

Spotlight Article

Recovering From Coronavirus Disease 2019 (COVID-19): Resisting Ageism and Recommitting to a Productive Aging Perspective

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Ageism and Coronavirus Disease 2019

In a section of the *New York Times* written for children in regards to coronavirus disease 2019 (COVID-19), there were comments from children who were missing out on important events: bar mitzvahs, graduation ceremonies, dance recitals, and sports competitions, among others (Craig, 2020). One 11-year-old child stated, “right now, we have to save the elderly and the people who are already sick and fight through this.” These are very impressive sentiments from such a young person. Yet, his words also illuminate other aspects of the pandemic narrative that are concerning. First of all, there is the setup of “us versus them,” with younger people needing to sacrifice for older people. Second, there is no expression of concern for younger people, front-line workers, or health-care professionals who also experience the threat. Finally, the phrase “the elderly” is used to represent the older population. **This pandemic is reinforcing one of the most damaging stereotypes: that older people are one monolithic group of vulnerable folks who need protection.** Our concern is that the COVID-19 pandemic will set us back in long-standing efforts to confront ageism and reduce age stereotyping.

This pandemic is reinforcing one of the most damaging stereotypes: that older people are one monolithic group of vulnerable folks who need protection. Our concern is that the COVID-19 pandemic will set us back in long-standing efforts to confront ageism and reduce age stereotyping.

Ageism has long been recognized by gerontologists, aging advocates, and older people alike. Its prevalence and deleterious effects are well documented. For example, one study estimated that \$850 billion is lost in the annual production of goods and services because of age-based discrimination (AARP, 2020), with an additional \$63 billion lost annually due to health costs related to ageism (Levy et al., 2020). Further, other studies have documented that age discrimination compromises self-reported health and is a significant barrier to labor force participation (Gonzales, Lee, & Marchiondo, 2019; Marchiondo, Gonzales, & Williams, 2017). As the most accepted “ism” in our society, it is no

surprise that ageist attitudes have surfaced from the beginning of the pandemic. It was suggested that the threat of the virus was “not that great” because it only killed old people (Barnes, 2020), that medical resources might need to be diverted to younger people in the face of shortages (Ault, 2020), and that the targeted lockdown of seniors could help reopen the economy (Acemoglu, Chernozhukov, Werning, & Whinston, 2020); also, the hashtags #boomerremover and #grandmakiller appeared in social media.

A Productive Aging Perspective on a Diverse Older Population

There is no doubt that COVID-19 affects older people more than younger people. Data indicate that 80% of deaths from this virus are among people over the age of 65 (United Nations, 2020). It is clear that age is related to increased morbidity and mortality from COVID-19 via its association with the presence of underlying health conditions and compromised immune systems. Further, age is related to being in residential facilities, which are hotspots for the spread of the virus between workers and residents.

The reality that COVID is more likely to sicken and kill older people has suppressed another reality: the older population is extremely diverse. Compared to younger age groups, this group is more diverse on many counts, including health and functioning, education and income, occupations, and avocations. It is a diverse and dynamic population that includes people in an age range that spans 40+ years. Despite what most people think, the vast majority of older people are fit and functional. Over three-quarters of the population over the age of 65 reported no disabilities in vision, hearing, mobility, communication, cognition, or self-care (Federal Interagency Forum on Aging-Related Statistics, 2016; U.S. Preventive Services Task Force, 2020). Most live in their own residences, with fewer than 5% living in any form of residential long-term care (Administration on Aging & Administration on Community Living, 2018). It has delighted all of us to point out that one of our national public health leaders, Dr. Anthony Fauci, will be 80 years old in December 2020; and that there are stories of centenarians who have now survived both the Spanish Flu of 1918 and the COVID-19 epidemic of 2020 (Miller, 2020).

The heterogeneity of the older population and the range of abilities, preferences, and motivations of older adults stand in sharp contrast to the current and long-standing narrative of age as characterized by universal decline and drain. The productive aging perspective has long promoted the capacity of the older population as an antidote to this age-drain narrative. The reality is that older adults are vital forces in families, communities, and society at large.

The number of people 65 years and older who remain in the U.S. workforce is significant and growing. In the past two decades, the percentage of older adults over the age of 55 has nearly doubled, from 12.4% in 1998 to 23.1% in 2018 (United States Bureau of Labor Statistics, 2019a).

The number of older adults in the workforce is projected to continue growing, and the median age of the labor force is rising (United States Bureau of Labor Statistics, 2019b). During this pandemic, older people constituted a substantial part of the essential workforce, as health-care professionals, farmers, grocery store clerks and stockers, and retail staff. Top public health leaders, inclusive of Drs. Fauci and Birx, are older workers, and it is their lifetime experience as scientists that is shepherding the United States throughout a twenty-first-century pandemic.

If we consider the productive engagement of older adults in non-paid work roles, further evidence of the contribution of older people as caregivers and volunteers is abundant. Annually, over 30% of Baby Boomers and 25% of the Silent Generation volunteer, and this contribution has been valued at \$73.5 billion (Corporation for National and Community Service, 2018a). Volunteers over the age of 65 reported more median annual volunteer hours than any other age group (United States Bureau of Labor Statistics, 2016). During the pandemic, many older adults with lifetime careers in the medical field—such as nursing, medicine, and social work—emerged from retirement to volunteer their experience to help fight COVID-19, and older people went online as tutors to help families with home schooling (Halpern, 2020; Van Buren, 2020).

Older adults are actively involved in providing assistance to relatives and friends who need help with daily living tasks. The average age of U.S. caregivers is increasing. About 35% of caregivers are 50 to 64 years old, and another 19% are 65 years and older (AARP & National Alliance for Caregiving, 2020). Further, reliance on grandparents has grown in the United States in response to increased numbers of single parents, absent parents, or parents with mental health and substance abuse problems (Meyer & Kandic, 2017). During this pandemic, older caregivers have continued essential caregiving responsibilities, despite disruptions in usual health and social care arrangements and living with increased risk for exposure to the virus themselves.

In sum, chronological age is being widely used as an indicator of vulnerability to the coronavirus, but we know that it is a poor indicator of a person's health and functioning. Age-based criteria for dealing with the virus and assessing contributions to the common good are dangerous. As we recover from the pandemic, we must confront sweeping generalizations of aging that obscure the diversity of the older adult population and the many contributions that older adults make. Post-pandemic, we will need to reclaim lost ground about the reality of the older population and redouble efforts to facilitate their roles as workers, volunteers, and caregivers.

Policies to Support Post-COVID-19 Engagement of Older Persons

The pandemic has brought shelter-in-place orders, closures of business, and self-protective actions that have curtailed

the involvement of older adults in productive roles. These curtailments have limited contributions to families, organizations, and society. They have also threatened the meaningful connections and roles that give people a sense of purpose and drive. The contribution of productive roles to the economic, physical, and emotional health of older persons and their families is well documented (Gonzales, Suntain, & Abrams, 2019; Morrow-Howell & Greenfield, 2016). The reality is that the vitality of the aging population, families, and communities relies on the availability and facilitation of productive roles for older adults. There are a number of policy recommendations to facilitate the contributions of older adults, and we recommend renewed commitment to these policies and programs.

Employment

Federal legislation that protects older workers from age discrimination continues to be a top priority to ensure retirement security, health, and social connections. The Protecting Older Workers Against Discrimination Act (S. 443) has bipartisan support and can ensure older workers are protected from subtle and overt forms of discrimination. This bill is intended to reinstate the original intent of The Age Discrimination in Employment Act, such that age could be a contributing factor rather than the primary factor for legislative protection. Similarly, the Fair Employment Protection Act (S. 2019) can help ensure the workplace is safe and fair for individuals of all ages and extends protection from perceived discrimination and harassment. Diversity and inclusion trainings are important to ensure a fair and equitable workplace, but trainings on age diversity are often neglected: only 8% of organizations include “age” as a part of their diversity and inclusion strategies (Trawinski, n.d.). Trainings on age discrimination laws, the age diversity of the workforce, and the strengths that many generations bring to the workplace should be considered. Moreover, workplace flexibility—where, how, and when individuals can work—was a major feature of social distancing within the context of COVID-19. Programs and policies to extend this flexibility could be more widely implemented to include employees of all ages. Low-income older workers and people of color have been disproportionately impacted by the pandemic, especially because they are more often in positions where they cannot work from home (Taylor, 2020). Our country’s oldest senior employment program—the Senior Community Service Employment Program—provides training and job placements for low-income, unemployed older adults. Now more than ever, we need to extend the reach and impact of this important program.

Volunteering

During the pandemic, the civic sector has played an important role with food distribution, fundraising, and professional or management assistance to nonprofits. Post-pandemic,

America will need more volunteers to restore communities’ and families’ health and well-being. Strengthening the Corporation for National and Community Service is a priority. The federal agency administers two of the oldest programs that engage people of all ages in service to communities across the country, and provide modest stipends to lower-income older persons. Participants in the Senior Companion program assist people in living independently, and those with the Foster Grandparent program work with children that need attention and support. Another federal program, RSVP, seeks to increase older volunteer engagement in local communities through matchmaking and recruitment support. The Serve America Act of 2009 reauthorized and expanded Corporation for National and Community Service programs, including establishing goals to increase older adult participation. For example, 10% of AmeriCorps funding was to go to encore service programs that engage people over the age of 55 and a new educational award, the Silver Scholarship, was established to recognize the contributions of older people. Funding for this decade-old legislation has not been fully achieved (Corporation for National and Community Service, 2016), and the participation of older persons in AmeriCorps had only reached 5.4% in 2017 (Corporation for National and Community Service, 2018b). Not long ago, several philanthropic foundations invested in this arena, and civic engagement was a key theme of the 2005 White House Conference on Aging (O’Neill, 2007). However, from our perspective, there seems to be a loss of energy around the call for older adults to serve their communities. We need a renewed commitment to national service at this time in our history, with increased attention to the programs that mainstream older volunteers.

Caregiving

Informal caregiving remains the backbone of long-term services and supports. Assisting family with daily activities should not come with the risk of losing a job and economic insecurity. A bundle of policies will likely improve the health and economic well-being of caregivers and their families, while increasing the production of goods and services for the nation through work. Paid family and medical leave is unevenly distributed throughout America, although data suggest it improves the health and well-being of families and has beneficial effects for businesses (Gonzales, Morrow-Howell, & Ho, 2017). The Family and Medical Insurance Leave Act (or FAMILY Act) would create a national insurance program to provide workers up to 12 weeks of partial income for their own serious health condition or that of an immediate family member and for the birth or adoption of a child (Kaiser Family Foundation, 2020). The Families First Coronavirus Response Act provided temporary paid leave to employees during the pandemic, and economic and health outcomes of the temporary rule should be studied to inform more permanent implementation. The Schedules that Work Act of 2019 aims to enhance stable, predictable, and flexible

scheduling practices. Women, racial and ethnic minorities, and low-wage workers would largely benefit from this bill, as they are disproportionately affected by unstable, unpredictable, and rigid scheduling practices. The Social Security Caregiver Credit Act of 2019 would provide retirement compensation through Social Security credits to individuals who left the workplace to provide caregiving services; this legislation can potentially offset the risk of living in poverty in later life. Finally, consumer-directed care can assist people of all ages with disabilities in living at home with support following COVID-19; through this program, older care recipients can select their care providers and these friends and relatives can be paid (Mahoney, 2020).

Conclusion

Older adults have been sidelined by the pandemic for reasons related to heightened vulnerability to severe illness and death from COVID-19. However, the national response going forward cannot be to segregate the large older population in this country. We cannot base actions on damaging age stereotypes that reduce an extremely heterogeneous group of people into a single bucket: frail older people in need of protection and assistance. COVID-19 has shrouded the experiences of millions of older adults who continue to engage in paid and unpaid work, support their families, and live fulfilling lives. Scientists, policymakers, and journalists must be careful in framing protective measures regarding vulnerable populations. They must be cognizant of the underlying ageist assumptions and aware of the damage caused by exclusion from vital social roles. The diversity of the older population must be considered, and contributions of older adults to the economy, families, and communities must be recognized and supported.

Policies and programs to achieve longer working lives, to increase civic engagement, and to better support caregiving are not new; promising ideas have been under consideration long before COVID-19. At this time, we must recommit to these policies and programs and push for new initiatives, because age stereotyping and the protective stance toward older adults may endure well past the pandemic. The danger is that older people will not be viewed as resources and will not be viewed as part of the solution, and we will not achieve the full recovery from the COVID-19 pandemic that is possible.

At this time, we must recommit to productive aging policies and programs because age-stereotyping and the protective stance toward older adults may endure well past the pandemic. The danger is that older people will not be viewed as resources, not be viewed as part of the solution; and we will not achieve the full recovery from the COVID-19 pandemic that is possible.

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References

- AARP. (2020). *The economic impact of age discrimination*. AARP. doi:10.26419/int.00042.003
- AARP & National Alliance for Caregiving. (2020). *Caregiving in the United States 2020*. AARP. doi:10.26419/ppi.00103.001.
- Acemoglu, D., Chernozhukov, V., Werning, I., & Whinston, M. (2020, May 21). The road to recovery: How targeted lockdowns for seniors can help the U.S. reopen. *Time Magazine*. <https://time.com/5840194/targeted-lockdowns-coronavirus/>
- Administration on Aging & Administration on Community Living. (2018). *2018 profile of older Americans*. U.S. Department of Health and Human Services.
- Ault, A. (2020, April 10). Alabama alters COVID-19 vent policy after discrimination complaints. *Medscape*. https://www.medscape.com/viewarticle/928524?nlid=134997_3901&src=wnl_newsalrt_200412_MSCPEdit&uac=324770DY&cimpID=2344371&faf=1
- Barnes, P. (2020, March 13). Did U.S. response to COVID-19 lag due to age discrimination? *Forbes*. <https://www.forbes.com/sites/patriciabarnes/2020/03/13/did-us-response-to-covid-19-lag-due-to-age-discrimination/#3d79c1491784>
- Corporation for National and Community Service. (2016). *FY 2016 agency financial report*. https://www.nationalservice.gov/sites/default/files/documents/CNCS_FY2016_AFR.pdf
- Corporation for National and Community Service. (2018a). *Volunteering in America*. <https://www.nationalservice.gov/serve/via/demographics>
- Corporation for National and Community Service. (2018b). *Fact update: Race and ethnicity for unique individuals who serve in AmeriCorps*. <https://data.nationalservice.gov/National-Service/AmeriCorps-Members-Demographic/2ca3-89j5>
- Craig, E. (2020, April 26). When life is canceled. *New York Times, Style*.
- Federal Interagency Forum on Aging-Related Statistics. (2016, August). *Older Americans 2016: Key indicators of well-being. federal interagency forum on aging-related statistics*. U.S. Government Printing Office.
- Gonzales, E., Lee, Y. J., & Marchiondo, L. (2019). Exploring the consequences of major lifetime discrimination, chronic workplace discrimination and neighborhood conditions with health and retirement. *Journal of Applied Gerontology*, 1–11. doi:10.1177/0733464819892847.
- Gonzales, E., Morrow-Howell, N., & Ho, H. (2017). *Expanding paid family & medical leave. A policy action to advance long and productive lives. (CSD perspective)*. Washington University, Center for Social Development. <https://aaswsw.org/wp-content/uploads/2017/03/PAS.4.1.pdf>
- Gonzales, E., Suntai, Z., & Abrams, J. (2019). Volunteering and health among older adults. In D. Gu & M. Dupre (Eds.), *Encyclopedia of gerontology and population aging*. Springer Nature.

- doi:10.1007/978-3-319-69892-2_649-1. https://link.springer.com/referenceworkentry/10.1007%2F978-3-319-69892-2_649-1
- Halpern, J. (2020, March 26). Introducing the “grandparents academy.” *The New York Times*. <https://www.nytimes.com/2020/03/26/opinion/covid-home-school-grandparents.html>
- Kaiser Family Foundation. (2020). *Paid family and sick leave in the U.S.* <https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s/>
- Levy, B. R., Slade, M. D., Chang, E. S., Kanno, S., & Wang, S. Y. (2020). Ageism amplifies cost and prevalence of health conditions. *The Gerontologist*, 60, 174–181. doi:10.1093/geront/gny131.
- Mahoney, K. (2020, May 26). After COVID-19, a better way to support the elderly and people with disabilities. *The Boston Globe*. <https://www.bostonglobe.com/2020/05/26/opinion/after-covid-19-better-way-support-elderly-people-with-disabilities/>
- Marchiondo, L., Gonzales, E., & Williams, L. (2017). Trajectories of perceived workplace age discrimination and long-term associations with mental, self-rated, and occupational health. *Journal of Gerontology: Social Sciences*, 74, 655–663. doi:10.1093/geronb/gbx095.
- Meyer, M. H., & Kandic, A. (2017). Grandparenting in the United States. *Innovation in Aging*, 1. doi:10.1093/geroni/igx023.
- Miller, R. (2020, March 27). 101-year-old Italian man, born amid Spanish flu pandemic, survives coronavirus illness, official says. *USA Today*. <https://www.usatoday.com/story/news/world/2020/03/27/italy-101-year-old-born-during-spanish-flu-survives-coronavirus/2926073001/>
- Morrow-Howell, N., & Greenfield, E. (2016). Productive engagement in later life. In L. George & K. Ferraro (Eds.), *Handbook of aging and the social sciences* (pp. 293–309). Elsevier.
- O’Neill, G. (2007). Civic engagement on the agenda at the 2005 White House Conference on Aging. *Generations*, 30, 101–108. doi:10.2307/26555496
- Taylor, K. (2020, April 16). The black plague. *The New Yorker*. <https://www.newyorker.com/news/our-columnists/the-black-plague>
- Trawinski, L. A. (n.d.). *Leveraging the value of an age-diverse workplace*. The Society for Human Resource Management Foundation, Executive Briefing. <https://www.shrm.org/foundation/ourwork/initiatives/the-aging-workforce/Documents/Age-Diverse%20Workforce%20Executive%20Briefing.pdf>
- United Nations. (2020). *Policy brief: The impact of COVID-19 on older persons*. <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>
- United States Bureau of Labor Statistics. (2016, February 25). *Volunteering in the United States, 2015*. <https://www.bls.gov/news.release/volun.nr0.htm>
- United States Bureau of Labor Statistics. (2019a, September 4). *Civilian labor force, by age, sex, race, and ethnicity*. <https://www.bls.gov/emp/tables/civilian-labor-force-summary.htm>
- United States Bureau of Labor Statistics. (2019b, September 4). *Median age of labor force by sex, race, and ethnicity. Employment projections*. <https://www.bls.gov/emp/tables/median-age-labor-force.htm>
- U.S. Preventive Services Task Force. (2020). Screening for cognitive impairment in older adults: U.S. Preventive Services Task Force recommendation statement. *JAMA*, 323, 757–763. doi:10.1001/jama.2020.0435.
- Van Buren, E. (2020, June 2). Coronavirus: FDOH’s retired nursing project offers support during pandemic. *The Daytona Beach News-Journal*. <https://www.news-journalonline.com/news/20200602/coronavirus-fdohrs-quos-retired-nursing-project-offers-support-during-pandemic>