

GRC News

COVID-19 SPECIAL ISSUE RISK, RESPONSE, AND RESILIENCE IN AN AGING COVID-19 WORLD

Summer 2020

GRC Director: Andrew Wister

Designer: Kevin R. Wagner



SFU

GERONTOLOGY
RESEARCH CENTRE

Covid-19 special issue

The Gerontology Research Centre (GRC) at Simon Fraser University serves as a focal point for research, education, and information on individual and population aging and maintains an active publications program.

Long-term care

5
Lifting the Curtain on Long-Term
Care in the Face of COVID-19
By Habib Chaudhury

8
Rethinking Care for Older Canadians
By Laura Kadowaki

10
Caring for the Caregivers Should
be at the Heart of Long-Term Care
Reform
By Sienna Caspar

11
Till Death Do Us Part
By Dan Levitt

Diversity and families

13
Cultivating Healthy Social
Connections in Aging Families
By Barbara Mitchell

15
Family Caregiving During the
COVID-19 Pandemic
By Lun Li

16
Elder Abuse and COVID-19
By Gloria Gutman

18
COVID-19 and LGBT Canadians
By Robert Beringer, Gloria Gutman,
Brian de Vries, and Helena Daudt

20
Responding to the Needs of Older
LGBT Adults During COVID-19
By Eddy Elmer

Mental health

21
SFU STAR Institute COVID-19
Response, Resources and Solutions
By STAR Institute

23
The Impact of COVID-19 on Precision
Mental Health
By Susan Lowe and Theodore D.
Cosco

Death and dying

25
Learning about the importance of
caring in life through death
By Sharon Koehn

28
Delayed care-seeking behaviours
among the elderly
By Amir Moztarzadeh

Community services

29
Seniors' centres and COVID-19
By Anthony Kupferschmidt

31
Community-Based Seniors Services
By Glaucia Salgado

33
Seniors Voices on COVID-19
By Kay Dennison

34
Volunteerism during COVID-19
By Eireann O'Dea

Homelessness

36
When Sheltering in Place is Easier
Said than Done
By Joe Humphries, Sarah Canham,
and Atiya Mahmood

38
A Tale of Two Crises
By Daniel R. Y. Gan

Life and ageism

41
Rediscovering a Sense of Meaning in
Life in the Era of COVID-19
By Ian Fyffe

43
Ageism in the COVID-19 Crisis
By Andrew Wister

44
CLSA Press Release
By SFU News

The current COVID-19 pandemic has raised the profile of gerontology and alerted experts working in academic, government, community and private sectors to a new set of challenges. Older adults are at an increased risk of experiencing deleterious outcomes if they contract COVID-19, ranging from lasting health complications to mortality. They are also more challenged than most individuals and families with respect to adaptations to the physical distancing policy. These inequities are most pronounced for the most vulnerable older people in society, especially those living in long term care, assisted living or congregate care environments. The majority of COVID-19 deaths have been among this group. Furthermore, even though most older adults living in the community in private households are relatively healthy and active, the pandemic has produced greater levels of stress, social isolation and barriers to meet day-to-day needs. Physical distancing has exacerbated many of the social issues that many older individuals face, covering a large spectrum of health care, economic, physiological, social and psychological issues.

In response to this fluid and complex crisis that poses a plethora of unanswered questions, the Gerontology Research Centre and Gerontology Department decided to invite articles and commentaries from faculty, research staff, graduate students and our student alumni to apply their area of gerontological expertise to the COVID-19 pandemic. We also invited seniors to add their voice to this compilation of pandemic perspectives. Remarkably, the GRC received 20 article and commentaries in support of this Special Issue. The title: *Risk, Response And Resilience In An Aging COVID-19 World* reflects the nexus of vulnerability and risk with positive and negative responses to these challenges, including innovation in applied research and development. The notion of resilience is foundational, since it captures the ability to bounce back from adversity, and balances pathogenic and salutogenic responses and outcomes (Antonovsky, 1979; Wister et al., 2016; 2020). The topics cover many issues relevant to persons working in the field of aging as researchers, students, and the many groups and organizations that provide services to older people, as well as seniors themselves. The areas are expansive, covering health care and community care systems, housing/homelessness, families, physical and mental health, death and dying, ageism, and personal experiences among others. These articles and commentaries underscore the need for

action, in terms of filling knowledge and data gaps, policy reform, and community-based approaches to supporting older people during this and future pandemics. Two themes run through these pieces – first, the need to think about how COVID-19 social problems have exposed a myriad of issues that will require our attention as we move beyond this pandemic; and second, the amazing ability of people and communities to coalesce around these challenges.

Indeed, the COVID-19 crisis has resulted in our gerontology communities coming together to harness a myriad of resources. Families, friends, and many community groups, often relying on volunteers (including our gerontology faculty and students) are providing supports to seniors to meet basic needs in a safe manner. The BC government, health authorities, and NGOs are also making important steps to serve the needs of seniors during the COVID-19 crisis. Yet, there is still considerable work to be done.

I want to extend sincere thanks to everyone contributing

to the COVID-19 response, whether this is through your research, community work, or other forms of support. In particular, I want to applaud those of you who provide front line health care and/or community supports to older adults, especially the most vulnerable living in long term care and congregate housing.

In closing, it is hoped that this GRC Special Issue generates research, knowledge and program innovation and reform that will apply the expertise of the gerontology community and improve the lives of older adults facing the COVID-19 pandemic and beyond.



Andrew Wister is Director of the GRC

References:

- Antonovsky, A. (1979). *Health, stress, and coping*. San Francisco: Jossey-Bass.
- Wister, A., Coatta, K., Schuurman, N., Lear, S., Rosin, M. & MacKey, D. (2016). A Lifecourse model of multimorbidity resilience: Theoretical and research developments. *International Journal of Aging & Human Development*. 82(4):290-313. DOI: 10.1177/0091415016641686.
- Wister, A., Cosco, T., Mitchell, B., & Fyffe, I. (2020). Health behaviors and multimorbidity resilience among older adults using the Canadian Longitudinal Study on Aging. *International Psychogeriatrics*. 32(1), 119-133.

Long-Term and Formal Community Care Gaps and Solutions

LIFTING THE CURTAIN ON LONG-TERM CARE IN THE FACE OF COVID-19: SOBERING REALITIES AND A TIME FOR REFORM

By Habib Chaudhury, PhD

LONG-TERM CARE HOMES are among the most vulnerable places for an infection outbreak with a high-risk population and risk of rapid spread. This underlying reality has painfully materialized as we witnessed care homes becoming the epicenter of COVID-19 in Canada and beyond. Rapid outbreak among residents,

front line workers' health and safety at jeopardy, shortage of protective gears and supplies, inadequate and inconsistent staffing, lack of effective response for residents with dementia, inadequate physical environment, communication gaps with family — are among the multitude of challenges faced in care homes with the

unprecedented outbreak. In some ways, the effected care homes have become like cruise ships with coronavirus outbreak — out in the sea and nowhere to dock. The heroic efforts of the front-line workers, health-care staff and management, as demonstrated by their dedication, commitment, perseverance, diligence,

compassion, teamwork and sacrifice have been one major redeeming outcome of the pandemic.

The sobering reality of COVID-19 has raised the curtain that has kept systemic gaps and fault lines in our long term care system out of our collective sight. The challenges faced by residents, care staff and administration in this time of crisis do not represent failure or shortcoming of any particular group of organizations, providers or individuals, rather they are indicative of the limitations at the societal and structural levels in how we value the quality of care and housing for our elders. The challenges and gaps in funding, staffing and provision of quality care and support in care homes are not new and have been brought up in media stories over the years. Regrettably, It has taken an outbreak of COVID-19 proportions to make those challenges come to focus in our collective realization.

Front line workers, i.e., primarily personal support workers or care aides are at the brunt of COVID-19's impact in long-term care homes. The notable gaps and challenges in this sector over the decades include: under-staffing (low care aide to resident ratios) and underpaid care aides (lowest paid care workers), staffing model that relies on casual or external agency impacting inconsistent (sometimes lacking adequate competence) staff, workplace safety challenges and lack of appropriately supportive organizational culture. In many care homes, the pandemic situation has exacerbated these issues leading to the high number of unfortunate deaths in residents and healthcare workers, not to mention the impact on mental health of the residents and care staff moving forward. In British Columbia, the provincial government's measures that included "single site order" (requiring most staff to work at one site), all workers to be paid unionized industry standards, commitment for full time works, have been effective in mitigating the spread

and impact of the outbreak. Although implemented to manage the immediate effects of this crisis, these policies need to be seriously considered, in their current form and variations, for longer-term implementation. These measure will not only prepare for a potential second wave of outbreak, but also address the pre-pandemic systemic fault lines.

The physical environment of a care facility has a critically important role in infection prevention and control. As COVID-19 situation is a current reality in care homes with outbreaks, it is too early to have scientific evidence on the effect of the environmental impact on outbreak management or mitigation. Nonetheless, based on evidence in past research, there are potential advantages of self-contained small homes (e.g., 12-16 bed households) with clustered arrangement of rooms, activity and dining areas — for more effective infection prevention and control, responsive management of residents with dementia and care interactions. Smaller group size provides the option to compartmentalize residents who might be at greater risk of infection, as well as isolate residents who are infected. Separating or grouping residents on floors with more than 60 residents and rooms with 2 or 4 residents is highly challenging. In conjunction with physical isolation, dedicated staffing would need to be established for effected residents to minimize transmission of the virus in the facility through staff. Majority of the residents in care homes live with dementia, who may have difficulty adhering to social distancing from other residents. They may have higher levels of anxiety at a time of isolation along with the reduced number of planned activities. A smaller group size facilitated by a household setting can provide the much needed hands-on or close-proximity care and support from staff at a time of an outbreak. Beyond the possible benefit for outbreak prevention

and control, there is evidence on the positive influence of small homes or household model on increasing residents' social engagement levels, decreasing anxiety and aggression, supporting mobility and reduced use of psychotropic medications.

Based on research in acute care settings, we know that single occupancy rooms are more effective in infection control than multi-occupancy rooms for infection control and overall quality of life including satisfying visits with family members, improved sleep patterns, meaningful privacy, personal control and a sense of belonging. For example, conversion of a single occupancy rooms to temporary airborne infection isolation room allows strategies to have bedrooms under negative air pressure. It's worth noting that U.S. Centers for Disease Control and Prevention recommends that residents with known or suspected infection be placed in private rooms and preferably with their own bathrooms.

Additional design considerations that could be taken into account in long-term care infrastructure interventions include: a flex space (e.g., an activity space with Murphy beds) that may be used for overnight stay of staff, family accommodation in the resident rooms, and provision of a secured outdoor space. In a few care homes with COVID-19 outbreak, healthcare workers made the remarkable decision to stay on site 24/7 to control potential spread of infection due to their movement to their homes and the communities. Also, we need to consider the pros and cons of restrictions in family visitations and find a balance between ensuring resident safety and providing family care and emotional support. Having flexible space and design features in the facility would provide the option of overnight stay by family and staff. Availability and access to an outdoor space, e.g., terrace or garden, can serve as a useful resource for isolated residents to spend time in the outdoor

area by walking, sitting or gardening, and provide positive stimulation from exposure to nature. Other possible measures include – designation of isolation rooms (in facilities with all multi-occupancy rooms), lobby transition area staff and visitor screening, wider hallways, use of materials and finishes for flooring and counter tops that limit bacterial survival and transmission and easily accessible hand washing stations.

Incorporation of appropriate technology in the care home environment is an important area for change. Care staff have relied heavily on remotely connecting residents with anxious and caring family members in the community. There is a need for innovation and consideration of easily accessible communication technology (e.g., motion or voice controlled) that can be used by residents themselves for virtual socialization and stay connected with family, friends and the larger community. Many care home residents experience loneliness and depression, and these conditions could be aggravated due to visitation restrictions during a time of outbreak. In-room entertainment and opportunities for positive engagement for residents who are in isolation would be helpful to help reduce anxiety and negative affect of social isolation. Future infrastructure and technology investments need to consider these and other technology to support residents, staff and family as part of the designed environment of a care home.

Another important area is Advance Care Planning with residents and family members in the context of COVID-19. Although this is an emotionally difficult time for families, residents and staff, the value of having such discussions cannot be overstated. The goal is to ensure dignity and provide spiritual care and support to older adults and their care partners. COVID-19 had made us realize the acute reality of the fragility of life, especially those with underlying chronic health

conditions. There are several resources and support in place for advance care planning in British Columbia, including those from the provincial health authorities. This is also a moment to acknowledge the importance of support for palliative care programs and services. At a basic functional level, we need to recognize that family members and chaplains can be a valuable resource to provide for physical care and emotional support for residents at the end-of-life due to COVID-19 and arrange for safety measures with safe spatial arrangement and protective gears that can ensure their access to the residents.

A word of caution as we consider the environmental and care practice measures needed for better preparing care homes for a possible future outbreak – care homes are not hospitals, i.e., they are not designed or equipped to provide the hospital level of containment and care in a sustained way. We should not overreact and create quarantinable buildings that distract from the evolution of long-term care design from its legacy of acute care. It is important to find smart ways to implement the necessary and appropriate measures to increase resident and staff safety for a pandemic like COVID-19 and at the same time not lose sight of approaches that support residents' autonomy, dignity and personhood.

This is a time to galvanize our collective will and commitment to make meaningful and sustainable reform in long-term care on policy and practices by rethinking the current long-term care model. We need to embrace innovative care approaches, increase financial support to support policies and practices that prioritize residents' safety and quality of life, staff safety and work culture, investments in physical infrastructure, higher staffing ratios, consistent staffing models and increased wages for care aides. We are at a crossroads for long-term care homes. As politicians, decision mak-

ers, administrators, care home staff, families and elders, let's have an honest discussion on the question – how can we create a community of care that is authentic and honours our elders and their care partners (health care workers and families) in providing a safe environment without compromising dignity, values and comfort? A national task force should be convened with urgency to focus on ramping up existing efforts and generating innovative solutions.

Consultations, gathering of evidence, and decisions need to be made sooner than later. If we don't act in the foreseeable future, tomorrow may become the same as yesterday's news as we flip back to the past "normal" in a default mode of operation. This is the charge and challenge in the coming days.



Habib Chaudhury is a Professor and Chair in the Department of Gerontology at SFU.



RETHINKING CARE FOR OLDER CANADIANS

By Laura Kadowaki, MA

The National Institute on Ageing reports that long-term care home residents account for 82% of COVID-19 deaths in Canada (National Institute on Ageing, 2020). The COVID-19 pandemic has exposed structural problems with long-term care homes that are the results of years of underfunding and neglect. Advocates and researchers have been raising flags for years about the inadequate staffing levels, health human resource shortages, and poor working conditions plaguing long-term care homes. Under normal conditions these problems result in poor quality care and negative care outcomes, under pandemic conditions the results have been deadly. With the nation's gaze currently on long-term care homes, the COVID-19 pandemic provides a policy window not just to reinvest in long-term care homes, but also to rethink their position within the broader continuum of care and how we should care for older Canadians.

Canadians have consistently expressed that they wish to remain in their own homes and communities for as long as possible. A recent survey of Baby Boomers and older adults found 86% of respondents wish to age in place (Muster Group, 2020). The impact of COVID-19 on long-term care home populations will likely strengthen negative perceptions of long-term care homes and reinforce older adults' desire to be cared for in the home and community. There will likely always be a sub-population of older adults who will require intensive care in long-term care homes, and for these older adults we should explore new smaller scale models of care (e.g., Greenhouse model). These focus on quality of life and home-likeness rather than reproducing institutional environments that are less attractive, especially after the COVID-19 long-term care crisis. However, research from the Canadian Institute for Health Information (2017) suggests that up to one-third of residents in

long-term care homes could possibly be cared for with home and community-based supports. This policy option would not only align with the desires of older adults, but research also suggests that it can be a less costly option for care. For instance, research from Hollander and Chappell (2002) has supported integration approaches by showing that home care can be a less expensive alternative to long-term care homes, even after accounting for the costs of informal care.

Many provinces have now acknowledged these facts and have developed visions of providing care at home for older adults. However, they have yet to invest enough in the care required to make this a viable alternative for many older adults. For example, in BC the Seniors Advocate reports that despite 51% of home support clients being at high or very high risk of long-term care placement, most (86%) receive 2 hours or less of home support per day (Office of the Seniors Advocate, 2019). Furthermore, services that provide respite to caregivers (e.g., adult day services, in-home respite) also have been woefully underinvested (Office of the Seniors Advocate, 2015). The scope of home support services available in most provinces is also quite narrow and may exclude supports for instrumental activities of daily living such as transportation, housekeeping, meal preparation, and grocery shopping. During the COVID-19 pandemic, the need to provide such supports to isolated and frail seniors has been recognized as a priority through grassroots volunteer movements and community initiatives, with some funding support from governments. This raises the question of why providing support to isolated and frail seniors (e.g., assistance with shopping, social connection) should be a societal responsibility during a pandemic, but not at other times?

In the context of COVID-19 there is growing pressure for the Federal Government to become more involved in funding long-term care homes. The likely response will be to inject additional funding into long-term care homes, and this may help to alleviate problems over the short-term. However, focusing solely on long-term care homes would be short-sighted given stated policy objectives of providing care in the home and preferences for care of older adults. A more thoughtful approach would be to initiate a national conversation with Canadians on what type of care we want to provide to our older adult population; a necessary part of this conversation will be discussing how we can adequately finance an integrated care model. There is the need to formally recognize services such as long-term care homes, home care, and home support at the federal level as necessary services for older adults and to ensure that all Canadians are entitled to a general basket of services. Researchers have suggested that this could be achieved by expanding the Canada Health Act or introducing a separate tax-financed or social insurance scheme (Chappell & Hollander, 2011; Lanoix, 2017; Hébert, 2016). While such

an endeavour no doubt will be difficult, the alternative of continuing to neglect our older adult population can no longer be an option.

References

- Canadian Institute for Health Information. (2017). *Seniors in Transition: Exploring Pathways Across the Care Continuum*. Ottawa, ON: Canadian Institute for Health Information.
- Chappell, N., & Hollander, M. (2011). An evidence-based policy prescription for an aging population. *Healthcare Papers*, 11(1), 8-18.
- Hébert, R. (2016). Still-Born Autonomy Insurance Plan in Quebec: An Example of a Public Long-Term Care Insurance System in Canada. *Healthcare Papers*, 15(4), 45-50.
- Hollander, M., & Chappell, N. (2002). *Final Report of the National Evaluation of the Cost-Effectiveness of Home Care*. Victoria, B.C.: National Evaluation of the Cost-Effectiveness of Home Care.
- Lanoix, M. (2017). No Longer Home Alone? Home Care and the Canada Health Act. *Health Care Analysis : HCA : Journal of Health Philosophy and Policy*, 25(2), 168-189.
- Mustel Group. (2020). 2020 Generational Real Estate Trends Report: Aging in Place. Retrieved from <https://sothebysrealty.ca/insightblog/2020/03/04/2020-generational-real-estate-trends-report-aging-in-place/>
- National Institute on Ageing. (2020). NIA Long-Term Care COVID-19 Tracker. Retrieved from <https://ltc-covid19-tracker.ca/>
- Office of the Seniors Advocate. (2015). *Caregivers in Distress: More Respite Needed*. Office of the Seniors Advocate.
- Office of the Seniors Advocate. (2019). *Home Support Review*. Office of the Seniors Advocate.



Laura Kadowaki is a PhD Candidate in the Department of Gerontology at SFU.

CARING FOR THE CAREGIVERS SHOULD BE AT THE HEART OF LONG-TERM CARE REFORM

By Sienna Caspar, PhD

One of the most devastating aspects of COVID-19 is that it has been estimated that between six and eight out of 10 deaths in Canada — and half around the world — are of people living in long-term care homes. This tragedy has revealed significant gaps in care and has prompted governments to release new guidelines to help contain illness and deaths among residents and staff.

While important to fight the pandemic, temporary fixes, including sending in the military, will do little to make lasting improvements to quality of life for those in care homes. Almost one-third of Canadians 85 and over live in them and the number of people overall requiring long-term care is projected to quadruple to 690,000 in under 20 years.

The operation of private and public long-term care homes is already one of the most highly regulated areas of health care. Rules govern hallway widths, how often baths occur, timelines for assessments and care planning, bed rail heights, the temperature at which meals are served, how much space each person has at their dining table — and the list goes on. Yet these stringent regulations were ineffective in reducing the harm we are witnessing. Why? Because regulations have repeatedly stopped short of addressing a fundamental issue, which is the quality of working life for those providing the care.

Care aides provide 80% of the care in nursing homes. This unregulated workforce consists primarily of women, many of whom are immigrants or from marginalized racial groups. Long before COVID-19, research demonstrated that their working life needed to be vastly improved. We know that care aides account for the highest number of on-the-job injuries, more than logging, construction or mining; that without full-time hours with benefits, they work at multiple facilities to make ends meet; and that the majority express a desire to feel more appreciated and cared for by management. For over a decade they have been reporting stress due to increasing workloads and decreasing job satisfaction as

residents' needs became more complex. With no minimum staffing ratios, little control over how they get their work done, and a lack of resources, care aides frequently experience moral distress because of the tension between what they want to do for residents and what they can do.

Research repeatedly shows that poor working conditions, most often indicated by staff turnover and job dissatisfaction, is linked directly to poor quality of care and, in some cases, greater aggression towards residents and other workers. When staff members deserted a care home in Dorval, Quebec, dehydrated and malnourished residents were left lying in soiled linens, some for days. Rather than presume that these workers are heartless, we should instead presume that their employer did not respond to their valid fears and concerns about the pandemic and felt so powerless and disrespected that the only response they believed they had was to leave.

The vast majority of care aides carry on, working short-staffed, fearing for their health and that of their families, and short of supplies. They continue to have a strong sense of their work's worth, despite how our ageist society devalues it. At 7 pm every night, people around the nation applaud our health workers; I clap for care aides, often with tears of gratitude.

They deserve better working conditions not just now, but for the future, and because the lives they hold in their hands matter. So do theirs.

Regulations and quality reviews must address minimum staffing ratios (including provisions that ensure staff do not “work short” when team members call in sick), sweeping wage reviews (the average is about \$19 an hour), and the percentage of casual and part-time positions that can be converted to regular full-time positions with benefits. These reviews should assess staffs' access to supplies and resources, and their perceptions of discrepancies between written safety policies and daily procedures, such as when policy states that two staff members must lift a resident, but

daily care routines make that impossible. However, new regulations and standards won't make a difference unless our care homes are appropriately resourced to implement them.

When researchers like me ask what they need most, care aides say they want managers to hear and respond to their concerns; work-place conditions that create supportive, collaborative teams; and recognition for their work. When we do this, we empower care aides to develop and implement solutions to common workplace challenges — and, when galvanized, care aides can be unstoppable in improving care.

Across the world, people yearn to return to the way things were. That can't happen in long-term care. We need radical change. A starting point is the development of quality reviews that emphasize a profoundly simple idea — that when we feel cared for, we care better for others.



Sienna Caspar is an Associate Professor in the Faculty of Health Sciences—Therapeutic Recreation Program at the University of Lethbridge. Her research is in long-term care services, dementia, leadership, recreational therapy and organizational change.

TILL DEATH DO US PART: A NEIGHBOUR'S LOVE STORY IN SUPPORTING HIS SPOUSE LIVING IN CARE

By Dan Levitt, MSc, CHE

My neighbour Ken lives next door, his wife Maureen lives in a nearby long-term care home, a ten minute walk away. Until moving in earlier this year, they had lived together for most of their adult lives in the same house where they raised their children and where their grandchildren came to visit regularly. She moved into the care home earlier this year after nearly a decade of health decline due to the effects related to vascular dementia. A dedicated loving husband, Ken cared for Maureen at home until living in their house became unsafe for them both. Ken promised Maureen he would visit her daily; he thought nothing of this pledge — she would have done the same for him had the situation been reversed — a pledge they made to each other in their wedding vows.

Ken and Maureen's story began on the Canadian prairies where they met each other while studying in the University of Saskatchewan. Maureen's father was Premier Woodrow Lloyd who was responsible for implementing the universal health care plan that the previous Premier Tommy Douglas had introduced. At their wedding, Tommy Douglas gave the toast to the bride. The bride would graduate from University with a Bachelors in Education and became a teacher.

Not long after moving in to the care home, COVID-19 struck care homes around Greater Vancouver and soon visitor restrictions mandated through Orders issued by the Provincial Public Health Office allowed only one visitor per day. This was quickly followed by further restrictions resulting no visitation. As a result, Ken and Maureen, who celebrate their 60th Wedding Anni-



versary in June, may not see each other in person for the foreseeable future – not able to hold hands, to embrace each other, to kiss, to physically be there for each other!

Ken, like many others, understand that the virus is disproportionately impacting seniors and health care workers in nursing homes. Seclusion of the most vulnerable in long-term care has become a necessity, a difficult pill to swallow.

When I last checked in with Ken to see how he and Maureen were doing, he cut our conversation short due to getting ready for an appointment to digitally see his wife. On a regular basis, family members reconnect with loved ones living in nursing homes using donated iPads to bring couples socially together who are physical distanced due to the pandemic. Ken shared with me that he was hoping that on the call Maureen, an accomplished pianist, would serenade him playing her favourite tune, “Somewhere Over the Rainbow”, that she continues to perform by memory. For couples and families separated by the disruptive virus, teleconferencing is a game changer. It took physical distancing measures to create an innovative way to remotely connect with older adults in our lives. Children and grandchildren reach out and bridge the generational gap. Gerotechnology has the potential to increase vitality, health, well-being, and quality of life – continuing human development throughout the aging journey.

Innovation in long term care goes beyond the use of technology – it includes how meals are served in seniors’ rooms where previously they would dine together often in tables of four in homey-decorated dining rooms. Therapeutic recreation and group activities are much more restricted in how they are organized. As you might expect, bingo is a popular pastime in aged care communities. How do you play bingo when seniors are stuck in the rooms for most of the day? A simple innovation transforms doorways and long hallways of traditional nursing homes into a games room. There is no

C-19 in Bingo! Physical distancing may keep older adults separated but meaningful activities engages them and bring them closer to together.

Family caregivers like Ken know this is not a sprint – it’s a marathon, a long haul flight. He understands that being there to care for others requires us to take care of ourselves first. Healthy eating, exercising, self-care, good night sleep, prayer and meditation are essential.

For now, Ken takes comfort by looking through family albums, pictures of Maureen, remembering their first date and the lifetime of memories they built together and remains optimistic, that they will embrace again and hopeful that they will meet again. He is grateful for the health care workers who take loving care of his wife – they are the heroes who daily sacrifice everything to be on the front lines during the pandemic.



Dan Levitt is executive director of Tabor Village. He is also an adjunct professor at SFU and UBC, and a sessional health sciences instructor at BCIT

Diverse Families and Precarious Caregiving

FAMILY MATTERS: CULTIVATING HEALTHY SOCIAL CONNECTIONS IN AGING FAMILIES DURING TIMES OF RISK AND UNCERTAINTY

By Barbara A. Mitchell, PhD

GIVEN THE CURRENT COVID-19 pandemic, many of us are experiencing profound uncertainty, strain, and anxiety in our daily lives. In particular, many of our senior family members are facing unexpected and unprecedented struggles and strife, whether living independently or in some other type of housing or institutionalized setting. Both the formal and the informal sector, the latter of which consists of both paid and unpaid family caregivers, are being incredibly stretched and stressed. And while there is enormous socio-economic and socio-demographic diversity (e.g., income, gender, ethnicity, etc.) in the health, well-being and resources in our aging population, some families and groups of seniors are especially challenged and are more vulnerable to adverse outcomes than others. These consequences can include a multitude of overlapping risks and threats in

areas related to physical and mental health/well-being, mobility, dependency, social isolation (including loneliness and depression) and in trying to maintain physical and social connections with loved ones, such as grandchildren. Access to health and community care, local amenities and other support systems may also be limited or compromised, making family even more important to fill these gaps.

Despite these emergent challenges and against the backdrop of a daily barrage of negative and often horrific sad and tragic stories of death and disease, like many of you, I have been very concerned about the welfare of many older adults, especially those who may be alone, afraid, or without protective supports. A recently conducted SSHRC-funded study of mine in Metro Vancouver (just prior to the COVID-crisis), focused on

aging families, ethnicity, and immigration and later-life transitions, including retirement. Preliminary mixed-methods findings of this research (entailing survey and qualitative interview methods) revealed that a significant minority of local families are struggling with many issues. Some of these challenges are linked to immigration contexts, mental health issues, concerns about children, and financial troubles and are related to, or created, by relationship stressors, employment, and housing situations. Undoubtedly, these issues have been exacerbated or magnified during current COVID-19 times.

Yet, in the face of these personal troubles and public issues, I have also been moved by the resilience and gallant behaviours of many people and the countless inspirational stories that we hear. From the selfless contributions tirelessly

provided by our front-line health care professionals to the expansive reach of community volunteers, to the kind and cheerful daily greetings extended to me by my neighbours during my nature hikes with my dog “Isabelle,” these daily acts of caring and kindness expose incredibly shiny silver linings. Indeed, these deeds and words, no matter how small, generate and reproduce positive “social contagions.” These activities also show how we are all inextricably interconnected as living, social beings on this planet.

The capacity to creatively and innovatively assemble our changing daily lives and social ties is particularly important as we age and are continually reminded of the impermanence of life. Inevitably, we will all experience loss, illness, and death during our life spans, as well as changes to our “convoys of social support networks” (Antonucci). Fortunately, and as gerontological studies and my personal observations consistently demonstrate, “family” is not a static or monolithic entity. Rather, it is an active and elastic social construct and is something that people “do” out of practical experience or necessity. Seniors and their caregivers, for example, will reinterpret and negotiate their personal and kin relations in response to changing life course circumstances, albeit not always under “ideal” circumstances. It is at this level that our work as gerontologists becomes invaluable as we strive to learn more about how we can best meet the needs of those who require emotional and instrumental help.

Indeed, as a gerontologist who studies, teaches, and works directly in the area of aging families, health, and communities, this pandemic further renews my fundamental belief that family matters, and that “blood is not thicker than water.” In short, our shared COVID-19 experience reinstates the fragility and precarity of life and our ecosystem, but also the core significance and value of family relation-

ships, regardless of whatever shape, form, or structure that they take. The meaningfulness of family is deeply revealed whenever we observe the enormous willingness and capacity of humans to cultivate and nurture family or family-like social connections. These close or intimate bonds extend beyond genetic or “blood” ties and surpass what some may traditionally conceive as “family.” We are also fortunate that we live in a time and place in which diversity within and among families is often celebrated.

Moreover, in British Columbia, many of us are lucky enough to have access to beautiful outdoor spaces and communication technologies (e.g., Telehealth, Skype, Zoom, Smartphones, etc.) that can help us to extend and nurture our social relationships. There are certainly limitations to new technologies in terms of abilities, access and replicating “real” human contact. However, for many, the chance to connect via virtual interactions has allowed many individuals and older adults to enjoy some level of comfort, assistance, and normalcy through regular contact, companionship, and engagement with others. Given that about 80% of all social support originates from informal sources, it is not surprising that the family will play an integral role in adapting to the COVID-19 era.

As we navigate uncertain waters for ourselves and for our families during this pandemic, we also need to take the time to pause, disconnect, and declutter. During these troubling times we now have permission for self-care and reflection, and to appreciate the fluidity, significance and varied meanings of home and family. Thus, we can take this as an opportunity to reimagine, reorganize, and plan for better futures, including improvements to policies (e.g., in long term care) and community programs. These efforts can make this world a better place for aging families by bettering our blue-

prints for healthier families and communities. We can also transform this crisis into an opportunity to not take anything for granted, and to applaud the incredible contributions made by our colleagues, our students, and for anyone working in the timely field of aging or gerontology. Moreover, we can see this pandemic as a “wake up call” to maintain and find new ways to prioritize home, family life, and our ecological environments. From this standpoint, we are in a better position to foster further resilience, reach out to others, and nurture our social relationships, not only within our own families, but within our local and global communities.

In closing, let us all be proud of our individual, collective, and shared social interests and our interwoven bonds at this time in history. We are at an important crossroad in that we have the creative and scientific capacity to redefine and reinforce the notion that “family matters” in society, to reform policies, and to improve institutional and community practices. In this way, we will be better able to cultivate, nurture, and support our seniors and their families and to “give back” to those who have scarified so much.



Barbara A. Mitchell is a Professor of Sociology and Gerontology at SFU.

FAMILY CAREGIVING DURING THE COVID-19 PANDEMIC

By Lun Li, PhD

The majority of aging Canadians receive support and care from family members or friends due to health reasons or age-related needs. Family caregiving is the backbone of the healthcare system and is essential in supporting people to keep healthy and active during the process of aging in Canada, as well in other countries. The outbreak of COVID-19 pandemic has created more barriers for caregiving, and adversely affected the wellbeing of family caregivers.

Family caregiving can be stressful, and family caregivers take a toll on their health, wellbeing and quality of life for carrying out caregiving tasks. The negative outcomes include caregiving burden, depression, and social isolation, to name a few. A considerable number of family caregivers live with their aging parents, grandparents, or spouse, and view other activities outside the home, such as work and leisure activities, as respite or relief from caregiving responsibility. Since the outbreak of COVID-19, work from home has become normal practice, and there have been severe limits on outside activities. When staying at home with both work and caregiving responsibilities, family caregivers likely experience more work and family interference and role conflict. Family caregivers also have little or no respite, and no respite services available for them to apply, which tend to further exacerbate their caregiver burden.

Intergenerational caregivers with caring responsibility to both depen-

dent children and aging care receivers are particularly vulnerable, considering that schools are closed since the pandemic. Intergenerational caregivers usually shoulder the most responsibilities in the family by assuming multiple demanding roles, including parenting, caregiving, and working. This group of family caregivers needs to make more effort to fulfill different roles and also deal with the pandemic, often by themselves. Family caregiving is associated with reduced employment and lower personal income among certain groups, particularly women, new immigrants, and/or those who are less educated. Given that the labour market is adversely affected by COVID-19, some socio-economic deprivation among family caregivers will probably be magnified.

In addition to the stress associated with caregiving, family caregivers also need to deal with new challenges affecting existent social support systems, thereby affecting their ability to take care of their loved ones. When older people live in senior housings, such as supportive living facilities and long-term care centres, their family members usually visit them regularly. This group of family caregivers tends to be the source of emotional support for seniors in these living environments, and the bridge to outside society. However, due to the fact that seniors in such living arrangement are the most vulnerable group of population and at the highest risk with COVID-19, different levels of public health authorities in Canada have to ban visitors to long-

term care homes and other living facilities. These high-risk seniors are unable to see their family members, go out for family gatherings or grocery shopping, or other activities. It is frustrating for both family members and seniors, and in some extreme cases, senior residents with critical health issue might die alone in care homes.

Nowadays, family members tend to live at some distance, and they take care of each other when someone is in need. Distant caregivers often take on various roles and perform most of the caregiving tasks related to health care, basic and instrumental daily activities, emotional support and other financial arrangements. It becomes difficult for family members or friends to travel to support loved ones at a distance as a result of the practice of social distancing and other restrictions. As a result, seniors who are living alone or residing in remote communities might be unable to receive the necessary support from others.

Since the outbreak of COVID-19 pandemic, national and provincial associations of family caregivers in Canada have provided extra support programs, guidelines and other tips to facilitate family caregivers in this difficult time. In addition, caregiver support lines and virtual caregiver support groups are some resources available for family caregivers while maintaining physical distancing. The dissemination and uptake of information to family caregivers is particularly critical under pandemic crisis, since family caregivers may also need to deal

with complicated life situations, such as work from home, children home school, or even unemployed and so on.

The following information resources are useful:

- Government of Canada Advice for caregivers: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/how-to-care-for-person-with-COVID-19-at-home-advice-for-caregivers.html>
- Carers Canada Resources page: <https://www.carerscanada.ca/>
- Family Caregivers of British Columbia Resources page: <https://www.familycaregivers-bc.ca/community-resources/COVID-19-virus/>
- Caregiver support line: 1-877-520-3267
- Alzheimer Society of British Columbia Resources page: <https://alzheimer.ca/en/bc/Living-with-dementia/COVID-19-and-dementia>
- Dementia Helpline
- English: 1-800-936-6033
- Cantonese and Mandarin: 1-833-674-5007
- Punjabi: 1-833-674-5003
- Family Caregiver Alliance (United States) Resources page: <https://www.caregiver.org/coronavirus-COVID-19-resources-and-articles-family-caregivers>
- Caregivers Alberta Resources page: <http://www.caregiversalberta.ca/COVID-19-resources/>
- Caregiver support line: 780-453-5088 | 1-877-453-5088



Lun Li is a Postdoctoral Researcher with the GRC.

ELDER ABUSE AND COVID-19: EXPECT AN INCREASE IN ALL TYPES

By Gloria Gutman, PhD

The International Classification of Natural and Technical Disasters includes three types of natural disasters (hydrometeorological, geophysical, biological) and three types of technological disasters (industrial, transport, and miscellaneous). Over the years, Canada has seen its fair share of each type including, and of particular interest currently, pandemics - which fall in the category of biological disasters. Examples since 1900 include the Spanish Flu of 1918 which killed an estimated 50,000 Canadians, the swine flu pandemic of 2009-2010 where deaths in Canada totaled 428 and the SARS outbreak of 2003 which resulted in 44 Canadian deaths. In recent years climate-related disasters (e.g. floods, ice storms, droughts, forest fires) have increased in frequency worldwide and captured our attention. In Canada, these have resulted in few deaths but the economic and social disruptions have been substantial and thus highlighted. The recent COVID-19 pandemic has turned the spotlight back onto disaster-related morbidity and mortality and underscored the differential impact for older people in society, especially those in long-term care, congregate housing, as well as those with pre-existing health conditions living in the community. This inequality extends into many facets of seniors' lives, including elder abuse.

Elder abuse is recognized internationally as taking five main forms: physical abuse, psychological abuse, sexual abuse, financial abuse and neglect. Child abuse and domestic violence rates are known to increase during and after disasters. The headline in the Vancouver Sun

Canadian Summary											
Canadian Jurisdiction	Total Cases	Total Deaths	Total Homes	Homes Affected	Percent of Homes Affected	Resident Cases	Staff Cases	Percent of all Cases	Resident Deaths	Staff Deaths	Percent of all Deaths
Alberta	6457	121	350	49	14%	498	258	12%	87	0	72%
British Columbia	2392	135	392	41	10%	309	191	21%	89	0	66%
Manitoba	289	7	261	5	2%	4	2	2%	2	0	29%
New Brunswick	120	0	468	1	0%	0	1	1%	0	0	0%
Newfoundland and Labrador	261	3	125	1	1%	1	0	0%	0	0	0%
Northwest Territories	5	0	9	0	0%	0	0	0%	0	0	0%
Nova Scotia	1034	55	134	12	9%	252	121	36%	49	0	89%
Nunavut	0	0	5	0	0%	0	0	0%	0	0	0%
Ontario	22751	1902	1396	358	26%	5435	2604	35%	1514	5	80%
Prince Edward Island	27	0	39	0	0%	0	0	0%	0	0	0%
Québec	41420	3401	2215	332	15%	6624	6079	31%	2758	2	81%

Table from Ryerson University NIA Long Term Care COVID-19 Tracker Open Data Working Group (2020, May 17)

on May 19, 2020 was “Pandemic sparks significant rise in domestic violence across BC” verifying that COVID-19 is no exception to the rule. While there is little “hard data” available, given the known risk factors for elder abuse (prominent among them social isolation), there is every reason to believe that rates of elder abuse will also escalate during COVID-19. In the case of institutional abuse, there are examples from Hurricane Katrina that come to mind, of older adults in care facilities left to drown (35 in the case of St. Rita’s in New Orleans) and, from the Fukushima nuclear plant disaster (more than 125 patients were reported to have been abandoned by medical staff at a hospital six miles from the plant). With respect to abuse of community-dwelling older adults there are already reports from the British Red Cross of people purporting to be from their agency knocking on the doors of older people and taking their money to do shopping and not returning. There are also reports from the UK of people offering sale to older adults of testing kits that don’t exist. The Canadian Anti-Fraud Centre lists these and other scams and frauds that Canadians of all ages, but particularly isolated seniors and/or those with decreased cognitive capacity, need to beware of and avoid.

The action-oriented research team that I work with on elder abuse issues will be looking to raise awareness

among service providers in both community-based and institutional settings, of the potential for elder abuse during COVID-19. We are also looking to systematically document examples and develop case studies. Please contact gutman@sfu.ca if any come to your attention.



Gloria Gutman is the founder of the GRC and Professor Emerita at SFU.



CONSIDERING THE POTENTIAL IMPACT OF Covid-19 ON OLDER MEMBERS OF THE LGBT COMMUNITY IN CANADA

By Robert Beringer, DocSoSci, Gloria Gutman, PhD, Helena Daudt, PhD, & Brian DeVries PhD

COVID-19 is a global pandemic that poses the greatest risk to older adults, especially those who have pre-existing medical conditions. However, little is known about how COVID-19 may be affecting marginalized groups such as older lesbian, gay, bisexual, and transgender (LGBT) persons. These individuals are especially vulnerable, given their overall poorer health and higher rates of disability, relative to cisgender, heterosexual older adults.¹ Research suggests that these effects are likely exacerbated by a general distrust of and reluctance to access healthcare on the part of LGBT persons based, in part, upon the cumulative effect of discrimination over the life course.² Complicating this further is that LGBT persons do not form a homogenous group; for example transgender individuals have unique health needs that often remain unmet given their invisibility within the health care system. This disengagement indicates that LGBT patients are left with healthcare needs that remain unmet. It is unknown if such unmet needs ex-

tend to older members of the LGBT community who have contracted COVID-19.

In addition to considering the impact of COVID-19 on older members of the LGBT community who have contracted the disease, it is also important to explore the experiences of those simply coping with the psycho-social environment created by the disease. Key to halting the spread of COVID-19 is physical and social distancing. This strategy includes maintaining a distance of two-metres from others when in public spaces; sheltering in place; and avoiding social gatherings. These latter two components of the strategy may have a differential impact on the LGBT community because LGBT older adults are more likely to live alone, be unpartnered, and not have children in comparison to their heterosexual peers. Further, LGBT older adults report high rates of loneliness, isolation, and depression in comparison to their heterosexual peers and it is unknown to what degree these conditions may be magnified by social distancing policies. Interestingly, a body of research also exists

displaying that in response to discrimination over the life course, older gays and lesbians have developed a unique skillset to successfully cope with stigma, a phenomenon described in the research literature as positive marginality.⁴ This may provide LGBT older adults with an enhanced ability to cope with the stresses of social distancing with outcomes compared to their heterosexual peers. Understanding the interplay of these multiple hypotheses could inform the development of strategies to minimize the negative effects of loneliness, isolation, and depression in the current and future pandemics.

Further, the older LGBT community comprises many whose lived experiences include another pandemic: HIV/AIDS. Colloquial evidence suggests that this current pandemic reawakens many feelings, thoughts, and experiences of living through a crisis that evolved over time, killing many and fostering stigma. News reports of the numbers of those infected, the number who died, the fear expressed by so many all have a reverberating familiarity, along with the empty streets and the heavy toll that nurses and physicians report in ER and ICU wards. Similar to the above multiple hypotheses, so too are there diverse responses to this second pandemic: triggering an angry and retraumatizing experience (of the fear, inadequate responses, and endless reports of illness, loss and death) and/or reinforcing a sense of competence and resilience in the face of crisis. Overriding these responses is that being HIV+ renders one even more vulnerable to this new virus and disease.

Lastly, there is a potential synergetic negative effect for older adults who are both LGBT and a member of a visible minority, a concept referred to as intersectionality. Early data from United States suggests that Black and Latino populations of all ages are suffering to a greater degree both in terms of the infection rate and the death rate.. Further, there has been a marked growth in anti-Chinese sentiment during the crisis and little is known how such sentiment may affect one's decision to access care and/or cope under such conditions.

Based upon the framework that existing literature provides, it is vital that we explore the impact of COVID-19 on the population of frail older LGBT to ensure that they receive equitable care during the current pandemic and to better prepare for the future. Research needs to explore how a general distrust of healthcare systems among the older LGBT population might impact the decision and efforts to seek care during the COVID-19 crisis, and the degree to which intersectionality might amplify these concerns. In the present day, the buzzwords diversity and inclusion permeate mission statements throughout our country. To truly achieve these directives, it is essential that research is conducted with the goal of producing results that can inform policy

and programs designed to address the unique needs and circumstances of the older LGBT community.

References

1. Fredriksen-Goldsen, K. I., Kim, H.-J., Hoy-Ellis, C., Goldsen, J., Jensen, D., Adelman, M., de Vries, B. (2013). LGBT older adults in San Francisco: Recommendations for the future (Report prepared for the LGBT Aging Policy Task Force). Institute for Multigenerational Health: University of Washington, Seattle.
2. Fredriksen-Goldsen KI, Emlet CA, Kim H, Muraco A, Erosheva EA, Goldsen J, Hoy-Ellis, CP. The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*. 2013; 53(4): 664–675
3. de Vries, B. 2013. "LG(BT) Persons in the Second Half of Life: The Intersectional Influences of Stigma and Cohort." *LGBT Health* 1(1): 16–21.
4. de Vries, B. (2015). Stigma and LGBT aging: Negative and positive marginality. In N.A. Orel & C.A. Fruhauf (Eds.), *The Lives of LGBT Older Adults* (pp. 55-72). Washington, DC: American Psychological Association.



Helena Daudt is the Director of Education and Research at Victoria Hospice.



Robert Beringer is a Post-Doctoral Fellow at Victoria Hospice.



Gloria Gutman is the founder of the GRC and Professor Emerita at SFU.



Brian DeVries is a Professor Emeritus in gerontology at SFSU.

RESPONDING TO THE NEEDS OF OLDER LGBT ADULTS DURING COVID-19

By Eddie Elmer, MA

In this edition of GRC News, Robert Beringer and colleagues summarize how COVID-19 has a distinctively negative impact on older lesbian, gay, bisexual and transgender (LGBT) older adults. They discuss issues like isolation, loneliness, health disparities, and fear of accessing healthcare due to real and perceived experiences of discrimination. They also cover aspects of resilience of the LGBT community. I would like to complement their commentary with some recent LGBT COVID-19 response community activities.

LGBT seniors who lived through the HIV/AIDS epidemic have developed strong coping skills, especially the ability to turn to friends and non-familial networks for support. In Vancouver, a social and recreational group called PrimeTimers has provided mutual support to older gay and bisexual men (and their allies) for over 20 years. While in-person meetings have been cancelled during COVID-19, group members have stayed in touch via an informative newsletter, videoconferences, and phone calls. Members have also joined forces to assist with grocery delivery and other errands for those who are homebound.

Most recently, as a member of the City of Vancouver 2SLGBTQ+ Advisory Committee, I participated in a Zoom session with some members of PrimeTimers to get a sense of their needs and challenges, and to think of ways the City of Vancouver could support them. Although this was largely an information-gathering session, I think the opportunity to see and hear each other was valuable in itself, regardless of the meeting's stated purpose. And contrary to the stereotype that older adults cannot or do not wish to use technology to stay in touch, these members had no problem using Zoom.

During this session, I was joined by Constable Dale Quiring, the LGBTQ2S+ liaison for the Vancouver Police Department. Dale is a strong champion of this community and actively encourages LGBT seniors and others to reach out to him if they need support of any kind (dale.quiring@vpd.ca).

In addition to meeting with PrimeTimers, I've also had meetings with local church groups looking to expand their outreach to isolated seniors. I am heartened by how many churches are now more accepting of LGBT people and actively trying to support LGBT seniors. Churches are definitely in a unique position to help during COVID-19 because they have 'boots on the ground' and know their neighbourhoods

well. Churches also have many vital, energetic seniors who are anxious to lend a helping hand to those in need. As is the case with the police, this is a great way to repair the historically strained relationship between LGBT seniors and the religious community.

One issue that bears mentioning is what social life will look like for LGBT seniors when we emerge from this pandemic. A large body of research has shown that chronic social isolation and loneliness can actually become self-reinforcing (see the City of Vancouver Seniors' Advisory Committee report on social isolation and loneliness). Ironically, the more isolated and lonely some people become, the more likely they are to become fearful of others, to withdraw, or to push others away. This cycle may be exacerbated in some LGBT seniors, whose experiences with stigma and discrimination may have produced lasting feelings of mistrust and a tendency to keep others at a distance. LGBT seniors must take steps to recognize these patterns and challenge the kinds of negative thinking and social perceptions that may stand as a barrier in reconnecting with people.



Eddy Elmer is a graduate of SFU's gerontology MA program and a doctoral candidate in gerontology at Vrije Universiteit Amsterdam. He is also a member of the City of Vancouver 2SLGBTQ+ Advisory Committee. His views are his alone and not necessarily those of the Committee or the City of Vancouver. He can be reached through his website: www.eddyelmer.com

Mental Health, Social Isolation, and Technology Responses

SFU STAR INSTITUTE COVID-19 RESPONSE, RESOURCES AND SOLUTIONS

By STAR Institute

MEASURES TO MANAGE the COVID-19 pandemic in Canada have included the introduction of physical distancing and advice to avoid unnecessary outings, both of which have created particular challenges for community-dwelling older adults. Our community partner, 411 Seniors Centres Society, Vancouver, noticed

that its senior members were experiencing technological challenges when trying to communicate and connect with their families and friends and identified a need for a list of resources explaining how to use basic modern communication technologies.

As an engaged research institute, The STAR (Sci-

ence and Technology for Aging Research) Institute prioritizes meeting the needs of community members and making positive, transformative impacts on their everyday lives. We initiated a project to compile a list of reliable resources that offer guidance on using basic technologies for older adults. As we learned more

about the various challenges older adults were experiencing in the community, we expanded the scope of our search.

On April 7, we launched the COVID-19 Resources pages on our website to make the results of

our search freely available. It comprises two sections: one for seniors and one for researchers.

The COVID-19 Resources for Seniors section has nine sub-sections, each with its own list of resources designed to help older adults and caregivers address the challenges they are facing during the COVID-19 crisis.

- Technology Basics lists resources that offer guidance on how to use various social media platforms and how to make video calls.
- Community Support includes information about BC211's Safe Seniors, Strong
- Communities program, Meals on Wheels services, and seniors' shopping hours and grocery delivery services offered by several local stores.
- Health Services lists various health-related apps, including the COVID-19 BC Support App and Self-Assessment Tool, that people can use not only to find information but also to access medical and prescription services.
- Living Independently includes a list of local restaurant food delivery services and apps that will remind people to take their medication and generally take care of their health.
- Cognitive Health and Dementia contains tips for family caregivers on how to use various technologies to connect remotely with their loved ones living with dementia and to address stress, anxiety, and confusion associated with the COVID-19 pandemic.
- Mobility and Transportation provides information on local transportation services, including a link to the ICBC driver licence remote renewal option for older adults, and links to various support networks.
- Keeping Healthy provides information on a wide variety of activities and online resources designed to help older adults maintain a healthy lifestyle during the COVID-19 pandemic.
- Staying Connected lists local services and technological resources that may help older adults connect and engage in meaningful interactions with their community, family, and friends.
- Financial Wellness has a list of resources to help older adults who are facing financial challenges as a result of COVID-19. The page also contains links to pages with information about how people can protect themselves from fraud at this time.

We focused on finding and listing local resources of specific relevance to BC communities and indicated the areas of service by using hashtags (e.g., #Vancouver, #BC, #Canada).

We have also compiled a list of resources for the academic community: COVID-19 Info for Researchers. These range from funding opportunities for research projects to resources and networks that facilitate collaboration among researchers, healthcare workers, policymakers, and community members.

Since the launch of our COVID-19 resource project, we have received a lot of positive feedback from older adults, community organizations and researchers. Our response to the COVID-19 outbreak has generated discussion about and shone a light on the digital divide faced by older adults. How willing are older adults to adopt and use technology and how much support can they access to help them learn to actually use that technology? Our next (and lofty) challenge is to understand how we might help older adults who are unable to access our site, to benefit from the resources we've compiled and to remain healthy, connected, and getting the most out of life during this challenging time. We welcome your thoughts and ideas about the STAR Institute COVID-19 Resources and if you know of any resources missing please share them so we can include them! Send us feedback through our short survey here or linked at the bottom of each resource page. STAR is committed to providing resources that are useful during this time of need.

Visit our website: <http://www.sfu.ca/starinstitute.html>

Follow us on Facebook: STAR Institute at SFU

Follow us on Twitter: [sfu_starinst](#)

Resources compiled by the STAR Institute team (Mineko Wada PhD, Renuga Nagarajan, PhD, Andrew Sixsmith, PhD, Pam Borghardt, and Juliet Neun-Hornick)

THE IMPACT OF COVID-19 ON PRECISION MENTAL HEALTH: MOVING FROM SPRING LAUNCH TO EFFECTIVE PANDEMIC RESPONSE

By Susan Lowe & Theodore D. Cosco, PhD

AFTER COMPLETING THE catalyst year of the Core Research Project funded by AGE-WELL (Aging Gracefully across Environments using Technology to Support Wellness, Engagement and Long Life), Dr. Theodore D Cosco and I were thrilled to hear that our three-year Precision Mental Health project had been awarded the full \$474,000 and was due to commence on April 1, 2020.

During the Catalyst year, we convened a standing board of stakeholders comprised of health leaders, older adult care specialists, seniors' centre leaders, knowledge translation experts, computer analytics specialists and others to form a transdisciplinary stakeholders' group for the project. All appeared excited and ready to go!

Year one of three was to be devoted almost entirely to identification of older adults' mental health priorities; however, the COVID-19 pandemic has put this on hold. This phase of the project was designed to encompass focus groups, co-creation workshops, interviews, community

engagement events, and commercialization following the development of an 'early-warning system' to detect those older adults at risk of poor mental health and rapidly provide them with support leading to better mental health.

We had also begun to recruit members for an Older Adults Research Advisory Panel - patient partners to advise researchers at every stage of the project, from early ideas through intervention building and testing, to ensure that the research would be relevant and meaningful and the intervention feasible for the end users. Dr. Cosco had designed the project to have older adults define the precise mental health challenge that would be studied; undoubtedly COVID-19 will influence their perspectives as well.

With the arrival of the pandemic and temporary closure of the GRC, Precision Mental Health was placed on hold for the time being. Vulnerable populations of older adults in seniors' centres were understandably alarmed - "upside down," in the words of one of our community partners. Some centres were indefinitely

closed. With residents unable to visit with friends, family or each other, our community partners began to experience the impact of social isolation in the centres. It reinforced the idea that lack of physical contact is harmful to mental health. With physical distancing, the challenge of placing helpful technology in the hands of seniors was seen as a larger obstacle by many.

As these challenges mounted, the news media began publicizing statistics demonstrating the urgent need for change in the care of older adults. Awareness of seniors' mental health and its connection to social isolation has increased exponentially since the occurrence of the outbreak of COVID-19, as has the perceived need to improve seniors' mental wellbeing. Due to this increased awareness, a surge of available grants has arisen - in addition to rapid-response opportunities to 'COVID-ize' the research framework.

Recently we have been working on some of these COVID calls, which often have very tight turnarounds — as little as eight days in one instance. Accordingly, we needed to conceptual-



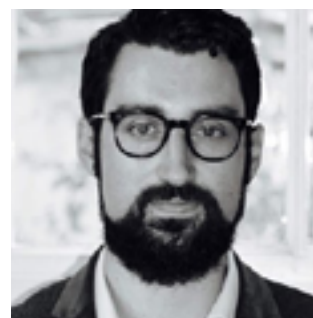
ize, write, and recruit required co-investigators and community partners at a break-neck pace. When we checked on Precision Mental Health stakeholders and welcomed their input regarding project topics in response to COVID-19, many were extremely busy dealing with issues including computer challenges resulting from the pandemic. Other community partners shared their members' challenges due to the pandemic. Among them was communication. For example, although video is seen as potentially a better communication tool than telephone, the additional technological barriers presented by video are acknowledged as being challenging for many older adults and perhaps 'not worth the effort'.

Through our new grant applications, we hope to provide an evidence-based framework for how many people are experiencing poor mental health during the COVID-19 pandemic and the reasons for which this is happening, with the intent that these findings would inform academic and public audiences from policy-makers to knowledge-users. We plan to use the findings from additional projects and

from stakeholders' COVID experiences to our advantage when we resume Precision Mental Health.



Susan Lowe is the project manager for Precision Mental Health



Theodore D. Cosco is an Assistant Professor in the Department of Gerontology and the Associate Director of the GRC.

Death, Dying and Unmet Health Care Risks

LEARNING ABOUT THE IMPORTANCE OF CARING IN LIFE THROUGH DEATH: PANDEMIC INSIGHTS

By Sharon Koehn, PhD

TEACHING A COURSE ON Death and Dying for the Department of Gerontology provides a unique opportunity to reflect on the novel corona virus (COVID-19) pandemic and our societal responses to it.

INSIGHT 01: History repeats itself and life, death and dying are fundamentally political

During the bubonic plague pandemic, com-

monly referred to as the Black Death (1348-1350) people received some sage preventive advice--stay at home with doors and windows shut. Other advice was less effective or advisable, such as 'carry a disinfectant such as camphor, or amber.' Jews were scapegoated and persecuted; they were accused of poisoning wells. While the rich were able to flee to healthy parts of the countryside, the poor living in crowded conditions

in towns, suffered the most. The ensuing social disruption is well documented, but the lessons of history appear to be lost on us.

Almost 700 years later, we are trying to prevent the spread of COVID-19 by staying at home and social distancing. But again, the politicization of this pandemic has exposed inequities. Around the world, diasporic Chinese have been scapegoated and continue to be the target of random

attacks in public. Crowded cities, like London in the United Kingdom (U.K.) and New York in the United States (U.S.), have suffered the highest fatalities.¹ And while the more privileged switch to working remotely from their spacious homes, the poor—who are disproportionately people of colour and/or migrants—continue to provide essential services, processing and selling food, driving cabs, taking care of the elderly for low wages and minimal protection, etc. They are more frequently exposed to the disease and take it home to their families living in close quarters, and they are more likely to die.² The U.K.'s Office for National Statistics reports mortality rates twice as high in economically deprived areas (c.44–55 deaths per 100,000), as compared to those least deprived (c.23–25 deaths per 100,000).¹ Similarly, older people living in long-term care homes are 'prisoners of space' when they are housed in shared rooms of two to four: in Ontario, for example, residents of long-term care and retirement homes who comprise 1% of the population, yet account for 89% of the total deaths from COVID-19.³

INSIGHT 02: Epidemiology and demography interact and have social origins and consequences

Over the course of the twentieth century, most Canadians experienced increases in their standard of living and access to health care. We also saw advancements in medicine and medical technologies. Perhaps most importantly, public health measures, such as access to clean water, routine vaccinations against infectious diseases, and public and personal sanitation practices became widespread. Prior to these changes, death was often experienced as a relatively sudden event, typically due to infectious diseases, parasites or accidents, that could occur at any age and was witnessed by family members within the home.

By contrast, death for most is now more likely to involve "a long, slow fade" as Gawande⁴ puts it. People typically die at an advanced age from the accumulating effects of one or more chronic conditions, such as heart failure or dementia, and this takes time. Even illnesses previously understood as acute, such as cancer and AIDS, have now been rendered chronic through medical advances. In previously colonized countries, such as Uganda, however, AIDS infections of young adults succeeded in reversing the transition, with life expectancy at birth lower in 2000 than in previous years.⁵ When infectious disease claims the lives of working age adults, family income decreases, grandparents become caregivers, and there may be no-one to provide care for them as they age.

Life expectancy has been rising in Canada and many other countries; however it varies considerably across jurisdictions because it is governed to a great extent by social determinants of health, such as socio-economic status,

adequate housing and nutrition, clean water, and access to at least basic health care. In 2018, we were warned that the Ebola virus that was devastating West African countries could become a pandemic, but our confidence in our higher standard of living and more robust health care systems led most of us to turn a blind eye to the problem, even though similar levels of community vulnerability exist on First Nations' reserves. The extensive reach of COVID-19 has nonetheless shaken our confidence, challenging the notion that we are no longer susceptible to sudden death caused by infectious disease.

Like HIV/AIDS before it, COVID-19 also foregrounds the limits of medicine and technological intervention. Ventilators have been limited in their ability to save lives and some physicians have begun to speculate that they may have even caused more harm than good for some COVID-19 patients. Moreover, their shortage in many countries led to controversies over their rationing in favour of the young. Once again, we are reminded of the importance of preventive public health strategies, such as handwashing and vaccinations. More importantly, we are reminded of the importance of taking the time to care. The staff of one long-term care home in France eliminated the potential for COVID-19 transmission to residents by moving in with them for 47 days. This simple but radical approach to prevention saved lives and sent an important message to the residents: you matter.

INSIGHT 03: When death is hidden, the lives of older people seem to matter less.

In countries like Canada, where the epidemiological and demographic transitions are well established, death has long since been professionalized and sanitized. Gone are the days when people typically died in their homes and families prepared them for burial in simple coffins. Today, the dying are more commonly removed to specialized, sanitized sites, such as hospitals or complex care facilities, where they are enrolled in the professionalized rituals of disciplines such as nursing, medicine, and palliative care.⁶ Deaths are recorded statistically, and the funeral industry has blossomed. In hiding death from the casual public gaze we protect ourselves from the discomfort of accepting our own inevitable demise and feed the societal thirst for eternal youth. The willingness by some politicians and lockdown protesters to accept the deaths of the elderly from COVID-19 as a sacrifice needed to open the economy shines a glaring light on ageism.

INSIGHT 04: Caring about the lives and deaths of the elderly demands their inclusion

The last decade or so has nonetheless been characterized by some resistance to death denial and the exclusion of the elderly. For example, between 2008 and 2018, the rates of death in hospitals fell by 6%, balanced by a corresponding increase in deaths at home or in long-term care.⁷ Concerted efforts are being made to make palliative care available at home, and to adopt a palliative approach in long-term care that places the quality of life of the patient with a life limiting illness, along with their family members at the centre of prevention, assessment and treatment of physical, psychosocial and spiritual pain. By establishing goals of care with patients and families, care homes are seeking to avoid hospital transfers. In all settings, the goal is ensure dignity at the end of life. Persistent problems of availability and access to hospice and palliative care prevent almost half of Canadian palliative care patients from being discharged to home or a hospice setting before they die.⁸

Since 2016, Medical Assistance in Dying (MAID) has been legally available as a choice for people who are 'suffering intolerably' with an irremediable condition and are capable of consent. Opinions differ as to whether MAID goes too far or not far enough, with differences by gender, faith and ethnoracial background, but the voices of older adults in this debate are becoming louder. Similarly, the impetus behind changes in the 1990s to Adult Guardianship law and personal planning legislation was a grassroots law reform movement in British Columbia. These reforms gave rise to planning tools such as Advance Directives and Representation Agreements that, in theory at least, allow older adults to state their preferences for care as their health fails.

Why is all this important as we contemplate the disproportionate burden of suffering and death borne by the oldest among us during the COVID-19 pandemic? Without a doubt, there is so much that can be said about the failure of the health care system to meet the needs of older adults, whether they be in care or in need of assistance at home. Yet there are many advocates of promising practices—health and social care providers and decision-makers, academics and most importantly, older adults themselves—who prioritize the needs and wishes of older adults at the end of their lives and situate care as the focus of practice. And it is these practices that we need to build on as we create a better way forward.

References*

*Please note that some of these sources are provided to illustrate current conversations rather than as credible sources of evidence.

1. Office for National Statistics, UK. Deaths involving COVID-19 by local area and socioeconomic deprivation. Published May 1, 2020. Accessed May 12, 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/>

[birthsdeathsandmarriages/deaths/bulletins/deaths-involving-covid-19-by-local-area-and-socioeconomic-deprivation/deaths-occurring-between-1-march-and-17-april](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involving-covid-19-by-local-area-and-socioeconomic-deprivation/deaths-occurring-between-1-march-and-17-april)

2. Nelson SC. Black People Four Times More Likely to Die from Coronavirus Than White People. HuffPost UK. Published online May 7, 2020. Accessed May 8, 2020. https://www.huffingtonpost.co.uk/entry/black-4-times-die-coronavirus-than-white-uk_5eb3c14c5b6526942a25373?ncid=other_facebook_euclwzme5k&utm_campaign=share_facebook&guccounter=1
3. Richard J. Seniors still hardest hit by COVID-19 pandemic. Toronto Sun. <https://torontosun.com/life/relationships/0503-lifenational>. Published May 3, 2020. Accessed May 6, 2020.
4. Gawande A. Being Mortal: Medicine and What Matters in the End. Metropolitan Books; 2014.
5. Seale C. Changing patterns of death and dying. Soc Sci Med. 2000;51(6):917-930.
6. Cromby J, Phillips A. Feeling Bodies: Analysing the Unspeakability of Death. In: Carpentier N, Van Brussel L, eds. The Social Construction of Death: Interdisciplinary Perspectives. Palgrave Macmillan; 2014:52-72. doi:10.1057/9781137391919
7. Statistics Canada, Government of Canada. Deaths, by place of death (hospital or non-hospital). Published May 13, 2020. Accessed May 13, 2020. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310071501>
8. Canadian Institute for Health Information (CIHI). Access to Palliative Care in Canada. Canadian Institute for Health Information (CIHI); 2018:67. <https://www.cihi.ca/sites/default/files/document/access-palliative-care-2018-en-web.pdf>



Sharon Koehn is a Senior Lecturer in Gerontology at SFU.

DELAYED CARE-SEEKING BEHAVIOURS AMONG THE ELDERLY: THE HIDDEN MORTALITY OF THE COVID-19 PANDEMIC?

By Amir Moztarzadeh, MA

COVID-19 is considered the most serious health crisis of our time with many social and economic consequences. In Canada (as of May 8, 2020), this pandemic has killed 4473 people which constitutes about 7 per cent of those affected. Among different countries, there have been variations in reporting and accuracy of COVID-19 mortality due to: number of people tested, demographics, characteristics of health systems, and other unknown factors, such as multiple causes of death (John Hopkins University, 2020). In addition, some older people may not be receiving necessary health care during the crisis, which may be deleterious to their health. Given that this pandemic is a fluid and complex situation, searching for its indirect impact on the health of older people, including causes of death, requires research inquiry. At first glance, these indirect considerations can encompass an enormous number of health and health care conditions, such as delayed or limited access to treatment for acute and debilitating disorders such as cancer, financial downgrading of care, food insecurity, etc. In general, it seems difficult to estimate the impact on total deaths from the COVID-19 disease because, in addition to the direct effects that are measured, there are also large indirect effects from the policy responses (Brookings, 2020).

Thus, the impact of this pandemic on health seeking behaviors among the elderly arises as an important area to consider. Health-care seeking behavior (HSB) has been defined as, “any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy” (Latunji & Akinyemi, 2018). It is influenced by different personal characteristics, such as gender, age, knowledge of illness prevention, trust in physicians and having chronic conditions (Thompson, et al. 2016).

We know that the elderly population is more vulnerable to contracting COVID-19. In fact, about 36 per cent of positive cases are among persons 60 and over in Canada; whereas, about 90 per cent of deaths are among the group (Wister, Vancouver Sun, 2020). It is not surprising therefore, that healthcare seeking behavior has become even more crucial,

because of the inherent risk during this pandemic. Also, some older people may feel that the health care system is over-taxed due to COVID-19 cases. With the emergence of COVID-19 pandemic, it seems that there could be additional (and perhaps under-estimated) decline in health-seeking behaviors that could have major negative effects on the health of elderly population. If it is not addressed, this too can lead to subsequent mortality. Furthermore, physical distancing and its effect on social isolation might interfere with the role that formal or informal caregivers play in connecting older people to needed health care.

Overall, in consideration of the costs and casualties of the COVID-19 pandemic, it is important to pay attention to the full spectrum of healthcare behaviours, in order to better understand the consequences that might stem from quarantine and other policy measures. I am confident that many scientists are closely investigating the numerous indirect impacts of COVID-19 with evidence-based research in the days and months to come.

References

- Brookings. (2020). Retrieved from: <https://www.brookings.edu/blog/future-development/2020/03/23/a-mortality-perspective-on-covid-19-time-location-and-age/>
- John Hopkins University (2020). Retrieved from: <https://coronavirus.jhu.edu/data/mortality>
- Latunji, O. & Akinyemi, O. (2018). Factors influencing health-seeking behaviour among civil servants in ibadan, nigeria, *Ann Ib Postgrad Med*, 16(1): 52–60.
- Thompson, A. E., et al. 2016 (2016) The influence of gender and other patient characteristics on health care-seeking behaviour: a QUALICOPC study, *BMC Family Practice*, 17, (38).
- Wister, A. (2020), Vancouver Sun, Retrieved from: <https://vancouversun.com/opinion/andrew-wister-ageism-in-the-covid-19-crisis/>

Amir Moztarzadeh is a graduate of the SFU Gerontology MA program.

Resilient Community Services, Seniors Voices & Volunteerism

SENIORS' CENTRES AND COVID-19: CHANGING HOW WE CONNECT

By Anthony
Kupferschmidt, MA

AT THEIR HEART, SENIORS' centres are about bringing older adults together. A seniors' centre is a space for older adults to gather, to talk, to share stories and food, to learn and play together, to support one another. A seniors' centre is about connection.

I work for a multi-site seniors' centre, the West End Seniors' Network (WESN) in Vancouver. I could say I work 'at' a seniors' centre, but I am writing this from home. We temporarily

closed our locations to the public in mid-March 2020 and put almost 70 different programs on hold.

By its very nature, COVID-19 forces us to be physically distant. It can cause us to self-isolate. And when BC's Seniors Advocate calls on older adults to stay safe at home, that is counter to the traditional model of a seniors' centre. When so much of what you do is about connecting older adults, how do you ensure

you can assist them to stay at home in a pandemic?

And yet, that is exactly what we and other seniors' centres have done.

Prior to COVID-19, WESN offered a multitude of social, recreational and educational programs. But we also provided supportive services like check-in phone calls and grocery shopping and delivery to ensure that older adults can live as independently as possible in the community. This positioned us to quickly pivot to a pan-

demic modality. We called all members and clients and quickly expanded our grocery service to meet the unprecedented demand. We also ramped up various services by phone such as housing navigation and information and referral.

The Ministry of Health named WESN as one of 24 COVID-19 Community Response Hub agencies across the province. We found ourselves serving a much larger geographic area than we traditionally cover, and working with new and existing partners to provide new services such as prepared meal delivery and prescription medication pick-up and drop-off.

Our neighbourhood has the highest proportion of older adults in Vancouver living alone, a major correlate of social isolation. By connecting one-to-one with each of our members and clients, I was first struck by the incredible resilience of the older adults in our community. The vast majority were coping with the risks and restrictions imposed by this pandemic, but were extremely grateful for the check-in. They were already well connected with their neighbours and had people who were checking in with them and bringing them food. Many also wanted to volunteer to call other older adults in the community. I should not have been so surprised by the hardiness I saw in our neighbourhood, but I was.

Yet, we also observed firsthand the challenges that some older adults were facing. We have spoken to many experiencing extreme loneliness, and we are connecting with some seniors on a daily basis. Others reported being cut off

from their usual physical connections with family members and friends who would bring groceries or meals. Indeed, some people were falling through the cracks between the supports offered by community-based organizations and services provided by the regional health authority, which was under severe pressure to focus on COVID-19 testing and treatment in the acute health care system. We also learned about and responded to experiences of elder abuse from individuals who we might not normally speak with in such a safe and direct manner. We heard from some seniors who were afraid to use the laundry room in their building due to the risk of contracting COVID-19, and others living in fear of ageist neighbours harbouring resentment about recent job losses and concern about contracting COVID-19 from an older adult.

Many gaps remain in what we can offer. I ran into one of our members on the street who desperately wanted to know when our locations would be open again so they could use a computer. They were unable to afford a computer and internet access on a fixed income, and our computer lab was a lifeline for her.

At the outset, many of our programs were also not designed to function well remotely. Like many other centres, we have had to devote much of our time to turning our organization into a seniors' centre without walls by offering social, learning and physical activity programs online. Remote technological adaptation was also a challenge for our staff, none of whom had worked in this man-

ner prior to COVID-19. WESN had to purchase whatever was needed to create ergonomic home offices for a still-yet-to-be-determined period of time.

We also found that many of our most active volunteers were on hold. In some cases, this was simply because our locations were closed. In other cases, this was because the majority of our volunteers are themselves older adults, and they (rightly) made the decision to stay safe at home.

With that being said, many of our volunteers were incredibly resilient and shifted right along with the circumstances. Where before they visited older adults, they now called clients to ensure that they felt connected to the community. And where we had other gaps in our volunteer base, hundreds of new individuals came forward to offer their support. For example, dozens of new younger adults joined our volunteer force to assist with the grocery shopping and delivery service.

In addition to providing programs, services and points of connection, seniors' centres are important advocacy organizations for older adults in the community. For example, while we were adapting our programs, adding new ones and serving more older adults than ever before, we also worked with our partners in the Alliance of Seniors' Centres of BC to advocate to the federal government to extend the tax filing deadline and maintain Guaranteed Income Supplement (GIS) levels. Seniors' centres regularly host income tax clinics in March and April to ensure that older adults can maintain their financial benefits. It took orga-

nizations like ours writing to the federal government to ensure that COVID-19 did not exacerbate these challenges.

There is no denying that COVID-19 has put incredible pressure on seniors' centres. Many across the province are lean or precariously funded, and they face both additional expenses and significant fundraising shortfalls in the face of this pandemic. Not all independent seniors' centres may survive, and even those run by municipalities are experiencing challenges. Thankfully, our funders at all levels have been flexible, allowing us to deviate from the deliverables in our contracts and instead redirect the funds to the areas of greatest need. This level of support is crucial for our sector during these uncertain times.

By identifying and working with the COVID-19 Community Response Hub agencies, the provincial government has acknowledged the importance of community-based seniors' services in the lives of older adults under both normal and extreme circumstances. Our sector has 'stepped up' in response to this pandemic, but we will need to continue to have our voices heard so we aren't forgotten when COVID-19 is but a memory.



Anthony Kupferschmidt is the Executive Director of the West End Seniors' Network and a founding member of the Alliance of Seniors' Centres of BC. Anthony has an MA in Gerontology from Simon Fraser University, is a Certified Professional Gerontologist, and serves on the provincial Community-Based Seniors Services Leadership Council.

COMMUNITY-BASED SENIOR SERVICES: A CRITICAL SUPPORT SYSTEM DURING COVID-19

By Glaucia Salgado

The COVID-19 pandemic has rapidly changed the daily lives of many older adults in Canada. As cases in the country surpass a striking 73,000 in mid-May, and physical distancing is the main approach to avoid spreading of the disease, many older adults have been experiencing loneliness and isolation. Although social isolation is not an issue exclusively related to age during this crisis, physical distancing consequences are a concern among the older adult population. Staff members who work at Community-based Seniors Service Centres in the Great Vancouver area have been dedicated to support their older community members obtain essential services during this pandemic.

These organizations have trusting relationships with their older adult participants. And even while officially closed, some of these centres began providing friendly calls to check how their older adult participants were coping during the covid19 crisis. These calls provided critical information, including the fact that a significant number of older adults, frail and healthy, were not accessing a full range of groceries, hygiene items, and even medication. According to staff members who collected answers from older adults, this was primarily due to concerns of contracting the virus, the inability to access safe transporta-

tion, challenges to use online shopping, and in some cases financial constraints.

Frog Hollow Neighbourhood House is one Community-based Seniors Service that provides support to a range of disadvantaged individuals living in their community catchment area. This includes older adults, as well as visible minorities in the East Vancouver area. They have temporarily intensified food security programs by providing grocery delivery to older adults and their families. Also, Frog Hollow Neighbourhood House (FHNH) has been providing tablets and over the phone technology training, based on the fact that they have identified that many older adults are struggling with anxiety and loneliness and need to be connected to online services. As an organization dedicated to supporting many older adults who do not speak English, they have created informative manuals in English and Cantonese to help older adults use useful technology platforms during the crisis. In addition, FHNH has intensified friendly calls to older adults and any other older adults who are referred to them in an effort to relieve anxiety and distress due to social isolation and/or discrimination. According to staff members, besides having to cope with the stressful situation of COVID-19, some visible minority older adults have expressed anxiety about going for a walk or even grocery shopping because they fear been targeted by violent, discriminatory behaviours. Issues of food insecurity, social isolation and discrimination are previously existent problems in the community that are becoming pronounced during this crisis.

Another Community-based Seniors Service Centre in the area of West Vancouver has almost completely converted their activities centre to a support-based centre. After completing 6,761 phone calls, this organization has realized that their older adult members were avoiding going out and had difficulties accessing online grocery services due to a lack of digital literacy. To support its older adult members, during check-in calls, West Vancouver Seniors Centre started offering hot meals and grocery delivery. As these services became known in the community, more

older adults (members and non-members) began to access the West Vancouver Seniors Centre. Access to hygiene items, information about COVID-19, accessing health care for other medical conditions, and how to refill prescriptions were among the issues brought to the attention of staff members. These needs have been addressed by providing care packages, including information about the Seniors Helpline.

While more older adults are receiving support from Community-based Seniors Centres, staff members are concerned that once COVID-19 is under-control, there will be a lack of financial resources to support all older adults who are now accessing these centres. Also, as financial resources will soon have to be redirected to the activity's programs, there may be a shortage of staff and financial resources available to support the diverse needs of this population.

Although this has been a challenging health crisis for every individual in Canada, this might be an opportunity to improve senior centres and community support systems for older adults. This begs the questions: how will these individuals be supported after this crisis? How can we keep them connected? And is this a chance to better support community-based Seniors Services?



Glaucia Salgado is an MA student in Gerontology at SFU.



SENIORS VOICES ON COVID-19

By Kay Dennison

Over the past couple of months as we travel through the COVID 19 pandemic, I am aware of the concerns of older adults and their struggle to adjust to a world of social isolation. They have now become personally isolated from family, friends and a comfortable and predictable routine. Many older adults will now be relying on lessons learned over a lifetime of having to be resilient as never before.

I have been making weekly phone calls to older adults who were receiving services from the Better at Home program before COVID-19. Some of these services can no longer be provided because of the social distancing requirement. Over the past 2 months I have heard that the isolation, anxiety and fear during this pandemic is beginning to impact some older adults ability to handle their emotions of loss, past memories of a birthday, wedding anniversary, partners in care and in some cases the death of a life partner with no funeral or celebration of life allowed to be held. The lack of a hug, handshake, to hear words of love and support, to tell the stories to mark the life of the deceased are devastating. Several people have been diagnosed with diseases and conditions that require treatment and the stress of not knowing how all that will occur is frightening and creates

anxiety and loneliness which only seems to be increasing with the passing of each week. Some older adults have lived through war, depression, recessions, and tragedies and have the resiliency to handle the pandemic and the resulting isolation but some are overwhelmed and are at a loss as to what to do.

The very act of going to do grocery shopping now requires remembering to bring a mask, gloves, sanitizer, staying 6 feet away from people on the street and in stores. Popping in to see a friend for a cup of tea is no longer an option.

As I reach my 79th birthday and the advocacy work I do for all age groups for the past 11 years, I am hearing often the same concerns of youth, young families, those living alone as I hear from older adults. Friends and families who are often limited in their availability or not able to offer support at all, medical issues, mental health issues, addictions, living in poverty, unstable housing, mobility issues, abuse, and sexual identity issue, isolation and loneliness are no different for older adults than the rest of society.

Kay Dennison is a Coordinator with the Delta Seniors Planning Team



VOLUNTEERISM DURING COVID-19: SUPPORTING ONE ANOTHER WHILE APART

By Eireann O'Dea, MA

Volunteering, that is, time and effort that is given freely to benefit other individuals, an organization, or cause without an expectation of remuneration, is a practice that benefits both individuals and society at large. For older adults looking to give back to their communities, utilize their skills and experience new challenges, volunteering can be an extremely rewarding practice. In addition to providing an increased sense of purpose and structure to one's life, which may be particularly important following role transitions such as retirement and widowhood, research has documented the numerous positive social, mental, and physical health effects of volunteering. These include increases in social network size and amount of social support; an increased sense of well-being and satisfaction with life, and decreased risk of mortality. Volunteering also contributes to the strength of a community, that is, it promotes trust, reciprocity, and cooperation for mutual benefit among citizens, sometimes to referred to as "social capital."

Compared to other age groups, older adults in Canada dedicate the greatest number hours to their volunteer roles. This fact points to the importance of volunteering in the lives of older adults, and how a volunteer role can often transcend the status of a simple pastime and contribute to

one's sense of personal identity. The onset of the COVID-19 pandemic has resulted in challenging circumstances for these volunteers: while communities and their populations are in great need of services and aid, the individuals who are most likely to answer this call have been instructed to stay indoors and limit their contact with others. As a result, the ways in which older adults and other are able to volunteer in their communities has changed.

It is the case that in some ways, the ability to volunteer during this time has become more challenging. With the social distancing measures currently in place, many local organizations that typically provide volunteer opportunities for older adults have been forced to cease operations. While some volunteer organizations have been able to find new ways to operate and continue a portion of their services, for others this has not been possible. Community organizations that host volunteer activities for older adults, including neighbourhood houses, community centres, and seniors' centres, among others, are currently closed. Regular volunteers for large-scale summer events including folk and theatre festivals, community days, marathon races, and other events, will not be able to participate this year. Institutions that rely on the contributions of older adult volunteers, including hospitals, hospices, religious organiza-

tions, and non-profits have seen drops in volunteerism due to older adults staying home. Like so many other industries and services, the reliance of the volunteer sector on human connection and contact has been cause for great challenge during this time. It may be assumed then, that without the operation of certain physical spaces and the hosting of events, volunteerism, and with it, the social capital it produces, is suffering. However, this is simply not the case.

With so many suddenly out of work, home-bound, socially isolated, and struggling financially, the pandemic experience has exposed the importance of volunteering and providing help to those in need. Many local organizations have risen to the occasion by adapting their services. Seniors' centres have organized volunteer-based grocery deliveries for older adults and others who are home-bound. Recreation centres have coordinated regular telephone-based check-ins with their members. Fundraising efforts have been initiated to support hospitals and their essential workers, food banks, hospices, and vulnerable older adults, women, and children. We have all heard mention of acts of neighbourly kindness being performed by others, whether it is shopping for an elderly neighbour, participating in a driveway birthday party, or breaking out the noisemakers every evening at 7:00pm. Many of the individuals who have chosen to take on these new roles are older adults themselves, and organizations across Canada have had to turn down requests to volunteer because they do not have enough positions to fill. While we may be forced to maintain physical separation, acts of kindness and support towards others have continued to thrive.

Over the past few months, I have heard the question "Will things go back to how they used to be?" asked repeatedly. In addition to increased awareness and measures regarding public health and safety, I hope that these acts of community support and volunteerism will leave a mark on society. This crisis has brought awareness to the tremendous impact that volunteers make on our communities every day. And by following their examples during times of crisis, we can remain connected even while apart.



Eireann O'Dea is a PhD student in Gerontology at SFU.

Homelessness Unveiled

WHEN SHELTERING IN PLACE IS EASIER SAID THAN DONE

By Joe Humphries, Atiya Mahmood, PhD, and Sarah Canham, PhD

COVID-19 HAS IMPACTED people from all walks of life, yet it has had a particularly profound effect on disadvantaged and frail members of our society. Evidence from around the world indicates that adults aged 65 and older are at increased risk for contracting COVID-19 and have a much higher mortality rate compared to younger persons. For older people experiencing homelessness, including those living in substandard shelter or housing, COVID-19 presents significant disruptions. For instance, disadvantaged individuals who rely on cafeterias, soup kitchens, and affordable meal delivery programs for meals find their food security is threatened, as many of these programs have shut down. Their social networks are disrupted without access to a reliable phone, computer, or internet access, and with limited opportunities to connect with outreach and social workers. Their sources of income have become uncertain and often unsafe, as people working lower-wage positions risk unsafe employment condi-

tions just to pay the bills and those who rely on panhandling or sex work are finding their income streams drying up. Individuals with limited education, literacy, and coping skills may be unable to access or understand complex, stress-inducing, and ever-changing information and advisories about ongoing developments and lifestyle restrictions. Misinformation and mistrust add to this burden of what to believe, where to go for help, and how to cope. Each of these factors, known as 'social determinants of health,' have a profound influence on the risk of exposure to COVID-19 and bring to the forefront the individual health, social, and economic consequences of this global pandemic for people in the margins of our society.

Even before the COVID outbreak, older people experiencing homelessness have higher rates of chronic illness and mortality compared to stably housed individuals of the same age. In addition, people experiencing homelessness often prioritize immediate needs, such as shelter, food, and

safety, over health promotion and public health advisories. These are among the list of reasons why people experiencing homelessness experience 'accelerated aging,' whereby they often present with physical and cognitive health more akin to a stably housed person in the general population who is 10 to 15 years older. Therefore, researchers and service providers working in the homelessness sector often refer to people who are age 50 and older as 'older adults.'

Despite this understanding in both research and practice, policy restricts people aged 50 to 65 from accessing programs, services, and financial benefits designed to support the social determinants of health for stably housed people age 65 and older. This includes access to seniors' affordable housing and assisted living, social and recreational programs that aim to promote healthy lifestyles, and pension and old age security. Without a social safety net, older people experiencing homelessness are consigned to negotiate precarious housing, health, and

finances largely on their own and in the face of stigma and discrimination from people who blame them for their own circumstances. During this time of a global health crisis, these vulnerabilities are exacerbated.

Vancouver's Downtown Eastside is one of Canada's homelessness hotspots, which makes it particularly important to examine with respect to COVID-19 risks, responses and resilience. Located on Alexander Street, a few blocks north of East Hastings, is the Veterans' Manor. The Veteran's Manor provides 134 one-person units of affordable housing to men age 55 and older with experiences of homelessness, precarious housing, and marginalization. Many of these men live with chronic health conditions that can be traced back to long hours of hard labour. Other tenants live with cognitive impairment resulting from long-term substance use or brain injury. Most have only tenuous connections to distant families who have grown apart or were never together to begin with.

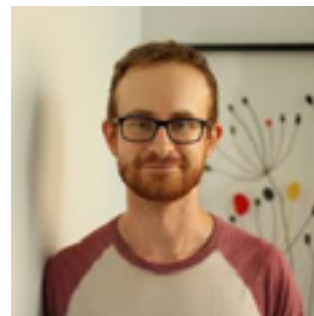
However, operating out of a small office on the ground floor of the Veterans' Manor is a social service organization called Whole Way House. Serving as a formal social network to tenants, Whole Way House normally provides social programming and support services that seek to promote social connection and independence among tenants, including exercise activities, financial assistance, and social outings; however, these are not normal times. In response to the COVID-19 pandemic, Whole Way House has teamed up with other organizations in the Downtown Eastside, including the Evelyne Saller Centre next door, to deliver cooked meals to tenants twice a day, every day. Volunteers assist the Whole Way House staff in delivering meals door-to-door, offering hand sanitizer, and providing encouragement and social connection. Recently, Whole Way House has teamed up with two other local food providers, The Dirty Apron and The Kitchen Table, to expand meal deliveries to neighbouring buildings, including the Union Gospel Mission's emergency shelter at 601 East Hastings Street. By adapting their services in a time of crisis, Whole Way House has broadened its scope to support as many people experiencing precarious housing and homelessness as possible.

In research, Whole Way House is described as a 'promising practice.' Although it is a model of service delivery that has not yet been subject to rigorous evaluation, it is worthy of attention, especially how it functions under the current set of challenges faced by community organizations. A research partnership of 20 academics, 47 service providers and partner organizations, and nine older people experiencing homelessness spanning across Canada and internationally have come together to examine homelessness and housing insecurity in later life. Our team has been conducting research over the last year to explore the shelter and housing landscape in Montréal, Calgary, and Vancouver and classify promising practices for older people experiencing homelessness. We have arranged these promising practices

along a continuum of shelter and housing, from emergency shelter accommodation and transitional housing, to independent housing, supported housing, long-term care, and palliative care/hospice. Common across promising practices for sheltering and housing older people experiencing homelessness is the recognition that the 'right' set of health, housing, and social supports is needed to support aging in the right place, regardless of life circumstance.

COVID-19 has highlighted that promising practices are severely needed to support the health and psychosocial needs of the most vulnerable people in our society. Our research partnership aims to conduct a series of evaluations of promising practices to determine how they promote aging in the right place and the groups of older people for which the promising practices work best. With this information, there is potential to improve the shelter and housing options to meet the unique and complex health and social needs of older people experiencing homelessness across Canada. Key to this research is the understanding that housing is health and housing is a right. The COVID-19 pandemic has placed this issue into sharp focus. As we negotiate this immediate threat to our individual health together, let's move forward with a holistic view of our collective health by recognizing the importance of the social determinants that impact the health, wellbeing, and safety of all people from diverse backgrounds, ages and abilities.

To donate to Whole Way House, visit their website at <https://wholewayhouse.ca/>



Joe Humphries is an MA student in Gerontology at SFU



Atiya Mahmood is an Associate Professor in Gerontology at SFU.



Sarah Canham is an Associate Professor at the University of Utah and an Adjunct Professor in Gerontology at SFU.



A TALE OF TWO CRISES: CALL FOR COMMUNICATIVE ACTION IN THE DOWNTOWN EASTSIDE

By Daniel R. Y. Gan, PhD

The concept of lifeworlds has been used in existential anthropology to describe the different physical, social and ideological realities in which we live. While most individuals in society live and breathe the same lifeworld, its coherence break at the margins of society – among the very rich, very poor, very sick and/or sociocultural minorities etc.

The COVID-19 pandemic has affected our lives disproportionately. For some, it has been relatively easy to adapt and stay connected using technology; for others, isolation has been stressful, especially if appropriate help or technology are inaccessible; and for others, work continues or intensifies – often accompanied by more risks even if celebrated (e.g., healthcare workers, waste/recycling collectors). Despite these differences, most of us largely share the same lifeworld – public health announcements make sense to us. Whether on the giving or receiving end, most of us find ourselves fitting together in a coherent narrative – we will get through this pandemic together.

Meanwhile, the pandemic has put unprecedented pressures on non-profit organisations serving the unhoused and precariously housed population in the Downtown Eastside (DTES). A significant proportion of the people served by these organizations are above 50, considered 'older' among this group due to lowered life expectancy. Systemic, spatial disadvantages make it challenging for these individuals to cope with life stress, which has been made more difficult during the COVID-19 pandemic given reduced essential services and closure of places for intermittent rest. While the mass media reported some stories of human interest, it missed positive responses from the DTES community. For example, some news sources attributed heightened tensions to limited drug supply when borders were closed. Unreported was how more than 40 local non-profits came together to form rapid communication forums, sharing resources and needs in unprecedented ways. They were supported by peer workers recruited from the DTES community to carry out specific tasks, such as queue management, conflict

de-escalation, and cleaning. At some point, in the words of staff at the Overdose Prevention Society, the streets had never been cleaner – despite occasional lapses of cleaning services by city contractors. Also hidden from public view was how COVID-19 infections had remained low in the community, perhaps due to lower risk in unconfined spaces and/or non-travel.

Thus, differing lifeworlds appear in many forms with often unanticipated consequences. For instance, most city-level pandemic communications have been targeted

at the general population, and have not understood communication channels of the DTES disadvantaged groups, who often use word of mouth rather than new media. While many of us panicked and hoarded in early weeks of the COVID-19 pandemic, some members of the local community at Oppenheimer were practicing Taiji, six feet apart from each other. One could think how it must have felt to be part of a public health decision, whereby one were to be forcibly moved away from the temporary homes and supportive connections that they had created for themselves. And one



Figure 1: Photos taken at Oppenheimer on May 2 and May 11. The province gradually set up blue fences where campers had accepted housing with the help of Carnegie Outreach. A message explained why campers at Oppenheimer left, stating “they promised me a free hotel.”

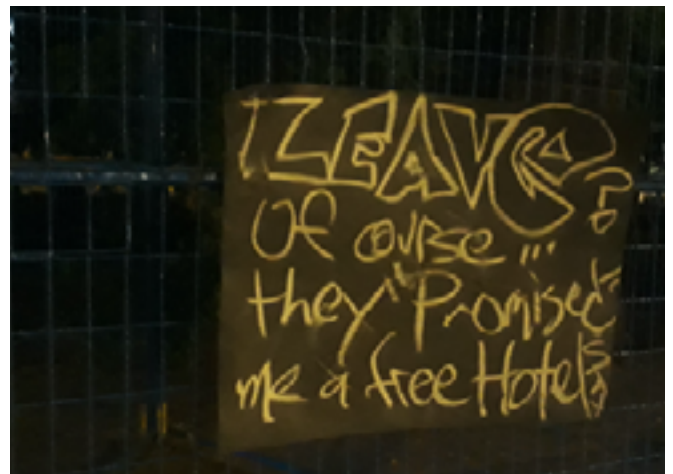


Figure 2: Photos taken on May 11 at Oppenheimer (left) and Main / East Hastings. While most campers at Oppenheimer had been housed, housing needs remain for those along East Hastings. “We need housing – equal rights” was written on a tent.

could also imagine how bewildering it must be that other unhoused persons beyond Oppenheimer might not receive the same benefit. In the epigraph (quote at the beginning of this article), Kris Cronk¹, a DTES community member, expresses an alienated sense of self, arising from a feeling of estrangement common among unhoused persons.

In adverse psychosocial landscapes, it is difficult for a community to adapt to change without trusted local actors (Gan, 2019). Unless we live in the same lifeworld, the help one offers could be perceived as threatening especially when the exchange is not mutual (Neufeld et al., 2019). We must ask: Is this a shared agenda? What emotional labour might be re-

quired of the community? Are there issues beyond my purview that is clearly within the purview of the community? These

are necessary questions especially when our lifeworlds differ, and when community members have experienced vicarious trauma amid the overdose crisis. To build trust, interventions in the DTES require communicative action. Relationships forged and consents sought by workers from Carnegie Outreach were probably instrumental in averting negative outcomes from provincial action at Oppenheimer.

In the words of Julia Aoki, Executive Director of Megaphone, a community magazine, “the largest upheavals to our social lives are made up of so many adjustments and pivots in our experiences and perspectives. ... Some of the deepest learnings we can take right now come from looking at this moment from the perspective of another person” (2020, p. 5). Perhaps we could start by admitting that we do not know best – while seeking the good of the other. Along East Hastings a block away, the need for dignified housing for unhoused persons remains as a salient issue that the pandemic has once again revealed (York et al., 2019).

Daniel thanks Anne Park and Stephen Rathjen for feedback on earlier versions of this article, Joben David (Jacob’s Well) for volunteering opportunities, and Andrew Wister and Don Shafer for editorial suggestions. ¹Today, Kris is a writer for Megaphone and a member of the Speakers Bureau team, sharing lived experiences for open dialogue around complex issues of homelessness. Support Megaphone and Voices of the Street here: https://megaphone.nationbuilder.com/electronic_single_issue

References:

- Aoki, J. (May, 2020). Sharing new perspectives in Voices of the Street. Megaphone, 231, 5.
- Cooren, F., & Fairhurst, G. T. (2008). Dislocation and stabilization: How to scale up from interactions to organization. In L. L. Putnam & A. M. Nicotera (Eds.), *Building theories of organization: The constitutive role of communication*, pp. 117-152. New York: Routledge.
- Cronk, K. (2020). If I had been born in some ancient village. *Voices of the Street 2020: Envision*, pp. 49-50. Vancouver: Street Corner Media Foundation.
- Gan, D. R. Y. (2019). Pathways between neighbourhood experiences and mental health among community-dwelling older adults: towards an urban community gerontology (Doctoral thesis). Neufeld, S. D., Chapman, J., Crier, N., Marsh, S., McLeod, J., & Deane, L. A. (2019). Research 101: A process for developing local guidelines for ethical research in heavily researched communities. *Harm reduction journal*, 16(1), 41.
- York, F., Grant, E., Liu, C., Meza-Wilson, A., & Nicholson, C. (2019). *Housing and Mental Health*. Vancouver: Carnegie Community Action Project and Gallery Gachet.

“I HAD SLOWLY BEGUN TO FEEL ‘COMPLETELY SINGULAR,’ THAT I HAD NOTHING IN COMMON WITH ANYTHING, AND THAT NO ONE IN THE WORLD COULD SEE ME FOR WHAT I WAS — THE WAY I FELT MY FAMILY SAW ME.” – KRIS CRONK (2020), VOICES OF THE STREET, P.49



Daniel Gan is the Real Estate Foundation Postdoctoral Fellow with the GRC.

Meaning in Life & Ageism in a Covid-19 World

REDISCOVERING A SENSE OF MEANING IN LIFE IN THE ERA OF COVID-19

By Ian Fyffe, MA

THE UNCERTAINTY of COVID-19 and society-wide behavior changes such as physical distancing can result in feelings of meaninglessness among many individuals throughout society. This is especially true among older adults, given that opportunities to pursue meaningful activities and relationships has been significantly restricted, and may continue for this 'at risk' group. Thus, some seniors may view their remaining time as lack-

ing meaning without the close contact of their loved ones, especially those in facilities who have found themselves increasingly isolated.

Meaning in life has been defined as 'the extent to which people comprehend, make sense of, or see significance in their lives, accompanied by the degree to which they perceive themselves to have a purpose, mission or overarching aim in life' (Steger, 2009, p. 682). The presence of

meaning in life is associated with increased levels of well-being throughout the lifespan (Steger, Oishi & Kashdan, 2009), and meaning is associated with the feelings of love and joy and the absence of sadness and depression (Steger, Frazier, Oishi & Kaler, 2006).

Little can be said regarding meaning in life without mentioning Viktor Frankl (1905-1997). Frankl was a Holocaust survivor of four concentration camps in-

cluding Auschwitz. Not only was he capable of finding meaning in these horrific conditions, but he developed his theory on meaning in life while imprisoned. Viktor Frankl (1985, 1988) proposed that meaning in life can be derived from individual or social means, since meaning in life can be discovered individually by productive activity as well as socially by connecting to others. Individually-based sources of meaning in life include achievement in valued domains, enjoyable work, personal development and reminiscence. Socially based sources of meaning in life include generativity, social support, emotionally fulfilling relationships, and reminiscence with social content (Fyffe & Wister, 2014).

Given these sources of meaning in life, in the era of COVID-19 meaningful experiences can be developed on an individual-level at home through various hobbies, such as: creating art, playing music, handicrafts, games, cooking, gardening, baking, exercise, and learning new skills. Even something as simple as completing a puzzle or sudoku could bring a sense of joy if it is a valued activity.

During quarantine, social sources of meaning in life can be found through activities such as: calling good friends over the phone to reminisce; sharing pleasant new experiences with one's romantic partner; caring for a pet; donating blood; generative donations of time or money to local non-profits that help those in need; technological solutions such as connecting with loved ones over such apps as FaceTime, Google Duo, Zoom, Houseparty, or WhatsApp; or providing tangible social support such as fetching groceries for at-risk neighbours.

Meaninglessness can occur when one focuses upon the limitations and restrictions in life. For older adults, particularly those facing challenges such as caregiving, the lack of a clear timeline for the advent of a vaccine can be daunting. For example, if a quarantine lasts two years, older adults in their eighties or older could end up spending a quarter or more of their remaining life span living in quarantine. That is a very different prospect than that faced by a twenty-year-old.

Even though quarantine living is by its very nature limiting, there are many possibilities that exist for developing a sense of meaning in life.

Simply reminiscing back to times of greatest joys and achievements can evoke a deep sense of meaningfulness. Although roles have been lost, and socializing has become distanced, a life in quarantine can still be a meaningful life worth living. All that is required is a shift in perspective and a focus on the individual and social aspects of life that bring feelings of love and joy.

References

- Frankl, V. E. (1985). *Man's search for meaning*. New York, NY: Pocket Books.
- Frankl, V. (1988). *The will to meaning: Foundations and applications of logotherapy*. New York, NY: Meridian.
- Fyffe, I. & Wister, A. V. (2014). Age differences in Olympic volunteering experiences: An examination of generativity and meaning in life. *Leisure Studies*, DOI: 10.1080/02614367.2014.994554
- Steger, M. F. (2009). The pursuit of meaningfulness in life. In S. J. Lopez & C. R. Snyder (Eds.), *Handbook of positive psychology* (2nd ed., pp. 679-687). Oxford: Oxford University Press.
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53, 80-93.



Ian Fyffe, MA is a research associate and data analyst with the GRC.

AGEISM IN THE COVID-19 CRISIS

By Andrew Wister, PhD

The COVID-19 global crisis has occurred swiftly with far-reaching consequences in terms of public health, economies, communities and families. As of mid-May, 2020, COVID-19 cases have surpassed 75,000 in Canada, and about 6,000 deaths; and surpassing 4.5M cases worldwide, with over 300,000 deaths. Although the virus knows no borders, we are all aware of different risks across age groups, especially those of advanced age. Indeed, age has become the primary defining feature of the pandemic, a pattern that has the potential to exacerbate ageism in society.

Certain groups of older adults are indeed at the highest risk of COVID-19, both in terms of risk of infection and of negative outcomes, especially mortality. The most vulnerable older adults during the pandemic are those living in congregate living environments, including long-term care, supportive housing or assisted living. Additionally, many seniors living in the community in private households, who have other underlying health conditions, are also at a higher risk of poor outcomes if they develop COVID-19. Social distancing, the closing of many parts of society, and the fear and anxiety associated with the pandemic are pronounced for elders. Many of our oldest Canadians face severe challenges meeting their basic needs, such as shopping for food, medications, and obtaining needed health and community care. Seniors living with physical or mental health challenges, mobility restrictions, caregivers, those living alone, the poor, and those experiencing high levels of social isolation are overrepresented in this group.

COVID-19 epidemiological data on positive cases has concentrated on distributions by sex, geographical locality, hospitalization and death, but age has been dominant. Approximately 36 per cent of positive cases are among persons 60 and over in Canada; however, about 90 per cent of deaths are among this group. The median age of COVID-19 diagnosis is about 42; whereas the median age of death is a striking 86, with about 60 per cent of all deaths occurring in long-term care facilities. Hospitalizations due to this disease are also predominantly older people. It is perhaps not surprising that, like the spread of COVID-19, this pandemic has been described as a “seniors’ problem,” and as such, some contend that we should not shut down the economy and society to the level that has occurred. In addition, there is a backlash of younger and working populations, fed by media and political hype, that hold beliefs that they are less

susceptible to COVID-19, and if become infected, the symptoms will be less seriousness than for older people. Some of these views have been articulated in social media as part of the ‘OK Boomer’ movement, which has pitted younger and older generations against each other. If the COVID-19 societal stressors continue, there is a distinct possibility of a generational divide.

There are profound similarities between these age-related divisions and the origins of the term ageism. In 1968, the public housing authority in Chevy Chase, Maryland applied to convert a building in a white, middle-class suburb into housing for older citizens. The public hearings degenerated into a riot as residents fought to keep “all those old people” out of their community. As a result of this incident, in 1969, the Pulitzer prize writer Robert Butler coined the term “ageism,” defined as a process of systematic stereotyping of and discrimination against people because they are old. Where ageism exists, older people are devalued, and their human rights are compromised. The many ways in which the COVID-19 pandemic will fuel more ageism and discrimination require attention by the media, the public at large, and by those studying human aging.

Most older adults are healthy and were previously socially connected; however, in the COVID era, like everyone else, they face the adverse effects of stress and isolation. Social problems that challenge many older people, such as elder abuse, social isolation, loneliness, mental health issues, and spousal caregiving burden, will be adversely affected by COVID-19. But we also need to learn from this pandemic. How and why do some older adults adapt and thrive better than others? What changes need to be made to our health care, long-term care and community support systems to be nimble, effective, and resilient? What kind of a society do we want, one that addresses the needs of the most vulnerable, or one that meets the needs of the more privileged?

Andrew Wister is the Director of the GRC and a Professor of Gerontology at SFU.

PRESS RELEASE: NATIONAL HEALTH AND AGING STUDY TO INCLUDE COVID-19 INSIGHTS

By SFU News

Simon Fraser University researchers are contributing to a new study, drawing on data from a national health and aging research initiative, to provide new insights into the impacts of COVID-19 on aging populations. The collaborative research project involves 11 universities across 10 provinces and is co-led by SFU gerontology professor Andrew Wister, working with a team from SFU's Gerontology Research Centre.

The COVID-19 study will draw on the Canadian Longitudinal Study on Aging (CLSA), which has since 2013 involved more than 50,000 participants between 45 and 85 years of age from across Canada. Over the next six months, researchers will collect weekly and monthly data from its participants through online and telephone surveys to gain a comprehensive picture of the spread and impact of the pandemic.

Researchers will use their rich cache of CLSA data to assess factors that appear to protect against or increase the risk of symptom development.

In addition to data on health and well-being, researchers will gather information on health behaviours, such as social distancing and handwashing, workplace and economic impacts, as well as travel history.

SFU researchers are involved in collecting data for BC CLSA participants, and translating the data into knowledge and practice. "The SFU CLSA research cluster is interested in how and why some individuals (both with and without the disease) bounce back from COVID-19 adversities better than others—or so-called COVID-19 resilience," says Wister.

Wister says the most vulnerable older adults during this pandemic are those living in congregate living environ-

ments, including long-term care, supportive housing or assisted living.

"Many seniors living in the community also face severe challenges meeting their basic needs, such as shopping for food, medications, and personal health care," he says. "Those at particular risk are older adults with physical or mental health challenges, mobility restrictions, caregivers, those living alone, the poor, and those experiencing social isolation at high levels."

"Given physical distancing, social isolation and its intersection with resilience processes are of primary importance for older adults to maximize their health and well-being during the COVID-19 crisis."

Funding for the CLSA COVID-19 study has been provided by the McMaster Institute for Research on Aging (MIRA), McMaster University and Juravinski Research Institute through a new gift earlier this month for research on the pandemic from Hamilton philanthropists Charles and Margaret Juravinski.

The CLSA is a major strategic initiative of the Canadian Institutes of Health Research. Funding for the platform has been provided by the Government of Canada through the Canadian Institutes of Health Research and the Canada Foundation for Innovation.

Additional support has been provided by several provinces, affiliated universities and research institutions across Canada.

The CLSA is led by principal investigators P. Raina, C. Wolfson, and S. Kirkland. For more information on the CLSA COVID-19 study, visit: www.clsa-elcv.ca/coronavirus

