

COVID-19 and Older Adults

Support for Community-Based Physical and Behavioral Health

The health and safety of older Americans is of utmost concern during the coronavirus pandemic. People over the age of 60, particularly those with chronic conditions, are at highest risk of nursing home placement, hospitalization, and death due to COVID-19 complications. Data from Europe indicate that 96 percent of COVID-19 deaths is among those 60 or older; more than 80 percent of persons who died had one or more underlying conditions. In the U.S., CDC has reported a strong, direct correlation between rates of hospitalization and age, and 78 percent of those in ICU and 71 percent of those hospitalized from COVID disease having one or more chronic illnesses, with cardiovascular disease, diabetes and chronic lung disease being the most common. Congress needs to do more to keep older adults healthy in their homes – and out of nursing homes and hospitals.

Social distancing, while critical to preventing the spread of coronavirus, will exacerbate physical and mental health conditions among older adults and significantly worsen an older person’s chances of recovery if infected. Research has linked social isolation and loneliness to higher rates of serious physical and mental conditions: high blood pressure, heart disease, depression obesity, a weakened immune system, anxiety, depression, cognitive decline and, Alzheimer’s disease.

Older Americans Act (OAA) Health Promotion and Disease Prevention

[Title III-D of the OAA](#) authorizes funding for [evidence-based](#) health promotion and disease prevention programs delivered by community-based organizations (CBOs). These interventions will help older adults to maintain their health during these trying times, help manage existing chronic illness, prevent the occurrence of new conditions, and mitigate social isolation and loneliness by connecting older adults together in new ways. Keeping older adults healthy will also keep them out of doctors’ offices and hospitals, thereby not contributing to the immense strain on our health care system. Further, health promotion and disease prevention programs can also serve as a mechanism to amplify the CDC’s coronavirus prevention strategies as new areas of the U.S. experience outbreaks and as new waves of coronavirus occur.

Most of the III-D evidence-based programs are offered in person, either in group settings or one-on-one. During the pandemic, over 40,000 older adults served stand to lose access to these crucial interventions to maintain or improve their health if new delivery approaches aren’t provided.

Expanding telehealth benefits has gained significant bipartisan support as policymakers recognize the value it provides in improving access to care and health outcomes, particularly for older adults. Similarly, acting now by increasing funding for virtual and telephonic OAA Title III-D programs builds on the success and innovative progress Congress has made in expanding telehealth benefits to the highest need individuals and communities.

Support for Protecting and Expanding Access

Investments are needed to support wide dissemination of programs ready for virtual or telephonic delivery, and to adapt and scale those programs that are suited for new delivery approaches to provide in-home access.

Over the past few weeks, several CBOs have utilized virtual delivery mechanisms to continue health promotion and disease prevention programs, such as the Chronic Disease Self-Management Education Programs and physical activity programs. Program administrators continue to develop [guidance](#) on virtual delivery during the pandemic to promote new delivery mechanisms for the coming 12 to 18 months until a vaccine is available.

NCOA is requesting **at least \$10 million for OAA Title III-D health promotion and disease prevention programs**, as provided in H.R. 6800, the Heroes Act. This investment is crucial to ensure older adults who rely on these services can still access them and reach many more who are struggling with health and independence while social distancing.

Funding would support:

1. Existing evidence-based programs that can be delivered **virtually**, such as:
 - [Better Choices Better Health](#)
 - [Otago Exercise Program](#)
 - [Eat Smart, Move More](#)
2. Existing evidence-based programs that can be delivered **telephonically**, including:
 - [HealthyIDEAS](#) and [PEARLS](#) for depression
 - [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#) for those at risk for substance use disorders
 - [HomeMeds](#) for medication management
 - [Respecting Choices](#) for advance care planning
 - [Enhance Wellness](#) for connections a personal health and wellness coach or counselor to improve physical, emotional and social well-being
3. Evidence-based programs that have the **potential** for virtual or telephonic delivery
 - [Guidance](#) continues to evolve, including for caregiver supports
4. Infrastructure and capacity-building of the aging network to:
 - Purchase licenses for new platforms
 - Train staff in ways to safely and effectively engage older adults in these new formats
 - Provide technical support to assist users (e.g., older adults and leaders) of the platforms
 - Develop systems to maintain the privacy and integrity of these platform
 - Implement new marketing approaches to reach older adults who can benefit from these programs
 - Expand national technical assistance to CBOs during the pandemic, including coordinating efforts and developing centralized processes for shared learning of effective practices
5. Preparedness for resuming 'normal' activity to:
 - Re-staff and build capacity for the provision of evidence-based programming via both traditional and new delivery systems, where appropriate; and
 - Deploy renewed marketing to engage older adults who may be reluctant to participate in face-to-face group programs.

Older adults face alarming and unprecedented threats to their health, in part related to social distancing during the COVID-19 emergency. The lack of access to community-based supports and services and assistance, and negative effects of isolation, are exacerbating underlying chronic conditions and resulting in new health threats. Increasing support for OAA Title III-D health promotion and disease prevention will address the growing, urgent need for these services that will contribute to reductions in hospital admissions, nursing home placement and death