

## COVID-19 COMMUNITY IMPACT SURVEY: OLDER ADULTS



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and Rebecca Dawson

*Results as of August 10, 2022*

# CCIS TEAM MEMBERS

## **CCIS Project Leads**

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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

# Framing Matters

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:

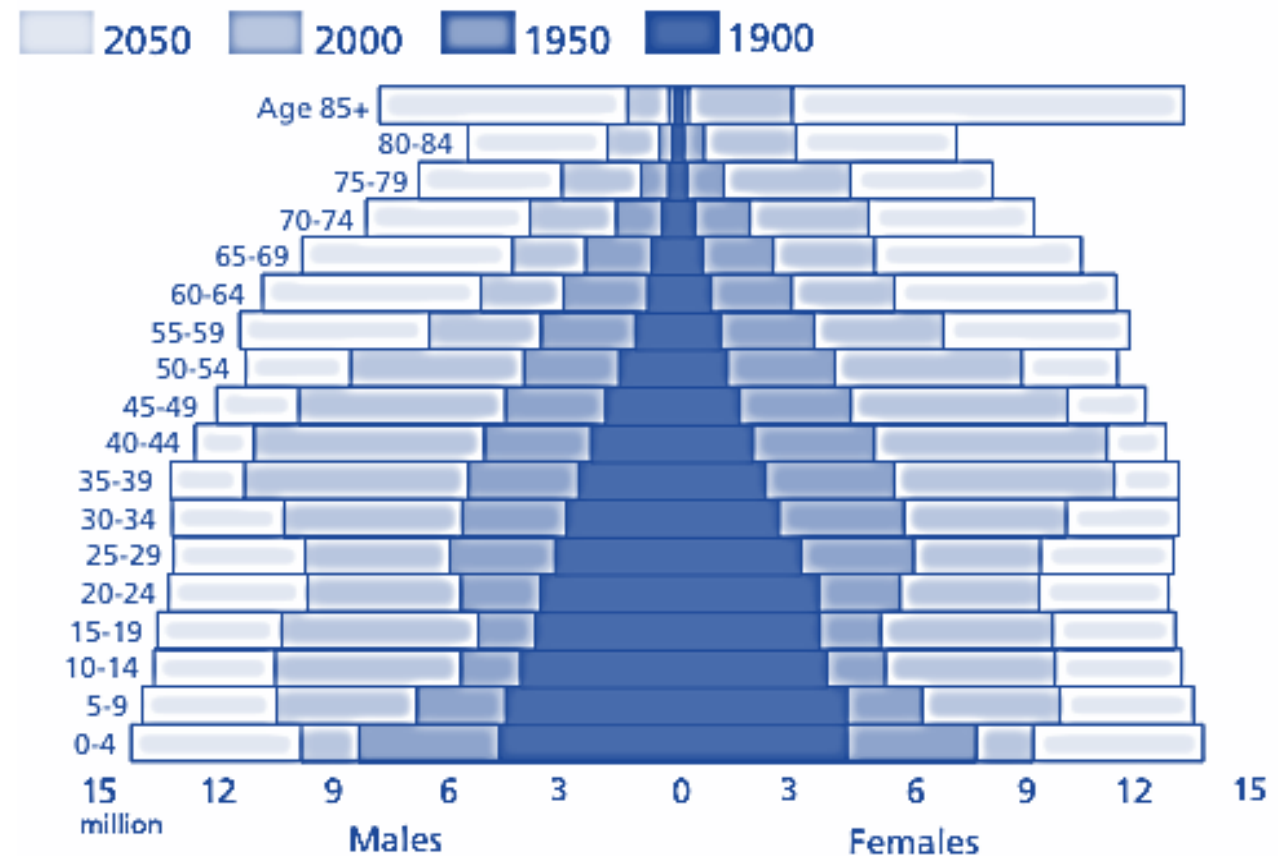
- Older adults are diverse and have multiple identities
- Older adults play essential roles in society, the economy, and community
- Ageism can increase the inequities these populations face
- Structural barriers prevent older adults from maximizing health and well-being

# Older Adults Are a Growing Population

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%<sup>1</sup>

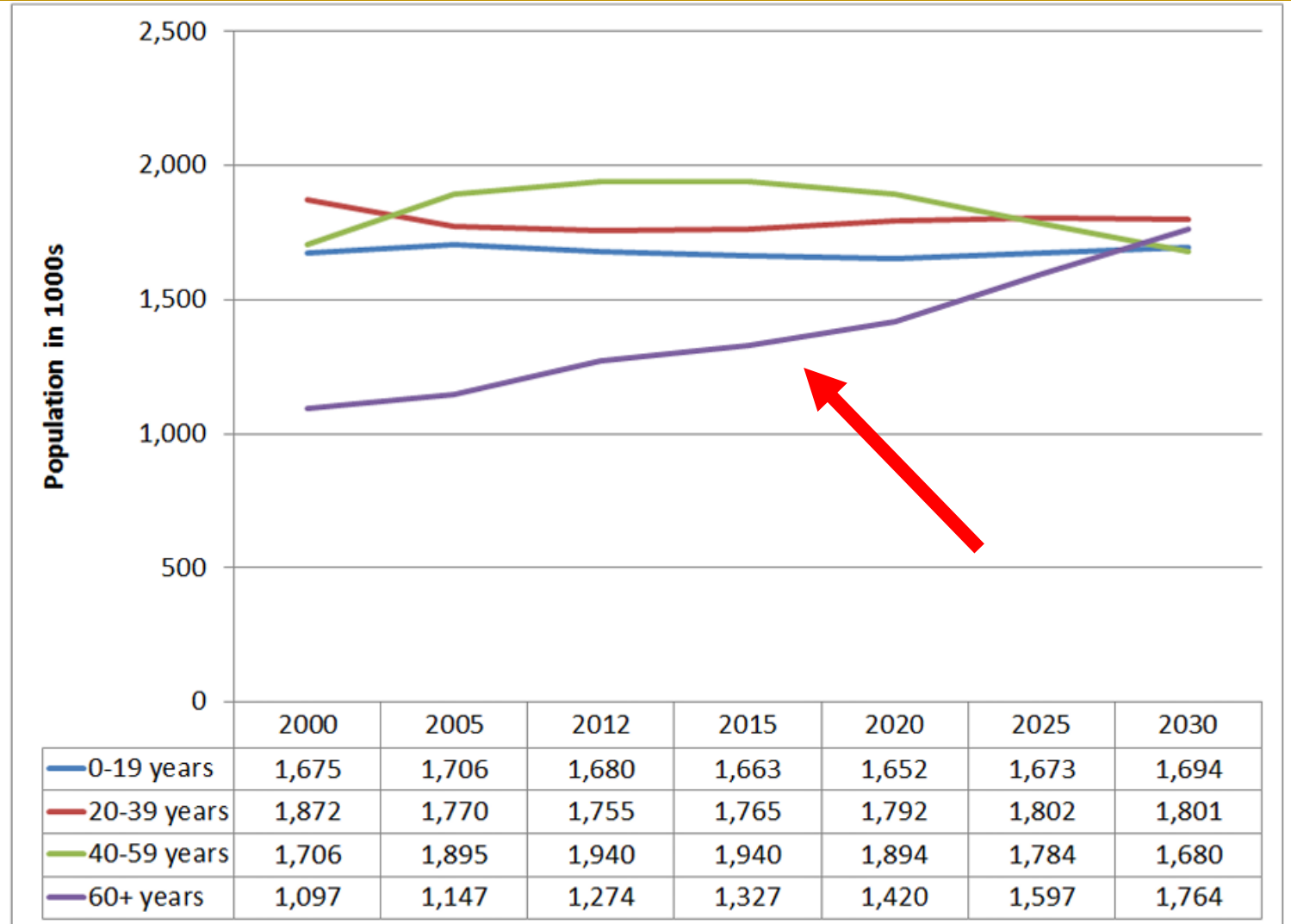
U.S. age pyramid



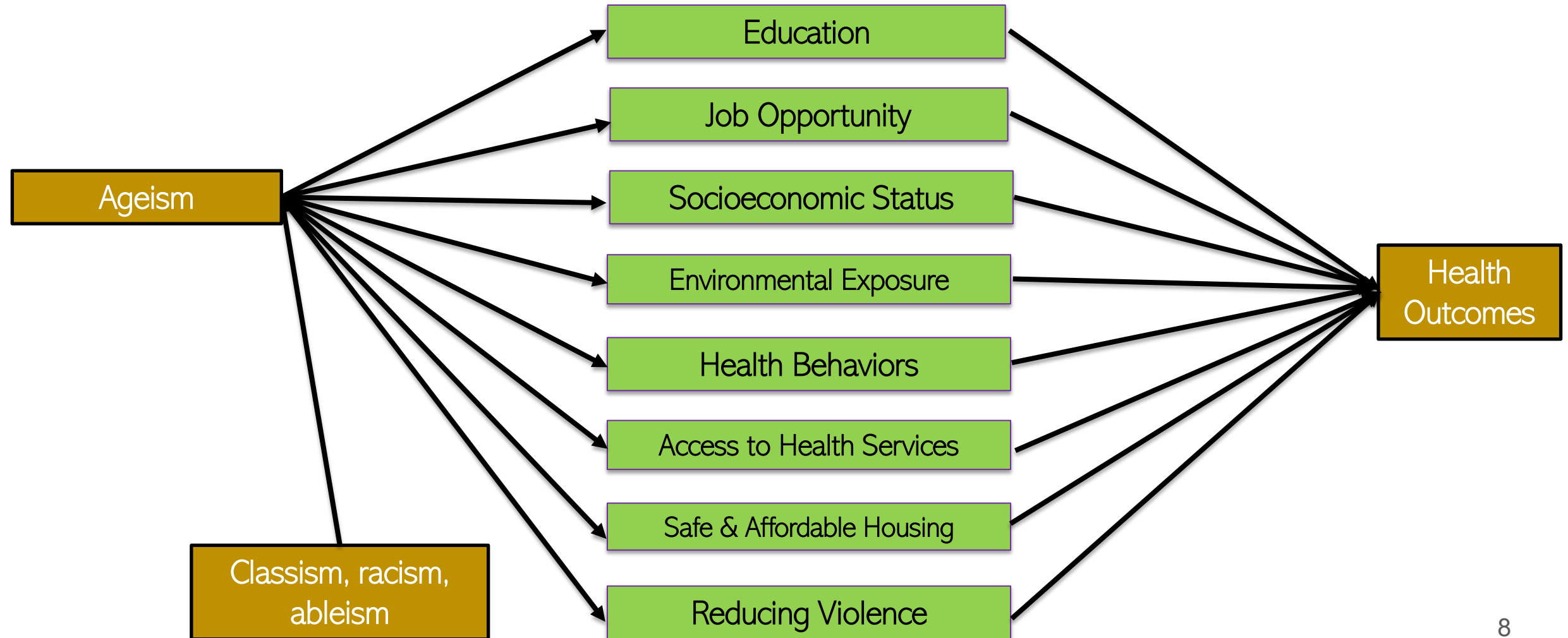
Source: <http://www.ctmt.com/pdfs%5CemergingDirections%5Cdemographicsasdestiny.pdf>

# Older Adults Are a Growing Population in MA

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 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

# CCIS Older Adult Respondent Profile<sup>1</sup>

'Older adult' in this presentation refers to individuals 60 years old or older.



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

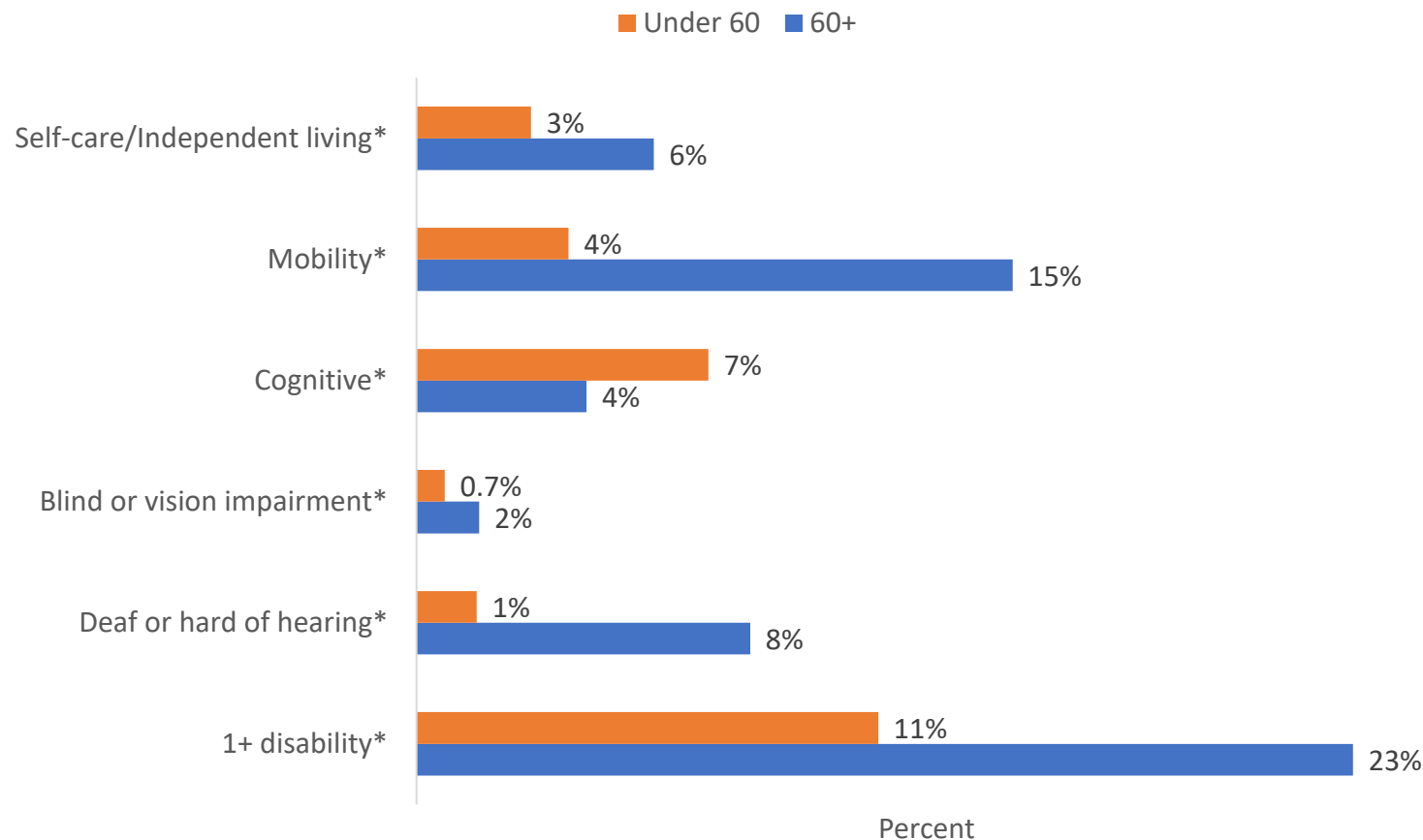
➤ 50% reported living with 1 other person

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.

# Disability Status Among Older Adults

Older adults were more likely to report a disability compared to younger adults.

Disability Profile of Respondents by Age Group



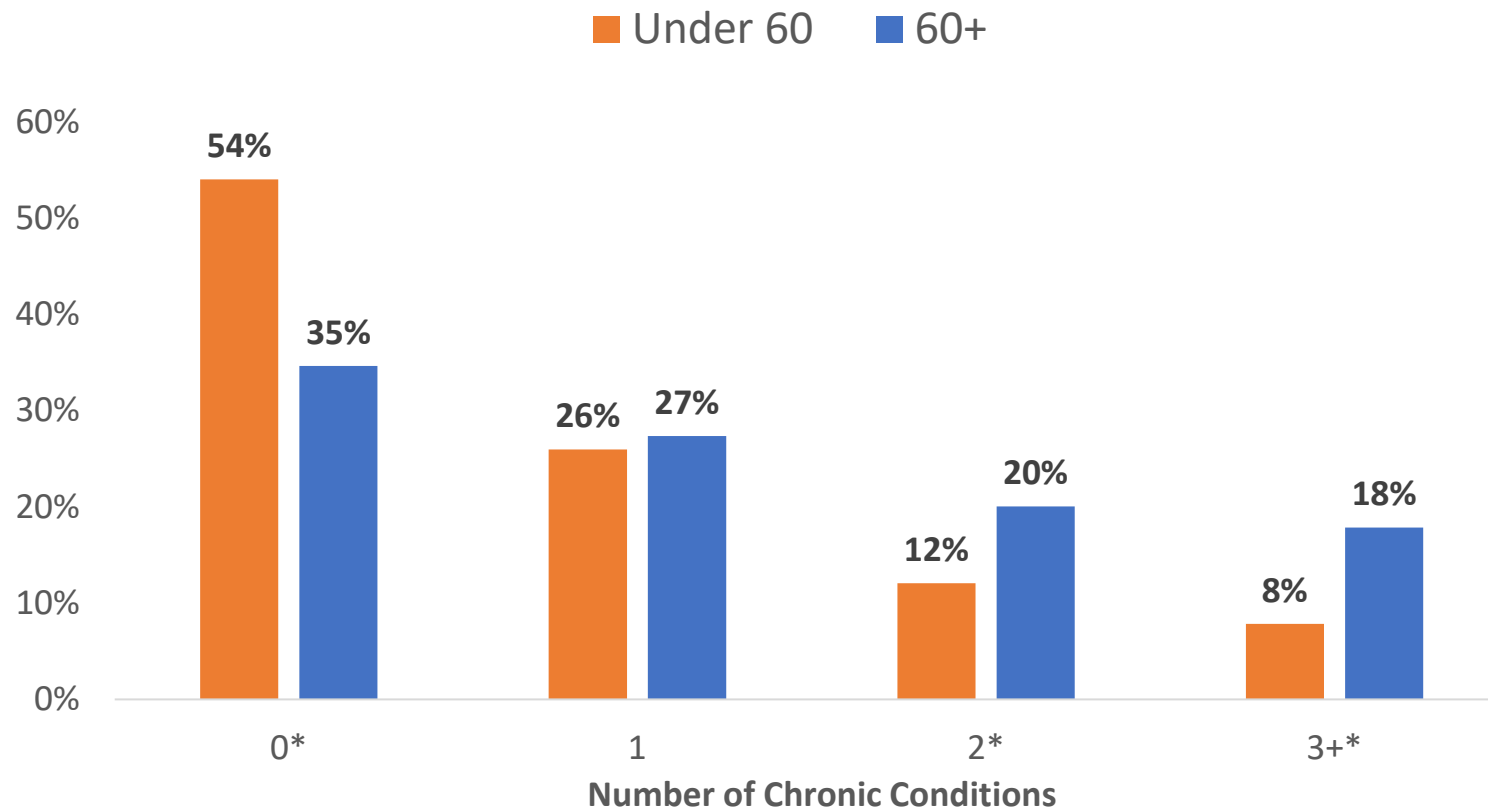
Persons with disabilities experienced unique impacts and structural barriers to maintaining health during the pandemic.

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.

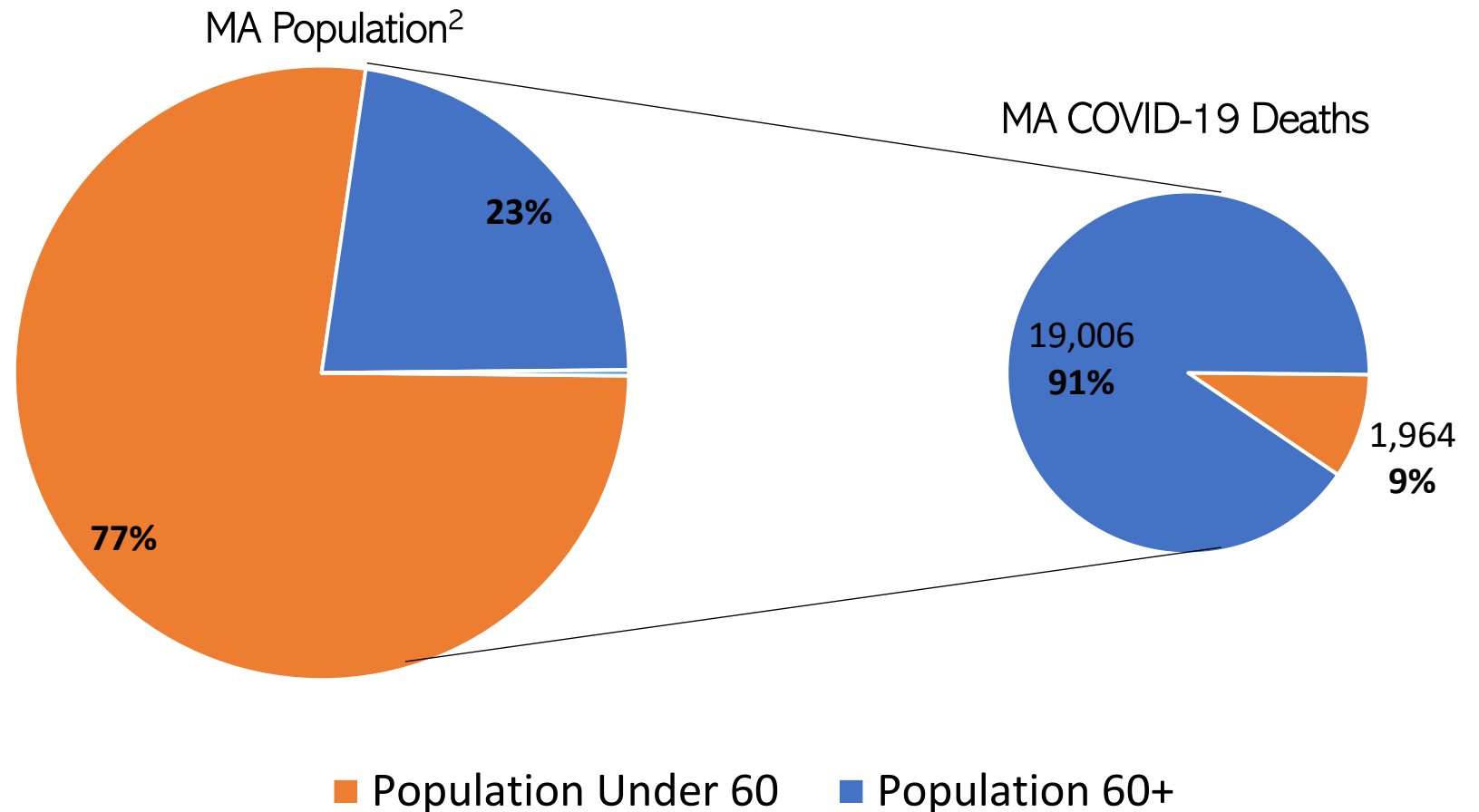
\*Difference is statistically significant at  $p < .05$   
Note: Chronic conditions include asthma, COPD, lung condition, cancer, diabetes, heart disease, high blood pressure, immune compromised, kidney disease, liver disease, obesity.



# IMPACTS OF COVID ON OLDER ADULTS

# The COVID-19 Pandemic Impacted Older Adults Disproportionately

Older adults aged 60+ make up 23% of the MA population but have accounted for 91% of all MA COVID deaths.<sup>1</sup>



# 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.<sup>1</sup>

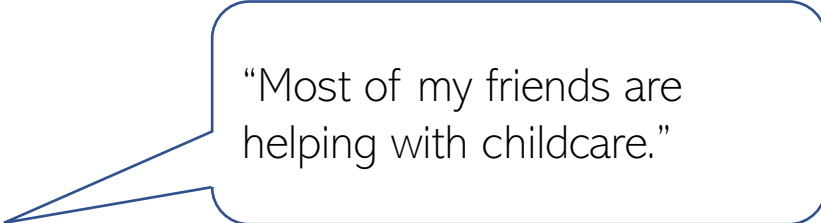
In CCIS, older adults who were employed were less likely to be able to work from home (43%\* vs. 48%).

\*Difference is statistically significant at p. < .05

<sup>1</sup> Data Source: 2014-2019 Current Population Survey, NIOSH ELF. Includes Census Industry Codes: 7970-8180 (Ambulatory Health Care Services), 8190 (Hospital), 8270-8290 (Nursing and Residential Care Facilities).

# Older Adults Played Essential Roles in Their Communities

- 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



“Most of my friends are helping with childcare.”

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



# 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.

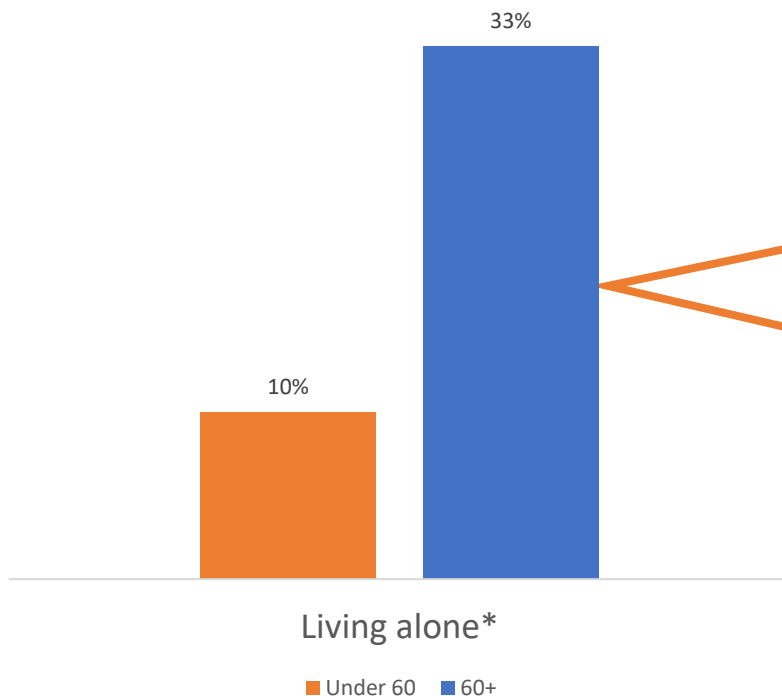
3 in 5

reported worry about a household need.

# Older Adults Struggled with Social Isolation

Older adults living alone were more likely to report persistent poor mental health (25%) than older adults living with others (21%)\*.

Older adults were 3x as likely as younger adults to report living alone.



What would be helpful right now?

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

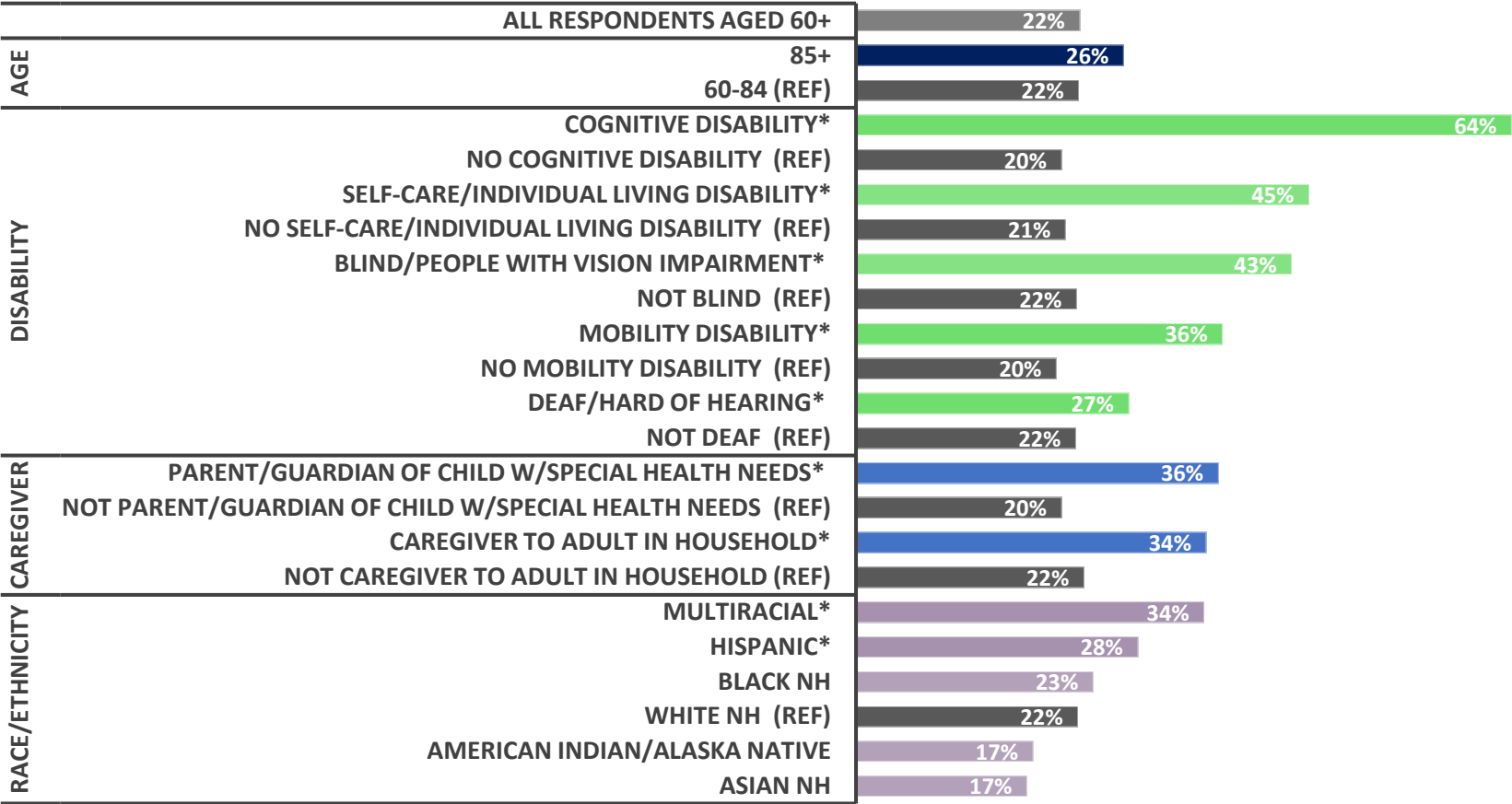
"Socialization, exercise, activities to assist me in maintaining my level of cognition"

"Companionship. I am lonely and isolated"

# 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



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.

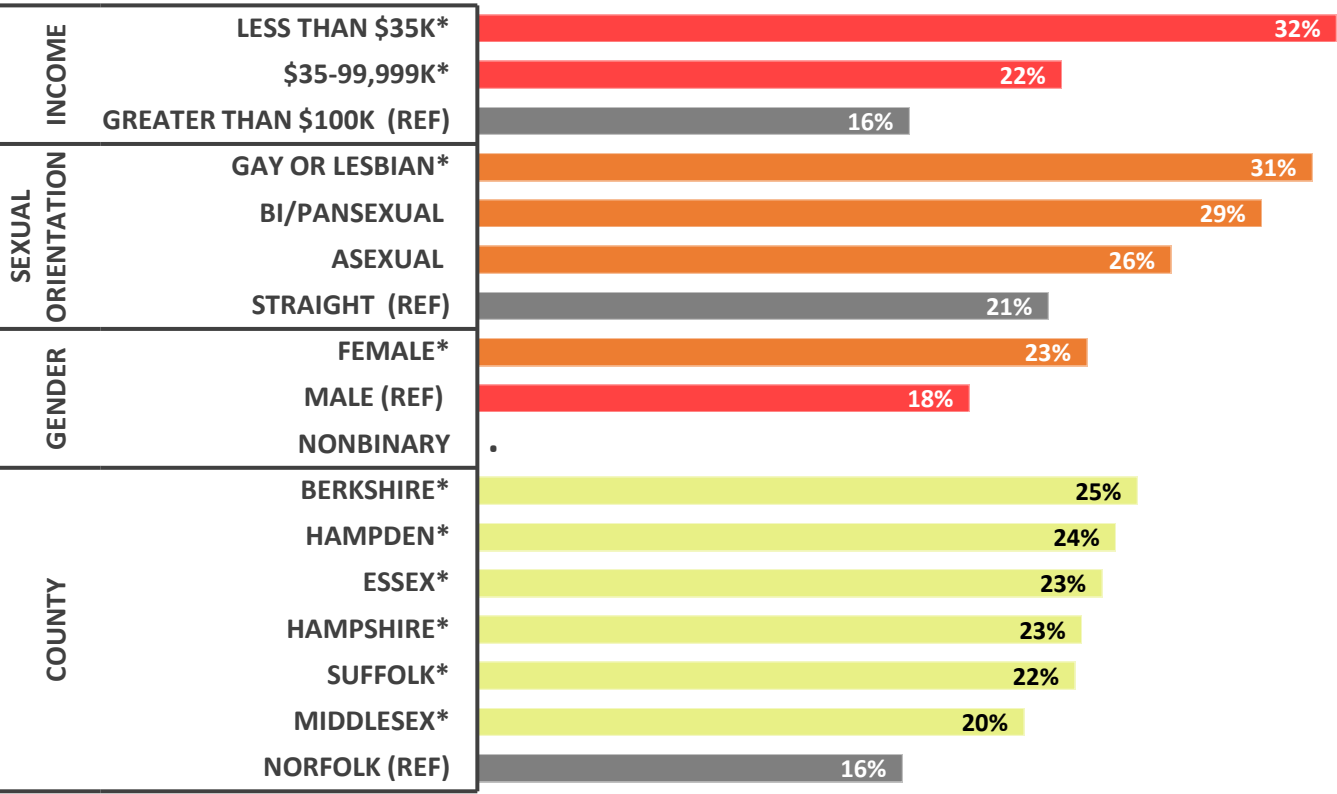
FIGURE NOTES:  
1. nH/nL = non-Hispanic/non-Latinx;  
2. American Indian/Alaska Native includes respondents who identify as Hispanic/Latinx.  
3. Percentages are weighted to the statewide age and educational distribution of those 25 years old or older in Massachusetts

\*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.

MA Older Adult Populations Reporting 15+ Past-Month Poor Mental Health Days (cont.)



Older adults identifying as.:

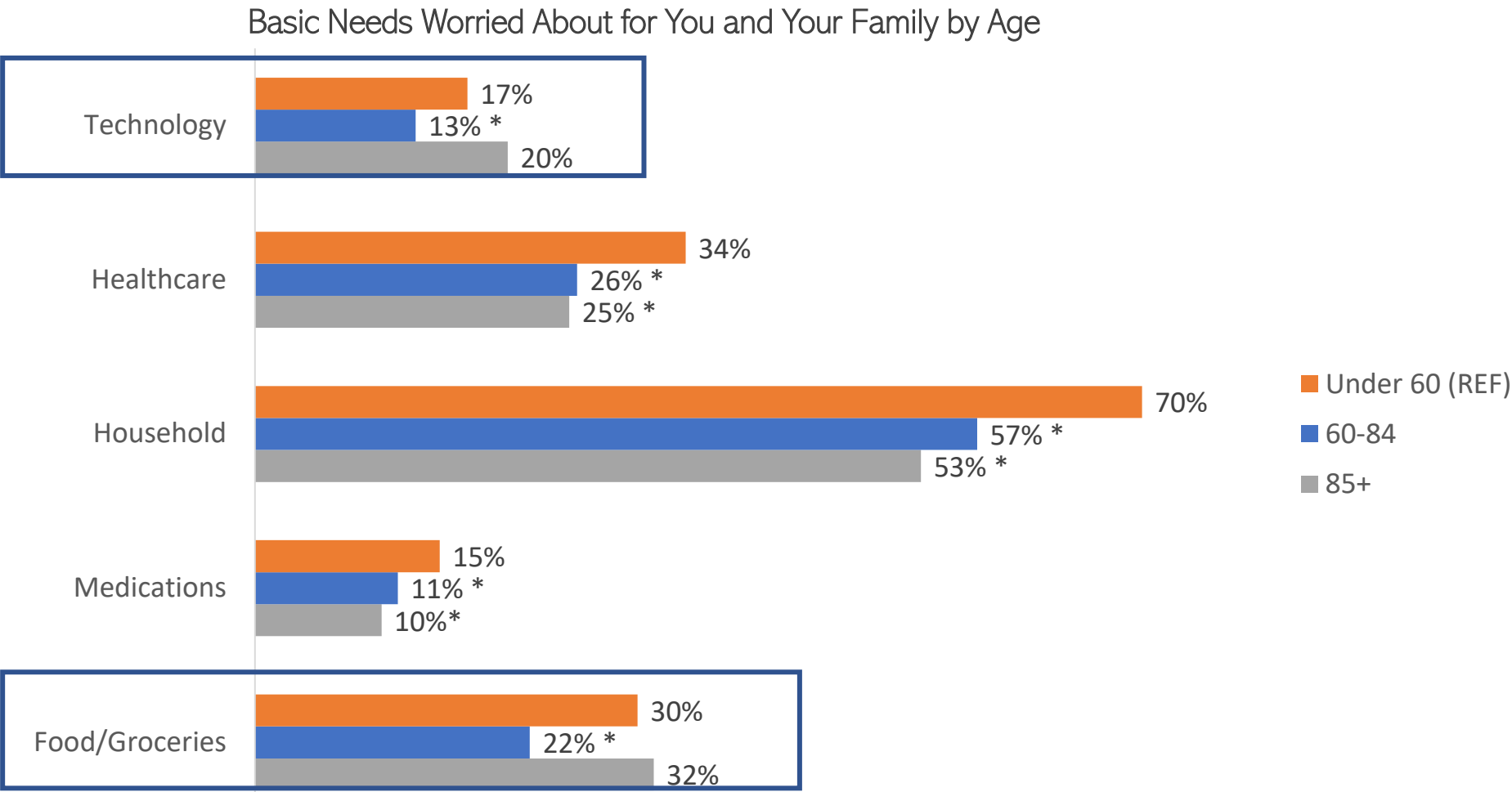
- Having lower income
- Gay or lesbian
- Female
- Residing in Berkshire, Hampden, Essex, Hampshire, Suffolk, and Middlesex counties

...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

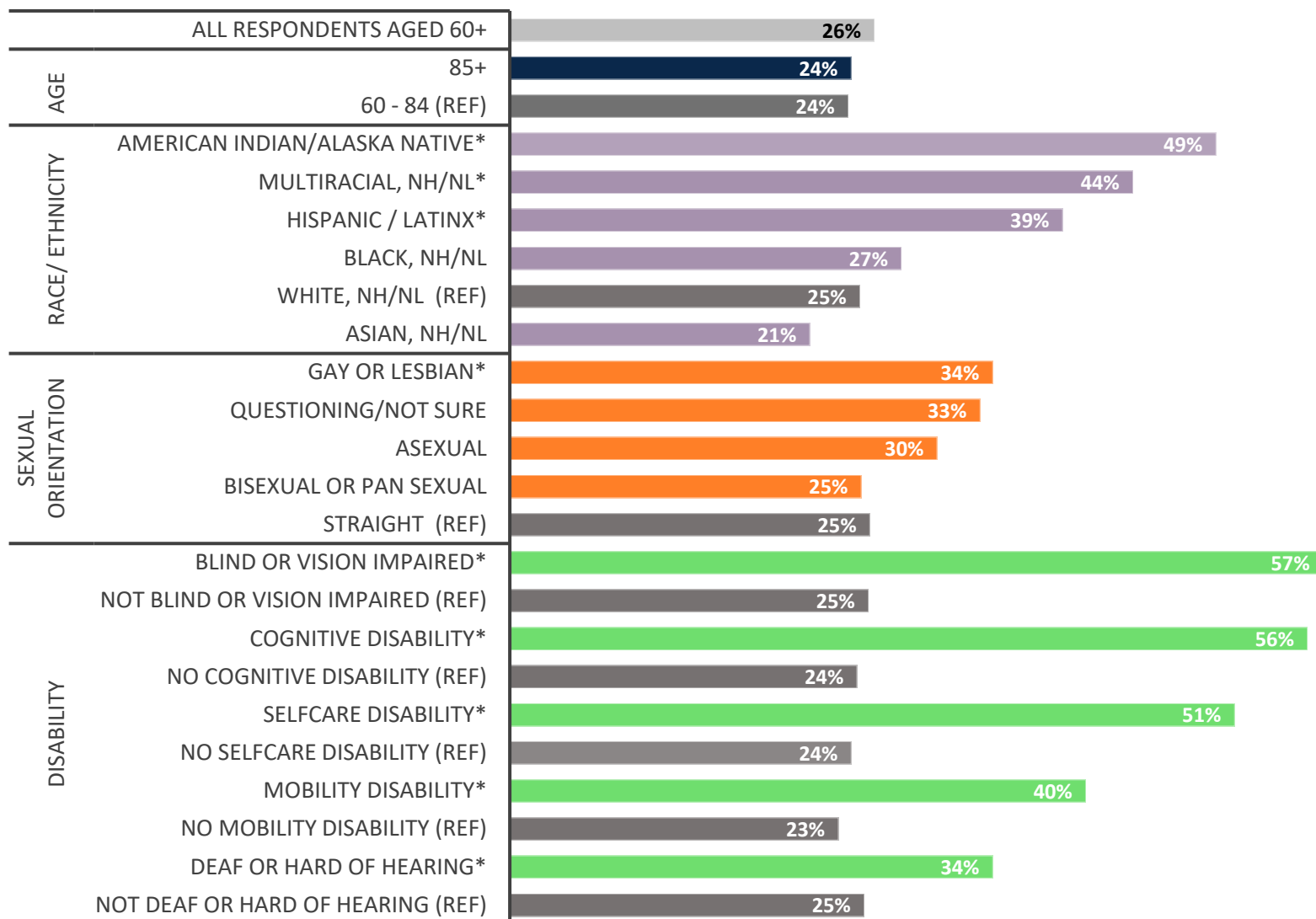
Adults aged 85+ worried about obtaining technology and food/groceries more than adults aged 60-84\* and at similar rates to younger adults.



\*Difference is statistically significant at p. < .05

# Healthcare Needs Differed Amongst Older Adults

**MA Older Adult Populations Reporting Concern for Obtaining a Healthcare Need**



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

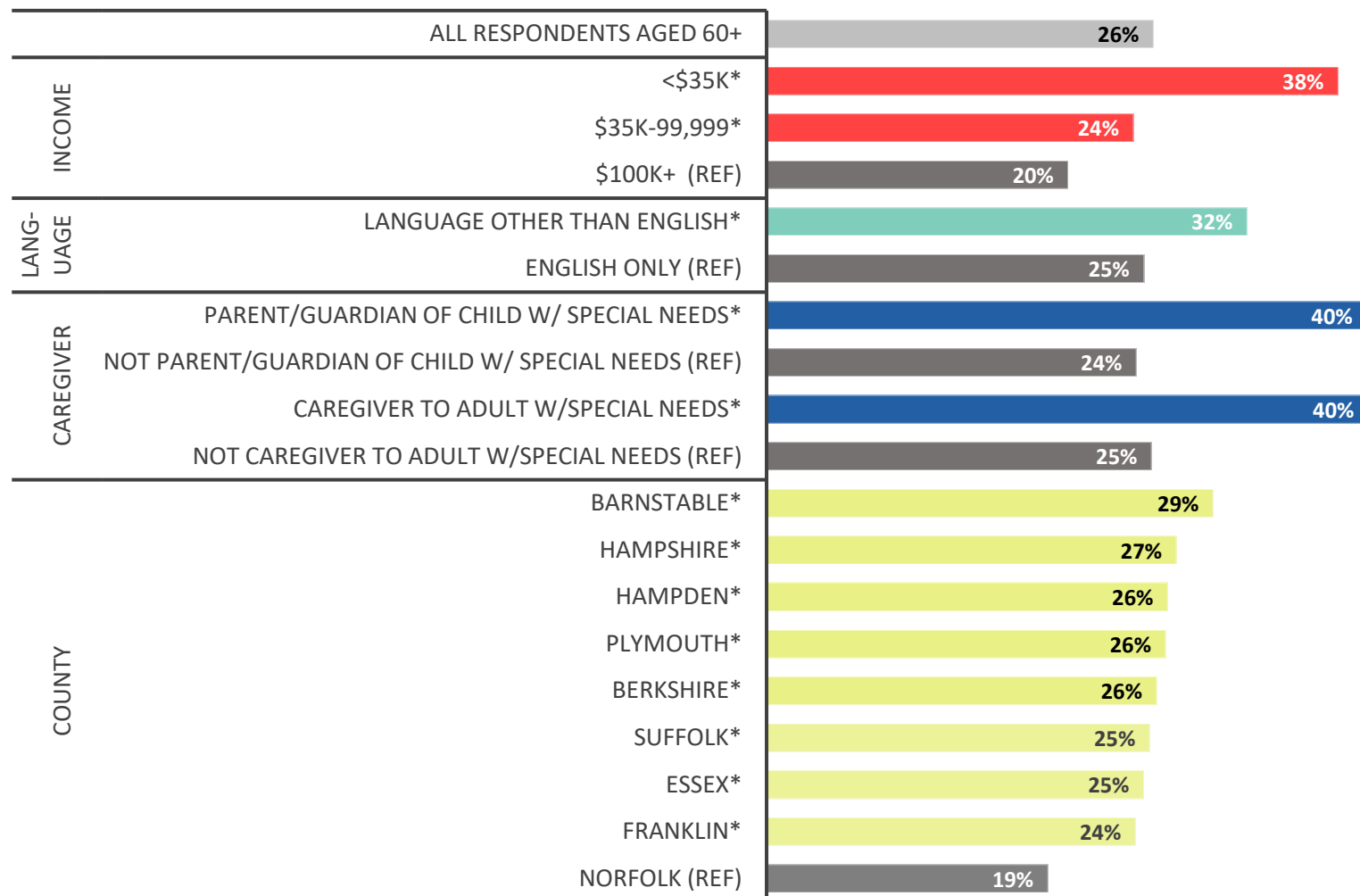
**FIGURE NOTES:**

1. nH/nL = non-Hispanic/non-Latinx;
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\*Difference is statistically significant at  $p < .05$

# Healthcare Needs Differed Amongst Older Adults

MA Older Adult Populations Reporting Concern for Obtaining a Healthcare Need (cont.)



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

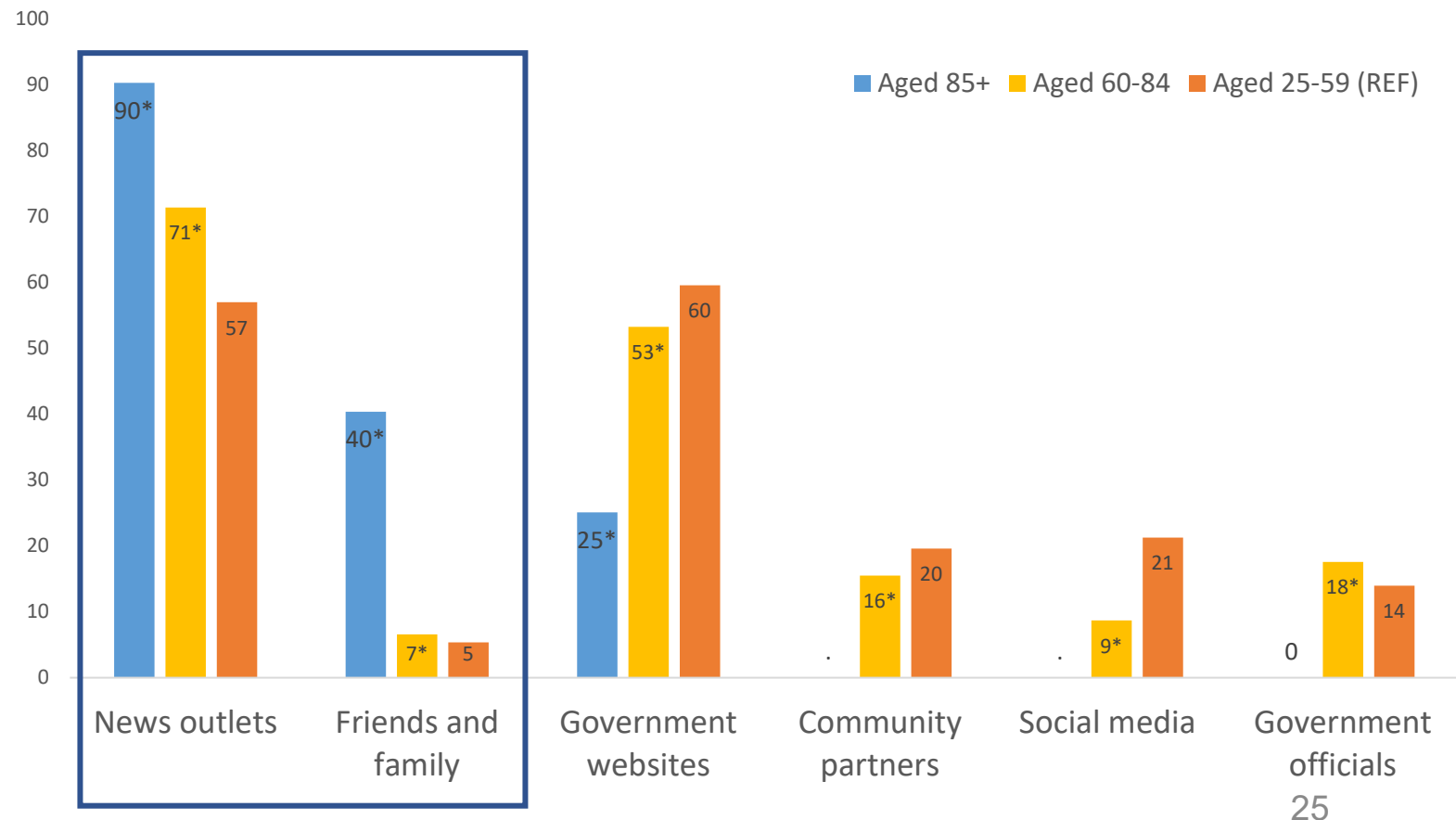
Communication strategies must be tailored for older adults' needs to ensure access to timely, accurate information.

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.

Top Resources for COVID-19 Information

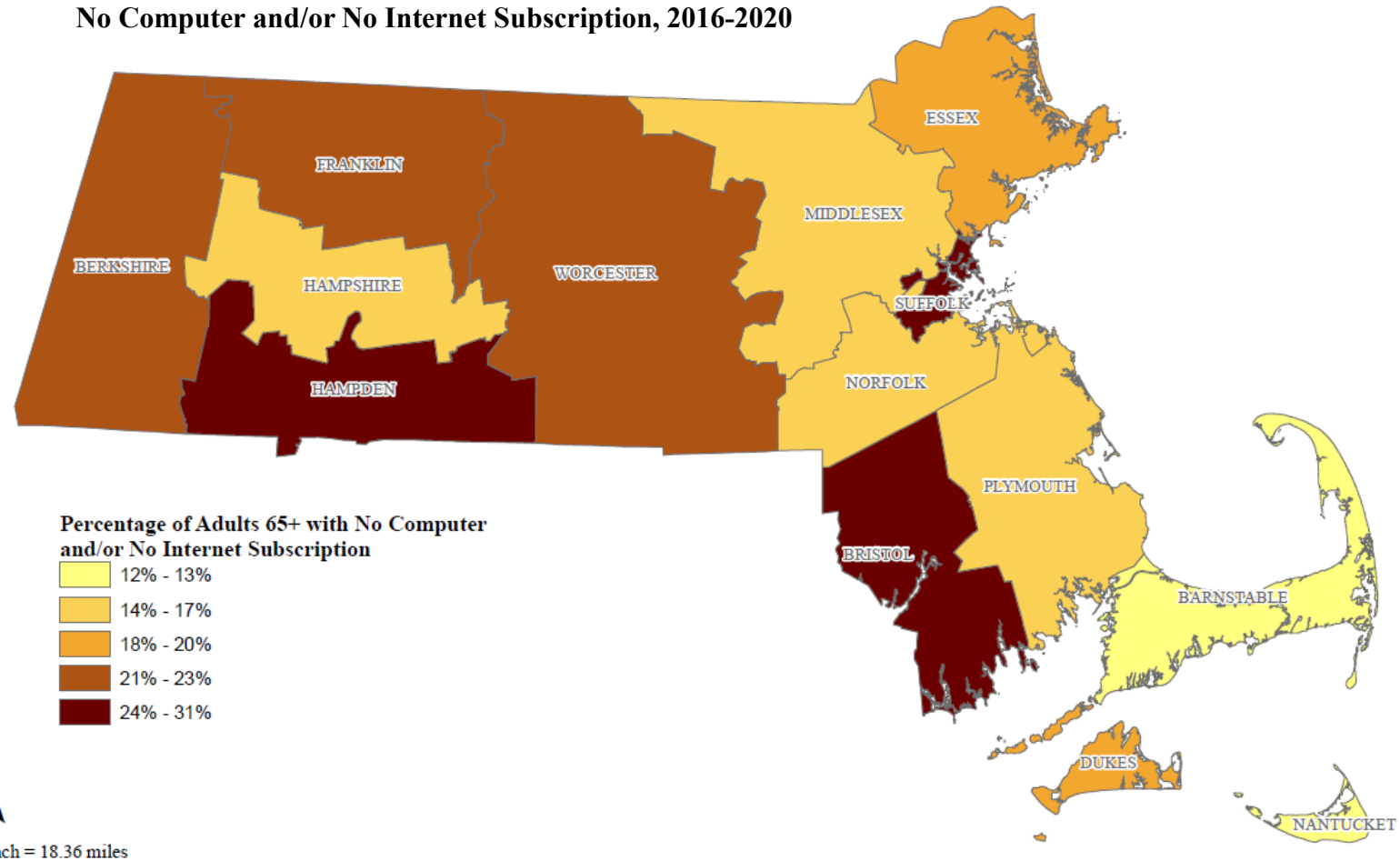


\*Difference is statistically significant at  $p < .05$ .  
 . Indicates cell suppression due to low sample size.

# Technology Needs Among Older Adults

American Community Survey Estimates (2016-2020)

**Percentage of Massachusetts Adults Aged 65+ with No Computer and/or No Internet Subscription, 2016-2020**

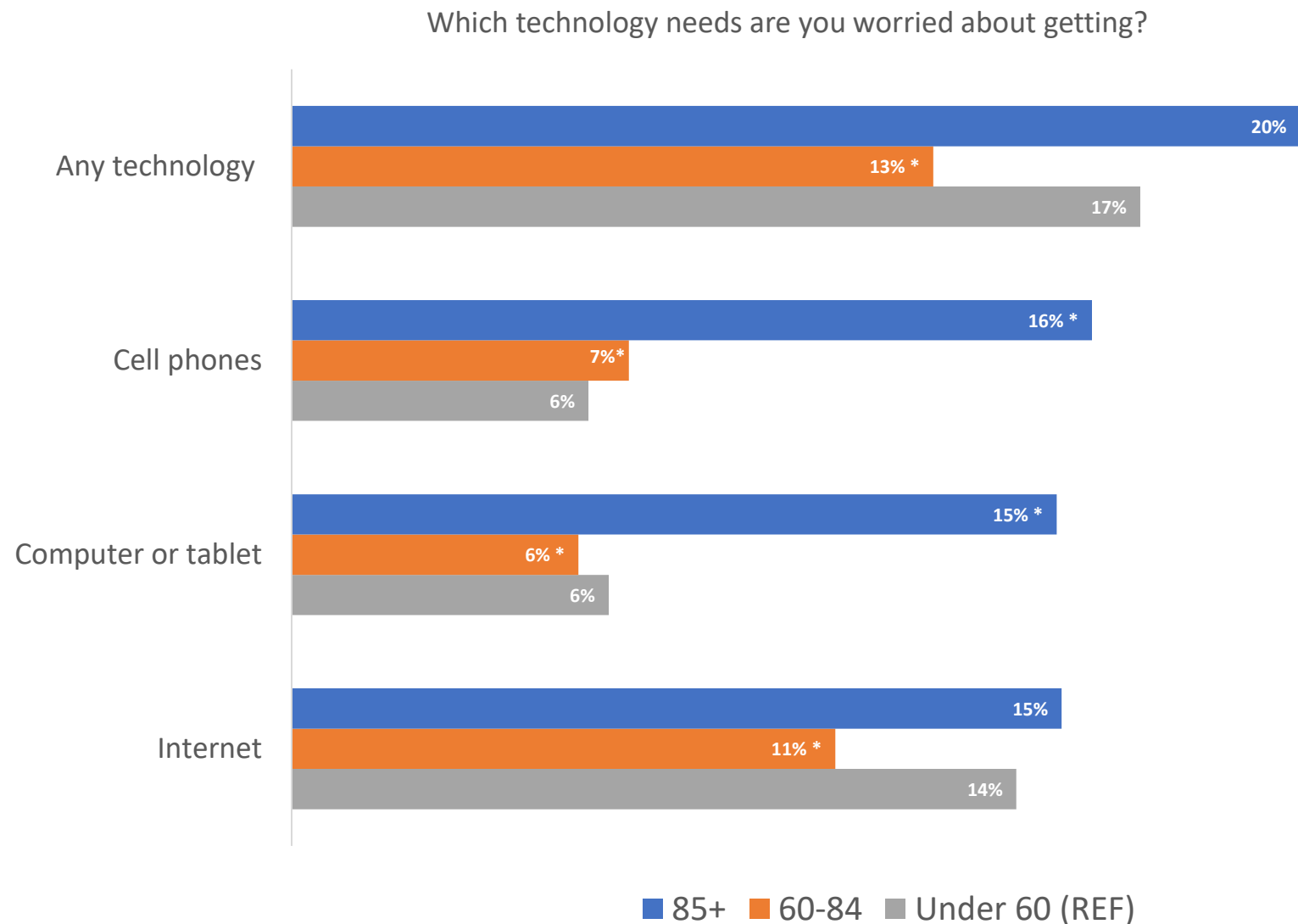


Adults aged 65+ were over 3x as likely to report not having a computer with an internet subscription as younger (6%).

Older adults living in Suffolk, Hampden, and Bristol county are least likely to have a computer with an internet subscription.

U.S. Census Bureau. (2020). U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates [Excel Data file]. Retrieved from [https://data.census.gov/cedsci/table?q=internet&t=Age%20and%20Sex&g=0400000US25\\_25%240500000&tid=ACSDT5Y2020.B28005&moe=false](https://data.census.gov/cedsci/table?q=internet&t=Age%20and%20Sex&g=0400000US25_25%240500000&tid=ACSDT5Y2020.B28005&moe=false)

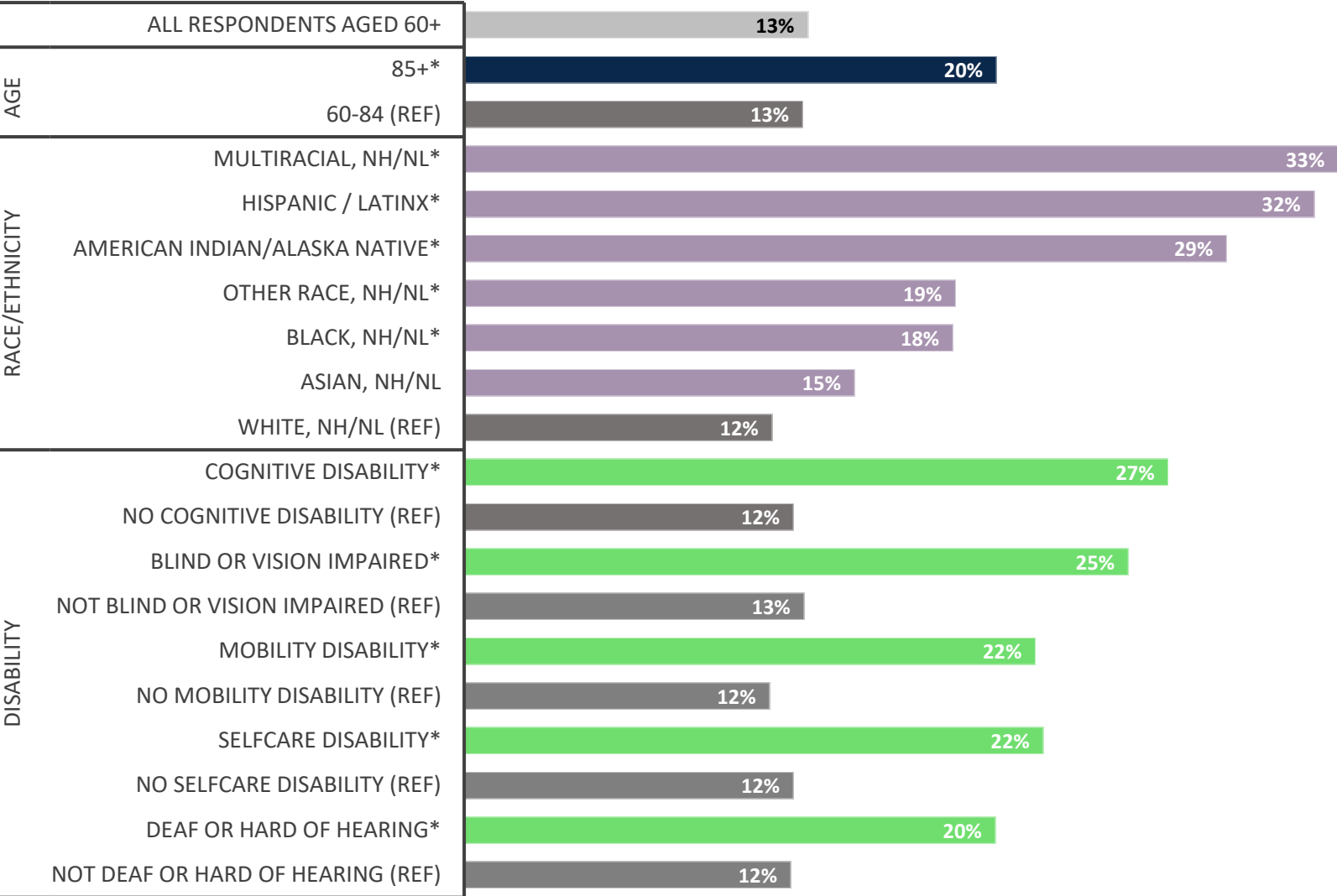
# Older Adults Were Worried about Access to Technology



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

# Some Groups of Older Adults Reported Even Greater Technology Needs

Percentage of MA Older Adults Who Reported Worry About Technology Needs



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

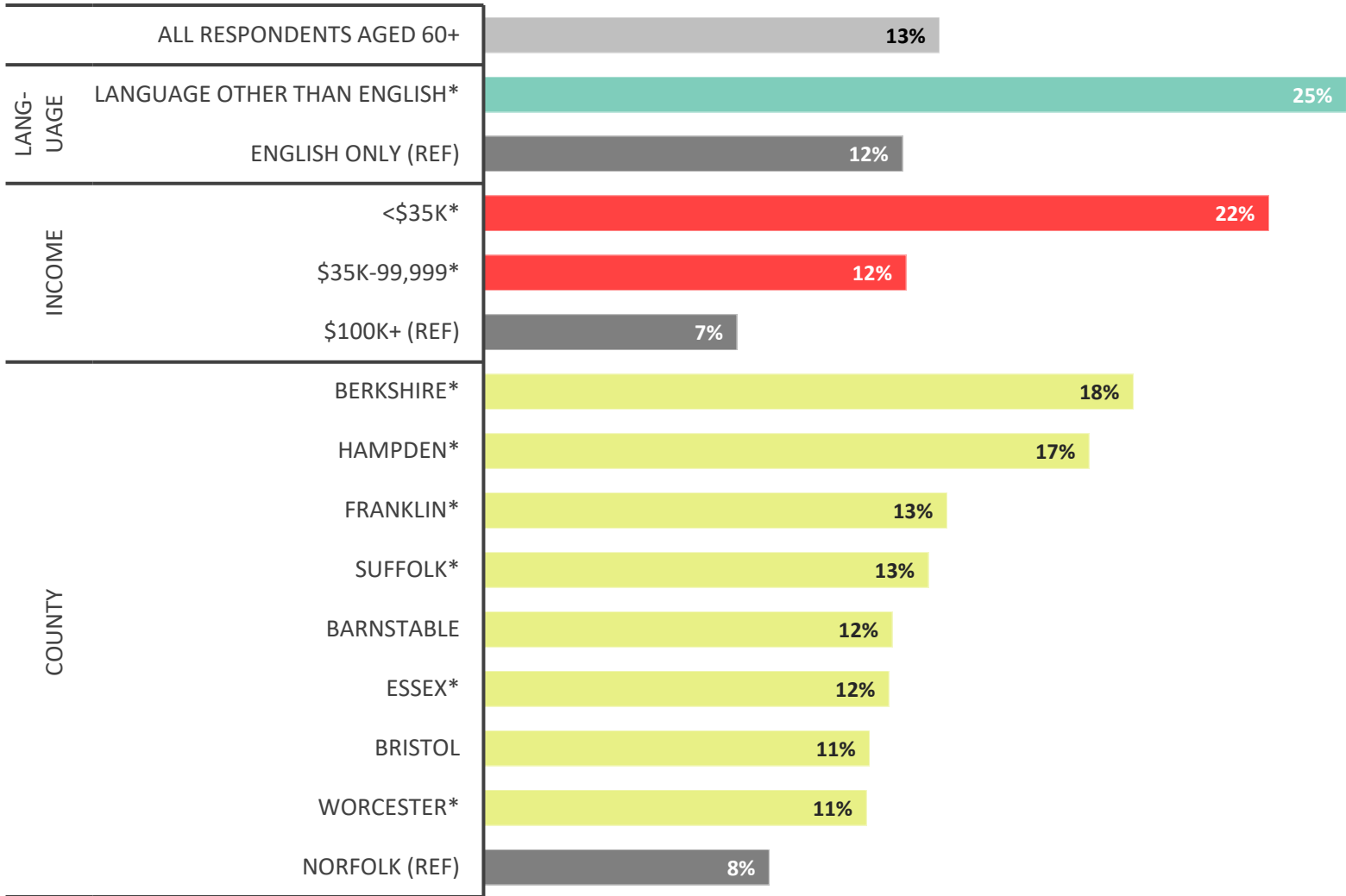
- Respondents of aged 85+
- Multiracial, Hispanic/Latinx, Am. Indian/Alaska Native, Other Race, and Black respondents
- Respondents with disabilities

**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

Percentage of MA Older Adults who Reported Worry About Technology Needs (cont.)



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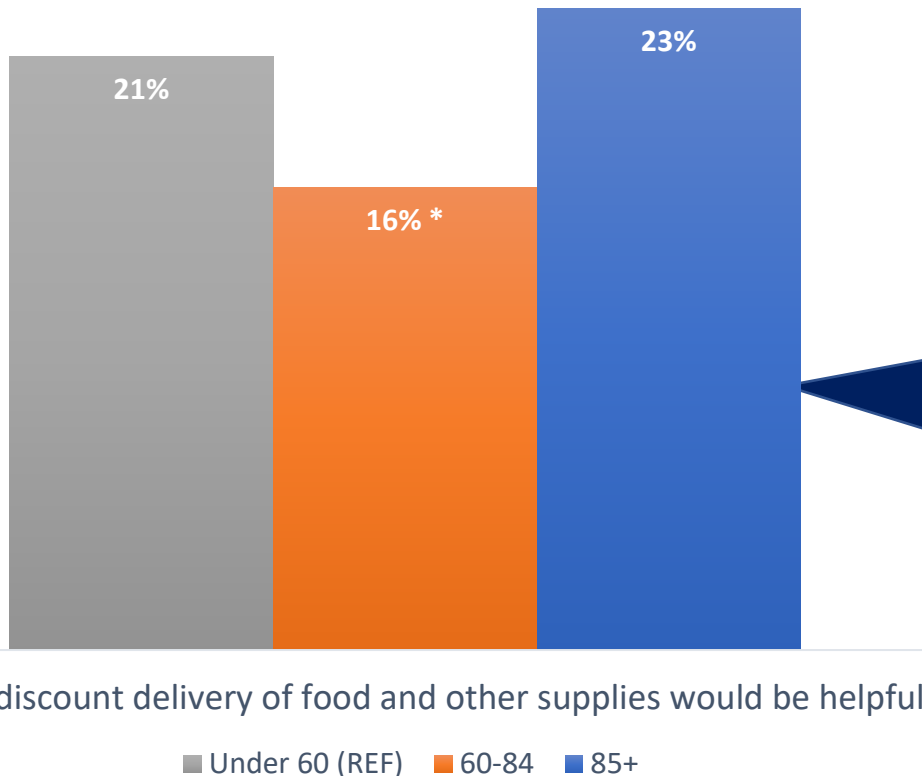
- Respondents who speak languages other than English
- Respondents with lower income
- Respondents living certain counties including Berkshire, Hampden, Franklin, and Suffolk

**FIGURE NOTES:**  
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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"

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

"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"

2. Testing location was not accessible<sup>1</sup>

"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"

...highlighting structural barriers that continue to impact vaccination access.

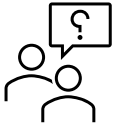
1. Indicates agreement with, "The test wasn't available where I wanted to get tested".

# Older Adults & 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.



# Key Takeaways

## 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