

UNDERSTANDING AGEISM AND COVID-19

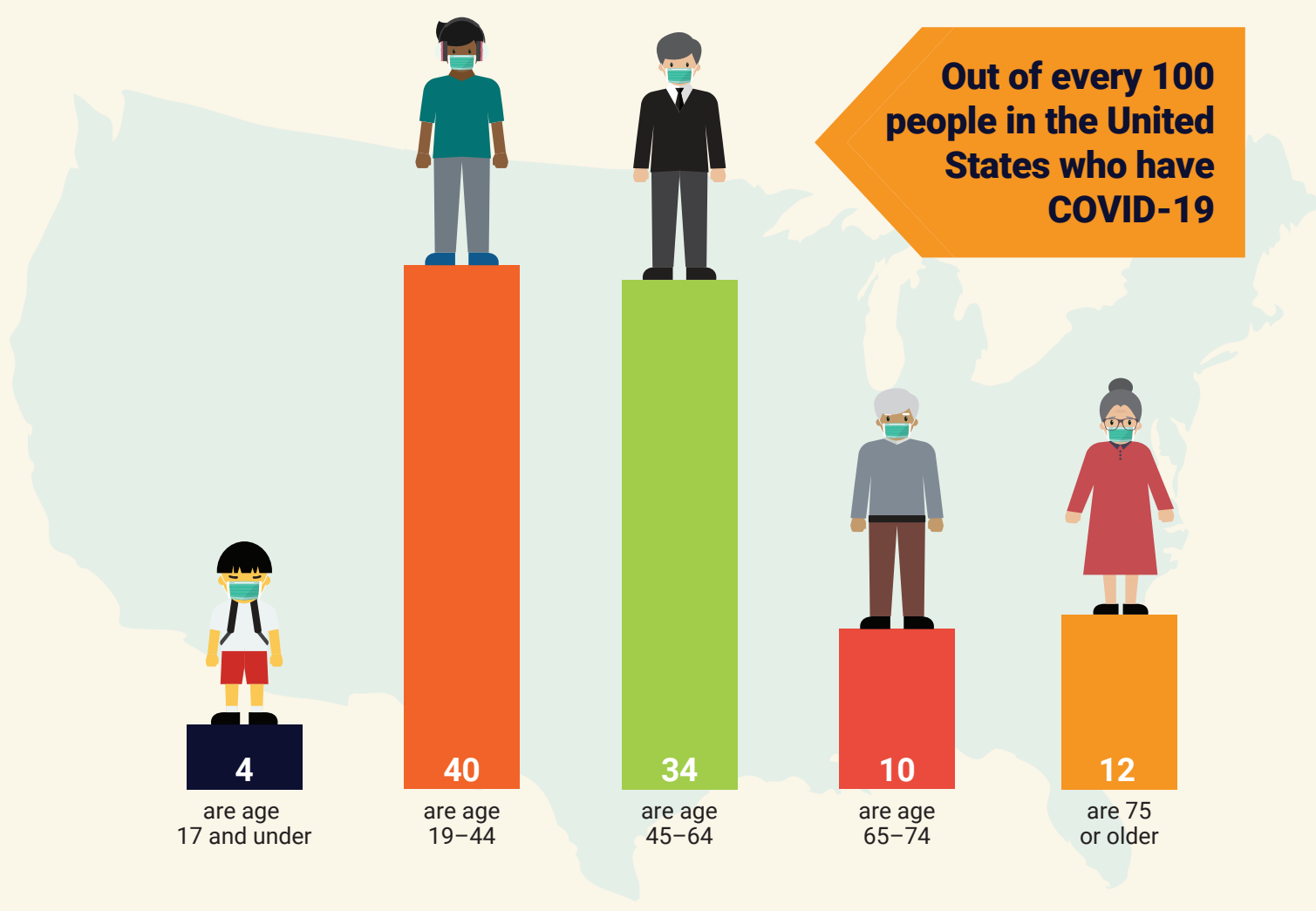
Even though people 65 and older are at greater risk of hospitalization and death from COVID-19, **people of all ages are profoundly affected by the pandemic**, whether through infection itself, economic impact, or social distancing measures—especially those that are responsible for physical distancing of family and friends for the safety of all.

Addressing ageism is an additional layer of concern during the pandemic. Ageism can lead to undervaluing the lives of older people and neglecting the range of long-term services and supports that shape their lives. Ageism can also mean propagating myths about older people that don't hold up to facts. **To help challenge ageism, we're presenting the facts.**

Acting together to prevent further spread of the virus will help support people of all ages, including the lives of older people who are particularly at risk.

Ageism is discrimination based on negative assumptions about age. Ageism can have a big impact on older people's lives. It begins with biases that are implicit and unseen, resulting in a tendency to regard older people as debilitated, unworthy of attention and resources, or unsuitable for employment. When older people internalize negative attitudes about aging, their physical and mental health are adversely affected.

1 Ageism would suggest that only older people should worry about getting COVID-19. In fact, people of all ages can get COVID-19.



2 Ageism would suggest that age is the primary risk factor for COVID-19. In fact, data reveal other factors that can increase the risk for all adults.

Many factors influence rates of COVID-19 and deaths caused by the virus, including health status, age, sex, race, ethnicity, economic status, location, and occupation. The high death rates among older people—especially those in nursing homes—are, in part, likely due to:

- A decline in immunity as people age, making it harder to fight off infections.
- An increase in number of medical conditions as people age, including cardiovascular and pulmonary disease, diabetes, cancer, and other chronic conditions.

► At all ages, people must be valued and provided high-quality care regardless of their health status and where they live.

Men are dying at a higher rate than women.

People who live in nursing homes are also experiencing high infection and death rates. Those settings can vary in quality from community to community, with low-income communities of color experiencing the most challenging conditions.

People who are black, Latino, and Native American are experiencing high infection and death rates from COVID-19 due to inequities in access to high-quality health care.

Health care personnel have higher rates of infection than the general population. Of particular concern are long-term care workers. This includes home health and personal care aides, many of whom are women and people of color and are among the many low-wage direct care workers on the front lines of this crisis.

3 Ageism would suggest that only older people are dealing with loneliness and isolation because of social and community lives disrupted by COVID-19. In fact, people of all ages can be impacted socially and emotionally.

Even if individuals are not infected with the virus, they can still feel its negative effects. A desire to protect older people, who are particularly vulnerable, by not visiting them can bring sadness to these older adults and their family and friends. People whose jobs necessitate that they be in a workplace setting or in the community have added stress about being exposed to the virus and possibly getting sick or bringing it home to family members.



4 Ageism would suggest that isolation is particularly difficult for older people because they cannot use technology to communicate with family and friends. In fact, many—although not all—older people use the internet and digital devices for maintaining social relationships.



32% of older adults above 65 years of age do not have an internet subscription.

18% of adults who have an annual income below \$30,000 do not use the internet.

24% of all people who live in rural areas report having a "major problem" with internet access.

While many older people use technology to stay connected to social networks and remain protected with access to medical care, both low income and rural location make a difference in access **regardless of age.**

Resources

Centers for Disease Control and Prevention. (April 2020). Coronavirus disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/index.html>

Worldometer. (April 2020). Age, sex, existing conditions of COVID-19 cases and deaths. <https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/>

Health Affairs Blog. (March 2020). Native American communities and COVID-19: How foundations can help. <https://www.healthaffairs.org/doi/10.1377/hblog20200331.659944/full/>

PHI Paraprofessional Healthcare Institute. It's Time to Care. (January 2020). <https://phinational.org/wp-content/uploads/2020/01/Its-Time-to-Care-2020-PHI.pdf>

Kaiser Family Foundation. (April 2020). COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/>

The Commonwealth Fund. (April 2020). How the COVID-19 pandemic could increase social isolation, and how providers and policymakers can keep us connected. <https://www.commonwealthfund.org/blog/2020/how-covid-19-pandemic-could-increase-social-isolation-and-how-providers-and-policymakers>

Congressional Research Service. (July 2019). Poverty Among Americans Aged 65 and Older. <https://fas.org/sgp/crs/misc/R45791.pdf>

Pew Research Center. (June 2019). Internet/broadband fact sheet. <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>

U.S. Census Bureau. (2017). Computer and internet use in the United States: 2016. <https://www.census.gov/content/dam/Census/library/publications/2018/acs/ACS-39.pdf>.