Older Adults and COVID-19: The Tip of the Inequality Iceberg

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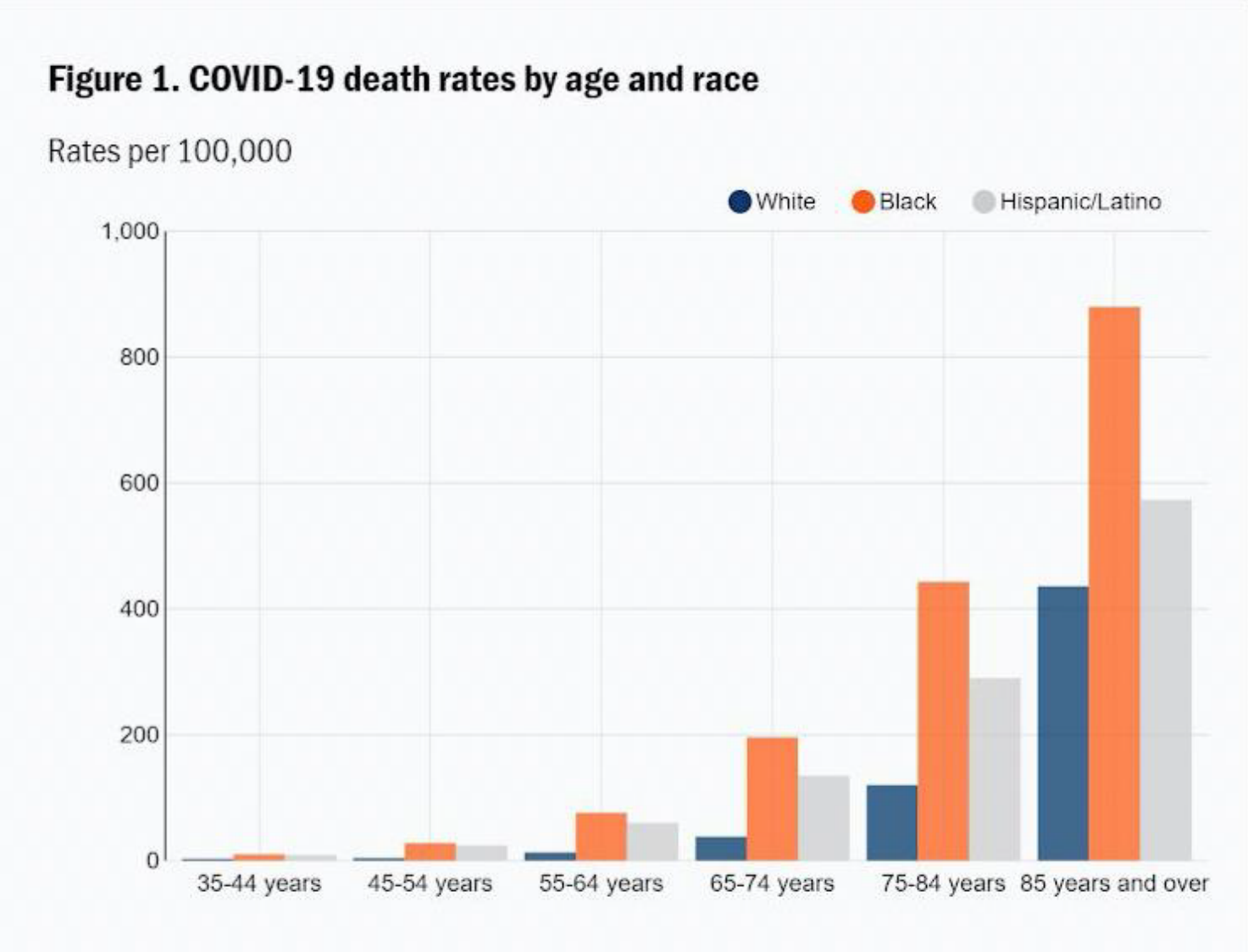
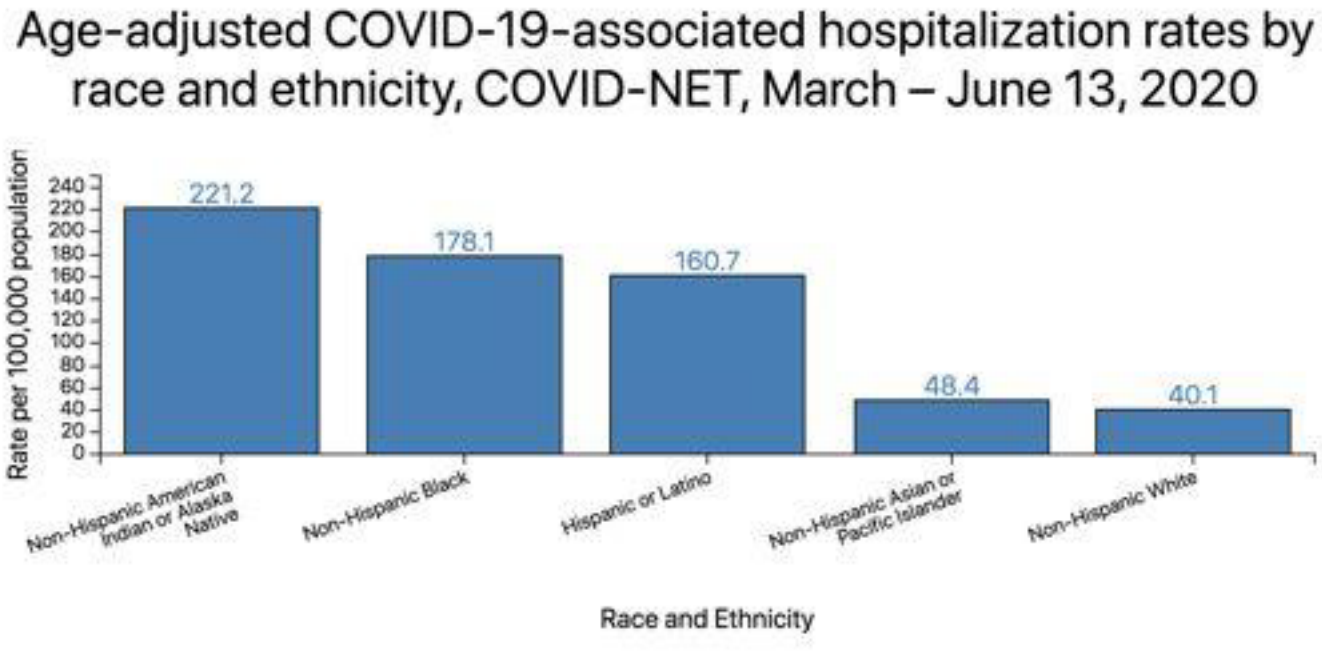
The rise and spread of COVID-19 has seen unprecedented destruction in the United States, unlike anything experienced within the past 100 years. Ethnic minorities have been especially impacted, specifically Black, Latinx, and Native American groups. While there are multiple factors accounting for this, some of the most salient include long standing health disparities and social inequities. For instance, specific regions within the US with higher Black and non-White Hispanic/ Latinx populations appear to be disproportionately affected by COVID-19.



Source: CDC data from 2/1/20-6/6/20 and 2018 Census Population Estimates for USA

As shown in Figure 1, older adults (aged 65 and above) have the highest mortality rates from COVID-19. This is not particularly surprising, as older adults frequently include those who are immuno-compromised, have respiratory illness, and/or other co-occurring health concerns. However, Black older adults appear significantly more adversely affected than other ethnic/ racial groups, followed by Hispanic/ Latinx, and with European Americans (White) constituting the lowest death rates. These statistics are all too familiar for many who work in public health and disease prevention, as they reflect broader trends within the health disparities faced by Black versus non-Black populations. A 2020 CDC study indicated that factors such as living conditions, occupational hazards, and health circumstances (e.g., lack of health insurance coverage) all contribute to these differences; they also tend to fall under the category of psychosocial stressors influenced by race and ethnicity. For example, structural racism, which may contribute to income disparities, serves to keep disenfranchised people from opportunities that would lead to wealth and knowledge, and by extension, better healthcare resources. Other simultaneous societal upheavals are likely to exacerbate ethnic minority stress, including the killing of unarmed Black Americans like George Floyd, Breonna Taylor, Ahmaud Arbery, Tony McDade, and others.

Health disparities between White Americans and ethnic minorities have a troubled and well-documented history within the US (Byrd & Clayton, 2003). Disparities in the Western healthcare system pose a “central dilemma” to public health but have been both shaped and perpetuated by centuries of colonization, involuntary migration and servitude, and other government-sanctioned acts of oppression, especially against Black and Native American individuals (Pedraza & Rumbaut, 1996). Similarly, Western medicine as a whole tends to be characterized by a host of racist and xenophobic practices and ideologies, such as phrenology, eugenics, social Darwinism, and polygenism (Byrd & Clayton, 2003). At times, specific institutions have acted in ways that have further dehumanized certain groups; egregiously deleterious practices such as the Tuskegee Syphilis Experiment and the forced sterilization of Indigenous, Puerto Rican, and Black women provide sobering examples of the bloody history preceding modern best practices in healthcare. As expected, this has led to a widely held sense of mistrust toward medical institutions which exacerbates health risk factors as well as reduced access to care among ethnic minorities (Van Dorn, Cooney, & Sabin, 2020; Yancy, 2020).



Source: CDC data from 3/1/20-6/4/20

In 2020, we are bearing witness to incredibly heightened social unrest alongside increasingly alarming trends related to the global pandemic, and it is once again older adults and/or people of color who seem to be most affected. The CDC (2020) noted that: "Among some racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians/Alaska Natives... evidence points to higher rates of hospitalization or death from COVID-19 than among non-Hispanic white persons. Non-Hispanic American Indian or Alaska Native and non-Hispanic Black persons have a rate approximately 5 times that of non-Hispanic white persons."

Additionally, according to the Navajo Nation Department of Health online website, as of July 13 there have been 8,243 positive cases of COVID-19 and 401 deaths. These unsettling statistics highlight the importance and need for providing platforms to the disenfranchised, with the Black Lives Matter Movement leading the way.

Despite these challenges which exist on a national level and globally, some older adults have still managed to show solidarity with those protesting systemic racism and police brutality. In fact, some have created innovative ways to demonstrate support for the movements while abiding by the CDC's COVID-19 recommendations. In Milwaukee, several older adults organized a "sit-in" where participants seated themselves comfortably while remaining socially distant (Ayala, 2020). Elsewhere, residents from a retirement community in Maryland came together when retirees held letters spelling out "BLACK LIVES MATTER" from a hill much higher than the streets of those protesting (Shahzad, 2020). Roger Abramson, 86, followed suit from the safety of his condominium's balcony in Miami Beach (Cardona, 2020). Remarkably, older adults across the country have steadily refused to allow a pandemic to curtail their commitment to social justice, with many having fought to further civil rights in decades past.

While systemic inequalities are amplified during a global pandemic and continue to disproportionately affect people of color and older adults, there is also great resilience and perhaps renewed hope for the future. Those who committed themselves to worthy causes before are finding ways to continue their own advocacy and pass on these traditions to younger generations. We as mental health providers are in a unique position to capitalize on these strengths, extend our allyship, and provide a sense of support and unity during impossibly difficult times.

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