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PENNSYLVANIA COUNCIL ON AGING
STATE OF OLDER ADULTS
COVID-19 REPORT
APRIL 2020

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The Pennsylvania Council on Aging (PCoA) conducted a statewide survey of older adults in Pennsylvania in response to the COVID-19 pandemic. The quickly-evolving pandemic was first detected in Pennsylvania on March 6, 2020. By March 16th, Governor Wolf ordered the closing of senior community centers and adult day centers. A statewide Stay at Home order was issued on April 1, 2020. Data from the Centers for Disease Control (CDC) has indicated that older adults are much more at risk of fatality than their younger cohorts. According to them, 8 out of 10 deaths due to COVID-19 are in those ages 65 and older. In Pennsylvania, the majority of COVID-19-related hospitalizations are for people 65 and older. This is a virus that vastly and disproportionately effects older adults. The PCoA determined that there was an immediate need to better understand the landscape of older adults in Pennsylvania in order to support well-informed decision-making.

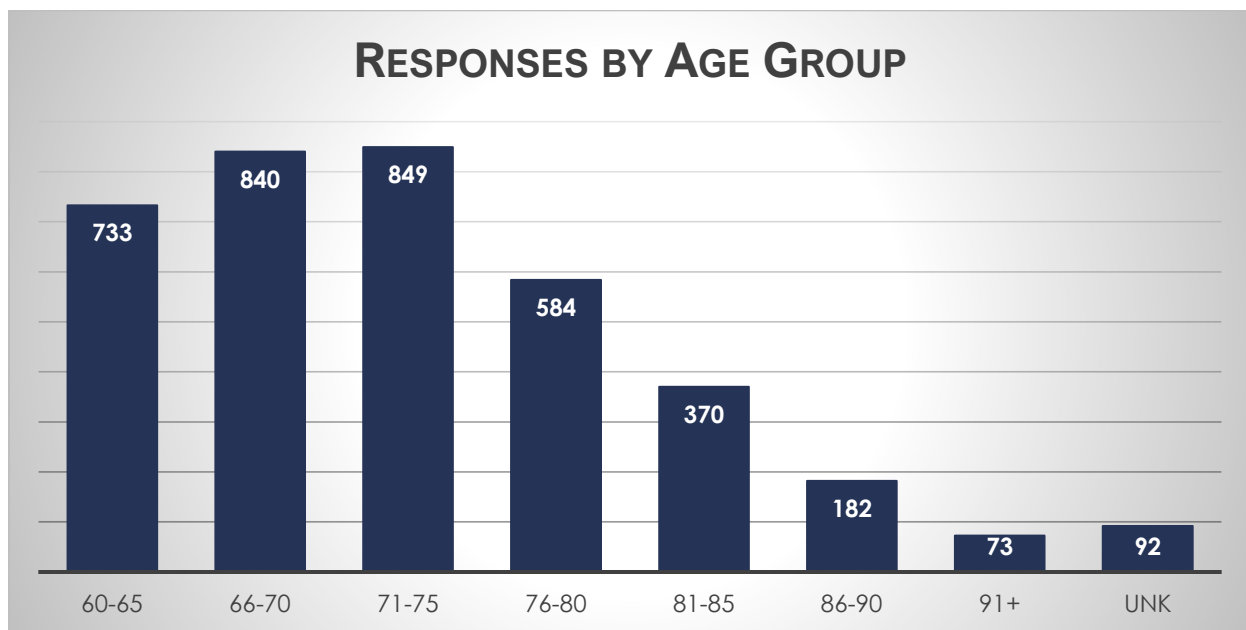
The survey was distributed as an internet-based link and as a printable PDF. It was distributed in both English and Spanish. The survey was circulated through the contacts of the PCoA, which included specific community-based organizations that served minorities, including Latino, African American, and LGBTQ individuals. The only criterion to be able to submit the survey was to be age 60 or older and a Pennsylvania resident. The survey was trialed from March 27th until March 30th, with approximately 200 test responses. After final review by the Social Isolation Task Force Committee Chairs of the PCoA, it was launched to the public on March 31st and was open until April 7th, exactly one week later. During that timeframe, 3,776 results were submitted, 21 of which came in through the Spanish language survey. Of the total submissions, 3,692 were usable and not duplicates.

There were 14 questions on the survey and one open text opportunity. It took individuals an average of 5 minutes, 14 seconds to fill out the survey. Questions were designed to capture information regarding communication behaviors and needs, in addition to changes in the way that older adults interact with their communities due to the COVID-19 pandemic. The breakout of responses by age group is as follows:

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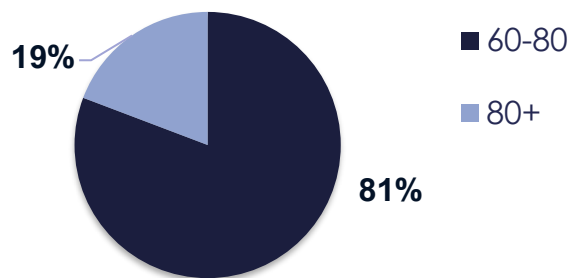

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RESPONSES BY AGE GROUP



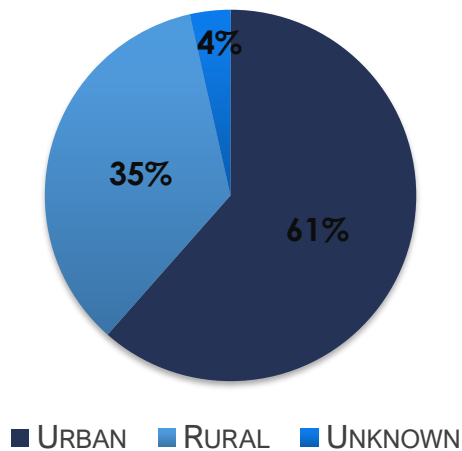
Those aged 60-80 made up 81% of the survey results. Those who are over the age of 80 made up 17%. This mirrors the Pennsylvania population of older adults, according to the US Census.

OLDER ADULTS IN PENNSYLVANIA

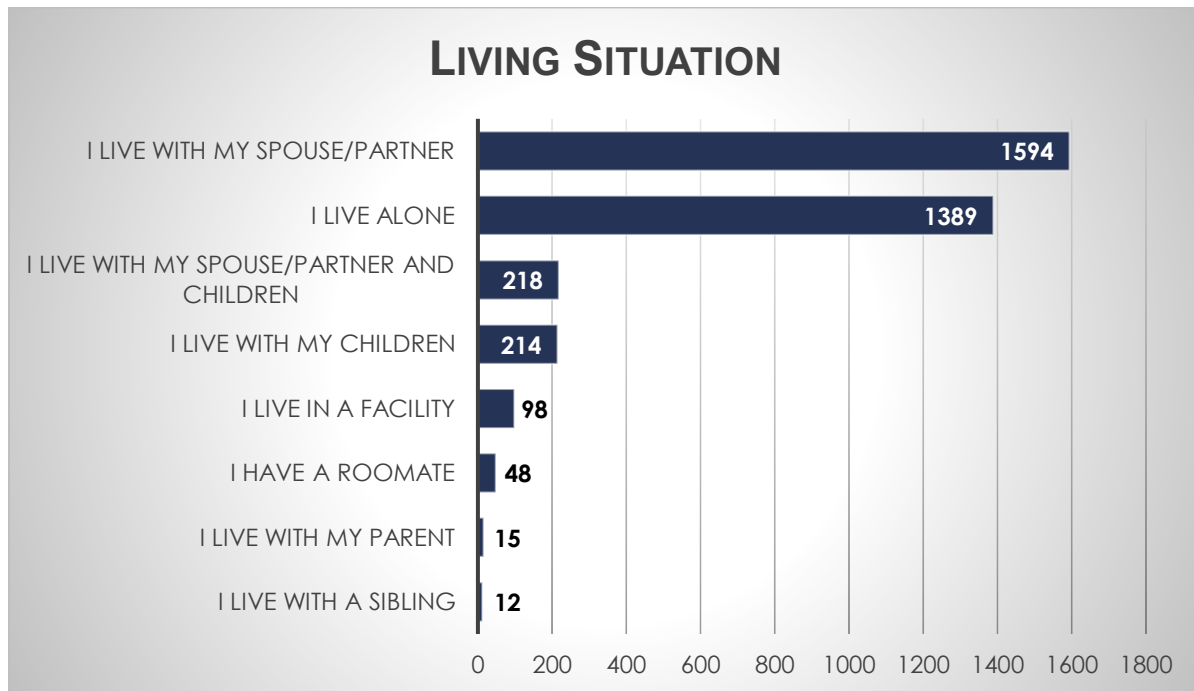


Each of the 67 counties in Pennsylvania was represented with the exception of Potter and Cameron Counties, which are two of the three least populated counties. The highest level of responses matched the general population, with the largest numbers in the urban areas. The full breakout of Urban and Rural responses are as follows:

RESPONSES BY COUNTY TYPE

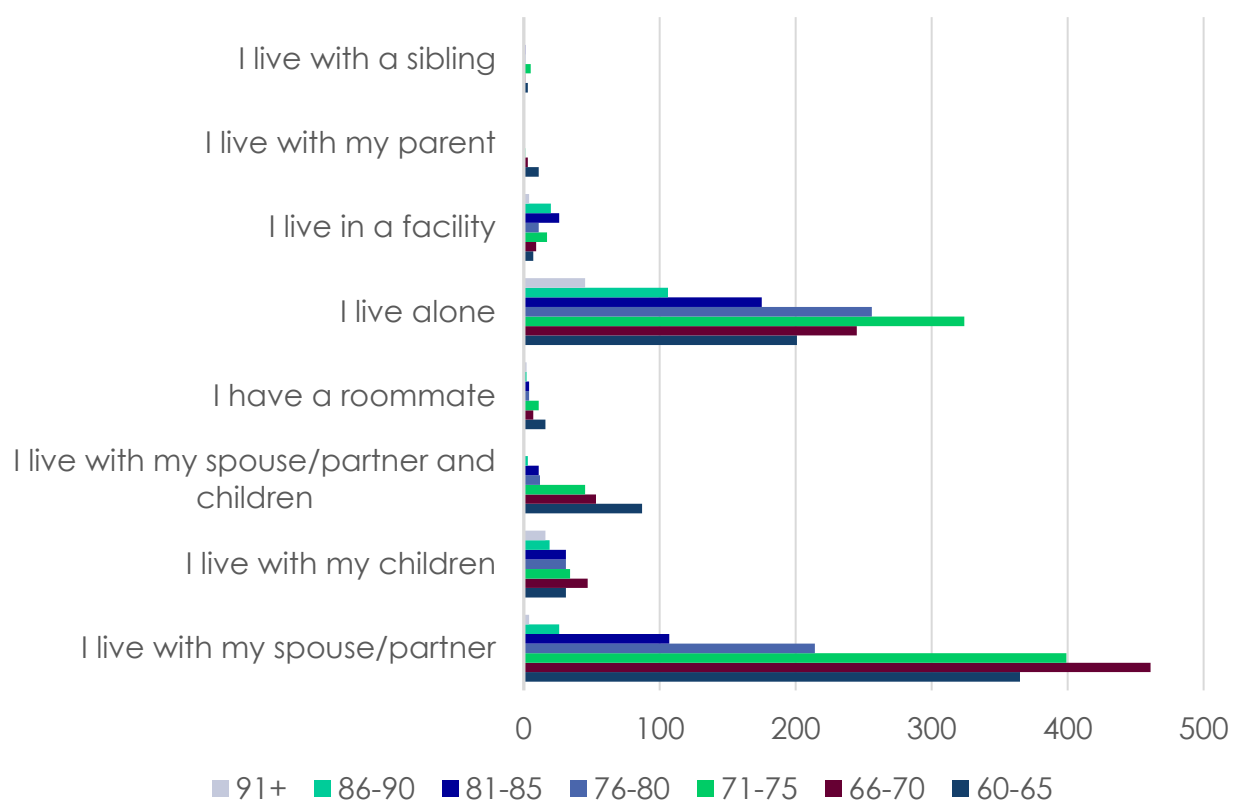


Respondents offered insights into their living situations. Most live with their spouses or partners. Almost as many lived alone. The following is a breakout of the household makeup of the respondents:



Living situation is further broken out by age. The “oldest” older adults are those who are over 80 years old. They are much more likely to live by themselves or in a facility than the “younger” older adults. The “younger” older adults are more likely to live with a spouse or partner, their children, or their parents.

Living Situation by Age



How Often are Older Adults Going Out and Why?

The CDC, Governor Tom Wolf, and Secretary of Health Dr. Rachel Levine have all stated that precautions are essential to reduce the transmission of COVID-19. This is particularly true for older adults, who are at much higher risk of fatalitiesⁱ. It has been recommended that older adults do not physically engage with others while the virus is spreading. Emerging research has found that individuals are most contagious prior to displaying any symptomsⁱⁱ. This is unlike many other viruses and makes it particularly difficult to protect people against. Asymptomatic carriers are going to grocery stores, banks, and pharmacies, bringing the virus into these environments. However, older adults continue to enter the greater community. The PCoA asked older adults to report how often they are leaving their homes to go out in public.

The following outlines the reasons why older adults go out, how often, and why. Responses can help inform community practices to reduce the exposure of older adults to COVID-19 now, and as we move through stages of reopening businesses.

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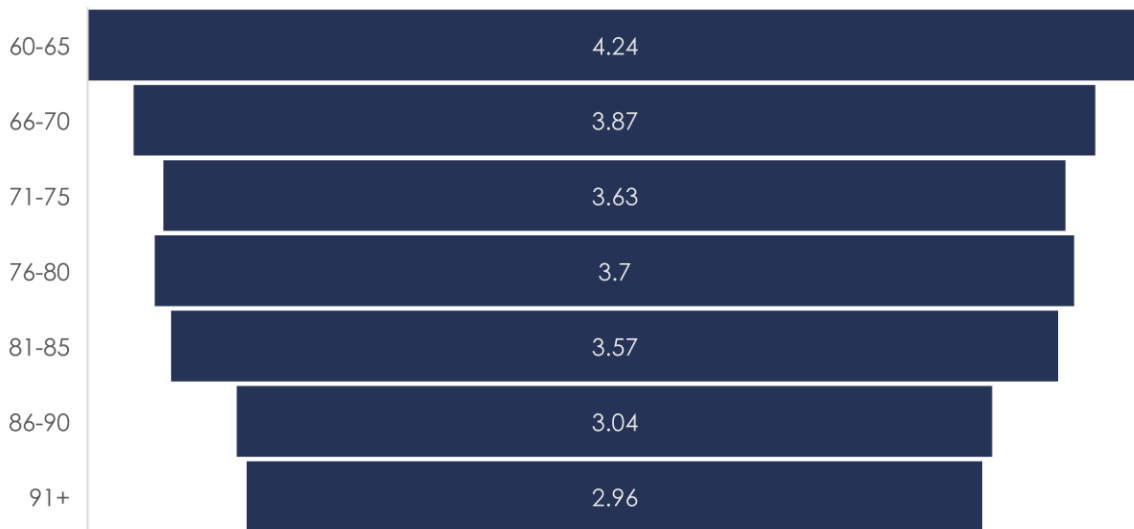

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To the question “*How often are you, or someone you live with, leaving your home right now to go somewhere in public?*” Most stated that they are going out once a week. However, the “oldest” older adults report going out less. Each response was given a risk factor number between 1-7.

Does not go out= 1
Once every other week= 2
Once per week= 3
Twice per week= 4
Once every other day= 5
Once per day= 6
More than once per day= 7

Here is the breakout of answers by age:

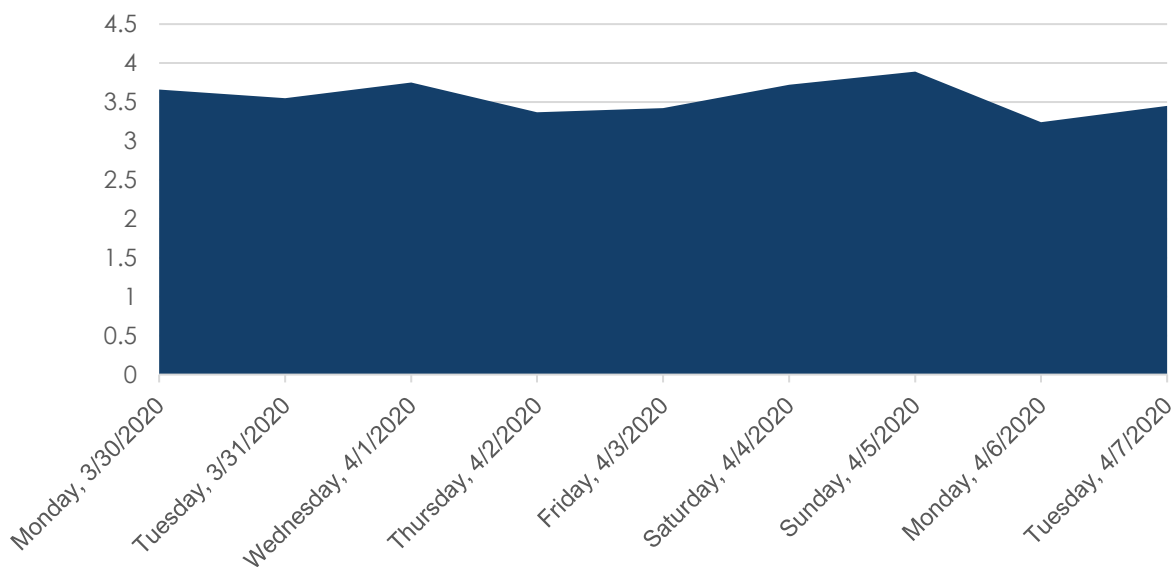
PUBLIC RISK BY AGE



The “oldest” older adults are engaging with the public less than once per week. The “youngest” older adults are leaving more than twice per week, on average.

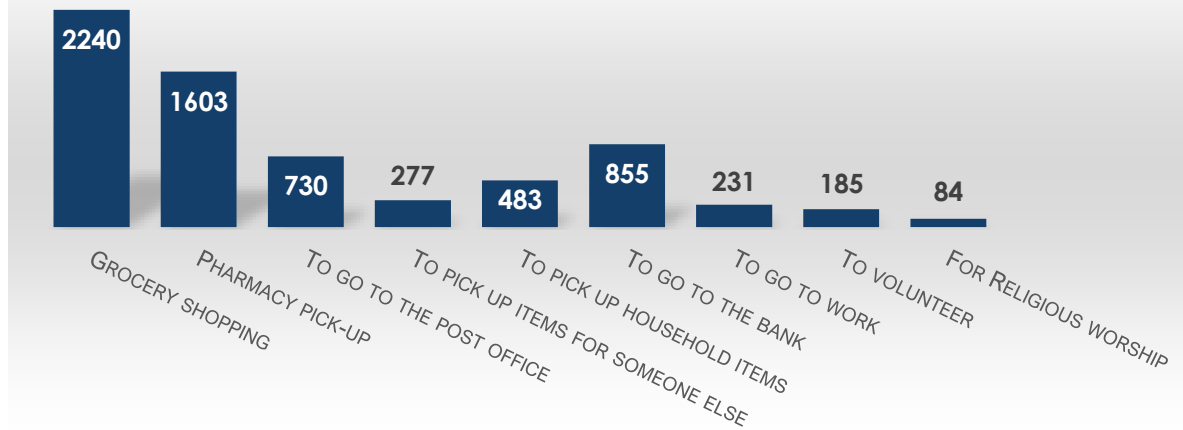
All age groups stated that the number one reason why they go out in public is to purchase groceries. Among the open text comments, respondents stated that curbside pickup and delivery options had become very limited. Reports that orders were only half filled, and wait times were several weeks long have deterred many older adults from using those tools. There were slight differences with answers over the weekend. More older adults stated that they went out more often during the days of the weekend. This dipped on Mondays and Tuesdays. The slight uptick on Wednesday, April 1st is likely because the Stay at Home Order was issued on this day. This suggests that older adults may be going out more on the weekends due to regular habits. Weekends may be when other family members are most available to take out older family members. If stores adopt “senior hours”, they should consider adding hours on Sundays. If they have not yet adopted this accommodation, they should consider adding this day at a minimum.

Days of the Week and Public Risk



Older adults were given options for reasons why they were engaging with the public. Each reason has varying risks associated with them. For instance, an individual may expose themselves to hundreds of other individuals at a religious function, but only one person at the drive-through bank teller. Here are the major reasons why older adults are engaging with people outside of their household:

REASONS FOR PUBLIC RISK



Given the importance of staying home, it is critical to offer alternatives for older adults to accomplish some of these essential tasks. This is especially true for the “oldest” older adults. Age is highly correlated with working and taking trips to the bank and to the post office. The oldest group of adults reported visiting the bank 11.8% more often than the youngest group. Directing banks to offer services through drive-through has certainly prevented many older adults from unnecessarily exposing themselves to COVID-19. This is an important step in the reduction of exposure.

Older adults are also venturing to the pharmacy at high numbers. Almost all pharmacies have offered delivery and drive-through options for shopping and prescription-filling. Older adults who receive Pharmaceutical Assistance Contract for the Elderly (PACE) can have their prescriptions delivered and have waived the requirement that they must use 75% of their supply before refills will be reimbursed, except for opioids and other controlled substances. This effort was done in order to assist older adults in staying home. Ensuring that older adults are aware of these supports will help reduce the instances of physical interaction with others, avoiding the COVID-19 virus.

A concern noted is that 5.9% of the “oldest” older adults reported that they are still attending religious services. These environments have proven to be optimal for the spread of the virus, as congregations across this country and others have endured outbreaks with high fatality ratesⁱⁱⁱ.

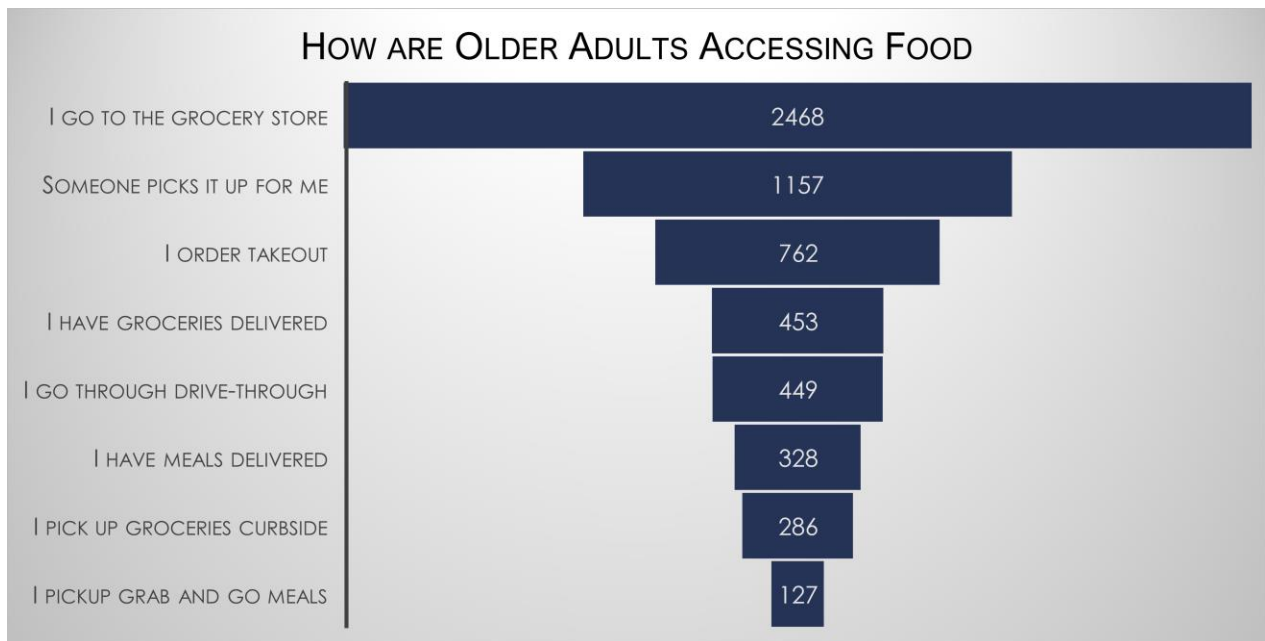
Risk Activity by Percentages of Age Groups

	60-65	66-70	71-75	76-80	81-85	86-90	91+
Grocery	35.9%	38.5%	36.8%	36.2%	32.2%	31.7%	33.3%
Pharmacy	20.4%	23.1%	23.5%	25.0%	24.2%	23.0%	25.5%
Post Office	8.1%	10.3%	11.0%	11.3%	13.6%	13.1%	7.8%
Someone Else	8.1%	4.0%	3.0%	2.7%	2.2%	2.7%	0.0%
Household items	7.7%	6.6%	7.1%	6.0%	6.8%	7.1%	3.9%
Bank	9.8%	10.9%	12.8%	13.9%	15.8%	18.6%	21.6%
Work	7.8%	3.3%	1.8%	1.0%	0.2%	1.1%	0.0%
Volunteer	2.6%	2.4%	2.9%	2.7%	3.5%	0.5%	2.0%
Religious	1.2%	0.9%	1.2%	1.1%	1.7%	2.2%	5.9%

Older adults also tend to visit the post office more than the “younger” older adults. Those age 81-90 are around 5.3% more likely to frequent the post offices than their 60-65 year old counterparts. Finding alternatives to in-person post office visits will reduce the exposure to COVID-19 for older adults and potentially save lives. Stamps can be purchased online and at some grocery stores. Collaborations with post offices in order to call-in stamp orders to be delivered may help mitigate the need for older adults to leave their homes. Giving these older adults alternatives will assist in their staying home.

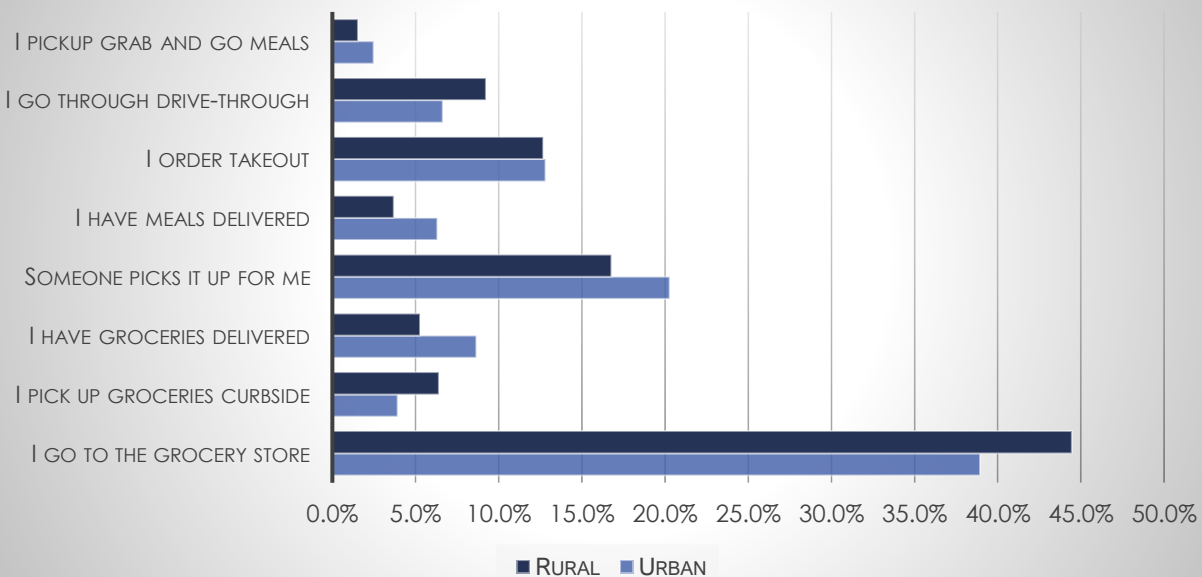
How are Older Adults Accessing Food?

Older adults are accessing food in a variety of ways. When asked to indicate all the possible ways they access food, older adults stated that they are going into the grocery store at the highest rates, far more than those who pick up their groceries curbside or have them delivered combined. Physically going into the grocery store presents the highest-risk mode to access food. However, those 65 and older are the least likely to be concerned with going out to the grocery store^{iv}. Comments from the survey indicate that the curbside and delivery options are unreliable. Timeframes available to order food can be weeks long. Many survey respondents indicated that orders were often missing items.

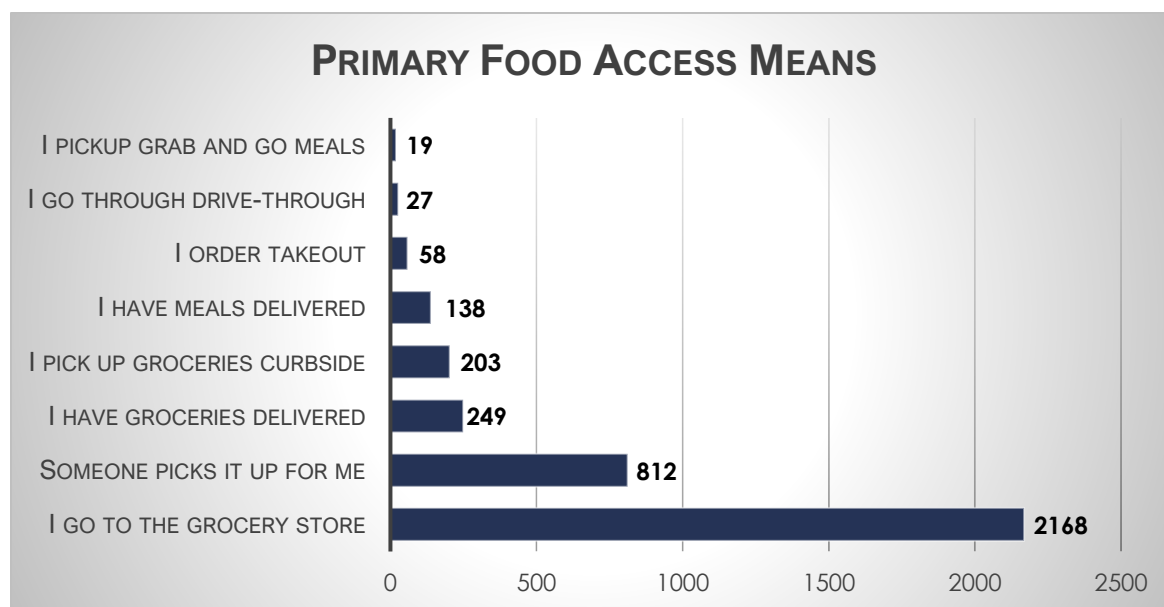


The results are only slightly different between urban and rural settings. Older adults who live in rural settings are more likely to go to a grocery store to access food. Those in urban settings are more likely to have someone pick it up for them, or have it delivered. The closer physical proximity to stores offering delivery, and individuals willing to pick up items most likely impacts this dynamic. Those living in rural area are much more likely to go to the grocery stores themselves. Physically going into a grocery store exposes patrons to each other and staff. Since going into the grocery store is the most risky of all of the options to food access, rural older adults are more likely to be vulnerable in this way.

PERCENTAGE OF RURAL AND URBAN FOOD ACCESS



When looking at the **primary** means of accessing food, going to the grocery store is, by far, the most common way to access food. This is followed by someone picking it up on their behalf. More older adults stated that they have someone picking up food for them sometimes, but that they mostly go to the grocery stores themselves. This indicates that they are likely still going out themselves, even if they have access to someone willing to pick them up on their behalf.

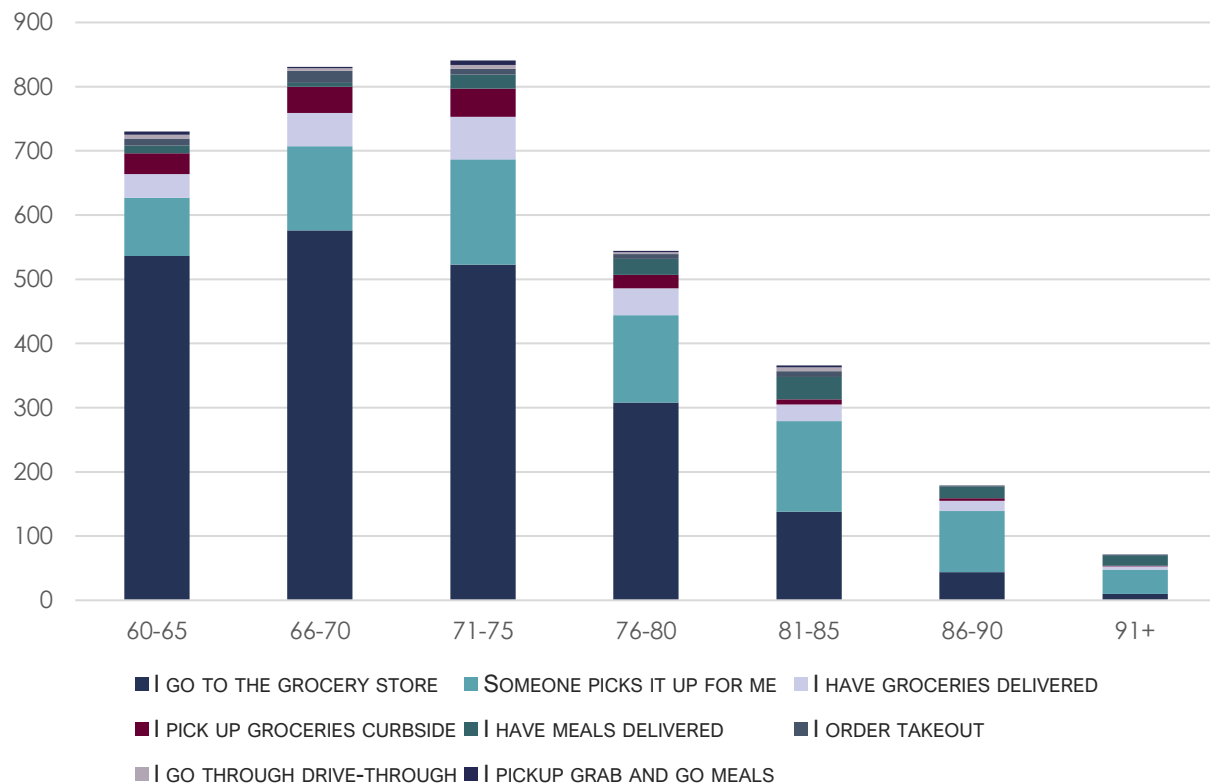


When looking at the **primary** means to access food, the same themes between urban and rural settings can be seen. In addition to these differences, there are major differences in how the “older” older adults and “younger” older adults access food. Here is a breakout of actual counts for each primary means of accessing food by age group.

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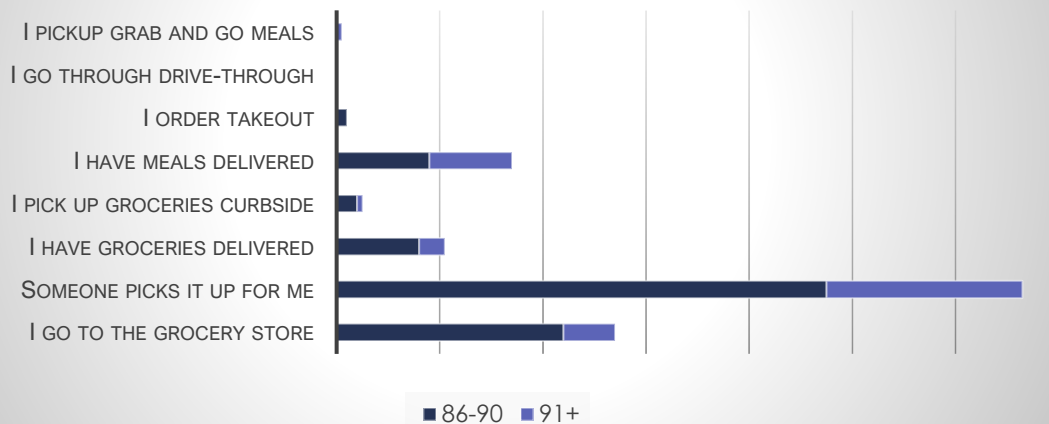

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ACTUAL COUNTS PRIMARY FOOD ACCESS BY AGE



Across all age groups, there are approximately the same number of individuals who rely primarily on others to pick up food for them. However, proportionally, the “oldest” older adults are much more likely to have this option as their primary means for food access.

PRIMARY MEANS OF FOOD ACCESS AMONG "OLDEST" OLDER ADULTS



This survey information underscores the importance in:

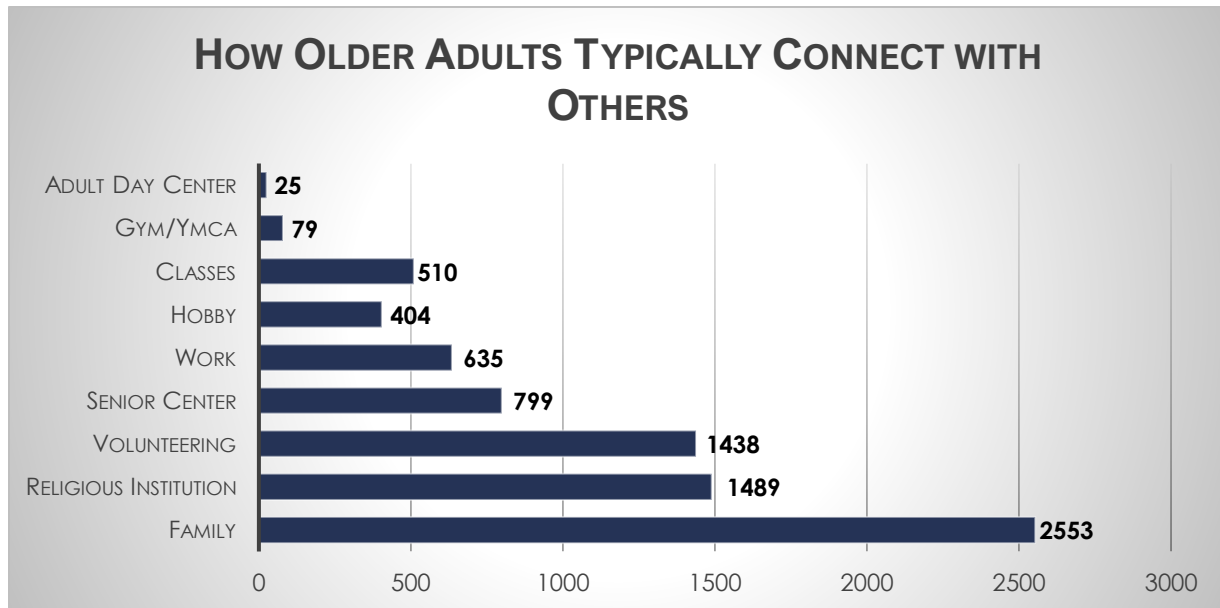
- Creating mechanisms for older adults to pick up or have groceries delivered. Many of the “younger” older adults are very willing to use this as an alternative to actual trips to the grocery store. The major issue in this being a viable option is that it is inconsistent and largely unreliable due to the overextension of the current grocery systems. Recommendations to reduce the need for older adults to venture into grocery stores include:

- Grocery stores should prioritize delivery or curbside pickup for older adults. Their exposure and risk could be reduced. This could be done in collaboration with the local Area Agency on Aging (AAA), or through showing identification with a date of birth to the stores.
- Stores that sell groceries are mandated to supply masks to workers and require that they be worn. The masks worn will protect the patrons who are older. This guidance should be strictly adhered to.
- Stores that sell groceries should only allow 50% of their maximum allowable capacity of patrons. This would reduce the amount of time that individuals are in the store and the likelihood of coming within six feet of another community member.
- Grocery delivery programs should be created for communities. The for-profit delivery systems are an option for those who are well-resourced. However, those who have limited or no disposable income cannot access these services. There have been some pilot partnerships between local AAA and community transit systems to deliver groceries to older adults. New funding streams have opened specifically to address this and can be utilized by other AAAs.
- Stores that sell groceries should consider adding senior hours on Sundays, as this is the day older adults are most likely to leave their homes.

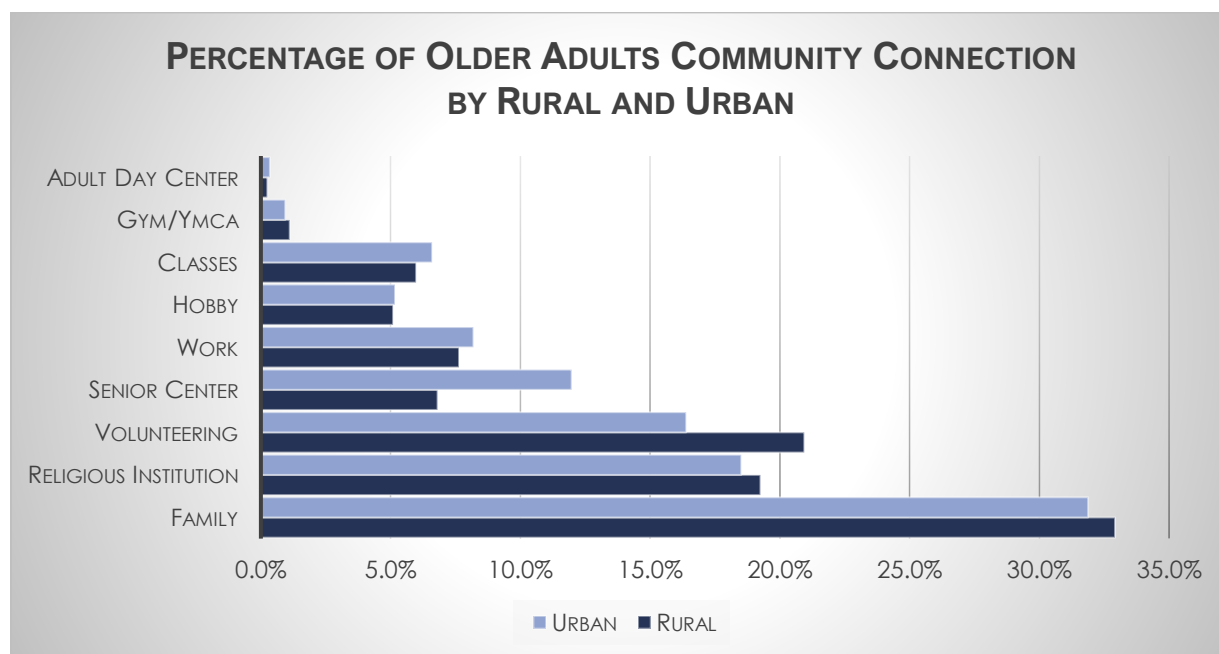
- Supporting family members and neighbors who are picking up groceries on behalf of older adults.
 - o Individuals who can show that they are shopping for an older adult should be able to purchase twice the allowable amount of limited supplies.
 - o Grocery stores could adopt a pay-by-credit card via phone option for older adults who have someone willing to pick up their food, mitigating the need to exchange money with the volunteer.

How did Older Adults Engage with Their Communities Prior to COVID-19?

Before the COVID-19 outbreak, older adults engaged with their communities in a variety of ways. Connection to community reduces social isolation and increases overall health. Recent research has found that levels of loneliness begin to rise at age 75^v. As people retire, lose partners, and develop health issues, their susceptibility to social isolation increases. Many of the “older” older adults in Pennsylvania rely on senior centers to combat social isolation. In our survey of older adults, those aged 85 and older reported that senior centers were the third most community connection that they made on a regular basis. The first two were family and religious institutions. During the pandemic, these important pillars of community connection are largely inaccessible. However, innovative new ways can be developed so that these older adults can still benefit from connection. Prior to the pandemic, older adults reported that they connected with their communities in the following ways.

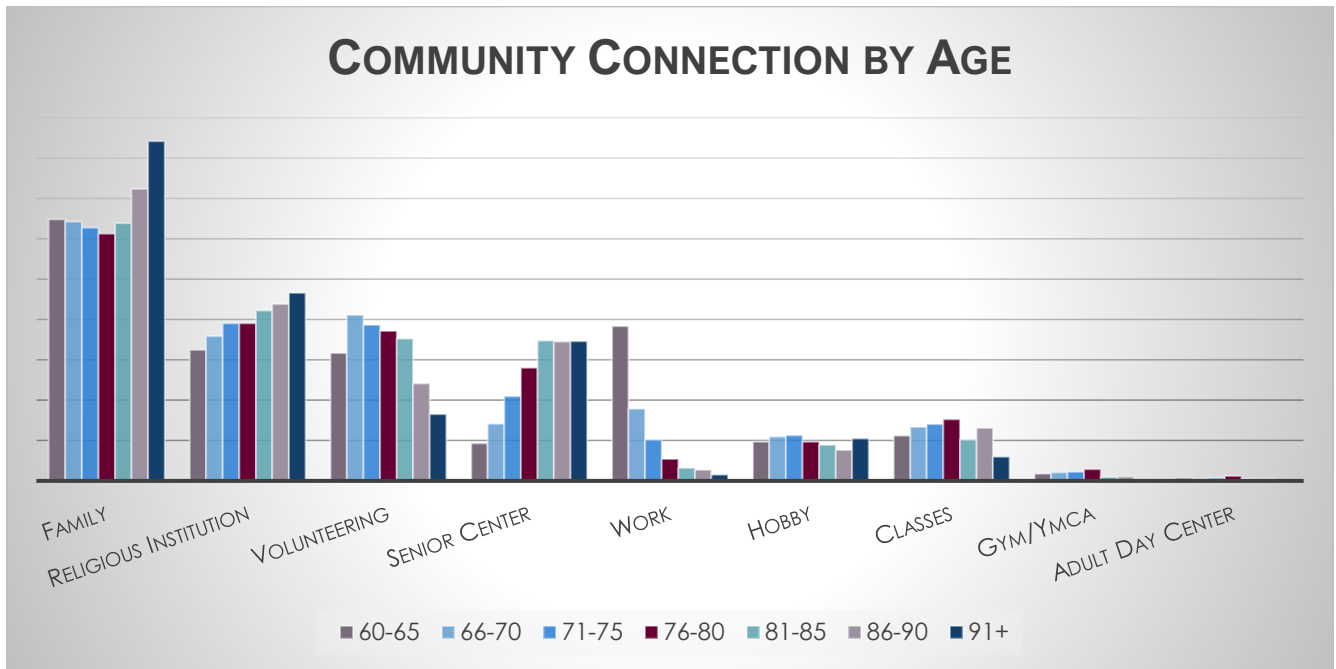


During typical times, older adults are connecting most with their families, religious institutions, and through volunteering. Many religious institutions have migrated to virtual services that some older adults can access. Family connection can be maintained through phone contact. In-person volunteering can pivot to virtual assistance via telephone reassurance programs. The Senior Corps RSVP of Lehigh, Northampton & Carbon Counties has utilized their vast network of senior volunteers who typically serve older adults through senior centers and food banks. They have asked their volunteers to engage in reassurance calls for the older adults that used to attend the centers regularly. In order to best understand how to support older adults who are now less able to access their means of connections, we need to look at the differences in age and location.



Older adults in urban settings are much more likely to connect through their local senior centers than their rural counterparts, even though there are proportionally more senior centers in rural areas. As previously indicated, these newly isolated individuals are among the “oldest” older adults and it is important to intercept and serve through new ways immediately. Research has shown that once an older adult becomes isolated, it can be very difficult to rejoin the community^{vi}. This immediate need is further reinforced when understanding how people in different age groups connect.

COMMUNITY CONNECTION BY AGE



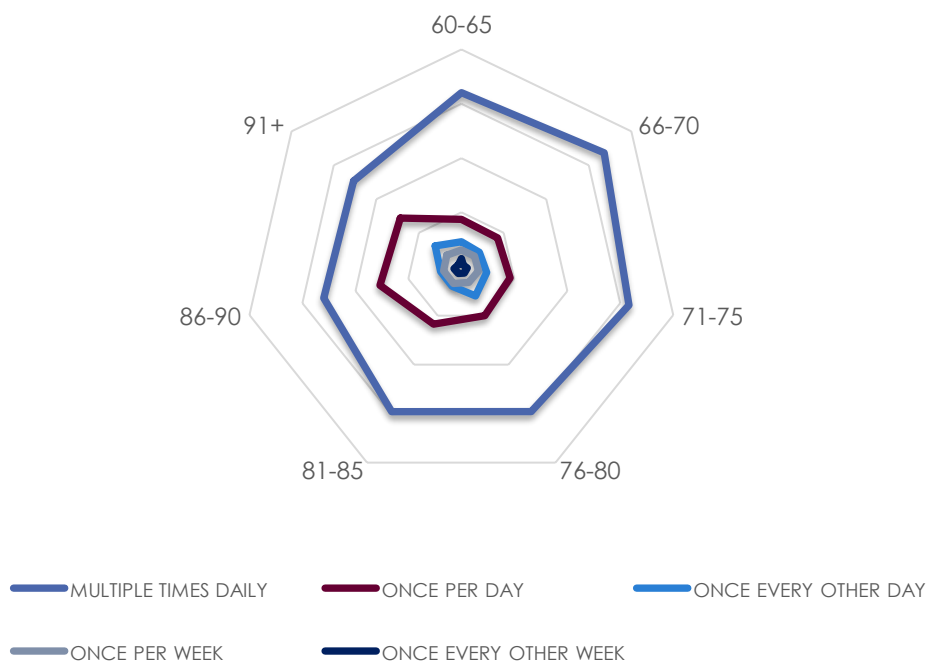
Adults ages 81 and older are the most likely to attend a senior center regularly during non-COVID circumstances. They are also most likely to connect with their communities through their families and religious institutions. Those without family, who are not connected to religious institutions are at far greater risk of isolation than their counterparts with these connections. Since older adults who are a part of the LGBTQ community are less likely to have these connections^{vii}, specific considerations to mitigate isolation in this group are necessary. One survey comment to this particular question was, *I am an older Trans woman. Most of the things you think of older people doing are not things I would be welcome at.* This underscores the need to assess options for this population who may have a higher need for connection.

In addition to the LGBTQ older adults, the “older” older adults who rely on senior centers need to be considered for immediate and specific programming. These adults largely reside in urban setting, which already have higher rates of social isolation than their rural counterparts^{viii}. These adults also report the greatest need for more communication in their lives.

How Satisfied are Older Adults with Their Levels of Communication with Others?

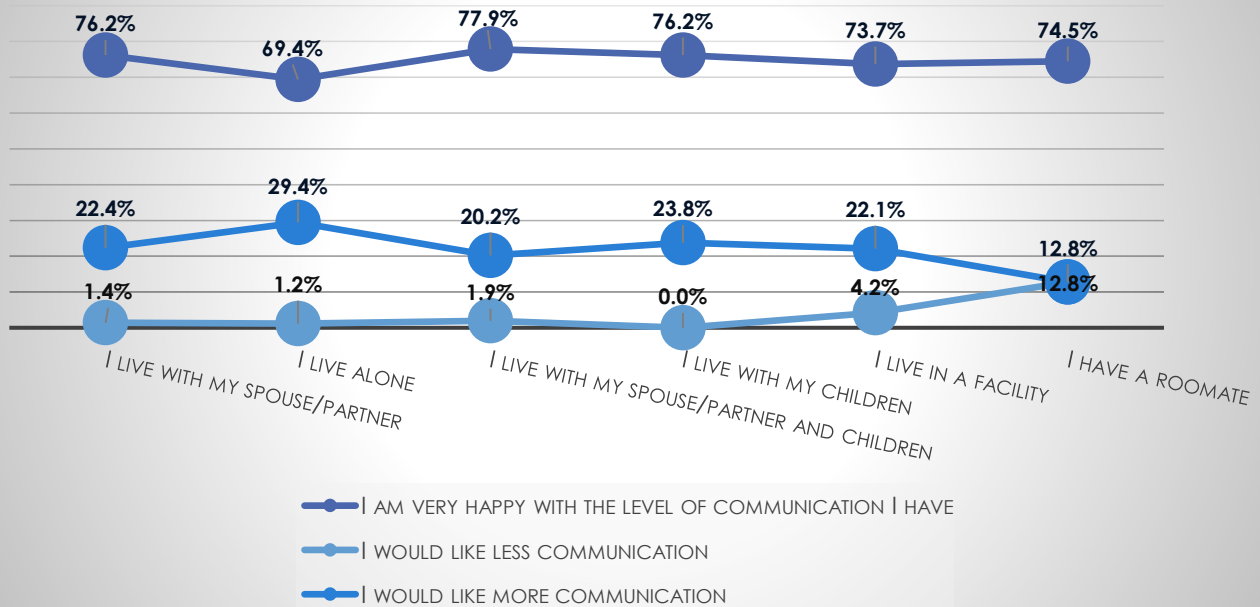
When asked if older adults are happy with their levels of communication, most older adults indicate that they are very happy with their level of communication (74%). However, a quarter of older adults indicated that they would like more communication (25%). One percent stated that they would like less communication. These individuals were most likely to have a roommate or live in a facility, have multiple contacts per day, and be between the ages of 60-76, or older than 90. The profile of the older adult who is very happy with their level of communication is one who lives with their spouse and children, is between 66-70, and has multiple contacts per day. Those that would like more communication are most likely to live alone, have multiple contacts per day, and are 91 and older. The “older” older adults are less likely to have multiple contacts per day than their younger cohorts.

NUMBER OF CONTACTS BY AGE



This same group that is less likely to have multiple contacts daily is more likely to want more communication. Those that live alone are far more likely to want more communication than those who live with others. Those that live with their spouses and those that live in facilities reported wanting more communication at the same rates. These are the “older” older adults.

LIVING SITUATION AND COMMUNICATION

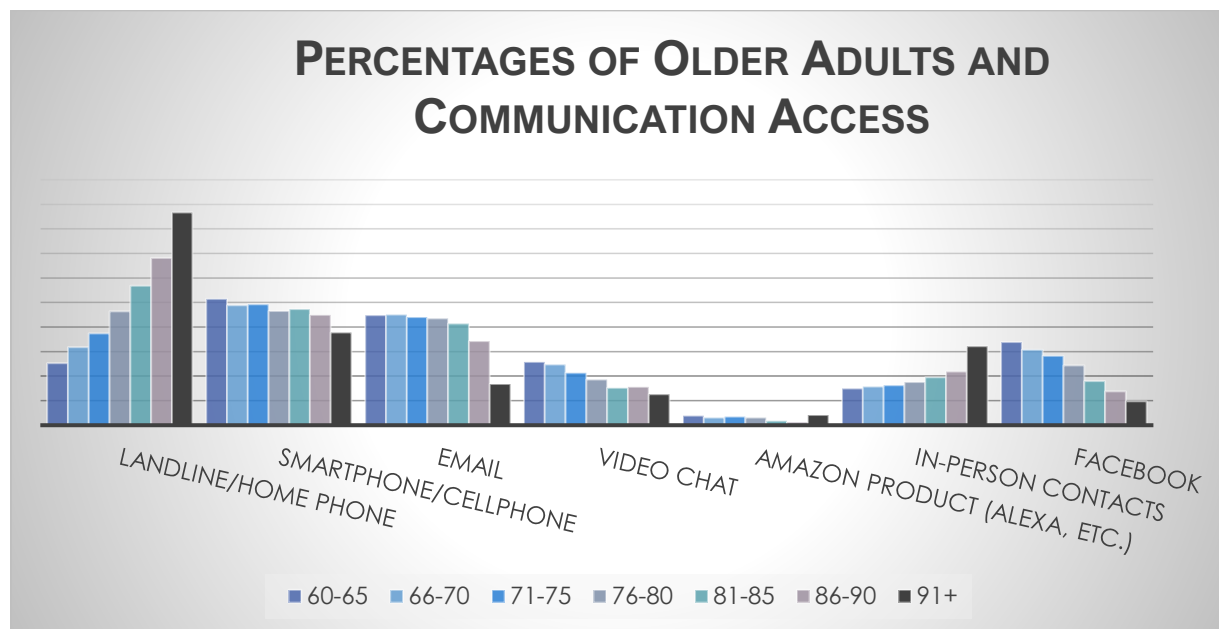


The 25% of older adults who state that they would like more communication mirrors the research showing that 24% of adults 65 and older report that they are socially isolated. This social isolation is strongly correlated to poor health, increased mortality rates and dementia^{ix}. Intercepting older adults and offering programming that can mitigate social isolation during the COVID-19 pandemic will be critical in ensuring that social isolation among older adults does not spread in ways that will be very difficult to alleviate when the pandemic is resolved.

What Technologies Do Older Adults Use to Communicate?

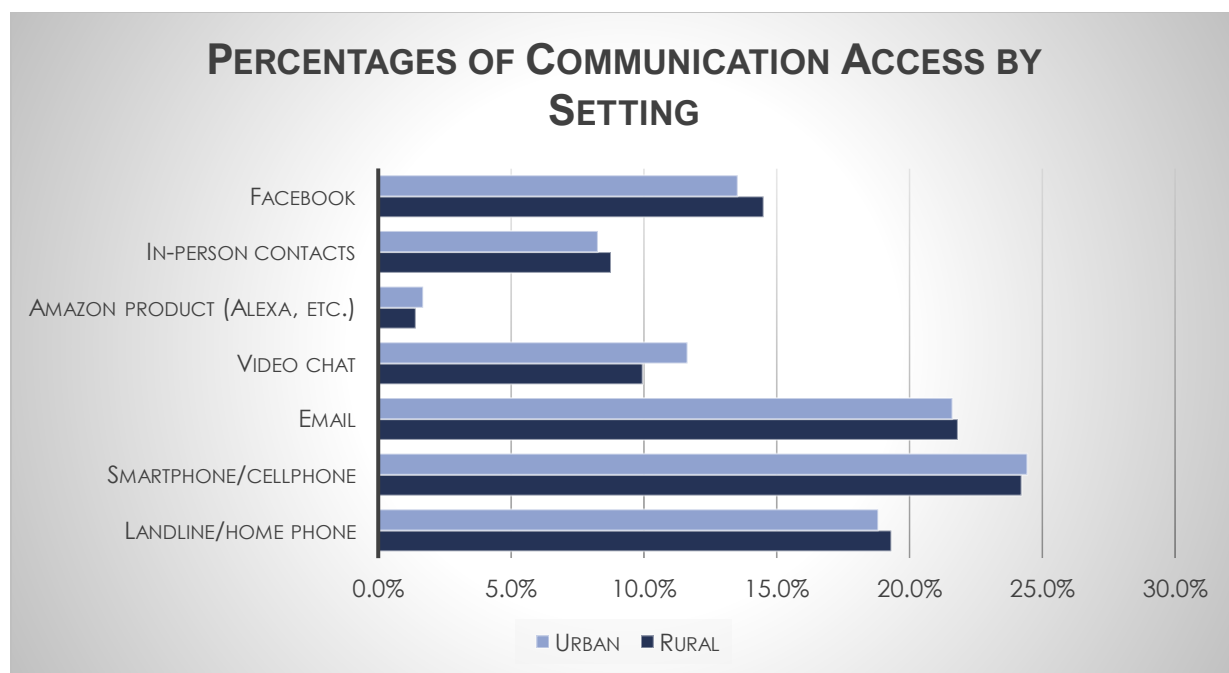
Respondents were asked to identify all the ways that they communicate with others. They were given the following options and asked to identify every format that they currently access:

Landline/home phone
Smartphone/cellphone
Email
Video chat
Amazon product (Alexa, etc.)
In-person contacts
Facebook



Older adults are most likely to access smartphones and email than landlines. However, this changes significantly when adjusting for age.

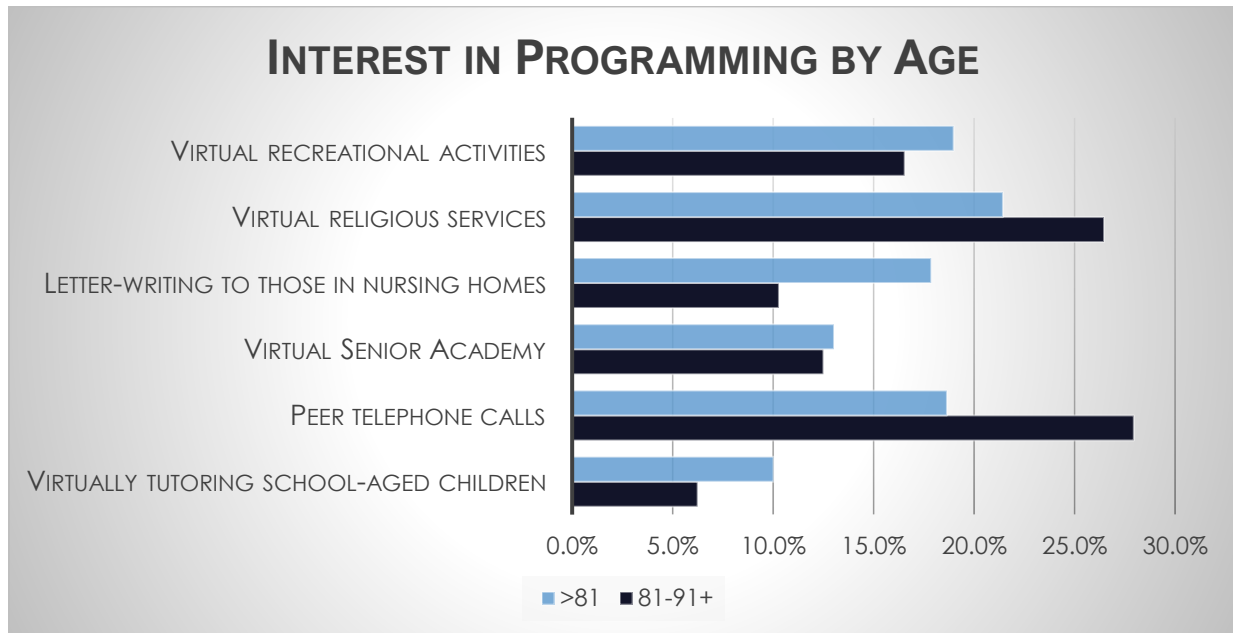
More of the “younger” older adults use Facebook to connect than a landline/home phone. Less than 20% of the “oldest” older adults have access to a smartphone. These differences are stark and lend to challenges in programming for older adults during this time. Access to email is steady from 60-85 years. Beyond this age range, access decreases with age. Somewhat surprisingly, there are no significant differences in access to communication technologies between urban and rural settings.



In creating programming to reduce the instances of social isolation, it is critical to consider that:

- The “oldest” older adults are the most susceptible to COVID-19.
- These are most likely to be newly isolated, as the senior centers that they were attending have recently closed.
- They are least likely to have access to smartphones and email.
- They are primarily in urban settings and are already more likely to experience social isolation^{xiii}
- The “younger” older adults can be served through inexpensive virtual programming that can help reduce the possibility of social isolation.

Each of the survey respondents were asked to indicate the type of programming that they would be interested in. Each of the program options assist in reducing social isolation in older adults. The option that garnered the most interest was virtual religious services. This was followed by peer phone calls and virtual recreational activities. Because of the strong need to support the “oldest” older adults, it is important to look at the interest among this group specifically.



The “oldest” older adults are most interested in peer telephone calls. They are also interested in virtual religious services. They have strong interest in this, despite that only 21.7% of those 81 and older have access to smartphones and 15.4% have access to email. This indicates that it is not interest that is lacking, but access for our “oldest” older adults to connect virtually.

Potential Programming to Reduce Social Isolation

It is well-researched that social isolation leads to poor health, high mortality and dementia rates among older adults^{ix}. During the COVID-19 pandemic, the potential for social isolation to reach staggering levels is probable. However, there are mitigating factors that can reduce the instances of social isolation. Connection to others, even if virtual, can aid older adults in feeling socially connected.

One way to support the “oldest” older adults is to intercept the individuals that are newly isolated because their senior centers have closed. These individuals are already connected to a support, and it is critical that the support pivot to continue to serve their needs. Telephone reassurance programming and peer telephone programming could be organized to support these individuals across the state. These programs have been created organically in many areas, but not all. Consistent adoption would help to keep newly isolated older adults from becoming socially isolated.

Senior volunteer programs can also be repurposed to continue support of older adults. This can be done in conjunction with the alternative senior center programming. Many older adults have relied on volunteering to stay connected to the community. These older adults can engage with the older adults who, until recently, patronized the senior centers. There is also potential to do outreach to the greater community to organize peer telephone programming for all of those interested.

Recently, SAGE, an organization that provides advocacy and services for LGBTQ elders, developed programming to help support older LGBTQ adults through telephone connections. They quickly launched a campaign for older adults and younger adults who all identify as LGBTQ to connect with each other. The minimum contact is once per week for the duration that the older adult is enrolled. This type of connection can be very meaningful to an older adult who may not have other connections.

Another avenue to reach the most at-risk older adults is through community access channels. Those who do not have the internet or cell phone service would benefit from television programming geared toward older adults. Religious services can be accessed through these channels. Ensuring a diverse representation of religious leaders will be important to accommodate older adults' spiritual practices. There is also an option to create hobby-based programming with call-in capabilities. Older adults that are engaged with their communities have less instances of social isolation. Remote communities can be created through the community access channels without reliance on additional technologies for most older adults.

The PA Department of Aging through its Office of the Long-Term Care Ombudsman and AARP PA is collaborating through a strategic partnership to re-establish lines of communication with nursing home residents in targeted facilities throughout the Commonwealth. The goal is to link older adults in facilities with technologies that will allow them to connect with their support system outside of the facilities.

The "younger" older adults can be served through virtual programming more readily than many of their "oldest" older adult counterparts. This group showed more interest in virtual religious services, virtual recreational programming, and virtual senior academy than those 81 and older. This comment was made by a "younger" older adult:

My biggest concern about Seniors is the lack of companionship -- having people to see, talk to etc. It would be good if more seniors had internet capability so they could skype, play online games with friends etc. And phone calls and socially-distant visits with close friends are vital. Food for their stomachs is number one priority, but food for our souls is critical too!

There were several comments that stated interest in online games as well. Peer-to-peer gaming can help older adults make connections to one another. Older adults may not know what is accessible to them through their internet and/or smartphone connections. Virtual leagues of senior games can be created for older adults to continue to engage with peers who share interests. The Virtual Senior Academy is another viable option for those looking to connect virtually.

The Virtual Senior Academy is a project of the Jewish Healthcare Foundation in Pittsburgh and is free to all older adults. Experts in fields such as the arts, astronomy, architecture, cooking and food, health and wellness, technology and more, offer live virtual classes daily using video chat technology. The free service offers the opportunity for older adults to teach classes themselves, continue their learning, and develop connections with others of similar interest from the comfort of their own home or residence. Connecting older adults to resources so that they can access these networks will reduce the instances of social isolation.

Many older adults do not have access to connectivity that the rest of the population enjoys. This lack of access is due to a variety of reasons and does not reflect a lack of interest, as evidenced above. However, each of these reasons has a potential solution. For example, an older adult who lives in an area devoid of broadband access may have cellular access, but no means to buy a phone. This person may significantly benefit from a smartphone and cellular service stipend. Another example is of an older adult who has received a smart device from a family member but does not use it because they do not know how to set it up. This person could access a volunteer to teach them what their device can do for them and how to use it.

Although there are many local programs that provide these kinds of solutions, consistent and reliable interventions that offer these supports based on individual needs can be developed, resulting in a high positive impact.

It is well-understood that social isolation results in significantly negative outcomes and that there are widely-used screening tools to assess social isolation. However, there is no consistent and reliable source that screens older adults for this risk and connects them to resources. Developing mechanisms to screen older adults either when they are most at risk due to a life-altering event such as retiring, loss of a partner, loss of license, etc., or through other means of assessing risk, would have a significant benefit for older adults. When paired with robust programming and person-centered referrals, social isolation can be greatly reduced.

The COVID-19 pandemic has isolated most of the population. Older adults are already less likely to be connected through the workplace, are more likely to have lost partners, and are more likely to have limited income. They are particularly vulnerable to isolation, and less-equipped to adjust to technology-based connections because they have lived without it longer than others. Harriet, a self-proclaimed luddite wanted to submit her survey, but did not own any device to submit it online, called to state that she had been resistant to virtual connections her entire life, until the COVID-19 pandemic. She is now open and eager to reconnect to her family and church community virtually. For many with interest, access is still lacking. Some counties in Pennsylvania only have 23% access to low speed internet, and only 10% overall have access to the speeds needed to stream adequately. In 2019, Governor Wolf introduced a the Restore PA initiative that would help make broadband access available throughout the state. The PCoA supported this proposal then and recognizes that in light of the challenges COVID-19 has played in social isolation it is more important than ever to address this structural change now.

Until there is a reliable vaccine available, older adults will continue to be at risk of exposure to COVID-19 and its fatal consequences. Social distancing continues to be a powerful weapon in maintaining the safety of older adults. As Pennsylvania moves toward reopening businesses, considerations for older adults need to be upheld. For example:

- Maintained social distancing and continued testing are the most ideal mechanisms to protect older adults
- Stores should continue to offer senior-specific shopping hours, drive-through options, and pay-by-phone to mitigate exposure.
- Efforts to connect older adults to technology should be prioritized.
- Programming that addresses social isolation should be developed and made widely available.

This very difficult situation has opened an opportunity to address vulnerabilities in how we collectively have supported older adults. Ensuring that their lives are valued as equally as those younger than them is critically important. Every life lost during this pandemic is a tragedy. We can all make changes to support the well-being of those who have the most lived experience of us all.

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Created in 1977, the Pennsylvania Council on Aging serves as an advocate for older individuals and advises the Governor and the Department of Aging on planning, coordination, and delivery of services to older individuals. The Council's 21 volunteer members, the majority of whom are required to be age 60 or older, are nominated by the Governor and approved by the Senate.

Additional members of the Council serve as chairs for five regional councils. These regional councils gather information and insights on local needs and service delivery and report their findings to the Council.

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