

COVID-19 and its Impacts on Older Adults: Global Perspectives

Danan Gu and Qiushi Feng

Danan Gu, Ph.D.
United Nations Population Division
New York, NY 10017, USA
Email: gudanan@yahoo.com

Qiushi Feng, Ph.D.
Department of Sociology
Centre of Family and Population Research
National University of Singapore
Singapore
Email: socfq@nus.edu.sg

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As of May 1, 2021, the number of confirmed COVID-19 cases worldwide hit more than 150 million, with over 3.1 million deaths. The World Health Organization estimated a weekly increase of more than 5.5 million new cases and about 90,000 deaths (WHO, 2021). The COVID-19 pandemic is still ongoing globally, bringing enormous medical, economic, and social impacts (Carr, 2021; Fingerman & Pillemer, 2021). Recognized as the most severe international public health crisis since World War II (United Nations, 2020), the pandemic reveals the vulnerability of older adults who often have greater risks of infection and death relative to younger adults (Gu et al., 2021; Shahid et al., 2020). The global impacts of COVID-19 for older adults transcend epidemiological outcomes, such as infection and mortality, and encompass a broader array of psychosocial outcomes, including loneliness, social isolation, and exposure to ageism.

Journal of Gerontology: Social Sciences has published cutting-edge studies on COVID-19, in a series of special sections. The first two collections addressed “COVID-19 in the United States: Trends, Disparities, and Consequences for Older Adults” (March 2021) and “COVID-19: Healthcare Challenges for Older Adults” (April 2021). This third collection presents a global perspective to understand how older adults are affected by this unprecedented crisis. The papers published in this special section reveal stark cross-national variation in responses to the COVID-19 outbreaks, demonstrating the heterogeneity in policies and institutional, social, and cultural contexts.

Several studies provide evidence that the measures taken against COVID-19 can have profound implications for older adults. van Tilburg and colleague (2021), for example, compared the well-being of community-dwelling older adults in the Netherlands before (October/November 2019) and after (May 2020) the national lockdown restriction, implemented in March 2020. The comparison revealed mild declines in mental health symptoms at the two time points and substantial increases in levels of social and emotional loneliness. The authors attribute these patterns to reduced frequency or losses of outdoor activities/social contacts, unmet need for social support, worries about the pandemic, and a decline in trust in societal institutions. They also suggest that the minimal decrements in mental health may be a consequence of study timing; mental health symptoms were measured in May 2020, two months after lockdown policy took effect, an observation that may be “too late to register the peak of the psychological impact” (van Tilburg et al., 2021: pxx).

The pandemic not only influences older adults' subjective well-being through psychological pathways, but also influences other health dimensions via behavioral pathways. Otaki and colleague (2021) investigated the association between dietary variety and frailty of community-dwelling Japanese older women during the COVID-19 restrictions on outings, and revealed a significant association which persisted after controlling for age. The study did not analyze changes in dietary habits before and after the restriction, so the authors could not discern whether the restriction measures changed the choice of food for older adults. However, the study findings call policymakers' attention to the importance of dietary changes in this public crisis, which may produce significant health outcomes for older adults.

Several studies in this section demonstrate that the pandemic has exposed and even intensified long-standing challenges facing older adults, including the adequacy of supports to meet their care needs (also see Fingerman & Pillemer, 2021). Three studies reveal the distinctive challenges facing older adults in Latin America. Garcia and colleagues (2021), for example, focused on Puerto Rico during the COVID-19 outbreak, highlighting that the COVID-19 outbreak occurred alongside “parallel pandemics” of an economic crisis and an overburdened healthcare system. Focusing on the case of Mexico, Rivera-Hernandez and colleagues (2021) confirmed the vulnerability of old adults in this pandemic, and further revealed that rural older adults face greater challenges relative to their urban counterparts, including higher rates of multimorbidity and poverty, and less access to health care services.

As such, the pandemic “is exposing existing social and health inequalities in Mexico” (pxx). Dintrans et al. (2021) critically analyzed the policy responses of Chile in the COVID-outbreak, including the cancellation and ban of in-person social activities, and implementation of social distancing and stay-home measures that have been widely adopted by other countries during the pandemic. The authors argued that although these policy measures aimed to protect older adults, they may negatively affect their health and well-being, especially for those previously living independently and those with comorbidities. The authors acknowledged the limitations of the current health system in Chile and called for a more comprehensive set of national policies to mitigate against COVID-19 and its consequences, including initiatives to revamp the current national long-term care system.

Beyond analyzing the role of government in addressing the COVID-19 pandemic, researchers also investigated civic initiatives and individual coping strategies to mitigate the impact of COVID-19 on older adults. For example, the lockdown in India was implemented so abruptly that older adults and their caregivers had little time to prepare effectively for it. In this situation, volunteer programs were an effective strategy, however. Roy and Ayalon (2021) found that a pan-India group of volunteers was formed during the lockdown on a popular social media website. These volunteer programs were effective in India when the traditional caregiving options were absent in the lockdown period. The volunteers helped in connecting people of all ages in need of help with those able to offer assistance, with most requests submitted by the relatives of older adults for “home delivery of essentials” and “health needs.” This study highlights the importance of volunteer programs in meeting needs of older adults in the pandemic for countries lacking old-age specific social or home- and community-based supports and services.

Verhage and colleagues (2021) explored the coping strategies used by older adults in the Netherlands during the pandemic. They found that some older adults used common problem- and emotion-focused coping strategies such as trying to gain control of the situation, engaging in self-enhancing social comparisons, re-interpreting their personal vulnerability, distracting themselves from negative thoughts, and temporarily accepting the life changes brought about by the COVID-19 outbreak. In addition to these well-documented coping tactics, they adopted a novel strategy – recognizing that the crisis was temporary.

Other studies of older adults’ coping strategies recognized that public health crises may induce positive changes in health behaviors, a pattern previously documented during the 2009 H1N1 crisis (e.g., Bennett et al., 2015). Zou and colleagues (2021) compared health behaviors among Chinese older adults living in 60 communities struck by SARS (*severe acute respiratory syndrome*) versus those living in 71 communities without outbreaks in the same prefecture areas. The researchers found that those living in the SARS outbreak communities were more likely to participate in regular physical exercises and blood pressure check after the outbreak, relative to those in non-outbreak communities. Although the study did not directly examine health behavior changes during the COVID-19 pandemic, the findings provide suggestive evidence that a comparable change may take place.

Researchers have documented that the disproportionate impact of the pandemic on older adults may contribute to rising levels of ageism (Fraser et al., 2020). Several studies in this collection suggest that the extent to which ageism intensifies during the pandemic reflects national cultural and political factors. For instance, Xi and colleagues (2021) analyzed social media data during the COVID-19 outbreak in China, and concluded that older Chinese adults had been described positively in this critical period. Conversely, Cohn-Schwartz and Ayalon (2021) found that many Israeli older adults perceived ageism during the pandemic, with nearly one-quarter reporting experiences of age discrimination in the health care system. However, they also found that interpersonal and intergenerational connections and

coresidence with family member could mitigate against ageism and reduced ageist perceptions.

Although vaccines for COVID-19 have become available since early 2021, the pace of recovery may vary widely across nations, given the continuing surges in the number of daily new COVID-19 cases worldwide, with India and Brazil among the most hard-hit. Cross-national research, such as the studies in this special collection, are essential to our understanding of both the pandemic and potential solutions. It is thus our expectation that this special issue, together with previous two collections on the COVID-19 pandemic, could be useful for researchers, practitioners, policymakers, and most importantly, could help older adults worldwide survive the crisis and achieve healthy aging in the near future.

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