



**Statement for the Record  
Submitted to the Special Committee on Aging  
United States Senate**

**Hearing on**

**“Combating Social Isolation and Loneliness During the COVID-19 Pandemic”**

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**Submitted by  
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Dear Chairman Collins, Ranking Member Casey, and Members of the Committee:

On behalf of Meals on Wheels America, the national network of community-based senior nutrition programs, and the individuals they serve, thank you for holding the critical and timely hearing, “Combating Social Isolation and Loneliness During the COVID-19 Pandemic.” We are grateful for your continued leadership and attention to the needs of our nation’s older adults throughout this challenging and unprecedented time in history.

Meals on Wheels America is the national nonprofit organization that supports the network of more than 5,000 community-based congregate and home-delivered nutrition programs that are dedicated to addressing senior hunger and isolation. With the support of committed volunteers and staff members, local Meals on Wheels programs deliver nutritious meals to the home and/or in group settings, friendly visits and social interaction, safety checks, and connections to other social and health services, which enable millions of America’s older adults to live more nourished and independent lives.

As a leadership organization, we support Meals on Wheels programs nationwide in their work to improve the health, safety, and overall well-being of the individuals they serve, the lion share of whom are among the most vulnerable to experiencing severe complications related to COVID-19. Home- and community-based aging services and supports provide desirable, often more affordable alternatives to traditional long-term care options and are effective in promoting the physical and mental health and quality of life of community-dwelling older adults. In particular, human connection is inherent in the structure and service offerings of Meals on Wheels programs, and these local nutrition providers have proven to be an essential source of socialization for older adults sheltering at home, since the earliest outbreak of COVID-19 in the United States.

Senior nutrition providers have long worked on the front lines of addressing the harmful effects of social isolation and loneliness in older adults, and their efforts have never been more essential than they are now. We appreciate the opportunity to submit this statement for the hearing record and look forward to working with you to ensure that older Americans remain socially connected to, and active members of, their communities.

## **COVID-19 AND SOCIAL ISOLATION**

The coronavirus pandemic has a disproportionate and devastating effect on seniors, with 8 out of 10 deaths caused by the virus occurring in adults age 65 and older.<sup>1</sup> Older age groups and Black, Hispanic and Latino, and indigenous populations in the U.S. are experiencing more disparate negative health outcomes compared to younger age groups and/or non-Hispanic white groups, including higher rates of infection, hospitalization and death from the disease.<sup>2</sup> As more is discovered and shared about COVID-19, it is further understood that older adults, especially

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<sup>1</sup> Centers for Disease Control & Prevention (CDC), 2020, *Coronavirus Disease 2019 (COVID-19): People who need extra precautions: Older adults*. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

<sup>2</sup> CDC, 2020, *Morbidity and Mortality Weekly Report: Coronavirus Disease 2019 Case Surveillance - United State, January 11-May 30, 2020*. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6924e2-H.pdf>

those with underlying health conditions and those living in an institutional setting, are among those at the greatest risk of experiencing severe complications and death from the disease.<sup>3</sup>

Prior to COVID-19, social isolation and loneliness were recognized as major threats to public health, though the awareness of these issues has grown significantly due to the pandemic. Prompted by public health and safety recommendations, stay-at-home orders and other state and local efforts to implement social distancing, millions more Americans of all ages have experienced the impacts of loneliness and lack of social connection. Such as adequate nutrition, social contact is also key to an individual's health and well-being; factors including living alone, being unmarried, having fewer friends and/or a chronic illness can make an individual prone to isolation.<sup>4</sup> Chronic loneliness alone has been found to have a mortality risk comparable to heavy smoking, providing strong and sufficient basis to support more robust funding for public programs that prevent isolation and feelings of loneliness.<sup>5</sup> Social isolation is associated with greater likelihood of falls, dementia, cardiovascular disease and overall decreased mortality among older adults.<sup>6</sup>

As greater awareness of social isolation and its negative effects on physical and mental health have emerged in recent months, it is important to note that older adults in particular – especially those who were already homebound and/or living in rural areas – have long been at higher risk of isolation and loneliness and have unique challenges maintaining community connections. Before COVID-19, 43 percent of seniors age 60 and older reported feeling lonely and 34 percent lived alone.<sup>7,8</sup>

The health outcomes related to senior isolation and loneliness are severe, and the related costs to taxpayers and the economic burden associated with social isolation are immense. Social isolation has been estimated to account for an additional \$6.7 billion in Medicare spending each year.<sup>9</sup> Due to the heightened risk for older adults in contracting COVID-19, seniors continue to be strongly encouraged – in some cases, required – to physically distance from others, including close family members or other individuals on which they rely for support and social connection.

The aging services network established by the Older Americans Act (OAA) – the primary piece of federal legislation focused on establishing, coordinating and strengthening social and nutrition services for adults age 60 and older – is a vital source for supporting social connectedness for seniors. Home-delivered and congregate nutrition services, funded in part through the OAA, are targeted toward those older adults who are in the greatest social and economic need, with the purposes of 1) reducing hunger, food insecurity and malnutrition; 2)

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<sup>3</sup> CDC, 2020, *Coronavirus Disease 2019 (COVID-19): People who need extra precautions: People who are at higher risk for severe illness*. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

<sup>4</sup> The National Academies of Science, Engineering, and Medicine (NASEM), 2020, *Social Isolation and Loneliness in Older Adults: Opportunities for the Healthcare System*. Available at: <https://www.nap.edu/read/25663/chapter/1>

<sup>5</sup> Holt-Lunstad, et al., 2015, "Loneliness and social isolation as risk factors for mortality: A meta-analytic review," *Perspectives on Psychological Science* 10(2). Abstract available at: <https://pubmed.ncbi.nlm.nih.gov/25910392/>

<sup>6</sup> Falkner, et al., 2003, "Is social integration associated with the risk of falling older-community dwelling women?" *The Journals of Gerontology: Series A* 58(10) Available at: <https://pubmed.ncbi.nlm.nih.gov/14570865/>

<sup>7</sup> NASEM, (n 4)

<sup>8</sup> Census Bureau, Census Bureau, 2020, *American Community Survey (ACS) 2018*. Available on the Administration for Community Living Aging, Independence, and Disability (AGID) Program Data Portal: <https://agid.acl.gov/CustomTables/>

<sup>9</sup> AARP, 2017, *Medicare Spends More on Socially Isolated Older Adults*. Available at: <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>

promoting socialization; and 3) promoting the health and well-being of seniors through access to nutrition and nutrition-related disease prevention and health promotion services. For decades, dedicated local programs have worked tirelessly to fulfill these purposes, and today, they are continuing to deliver these essential services and connections during this public health crisis. As expert witnesses in the hearing noted, the nutrition and socialization offered through meal providers are critical services on which seniors rely, often as their lifeline, especially during periods of emergency like that which we are currently experiencing.

With much uncertainty surrounding the trajectory and length of the coronavirus pandemic, the prevalence and cost of senior isolation can only be expected to rise. Accordingly, we must invest in and implement programs and strategies to address this serious and emerging issue disproportionately affecting our nation's senior population. We believe – in accordance with many recommendations put forth by the panel of expert witnesses at the hearing – that this can be accomplished by leveraging the aging services' existing model and infrastructure, which has proven to be adaptable in meeting the unique social and safety needs of older adults.

### **SOCIAL CONNECTION DURING COVID-19: THE MEALS ON WHEELS MODEL**

The Meals on Wheels network comprised of local, community-based nutrition providers has led the fight against senior hunger and isolation for decades. Local Meals on Wheels programs, supported through the OAA and other federal programs, play a pivotal role in providing regular meals and socialization opportunities, offered at community dining centers when physical gatherings are possible; frequent safety checks enabled during meal deliveries; and reliable connections to other home- and community-based resources.

Human connection is an integral component of the Meals on Wheels delivery model and, as such, senior nutrition programs are able to help increase social connections and reduce loneliness through consistent and meaningful interactions. For many Meals on Wheels participants, staff and volunteers may be the only individual(s) she or he sees that day, providing critical occasions for socialization – which is imperative to older adults' mental and behavioral health. In fact, feelings of isolation and loneliness have been found to significantly improve among older individuals receiving daily home-delivered meals.<sup>10</sup> Along with the meal delivery and a friendly visit, these visits also allow for safety and wellness checks, which are essential interactions for socially isolated clients who are more susceptible to falling or other injuries that require attention or even emergency assistance.

With COVID-19, scores of additional seniors became at risk of food insecurity and social isolation in a relatively short amount of time. Now more than ever before, seniors are relying on Meals on Wheels programs to provide services, including essential socialization, through a variety of creative and resourceful ways that meet the growing needs in their communities. A recent survey commissioned by Meals on Wheels America found that over half of Meals on Wheels programs surveyed reported that their existing waiting lists have grown by 26 percent on average, since concerns of COVID-19 and efforts to employ social distancing began, with most programs reporting that waiting lists have at least doubled. Survey results also indicated that new requests for Meals on Wheels services have increased for nearly all programs over the same

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<sup>10</sup> Thomas & Dosa (report commissioned by Meals on Wheels America), 2015, *More Than A Meal: Pilot Research Study*. Available at: <https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6>

timeframe, and as a result, programs are serving on average 56 percent more meals and 22 percent more seniors each week.<sup>11</sup> Additionally, as we heard from the hearing witnesses who oversee local agencies in Pennsylvania and Maine, social distancing orders and health guidelines have also had major implications for senior nutrition providers. Challenges to service provision have included widespread closure of congregate nutrition sites and shifting of community lunches to drive-through or grab-and-go meals and grocery pick-ups, moving congregate clients to home-delivered meal programs, increased food and transportation costs and drastic increased need for Personal Protective Equipment (PPE) and other supplies necessary to maintain sanitation, which, like certain food supplies, can be cost prohibitive and challenging to procure.

Despite these challenges during COVID-19, staff and volunteers at local Meals on Wheels programs have continued to provide regular and trusted human interaction. Programs quickly adapted by using volunteers and staff to complete in-person, socially-distanced meal deliveries, connect by telephone and reassurance calls, provide call-in lines for older adults to reach out in times of need, perform sidewalk, driveway and window visits, deliver cards and letters and engage virtually through technology (e.g., Facetime, Zoom, etc.).

Leveraging the network of senior nutrition providers to combat social isolation and loneliness is a key focus at Meals on Wheels America. Recent reports from local programs reflect greater emphasis to offer new and scale existing efforts that specifically address loneliness and improve social connection, such as senior companion services (i.e., Friendly Visitors) and pet assistance or food delivery programs. These longstanding models can be delivered by local Meals on Wheels programs and have shown promise in mitigating senior isolation and loneliness. In fact, about half of Meals on Wheels America Members surveyed report offering a pet and/or telephone reassurance program, and nearly a third report offering a senior companion program.<sup>12</sup> Additionally, our national organization and local providers are partnering with health plans to screen and refer at-risk older adults for nutrition and senior companion programs.<sup>13</sup> Other pilots with Meals on Wheels programs that have the potential to identify social isolation and loneliness in older adults include the use of a mobile phone application to document volunteer-observed changes in the client's condition at the time of meal delivery,<sup>14</sup> and exploring the effectiveness of volunteer-led technology training to help older adults navigate technology as they connect to virtual senior centers and other engagement programming.

Through these collective initiatives coupled with greater awareness and support from the community, senior nutrition providers have not only adapted their operations to continue serving older adults, but have scaled up their services to reach an even greater number of individuals with nutritious meals and social connection. To enable programs to further build and sustain capacity to meet the unprecedented level of need for senior nutrition services, however, we urge

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<sup>11</sup> Meals on Wheels America (research conducted by Trailblazer Research), 2020, *New Survey Data: Demand on Meals on Wheels Network Swells and Wait Lists Grow due to COVID Pandemic*. Available at: <https://www.mealsonwheelsamerica.org/learn-more/national/press-room/news/2020/05/07/new-survey-data-demand-on-meals-on-wheels-national-network-swells-and-wait-lists-grow-due-to-covid-19-pandemic>

<sup>12</sup> Meals on Wheels America (research conducted by Trailblazer Research), 2019, *More Than A Meal Comprehensive Network Study*. Available at: <https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/comprehensive-network-study>

<sup>13</sup> Humana, 2018, *Humana and Meals on Wheels America team up to provide social connections to Medicare Members*. Available at: <https://press.humana.com/press-release/current-releases/humana-and-meals-wheels-america-team-provide-food-and-social-connecti>

<sup>14</sup> Morris, et al., 2019, "Leveraging Home-Delivered Meal Programs to Address Unmet Needs for At-Risk Older Adults: Preliminary Data," *Models of Geriatric Care, Quality Improvement, and Program Dissemination* 27(9). Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jgs.16013>

Congress to take additional action to guarantee the organizations serving them are adequately funded and resourced.

## **POLICY SOLUTIONS TO COMBAT SOCIAL ISOLATION**

Like many public health and prevention initiatives, budgetary constraints have prevented aging and social services and programs, like congregate and home-delivered nutrition services, from receiving the funding necessary to scale and expand access and reach of activities and services to meet the growing and shifting needs of older adults. Funding for social services and health promotion activities provided through the OAA, as well as other programs and block grants that support community-based service providers, remained significantly underfunded in previous fiscal years despite the significant growth of the senior population during this time.<sup>15</sup> Though significant hurdles remain before federal funding levels are sufficient to meet the growing demand, progress has been made in the wake of COVID-19 to reconcile the gap between delivery capacity and the unmet need for social and nutrition services. Several key pieces of recently enacted legislation provide crucial authorization, funding and other support for the aging services network to be able to serve those individuals with the greatest need during the current public health and economic crisis and throughout recovery.

### ***Legislation:***

The *Supporting Older Americans Act of 2020* was signed into law in March, in the early days of the COVID-19 outbreak. This bipartisan, bicameral bill reauthorized the OAA and its programs through Fiscal Year (FY) 2024 and contained much-needed increases in authorization of appropriations by providing a 7 percent increase in authorized funds for all OAA programs in FY 2020 and 6 percent in subsequent years. The bill also included several new provisions to increase focus and understanding of social isolation and the evidence-based practices to prevent and address loneliness. In addition to requiring a report on social isolation and the effect of OAA programs, the final reauthorization included provisions to expand and improve screening of and long-term planning and coordination to address social isolation.

The federal relief packages passed in response to the widespread health and economic effects of the pandemic have provided the aging services network nutrition service providers with much-needed supplemental funds to continue delivering meals and socialization to seniors. The *Families First Coronavirus Response Act (FFCRA)*, and the *Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020*, provide a total of \$750 million for OAA Congregate, Home-Delivered and Native American Nutrition Services. The emergency funding and flexibilities offer critical support to local nutrition programs in every state and district to adapt to their community's needs brought on by COVID-19.

### ***Recommendations:***

Additional support is necessary beyond the critical work that has already been done by the Committee through reauthorization of the OAA and recent emergency relief efforts to ensure the safety and social connectedness of our nation's seniors. The expert witnesses and their testimonies at the hearing provide strong policy recommendations and strategies to mitigate the adverse effects of social isolation on older adults living alone. We look forward to working

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<sup>15</sup> AARP Public Policy, 2019 Older Americans Act. Available at: <https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf>

together to advocate for and implement policies that address the needs of older adults through the ongoing COVID-19 outbreak, as recommended below:

- I. Provide additional emergency funding for OAA programs in the next COVID-19 relief package, including at a minimum \$250 million in supplemental appropriations for Home-Delivered Nutrition Services.** Even as some communities and states begin the process of reopening non-essential businesses and public spaces, we know that many older adults will continue to need to socially distance and remain at home due to the specific implications of COVID-19 for that population. Increased federal resources remain necessary for senior nutrition programs to serve the influx of new participants and meet the need for meals that is a result of the pandemic. We recommend at a minimum \$250 million in emergency funding for the OAA Nutrition Program as well as \$50 million for the Title III-D Health Promotion and Disease Prevention Services Program and \$80 million for the Title III-B Supplemental Services Program, both of which have experienced significant changes in their provision of important services.
- II. Support increased FY 2021 appropriations for the OAA Title III-C Nutrition Program by \$92 million (10 percent) over enacted FY 2020 levels for a total of \$1,028,753,000.** This request matches the total authorized funding levels for the program in FY 2021 in the *Supporting Older Americans Act of 2020*. As it is expected that the ramifications of the COVID-19 public health crisis on older adults will continue through the coming year, ongoing adequate appropriations are required and necessary to ensure that senior nutrition programs are able to continue to provide essential services and assist the country in recovery.
- III. Support for successful implementation of social isolation provisions within the bipartisan 2020 OAA reauthorization bill.** The *Supporting Older Americans Act of 2020* included vital provisions that provide for increased screenings and service coordination and greater focus at the federal administrative level. It also includes research and evaluation projects to help dissemination of best practices and identifying the role OAA programs play in alleviating the negative emotional and physical health effects of loneliness and lack of social connections. We encourage Congress to support the Administration for Community Living (ACL) in its implementation of these provisions.

## CONCLUSION

Thank you again for convening this important hearing and for the opportunity to share our unique perspectives and experience on this pressing issue. We would like to extend special appreciation to Chairman Collins and Ranking Member Casey for their bipartisan leadership and commitment to the health, safety, and economic security of older Americans, as well as their hardworking Committee staff. We hope the insights shared in this statement are helpful in the Committee's work to address social isolation and loneliness. Going forward, we are eager to support your efforts to alleviate the harmful – and too often fatal – impact of COVID-19 on seniors. Together, we can ensure that no senior is left hungry and isolated and achieve a vision of an America in which all seniors live nourished lives with independence and dignity.