

# SOCIAL WORK IN ACTION

## Older Adults, Protective Factors, and Opportunities to Promote Health during the COVID-19 Pandemic

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*Social Work in Action is a solicited column from the social work community in Hawai'i. It is edited by HJHSW Contributing Editor Sophia Kim PhD, of the Thompson School of Social Work & Public Health at the University of Hawai'i at Mānoa.*

### Introduction

The coronavirus disease 2019 (COVID-19) pandemic has disproportionately impacted older adults, defined as those aged 65 and older. In the US, 81% of deaths related to COVID-19 were individuals aged 65 years and older.<sup>1</sup> Older adults have higher risk factors that add to the burden of COVID-19, which influences their health and wellbeing. For example, age (65 and older), nursing home or long-term care facility living status, and underlying medical conditions (eg, heart disease, chronic lung disease, cancer, and diabetes) are associated with a higher risk of severe COVID-19 cases, hospitalizations, and mortality.<sup>1-2</sup> Additional challenges experienced by this group may include lower socioeconomic status, pre-existing conditions such as asthma and heart disease, and social isolation. Social isolation and loneliness, both identified as risk factors for poor aging outcomes,<sup>3</sup> were exacerbated during the COVID-19 pandemic. It is important to distinguish between the 2 constructs as they may be related, but do not always go hand in hand. For example, one may live alone and not feel lonely, and at the same time, one may feel lonely while surrounded by family and friends. Social isolation and loneliness are important social determinants of health that warrant continued examination, especially among older adults.

The pandemic brought on additional stressors that may have had greater impact on older adults, these included food insecurity and scarcity of basic household essentials.<sup>4</sup> Aside from the physical and social health impacts of COVID-19, there was increased awareness of the risk of mental health issues.<sup>3</sup> In this context, older adults should not be missed in awareness efforts and warrant targeted attention. One study conducted in 2020 showed that approximately one-third of older adults reported often feeling sad and depressed, so much so that nothing could cheer them up.<sup>5</sup> Having depression can have devastating impacts on older adults with pre-existing medical conditions. They are more likely to have functional impairments in activities of daily living compared to their non-depressed counterparts and have decreased recovery from medical conditions such as stroke.<sup>6</sup> Another study examined anxiety about developing COVID-19

associated with proactive coping and found that older adults have increased levels of anxiety compared to their younger counterparts.<sup>7</sup> This study also showed that older adults who endorsed more proactive coping (eg, "I prepare for adverse events") were associated with less COVID-19 stress compared to their younger counterpart.<sup>7</sup> Nevertheless, it is important to continue to monitor the mental health and care needs among older adults as long-term population-level stressors can increase the rates of grief disorders, depression, and anxiety.<sup>8</sup>

Protective factors among older adults must be acknowledged and may buffer the impacts of COVID-19. One study investigated *wisdom*, a personality trait typically attached to older adults, and operationalized it with the inclusion of specific components, such as empathy, compassion, emotion regulation, acceptance of uncertainty, diversity of perspectives, and spirituality. The study findings showed a significant and inverse relationship between compassion and loneliness, in other words older adults in the study who were more compassionate were less likely to be lonely.<sup>9</sup> Interventions that aim to strengthen wisdom may help improve one's wellbeing.<sup>9-10</sup> Another study emphasized the quality of relationships rather than quantity as mitigating mental health concerns, such as feeling down or depressed.<sup>11</sup> Moreover, physical activities (eg, walks or yoga), projects (eg, gardening, home improvement, writing, etc.), learning activities (eg, language, instrument, or taking online courses), and planning (eg, making future travels and long-term plans like estate and contingency plans) were described as coping and self-care strategies in response to COVID-19.<sup>12</sup>

### Opportunities to Promote Health

It is undeniable that the COVID-19 pandemic adversely impacted older adults; therefore, it is critical to understand ways to promote their wellbeing. When planning ways to optimize health among older adults, it is important to combat the ageist stereotypes often attached to this population, which can have negative impacts across health domains.<sup>13</sup> Thus, protective factors and strengths such as greater emotional regulation, prosocial behavior (eg, compassion, and self-reflection),<sup>9</sup> and

resiliency among this heterogeneous population must not go unnoticed.<sup>6</sup> The resources to help manage mental health and the stress of COVID-19, including increasing knowledge base on smart technology, strengthening social support (eg, family and friends), or cognitive and biological factors (eg, ability to engage in physical exercise or participate in learning activities) are important areas to maintain.

Of particular importance is the role of technology, which has played a large role in maintaining social connections as well as accessing mental health services during the pandemic.<sup>14</sup> Considering the aforementioned *quality of relationship*, maintaining meaningful quality connections may require better ability and comfort with using the internet and mobile technology, such as social networking and communication applications.<sup>8</sup> Increased comfort and technology proficiency can also help address health care and other essential needs for older adults. A study summarized 15 apps that addressed physical and cognitive limitations among older adults and that may enhance their quality of life.<sup>14</sup> Examples of the app categories included social networking apps (FaceTime and Skype), food/drink apps (DoorDash and Instacart), and health and fitness apps (Calm, MyFitnessPal).<sup>14</sup>

Community based organizations (CBOs) servicing older adults are important stakeholders because staff members working directly with this population understand the needs and challenges experienced in this diverse older population. With their older population practice experience and expertise, staff at CBOs servicing older adults can help identify relevant apps for their clients that can improve their quality of life. In addition, as older adults maintain varying attitudes, knowledge base, and use of technological support, educational opportunities can be expanded and tailored to optimize their use of these supports. These opportunities can be presented using other information sharing modalities such as teleconferencing, mailing educational information, and small in-person groups. However, it will be important to consider the challenges when planning for interventions such as internet connectivity, especially in rural and remote communities,<sup>15</sup> and to consider health safety precautions and concerns of contracting COVID-19 if intervening in-person.

The association between physical activity and overall health has been heavily investigated for older adults. Supporting this group's physical activity level during the pandemic is another area to consider while being cognizant of the varying motor functioning capacities of individuals. A study focusing on Native Hawaiian and other Pacific Islander older adults found that engagement in physical activity was associated with lower odds of having memory problems, self-rated poor/fair health, and psychological distress.<sup>16</sup> The researchers in this study emphasized the need for culturally-responsive interventions, which can

incorporate cultural values and practices tailored to the client population.<sup>16</sup> Opportunities for CBOs present themselves here, as well as the importance of a trusting relationship between the organization and their target population, and understanding of systemic barriers that impact sociocultural opportunities for older adults.

In conclusion, it is vital to be mindful of ageist stereotypes attached to the older population. Ways to counter ageist stereotypes can include involving clients with intervention development and implementation. In turn, when planning and implementing interventions to promote health and productive aging, amplifying this population's protective factors, strengths, and resilience can result in more meaningful outcomes. Community and national level efforts to create more opportunities for older adults to thrive during the COVID-19 pandemic and other challenging times continue to be critical.

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