

# As COVID-19 spreads, reach out to overlooked older adults in need

April 29 2020, by Caroline Cicero

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The current COVID-19 crisis raises a particular issue about which I have long been concerned. Now is the time to think creatively about those older adults who may not have a history of asking for help and who are

not on the roster of any organized service provider or community group. What about the 50 million or more American adults aged 60+ who have never walked into or called a senior center and said, "I am old, please help me," the millions of older people not affiliated with a religious congregation or membership organization, and the thousands not identifiable through senior housing?

There are 67 million adults aged 60+ across the US, who by nature of their age, are eligible for Older Americans Act programming at local Senior Centers. Only 11 million, however, are documented as recipients of the kind of OAA care and monitoring desperately needed right now.

So how can we reach out? Many of these older adults are our parents, grandparents, neighbors, friends, people we used to see at the grocery store. Others have a history of staying close to home. They have all been warned to remain inside right now, and they should, as we all must, if we are not a direct service provider of crisis services. Communities of faith are stepping up, neighborhood and homeowners' associations are stepping up, and we need to increase these efforts across each state and local community.

Maslow's hierarchy of needs is in full throttle. At the first and lowest level, we have our basic physiological needs, and this is exactly why people started by rushing out not only for food but also toilet paper and stocking up on our prescriptions. Despite our current collective anxiety, one additional thing we need to focus on at this level is getting a healthy night of sleep.

At our second level, safety is our next priority, and this includes garbage removal, home maintenance, [financial resources](#), utilities, and of course health care. If Maslow's level one represents activities of daily living (ADLs), then level two suggests IADLs, or instrumental activities of daily living, the activities that allow an individual to live independently

in their community. Safety and security while shopping is an IADL of paramount importance now, and many policymakers have led the way with encouraging and even requiring businesses open their doors to older adults at special hours.

Third, more and more research has shown us we really do need love and belonging. Twenty percent of all older adults in the US are women who live alone. Are we reaching out to them? Connectedness—can it be created in collaboration with public health mandates for social distancing? We need to figure out more ways to connect with older adults sheltering in place, and innovative practices are emerging. What is your church, synagogue, temple, yoga studio, home owners' association or social club doing to reach out on these three basic need levels and care for older adults in this time of pandemic?

Religious congregations are delivering their online feeds for their weekly meetings. Some already had these in place to reach out to parishioners unable to attend services. Faith communities have millions of people in their neighborhoods who are not regular participants. Now is the time to reach out to them for tangible needs for basic necessities and safety as well as human connection.

Back in Los Angeles County, in my own neighborhood of single-family homes, the Homeowners Association printed up a good old-fashioned flyer. My daughter, home from college three months earlier than expected, helped me distribute the flyers out to each house in the neighborhood. The HOAs goal is to reach people who are not on the email rosters, not in touch with their neighbors, and perhaps reluctant to ask for help. They are keeping track of those who are older adults and may not have rushed out to stock up on groceries, medicines, and toilet paper two weeks ago. Our organizers are planning on delivering pizzas and take out food to older neighborhood residents next week.

In Yorkshire, UK, [residents received green and red cards](#) to place in their windows so they could relay messages to the outside world if they needed help. Many groups are using traditional phone calling trees to keep in touch with their community members and specifically their older adults who may not be online.

On a resource call with service providers here in Los Angeles, a physician recommended [FlexTogether](#) as a resource for older adults with internet capacity to keep fit and stay connected. It combines exercise instruction with live video chat with friends and family.

Like most of you, I now work at home while juggling space, phones, and internet connections with other family members. I am here in Los Angeles County, home to 1.8 million older adults, who by nature of their age of 60+, are eligible for Older Americans Act (OAA) programming. I have been pleased to see the local Departments of Aging, their Senior Centers, Home Delivered Meals, and Nutrition programs making plans for harnessing volunteers and serving their participants at this extraordinary time. Furthermore, [healthcare professionals](#) and providers in the long term care sector have been working with limited equipment and staff shortages in very dire circumstances. We thank you for your tireless efforts to care for the most vulnerable. Senior centers' programming, public agency and non-profit staff efforts are crucial as well. Thank to all of you working diligently to help your participants.

At the beginning of each semester, I ask my students whose responsibility is it to take care of older adults? Family, friends, neighborhood, faith-based groups, the government? One choice on the list students do not often select is: "No one—they should take care of themselves." During the course term, we also look for case studies and news articles about [older adults](#) whom the system has failed. Unfortunately, these pop up in local stories everywhere. Older adults have a right to self-determination we of course need to respect.

However, at this most extreme time in history, where people are disconnected from the outside world, I encourage us to determine how we and our communities can foster connections with sequestered residents who may be overlooked by typical and mainstream service providers. Let's share our ideas.

Provided by University of Southern California

Citation: As COVID-19 spreads, reach out to overlooked older adults in need (2020, April 29) retrieved 12 May 2024 from <https://medicalxpress.com/news/2020-04-covid-overlooked-older-adults.html>

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