COVID-19 COMMUNITY IMPACT SURVEY: OLDER ADULTS

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Results as of August 10, 2022
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CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants’ Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor’s Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill’s
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.
"As the pandemic has raised awareness of inequities based on race, gender, class, and income, we should not allow it to cement ageist stereotypes and attitudes. Rather, we should embrace this new-found awareness of ageism’s inequities and the dangers it poses to society as a launching pad from which we can initiate the processes necessary to defeat this dangerous phenomenon."

~Susan J. Douglas, Catherine Neafie Kellogg Professor of Communication and the Media at the University of Michigan
Using equity focused frames allows us to understand the unique experiences, needs, and strengths of older adults.

**Dominant frames**
According to these frames:

- Older adults are all the same
- Older adults are frail and vulnerable and need to be protected
- The value of someone’s life is age-dependent
- Aging is associated with decline and loss

**Equity-focused frames**
According to these frames:

- Older adults are diverse and have multiple identities
- Older adults play essential roles in society, the economy, and community
- Ageism can increase the inequities these populations face
- Structural barriers prevent older adults from maximizing health and well-being
Americans are living longer than ever

- In 1900, people aged 65+ composed of 4% of the U.S. population
- By 2050, they will make up 20%¹

The proportion of MA's population that is 60 years and older is growing more rapidly than other components of the population.
Systems of Oppression Impact the Social Determinants of Health Inequities

Ageism

Classism, racism, ableism

Education
Job Opportunity
Socioeconomic Status
Environmental Exposure
Health Behaviors
Access to Health Services
Safe & Affordable Housing
Reducing Violence

Health Outcomes
Ageism Acts at Multiple Levels

INTERNALIZED
- Acceptance of ageist stereotypes

INTERPERSONAL
- Physical, emotional, sexual, financial abuse

INSTITUTIONAL
- Denial & exclusion from insurance, work, housing

STRUCTURAL
- Antiaging messaging & lack of funding to support inclusion of older adults
8,336 adults aged 60+ took the survey
- 172 of those adults are 85+

15% reported income <$35K

45% are retired

31% reported living alone
- 50% reported living with 1 other person

CCIS was an online survey and those without internet or technology access may not be represented in the sample. Therefore, this sample of older adults may not be representative of all MA adults 60+ and their needs. It is important to keep this in mind when interpreting and generalizing results from this survey.
Older adults were more likely to report a disability compared to younger adults.

Persons with disabilities experienced unique impacts and structural barriers to maintaining health during the pandemic.

For more information about experiences of MA residents with disabilities during the pandemic, see the [CCIS Spotlight: Persons with Disabilities](#) report.

*Difference is statistically significant at p. < .05*
Chronic Conditions Among Older Adults

Number of Reported Chronic Conditions by Age Group

Adults aged 60+ were twice as likely to report having 3+ chronic conditions than the under 60 age group.

*Difference is statistically significant at p. < .05
Note: Chronic conditions include asthma, COPD, lung condition, cancer, diabetes, heart disease, high blood pressure, immune compromised, kidney disease, liver disease, obesity.
IMPACTS OF COVID ON OLDER ADULTS
Older adults aged 60+ make up 23% of the MA population but have accounted for 91% of all MA COVID deaths.¹

Older Adults Played Essential Roles in the Workforce

17% of Massachusetts hospital, nursing/residential care facilities, and ambulatory healthcare services employees are aged 60 or older.¹

In CCIS, older adults who were employed were less likely to be able to work from home (43%* vs. 48%).


*Difference is statistically significant at p. < .05
6% of older adults identified as a parent/guardian of a child with special needs
5% as caregiver for an adult with special needs
Many took care of grandchildren when daycares closed

Despite these risks and responsibilities, older adults:

• Were equally as likely to report being “very worried about getting COVID” as younger adults (30%)
• Were less likely to report persistent poor mental health (22%* vs 38%) and 3+ symptoms of PTSD attributed to COVID (18%* vs. 31%) than younger adults

*Difference is statistically significant at p. < .05
Access to Basic Needs & Health Among Older Adults

1 in 5 reported persistent poor mental health.
1 in 5 reported 3+ PTSD-like reactions to COVID.
1 in 4 older adults using substances reported an increase in substance use during the pandemic.
1 in 3 were ‘very worried’ about getting COVID.
1 in 4 reported worry about any expense.
1 in 4 reported worry about a healthcare need.
3 in 5 reported worry about a household need.
Older adults living alone were more likely to report persistent poor mental health (25%) than older adults living with others (21%)*.

What would be helpful right now?

"Some sense of community for old people who have to mostly stay home."

"Socialization, exercise, activities to assist me in maintaining my level of cognition"

"Companionship. I am lonely and isolated"

*Difference is statistically significant at p. < .05
Some Older Adults Reported Higher Rates of Poor Mental Health

Older adults represent a diversity of identities and experiences. Some groups may need greater access to resources tailored for their needs.

### MA Older Adult Populations Reporting 15+ Past-Month Poor Mental Health Days

<table>
<thead>
<tr>
<th>AGE</th>
<th>ALL RESPONDENTS AGED 60+</th>
<th>85+</th>
<th>60-84 (REF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISABILITY</td>
<td>COGNITIVE DISABILITY*</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>NO COGNITIVE DISABILITY (REF)</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>SELF-CARE/INDIVIDUAL LIVING DISABILITY*</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>NO SELF-CARE/INDIVIDUAL LIVING DISABILITY (REF)</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>BLIND/PEOPLE WITH VISION IMPAIRMENT*</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>NOT BLIND (REF)</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>MOBILITY DISABILITY*</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>NO MOBILITY DISABILITY (REF)</td>
<td>20%</td>
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</tr>
<tr>
<td></td>
<td>DEAF/HARD OF HEARING*</td>
<td>22%</td>
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</tr>
<tr>
<td></td>
<td>NOT DEAF (REF)</td>
<td>22%</td>
<td>22%</td>
</tr>
</tbody>
</table>

| RACE/ETHNICITY | PARENT/GUARDIAN OF CHILD W/SPECIAL HEALTH NEEDS* | 20% | 36%          |
|                | NOT PARENT/GUARDIAN OF CHILD W/SPECIAL HEALTH NEEDS (REF) | 20% | 20%          |
|                | CAREGIVER TO ADULT IN HOUSEHOLD* | 22% | 34%          |
|                | NOT CAREGIVER TO ADULT IN HOUSEHOLD (REF) | 22% | 22%          |
|                | MULTIRACIAL* | 22% | 22%          | 22%          |
|                | HISPANIC* | 28% | 28%          | 28%          |
|                | BLACK NH | 23% | 23%          | 23%          |
|                | WHITE NH (REF) | 22% | 22%          | 22%          |
|                | AMERICAN INDIAN/ALASKA NATIVE | 17% | 17%          | 17%          |
|                | ASIAN NH | 17% | 17%          | 17%          |

Older adults identifying as:

- Having a disability
- A caregiver to a child or adult with special needs
- Multi-racial or Hispanic/Latinx

...were up to 3x as likely to report persistent poor mental health in the past month.

**FIGURE NOTES:**
1. nH/nL = non-Hispanic/non-Latinx; 2. American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx. 3. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts

*Difference is statistically significant at p. < .05*
Some Older Adults Reported Higher Rates of Poor Mental Health

Older adults represent a diversity of identities and experiences. Some groups may need greater access to resources tailored for their needs.

Older adults identifying as:
- Having lower income
- Gay or lesbian
- Female
- Residing in Berkshire, Hampden, Essex, Hampshire, Suffolk, and Middlesex counties

...were up to 2x as likely to report persistent poor mental health in the past month.

FIGURE NOTES:
1. Non-binary gender identity includes respondents identifying as non-binary, genderqueer, and not exclusively male or female. Percentage is not presented due to sample size.
2. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts. Geographic rates are unweighted.
*Difference is statistically significant at p. < .05
Older Adults Worried About Accessing Basic Needs

Adults aged 85+ worried about obtaining technology and food/groceries more than adults aged 60-84* and at similar rates to younger adults.

Basic Needs Worried About for You and Your Family by Age

- **Technology**: Under 60 (REF) - 17%, 60-84 - 13% *, 85+ - 20%
- **Healthcare**: Under 60 (REF) - 34%, 60-84 - 26% *, 85+ - 25% *
- **Household**: Under 60 (REF) - 70%, 60-84 - 57% *, 85+ - 53% *
- **Medications**: Under 60 (REF) - 15%, 60-84 - 11% *, 85+ - 10% *
- **Food/Groceries**: Under 60 (REF) - 30%, 60-84 - 22% *, 85+ - 32% *

*Difference is statistically significant at p. < .05
The following groups of adults aged 60+ were more likely to report any healthcare needs:

- Am. Indian/Alaska Native, Multiracial, and Hispanic/Latinx respondents
- Gay or lesbian respondents
- Respondents with disabilities

**FIGURE NOTES:**
1. nH/nL = non-Hispanic/non-Latinx;
2. American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx.
3. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts.

*Difference is statistically significant at p. < .05
The following groups of adults aged 60+ were more likely to report any healthcare needs:

- Respondents with lower incomes
- Respondents who speak languages other than English
- Caretakers of adults or children with special needs
- Residents of certain counties including Barnstable, Hampshire, Hampden, Plymouth, and Berkshire

**FIGURE NOTES:**
1. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts. Geographic rates are unweighted.
2. Rates not presented for Suffolk (25%), Essex (25%) and Franklin (24%) counties were significantly higher than the rate of Norfolk county (reference).

*Difference is statistically significant at p. < .05*
BARRIERS
Older Adults Rely on Different Sources of Information

Communication strategies must be tailored for older adults’ needs to ensure access to timely, accurate information.

Compared to adults under 60, adults aged 85+ were more likely to identify:

- **News outlets** (2x)
- **Friends and family** (8x)

...as top trusted sources of COVID information.

*Difference is statistically significant at p. < .05. . Indicates cell suppression due to low sample size.
Technology Needs Among Older Adults
American Community Survey Estimates (2016-2020)

Adults aged 65+ were over 3x as likely to report not having a computer with an internet subscription as younger (6%).

Older adults living in Suffolk, Hampden, and Bristol county are least likely to have a computer with an internet subscription.
Older Adults Were Worried about Access to Technology

The pandemic increased reliance on technology—impacting access to healthcare, basic needs, COVID information, and connection to family and friends.

Which technology needs are you worried about getting?

- Any technology: 20% (85+), 17% (60-84), 13% (Under 60)
- Cell phones: 16% (85+), 7% (60-84), 6% (Under 60)
- Computer or tablet: 15% (85+), 6% (60-84), 6% (Under 60)
- Internet: 15% (85+), 11% (60-84), 14% (Under 60)

*Difference is statistically significant at p. < .05
Some Groups of Older Adults Reported Even Greater Technology Needs

<table>
<thead>
<tr>
<th>Percentage of MA Older Adults Who Reported Worry About Technology Needs</th>
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</thead>
<tbody>
<tr>
<td><strong>ALL RESPONDENTS AGED 60+</strong></td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>85+*</td>
</tr>
<tr>
<td>60-84 (REF)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td>MULTIRACIAL, NH/NL*</td>
</tr>
<tr>
<td>HISPANIC / LATINX*</td>
</tr>
<tr>
<td>AMERICAN INDIAN/ALASKA NATIVE*</td>
</tr>
<tr>
<td>OTHER RACE, NH/NL*</td>
</tr>
<tr>
<td>BLACK, NH/NL*</td>
</tr>
<tr>
<td>ASIAN, NH/NL*</td>
</tr>
<tr>
<td>WHITE, NH/NL (REF)</td>
</tr>
<tr>
<td>Disability</td>
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<tr>
<td>NO COGNITIVE DISABILITY (REF)</td>
</tr>
<tr>
<td>BLIND OR VISION IMPAIRED*</td>
</tr>
<tr>
<td>NOT BLIND OR VISION IMPAIRED (REF)</td>
</tr>
<tr>
<td>MOBILITY DISABILITY*</td>
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<td>NO SELF CARE DISABILITY (REF)</td>
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<tr>
<td>DEAF OR HARD OF HEARING*</td>
</tr>
<tr>
<td>NOT DEAF OR HARD OF HEARING (REF)</td>
</tr>
</tbody>
</table>

The following groups of adults aged 60+ were more likely to report any technology needs:

- Respondents of aged 85+
- Multiracial, Hispanic/Latinx, Am. Indian/Alaska Native, Other Race, and Black respondents
- Respondents with disabilities

**FIGURE NOTES:**

1. nh/nL = non-Hispanic/non-Latinx;
2. American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx.
3. Non-binary gender identity includes respondents identifying as non-binary, genderqueer, and not exclusively male or female.
4. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts

*Difference is statistically significant at p. < .05.*
Some Groups of Older Adults Reported Even Greater Technology Needs

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL RESPONDENTS AGED 60+</td>
<td>13%</td>
</tr>
<tr>
<td>LANGUAGE OTHER THAN ENGLISH*</td>
<td>25%</td>
</tr>
<tr>
<td>ENGLISH ONLY (REF)</td>
<td>12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$35K*</td>
<td>22%</td>
</tr>
<tr>
<td>$35K-99,999*</td>
<td>12%</td>
</tr>
<tr>
<td>$100K+ (REF)</td>
<td>7%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERKSHIRE*</td>
<td>18%</td>
</tr>
<tr>
<td>HAMPDEN*</td>
<td>17%</td>
</tr>
<tr>
<td>FRANKLIN*</td>
<td>13%</td>
</tr>
<tr>
<td>SUFFOLK*</td>
<td>13%</td>
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<tr>
<td>BARNSTABLE</td>
<td>12%</td>
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<tr>
<td>ESSEX*</td>
<td>12%</td>
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<tr>
<td>BRISTOL</td>
<td>11%</td>
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<tr>
<td>WORCESTER*</td>
<td>11%</td>
</tr>
<tr>
<td>NORFOLK (REF)</td>
<td>8%</td>
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</tbody>
</table>

The following groups of adults aged 60+ were more likely to report any technology needs:

- Respondents who speak languages other than English
- Respondents with lower income
- Respondents living certain counties including Berkshire, Hampden, Franklin, and Suffolk

**FIGURE NOTES:**
1. nH/nL = non-Hispanic/non-Latinx;
2. American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx.
3. Non-binary gender identity includes respondents identifying as non-binary, genderqueer, and not exclusively male or female.
4. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts

*Difference is statistically significant at p. < .05.
Older Adults Struggled to Access Food

Adults aged 85+ were concerned about access to delivery of food and basic goods.

What would be helpful?
- "Grocery delivery… I live one town too far away, there is no grocery delivery"
- "I live in a rural area, there is no delivery services out here"
- "Price of food has gone up and senior citizens have not received additional financial help"
- "PLEASE MAKE EBT AVAILABLE FOR CURBSIDE PICKUP"
- "Ability to use EBT for online food order"

Free or discount delivery of food and other supplies would be helpful

Older adults with one or more disabilities were 2x* as likely to be worried about getting food and groceries as those without a disability.

*Difference is statistically significant at p. < .05.
Older Adults Struggled to Access COVID Testing

Older adults were less likely to be tested for COVID-19 than younger adults (38% vs. 46%)*

Behind not having symptoms/perceived exposure, the top reasons older adults named for never having been tested were:

1. Didn’t know where to go
2. Testing location was not accessible

…highlighting structural barriers that continue to impact vaccination access.

“Could not finish online application for CVS”

“I would like to get tested but would have to travel to a city I am not familiar with, it would be hard for me to find, and I work full-time and can't run around.”

“Info to get tested was very confusing from federal state and local governments”

“I have no way to get to a test site”

“Having to wait in line in my car made it hard for me. I am 72 and nothing comes easy these days, so I pretty much stay home!”

“Nearest site is too far for elderly to drive to over 20 miles”

1. Indicates agreement with, “The test wasn’t available where I wanted to get tested”.

* Indicates agreement with, “The test wasn’t available where I wanted to get tested”.

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Older Adult & COVID-19

Older adults:

- Continue to account for the majority of COVID deaths and hospitalizations.
- Continue to play important roles in pandemic mitigation efforts.
- Reported significant economic, healthcare, and household, and behavioral health needs.
- Were more likely to live alone than younger adults; living alone was associated with poorer mental health.
- Relied on different communication channels for health information.
- Were less likely to have accessible technology and internet access.
- Highlighted both cost AND the need for delivery as barriers to food and resource access.
- Were less likely to get tested for COVID, and more likely to cite structural barriers to testing, including lack of information and transportation.
Older adults...

- Comprise a diverse group who were both severely impacted by COVID and continue to participate in and lead mitigation efforts.
- Experienced significant social and economic impacts, including social isolation and interruptions to food access.
- Reported structural barriers to accessing resources with implications for continued pandemic mitigation responses:
  - Communication channels
  - Technology
  - Transportation
  - Cost AND delivery of resources

- Must be included in policy, program development, and community planning to ensure:
  - Recognition of the diversity of needs
  - Tailoring of programming, resources, and the built environment
  - Leveraging of the strengths, leadership, and contributions of older adults
Older Adults & CCIS: Looking Ahead

• Through outreach and alternative data collection methods, improve ability for older adults for whom traditional online survey methods are less accessible to participate in CCIS

• Collaborate with local older-adult focused organizations and local boards of health to:
  • Increase dissemination of CCIS 2.0 survey among older adults to improve representation of the diversity of older adult needs and experiences
  • Utilize CCIS data to inform programming, resource allocation, outreach, and future crisis prevention planning