COVID-19 Recommendations for Research from The Gerontological Society of America COVID-19 Task Force

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Acknowledgments: Members of The Gerontological Society of America COVID-19 Task Force include Kathy Hyer (Chair), Sue Anne Bell, Lisa M. Brown, David Dosa, Charles A. Emlet, Robyn Golden, Judy Howe, Elizabeth Rose Mayeda, Joann M. Montepare, Roger O'Sullivan, Aaron M. Scherer, Alan B. Stevens, and Latrice D. Vinson.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19) infection, has infiltrated all countries around the globe, including the U.S. It has impacted the lives of individuals of all ages, most especially older adults. Their higher susceptibility to COVID-19 and poor illness-related outcomes are due to an age-related decrease in immune function and the co-existence of cardiovascular and pulmonary disease (Bandaranayake & Shaw, 2016; D'Adamo, Yoshikawa, & Ouslander, 2020). From the very beginning of the pandemic, it became clear that implications for older adults range far beyond medical and functional sequelae. Ageism related to COVID-19 in regard to health practice and policy was noted in numerous venues (Colenda et al, 2020), along with concerns about social isolation (Chen et al., 2020), racial/ethnic disparities (Shippee et al., 2020), care planning (Gaur et al., 2020; Dosa, Jump, LaPlante, & Gravenstein, 2020), quality of care (He, Li, & Fang, 2020), and a myriad of other issues.

The Gerontologist's special collection of papers published in 2021 present ground-breaking research across diverse topics that are critical to understanding the scope of the pandemic from a gerontological perspective. Numerous papers address older adults' experiences with COVID-19. Papers led by Arpino (2021), Birditt (2021), Carney (2021), Fuller (2021), Heid (2021), Minahan (2021), Nelson (2021), Terracciano (2021), and Whitehead (2021) identify the resilience of older adults as well as the stresses and reactions they experience due to the need for physical distancing and subsequent isolation. The focus on psychological impact and well-being of older adults is further addressed by several authors through research focusing on loneliness and the value of coping mechanism and social connections, including with family (Kim & Jung, 2021; Sin, Klaiber, Wen, & DeLongis, 2021; Macdonald et al., 2021; Young et al., 2021; Kemp, 2021). Scheffler, Joiner, & Sachs-Ericsson (2021) discuss the potential role of policy in exacerbating psychological impact.

Importantly, several articles address the impact of the pandemic on special populations, including papers focused on disparities (Lin, 2021), older adults in prison (Prost, Novisky, Rorvig, Zaller, & Williams, 2021), risk among older adults with comorbidities (Verdery, Newmyer, Wagner, & Margolis, 2021), and older adults living alone with cognitive impairment during the pandemic (Portacolone et al., 2021).

Understanding the impact of the COVID-19 pandemic from a gerontological perspective is addressed in a paper by Vervaecke and Meiser (2021) regarding the special case of compassionate ageism, while Apriceno and colleagues (2021) discuss benevolent and hostile ageism in the context of healthcare decision-making. Additionally intriguing is work related to communication in the time of COVID-19, presenting topics about the news media assigning blame (Allen & Ayalon, 2021), social media expressions of conflict and connection surrounding generational cohorts (Sipocz, Freeman, & Elton, 2021), and risks to well-being from media exposure (Schroyer, 2021).

Other papers address service provision and policy. For example, Abrashkin, Zhang, and Poku (2021) posit a model of advance illness management that might improve care of patients with chronic illnesses who are risk for COVID-19. Looking internationally, Lloyd-Sherlock, Sempe, McKee, and Guntupalli (2021) note the challenges to gathering age-based data in low- and middle-income countries and recommend using excess mortality estimates to assess the pandemic's effects on older populations and implications for policy.

All of these papers reflect a critical start to the much-needed new knowledge around COVID-19 related to older adults, but there remain wide-ranging research gaps related to the COVID-

19 prevention and care of older adults informed by what we have learned from COVID-19. Who best to inform research needs for the future than the members of The Gerontological Society of America (GSA)?

GSA is the oldest and largest interdisciplinary organization in the U.S. devoted to research, education, and practice in the field of aging. It has more than 5,500 members, virtually all of whom have become immersed in issues related to COVID-19. In response, GSA established a COVID-19 Task Force, one effort of which was to develop recommendations for research related to COVID-19 and older adults. The leadership of each of the six GSA sections and 57 interest groups was asked to provide three topics considered most important to include in a research agenda about COVID-19 based on their members' focus. Responses were received from 37 sections/groups. Members of the Task Force also provided suggestions. The responses were categorized by the Task Force and summarized into 12 categories based on their similarity of focus.

Based on recommendations from GSA members, ongoing research is needed to understand COVID-19 and the pandemic in relation to:

1. <u>Health care practices and decision-making, and related outcomes</u>

a. Decision-making practices across different levels of care and oversight
   (1) Individual level (e.g., related to social distancing, advance care planning)
   (2) Societal/governmental, including ethical decision-making for different populations (e.g., allocation of scarce resources)
b. Amount and type of personal protective equipment (PPE) for staff and residents in long-term care settings
c. Isolation (including during hospitalization) and cohorting (in long-term care settings)
d. Telehealth, including teletherapy and teledentistry
   (1) Types, barriers and facilitators, outcomes (e.g., detection and management of clinical problems)
   (2) Stakeholder attitudes
e. Exercise interventions (e.g., in-room and innovative sit to stand opportunities)
f. Impact of COVID-19 on health care receipt in other areas and related outcomes (e.g., less preventive care, exacerbation of chronic conditions)
g. Preparedness for subsequent waves of COVID-19
h. Sustainability of new care practices

2. <u>Effects of social distancing, and related risk and protective factors (e.g., resilience, spirituality)</u>

a. Change in cognition and related behaviors
b. Mood, social engagement, mental health, and well-being (e.g., due to social isolation, less productivity)
c. Change in daily activities and physical function, and related outcomes (e.g., falls, infections)
d. Nutrition and nutritional status (e.g., weight loss, weight gain)
e. Change in sleep behaviors
f. Sensory change (e.g., vision/hearing)

3. <u>Care for psychosocial well-being (including grief), and related challenges and outcomes (e.g., mood, quality of life)</u>

a. Use of technology (e.g., types, barriers and facilitators, access)

b. In-person interactions
c. Special activities (e.g., events seen from windows)
d. Involvement of pets

4. Impact on families

a. Effects on family members (e.g., stress, guilt related to decision making and outcomes)
b. Changes in intergenerational and other relationships

5. Impact on professional and paraprofessional health care providers (e.g., nurses, nursing assistants)

a. Health care provider experiences and reactions
b. Health care provider outcomes (e.g., staff absenteeism, turnover)

6. Economic security and older workers

a. Consequences of job loss on health, well-being, and health coverage
b. Decision-making related to work and financial well-being

7. Considerations for different populations (e.g., access, needs, economic impact, models of care)

a. Setting based (e.g., long-term care, community organizations, prisons, persons living alone)
b. Persons with dementia
c. Veterans
d. Different races, ethnicities, socioeconomic backgrounds
e. HIV, immunocompromised
f. Grandparents caring for grandchildren
g. Disparities at the intersection of age, gender, and race

8. Care for COVID-19 positive older adults

a. Of hospitalized long-term care residents and others (description and survival rates)
b. Of non-hospitalized older adults (description and survival rates)
c. Of those with chronic and co-morbid conditions (e.g., dialysis, receiving chemotherapy)

9. Pharmacologic treatments (e.g., anti-virals, modulation of inflammatory response)

a. Vaccine development and effectiveness compared to younger adults
b. Interventions to rejuvenate immune function
c. Relationship of age to viral replication, response to infection
d. Improving vaccine responsiveness to novel antigens in older adults

10. Attitudes

a. Perceptions of older adults themselves, including source of influence (e.g., wearing a mask and media)
b. Societal ageism
c. Societal stigma (e.g., to Asians)

11. Policies related to COVID-19

a. Intersection of policies with age, health, SES, and race
b. Responsiveness by government

c. Preparedness for co-occurring disasters (e.g., hurricane)
d. International comparisons

12. <u>Research methods</u>

a. Innovative approaches to recruitment
b. Sustaining research in the post-COVID-19 era
c. Harmonizing existing data to facilitate larger scope analyses, including of risk factors and outcomes

Given the many research areas suggested by GSA members, the Task Force recommends that priority be given to research questions that (a) address critical issues that have deleterious health and psychosocial outcomes; (b) cut across multiple areas (e.g., health care practices, isolation, economic security, race); (c) can be addressed quickly; (d) have implications for practice and policy; and (e) provide pragmatic recommendations. Prioritized research must be inclusive in terms of populations (e.g., minorities, LGBT older adults, people with lifelong disabilities) and involve diverse stakeholders.

Although recent vaccine development suggests that new cases of COVID-19 will be markedly reduced and perhaps largely eliminated, sequelae may continue. In addition, this experience has taught us that infection control must address public health behaviors and be sensitive to unique risks and negative outcomes of infectious diseases for older adults. The pandemic also offers an opportunity to study the unique strengths and coping skills that older people bring to public health crises that may allow them to be more emotionally resilient than younger people. It is critical that research examines prevention, presentation, impact and management of this and other diseases from a physiological as well as psychosocial perspective. Much can be learned from COVID-19 to prepare a safer future for older adults.

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