

Supporting Older Adults in Pandemics



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Introduction

The 65+ generation includes people with widely differing life histories, experiences, beliefs and circumstances. Older adults are not all alike, neither are their reactions to pandemics or other disasters.

Efforts to support older adults must acknowledge their diversity, resilience and contributions made through the multiple roles they have in society, including caregivers, volunteers and community leaders.¹

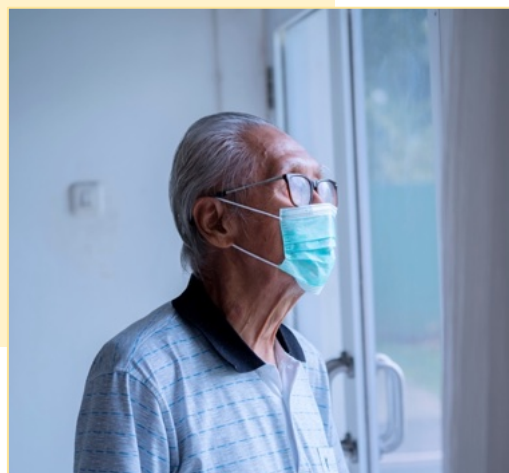
Although vaccine rates in Aotearoa New Zealand (NZ) are relatively high among older adults, new variants of the novel coronavirus are emerging and their effect is still uncertain. What is clear is that some older adults will face ongoing health threats and financial consequences.

This guide draws on national and international research, in particular the findings of the Health, Work and Retirement (HWR) longitudinal study conducted by the Health and Ageing Research Team (HART) at Massey University.^{2,3}

With the aim of reducing health, social and economic impacts of future pandemics on older adults, this guide proposes strategic and practical actions, appropriate to the diverse circumstances, vulnerabilities and strengths in this population, to be incorporated into pandemic recovery policy, plans and programmes.

This guide is intended for those who plan, coordinate and deliver support to older adults, their family/whānau and communities, in response to pandemics.

“Each of us – States, businesses, international organisations, companies, communities, friends and family – need to step up our effort to support older persons. We must do everything possible to preserve their rights and dignity at all times.”^{1(p2)}



Older adults in Aotearoa New Zealand

The NZ government generally defines 'older people' as those 65 years of age and over. Older adults comprise a significant and growing proportion of the population; currently 17% are 65+. This is projected to increase to 20% by 2028 and 25% by the 2050s. People aged 85+ comprise 2% of the population and this is likely to double in the next 20 years.⁴

There are many social, economic and political implications of an ageing population. Before the end of this decade there will be more people 65+ than children under 15. With fewer people of working age paying tax and increasing numbers of older people accessing government-funded superannuation and public health services, economic and political pressure to raise the age of superannuation entitlement is likely to increase.⁵

Older adults in Aotearoa New Zealand: Statistical snapshot⁴

53% older adults are **women** and **47%** are **men**. Because women tend to live longer than men, this difference becomes more pronounced with increasing age.

In 2018, **86%** of older adults identified as **European**. This is projected to fall to 75% by 2043.

In 2018, 17% of the total population were **Māori**; only **7%** of all adults 65+ were Māori (11% projected for 2043). As the Māori population has a younger age profile, only 6% of the Māori population were 65+ in 2018.

As with non-Māori, Māori women outnumber men.

In 2018, **6%** of adults 65+ were **Asian** (projected to be 15% by 2043) and **3%** were **Pacific Peoples** (5% by 2034).

Increasing numbers of people work beyond 65 - 24%. This is less likely for women, and those over 74.

Older adults, especially women, have **lower incomes** than younger age groups as most are not in paid work.

In 2018, over 70% of older adults were **homeowners**. The majority of older adults **live independently**, in **private homes**, and in **urban areas**.

14% of those **75+** live in **retirement villages** (up from 9% in 2012).

Impact of COVID-19 on older adults

NZ's response to the pandemic included strict border and travel restrictions, people confined to their homes except for essential purposes, physical distancing, mask wearing and other hygiene measures. People deemed to be most 'vulnerable' or 'at-risk' from the virus, including those with chronic health conditions and/or aged 70+, were urged to remain strictly isolated.

Much of the research about older adults and COVID-19 was undertaken during the initial stages of the pandemic. As the pandemic progresses and new variants arise, continued research will be needed to examine ongoing, variable impacts across countries and older subpopulations.⁶

This guide is informed by research relating to older adults in the pandemic; it is not intended as a comprehensive, systematic review. References are provided as examples of recent research, including wherever possible, from NZ.

In particular, research from the Health and Ageing Research Team (HART) at Massey University is highlighted. The Health, Work and Retirement (HWR) longitudinal study examined the early impacts of the COVID-19 pandemic and response measures on the health and wellbeing of older adults in NZ.



NZ data reflects international research showing limited negative impact of the pandemic on wellbeing among older adults following lifting of the initial COVID-19 lockdown restrictions.²

Life and death

Older adults are at higher risk of serious illness and death from COVID-19.^{7,8} Mortality risk is associated with increasing age, chronic health conditions, frailty,^a being male and living in residential care.⁹⁻¹¹

Most confirmed NZ COVID-19 cases are under 60 (85.8%), yet almost all COVID-19 attributed deaths were 60+ (96.2%)¹² The NZ COVID-19 mortality rate is one of the lowest globally.¹³

Vulnerability and risk

Through the intersection of multiple factors, COVID-19 exacerbated existing or created new societal inequalities, including for older adults.^{10,14,15}

Contrary to generalised perceptions of vulnerability, older adults may have developed resiliency and adaptive coping by experiencing and dealing with previous disasters, life challenges and adversities.^{6,16}

Inequalities in factors associated with indicators of wellbeing (physical health, mental health, symptoms of depression and loneliness) pre-dated the pandemic in NZ.²

Health and healthcare

The pandemic created resource pressures, disrupted routine and elective healthcare and restricted access to services on which older adults, especially those with underlying health conditions, usually rely.

Healthcare utilisation for non-COVID-19 conditions decreased almost universally. Lack of preventative care, diagnostic delays and treatment disruptions caused potentially irreversible, if not fatal, health deterioration.¹⁷

Disparities in access to and utilisation of health-related digital technologies were accentuated by COVID-19.¹⁸

A majority (70.6%) of older NZers reported no negative impact on their physical health from the pandemic, but those with chronic conditions reported increased depression and loneliness and reduced physical health, mental health and life satisfaction.³

Better physical health was associated with higher education, mortgage-free home ownership, being in paid employment and urban living.²

^a In geriatric medicine, frailty is defined as accumulation of deficits and comorbidities.⁹

Psychological distress and wellbeing

Research findings regarding specific vulnerability and resilience of older adults to psychological distress during the pandemic are inconclusive.²

The mental health of older adults during the pandemic appears to be better than initially feared.^{19,20} Older age may buffer against COVID-19-related impacts.⁶

Recent research highlights pandemic fatigue and increased psychosocial distress in some older adults later in the pandemic.²¹

Ageism, more evident during the pandemic, was associated with negative physical and mental health impacts.^{22,23}

Spiritual wellbeing was a positive element for older adults where faith is central to their community.²⁴

Consistent with pre-pandemic data, older NZers reported excellent wellbeing during lockdown.²⁵ There was no difference in anxiety and quality of life and small decreases in physical health, mental health and life satisfaction, and small increases in depression and loneliness.³

Some (21%) reported high levels of depression associated with pre-existing inequalities.²

An aged residential care study found a lower rate of loneliness in Māori but a higher rate of depression in NZ Europeans.²⁶

Older Chinese immigrants who felt discriminated against were more likely to be lonely and to have poorer mental and physical health.²⁷

Faith and spirituality are core components of Pacific wellbeing. Pacific churches were key to supporting families during the pandemic.²⁸

In NZ online news media during the pandemic, the term 'elderly' was framed, in predominantly negative stereotypical messages about older adults.²⁹



Loneliness and social isolation

Despite widespread concern that stay-at-home orders and other public health measures would compound social isolation and loneliness in older adults, this was not universally reported³⁰ and improved over time for many.³¹

Loneliness is associated with the quantity and quality of social relationships and changes in social networks and support (including avoiding close contact and cancelling social activities).³²⁻³⁴ Older women were more likely than older men to report loneliness, even when living with a partner.³⁵

Some older NZers (40%) reported loneliness, with a small decline over time.² Loneliness was associated with being male, not being in paid employment, urban living and non-ownership housing tenure.²

A slight increase in loneliness was associated with living alone. Those living with others were more likely to report reduced physical health, mental health and life satisfaction, and increased depression.³

Older adults with high social support showed no differences on wellbeing indicators over time. Those with low social support reported significant reductions in physical health, mental health and life satisfaction and increased depression and loneliness.³

Family/whānau and community

In the pandemic, home-based carers (informal and professional) facing increased financial, emotional, work-related and other challenges felt overlooked and undervalued.³⁶⁻³⁸

Mental and physical health worsened for informal carers of older adults.³⁹ Risks to older adults of abuse and neglect were amplified.⁴⁰

Caregivers experienced increased elder abuse risk factors, including stress, alcohol use and social isolation.⁴¹

Older NZers reported a greater impact of the pandemic on the wellbeing of overseas whānau.³

There was little negative impact on the ability to provide care³ and mixed evidence about the impact on volunteering activities.^{3,75}

Some caregivers reported increased exhaustion, stress and financial pressures.⁴²

Although caring for someone with a long-term illness, disability or frailty was associated with a small increase in symptoms of depression, older informal caregivers showed great resilience following the initial pandemic response.⁴³

Economic wellbeing

Pandemic response restrictions limited the contributions older adults could make to families/whānau, organisations and communities.⁴⁴

Older adults particularly vulnerable to the worldwide economic impacts associated with COVID-19 are those around retirement age, those reliant on self-funded retirement and those already experiencing financial insecurity.⁴⁵⁻⁴⁸

The pandemic negatively impacted economic wellbeing for many older NZers (61.8%), the greatest effect being employment changes (losing or leaving jobs and reduced wages or salaries).³

Workers were more likely to report reduced life satisfaction, but for most, COVID-19 played no factor in their retirement or decision to retire.³

Some (27%) received COVID-19 related hardship assistance³ and half of older business owners accessed government assistance.²

“While older persons may have been more resilient than younger adults to the mental health impacts of the pandemic, they were far more likely to experience the wider burdens of the pandemic, including having to isolate, to lose income and employment, to catch COVID-19, to have severe illness requiring medical intervention, and to die from the virus”^{10, p45}



Risk and vulnerability of older adults

Older adults have been disproportionately impacted in disasters such as hurricanes, heatwaves, earthquakes and tsunamis.^{50,51} However, they are not equally vulnerable or resilient to disaster.

Vulnerability refers to the way people affected by disaster can prevent and resist potential damage and recover successfully from negative effects.⁴⁹

Multiple factors compound negative effects for 'at-risk' groups such that the impact of the pandemic and associated public health measures are likely to hit hardest those already most vulnerable due to existing economic and social inequalities.⁵¹⁻⁵³ Those already under-served, with fewer financial, material, emotional and network resources are disproportionately impacted in terms of health and wellbeing.^{53,54} For example, those with marginalised and stigmatised identities (race, ethnicity, gender, disability, LGBTQI+ and dementia) have increased risks of domestic abuse and violence and reduced access to support.^{50(p5)}

Ageing is also associated with increasing risk factors of disease. Older adults with pre-existing, age-related diseases and physical limitations may be predisposed to, and face greater risk of, death from infection.¹¹

Negative impacts of pandemics may be exacerbated for older adults who:
2,9,11,50,51,55-57

- live with chronic illnesses or disability
- have pre-existing mental disorders or cognitive impairment
- are physically or socially isolated
- care for another person or require home care themselves
- are resident in care facilities
- have limited economic or social resources
- experience marginalisation or discrimination due to ethnic or racial inequalities
- are frail and/or of advanced age
- are in situations of potential abuse.



Strengths and capacities of older adults

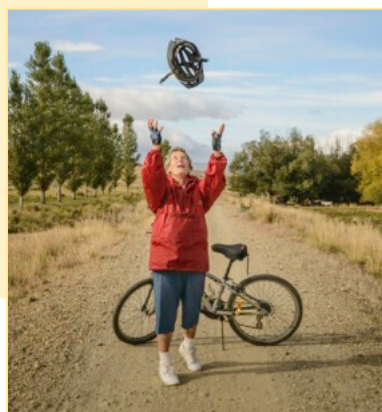
Ageist constructions of older adults in which they are categorised as a homogeneous group of powerless vulnerable people risk neglecting emerging and pre-existing social inequalities within the older population.² The overgeneralised view of older adults as frail, vulnerable and of less value must be challenged.²⁹

Members of this so-called 'at-risk group' have strengths, assets and capacities; they may be informed and empowered people, capable not only of supporting themselves during times of crisis and recovery, but also of supporting others.^{10,49}

Older adults often perform vital roles in their families/whānau and communities, as care givers, volunteers, supporting younger generations and contributing to household incomes.^{1,55} Many worked hard during lockdown supporting their communities. Kaumātua^b actively contributed to projects such as Feed the Pā in Ohinemutu⁵⁸ that delivered a remarkable amount of food and practical resources to Māori communities across the country during lockdown.⁵⁹ As part of a social enterprise project, Pasifika Mātua women made thousands of face masks to protect Pacific families and return a small profit.⁶⁰

The challenge, therefore, is to protect and provide for the needs of older adults while recognising and harnessing their multiple strengths, capacities, wisdom and experience.⁶² Plans and actions to support older people must acknowledge and reflect the diversity of their individual, social and structural circumstances.⁶³

“Advanced age in and of itself does NOT make a person vulnerable”.⁶¹



^b Kaumātua are those with skills and knowledge to fulfil cultural obligations of upholding the mana of the whānau, hapū and iwi on formal occasions.⁵⁸

Supporting older adults in pandemics

Fostering resilience

A challenge inherent in recovering from disasters, including pandemics, is how to quickly address short-term needs with enough foresight to avoid creating new or worsening existing societal inequities and thus reducing a community's resilience to future disaster.⁶⁴

Resilience is a common and ordinary phenomenon, generally developed in everyday circumstances. The term has come to have many different meanings depending on the discipline and context in which it is used. While it is a contested concept, a number of interrelated components of resilience can be identified.

Resilience describes “the ability to withstand, adapt and transform capacities and resources in the context of uncertainty, change, unpredictability and surprise.”^{68(p2)}

This guide proposes strategic and practical actions to foster resilience and support recovery of older adults through five core components.

Partnership and collaboration

Responding to a global pandemic requires robust partnerships, collaboration and coordination at all levels between government, non-government, business and philanthropic agencies.^{55,66} Ideally, positive collaborative partnerships are nurtured during ‘business-as-usual’ interactions as existing trusted relationships support better decision-making and actions in times of crisis.⁶⁷ Partnerships should include a wide range of communities and groups to ensure that those who are traditionally unheard and unseen are represented.

Including older adults and their representative organisations in policy, planning and decision-making processes that impact them is essential for the whole community's recovery.^{10,62} Formal agencies and informal age-friendly community and church groups or networks have much to contribute to planning and actions; they can gather valuable information, identify needs and conflicting

Hutt City Council and Age Concern partnered to create a programme for socially isolated and lonely older adults. Once a month, participants are collected by a free community mini-bus and driven to one of the city libraries. The two-hour sessions which include a guest speaker or activity, provide an opportunity to build and maintain relationships.⁷⁰

priorities and serve as a conduit between individuals, agencies and the community.⁵⁵

“Actively engaging older persons in the design, implementation, and monitoring of measures during the COVID-19 pandemic and its aftermath helps to ensure that policies meet their needs and retain their support”.^{62(p20)}

Policy, planning and actions should also be informed through the collection, analysis and dissemination of age-related data.^{10,62} For example, data differentiating between older and oldest persons (80+) is vital for future planning as these groups may have different needs and capacities.⁶² To ensure that research is of greatest utility, older people should play a key role in identifying research needs and priorities, as well as in the design, implementation and dissemination of research.⁵⁶ However, during pandemic lockdowns researchers are restricted to remote data collection which may skew data as it excludes those not digitally connected.

Proposed actions

- Engage with older adults about their diverse experiences and needs.
- Enable older adults and their representative organisations to actively contribute to the planning, implementation and evaluation of support policies, activities and processes, including pre-planning activities.
- Ensure staff and volunteers are trained on the needs and contributions of older adults in pandemics.
- Develop and maintain local intra-professional, cross-boundary relationships that foster collaborative and coordinated action.
- Acknowledge diverse carer environments, such as Pacific multi-generational families.
- Understand the roles, responsibilities and authority of other organisations and coordinate across agencies and sectors.
- Utilise government and local data sources and academic partnerships to establish baseline measures and regularly collect age disaggregated data. Adapt data-gathering measures to be culturally acceptable.
- Incorporate HelpAge Inclusion Standards into baseline measures and monitoring.⁶⁹
- Be guided by the World Health Organization Global Network for Age-Friendly Communities for integrated planning and actions to support older residents.⁶⁸

Connected communities

In response to COVID-19, many governments followed a traditional 'top down' approach that overlooked the needs of diverse communities.⁷¹ However, connected communities with strong leadership, networks and resources can initiate effective local responses, foster community involvement and more readily access support.⁷²

Authentic community engagement aims to help people make sense of their experience, empower, foster resilience and co-create workable solutions to problems.⁶⁷ Developing active involvement of older adults within communities contributes to both personal and community level resilience.⁶⁵

Older adults are best placed to identify and articulate their needs.⁶⁸ Strategic planning and practical actions should acknowledge, support and develop the inherent strengths, capabilities and resources of this diverse group of people.⁶⁷

Older adults have crucial roles in communities, co-ordinating and providing essential volunteer services, strengthening community vitality and growth, sustaining services and supporting ageing in place.^{55,73} In turn, volunteerism provides older people a sense of purpose and meaningful social connections and improved self-esteem and self-efficacy.^{10,73,74}

Restrictions on social contacts, gatherings and customary activities during the pandemic meant kaumātua were unable to host marae events and fulfil their vital roles in tangihanga (mourning rituals) and thus contribute to the care and support for bereaved whānau/family. Kaumātua responded with creative solutions, such as standing along the hearse's route so they could karanga (call) and wiri (tremble with emotion) as the tūpāpuku (deceased) passed.⁷⁶

While the HWR study found little negative impact on volunteering activities, social isolation measures in NZ meant many older adults stopped volunteering and some organisations are still waiting for them to return.⁷⁵ At a time of increased need, the loss of older volunteers has strained the resources of some agencies. For example, the NZ Red Cross 'Meals on Wheels Programme' is supported by over 3,000 volunteers, mostly older adults. Following the lockdown beginning March 2020, all volunteers 70+ were stood down.⁷⁷

Proposed actions

- Ensure older adults from all sections of the community are included, connected and aware of available opportunities.
- Ensure staff and volunteers are trained on the needs and contributions of older adults, including contributions made by family/aiga carers and multi-generational carers, such as those in Pasifika families.
- Support existing community networks, organisations, churches, events and programmes that cater for the needs of older adults and support reintegration.
- Sponsor existing or implement new programmes that enable the role of family/whānau and communities in supporting older adults.
- Enable older adults to lead community initiatives.
- Recruit, train and support 'community advocates' to speak on behalf of those whose voices are not privileged and to offer practical and psychosocial peer support.
- Ensure adequate and appropriate social, cultural and economic resources to meet the needs of older adults, in particular women.
- Provide adaptable volunteer programmes that support older volunteers and can offer alternative volunteer opportunities.

Health and wellbeing

Many people impacted by a crisis such as the COVID-19 pandemic are likely to experience distress and will consequently benefit from some form of psychosocial support.⁷⁸⁻⁸⁰ The impact of pandemics on older adults is heavily influenced by prior levels of mental and physical health and social and economic wellbeing. It is important that these needs are addressed in a manner that maintains core capabilities and fosters independence.⁵⁵

As key points of contact for older adults, particularly those living with chronic health conditions, service providers should seek to provide resources that support the diverse needs of older adults, including those who are physically or socially isolated.⁵⁵ Services also need surge capacity plans and protocols to ensure the continuation of safe, high-quality care at all intervention levels, from basic support care to ongoing high and complex need providers. The pandemic has highlighted how many health and social services, under strain before the crisis, also need to build existing capacity.

Caring for older adults

Older adults in both residential care settings and those 'ageing in place' faced particular challenges as a result of social distancing measures.¹ Long-term care facilities in many countries were ravaged by the pandemic and faced public criticism for reported failings in the provision of care which exposed systemic weaknesses.^{81,82}

The Australian Royal Commission into Aged Care Quality and Safety identified areas of need: focusing on caring relationships, including the voices of residents and family, providing clear information to make informed choices about care, improving regulatory arrangements and supporting the aged care workforce.⁸³

Many older adults receive home-based care from family/whānau with or without the support of specialist service providers. Older adults are also caregivers; one-third of those providing care for household members with illness/disabilities in NZ are aged 55+.⁸⁴

The pandemic and public health response posed a number of challenges and concerns for caregivers including reduced access to services and essential supplies, increased caregiving duties and fears of exposure of 'vulnerable' care recipients from contact with others and the resumption of social and employment activities.^{40,85}

Cocooning older family members may contribute to greater frailty and deconditioning, and in a context of heightened stress, the risk of abuse and violence for family carers and those being cared for may also increase.³⁵

Pacific Mātua are cared for within and regarded as the most respected members of multi-generational aiga (family). Anecdotally, lockdowns and isolation increased the challenges for aiga carers living in multi-generational homes. In many families, caring for Mātua was prioritised over individual preference not to be vaccinated.

Given the intersectionality of existing inequities, it is likely that subgroups of caregivers, such as Māori and Pacific caregivers and those living in remote, rural disadvantaged areas, may face particular challenges.⁸⁴ Pacific and Māori caregivers are among those most in need of support, but lack of access to information about what is available, and services that are not consistent with their needs and wishes, nor socially, culturally or linguistically appropriate and accessible, means many caregivers' needs are unmet.⁸⁴

Older adults with limited economic or social resources, particularly those supporting family/whānau, are likely to experience increased levels of economic hardship and take longer to recover than those with greater resources.⁵⁵ Equitable access to quality housing, transport and social services is also strongly linked to improved recovery outcomes from disasters such as pandemics.⁵⁵

Older adults needing extra assistance during pandemics may be reluctant to ask for or accept it. During a time of global crisis their own needs may seem minor or trivial and those already worried that they are a burden on their families and informal caregivers may be reluctant to ask for help.⁸⁶

Across NZ, delivery of 'care packages' became an important means of making and maintaining contact with older community members and showing them that they had not been forgotten and were cared about.⁵⁸ In Tauranga Moana, eight bakers worked over 48 hours to produce 200 loaves of Rēwana bread for older people living alone during the lockdown.⁸⁷

Proposed actions

- Seek culturally sensitive, innovative and flexible solutions to reduce barriers and maintain continuity of care for all older adults, including those cared for at home and those receiving end-of-life care. This might include changing social isolation rules to allow visits to dying patients or implementing a 'buddy system' to identify and support people living alone, or caregivers, needing extra support.
- As restrictions allow, encourage, and support older adults to resume normal activities such as shopping, walking and regular social activities.
- Adapt or develop service models to meet the diverse needs of older adults, including surge capacity. For example, include remote outreach and digital service delivery to those who are physically or socially isolated.
- Ensure information, guidance and resources are culturally safe and communicated to reflect the values and contexts of Māori, Pacific people and diverse ethnic communities.
- Capitalise on the knowledge and experience of organisations supporting or providing care for older adults. As trusted agencies, they are well placed to support disaster preparation activities such as education, outreach and planning.
- Provide universal support in communities with high needs to overcome reluctance to ask for help.

Equality and respect

Infectious diseases are frequently associated with high levels of fear, uncertainty and confusion, which can manifest in stigmatization of, and discrimination against, those associated with the disease and other groups.^{88,89}

Concerns have been raised that aspects of the government's elimination strategy in NZ discriminated against Māori and others already disadvantaged including Pacific and Asian people.^{90,91} During the initial pandemic response, the "Team of five million" were constantly urged to "Be kind" and to "Unite against COVID-19". However, there has been increasing criticism that the approach was neither socially cohesive nor inclusive, with a lack of meaningful consultation and engagement with Māori and Pacific leaders and knowledge systems.^{90,92}

A study of older adults' experience of social cohesion during lockdown concluded that NZ Europeans benefited most from national appeals for solidarity, with an increased sense of belongingness and inclusion. For older Māori, Chinese, Korean and Pacific adults, culturally-specific support was the primary source of a community-level experience of belonging and inclusion.⁹⁰

Older Chinese immigrants reported feeling discriminated against due to being Chinese and/or reduced interactions and activities due to concerns about discrimination (19%) during the third year of the pandemic in NZ. Those who had experienced discrimination were more likely to report higher levels of loneliness, anxiety and depression and to have poorer overall health and more chronic illnesses. They were also more likely to report that their total income was insufficient to meet their everyday needs and have less frequent internet use. Up to 38% reported a language barrier prevented them gaining access to health or social support services.²⁷

Although everyone is at risk from COVID-19, older adults have been a primary focus of attention. Ageism increased during the pandemic, with older adults the targets of negative stereotypes (e.g., vulnerable, frail, burdensome) and facing discrimination in healthcare (e.g., age-based resource allocation and triaging).^{22,23} Policies and actions are needed that combat ageism by recognizing the diversity, strengths and contributions of older adults and avoid promoting preconceptions of vulnerability.¹⁶

Proposed actions

- Partner with and enable iwi, hapū, whānau and hāpori Māori, Pacific peoples and diverse ethnic providers and communities to develop and implement their own solutions and to enable locally driven programmes to be more responsive to their needs and aspirations.
- Partner with community leaders to develop and implement contextually and culturally appropriate anti-stigma initiatives.
- Develop cultural and inclusion competency of staff and volunteers.
- Implement stigma reduction initiatives that challenge cultural and social stereotypes of older adults, correct myths and combat stigmatisation and discrimination.
- Re-frame language, policies and practices to reflect a positive, strengths-based approach to older adults and their roles in the community.

Effective communications

All people need access to accurate, trusted and timely information during crises when fear, distrust and resistance are common.⁹³ The quality of communications in pandemics is, therefore, vital, whether from government to population, between communities and agencies or within communities and whānau/families.^{2,93}

The COVID-19 pandemic has seen an unprecedented use of technology and social media for sharing information, both official and informal. It has helped keep people safe, informed, productive and connected, but has also resulted in an 'infodemic' of unverified information, misinformation and fake news.⁷

To be effective, communication must be two-way to ensure that it is relevant to the needs and circumstances of all groups.⁶⁷ Community participation from message conception to delivery is crucial.

During the lockdown, Māori channels were shown to have reached those who may have been unreachable by other parties, and commonly to have had a pre-existing level of trust that enabled higher-quality engagement and more effective outcomes.⁵⁹

As the phases and challenges of pandemics unfold, communication must be flexible to adapt to changing circumstances and ensure information is relevant to time and context.^{94,95} For example, as people begin to re-engage in social and economic life

following lockdowns, messaging may be needed to address fear and reluctance among older adults and to support them to reintegrate.

To ensure communication and information channels are relevant for and accessible to older adults, a variety of platforms should be considered, such as call centres, video calls and face-to-face communication if restrictions allow.^{93,94}

Proposed actions

- Provide regular information updates with clear messages that set realistic expectations.
- Work with 'informal' and 'formal' community leaders and age-friendly organisations to ensure messaging is targeted and appropriate to context and based on local knowledge, beliefs and concerns.
- To reach diverse older adults (including people with sensory impairments), use multiple methods of communication, including informal networks and trusted agencies with whom people have existing relationships.
- Include positive messaging, such as the contributions of older adults.
- Raise awareness of the risks associated with information overload and the vulnerability of some people to scams and misinformation.

Digital divide

Older adults' relationship to information and communications technology is often discussed in terms of a 'digital divide' or the gap between those who have the resources, motivation and skills to access and utilise digital technology and those who do not.⁹⁶

Restrictions during the pandemic saw a rapid acceleration of the reliance on digital technologies and widespread transitions from in-person to technology-based delivery and interaction, particularly in health services. Access to information technology may have been a crucial factor mitigating the negative social effects of the pandemic for older adults in Asia and the Pacific.¹⁰

Older adults who chose not to use digital technologies or who lacked the requisite access, skills, experience or motivation faced a double burden of digital and social exclusion,^{97,98} which compounded a sense of social isolation⁹⁹ and highlighted barriers to healthcare access and utilization.

There are many older adults who, contrary to the stereotype of being on the 'wrong side of the digital divide', readily adopted digital technology for their communication, information and service needs.^{98,100} However, despite an increasing adoption of technology by older adults in recent years¹⁰⁰, the pandemic has highlighted the limitations of existing technologies and there is still much to be done to address inequities in digital access, uptake and usage.^{18,8}

Proposed actions

- Use co-design principles with older adults to refine existing and develop new technologies that take account of older adults' learning needs, skills, and preferences.
- Ensure that technology related to changing interfaces, passwords etc. is easier to maintain over time and reduces the exposure and vulnerability to threats, such as fake news and cybercrime.
- Support reciprocal intergenerational learning opportunities.
- Service providers must make concerted efforts to teach, equip and motivate all clients/patients in use of digital platform/tools.

To enhance digital accessibility and usability, offer:¹⁰¹

- *text alternatives (e.g., large characters, braille, speech, symbols or simpler language)*
- *a variety of multimedia (e.g., videos, texts, audio, games)*
- *simpler page options with appropriate colour palette, brightness and contrast*
- *accessible assistance, guides or tools to help users navigate and find content and to avoid and correct possible errors and bugs*
- *keyboard accessibility to all functionalities.*

Digital Inclusion Action Group for Older People

Five organisations, in partnership with the Office for Seniors, provide digital literacy programmes for older New Zealanders:¹⁰²

SeniorNet run tailored workshops and presentations about technology, its use and benefits.

Digital Inclusion Alliance Aotearoa (DIAA) run the Better Digital Futures for Seniors programme to support seniors build their digital skills and confidence in using digital technologies.

20/20 Trust partner with local communities to provide digital literacy programmes for Māori, Pasifika, Seniors and Refugees.

Moana Research work with churches in Auckland, Wellington and Dunedin. The DIGIFALE programme supports young people (navigators) to teach their elders basic mobile literacy skills.

Age Concern Auckland Asian Service Team supports digitally excluded Chinese, Korean and Japanese older adults in the Auckland region.

Summary

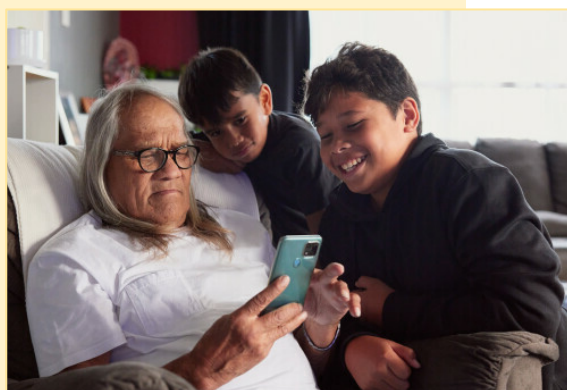
The scale of the COVID-19 pandemic has presented an unprecedented challenge for most countries. With continuing outbreaks and the emergence of new variants, recovery will be protracted and challenging.

Research has only just begun to investigate the impact of COVID-19 and associated response measures for older adults. What is clear is that older adults are a diverse group with widely varying individual, social and structural circumstances. The pandemic has not affected them equally, with greatest impacts felt by those already experiencing economic, social and health inequities.

Successful recovery will require an extraordinary rate of learning and adaptation. It will demand an innovative and adaptive approach to support and service delivery. Policies, actions or programmes to support older adults in pandemics must acknowledge and reflect their diversity, with interventions tailored to groups within the older adult population. Actions should be based on strong community mobilisation, engagement, participation and co-design principles.

The view of older adults focused on age-related deficits and vulnerabilities must be reframed to recognise and capitalise on the enormous contribution they make to their families/ whānau, communities and society.

“The Māori response to COVID-19 is an example of what a ‘strengths-based’ approach means in practice. It means looking first not at the ‘vulnerabilities’, but at the resources, capabilities and potential that exist.”¹⁶⁹



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