

# Pandemic further isolating older adults, as senior services struggle to adapt

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Senior services agencies throughout Washington report older adults are experiencing isolation, worsening health conditions, and a “digital divide” during the COVID-19 pandemic. Credit: University of Washington

Older adults throughout Washington are increasingly isolated during the COVID-19 pandemic, challenged by the even greater reliance on

technology and often neglecting chronic health conditions, according to new research from the University of Washington.

And though senior-services agencies are adapting and innovating to meet the needs, researchers say a lack of consistent funding, coupled with the general uncertainty of the pandemic, could destabilize the care system for the state's [older adults](#).

"The web of services in the aging network is so critical and during the pandemic a lot of nonprofits are struggling. But the people they serve are at particular risk, because we already had a growing crisis of isolation among older adults," said Clara Berridge, assistant professor of social work at the UW and the study's lead author.

The qualitative study, funded by a UW Population Health Initiative grant, is the result of interviews with leaders of nearly four dozen organizations around the state during July and August—just as COVID-19 cases spiked, many lockdown restrictions remained in place, and the social and physical effects of the first few months of quarantines became apparent.

According to the Centers for Disease Control and Prevention, eight in 10 deaths from COVID-19 occur in people ages 65 and older. Berridge and her team, all UW faculty and doctoral students who study aging from health and policy-related fields, wanted to examine how Washington's older adults were faring through the lens of the agencies that serve them, so as to inform future policy and budget decisions around [social services](#).

Washington is home to an estimated 1.7 million people over age 60, and a variety of public and private entities that serve them, from regional Area Agencies on Aging to smaller community-level organizations and senior centers that offer meals, case management and social activities. UW researchers sought a geographically and demographically diverse

sampling of organizations in order to get a broad scope of the needs and how they're being addressed.

Among the findings:

- The COVID-19 pandemic has increased social isolation among older adults, primarily due to their higher susceptibility to the disease and the restrictions that encourage them to stay put, with few, if any visitors.
- Not going out also may mean not going to the doctor, affecting physical health. Agency representatives report new or worsening health conditions among older adults.
- Many communities—low-income older adults; Black, Indigenous and people of color; those with limited English proficiency; and those experiencing homelessness—are at risk of being overlooked and underserved.
- With so many of life's routines moved online during the pandemic—including medical appointments—the "digital divide," or lack of Internet access or devices such as phones and laptops, has widened among older adults. And many may not have the resources, or ability or interest to learn, especially among those with dementia or sensory loss.

"The digital divide has always been there. It just matters so much more now, because everything depends on being online," Berridge said.

The agencies, in turn, are struggling mainly due to higher costs, falling revenues and an uncertain future. Not every service can be seamlessly transitioned to remote operations; several organizations reported laying off staff, while the volunteer corps has shrunk due to quarantine restrictions and infection risks. Many organizations realized they needed to acquire more resources quickly, whether additional PPE for employees or refrigerators to store meals for delivery. Agencies and

their clients in rural areas have been particularly vulnerable to resource shortages and technology gaps.

At the same time, the nature and purpose of these organizations—knowing and serving their clients—has been their greatest strength, Berridge said. The sudden shift to remote operations propelled many agencies to collaborate with local businesses or other organizations and come up with creative ways to try to meet the need. Popular innovations included meal delivery in partnership with restaurants and with transit agencies and offering activities such as games and mindfulness exercises over Zoom, Berridge said.

Telemedicine appointments, for example, are helpful to reach isolated seniors but are limited in the scope of conditions that can be managed.

"Telemedicine is a great option for some, but there are certain conditions that cannot be evaluated adequately over a video visit," said study co-author Carolyn Parsey, an assistant professor of neurology in the UW School of Medicine.

But sustaining such innovations indefinitely, while meeting the health needs of the growing population of older adults, will require budgetary and policy commitments to the state's aging network, Berridge said. With technology alone, communities need expanded WiFi access and distribution of devices and the means to instruct older adults in how to use laptops, tablets, phones and apps.

By 2030, [older adults will make up more than 20% of the population](#) in a majority of Washington counties. And while the state is recognized as a leader in elder care, inconsistent funding and the potential impact on health could jeopardize its aging social and health care services sectors' ability to meet the growing need.

"Funding stability is huge. Many of these organizations operate on a shoestring," Berridge said. "Having the funds, knowing they're going to be secure, would allow them to maintain their services and to act in more permanent, innovative ways."

**More information:** Caring for Washington's older adults in the COVID-19 pandemic: Interviews with organization leaders about the state of social and healthcare services: [hdl.handle.net/1773/46272](https://hdl.handle.net/1773/46272)

Provided by University of Washington

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