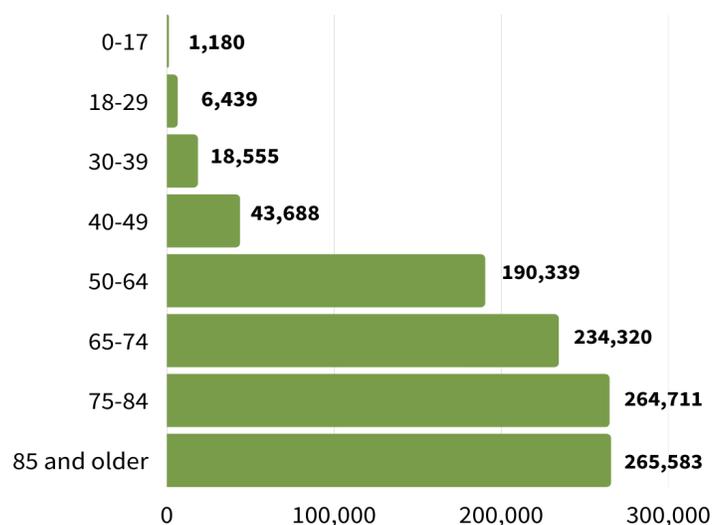




## The COVID-19 Pandemic and Its Effects on Older People\*

The COVID-19 pandemic has had wide ranging effects on people of all ages. In many respects, older people had the same experiences as younger people, but there are some aspects of the pandemic unique to the older population. While COVID-19 cases have been equal among different age groups, older people experienced a greater number of hospitalizations and deaths compared to younger people. As of February 2022, 93.4% of the total COVID-19-related deaths in the U.S. have occurred in people ages 50 and older.<sup>1</sup>

**Table 1: Number of coronavirus disease 2019 (COVID-19) deaths in the U.S. as of August 3, 2022, by age<sup>2</sup>**



### Higher Health Risk from COVID-19

An [AARP article](#) summarized the reasons that older people have been more vulnerable to complications from COVID-19.<sup>3</sup> The immune system weakens with age, making older people more susceptible to infections and less adept at fighting them. Because COVID-19 was a new virus, it was able to overwhelm the body's defenses. The increased prevalence of chronic diseases in older adults, like heart disease and diabetes, also increased the severity of COVID-19 in older people. Living arrangements played a role in increased risk of COVID-19 for older adults. Residents and staff of long-term care facilities account for more than 201,000 COVID-19 deaths, or 23% of COVID-19 deaths in the U.S. as of January 2022.<sup>4</sup> These facilities, whose residents are largely older adults, have many people living and working together in a confined, indoor space which helped spread COVID-19.

\*Age range is specified when available. If age is not specified, then the term "older person" is referred to as someone age 60 and older.

Health disparities affected all populations during the pandemic, including older adults. Older people living in poverty had limited access to alternative health care such as telehealth, and many experienced food insecurity which was made worse by the pandemic.<sup>5</sup> Older adults living with disabilities were more vulnerable to the COVID-19 pandemic due to frequent contact with care providers and family members, which increased their risk of exposure.<sup>5</sup>

COVID-19 caused a higher rate of infection, hospitalizations, and deaths among people of color compared to white, non-Hispanic people in the U.S. This disparity was caused by:

- a higher incidence of chronic health conditions, such as Type 2 diabetes, which increases the risk of severe illness with COVID-19;
- working in essential jobs in the service industry that can't be done remotely;
- relying on public transportation, which increases exposure to the virus;
- living in multigenerational homes or densely populated areas, which makes social distancing difficult;
- access to health care, such as having insurance or having transportation to receive care; and
- racial and ethnic discrimination.<sup>6</sup>

**Table 2: Risk for COVID-19 infection, hospitalization, and death by Race/Ethnicity<sup>7</sup>**

\*Rate ratios compared to White, Non-Hispanic persons

|                 | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
|-----------------|--|-----------------------------|---|----------------------------|
| Cases           | 1.5x   | 0.8x                        | 1.1x  | 1.5x                       |
| Hospitalization | 2.8x   | 0.8x                        | 2.3x  | 2.2x                       |
| Death           | 2.1x   | 0.8x                        | 1.7x  | 1.8x                       |

*This chart demonstrates how minoritized populations have been disproportionately affected by the COVID-19 pandemic. The rate of cases is one and a half times higher in Hispanic or Latino people and American Indian or Alaska Native, Non-Hispanic people than in White, Non-Hispanic people; the hospitalization rate is three times higher in American Indian or Alaska Native, Non-Hispanic people and two times higher in Black or African American, Non-Hispanic people and Hispanic or Latino people than in White, Non-Hispanic people; and the death rate for American Indian or Alaska Native, Non-Hispanic people is twice that of White, Non-Hispanic people, with the rates for Black or African American, Non-Hispanic people and Hispanic or Latino people not much less.*

## Mental Health of Older People During the Pandemic

As a group, older adults seem to be more resilient to stress-related mental health disorders than younger groups. However, the COVID-19 pandemic has contributed to an increase in mental health concerns among all age groups, including older people.<sup>8</sup>

At the beginning of the pandemic, many older adults lacked resources to deal with the stress of COVID-19. In general, older people had less knowledge about and access to smart technology to connect with family and friends. Some older people did not have friends and/or family available; and some did not have the ability to engage in physical exercise or participate in activities or routines. These social connections and activities affected how well people dealt with the stress of COVID-19.<sup>5</sup> Being able to access technology was especially important for obtaining virtual mental health services.<sup>8</sup> Older people from marginalized populations, with lower incomes, or providing caregiving were at an even higher risk of experiencing negative mental health outcomes during the pandemic.<sup>8</sup>

Approximately 24 million family caregivers are also employed in paid work, and about 51% are ages 50 and older.<sup>9</sup> A survey on the effects of COVID-19 on family caregivers found that they were most worried about getting sick and then exposing care recipients to the virus; and they experienced higher levels of “social isolation, anxiety and depression, fatigue, sleep disturbance, financial hardship and food insecurity” than non-caregivers.<sup>10</sup> The financial burden of caregiving was also exacerbated during the COVID-19 pandemic. Older workers were forced to reduce the number of hours that they worked or even quit their jobs during the pandemic to provide caregiving.<sup>11</sup>

## **Ageism Increased during the COVID-19 Pandemic**

In addition to the health consequences of the COVID-19 pandemic, ageism flourished.

- Attitudes and actions in response to the pandemic were attributed to reduced concern about and value attributed to older people.
- Health care systems proposed using age-based rationing for ventilators and ICU beds, which enhanced the ageist attitude that “older adults are expendable.”<sup>12</sup>
- Old phrases were heard such as “thinning the herd,” along with the new phrase “#boomerremover”.<sup>13</sup> Ageist assumptions fueled intergenerational anger by pitting young against old.<sup>14</sup>

The assumption that all older adults needed support and protection during the COVID-19 pandemic was an over-generalization and a result of compassionate ageism.<sup>15</sup> Older adults are a crucial part of the health care and service industry workforce. Over one-third of older adults are primary caregivers for partners or spouses, and almost two million are care for grandchildren. Older parents often played a vital role in watching grandchildren to enable the parents to work.<sup>15</sup>

## **How Well Did Older People Cope?**

Older adults practiced more protective behaviors than younger adults throughout the pandemic. Adults over age 60 were more likely to wear a mask, cancel travel plans, practice social distancing measures, and wash and sanitize their hands.<sup>16</sup> People ages 65 and older were most likely to receive the COVID-19 vaccine when it was available.<sup>17</sup>

In response to the need to socially isolate, many older adults used platforms like Zoom to stay socially engaged while being safe.<sup>18</sup> Older people improved and increased their use of technology by working from home, connecting with family and friends, ordering groceries and meals, participating in telehealth, taking on-line classes, or attending virtual religious services.<sup>19</sup> Many developed coping strategies to deal with the stress and uncertainty of the pandemic, such as staying busy, learning new hobbies, finishing projects they had not gotten to before the pandemic, slowing down, and enjoying the time they had to reflect.<sup>20</sup>

As of April, 2022, 90 percent of adults ages 65 year and older had received one or both COVID-19 vaccines, as compared to 66 percent of the total U.S. population.<sup>21</sup> In Missouri, the number of vaccinated older people has reached 84%.<sup>21</sup> Although initial vaccination rates in older people have been high, only 68.5% of adults ages 65 and older have received a booster dose of the COVID-19 vaccine.<sup>22</sup> There are several reasons why older adults have been slow to receive boosters.<sup>22</sup> The federal government has played a far less central role in advertising and delivering boosters, and there isn't the same urgency with receiving boosters as there was with receiving the initial vaccines. Government leaders also had initial disagreements over the value of boosters. People must find their own boosters, and many older people prefer walk-in appointments or making appointments by phone, while pharmacies are using online-only scheduling. Some older people also lack transportation to get to a place where they can receive a vaccination.

## Going Forward Post-Pandemic

Older workers faced greater risk of losing their jobs than other age groups during the COVID-19 pandemic, especially low-income workers in “essential” job positions.<sup>23</sup> Many older workers left the workforce for fears of getting sick, and many older people were less able to work virtually.<sup>23</sup> Older women and older adults of color were among those impacted the most.<sup>24,25</sup> Many older women left work to care for their parents who had to leave long-term care facilities, to care for ill family members, or to take care of grandchildren when schools were closed.<sup>23</sup> Older people of color were less likely to be able to work from home and more often worked in low-paying jobs which required them to be in close contact with people.

Employment levels in 2022 for older people have still not reached pre-pandemic levels.<sup>23</sup> However, there are work opportunities available for older workers who need or want to be employed post-pandemic.<sup>28</sup>

- As the pandemic evolves, businesses anticipate relying more on freelancers and temporary employees. Thus, older people can work as freelance or gig workers (temporary or part-time independent contractors).
- Employers will start focusing on skills-based criteria instead of educational credentials to hire workers, which can provide new opportunities for older, lower-income and diverse people.
- Many employers are expected to hire more remote workers, which will benefit older people who have digital skills and are able to work remotely. Many companies plan to implement upskilling, reskilling, and training programs.<sup>28</sup>

**Policy Changes Needed:** The COVID-19 pandemic has revealed the need for policy changes in the following areas:

Work – Better protections for people in non-traditional work arrangements, such as expanding health and unemployment benefits and insurance;<sup>29</sup> expanding disability insurance and other social insurance programs; strengthening Social Security, sick and family leave policies and workplace policies,<sup>9</sup> and enforcing age-discrimination laws.<sup>29</sup>

Health and Long-Term Care- Policies that strengthen long-term health care, including smaller facilities, improved infection control, better working conditions, and increased accountability; policies that support community living and a stronger home care workforce; and policies that provide more support, tax credits and paid leave for family caregivers.<sup>29</sup>

Ageism – Expanding age-friendly health system; increasing the participation of older adults in clinical trials; and educating people about the great heterogeneity of the older population and the reality that older age does not equal frailty and irrelevancy.<sup>30</sup>

### The Great Resignation

The “Great Resignation” refers to the large numbers of workers who quit their jobs to find pursue better opportunities. Yet, this doesn’t seem to be true for older workers . A 2022 study from the Schwartz Center for Economics at the New School showed that many older workers got pushed out of their jobs instead of leaving voluntarily during the pandemic.<sup>26</sup> According to the study, “retirement after passage through unemployment is a departure from the common pre-pandemic retirement scenario and may be an indicator that many of these excess retirements were involuntary.”<sup>27</sup> In March 2020 when the pandemic started, there were 35 million older people employed, and by April 2020, approximately 3.8 million workers ages 55 to 74 had lost their jobs. In 2021, 400,000 workers in this age group retired because they were unable to find a job with the right fit. It seems that employers used the pandemic as an opportunity to get rid of “expensive older workers”.<sup>26</sup>

## **Research Spotlight: Situating the pandemic in the life-course: Older adults' perspectives on the challenges and positives of the COVID-19 pandemic**

This research features the work of Beth Prusaczyk<sup>1</sup>, Brian D. Carpenter, and Nancy Morrow-Howell at Washington University in St. Louis

A survey was distributed to people ages 65 and older living in St. Louis, Missouri, from August 2020 through March 2021 to document challenges and positives/benefits they found during the pandemic. A total of 103 people completed the survey.

Respondents reported that the COVID-19 pandemic was more disruptive (62%) and more confusing (78%) than other major life events they experienced. Over half reported that they were more worried (58%) and more afraid of dying (53%) during the pandemic than other challenging times in their lives.

Eighty percent of the respondents identified multiple positive outcomes from the pandemic. The most common benefits were increased emotional well-being (23%) and stronger personal connections (20%). This positivity demonstrates the resilience of older people and counters the ageist narrative that dominated early in the pandemic, which depicted older adults as weak, vulnerable, and dispensable.

As the pandemic evolves and people learn to live with COVID-19, nurturing and leveraging these positives will benefit people of all ages.

### **Resources**

#### ***COVID-19 Health and Vaccine Information***

Government COVID-19 resources for older adults by [National Institute on Aging](#)

COVID-19 Resources by [National Council on Aging](#)

Updated COVID-19 vaccine [recommendations](#)

Medicare Coverage for COVID-19: [Get the Facts](#)

COVID-19 Booster Vaccine information from [Medicare.gov](#)

#### ***Employment***

For low-income adults ages 55 and older who need to gain confidence, skills, coaching and connections to succeed at becoming an entrepreneur, [AARP Foundation's Work for Yourself@50+](#) can help.

AARP Foundation's [Work for Yourself@50+ Freelancing Resource Center](#) provides lessons and resources to help aspiring freelancers find employment.

#### ***Caregiving***

[Resources](#) on COVID-19 for Caregivers and Older Adults

#### ***Mental Health***

[AARP Mental Health Center](#)

Mental Health Resources from the [National Council on Aging](#)

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