID-19 (at the time of the release of this report), more than 77,000 were residents and workers in nursing homes and long-term care settings, accounting for more than 35 percent of all deaths nationwide.<sup>5</sup> In addition to direct lives lost, the current public health emergency has resulted in millions of Americans, including older adults, filing claims for unemployment benefits. The total health and economic impacts have yet to be fully realized.

There are policies that can help keep all Americans safe while addressing the future needs of the country's rapidly growing senior population. This blueprint to create health and economic security for America's seniors outlines opportunities to remove barriers to accessing affordable health care, help older adults build and maintain a secure retirement and ensure all seniors can benefit from critical social services. The blueprint explores how the COVID-19 pandemic exacerbated the challenges seniors face as they age and outlines policy solutions to address the inequities of aging in America. These challenges and solutions are presented in the following categories:

**HEALTH CARE:** Seniors require robust health care benefits to meet their growing needs, including access to quality and affordable services and long-term services and supports. Further, long-term care workers should be adequately supported in order to serve a growing population of seniors in their homes, and for those that are unable to safely remain in their homes, congregate settings must be reimagined.

**ECONOMIC SECURITY:** Every American must have the ability to achieve and maintain financial security in retirement, and older workers should have the ability to remain employed and safely return to their jobs to achieve continued financial security.

**SOCIAL SUPPORTS:** To remain safely in their homes and communities, seniors must have access to social supports, allowing them to secure nutritious foods, safe transportation to necessary medical care and integrated programming to prevent social isolation and loneliness.

# Chapter 1: Health Care

Millions of older Americans rely on Medicare and Medicaid to help them age with dignity and economic security in their homes and communities. Unfortunately, after four years of the Trump Administration and Republicans in Congress proposing budgets to slash funding for Medicare and decimate Medicaid, older adults must confront the greatest public health threat this country has experienced in over a century from a weakened position. While not exhaustive, this chapter provides an overview of the importance of Medicare and Medicaid for seniors during the COVID-19 crisis and beyond, and outlines improvements to better the health of America's seniors and guarantee access to affordable services and supports.

## Improve Health Care Access and Affordability

Even with the guarantee of Medicare, many older Americans struggle to access needed health services. With the passage of the Patient Protection and Affordable Care Act, people with Medicare gained access to free preventive services, the prescription drug coverage gap, known as the Medicare Part D donut hole, closed and annual wellness visits come at no out-of-pocket cost. Yet, many seniors continue to struggle. They find it difficult to navigate systems of benefits, they are overwhelmed by the high cost of prescription drugs and many receive little to no coverage for vision, hearing and dental benefits. These barriers existed long before COVID-19, but the pandemic has only further intensified seniors' daily struggle to meet their health care needs.

According to the Commonwealth Fund, on average, people with Medicare spend over \$3,000 annually on out-of-pocket health care costs and approximately 15 million people with Medicare spend 20 percent or more of their income on out-of-pocket medical expenses and monthly premiums.<sup>6</sup> For the nearly 30 million seniors and people with disabilities who live on annual incomes below \$26,200, and almost 15 million who live on less than \$15,250 per year, health care expenses quickly eat into the money needed for food, housing and other necessary items.<sup>7</sup> And, when examining per-capita incomes and savings among Black and Hispanic seniors, the numbers are far worse.<sup>8</sup>

More must be done to address the out-of-pocket costs that seniors are forced to cough up for necessary care and expand the services covered by Medicare in order to eliminate barriers to care. For example, Original Medicare does not cover many of the services associated with hearing and vision loss or routine dental care. This forces older adults to pay out-of-pocket for these services or go without care. Further, as care needs increase, many seniors, particularly those who live in poverty or have little savings, turn to programs like the Medicare Savings Program or the Extra Help program. These programs help cover premiums and out-of-pocket costs associated with Medicare Part B and Medicare Part D, respectively. Yet, rigid asset and income requirements can exclude seniors in desperate need of help. Other seniors turn to Medicaid to fund their long-term care as the United States lacks a robust benefit to provide seniors with long-term services and supports as they age. The high cost of care, particularly for those with multiple chronic conditions or those needing a higher level of care, means that many middle-class families eventually turn to Medicaid because of the high and unaffordable cost of long-term care. These families spend down into Medicaid, impoverishing themselves to ensure access to desperately needed supports. To provide older Americans with affordable health care coverage that can best support their needs, the following policies must be enacted:

**ENSURE CONTINUOUS AND GUARANTEED ACCESS TO COVERAGE:** As millions of Americans approach retirement age or are forced out of the workforce due to the COVID-19 pandemic, older Americans, particularly those nearing Medicare eligibility, face uncertainty in their health coverage. The *Medicare at 50 Act (S. 470)* would give people between the ages of 50 and 64 the option of buying into Medicare, and the *Stop the Wait Act (S. 2496)*, would eliminate an unnecessary two-year waiting period for people eligible for Medicare due to disability.

**LOWER THE RISING COST OF PRESCRIPTION DRUGS:** No senior should be forced to choose between taking a needed medication or putting food on the table. Congress should allow Medicare to use its purchasing power to negotiate prescription drug prices, permit the safe importation of essential medications, and enact policies, including an annual out-of-pocket cap, to make prescription drugs covered under Medicare Part D more affordable.

**STREAMLINE MEDICARE ENROLLMENT POLICIES:** Complex Medicare enrollment rules and lacking notification cause tens of thousands of older adults and people with disabilities to face lifetime fines, coverage gaps and other harmful consequences. The bipartisan *BENES Act (S. 1280)* would provide advance notice to individuals approaching Medicare eligibility and eliminate needless multi-month coverage gaps for those newly enrolled.

**EXPAND PROGRAMS THAT HELP SENIORS PAY FOR HEALTH CARE:** The Extra Help program and the Medicare Savings Program assist low-income seniors with the cost of premiums, copayments, coinsurance and deductibles for Medicare Part D prescription drugs and Medicare Part B services. These programs should be expanded, as envisioned by the *Medicare Extra RX Help Act (S. 691)*. This bill would allow more seniors to access this assistance by expanding eligibility for the Extra Help program and extend full benefits to seniors living on the edge of poverty.

**ADD A DENTAL, VISION AND HEARING BENEFIT IN MEDICARE AND MEDICAID:** People with Medicare or Medicaid should have access to much needed dental, vision and hearing benefits. The *Dental, Vision and Hearing Benefit Act (S. 1423)* repeals the statutory exclusion that restricts Medicare coverage of these services, as well as provides an increased Federal Medical Assistance Percentage (FMAP) for States to provide these benefits in Medicaid.

**EASE COST BURDENS ON STATES FOR CARE FOR INDIVIDUALS WITH BOTH MEDICARE AND MEDICAID:** Considered alongside the long-term services and supports reforms noted above, Congress should federalize payments for dual enrollees that receive Medicaid supports, including long-term services and supports or enrollment in a Medicare Savings Program.

## Ensure Access to Long-Term Services and Supports

The pandemic has put the long-term care crisis in our country under a microscope. As the introduction of this report states, an overwhelming majority of the deaths that have occurred due to COVID-19 have taken place in long-term care settings. The lack of a cohesive federal response has meant that States are further struggling to maintain a cost-effective and person-centered system of care that can respond to the growing need to keep the most at-risk populations out of congregate settings. Seniors must have a true choice in where they receive long-term care. That requires significant changes to Medicare and Medicaid.

Medicare is the primary source of health care for seniors, yet it does not offer a long-term care benefit. Medicaid has long been the primary payer of long-term services and supports for older Americans yet only helps a fraction of people requiring these types of services, funding about 50 percent of the long-term care provided nationwide.<sup>9</sup> In 2017, 4.6 million Americans received Medicaid long-term services and supports at home, which is where they overwhelmingly prefer to be.<sup>10</sup> There is a significant need for long-term services and supports in homes and communities, which will only grow with time as the number of Americans ages 65 and older is expected to reach 94.7 million by 2060.<sup>11</sup>

Medicaid offers States several pathways to provide long-term services and supports via home and community-based services (HCBS). However, even as more States shift their Medicaid programs to offer additional home-based care, the need far outweighs the available services. In 2018, more than 800,000 individuals were on wait lists to receive HCBS through the most commonly-used Medicaid waivers.<sup>12</sup> In addition to expanding access to HCBS, investments must be made in building out the entire long-term care continuum. For example, the Program of All-Inclusive Care for the Elderly (PACE) offers long-term services and supports integrated with comprehensive medical care. There are ways to scale this critical program to support a growing number of seniors who require additional supportive services and care while residing at home, which would help bolster traditional HCBS programming.

Communities across America require resources to build upon their currently limited capacity to provide long-term services and supports to all who need it in the location of their choice. The following policies would allow older adults to receive the long-term services and supports they need in their preferred setting:

**MAKE HCBS A MANDATORY MEDICAID BENEFIT:** HCBS is currently an optional benefit under State Medicaid programs. States should be required to offer HCBS as a covered service and the federal government should cover the associated costs, such as by increasing the FMAP. In order to support this benefit, or in an effort to move toward it, Congress should pass the *HCBS Infrastructure Improvement Act (S. 3277)*. This bill would invest in HCBS by awarding grants to States to improve and expand upon HCBS in areas including housing, transportation, workforce, competitive, integrated employment and enrollment, referral and counseling systems.

**CREATE A ROBUST LONG-TERM SERVICES AND SUPPORTS BENEFIT:** Congress should develop a benefit to fund long-term services and supports for seniors and people with disabilities regardless of income. This benefit should include both a cash payment and covered services to support enrollees and their caregivers.

**EXPAND PACE:** PACE offers comprehensive services by combining the delivery of medical care and long-term services and supports. Eligible individuals receive wrap-around care from a PACE program, furthering their ability to remain safely in the community. Congress should bolster the development of additional PACE programs and expand eligibility of enrollment to allow for a greater number of people requiring in-home supports to be eligible to receive care in their homes and communities.

**HELP FAMILIES BUILD WEALTH AND PREVENT SENIORS FROM FALLING INTO ABJECT POVERTY:** Rather than forcing families to impoverish themselves to access vital long-term services and supports, Congress should pursue policies that allow Americans to build and retain wealth, such as by eliminating the Medicaid Estate Recovery Program and enacting the *Protecting Married Seniors from Impoverishment Act (S. 2000)*.

## Redesign Where Seniors Live

COVID-19 poses an unprecedented threat to the 1.3 million Americans who are residents of a nursing home, intermediate care facility, psychiatric hospital or other congregate setting where residents live in close quarters and have limited opportunities to engage in social distancing to mitigate spread of the virus.<sup>13</sup> Residents of congregate settings sometimes share bedrooms with others, dine in large common rooms and participate in group activities throughout the facility, only furthering the possibility for spread of COVID-19. Further, these individuals are more likely to experience multiple chronic conditions, increasing their risk of becoming ill or dying should they contract the virus.<sup>14</sup> As of the latest reporting, over 479,000 residents and workers in long-term care facilities have been infected with COVID-19 and more than 77,000 have died.<sup>15</sup>

In response to this unprecedented threat, the Trump Administration, failing to act with urgency, has issued a fragmented array of regulations and guidance intended to slow the virus's spread in nursing homes. Yet, months into the pandemic, residents and workers in nursing homes and other congregate care settings continue to languish – alone without visits from their families and terrified of COVID-19. The situation is especially dire in nursing homes with predominantly Black residents, recent reports uncovered higher death rates among majority-Black nursing homes compared to majority-white facilities.<sup>16</sup> Absent a robust strategy from the Trump Administration, States and many congregate care settings, including nursing homes, are turning to a practices such as cohorting, or separating nursing home residents with COVID-19 from those who have not been exposed to the virus. Others are utilizing strike teams to ensure a sufficient number of aides, nurses and other providers are available to care for residents, while some States are offering real-time technical assistance to nursing homes on infection control practices. While these practices have been implemented to protect residents during the pandemic, COVID-19 has brought to light the inadequacies of America's current system of long-term care.

Now, more than ever, it is crucial to redesign the existing choices for seniors and provide support for innovative models of long-term living that promote resident dignity. The Green House model is one model of care that rethinks congregate settings for older adult and provides long-term services and supports in smaller and more home like settings.<sup>17</sup> While older Americans prefer to age in their homes and communities, for those who cannot safely do so, a safe housing alternative with quality care and services must be provided so that individuals can age with dignity and family members can have peace of mind. To accomplish these goals, in addition to supporting robust funding for senior housing, policies should be pursued that would:

### **REDESIGN EXISTING CONGREGATE SETTINGS:**

Congregate care settings must be redesigned to eliminate shared rooms, allowing each resident their own bedroom. Facilities must also be redesigned to downsize or eliminate large shared spaces, such as dining rooms and activity rooms.

### **REIMAGINE THE FUTURE OF CONGREGATE SETTINGS:**

Congress must provide funding and supports for resources to expand upon alternative models of congregate care, like Green House homes, which are designed to create supportive living environments for seniors.<sup>18</sup> These alternate settings allow seniors to live in smaller communities while continuing to receive the care they require.

### **IMPROVE OVERSIGHT OF CONGREGATE CARE:**

Oversight is essential to the delivery of quality long-term care. The federal government must conduct adequate oversight, with appropriate enforcement, while also providing technical assistance to facilities on how to improve the care provided.

## Support the Long-Term Care Workforce

COVID-19 has exposed the long-standing crisis in our long-term care workforce. Not only are seniors at risk, but so too are the frontline workers that serve them. And since the essential services these individuals provide will far outlast the pandemic with a growing aging population, taking action now to support and grow this cadre of professionals is critical.

The long-term care workforce is comprised of indirect and direct care workers that provide crucial personal and health care supports to seniors, allowing older adults to age with dignity in their homes, their communities, in hospitals and congregate care settings. Of the approximately 4.5 million people employed in the long-term care workforce, 1.3 million serve seniors in their homes, 1.9 million work in nursing homes and the remainder work in other congregate settings.<sup>19</sup> Approximately 38 percent of these individuals are ages 50 and over and 26 percent are Black.<sup>20</sup> Due to the age and racial make-up of this workforce, paired with the direct contact that workers have with multiple patients every day, many of these workers are at a high risk of contracting and becoming seriously ill from COVID-19.<sup>21</sup>

Complicating matters, systemic issues, including a combination of low wages, high turnover and difficult working conditions, plague this sector. The added difficulty brought on by the pandemic of accessing childcare, personal protective equipment and testing has only made matters worse. America's frontline workers are putting their lives on the line to serve the country's most at-risk populations. They are deserving of policies and investments that are commensurate with their status as 'essential' or 'heroes'.

Through a series of reforms Congress must lift up America's long-term care workforce and ensure sufficient numbers of workers are recruited and retained so that the country is capable of providing services to a rapidly aging population. The following proposals would better support this workforce during COVID-19 and beyond:

**PROVIDE THE LONG-TERM CARE WORKFORCE WITH PANDEMIC PREMIUM PAY:** Essential frontline workers are the true heroes of America's COVID-19 pandemic response. Providing premium pay to frontline workers during this pandemic would adequately recognize the sacrifices these workers are making, ensure the retention of essential workers who are working grueling hours on the frontlines of this crisis and promote the recruitment of additional workers who will be needed in the months ahead. The Heroes Fund in the House-passed *HEROES Act (H.R. 6800)*, would help ensure these professionals are more fairly compensated for their work during the pandemic.

**INCREASE THE FEDERAL MINIMUM WAGE:** Millions of Americans cannot support themselves and their families working 40 hours or more a week. Congress must pass the *Raise the Wage Act (S. 150)*, which would increase the federal minimum wage from \$7.25 to \$15 per hour over a five-year period.

**ENSURE ADEQUATE BENEFITS FOR WORKERS:** Workers must have access to adequate benefits, including health care, paid sick leave and paid family and medical leave. Congress must pass urgently needed legislation including the *PAID Leave Act (S.3513)*.

**DEVELOP A CAREER LADDER FOR LONG-TERM CARE WORKERS:** Providing accessible training opportunities is crucial to developing a career trajectory for lower paid workers that often lack opportunities for upward career mobility.<sup>22</sup> Opportunities for career growth encourage retention of employees within the long-term care field and will help create a robust workforce. This effort should include Congress passing the *Pandemic Responders Service Award Act (S. 3763)*, which would provide financial support to frontline health care workers to pay off debt from their education or to acquire new education and training, among other uses.

**INCREASE RECRUITMENT INTO THE LONG-TERM CARE WORKFORCE:** Providing more training opportunities is crucial to building a robust long-term care workforce capable of meeting the needs of a growing senior population. Congress should invest in workforce training programs by drawing on existing resources and partnering with health care organizations and higher education programs to recruit and train the next generation of long-term care professionals.

# Chapter 2: Economic Security

The economic crisis created by the COVID-19 pandemic has harmed older workers and will have severe and long-lasting effects on the financial security of American families. As a result, millions of Americans will struggle with unemployment and further worry whether they will be able to provide for their families into the future. This chapter examines the plight of older workers and the economic instability that families face at the confluence of a public health and economic crisis.

## Keep Seniors Employed

The COVID-19 pandemic has created a public health crisis as well as an economic crisis, both of which are acutely felt by older workers. On the public health front, the virus presents a significant threat to the health of all individuals who continue to go into work and interact with coworkers, customers and the general public, but it presents a particularly significant threat to older workers. The Centers for Disease Control and Prevention found that severe outcomes, including hospitalization and death, increase with age, and older workers with underlying conditions and disabilities are particularly at risk.<sup>23</sup> Transmission of COVID-19 at worksites has been seen across industries, ranging from hospitals, nursing homes, grocery stores, meatpacking facilities and others. While some older workers are in occupations that enable them to telework, estimates from Boston College's Center for Retirement Research indicate that a majority have not been able to do so.<sup>24</sup> Those workers who are not able to telework are also more likely to be in occupations with lower pay and may be the least financially able to delay a return to work.<sup>25</sup> Workers of color also make up a disproportionate share of essential frontline workers who have not been able to telework during this pandemic. For example, according to the Economic Policy Institute, while Black workers comprise nearly 12 percent of all workers, they make up 17 percent of frontline workers.<sup>26</sup>

The economic crisis caused by COVID-19 has also had a severe effect on the income and retirement security of

older workers. The unemployment rate for workers ages 55 and above skyrocketed from 2.6 percent in February 2020 to 13.6 percent in April.<sup>27</sup> While it declined to 7.7 percent by August, this level of unemployment remains higher than during the worst period of the Great Recession.<sup>28</sup> Roughly 2.9 million workers ages 55 and above were unemployed as of August 2020.<sup>29</sup> This effect of the crisis on workers of color has been particularly significant, as overall unemployment rates of Black and Hispanic workers have been consistently higher than those of their white counterparts.<sup>30</sup>

Evidence from the Great Recession and subsequent economic recovery suggests that older workers may have a particularly difficult time returning to work. Older workers who lost their jobs were out of work for longer periods of time, and when they returned to work, they often saw a significant decline in their income relative to their previous earnings.<sup>31</sup> Among the many factors that make it more difficult for unemployed older workers to find a job is age discrimination, which research has illustrated is ongoing and significant.<sup>32</sup> An inability to find work does not only harm older workers by making it more difficult for them to pay their bills and put food on the table, but also prevents them from saving for retirement and may push some to claim Social Security benefits earlier than they otherwise would, permanently reducing the benefit they will receive each month.

To help older workers return to their jobs and achieve financial security, the following policies should be enacted:

**BAN AGE DISCRIMINATION IN THE WORKPLACE:**

Congress should pass the bipartisan *Protecting Older Workers Against Discrimination Act (S. 485)*, which strengthens age discrimination protections for older workers and ensures that workers experiencing age discrimination have the same access to legal remedies as workers experiencing other forms of discrimination in the workplace.

**INSTITUTE ENFORCEABLE SAFETY STANDARDS:**

Requiring the Occupational Health and Safety Administration to put in place enforceable standards that employers must implement to protect workers from COVID-19 would ensure workers are returning to safe work environments, which is critically important for older workers at greater risk of negative health outcomes should they contract COVID-19.

**CONNECT OLDER WORKERS WITH SAFE EMPLOYMENT OPPORTUNITIES:** Workforce development boards and existing federal programs should be used to connect at-risk unemployed older workers with employment opportunities that minimize their potential exposure to COVID-19, such as contract tracing jobs that can be done remotely.

## Protect Seniors' Retirement Security

The economic crisis created by the COVID-19 pandemic will have long-lasting repercussions for American families and will make achieving financial security in retirement significantly more difficult for many older workers. Many who lost their jobs since the start of the pandemic lost both their income and their ability to save for retirement.<sup>33</sup> Among older workers who are still employed, decreased hours and closed workplaces reduce earnings and opportunities to save, and significant numbers of employers suspended or scaled back employer contributions to workers' retirement plans.<sup>34</sup> Some families who were able to save before the crisis have also been forced to make early withdrawals from their retirement accounts to make ends meet, potentially permanently reducing the value of their retirement nest egg.<sup>35</sup>

Market volatility, worker layoffs, early retirements and employer revenue losses also threaten to further destabilize at-risk defined benefit pension plans. Many of these pension plans were previously hit hard by the Great Recession and already in need of assistance to avoid significant cuts to workers' expected benefits. Workers have planned their lives around the pension

benefits they have earned and are expecting to receive, and seeing them slashed would cause significant financial hardship.

Older workers who lose their jobs as a result of the COVID-19 pandemic and who struggle to find other employment opportunities may also resort to claiming Social Security benefits earlier than they would have otherwise, resulting in permanently lower monthly benefits for the rest of their retirement. Individuals turning age 60 in 2020 are further at risk of seeing their Social Security benefits permanently reduced because of how Social Security calculates benefits. Social Security's benefit formula uses a measure of average wages to adjust the value of workers' earnings before they turn age 60 to account for wage growth over time, and then these numbers are used to calculate the size of the workers' retirement benefit. The pandemic will likely result in the measure of average wages Social Security uses dropping in 2020 for only the second time on record, resulting in these seniors' Social Security benefits being permanently lowered relative to seniors with identical earnings who turned age 60 in 2019.<sup>36</sup>

This confluence of challenges put older workers' retirement security at grave risk. One analysis estimates that COVID-19 will result in roughly 3.1 million additional older workers falling into poverty in retirement.<sup>37</sup> These effects could be particularly severe for Black and Hispanic families who entered the pandemic with significantly lower savings than their white non-Hispanic peers.<sup>38</sup>

Families affected by COVID-19 would be more financially secure in retirement through the following steps:

**STRENGTHEN SOCIAL SECURITY:** As workers face greater uncertainty in preparing for retirement, it is critical that Social Security is able to provide financial security to all individuals and their families. Social Security benefits for retirees and individuals with disabilities should be strengthened to build economic security for seniors and ensure that they are able to cover basic costs of living. This would be particularly beneficial for seniors of color who rely on Social Security for more of their income in retirement than white non-Hispanic seniors.<sup>39</sup> Passing legislation like the *SWIFT Act (S. 345)*, which strengthens Social Security benefits for widows, and the *Stop the Wait Act (S. 2496)*, which eliminates unnecessary waiting periods for people receiving Social Security disability benefits, would help achieve these goals.

**PREVENT A PERMANENT DROP IN SOCIAL SECURITY BENEFITS FOR THOSE TURNING AGE 60:** The Social Security benefit formula must be fixed to ensure that a one-year drop in the Average Wage Index (AWI) used to adjust workers' past earnings for wage inflation does not permanently reduce the benefits of workers turning age 60 in 2020. This can be accomplished by simply requiring that the 2019 AWI value be used instead of the 2020 AWI value when calculating these workers' benefits.

**STABILIZE AND PROTECT MULTIEMPLOYER PENSION PLANS:** Immediate action is needed to ensure the long-term solvency of multiemployer pension plans that millions of workers across the United States have planned around and are relying on for their income in retirement. If these pension plans are allowed to go insolvent, workers and their families will see substantial declines in their retirement incomes and in their quality of life.

**PROVIDE RELIEF TO GRANDPARENTS AND OLDER RELATIVE CAREGIVERS RAISING RELATIVE CHILDREN:** To help older relative caregivers taking on the unexpected role of parenting a second time around, Congress should pass the *Grandfamilies Act (S. 1660)*. This bill would increase access to Social Security child's benefits and Temporary Assistance to Needy Families cash assistance program, incentivize states to create temporary guardianship laws for caregivers who need to step in quickly to help a relative child, provide support for services in grandfamily housing and ensure states are prepared to provide streamlined support to grandfamilies.

# Chapter 3: Social Supports

Millions of seniors across the country rely on a robust network of social supports to age safely in their homes and communities. The COVID-19 pandemic has only further strained this already fragile network, which means that it is now harder to guarantee that older adults have enough to eat, reliable and safe transportation and regular friendly check-ins to prevent social isolation. This chapter examines the gaps in social services for seniors during the COVID-19 pandemic and, in addition to robust funding for Older Americans Act (OAA) programs, outlines policy solutions to improve upon these services.

## Ensure Seniors Have Enough to Eat

To combat food insecurity, seniors rely on a patchwork of federally-funded nutrition programs to meet their needs. However, even with that patchwork, food insecurity persists. And, as evidenced by the pandemic, even small changes in access to and the availability of a nutritious meal can put the health and well-being of an older adult in jeopardy.

According to Feeding America, 5.3 million seniors ages 60 and older reported food insecurity in 2018.<sup>40</sup> Seniors are more likely to be food insecure if they are low-income, Black or Hispanic or have a disability.<sup>41</sup> Seniors who are food insecure are more likely to experience depression, develop asthma and report heart problems—all of which can lead to increased medical and emergency room visits as well as hospitalizations.<sup>42</sup> In the United States, the estimated annual cost of disease-associated malnutrition among older Americans is more than \$50 billion.<sup>43</sup>

Prior to the pandemic, millions of seniors relied upon federally-funded nutrition programs. In 2018, more than 2.3 million seniors received nutrition support from the home-delivered and congregate meal programs authorized under the OAA.<sup>44</sup> That same year, 5.1 million seniors participated in the Supplemental Nutrition Assistance Program (SNAP). Seniors also access nutrition services through additional programs

authorized under the Farm Bill, including nearly 700,000 seniors who are served by the Commodity Supplemental Food Program and over 800,000 seniors who are served by the Senior Farmers Market Nutrition Program.<sup>45</sup>

During the COVID-19 pandemic, stay-at-home orders and social distancing guidelines have caused feeding sites, like congregate meal programs, to close while other nutrition programs had to modify their practices to protect seniors, workers and volunteers from the virus. As a result, seniors continue to struggle with access to nutritious foods during this crisis. According to Meals on Wheels America, four out of five Meals on Wheels programs report that meal requests have doubled since the start of the pandemic.<sup>46</sup> And, as of May 2020, SNAP enrollment for people of all ages has grown 17 percent since the start of the COVID-19 pandemic.<sup>47</sup> The impact of COVID-19 on the food security of older Americans will be long lasting.

In addition to increasing SNAP benefit levels, increasing the minimum SNAP benefit for all recipients, and removing barriers to accessing those benefits, particularly during economic downturns, an investment in innovative solutions and policies that will specifically ensure seniors continue to have access to much needed nutrition, is required. Those include:

**EXPAND DELIVERY OPTIONS:** Senior nutrition programs, like the home-delivered and congregate meal programs, are designed to supplement, not supplant a senior's dietary intake. Seniors that cannot safely leave their homes may rely on grocery delivery, yet for low-income seniors that utilize SNAP, there are limited options for delivery of purchases with SNAP benefits. The expansion of the SNAP online purchasing program has increased the availability of SNAP delivery, but existing barriers remain. The U.S. Department of Agriculture should continue to increase the accessibility of this program to include additional retailers and purchasing options. Additionally, to help combat hunger among seniors, Congress should provide additional authorities like those included in the *Increasing Access to SNAP Delivery During COVID-19 Act (S. 3736)* to expand SNAP delivery options available to independently owned and operated retailers.

**ENCOURAGE PARTNERSHIPS BETWEEN HOME-DELIVERED MEAL PROGRAMS AND LOCAL RESTAURANTS:** Congress should fund technical assistance out of the Administration for Community Living to encourage partnerships between home-delivered meal programs and restaurants, representing a win-win-win, benefiting seniors, the meal-delivery programs and workers. Seniors may benefit from a greater variety of food options as well as greater capacity to meet their specific dietary needs. Meal-delivery programs may also benefit, as restaurant employees may be able to replace lost volunteer capacity. And, finally, workers and the restaurants that employ them may benefit through greater security in wages and a secure revenue stream.

**SUPPLY COOKWARE TO SENIORS:** For seniors participating in programs in which they receive components of a meal that must be prepared, the requisite cookware should also be provided. Congress should direct support to community-based organizations, including food banks and senior nutrition providers, to ensure that seniors have the cookware they need to maintain proper nutrition.

## Improve Access to Reliable Transportation

Many seniors rely on public transportation for trips to grocery stores, senior centers and medical appointments. While mass transit is a viable option in some communities, it may be unreliable. In other areas, particularly in rural communities, transit may be either nonexistent or so limited that only certain destinations are served.<sup>48</sup> A study by Transportation for America found that more than 15.5 million Americans ages 65 and older live in communities where public transportation service is poor or nonexistent.<sup>49</sup> A survey conducted by AARP found that 60 percent of people ages 50 and over said that they did not have public transportation within a 10-minute walk from their homes.<sup>50</sup> Furthermore, lack of access to transportation can be more predominant in low-income communities of color.<sup>51</sup>

With the COVID-19 pandemic, many seniors no longer feel safe using transportation services due to increased risk of exposure to the virus. This can be particularly detrimental to the health of seniors who rely on public transportation to regularly access health care, as research indicates a lack of transportation leads to missed appointments, delayed care and missed or delayed medication use, which can result in mismanagement of chronic illness.<sup>52</sup> At the same time, as fares collected from riders are no longer able to support robust transportation options, there are ongoing concerns that the pandemic will result in permanent reductions of public transportation services, including safe alternative options for riders throughout the day, such as non-emergency medical transit (NEMT).

As the COVID-19 pandemic continues, older adults must be able to safely access existing transit systems. In addition to providing States and localities with resources to maintain the existing transportation infrastructure, this can be accomplished through the following steps:

**INCREASE FUNDING FOR TRANSPORTATION IN THE OLDER AMERICANS ACT:** Congress should provide additional funding for transportation and delivery programs authorized by the OAA. Flexibilities in allowable use of funds should be developed to coordinate efforts across programs providing transportation and delivery services for seniors living in the community to reduce barriers to programming. This should include the ability to use funds to purchase vehicles, retrofit current vehicles to reduce contact between drivers and passengers or other capital purchases necessary to implement programs.

**ENCOURAGE COMMUNITY PARTNERSHIPS THAT ENHANCE DELIVERY OPTIONS FOR GOODS AND SERVICES:** During a time in which seniors are fearful of leaving their homes, transportation infrastructure should be repurposed to make it easier for goods and services to be brought directly to seniors. Congress should support the establishment of partnerships between aging networks, local transit authorities and local businesses to provide delivery of essential items and groceries to seniors who are homebound. This effort could be similar to a partnership in Delaware County, Pennsylvania where transit employees that would have otherwise been furloughed were paid to serve as delivery drivers to support local businesses while keeping seniors safe at home.

**STRENGTHEN NEMT PROGRAMS TO BETTER MEET THE NEEDS OF SENIORS:** To help ensure NEMT is more accessible, while creating the infrastructure to support changes to the way health care is delivered to seniors, Congress should pass the *Protecting Patients Access to Care Act (H.R. 3935)*. The bill would codify NEMT, preventing States from opting out of the benefit.

**ALLOW NEMT FUNDS TO SUPPORT MEDICAL PROVIDERS TRAVELING TO CARE FOR PATIENTS IN THE HOME AND COMMUNITY:** In order to help older adults remain safe from the virus while ensuring that they are able to maintain access to critical health care services, Congress should allow NEMT funding to support medical providers while in transit should they be providing care to seniors in their homes or communities. By reimbursing a provider for travel to a senior's home, providers are encouraged to offer home-based services, reducing the need for a senior to leave their home to seek needed medical care and further protecting at-risk populations from contracting COVID-19.

## Prevent Social Isolation and Loneliness

In the United States, 24 percent of adults ages 65 and older are socially isolated while 43 percent of adults ages 60 and over report feeling lonely.<sup>53</sup> Older adults are at increased risk for social isolation and loneliness because they are more likely to live alone, experience the loss of family members and friends and have chronic illness or sensory impairments. While there is little research available on social isolation among seniors of color, people of color are more likely to experience conditions that can cause social isolation, such as being low-income, suffering psychological distress due to experience with racism and other health problems.<sup>54</sup> Social isolation and loneliness puts the health of older adults at risk. Older adults who are severely lonely tend to die at an earlier age and are more likely to develop dementia and heart disease or experience a stroke.<sup>55</sup> One study found that loneliness had similar health effects on older adults as smoking 15 cigarettes a day.<sup>56</sup> Research also found that Hispanic older adults experienced more negative effects of social isolation on their health compared to white older adults.<sup>57</sup>

The COVID-19 pandemic has amplified the epidemic of social isolation and loneliness due to stay-at-home orders and social distancing policies put in place to protect those most at-risk. As a result, many older adults likely still have little interaction with the outside world, and many are afraid to leave their home. Some community-based organizations have started new outreach initiatives such as telephone reassurance programs, virtual programs and increased meal delivery to stay connected with seniors. Yet, many seniors continue to lack meaningful engagement with others on a daily basis. Seniors in nursing homes and other long-term care settings have endured months of isolation and limited contact with family and friends due to restrictive visitation policies intended to prevent residents from becoming infected with COVID-19. These circumstances are extraordinarily concerning as the mental health of Americans, including seniors, has been significantly impacted during the COVID-19 pandemic.<sup>58</sup>

As services are increasingly delivered by phone or online, many seniors are left behind because they do not have access to or are unable to use the digital devices they need in order to stay connected. Additionally, many seniors, particularly in rural areas, do not have

reliable access to the internet. Further, the benefit of connecting with friends and family virtually is no replacement for in-person interaction. It is imperative that action be taken to address the epidemic of social isolation plaguing seniors as a result of COVID-19 stay-at-home orders, the following policies must be enacted:

**FUND SENIOR CENTERS:** Congress should provide increased funding for senior centers to facilitate virtual programming and put in place the necessary protocols to support individualized or small group activities so that seniors can safely engage with others.

**EXPAND INTERNET ACCESS:** Seniors who do not have internet access are unable to connect with the community and participate in virtual programming provided by local senior centers and other community-based organizations. Providing seniors with hotspots for connectivity can enable internet access in areas without broadband.

**INCREASE ACCESS TO PHONES AND TABLETS:** Even with internet access, without electronic devices the digital divide among seniors cannot be resolved. Seniors need access to phones and tablets to connect with the community and participate in virtual programming. This will particularly benefit seniors of color who are less likely to have computer and internet access compared to white seniors.<sup>59</sup> Congress should therefore pass the bipartisan *ACCESS Act (S. 3517)* to increase access to technology in nursing homes to facilitate virtual visits between residents and loved ones.

**STRENGTHEN ACCESS TO CELLULAR PHONE SERVICE:** Access to the Federal Communications Commission's Universal Service Fund Lifeline Program should be expanded so more seniors can connect with family and friends by having minutes and data available.

**EXPAND FUNDING FOR SUPPORT LINES:** With additional funding, States, communities and Area Agencies on Aging can oversee the development and expansion of support lines, so seniors who need the extra support can receive regular friendly phone calls.

# Conclusion

Seniors, particularly seniors of color and low-income seniors, have long faced systemic barriers to aging with dignity in America, leading to inequities in affordable quality health care, the ability to save for retirement and access to social services. The systemic barriers Americans face as they age have only been worsened by the COVID-19 pandemic. The Trump Administration's failed pandemic response has further contributed to fractures in an already vulnerable patchwork of services, resulting in the needless deaths of thousands of older Americans and those who care for them.

Now, more than ever, it is time for Congress to reexamine the disjointed and disconnected services failing America's most at-risk populations. The delivery, financing and structure of these critical benefits, supports and services must be reimagined to prioritize disparate communities who have long lacked equitable access to aging with dignity. The recommendations outlined in this blueprint serve as a roadmap for change, but are not exhaustive. A comprehensive evaluation is required so that seniors, advocates, experts, service providers and policy makers can forge forward and make lasting improvements to the way Americans age.

# Acronym List

|   |             |
|---|-------------|
| Average Wage Index                            | <b>AWI</b>  |
| Federal Medical Assistance Percentages        | <b>FMAP</b> |
| Home and Community-Based Services             | <b>HCBS</b> |
| Non-Emergency Medical Transit                 | <b>NEMT</b> |
| Older Americans Act                           | <b>OAA</b>  |
| Program of All Inclusive Care for the Elderly | <b>PACE</b> |
| Supplemental Nutrition Assistance Program     | <b>SNAP</b> |

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