The Implications of COVID-19 on Older Adults: Challenges and Opportunities

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Abstract

The coronavirus disease 2019 (COVID-19) is causing untold hardship and while no one is immune, older adults (aged 65+) have been hardest by the pandemic because they are the most vulnerable to its effects and are marginalized by society. Older adults frequently experience isolation, depression, ageism, and financial exploitation. These challenges have been exacerbated by COVID-19 with the requirements for social distancing and quarantines and the proliferation of financial scams and false information. The result is that older adults are more lonely, depressed, fearful, and anxious. At the same time, COVID-19 has focused attention on these challenges through shared experiences and highlighted the imperative of addressing the difficulties faced by older people - offering some hope for progress. The paper reviews the literature available on the effects of COVID-19 on older adults and opportunities for improvement. It focuses on six distinct, but interrelated topics: loneliness and depression; physical health; ageism; misinformation; economic impact; and technology. There is a role for everyone in addressing the challenges. The public and private sectors need to work together to enact policies that eradicate the negative perception of older adults being unproductive and a burden to society and to fund additional research on the problems faced by the elderly and solutions required to improve care and support. Government must enhance the safety net for older adults, incentivize companies to hire older workers, and expand access to broadband by reducing the cost. Companies designing technology need to study the behaviors of older adults and build versatile and imaginative products that meet the needs of this vulnerable group. Finally, media companies and big tech firms like Twitter, Facebook, and Google must stop the dissemination of obviously false information and hold their organizations, journalists, reporters, and users to the highest standards of integrity and professionalism.

1. Introduction

The coronavirus disease 2019 (COVID-19) has quickly spread across the world, causing untold economic, social, health and environmental problems (Radwan et al., 2020). According to the World Health Organization as of December 31, 2020, there were over 81 million confirmed cases of COVID-19 and over 1,798,050 related deaths worldwide (World Health Organization, 2020). Since the virus was first detected in December 2019, it has threatened the world's health and economy, transformed everyday life, and changed the way individuals interact with each other. With vaccines still not widely available, the best way to prevent the spread of the virus is through non-pharmaceutical approaches such as hand washing, wearing facemasks, and observing spatial separation between people (Xiao et al., 2020). Social distancing has required the closure of businesses, in-person workplaces, home care and schools; the prohibition of large gatherings; the quarantining

of individuals with confirmed or suspected cases of COVID-19; and stay-at-home orders (Luchetti et al., 2020).

Isolation, depression, ageism, and financial exploitation have long been problems for older adults (Ayalon et al., 2020). COVID-19 has exacerbated these problems with the requirements for social distancing, bans on family gatherings, quarantines, rise of COVID-19 related financial scams, and proliferation of misleading and confusing information about the pandemic (Tyrell et al., 2020). Research has shown that older adults (aged 65+) have been hit hardest by this pandemic because they are the most vulnerable to its effects and are marginalized by society (Smith et al., 2020). Older adults are more likely to die if they get COVID-19 and to be negatively impacted by the residual effects of the virus (Miller, 2020). When one adds society's views on aging and the elderly, the result is that older adults feel less valuable, which increases feelings of loneliness, depression, fear, and anxiety (Reynolds, 2020).

While the pandemic's impact on the elderly has been particularly devastating, COVID-19 has focused attention on these challenges through shared experiences as all age groups are feeling stress, isolation, and depression (Ayalon et al., 2020). These shared experiences have highlighted the need to address difficulties faced by older people and to find new and unique ways of dealing with these challenges (Morrow-Howell et al., 2020). For older adults with the financial resources, access and capability, technologies, such as telehealth and videoconferencing, help them stay connected and receive medical care (Vergara et al., 2020).

Tested vaccines for mass production are available, but there are vaccine shortages and distribution challenges (Shin et al., 2020). COVID-19 is expected to stretch well into 2021. This fact and the possibility of more pandemics in the future make it imperative that social work and health care communities address the problems of the elderly, learn from the COVID-19 experience, and turn the crisis into opportunity (Morrow-Howell et al., 2020). Even if older adults practice precautionary measures to ease the spread of COVID-19 and safeguard their physical health, they will likely face short- and long-term deterioration in their psychological well-being and mental health due to their experiences over the last year. As a result, considerable and unprecedented actions must be taken to mitigate the consequences of COVID-19 on the overall health of individuals, especially older adults (Radwan et al., 2020).

2. Literature Review

The following is a review of the literature available on the effects of COVID-19 on older adults. It focuses on six distinct, but interrelated topics: loneliness and depression; physical health; ageism; misinformation; economic impact; and technology.

2.1. Loneliness and Depression

Prior to COVID-19, much had been written in the public health literature about loneliness in older adults (Ong et al., 2015). Nearly one-half of older adults are impacted by chronic periods of loneliness at some time in later life, with about 5% feeling constantly lonely. Those who isolate from others, as well as feel lonely, are at increased risk for damaged physical health, deepening depression, and increased cognitive deterioration (Zubatsky et al., 2020). In addition, society's tendency to distance from older adults may amplify the formal social distancing precautions required by COVID-19, which further escalates the impacts of isolation and loneliness in older adults (Tyrrell et al., 2020). Not only does this tendency have alarming implications for the support and care of older adults during the pandemic, but it also risks the further weaving of ageism into the fabric of Western culture (Tyrrell et al., 2020).

Loneliness is not limited to the elderly, but it is linked acutely to declining health in older adults. The feelings of loneliness or even the per-

ception of the lack of close relationships increase the risk of high blood pressure, obesity, hypertension, cognitive decline, impairment, and death in older adults (Smith et al., 2020). Humans are social beings, and the lack of social interaction raises the risk for illness or death (Tyrell et al., 2020). This risk can be observed in the disproportionate numbers of older adults who have contracted COVID-19 and the higher-than-average death rates; adults 65 years or older account for eight out of ten deaths in the United States due to COVID-19 (Morrow-Howell et al., 2020). The natural aging process that affects one's health, mobility, and sensory functions further compounds the effects of social isolation (Morrow-Howell et al., 2020).

Added to the lack of social connections, the disparity between the quality of social relationships that individuals have and what they desire can adversely influence health. In a pandemic, it becomes especially challenging to connect with others in meaningful ways, particularly for older adults, due to the constraints on meeting in person (White et al., 2020). Individuals, who already have pre-existing health conditions, are at increased risk and, because of these pre-existing conditions, may need heightened safeguards. These safeguards further isolate them and increase loneliness (Luchetti et al., 2020). Twenty-four percent of older adults report being socially isolated and 43% of adults over 60 years old report subjective loneliness (Tyrrell et al., 2020). About 15-27% of older adults possess depressive symptoms and the strain is higher for older adults who receive social services (Luchetti et al., 2020).

Late-life depression results in lower quality of life and self-rated health and higher rates of disability, poor health, and death (including suicide) (Morrow-Howell et al., 2020). Social isolation, loneliness, and depression have an overlapping yet diverse effect on the lives and feelings of older adults. While these health conditions are related to and work together, they can be sequential or emerge simultaneously and have the capacity to accentuate one another (Smith et al., 2020). Isolation, financial stress, and worry about health lead to a rise in depression and anxiety, which also exposes older adults to an increased risk for abuse (Makaroun et al., 2020). In the past, older adults were able to turn to their healthcare provider for care in dealing with mental health issues. With restrictions on face-to-face visits and the possibility of not owning or understanding how to use technologies required for remote healthcare visits, older adults may not be receiving the care they need (Ong et al., 2015).

2.2. Physical Health

Social isolation negatively affects older adults' mental and physical health. It disrupts their daily lives and impairs their physical wellbeing (Steinman et al., 2020). While it is understood that requiring older adults to quarantine and socially isolate impacts their mental health, it also raises concerns about cardiovascular, neurocognitive, autoimmune, and other health problems (Gerst-Emerson et al., 2015). The absence of social contact for older adults is estimated to be associated with $6.7 billion in increased Medicare spending yearly because lonely people stay longer at hospitals, require increased hypertension treatments, and experience overall deterioration of health (Cudjoe et al., 2018).

Alterations in the types of foods consumed due to changes in food availability during the stay-at-home orders may prompt the worsening of heart failure (Steinman et al., 2020). Lack of exercise due to necessity to stay indoors may lead to weakened conditions and potential falls. Decreased cognitive stimulation that comes with reductions in socialization and participation in interactions outside the home can increase cognitive and behavioral symptoms of dementia (Ayalon et al., 2020). Older adults with preexisting medical, cognitive, or social frailty are particularly vulnerable to rapid declines (Steinman et al., 2020). Also, the

need for physical distance results in fewer medical visits, delays in general care practices, and only meeting elemental needs. The reduction in medical visits and care can result in insufficient nutrition, poor hygiene, limitations on physical exercise, and inconsistent oversight of medication intake (Morrow-Howell et al., 2020).

Fear of contracting COVID-19 may prevent some older adults with declining health from obtaining the care needed – as there has been a significant reduction in hospitalization for non-COVID illnesses (Cudjoe et al., 2018). Furthermore, the telephone and video conferencing replacements for in-person assessment often pose unique challenges for older adults. Hearing loss, cognitive impairment, and unfamiliarity with new technologies make it difficult for some older adults to successfully use these modes of communication (Ayalon et al., 2020). Many technology platforms were not built with use by older adults in mind and may not easily be adapted for use by the elderly. Yet, for many older adults, these technology platforms are their only means of real-time communication with their healthcare providers (Steinman et al., 2020).

2.3. Ageism

Another consequence of the pandemic has been an upsurge of ageism, which is a term used to describe discrimination towards older people and the common use of stereotypes (Butler, 1969). Individuals over 70 are depicted more and more as helpless, frail, and unable to add value to society in public discussions. According to Stereotype Embodiment Theory, negative age preconceptions can be internalized by people of all ages (Ayalon et al., 2020). When these views become cultural norms, as they have for older adults, they influence people's opinions about themselves and can negatively affect their health (Makaroun et al., 2020).

Comprehensive experimental, longitudinal, and cross-cultural research has shown that a pessimistic view of aging is harmful in a variety of health outcomes and causes stress in older adults (Ayalon et al., 2020). Negative generalizations about aging, including loss and decline, place older adults at increased risk (Banerjee et al., 2020). In Western culture, there are strong beliefs that as people age, they lose value and become dependent and frail and these views can compromise both physical and mental health during the aging process (Ayalon et al., 2020). The perception that individuals lose value as they age is especially concerning when ageism turns to age discrimination in health care decisions such as in instances where there is a shortage of medical equipment like ventilators. In countries facing severe shortages or an overburdened healthcare system, healthcare professionals often are pressured to give preference to younger patients (Parlapani et al., 2020).

In addition, individuals caring for older patients also need to be conscious that they too may become victims of social isolation, experience monetary distress, and face challenges obtaining necessary support and supplies. Caregivers, who serve the elderly, are under enormous stress due to their own health issues, financial concerns, and competing demands on their time (Makaroun et al., 2020). Caregivers of older adults also frequently lack of support. These caregivers are enduring even more adversity during COVID-19, which could escalatethe risk of caregivers abusing or neglecting the individuals for whom they are caring (Ayalon et al., 2020).

Finally, precautionary measures to curb COVID-19 that require older adults to stay at home may place them in further danger if the home is not a place of security and they are already encountering or are susceptible to abuse. Violence can surge during outbreaks of disease. Abuse towards older people has harmful side effects and may even lead to death (Radwan et al., 2020).

2.4. Misinformation

False or misleading information leads to suspicion, distrust, and uncertainty and increases feelings of anxiety, insecurity, and emotional tension; all of which may impair quality of life for the elderly (Radwan et al., 2020). Statements underestimating the severity of COVID-19 (e.g., 'it is just a flu') and downplaying the risks faced by young persons (e.g., 'it only kills old people'), fuel the rapid spread of the virus (Radwan et al., 2020). The pandemic, paired with racism and mass alarmism, was exacerbated by an explosion of false rumors, life jeopardizing cures, and conspiracy theories about the source of COVID-19 (Radwan et al., 2020). Misinformation is propagated and amplified by social media and the 24/7 news cycle and can have harmful consequences, such as encouraging people to try unproven/dangerous cures, amass supplies and food they do not need or cannot afford, make rash/poor investment decisions, and fall victim to scams and fraudsters. Misinformation takes advantage of people's hopes and breeds fear, with older adults particularly susceptible to it (Radwan et al., 2020).

2.5. Economic Impact

The economic impact of COVID-19 is profound. The record-breaking unemployment rates – not seen since the Great Depression – and work-related shutdowns have negatively affected people of all ages and in every demographic group. Younger workers experienced early job losses, but when the economic situation stabilizes, older workers are expected to have a more difficult time reentering the job market (Morrow-Howell et al., 2020). Also, workers 65 years or older are less likely to be able to work from home, compared to their younger counterparts, and may experience longer bouts of unemployment (Li et al., 2020). In the post 2008 recession, individuals 62 years or older experienced the hardest time finding new work after losing their jobs and many retired sooner than planned or gave up their job search after nine months of becoming unemployed (Morrow-Howell et al., 2020).

Ageism is present in the hiring process and can be especially prevalent in times of high unemployment. Employers, when faced with many applicants, more easily apply subjective selection criteria to decide whom to hire and often are influenced by negative age generalizations (Morrow-Howell et al., 2020). In addition, while it is still too early to know the long-term effects of income loss and the financial impact on retirement savings, many older workers will be forced to rethink when they can afford to retire, and some, who already have retired, may need to rejoin the workforce. Prior to COVID-19, later retirement, transitional work, and encore careers were already trending upward and people were choosing to work longer for both personal and financial reasons. With the economic downturn, more people will have no choice but to work longer to make up for losses in savings and income (Morrow-Howell et al., 2020).

Many older adults struggle economically in "normal" times (Li et al., 2020). Safeguarding the financial security of older adults as the country moves beyond COVID-19 will require policy development on many levels (Li et al., 2020). Federal and state governments and municipalities will need to take older adults into account in their economic recovery efforts. With millions of older Americans already suffering because of the pandemic, stable sources of government income and benefits are necessary to prevent seniors from experiencing increased financial hardships (Li et al., 2020).

2.6. Technology

Technologies, such as social media, video conferencing, and telehealth, are helping older adults overcome some of the numerous and daunting challenges resulting from the pandemic (White et al., 2020).

2.6.1. Social Media and Video Conferencing. Throughout COVID-19, social media and video conferencing have played important roles in connecting people and engendering feelings of companionship. These tools are particularly powerful in helping people when used and supported by family, friends, healthcare providers, community service agencies, and other social support organizations (Zubatsky et al., 2020). Technology plays an important role in combating self-isolation and enabling uninterrupted social links between family, friends, and public groups. Without access to technology and social media platforms such as Twitter and Facebook, and communications platforms such as Zoom, Microsoft Teams, and Skype, people would experience more social isolation and physical and mental health issues (White et al., 2020). Using online platforms to offer behavioral and psychological guidance is effective in lessening loneliness and in enhancing mental health, but only a small fraction of older adults can take advantage of these technologies (Radwan et al., 2020).

Despite the widespread adoption of technology to share information and correspond with others over the past decade, the acceptance rate and use of technology by older adults is lower than that by younger people (Ayalon et al., 2020). Twenty-seven percent of adults age 65+ in the United States are completely offline. Additionally, while 81% of American adults own a smartphone and 73% pay for broadband, these numbers fall to 53% and 59% respectively for Americans 65 years of age and older. Older adults, who do not own or cannot afford a computer or smartphone with Internet access, are at a disadvantage. Of older adults who are online, 73% say they need assistance in setting up and using new technologies (Morrow-Howell et al., 2020). Older adults continue to watch television and television remains an important source of information for older adults about public health crises. Television, however, does not provide the two-way communication needed for telehealth portals, direct communication, and social interactions with family and friends, or search engines that facilitate information seeking via the internet (White et al., 2020).

2.6.2. Telehealth. In the wake of COVID-19, healthcare providers have had to adapt the way they provide care to patients. Caring for older adults over the age of 65 and/or those living in nursing homes or long-term care facilities are of special concern (Vergara et al., 2020). To address these concerns and encourage the use of telehealth, the United States' government changed federal regulations authorizing providers to employ telehealth services to enhance access to care and lessen disease transmission with fewer constraints (Centers for Medicare and Medicaid Services, 2020). On March 6, 2020, the Centers for Medicare and Medicaid Services expanded telehealth services under its 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act (Centers for Medicare and Medicaid Services, 2020). Formerly, telehealth services were accessible under Medicare but were restricted to people living in specified rural settings, who received telehealth services outside their home at designated medical health facilities (Vergara et al., 2020). The current 1135 waiver allows reimbursement for office visits via telehealth to varied providers including physicians, nurse practitioners, clinical psychologists, dieticians, and licensed clinical social workers (Vergara et al., 2020). The covered services include office, home, skilled nursing, and hospital visits, if there is availability for real-time audiovisual telecommunication. The change greatly expands the use of telehealth and increases availability to all patients, including older adults.

The advantages of telehealth for older adults are clear, but there are obstacles to wide-scale adoption and application. First, patients must have an audiovisual device and access to the Internet, both of which can come at substantial expense (Ayalon et al., 2020). Telehealth also re-

quires some basic technological knowledge or access to a support person with technical understanding. While telehealth is expected to expand healthcare access, the impediments to accessibility still need to be thoughtfully measured and addressed to avoid creating health inequities (Vergara et al., 2020).

3. Conclusions and Implications for the Future

Older adults of all ethnicities have suffered more from COVID-19 than any other group. In addition to the high infection and death rates, efforts to stop the spread of the virus have ironically both benefited and damaged older adults' physical and mental health (White et al., 2020). COVID-19 has focused attention on the health of older adults and there is renewed interest in, and awareness of the problems faced by the elderly – offering some hope for progress – as outlined below.

3.1. Government and Community Services

Research shows that when there is a public health crisis, society responds with empathy (Parlapani et al., 2020). The public's readiness to address older people's loneliness may limit the damaging effects both during and after the pandemic. It is important that this awareness continue beyond the pandemic as the worldwide population is ageing. By 2050, one out of six people will surpass the age of 65, in comparison with 2019 data that shows that one out of 11 was older than 65. Older adults are living longer and are more active than ever before. They also are a highly diverse group (Ayalon et al., 2020). Older adults are challenging the perception of being frail and helpless and are making important contributions to family and society (Ayalon et al., 2020). In fact, during COVID-19, retired health professionals were summoned to support the overburdened healthcare system.

COVID-19 offers the possibility of promoting the advancement of policies to eradicate the negative emotional response to older adults as being unproductive and a burden to society (Parlapani et al., 2020). Such policies may include highlighting the contributions of older adults and encouraging businesses, schools, and other non-profit organizations to engage older adults to take advantage of their skills and experience. The United States should also promote volunteerism to unify the country and overcome COVID-19. Older adults volunteer in large numbers and many charitable organizations could not exist without them. Encouraging all people, especially older adults, to volunteer has universal benefits. Also, the United States should assist older adults who want to become self-employed or start their own businesses to keep older adults productive and engaged in the community. Finally, policies should be advanced to make communities age friendly so that seniors can contribute longer to society and have an improved quality of life. Age-friendly communities engage older adults, ensure easy accessibility, provide healthy choices such as farmers' markets, offer activities and opportunities for older adults, and support caregivers.

Community is vital to avoiding social isolation and to managing the health risks of the elderly (Hoffman et al., 2020). Social services offer a framework for meeting the needs of older adults and fully leveraging existing practices in the field can provide distanced connectivity (Smith et al., 2020). The virus highlights the need for clinical and community-based organizations to cooperate to maintain a supply of services and programs that offer support for older adults. This collaboration needs to be expanded. Clinical and community-based organizations operating independently will not be successful. These organizations also must engage older adults in the planning and implementation of services and programs. Older adults know what they want and need to combat social isolation, stay connected with their families and friends, and build new relationships through active participation in their lives.

3.2. Additional Research on Social Connections and Impact on Health

To further devise and provide suitable and useful public health treatments to strengthen connections between people, more research is needed to determine types of social disconnection and the ways it impacts health. Remedying social isolation in medical care can result in more accurate diagnoses and making decisions about treatments that are practical and suitable. In addition, recognizing the signs of social isolation and individuals at risk will assist healthcare providers in linking older adults to valuable community-based public health and social services and will enhance the clinical systems' skillfulness in tailoring their assistance and services to the needs of older adults (Smith et al., 2020). Consistency in screening approaches, regular communications, and uninterrupted referral procedures are required to ensure that older adults are identified, supervised, and assisted. While the benefits of better information are obvious, additional publicly funded research is needed.

3.3. Economic Safety and Security for Older Adults

Safeguarding the economic security of older adults will require multiple efforts and must include strategies and support for getting people back to work. To ensure that older adults are not left out of the recovery, efforts must be made to address ageism and age discrimination. Additional regulations and the enforcement of existing regulations should be considered. Also, the United States should look at ways to encourage employers to hire older adults by offsetting the increased costs in insurance and disability premiums with tax incentives or credits.

For older adults who are poor, hungry, homeless, and/or facing eviction, local, state, and federal agencies must take steps to:

- Shift senior center meals and food banks to a delivery model;

- Prevent utility companies from cutting off power, heat, and water services;

- Increase funding for the Supplemental Nutrition Assistance Program (SNAP) and other safety net programs; and

- Allow SNAP participants to purchase food online and make grocery delivery accessible and affordable.

Social Security alone is not sufficient to care for the needs of older people in a crisis, and federal and state governments and municipalities must increase support for older people living solely on Social Security.

3.4. Advancing Technology to Support Older Adults

Current technology solutions are inadequate in reaching vulnerable populations. Government agencies, for profit and nonprofit organizations, technologists, and community volunteers are needed to make available and increase the use of productive solutions. Specifically, broadband access needs to be expanded and made affordable for all individuals.

The advantages of telehealth and video conferencing are many and it is imperative that researchers, educators, and medical professionals find innovative ways to broaden the use and reach of these technologies, particularly to vulnerable populations. Remote connectivity, through telephone, computer, and smart devices, can assist in sustaining and correcting the fractured or diminished structural, functional, and quality aspects of social cohesiveness (White et al., 2020). COVID-19 has shown the importance of understanding the lives of technology users, their needs, and how design affects usability. COVID-19 has allowed developers of technology to imagine what needs to be done to create better products and services, including settings and features for the elderly. Social distancing restrictions have highlighted technological inadequacies in addressing the needs of

older people and revealed questions about readiness for an increasingly ageing society. Today, more than ever, those designing technology must understand the behaviors of older adults and their environments to build versatile and imaginative products that meet the needs of this vulnerable group.

3.5. Ensuring Dissemination of Accurate Information

More needs to be done to stop the flow of misinformation and to ensure that older adults have access to reliable information. News broadcasts must be made more succinct, clear, and inclusive with use of foreign language translators and sign language interpreters. Media companies and big tech firms like Twitter, Facebook, and Google should stop the dissemination of obviously false information and hold their organizations, journalists, reporters, and users to the highest standards of integrity and professionalism. Violators should be disciplined and held liable for false information. News organizations also should use different kinds of media, including newspapers, radio, television, landlines, and mobile apps to reach older populations and to report the news in simple straightforward language.

3.6. Summary

These recommendations are just a few of the many that are needed to protect and care for older adults during the pandemic. COVID-19 has highlighted the isolation, depression, poverty, inequities, and injustices faced by older adults and provided suggested solutions to these problems. Society has a unique opportunity and responsibility to address these challenges. While the challenges are many, some progress has already been made. What is required now is concerted, determined action. Health and social workers must remember their ethical mandate to help those who are disadvantaged or marginalized. They must engage directly with older adults and use

their professional competencies to partner with other stakeholders, such as federal and state government, municipalities, non-profit organizations, businesses, and technology companies, to address the many problems faced by the elderly due to the pandemic.

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