

COVID 19: Trends, Disparities, and Consequences for Older Adults

Deborah Carr, PhD
Boston University, Department of Sociology
Boston MA 02215
Email carrds@bu.edu

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The COVID-19 pandemic has threatened the health, longevity, and financial and emotional security of millions of people in the United States and worldwide. As of late November 2020, more than 13 million Americans had contracted COVID-19, and more than 260,000 had died from the disease (Centers for Disease Control, 2020). Worldwide, more than 60 million cases and 1.4 million deaths were recorded as of that time. In the United States, the death toll has been largest among older adults, who are vulnerable not only to the virus, but to the social isolation, stigmatization, and suffering the pandemic has wrought. According to the Centers for Disease Control, adults ages 65 and older make up 16% of the U.S. population, yet account for one-third of all COVID-19 cases, half of related hospitalizations and ICU admissions, and a staggering 80% of deaths associated with the virus. Yet these statistical snapshots belie vast disparities. COVID-19 is not egalitarian in its targets or consequences. Rather, those older adults who face other vulnerabilities, such as economic precarity, lifelong exposure to systematic racism, social and technological isolation, and the stressors imposed by roles like caregiving, are especially at risk of compromised well-being and hastened death.

It is against this backdrop that the *Journals of Gerontology: Series B* issued a call in April 2020 for brief Research Reports focused on the pandemic and its implications for older adults. This initial call attracted essays, research syntheses, and empirical studies based on very early data on COVID-19; these papers provide an important foundation for understanding the early impacts of COVID. (A follow-up call, inviting manuscripts based on more major or long-standing data collection efforts, was issued in November 2020). We received dozens of brief manuscripts for the initial call, and are pleased to present three Virtual Collections featuring this work. The first collection, summarized here, focuses on COVID 19 in the United States: Trends, Disparities, and Consequences for Older Adults.” The subsequent Virtual Collections will focus on the themes “Challenges of COVID-19:

Ageism, Caregiving Strains, and Long-Term Care,” focused primarily on the United States, and “Global Perspectives on COVID,” featuring papers on Chile, China, India, Israel, Japan, Korea, Mexico, Puerto Rico, and The Netherlands. This research provides fresh insights into COVID-19 and will inspire future data collection and analysis efforts to understand the short- and long-term impacts of this crisis.

COVID-19 Trends and Differentials

Early data reveal that the impact of COVID-19 on older adults’ mortality risk has been dramatic and marked by pronounced disparities. In the first paper of the Virtual Collection, Sharma (2021) used data from the National Health Interview Survey (NHIS) to model older adults’ likelihood of death from COVID-19, using best and worst case scenario projections. The analysis showed that mortality increased with age, body mass index (BMI), and the presence of hypertension and diabetes, although the magnitude and statistical significance of these risk factors differed slightly in the ‘best’ versus ‘worst’ case scenarios. Sharma (2021) concludes that rigorous methods and data are critical for promoting public knowledge and trust regarding COVID-19, and for helping health care providers and policymakers to devise evidence-based solutions.

Race and ethnicity have emerged as powerful risk factors for COVID-19 at every stage of the life course including old age. Garcia and colleagues (2021) delineate how structural racism magnifies age-related risks for black and Latinx persons. Drawing on fundamental cause perspectives, they describe three mechanisms through which structural racism affects COVID-19 burden among older adults: (a) risk of exposure, (b) weathering processes, and (c) health care access and quality. They call for federal, state, and local governments to collect and release comprehensive data on COVID-19 cases and deaths by race/ethnicity and age, and urge transformative actions that address structural racism to achieve population health equity.

Latinx older adults' disproportionate risk of COVID-19 poses a particular puzzle for health researchers, as it challenges the well-known Hispanic or Latino "paradox." This paradox is evident in studies documenting that Hispanics have a health and survival advantage relative to non-Hispanic whites in the United States; this finding is considered paradoxical given Latinos' lower levels of education, income, and access to care. To examine whether this paradox persists in the case of COVID-19, Saenz and Garcia (2021) use data from the Centers for Disease Control and Prevention to compute age-specific death rates (ASDRs) for COVID-19 deaths, residual deaths, and total deaths. They find that Latinos have significantly higher ASDRs than non-Latino Whites for COVID-19 deaths. Although the Latino advantage for total deaths persisted during the pandemic, this gap diminished significantly from the prior 20 year period. Saenz and Garcia (2021) conclude that innovative public policies are required to address the disparate burden of the COVID-19 pandemic, particularly among older adults in marginalized communities.

Weak, sparse, or compromised social networks may be a pathway contributing to the vast racial divide in COVID-19 outcomes. Gauthier and colleagues (2021) reviewed prior studies on network size, composition, and density to document racial/ethnic disparities in networks both prior to and after the start of the pandemic. They find that racial differentials in social networks intensify long-standing health inequalities and they call for a better understanding of social network inequalities for marginalized older adults, particularly in the context of the COVID-19 health crisis.

While racial and ethnic disparities are the most widely studied source of inequity in older adults' COVID risk, regional differences also are evident. Choi and Yang (2021) examined county-level COVID deaths in more than 3,000 counties in the contiguous United States, and classified each county based on the percentage of residents ages 65+ and the

percentage rural. They found that both urban and rural counties with larger age 65+ populations are more vulnerable to COVID-19 and these disadvantages regarding COVID-19 infections intensify more rapidly over time in urban areas. These results call attention to the importance of early preventative steps and interventions to help stem the tide of illness spread.

One of the most widely-heeded public health recommendations to stop the spread of COVID-19 is social distancing. While social distancing measures help protect against contagion, they limit older adults' social engagement and ultimately their emotional well-being. Fuller and Huseth-Zosel (2012) carried out a mixed-methods study of 76 older adults in the Midwest during the early weeks of social distancing guidelines. They found that loneliness increased during this period, and the increase was larger for urban versus rural older adults. Feelings of loss and lack of control were common among those reporting increases in loneliness, whereas adults who did not experience intensified loneliness were protected by their use of new social connection modes. The authors suggest that providing different modes of connection for older adults, ranging from video chat to letter writing programs, may help to meet isolated older adults' social needs.

Digital Connections

The use of the internet for video chatting, emailing, and information-seeking, may help older adults adapt to social isolation and home confinement. Seifert, Cotton, and Xie (2021) describe how the pandemic has been particularly isolating for older adults who opt not to use the internet, lack necessary devices and network connectivity, or are inexperienced using information and communication technologies (ICT). Older adults who are frail or residing in long-term care facilities are especially vulnerable to the double burden of social and digital exclusion. The authors argue that providing ICTs to groups on the "wrong side" of the digital divide may be easy; the difficult part is ensuring that people have the skills to use

ICTs to maintain contact and find information over time. Social ties—particularly family members, friends, and neighbors—can play a pivotal role in enhancing isolated older adults' social support and engagement.

Campos-Castillo (2021) brings new data to bear on questions of differential access to ICT, and analyzes national survey data obtained during mid-March 2020. The analysis shows that midlife adults ages 50-64 were more likely than those ages 65+ to search for and share information about COVID-19, and men (regardless of age) were less likely than women to seek out and share this information. Campos-Castillo (2021) concludes that midlife women's heavy reliance on the internet may reflect their role in caregiving, which may intensify their need for information.

Social Isolation

Since the beginning of the pandemic, older adults have been urged to stay home and minimize if not wholly eliminate social contact with others, in an effort to minimize the health risks of disease contagion. However, this loss of close contact, most notably hugs and gentle touching, may undermine older adults' health. Thomas and Kim (2021) analyzed data from the National Social Life, Health, and Aging Project (NSHAP) and found that more frequent physical touch reduced the odds of elevated inflammation among older adults. Although the data were obtained before the start of the pandemic, Thomas and Kim (2021) conclude that socially isolated older adults could be encouraged to hug or touch just one or two low-risk individuals, to bear the benefits of touch without substantially increasing their risk for COVID-19.

Older adults who live alone may be at particular risk of social and physical touch deprivation, as they do not have a source of coresidential social, emotional or practical support. In May and June 2020, Fingerman and colleagues (2021) administered surveys to 226 older adults who had previously participated in the Daily Experiences and Well-being

Study (DEWS). They found that older adults residing alone were less likely to see others in person or to receive or provide help. In-person social contacts provided positive emotional boosts in ways that phone contact did not. These results suggest that possible interventions during the pandemic may work best with safe forms of in-person contact, possibly with non-family members.

The future of COVID-19 is uncertain. In late November 2020, the CDC lamented that for four consecutive days, the number of daily deaths in the U.S. exceeded 1,000. At the same time, pharmaceutical manufacturers and the federal government announced that a vaccine could be available as early as December. Experts predict that older adults and the front-line workers who care for them will be at the front of the queue to receive the vaccine. Social gerontologists will continue to play a central role in documenting the far-ranging ways that older adults' lives are affected by COVID-19 and the many efforts to mitigate its spread.

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