



Testimony of W. Mark Clark, President & CEO

Pima Council On Aging

before the

U.S. Senate Special Committee on Aging

“Aging Without Community: The Consequences of Isolation and Loneliness” Hearing

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Good afternoon. Thank you, Chairman Collins, Ranking Member Casey and members of the Aging Committee, for the opportunity to testify today on the problem of social isolation and loneliness among older adults.

My name is W. Mark Clark and I have the honor of serving as President & CEO of Pima Council On Aging, the Area Agency on Aging serving Pima County, Arizona. Since 1967, Pima Council On Aging (PCOA) has identified the needs of older adults in our planning and service area, and responded to those needs with community-based programs and services. In our role as the Area Agency on Aging for Arizona Region II, PCOA has

served generations of older adults and their families in communities across Pima County, through planning, advocacy and providing and contracting for services. Area Agencies on Aging, of which there are 622 across the country, were created by the Older Americans Act in 1973 to serve as the local planning, development and delivery system providing home and community-based services to older adults so that they may age successfully with maximum health, independence and dignity.

The Aging of Pima County

Pima County is home to the city of Tucson, the second-largest metro area in Arizona. Because of our mild winters, thriving hospitality industry, natural desert beauty and relatively low cost of living, Tucson and other parts of Pima County are primary destinations for new retirees and older winter visitors, contributing to it being among the fastest aging regions in the nation. Pima County covers 9,184 square miles—roughly the size of the state of Vermont—and is home to more than 248,000 people who are 60 years of age or older. That means one in four County residents is age 60 or older today. The population growth among those under 50 years old has remained stagnant in the last five years in the County, while the population in their 60s grew by 16%. The fastest growing segment of the population were people over 85, which has increased by an astonishing 35% in the past decade. We are not alone in these remarkable numbers—while Arizona is one of the most rapidly aging states, every single state in the Union is growing older as the Baby Boomers age and people live longer. By 2030, one in five Americans will be age 65 or older.

PCOA's Role in the Community

Pima Council On Aging's 50-year history of supporting older adults in their homes and communities means we are one of the nation's longest-serving providers of the critical home and community-based services that are the mandate of every Area Agency on Aging. In fact, we began providing these vital supportive services even before Area Agencies on Aging were formally established in the 1973 reauthorization of the Older Americans Act.

Today this coordinated system of services provides supportive programs including home-delivered meals, congregate meals and socialization, transportation, in-home care, home repair and adaptations, legal services, evidence-based health promotion programs, and assistance for family caregivers. The federal dollars we receive through the Older Americans Act are the foundation of this system, as we leverage state and local dollars to increase our ability to meet the need and help older adults meet their goals of aging at home and in the community, remaining healthy, and retaining their independence for as long as possible. To accomplish these lofty goals, we work in partnership with approximately two dozen service provider partners to provide an array of services, programs and options for older adults, as well their caregivers.

But to stay healthy and to age well, older adults need to remain engaged. The home-and-community-based services we offer, such as home-delivered meals through the Pima Meals on Wheels program, senior lunch programs, senior center programming and in-home services, increase or maintain self-sufficiency and independence and reduce social isolation for the people we serve. In our last fiscal year, PCOA delivered just shy of

204,000 meals, utilizing 20 routes to cover metro Tucson—and the outlying rural communities where people are at even greater risks for isolation—to nearly 1,500 individuals who are homebound, unable to prepare a nutritious meal because of health or physical limitations and have no one to assist them. For many, the driver who delivers their meals may be the only person they see regularly during the week. It is not uncommon for our delivery drivers to find people who have been experiencing medical emergencies for a day or longer, and have to provide crisis assistance.

In collaboration with our community partners, PCOA also provides nutrition programs in community settings, and these congregate meals have, since inception, had a twin goal of enhancing seniors' nutrition and encouraging socialization. We served nearly 87,000 meals through lunch programs to around 2,000 older adults at our network of 13 community and neighborhood-based centers; 91% of them tell us that the program gives them someone to talk to each day. At the majority of our home-delivered meal clients live alone (67%) and all are frail or disabled. More than half (55%) of congregate meal participants live alone, and nearly 30 percent are frail or disabled. Our home-and-community-based system of services known as the Community Services System includes not only these two types of meals programs, but also other supports and services that allow people unable to perform basic tasks of daily living for themselves to remain living in their own homes. Common in-home services include homemaker services (laundry, cleaning), personal care services (bathing, dressing) and personal safety systems, while community supports include transportation, legal services and caregiver supports.

Social Isolation Harms Health, Independence

Data from our local communities tell us that social isolation and related factors significantly impact the lives of our older friends and neighbors, which is validated by national data and emerging research on the significant negative health effects of becoming isolated or lonely. In our role as the Area Agency on Aging, since 1975 PCOA has conducted the only community needs assessment of its kind to identify the needs of older adults age 60 and older. Every three to four years, PCOA collects information about the issues most of concern to older adults in our communities through a written survey, public listening sessions and focus groups with professionals in the field. Through our most recent community needs assessment process in the fall of 2016, nearly 2,300 seniors completed surveys in English and in Spanish, with nearly half of those respondents reporting they lived alone. The second-highest ranking concern for older people in our community, only slightly outranked by falls and fear of falling, was being able to continue living independently in their own homes. Remaining independent and aging in place was expressed as an issue of some or serious concern by nearly 67% of the people we surveyed. Other significant concerns included loss of a spouse, depression, mental health issues and related indicators of isolation, as well as **social isolation** itself, **which was specifically cited as an issue by 46% of respondents.**

While aging at home is cited as a top priority by a majority of older people, and doing so has both emotional and economic benefits, aging in place at home can also lead to isolation. As socialization that occurs naturally throughout much of adult life through work, raising children, volunteerism, and connection to family wanes in one's life,

without opportunities to build new social networks, including having the health and mobility to do so, living independently can lead to that person becoming nearly entirely isolated over time. And so, Area Agency on Aging–funded service providers, such as meal delivery drivers or the direct care workers who come into the home to assist with giving a bath, changing linens and shopping, become their social network, providing not only services that allow the person to remain in their home, but also regular contact that can help to stave off the depression and ill health effects that accompany isolation.

Yet not every senior needs those particular programs, so how do we do our part to combat and respond to social isolation among a broader aging population in our community?

First, we have to understand the causes of the problem. What we as service providers witness happening in our society is isolation even in the midst of community. People are aging in place in many of our older neighborhoods, while the composition of those neighborhoods has changed to younger families with whom they have no connection, so they no longer know their neighbors. Our communities continue to see a decades-long influx of retired people from other states who have left behind their families, friends, and support systems. Depending on the area they move to, the social opportunities that are available, and their ability to navigate the community, they may or may not start rebuilding a social network in their new community. Living in gated communities often leads to isolation among a relatively homogeneous group of people. We have turned into communities where the front door is the garage door and that for many, especially those

without small children, it is possible to come and go without ever seeing neighbors except through the car window. We also noted that for some of our longtime retirement communities like Green Valley, a community of about 22,000 people 20 miles outside of Tucson where individuals aged 85 years and older make up more than 10 percent of the population, those who moved there in the early years of their retirements have often outlived their savings and their vitality. We hear stories about the fact that since the home owners' associations maintain the exteriors of the housing units and landscaping, hidden behind a façade of normalcy is the despair that exists inside where people simply can't take care of themselves and don't reach out to others.

These community patterns and structural challenges contribute greatly to the problem of social isolation, but there are other challenges we see regularly, too, including seniors isolated from the community by language or culture barriers, as well as by fear. Living alone with increasing frailty can be terrifying, and it's easy for these vulnerable older adults to stay inside and resist asking for help. And, given the prevalence of elder abuse and the perception of crime and violence, we understand their caution. Many older people don't reach out for assistance for fear of losing their ability to remain in their homes.

Finally, we know that there are other risk factors that put some older adults at greater risk for having their health compromised by increasing isolation. Changes to mobility, cognitive ability, or health status, which happen frequently in the lives of older adults, can cause an individual to hold back from previously enjoyed social activities. Older adults in rural areas who can no longer drive are at incredible risk of physical and thus

social isolation unless other transportation options are available. The loss of a spouse or a new, difficult role as a family caregiver may also lead to a withdrawing from the community at a time when more engagement is needed the most.

Solutions to Reach and Engage Isolated or At-Risk Seniors

Reaching out to all older people with messages that resonate and suggestions they will embrace is critical. That's why we participated in last year's "Expand Your Circles: Prevent Isolation and Loneliness As You Age" campaign—a national effort of the federal Eldercare Locator (Endnote 1) to provide a new consumer awareness tool to boost public awareness and education of social isolation among seniors. Funded by the Administration for Community Living and in partnership AARP Foundation and its' social isolation–reduction online platform Connect2Affect (Endnote 2), the National Association of Area Agencies (n4a), which operates the ACL-funded Eldercare Locator and of which we are a member, created a simple, consumer-friendly brochure on the problem of social isolation, risk factors, negative health consequences and a self-assessment checklist. The campaign provided additional materials for aging providers to ensure that the national effort's leveraged media attention was mirrored locally across the country. Like our Area Agency on Aging peers around the nation, we found the new brochure a great tool and resource to raise the issue locally.

In addition to sharing the resource itself, a member of our staff devoted her monthly column in the Arizona Daily Star, the second-largest newspaper in the state, to the issue, reaching 200,000 print and online readers with specific tips to stay engaged, access

supports and services and reduce isolation. We saw a significant boost in calls coming into PCOA the day the story ran and for the next few days.

To supplement and build upon our core Older Americans Act services, Pima Council On Aging developed the Neighbors Care Alliance to encourage neighbors to reach out to one another and formally organize volunteers who could provide transportation, friendly visits and calls, meals, and run errands. These include many of the top concerns and unmet needs voiced by our community in prior-year surveys of the most pressing issues facing older adults. The 15 active Neighbors Care Programs and their 120 partners are dedicated to helping their aging neighbors remain independent, safe, and less isolated in their homes for as long as possible. Our communities need to continue to seek innovative, often low-cost, neighborhood-based solutions such as this effort to address the challenges of aging in our society.

We have seen first-hand how social isolation impacts quality of life and overall well-being—and the dramatic effects that breaking down that isolation can have in people’s lives. I’m reminded of Edna, a woman in her late 60s, who lived alone, suffered from multiple chronic health conditions and depression, and received several services from us including home-delivered meals, housekeeping help and grocery shopping assistance. She rarely left her home. Her concerned case manager suggested that she consider volunteering through the Corporation for National and Community Service–funded Senior Companion Program, which, at the time, had recently been brought to Pima County by community partner Our Family Services. Over time, Edna began volunteering to offer companionship to other isolated older adults receiving in-home services from

us, and within a year, she discontinued most of her own services because she simply no longer needed them. She said that going to visit with older people in the community every day and a newfound sense of purpose had led her to getting around better and doing more than she had in a long time. Edna volunteered as a Senior Companion and benefitted from the boost in vitality that social interaction gave her for eight years, contributing significantly to her ability to maintain independent living and her overall quality of life.

In the course of five decades of service to older people and their families, Pima Council On Aging has recognized that social isolation is an issue that not only requires intervention to improve overall health and well-being, it demands prevention, as well. Encouraging people as they age to engage in continuing health-related education, volunteerism, and community engagement are critical to reducing systemic social isolation in later years. And so, our challenge as a society becomes not only continuing to provide and expand critical home and community-based supports and services that ensure safety and promote independence like those supported by the Older Americans Act, but also to break down systemic barriers to lifelong good physical and mental health and meaningful engagement. It is our role as an Area Agency on Aging to both find ways to reduce social isolation for older people like Edna, forestalling the need for deeper interventions, and to ensure that those interventions are in place and adequate for those who eventually need them.

Policy Recommendations

Unfortunately, the problem of social isolation is widespread and knows no race, gender, income or geographic boundaries. According to our national association, n4a, our fellow Area Agencies on Aging share our concern, our willingness to respond and our desire to see greater awareness and resources deployed to address this problem that, with a nation that's aging as fast as ours is, cannot be ignored.

While PCOA will continue to tackle the problem as best we can at home in Pima County, we offer several policy recommendations for consideration by Congress and the Administration.

1. Increase Public Education

Current national efforts to raise awareness, assessment and remedy should be strengthened and new interventions developed. Our agency knows what to look for and how to respond, but we don't have the capacity to serve every older person in Pima County. The issue needs to be elevated so that more older adults and their families understand that social isolation is a public health issue and should not go unaddressed. In tandem with national campaigns, local communities like ours and the aging and community groups who serve it need effective messages and resources to deploy at the ground level. The Eldercare Locator and Connect2Affect campaigns have been extremely helpful but we need more national emphasis on this critical issue.

2. Expand Services that Promote Health, Engagement, Aging at Home and in the Community

As our population ages, it's essential that life-saving, independence-maintaining and isolation-reducing home and community-based services are expanded to meet the incredibly growing need. The Older Americans Act's critical services and supports must grow as we adjust to this age wave. If we don't meet the need, many older Americans will lose their independence and health, resulting in higher costs for taxpayers in the form of increased Medicaid nursing home costs and avoidable Medicare expenditures. **PCOA believes that all Older Americans Act (OAA) programs should be increased in FY 2018.** *OAA Title III B Supportive Services*—which provides flexible funding for a range of services from in-home supports to transportation—needs particular attention, as sequestration and other budget cuts have reduced it to spending levels not seen since before FY 2002, 15 years ago! This same title supports Area Agencies on Aging information and referral (I&R) efforts, so that consumers have someone to call for information on and access to aging services in that community. While the OAA meals programs of *Title III C Nutrition* have seen restoration from sequestration, much more needs to be done to meet growing community need now and in the future.

As Edna's story showed, programs that get older adults engaged in serving the community help reduce social isolation for both volunteers and those they serve. **We support funding for the Corporation for National and Community Service's Senior Corps programs**, which are specifically designed to engage and serve older adults.

Transportation is one of the most pressing needs for all older adults who are trying to remain at home and in the community—especially those who are isolated, and yet it can be difficult to find reliable, accessible, and affordable options to get to the doctor, the grocery store, religious services, or social events—all of which are critical to staying healthy and independent and prevention isolation. **Lawmakers must invest in federal, state and local programs that create a wider array of affordable, accessible transportation options.**

3. Build Livable Communities for All Ages

As the population of older adults grows so does the desire and need for communities to support people of all ages to ensure that they can grow up and grow old with maximum independence, safety, and well-being. Although there is much that individuals can and should do to maximize their independence as they age, public policymakers make critical decisions about issues such as transportation systems, housing opportunities and land-use regulations that affect whether older adults can live successfully and productively at home and in their community. That's why Tucson, through the leadership of Mayor Jonathan Rothschild and Council Member Steve Kozachik, recently joined the World Health Organization (WHO)/AARP Age-Friendly Communities List, as the 144th city in the nation to join; we are currently deeply involved in the planning work to make our community even more age-friendly.

Federal leadership in livable and sustainable communities is vitally needed, yet federal investments in promoting sustainable and livable communities has lagged significantly since 2010. In the meantime, states and local governments tasked with developing and implementing broad long-term community infrastructure and service systems have increasingly recognized the value of ensuring that these systems meet the needs of the ever-growing aging population. These community efforts will only be cost-effective and efficient if they reflect our aging reality. This means directing a portion of any new infrastructure spending to community agencies and nonprofit organizations by encouraging states and local governments to embrace livable-communities-for-all-ages principles and make them central to the core work of all government departments.

The more livable a community is, the easier it will be to prevent isolation among older adults. If seniors have appropriate housing options, can get around smoothly and safely, are tapped as a resource, and are vital to the life of the community, it will do a great deal to prevent social isolation and loneliness.

4. Create Stronger Connections Between Health Care Systems and Community Systems

The problem of social isolation can also be reduced with better coordination between acute health care systems (hospitals, doctor's offices, managed care organizations) and the social and human services systems. According to the Robert Wood Johnson Foundation, nearly 90 percent of physicians indicated they see their patients' need for

social supports, but unfortunately 80 percent of doctors said they do not fully know how to link patients to these networks. Clearly, there is still a wide gap to bridge between these very different social services and medical systems, and it is imperative that new intersections, partnerships and coordination processes are created rather than allowing the medicalization of social services, which will undoubtedly lead to higher costs and reduced consumer satisfaction.

This list is just a great starting point for a longer list of policy prescriptions that this Committee and all of us who care about older adults should develop; we know there's more to be done.

I thank you for shining a spotlight on this critical issue and for inviting me here to share Pima Council On Aging's perspective, and I look forward to taking any questions you may have.

Endnotes

- 1. The Eldercare Locator** is the only national information and referral resource to provide support to consumers seeking assistance across the spectrum of issues affecting older Americans. The Locator was established and is funded by the U.S. Administration on Aging, part of the Administration for Community Living, and is administered by the National Association of Area Agencies on Aging (n4a). Through its National Call Center (800.677.1116), which operates five days a week from 9:00 a.m. to 8:00 p.m. ET, and website (www.eldercare.gov), the Locator services as a trusted gateway for older adults and caregivers searching for information and resources which can be crucial to their health, well-being and independence.
- 2.** Because the issue of social isolation is so complex, AARP Foundation spearheaded **Connect2Affect** to seek out solutions. Through research and innovative efforts, the AARP Foundation and its partners are working to create a deeper understanding of loneliness and isolation, draw crucial attention to the issue, and catalyze action to end social isolation among older adults. The goal of Connect2Affect is to create a network of resources that meets the needs of anyone who is isolated or lonely, and that helps build the social connections older adults need to thrive. www.connect2affect.org