



March 18, 2025

Honorable Rick Scott, Chairman
U.S. Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510

Honorable Kirsten Gillibrand, Ranking Member
U.S. Senate Special Committee on Aging
628 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Scott and Ranking Member Gillibrand:

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

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

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

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

Our comments focus on the following:

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

The Epidemic of Loneliness and Harmful Health Impacts is Well Documented

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

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

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

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

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

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

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

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

The goals of this report were twofold:

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

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

Key Observations:

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




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

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

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

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

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

 <p>Offer Diverse Activities</p> <ul style="list-style-type: none"> ➤ Group karaoke ➤ Drumming class ➤ Monthly men’s breakfast and women’s social tea ➤ Grief share group ➤ Wellness programs ➤ Casino night ➤ Poetry and theater programs ➤ Puppy yoga with local animal shelter ➤ Writer’s group (journaling, vision boards) ➤ Life reflections program (sharing life stories with others) ➤ Interactive robots with games and music ➤ Indoor farming with herbs and lettuce for the community ➤ Resident-led program development 	 <p>Promote Resident Connection</p> <ul style="list-style-type: none"> ➤ Resident pen pal program ➤ Buddy system, resident floor captains assigned to new residents ➤ Personalized envelopes at each resident door (for notes, treats) ➤ Rewards program to incentivize engagement in classes and activities ➤ Using data to tailor programming to residents who currently don’t participate in activities ➤ Continued virtual social programming for residents more comfortable in their room ➤ Hall/Neighborhood events and support groups ➤ Restaurant style dining programs 	 <p>Promote Community Connection</p> <ul style="list-style-type: none"> ➤ Fitness club open to surrounding general population over 50 ➤ Remote trivia games with local high schools ➤ Hydroponic gardening with local elementary school ➤ Local beauty school providing practice manicures ➤ Senior-friendly social media app to promote communication among residents with the wider community ➤ Volunteer opportunities (hats for individuals with cancer; blankets for pediatric hospitals)
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Source: ATI with ASHA member input (late 2021/early 2022)

Other Studies/Reports:

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

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

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

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

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

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

Other Areas for Consideration:

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

ASHA supports an “all of the above” solution that creates a pipeline of caregivers in a number of ways including 1) through workforce training and development programs, specifically targeted for

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

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

Costs of Long-Term Care: In addition to sharing and promoting these favorable studies and reports about the benefits of senior living in reducing the level of loneliness for older adults, it is also important to recognize the cost effectiveness of senior living relative to other settings. Specifically, as explained in the ASHA sponsored report, ***The Surprising Price of Staying in a House, Cost Comparisons Often Favor Senior Living***, the emphasis on keeping people in their homes at all costs may be shortsighted. While we understand most people do not want to leave their homes given their personal attachment, the decision should not be based on cost alone, without further examination of what it takes financially to remain in the home.

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

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

Source: Genworth Cost of Care Survey 2024

ASHA welcomes the opportunity to create more awareness among the Senate Aging Committee about what the industry is achieving in senior care for residents, caregivers, families, and the broader healthcare system. As noted above, the senior living industry’s work to promote social engagement and thus reduce the associated health risks is especially relevant to the current

inquiry by the Committee. The hard work and dedication of senior living professionals and the overwhelming resident and family satisfaction deserves to be recognized.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "David Schless".

David Schless
President and CEO