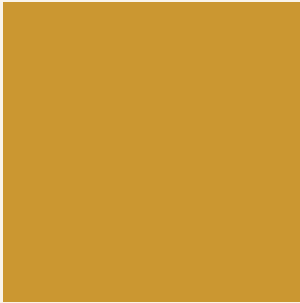




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COVID-19 and the Future of Aging



Interview Series



About the Milken Institute

The Milken Institute is a nonprofit, nonpartisan think tank. For the past three decades, the Milken Institute has served as a catalyst for practical, scalable solutions to global challenges by connecting human, financial, and educational resources to those who need them. Guided by a conviction that the best ideas, under-resourced, cannot succeed, we conduct research and analysis and convene top experts, innovators, and influencers from different backgrounds and competing viewpoints. We leverage this expertise and insight to construct programs and policy initiatives. These activities are designed to help people build meaningful lives in which they can experience health and well-being, pursue effective education and gainful employment, and access the resources required to create ever-expanding opportunities for themselves and their broader communities.

About the Center for the Future of Aging

The Milken Institute Center for the Future of Aging elevates awareness, advances solutions, and catalyzes action to promote healthy longevity and financial wellness. Through research, convening, advocacy, and partnership with leaders across key sectors, the Center works to improve lives and build a better future for all ages.

Acknowledgments

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Paul Irving
Chairman
Milken Institute Center for the Future of Aging

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Cause for optimism and a compelling roadmap to a better future

FOREWORD

Paul Irving, Chairman, Milken Institute Center for the Future of Aging

In this series, we have interviewed members of our Milken Institute Center for the Future of Aging Advisory Board who are leaders from business, health, academia, policy, and philanthropy. All aim to improve the lives of today's older adults and ensure a better future for generations to come.

After the pandemic year of hospitalizations and deaths, failed businesses and lost jobs, social isolation and dreams deferred, these thought leaders were clear-eyed yet optimistic about the future. With progress on vaccine supply and distribution and a “new normal” on the horizon, they focused on the longer-term consequences of our COVID-19 experience, the challenges and risks ahead, and their hopes for how all of us can emerge from this difficult time for the better.

Our interviewees discussed a broad range of issues as they considered the effects of the virus. The interviews are organized by seven topics: Societal Response, Health and Wellness, Financial Security and Retirement, Advances in Bioscience, Housing and Communities, Work and Careers, and Philanthropy. While the ideas expressed by our interviewees differed, common themes surfaced—suggesting critical areas of opportunity for focus and directed efforts to realize the silver linings of a tragic pandemic.

Many of our thought leaders' recommendations coalesced around the following four themes:

Advancing Research. The disproportionate harm inflicted upon older adults and communities of color by COVID-19 demands further action to understand the underlying biological and social mechanisms and to develop effective interventions. Leading health experts from our Advisory Board highlighted the urgency of investment in geroscience research that delves deeper into the biology of aging and dissemination of information about effective public health measures to support healthy longevity, including exercise and nutrition.

One encouraging outcome of the pandemic has been the dramatically increased global collaboration among scientists, companies, and government agencies, which our experts believe should be nurtured, incentivized, and reinforced through innovative policies and practices.

Adopting Technologies. From our health care to our jobs and homes, the COVID-19 pandemic has accelerated shifts toward a technology-enabled future, reshaping trends and preferences along the way.

Our daily lives have been profoundly impacted by this rapid change—a remote-first approach to obtaining many of the necessities of life. Technology and digital solutions were identified by our experts as powerful tools to increase health-care quality and access, social connectivity, and support that can enable older adults to age in place.

While these are just a few of the many upsides to increased integration of technology into our lives, our thought leaders said there is significant work ahead to make sure that all can benefit.

Repeatedly, they spoke of the need to overcome technological divides and disparities that leave far too many people on the sidelines, without adequate access to smartphones, computers, broadband services, a range of emerging digital tools, and assistance with financial literacy.

An equity lens, they noted, must be laser-focused on programs designed to ensure that the considerable promise of technology extends across all ages and communities.

Tackling Ageism. Sadly, the pandemic brought attention to the enduring scourge of age bias in our society and culture. Our experts cited the visible ageism percolating during a time when we should have come together to protect those most at risk.

The failure to effectively respond to a nursing home crisis, the advocacy from some quarters for “focused prevention” by segregating people by age, and the spread of the “OK boomer” meme, all demonstrate the negative effects of ageism that became clearer than ever over the past year.

Ageism permeates the day-to-day experience of older adults—in the workplace (where older workers encounter barriers to employment), in health care (where perceptions of age may negatively influence treatment), and in the media (where older adults are routinely portrayed in stereotypical ways). This has been especially apparent during the pandemic, as the interests of the older and younger segments of our population have too often been pitted against one another in debates about curbing the spread of the virus.

To realize a future where older adults are valued, empowered to shape their work and social lives, and meaningfully engaged in their communities, our experts urge that we tackle ageism now, whenever and wherever it is encountered.

Promoting Intergenerational Connection. Multigenerational engagement, intergenerational connection, and a lifespan approach to planning and policymaking can be a potent tonic to build bridges, not walls, between the generations. Our experts advocated for the creation and fostering of intergenerational workforces, initiatives, community spaces, and living arrangements to enhance understanding, collaboration, and comity.

From increasing financial wellness and improving health to reducing social isolation and loneliness, intergenerational solutions offer powerful opportunities to increase understanding and empathy and solve vexing social challenges.

By encouraging these connections as part of a pandemic recovery plan, our experts believe that we can apply the lessons learned from our work on aging to a wider array of issues, supporting underserved and undervalued populations beyond older adults.

The COVID-19 pandemic has exposed failures and flaws, inequities and injustices across communities and country. It has brought out both the worst and best in us. While the burdens have been borne unevenly, all of us have been touched. The challenges of recovery are just beginning, and the work ahead can be daunting. But our experts have given us cause for optimism and a compelling roadmap to a better future. We hope that you are engaged and moved to action by their words.

SOCIETAL RESPONSE

COVID-19 has revealed health, social, and racial divides, and raised questions about the value of older adults and their roles in a multigenerational society. A stage has been set for a critical examination of ageism and the culture that enables it. In the context of the great demographic shift, how will COVID-19 impact the future of aging?





How we can ensure our future is made better, not worse, by the pandemic

MEETING GENERATIONAL CHALLENGES

Fernando Torres-Gil, Professor of Social Welfare and Public Policy and Director, Center for Policy Research on Aging, University of California Los Angeles

How does COVID-19 impact generations differently? Are we coming together to meet the challenge, or are societal divides growing?

This is not the first time we have faced a pandemic with disproportionate generational impacts. We remember polio, of course, which I contracted at only six months old. Children were most susceptible to that disease, with older adults working to protect them. Pools and summer camps were closed, children were sequestered; society came together to protect its youngest.

The COVID-19 pandemic, in many ways, is the opposite. Older adults experience the heaviest toll. And, unfortunately, our collective response is lacking, evidenced by the continuing waves of cases and deaths, especially among our oldest and most vulnerable communities.

As a result, we are seeing rifts in our societal fabric—based on age, ethnicity, and occupation—which are exacerbated by identity politics.

Some ignore the risks to older adults and willfully engage in conduct that amplifies community spread. Some intend the best for others but fail to act with those intentions in mind. Thankfully, others care, focus on collective interests, and do what is right, and that offers hope for narrowing divides and promoting understanding despite our differences.

We recognize that your ZIP code, race, income, and education level matter when it comes to who is most likely to pay the price during this pandemic. Facing this can and should bring much-needed attention to other ways health risks and responses are unevenly distributed.

Earlier this year, I was driving in central California and was struck to see farmworkers picking produce in air choked by smoke from nearby wildfires. We now have a word for this work and these workers—and it is “essential.” Viewing people as essential is an essential step toward appropriately valuing everyone’s contributions to our society.

As we recover from this pandemic, it remains to be seen whether we will put this lesson to work by addressing affordable housing, working conditions and compensation, and quality health and long-term care. But recognition is certainly a step in the right direction.

As the pandemic progresses, what can be done to tackle inequities and affirm the value of older adults?

I hope that we are compelled to rethink how we care for those who need assistance or who cannot care for themselves independently.

We know that a disproportionate number of individuals who have been hospitalized and died from COVID-19 lived or worked in nursing homes and long-term care facilities. This shines a spotlight on the shortcomings of our current system and points to what I believe we should have always had: a comprehensive system of home and community-based services that gives all of us options for how we want to live and receive care.

It takes us a long time to own up to the reality of social needs and inequities. But when there is a collective crisis that affects a critical number of us, then suddenly—almost overnight—we can dramatically change. In that sense, while this pandemic is terrible for so many, it also presents an opportunity that we must act on.

For the last couple of years, I have served on California's Master Plan on Aging Task Force, looking at how we can better prepare the state for its growing population of increasingly diverse older adults. An example of what we have been looking at is the model of public coverage for long-term care supports and services in the state of Washington and how such a plan could be applied in California. Moving this work forward post-pandemic would be a real, tangible way to respond to the inequities brought to light by this crisis.

What actions can we take now to address societal divides, so our post-COVID-19 future is made better and not worse by this tragic pandemic?

I believe that the pandemic and the simultaneous crises we face, like job loss, financial insecurity, and a lack of affordable health care, reveal a critical issue we must confront and address to build a better future.

The tensions between our generations are at least partially the result of how we create programs for older adults. Looking at the structure of government programs like Medicare makes us realize how they exclude others of different age but equal need. In my view, these programs are, in their own way, ageist. Younger generations don't receive a benefit until much later in life and fear they may not receive any benefit at all by the time they get there.

Instead of addressing the needs of particular groups, we can make these programs more inclusive and help more people with broader solutions.

When Medicare needed to fix the gap in coverage for prescription drugs, we created Part D coverage. This went a long way toward resolving drug pricing issues for older adults, but it was also a missed opportunity to address prescription costs for the younger population.

And it's not just Medicare; we can look at the Social Security system, affordable housing programs, and food and nutrition supports. In the wake of the pandemic, we can seize the opportunity to create change, moving away from age-based eligibility.

These types of policy shifts reframe how we view aging, incorporating the wants and needs of both old and young into our social structure.

If we use a holistic perspective—one that takes a lifespan approach—we can increase equity and intergenerational cohesion. With understanding and commitment, we can get there, and I hope that will be a positive outcome of this very difficult time.



SOCIETY'S DISPARITIES AND GREAT PROMISE

Rodney Slater, Chairman, Transportation, Shipping and Logistics Industry Group, Squire Patton Boggs; Former Secretary, US Department of Transportation

The pandemic has lifted the veil on hardships facing older adults, low-income individuals, and people of color—here's what needs to change

As COVID-19 has threatened efforts to advance equity, what are the risks to older adults, especially in communities of color?

COVID-19 is a wake-up call for all of us. From being able to associate with one another to free movement in our neighborhoods to our capacity to pursue happiness—these activities are central to what makes us American. Without them, our quality of life is deeply impacted. But with more than 80 percent of deaths from COVID-19 among those 60 and older, it is sobering to consider what we have lost. Wisdom, experience, understanding—things that are invaluable and sacred.

The pandemic has lifted the veil on the compounding hardships experienced by people of color and low-income individuals. This is the population most at risk of poor health, of educational deficits, of financial insecurity. Yet these are often the people who clean our homes, deliver our groceries, and care for our children and elders.

The COVID-19 pandemic has made it clear that they are essential. Will we repay their contributions? Will we protect them from the health risks, job losses, and economic stresses they are suffering?

As a nation, we must acknowledge what we have historically chosen to turn away from, which is that despite how we fought to make things equal for all individuals, there are still real inequities in America that must be faced.

Many of us remember our struggles of the 1960s and 1970s, but we thought that those battles were behind us, not efforts that would have to continue into the future. The hope was to look back and take pride in the journey and to know that through the sacrifices made and the passage of time things would get better.

Seeing where we are now, it can be disheartening. We know that, in reality, there is still much to be done and, for those of us who are older, we have less time to try to make it right.

What efforts and actions should be put in place to fully ensure that older adults are integrated into a post-COVID-19 society?

In our society, people don't make needed sacrifices and investments unless there is acknowledgement of the value to be realized from taking these steps. It's incumbent upon boomers in particular to show what they have to give: the experience, means, and wholeheartedness to continue to be of beneficial service to their communities. Otherwise, the natural inclination of younger generations, beyond their family connections, will be to invest in themselves and to focus on their own futures, rather than on older generations who have "had their day."

We have to help everyone—in our generation and younger generations—recognize that the true value of life is in the service you render to others, and not just that which is afforded to yourself. We need to leverage the wisdom gained with age and assist in properly putting to use collective resources in an impactful way, incorporating and scaling the positive efforts of the past.

It's time to support the advancement of our younger counterparts, helping as they work to right the ship. As the late Congressman John Lewis noted in his final publication: "Now it is your turn to let freedom ring. When historians pick up their pens to write the story of the 21st century, let them say that it was your generation who laid down the heavy burdens of hate at last..."

Efforts like AARP's Experience Corps and the federal Corporation on National and Community Service's Senior Corps should be dramatically expanded to enable and encourage older adults to serve children and young people. Mentorship should be promoted in businesses, community organizations, and faith institutions. We should be proud to support younger generations and to amplify their voices as they strive to address inequities and create a better future. A prime example is National Youth Poet Laureate Amanda Gorman, who stirred us with her powerful poem "The Hill We Climb," featured at the inauguration of President Joseph Biden and Vice President Kamala Harris.

What actions can we take now to address societal divides so that our post-COVID-19 future is made better and not worse by this tragic pandemic?

The pandemic experience has accelerated change and ushered in the use of technology that holds great promise. The adoption and integration of telemedicine into our daily lives was rapid and likely will be permanent. Similarly, the shift to remote work and education, while still in the nascent phase, is the beginning of a virtual enterprise that will remain part of our social structure.

This will change how we use transportation, housing, travel, and resources. These innovations must be designed with all individuals in mind. Think about them like curb cuts—while they were meant to increase accessibility for people living with limited functional capacity, they proved just as useful for pushing baby carriages across streets.

However, what remains in our hands to address now is ensuring equity in access to all of these advancements. Millions of Americans lack high speed internet, particularly those in rural communities and communities of color. Many lack the skills and information needed to participate in an increasingly digital economy. They are falling farther behind, reinforcing the challenges and injustices they already face. Broadly expanding access to devices, technological infrastructure, and knowledge will enable people, whether they live in urban or rural areas, to participate in the digital revolution.

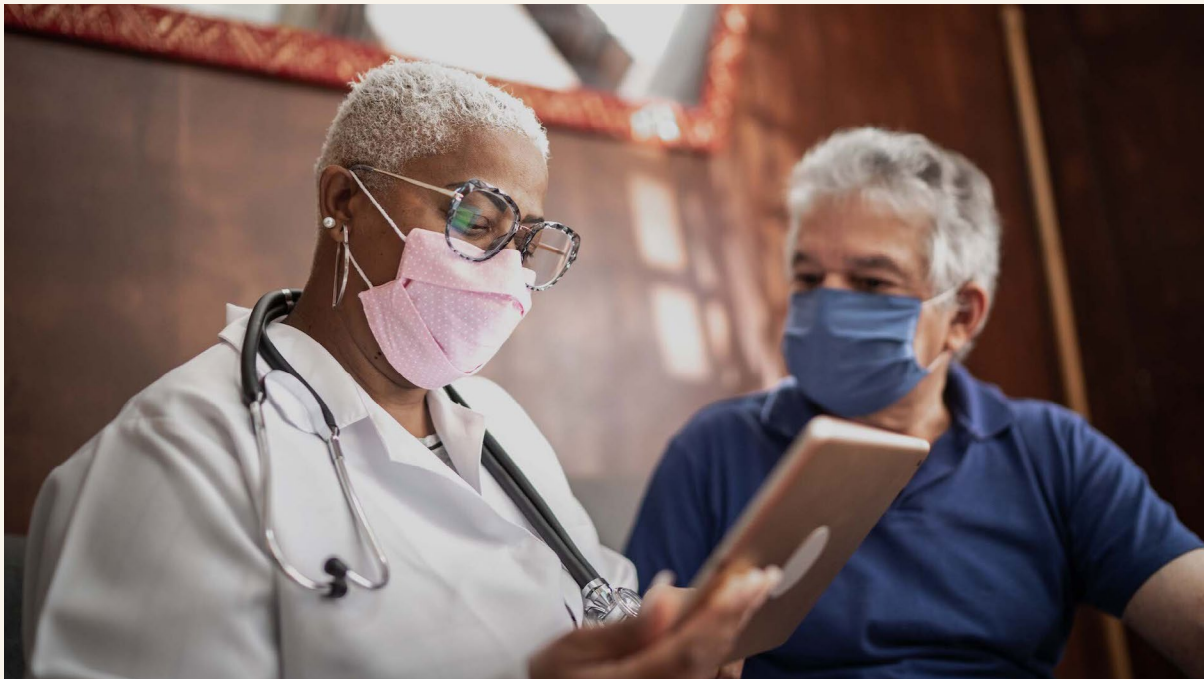
The pandemic has made it clear: We need action on this front now, before the gulf grows even wider.

This will take more policies that put people first and greater efforts from the private sector to look at all of our communities as stakeholders. The famed economist Adam Smith's Theory of Moral Sentiments is informative at this juncture: By keeping in mind both individual and collective interests, we can seek a new North Star, one that leads us to greater equity and inclusivity.

I remain optimistic despite COVID-19 and the persistent disparities we see every day. The arc of the moral universe is in our hands: we have to use every action we have to bend it towards justice for all.

HEALTH AND WELLNESS

With older adults experiencing the most severe outcomes of COVID-19 infection, it is critical to identify and promote opportunities for prevention and risk-reduction. Already, health-care delivery and services have fundamentally changed in a matter of months. What does the future hold for health and wellness for older adults?





THE HEALTH OF OLDER ADULTS

Richard Ashworth, President and CEO, Tivity Health

How to prevent diseases, enhance connections, and better serve minority populations

Given that chronic diseases like hypertension and diabetes are so prevalent and related to COVID-19 risks, how can we strengthen efforts at disease prevention?

Two things will be critical as we move forward: a consumer-first approach and expanding digital resources.

Understanding the consumer and targeting interventions are key to rethinking prevention and risk reduction. COVID-19 will bring significant, long-term change across the health-care industry. Starting with the consumer will help us get it right.

We must rethink health-care delivery, from primary care to lifestyle interventions such as physical activity. High-risk patients may avoid activities that could expose them to COVID-19, such as fitness classes, social gatherings, and routine doctors' visits. While delaying some of these activities for a short time may be okay, longer delays increase risk.

Physical activity is key to managing chronic disease. A [recent study](#) indicated that just two weeks of inactivity (or a 75 percent step reduction) can decrease muscle strength by 8 percent. Regular exercise [boosts the immune system](#), [supports balance and strength](#), and [improves mental health](#). Keeping older adults moving is critical to managing chronic disease.

At Tivity Health, we regularly survey our SilverSneakers members. In [one survey](#), 74 percent of respondents said they are using video calls or live streaming for medical appointments, socializing, or fitness. While 90 percent said they plan to exercise in the next three months, 68 percent said it will be at home.

Digital solutions will almost certainly be at the center of preventive health for those with chronic illnesses going forward. Solutions designed with the consumer in mind will generate the patient engagement needed to improve their health.

Distancing can lead to social isolation of older adults. What can be done to enhance connection and prevent negative effects on mental and physical health?

In a recent [Tivity Health survey](#) of approximately 5,000 people 65 and older, three times as many reported feeling isolated compared to before the pandemic. And they ranked inability to visit with family and friends as the number one thing disrupting their lives.

We need to change the mindset around supporting older adults during this crisis and beyond.

Physical distancing doesn't have to mean social distancing. Friends, family members, and support networks within the community must reach out and develop new means of connection when in-person contact is not an option.

Taking the time to train and support older adults in using technology—from smartphones to video conferencing—will help them find new ways to connect.

As we strive to protect elders from COVID-19, we must engage them as valued contributors to our families, communities, and workplaces. And we must prioritize access for this population when a vaccine becomes available so they can return to the lifestyles they enjoy.

With innovations driving rapid change in health-care delivery and services, what are the most significant impacts of COVID-19 that you foresee for older adults, their health and well-being, and the health-care system?

The convergence of COVID-19 and social justice issues is amplifying the devastating impact of health disparities on them, particularly those in minority populations. It is our responsibility as health-care professionals, and it is good business and policy, to address these issues across the industry.

We know that those 65 and older are at a higher risk of dying from COVID-19. But Black Americans aged 65 to 74 have died of COVID-19 [five times](#) as often as whites, and [Hispanic and Native American](#) populations have also been disproportionately impacted.

Older adults and minority groups are also disproportionately affected by chronic diseases, including hypertension, diabetes, and obesity.

For minorities from rural areas, it is even more difficult because they may lack access to health care, healthy food, and transportation. They may also experience other non-medical factors that influence their overall health.

These social determinants of health are driving health inequity, and we must do more to mitigate the impact.

Trends in Medicare Advantage health plans from private insurers provide a starting point. Fifty percent of their beneficiaries live on less than \$24,500 a year; 28 percent of them represent minority populations.

The government's Centers for Medicare and Medicaid Services expanded the kinds of interventions that can be covered under Medicare Advantage supplemental benefits, giving health plans and providers more ways to solve for health disparities.

COVID-19 has dramatically increased telehealth adoption. While telehealth addresses some barriers to care, such as transportation, there are implementation challenges. Solving infrastructure issues such as reliable internet access and supporting those with hearing or vision impairment and language barriers will move us toward more equity in telehealth adoption.

We have a unique opportunity to leverage technology, regulatory changes, the spotlight on racial injustice, and the flexibility that so many organizations have demonstrated during COVID-19 to take broad-based action. It is critical that we seize the moment to improve the health and well-being of America's older adults who have historically been overlooked.



What's needed to protect older adults' health during, and after, the pandemic

THE MEDICAL PATH FORWARD FOR OLDER ADULTS

Philip Pizzo, Founding Director, Stanford Distinguished Careers Institute; David and Susan Heckerman Professor of Pediatrics and of Microbiology and Immunology and Former Dean, Stanford University School of Medicine

What does the path forward look like for COVID-19 in older adults in the months ahead?

While our knowledge about the coronavirus (SARS-COV-2) and the disease it causes known as COVID-19 has evolved considerably since the pandemic took hold in March 2020, some early observations remain unchanged.

Among these is that the mortality from COVID-19 is highest for older adults, increasing sequentially with each decade. For individuals between 40 and 49, there are 8.6 deaths per thousand individuals from COVID-19, while it is 105 per thousand for those between 65 and 74 and then jumps to 210 per thousand for those between 75 and 84, and up to 304 per thousand for those over 85.

With nearly 40 percent of deaths during the first months of the pandemic occurring in older adults and staff in nursing homes and congregate senior living facilities, COVID-19 has been clearly identified as a disease that is particularly severe for vulnerable older individuals.

Unfortunately, the risks for older adults have exacerbated ageism, with some opining that, if it weren't for old people, the impacts of COVID-19 would be much more tolerable. While that is true at one level, mortality and severe morbidity with the coronavirus have been observed in all age groups.

It should not be forgotten that for other respiratory infections, including influenza, the mortality can be highest in individuals between age 20 and 40 due to their robust immune system response to infection. It is also important to remember that vulnerability and fatality can vary from one pandemic to another and that blaming any one group for outcomes they can't control is inappropriate.

While age is among the most important determinants of death from COVID-19, a number of co-morbidities including hypertension, obesity, and diabetes contribute to adverse outcomes. These co-morbidities are also associated with increasing age.

In addition, the fatality rate for COVID-19 is higher in men than women and is also negatively associated with race and socioeconomic status. For example, Black Americans experience 3.5 times more deaths from COVID-19 than White Americans.

Going forward, it seems older individuals, especially those with co-morbidities and people of color, are more vulnerable to dying from COVID. That means that until the population has received an effective vaccine and/or treatments, older individuals will need to shelter whenever possible and to practice social distancing, with masks and hand hygiene.

Importantly, if older adults are living in multigenerational homes, they must be attentive to potential transmission from younger household residents. Household acquisition of the virus is much higher than in other settings.

Similarly, in senior living facilities, the major risk for transmission has come from custodial or care providers. Thankfully, most facilities are now better prepared to address these issues than when the pandemic began.

Are there new avenues, interventions, and ideas that should be explored to modify the health risks of COVID-19 to our aging population?

Two vaccines have recently been authorized in the United States, and efforts are now underway to distribute the limited doses currently available as production ramps-up. We still await effective antiviral therapies that can be instituted early in infection, similar to the way that Tamiflu® is given for influenza. While such a drug doesn't exist today, effective antiviral agents are being developed and at least one (remdesivir) has demonstrated efficacy in hospital settings. Formulations of remdesivir that can be administered as a nasal inhalation are being developed.

It is also highly probable that other drugs will become available over the next months to years.

It's worth remembering that even if a COVID-19 vaccine is effective, the level of protection should be expected to be less in adults over 60 because of age-related declines in immune function.

This likely reality can be partially offset if the vast majority of the population is vaccinated, since that would reduce the community levels of SARS-CoV-2 through population or herd immunity.

Lack of vaccine acceptance would threaten herd immunity and is a concern given rising protest from anti-vaccination groups. Monoclonal antibodies produced by the body against SARS-CoV-2 administered in protective concentrations could also serve as a bridge to an effective vaccine or even as an alternative.

With innovations driving rapid change in health-care delivery and services, what are the most significant impacts of COVID-19 that you foresee for older adults, their health and well-being, and the health-care system?

Progress is being made toward a pandemic response based on what has been learned over the past months. We are aware of the risks of age-related chronic disease and of the public health practices that can prevent spread of the virus. Collaborations across the research ecosystem are encouraging and can contribute to further advances.

The practice of health-care delivery is also changing with the increased use of telemedicine which, post-pandemic, can offer increased accessibility to health-care providers. This necessitates that older individuals become more conversant and comfortable in using information technology.

Moreover, the processes being used to develop therapies and vaccines offer a roadmap to prevent the terrible loss of life in the event of future pandemics that we have seen with COVID-19.

Science is doing its part, and policymakers must as well. Lives can be saved if evidence is followed and leadership responds accordingly. If that happens, older adults and people of all ages can look forward to healthier futures, even though it may take time to get there.



Investments to improve US pandemic response are needed

A PUBLIC HEALTH FORECAST

Linda P. Fried, Dean and DeLamar Professor of Public Health, Columbia University Mailman School of Public Health; Professor of Medicine, Columbia College of Physicians and Surgeons, and Senior Vice President, Columbia University Medical Center

What has the COVID-19 pandemic shown us about the importance of investment in public health—are there opportunities for improvement that can be made in time to help?

COVID-19 has unmasked so many areas where the United States has not invested adequately to protect its people. A key example is our public health system. It should be responsible for creating 70 percent of the health of our population, yet it receives less than 2.5 percent of US health dollars.

The US puts no more into our public health infrastructure and systems than we did in 1960, without even adjusting for inflation.

Due to that disinvestment, our public health system has never had the resources to staff up, and its workforce is now half of what it was even 15 years ago. And while we have many people with immense expertise, they have not been empowered to lead. Compounding this resource challenge, we have 50 separate public health systems in 50 states.

In the absence of public health system investment, our health status has sunk to the bottom of peer nations. And the ill health of our population has left us particularly vulnerable to a disease like COVID-19.

If I were to do one thing to improve our response, I would re-empower the head of the Centers for Disease Control and Prevention (CDC) to provide guidance and directives so that we have a unified approach across all 50 states. We cannot fight a pandemic one state at a time. We need guidelines to protect vulnerable people without isolating them, essentially in solitary confinement for months.

We need a mandate to empower and fund the US public health system with a 21st century redesign, building on the evidence that prevention works and matters at every age and stage of life—and creating an age-friendly public health system that works.

We need leadership that de-politicizes illness and that puts into place the non-pharmacologic vaccine that we have to protect people. Our non-pharmacologic vaccine is simple and cheap, and it works: Wear masks anytime you're with other people, stay six feet apart, and wash your hands frequently and well.

Those three things together are powerful protectors of yourself and people you care about.

Loneliness is a key concern for older adults as re-opening timelines extend. What are the long-term health risks and potential interventions that offer hope?

Loneliness has many causes—especially in a pandemic—but its impacts are directly on health. There are acute effects in causing anxiety, depression, even suicidality and there are chronic effects that raise inflammation around our body and increase risks of heart disease, stroke, and other diseases.

Older adults bring great value to society, and the narrative that we must choose between older people and the economy is neither accurate nor supportive.

To protect against loneliness in aging, we need to come out of COVID-19 thinking about internet connectivity the way we think about public transportation. They're essential connectors of people to what they need, and we should have internet connectivity for everyone. We could think about this as the next public utility.

We can also think about other ways to prepare for the next natural emergency and identify opportunities to protect older people, rather than essentially incarcerating them in solitary confinement in their homes. We could do that in a way that enables older adults to have meaningful and beneficial roles, and that allows people to stay connected and live reasonably normal lives while keeping everyone safe.

With innovations driving some rapid changes in health care delivery and services, what do you think are the most significant impacts of COVID-19 for older adults and the health system?

The rapid increase in the use of telemedicine is a wonderful innovation that can make a difference. But we must recognize that there are times when older people do need to come into the office for care, and we need to develop guidelines on how to do that safely.

We also need to enable people who provide services for older adults to do that safely—even services for the delivery of meals.

There are basic services of survival and companionship that are sitting in mothballs now, waiting for guidance so that they can continue supporting older people.

FINANCIAL SECURITY AND RETIREMENT

There are serious financial implications for retirees and pre-retirees stemming from the COVID-19 crisis. How can policy interventions, emerging technologies, and financial education bolster financial wellness during and after this unprecedented time?





HOW EMPLOYERS CAN HELP WORKERS

Kevin Crain, Managing Director, Head of Workplace Solutions Integration, Bank of America

Solutions to the four retirement challenges employees face

In the midst of the COVID-19 crisis, what can older adults do to enhance retirement security?

There are four challenges for individuals impacted by the COVID crisis, and each has its own solution.

First and foremost, there is the risk of forced, early retirement. This is a reality for workers facing job losses due to corporate consolidations and decreased demand in certain industries, such as airlines and manufacturing. No matter how close they are to the end of their careers, older workers need to make sudden shifts in their retirement plans when faced with early departure from the workforce.

The second area is health care, which already puts significant financial strain on older adults. In the short-term, many workers facing early retirement will lose their health insurance coverage before becoming eligible for Medicare. Even those eligible for Medicare must budget for high out-of-pocket health expenses. [According to Bank of America](#), in retirement, a 65-year old couple will need \$296,000 to cover their out-of-pocket health-care costs, and those costs have risen by 23 percent since 2016. COVID-19 only makes this a bigger concern.

Third is the issue of sustained income in retirement. Whether it's having a smaller nest egg due to losing a job or filing for Social Security earlier than expected and reducing monthly income, many older adults will need to adjust plans for their longer lives. Spending habits may change. Even those relying on investments will be impacted, since market fluctuations and low interest rates affect the amount of and return on savings.

Finally, there is the question of where to live. Older adults often go through a process of downsizing and moving to densely populated retirement and assisted living communities. But the fear of COVID-19 transmission is causing people to go the other direction now, remaining in homes and areas that may not be able to meet their future needs. This could put them at risk for social isolation and lack of accessible care.

These four challenges are fundamentally changing how we manage wealth planning. How we formulate investment strategies must incorporate the new norms in interest rates, contingencies for early retirement, and a better understanding of the income variables. Understandably, retirees and pre-retirees are especially interested now in how COVID-19 will impact Social Security and Medicare decisions.

How can financial institutions support retirees during a time when markets are fluctuating, fraud is increasing, and physical and emotional well-being are at risk?

There is a connection between emotional, physical, and financial well-being. Our industry can no longer just focus on an individual's wealth. We collaborate with companies to support their older workers through education about the interconnection of those three areas.

Companies are reforming their benefit plans, no longer separating health care from other aspects of their offerings. We recently offered a webinar on the topic with hundreds of companies in attendance. Years ago, this topic would have attracted little interest.

The use of data also enables the development of more specific, targeted education tools for employers. There are key lenses to consider related to gender and age. In particular, women disproportionately serve as caregivers, impacting their retirement savings, and strategies are needed to compensate for this.

From a wealth management perspective, we need to build a greater understanding of longevity, beyond just age and savings. It's critical that advisers engage families, not just individuals, in the process.

Institutionally, we need to address the immediate needs of everyday life through programs that reinforce strategies for financial wellness, from handling delays in credit card or mortgage payments to avoiding digital fraud.

The digital banking shift creates opportunities and challenges. By evolving to work in multigenerational teams to understand families and having broader discussions with clients on overall wellness, financial services firms can meet changing needs.

In the long term, what can we learn from COVID-19 that can advance policies, practices, and behavioral changes to bolster financial wellness?

There are many ways we can grow from this experience.

In the process of supporting older, non-retired workers, the federal government proved that retirement plans are a versatile solution during a crisis. Improved accessibility to funds and eliminating penalties for withdrawals from retirement plans due to financial emergencies gave a lifeline to those who took advantage of it. However, less than 10 percent of individuals pulled money from these accounts.

Information about these types of programs needs to be more readily available for people. As more people understand how they can use these tools, they can make decisions and prioritize needs for both the short- and long-term, and better address personal financial issues.

We can also be more aware of our financial needs in retirement. That means a better understanding of not just how much income is required to live comfortably in retirement, but what to expect for health-care expenses, as well. More individuals now realize the impact of unexpected illness or chronic conditions and want to be prepared.

Companies, similarly, feel the need to proactively help their employees reach their goals. In the last 10 years, the number of companies that feel they are responsible for their employees' financial wellness increased dramatically, from only 13 percent to more than 60 percent, [according to Bank of America](#).

We are, as an industry, increasing knowledge and offerings for financial tools to address these concerns and developing strategies that help clients of all types be prepared for a variety of needs and circumstances.



What the pandemic has meant for retirees' money and the challenges ahead

THE FINANCES OF RETIREES

Penny Pennington, Managing Partner, Edward Jones

As the pandemic progresses, what issues emerge as the greatest financial concerns for retirees?

According to research our firm conducted in partnership with the research and consulting firm Age Wave, older generations have generally faced less financial and emotional disruption than younger generations during the pandemic. Their finances are aided by savings, Social Security, and Medicare. They also have the experience and resilience that come from decades of meeting life's challenges.

On the other hand, our research also found that retirees tend to be willing to do whatever it takes to support family members in need, even when it means sacrificing their own financial security.

With many families hurting due to COVID-19, this tendency could impact many retirees. We found that a fourth of all parents with adult children (24 million Americans) have provided financial support to their adult children due to the pandemic.

Then there's the issue of health care, which is retirees' greatest financial worry.

With older Americans more at risk of having severe complications from COVID-19 illness, that concern is likely to grow. This is in addition to illnesses like Alzheimer's, which a third of retirees cite as their greatest health fear—more than cancer, heart attack, or contagious diseases including COVID-19. Unfortunately, more than two-thirds of pre-retirees say they have no idea what their health-care costs may be in retirement.

A good financial adviser can guide them through these kinds of challenges to help them reach their goals.

How are retirees adapting and planning for a changed future—one that may include investment uncertainties, work shifts, and different expenses—as a result of COVID-19?

Retirees tend to be faring better than others because they rely less on employment income—they're often insulated from financial shocks that impact younger people. It helps that approximately 78 percent of retirees own their homes, and 60 percent of retired homeowners have no mortgage payments.

However, for some, stay-at-home orders and lockdowns inhibit their ability to have a sense of purpose, which is very important to living well in retirement. In our work with Age Wave, we identified purpose as one of four pillars to a fulfilling retirement, along with health, family, and finances.

The good news here is that while some have found social distance challenging, others have found added purpose in helping family during this time of need—a "generational generosity" that includes supporting their "family of affinity" or those they care most about.

Let's not overlook the fact that many retirees are, in fact, working. Not because they need to but because they want to. More retirees today work on their own terms, often doing work that aligns with their sense of purpose.

If they've lost work due to COVID-19, however, retirees may be looking for other outlets to keep them engaged.

Retirees once might have been considered slow to adopt technology, but it has become essential for them. They get online to connect with family, tutor remotely, or to find entertainment. They also use it for telemedicine in ways they never have before.

In the long term, what can we learn from COVID-19 that can advance policies, practices, and behavioral changes to bolster financial wellness?

Even before the COVID-19 pandemic, too many people lacked the financial stability to endure even a minor hardship. [Nearly 40 percent of Americans don't have enough savings](#) to cover a \$400 emergency response. Many of those same Americans are ones who have been financially impacted by the pandemic.

Financial literacy can help people become more economically stable and flexible.

We've long been concerned that many Americans aren't saving enough to enjoy a secure retirement. That's another issue that COVID-19 made worse; our research has found that 20 million Americans have stopped making regular retirement savings contributions during the pandemic. We need to create opportunities for those people to catch up later.

We've been working with members of Congress to strengthen the retirement savings system by advancing solutions that would expand opportunities for people to save for retirement. For example, increasing the annual "catch-up" contribution limit would allow people near retirement to make up for years of not contributing to a retirement account or contributing too little.

These changes and others would promote retirement savings, help people catch up from COVID-19-related hardship, and reduce Americans' reliance on public safety nets.



Racial and retirement wealth gaps demand systemic change

THE NEED FOR NEW RETIREMENT SOLUTIONS

Ric Edelman, Distinguished Lecturer, William G. Rohrer College of Business, Rowan University; Founder, Edelman Financial Engines; Founder, RIA Digital Assets Council

What are the biggest challenges to retirement security that the COVID-19 pandemic has brought to light?

For millions of Americans, the COVID-19 pandemic caused a huge setback in their efforts to save for retirement. Twenty million people lost their jobs. Ten million are still out of work; the unemployment rate is still over 6 percent. And if you count those who have stopped looking for work, the rate is really more than 10 percent. That's worse than it was during the 2008 Credit Crisis. The US Department of Labor projects it's going to take 10 years for everyone who lost their jobs to get them back.

When you've lost your job, you have not only lost income but also your ability to save. A job loss often means loss of the easiest mechanism to save for retirement, which is a 401(k) or other workplace retirement plan. We know that people who have a workplace plan are 12 times more likely to save for retirement than workers who don't have access to such a plan. And worse, the longer people are out of the workplace, the harder it is for their retirement savings to recover because the opportunity to compound their investment returns is lost.

The pandemic revealed, as if we didn't know already, the precarious financial condition of most Americans. At the beginning of 2020, more than 100 million Americans had credit card debt, and 40 percent could not pay an unexpected \$400 bill. The challenges of the past year have elevated awareness but only deepened the crisis. Credit card debt increased during the pandemic, and retirement accounts were severely depleted.

More than a third of Americans with retirement accounts liquidated or withdrew money from those accounts. What is shocking about that statistic is that 40 percent of them didn't need the money—they gave the money to family who needed the money. Given the widespread impact across families, it will take years to recover from the pandemic, and many will never get their retirement savings back on track.

Are there any surprising upsides or positive trends you have seen emerge during the pandemic?

One of the positive outcomes of the pandemic is scientific innovation. We have seen the record-setting development and distribution of safe and effective vaccines. After 40 years, we still don't have an AIDS vaccine. It took Jonas Salk decades to produce the polio vaccine. The COVID-19 vaccine moved from conception to distribution in less than nine months. This is an extraordinary achievement, and there is hope that the unprecedented collaboration, drive, and innovation that got us to this point will continue.

For Americans' finances, a bright spot in the pandemic has been the resilience of the financial markets. Some argue this is the product of generous monetary policy and federal stimulus measures, but it is also a reminder of the importance of long-term investment management and diversification in portfolio construction. Having the benefit of experiences from the 1987, 2001, and 2008 market crashes, patient investors were able to see past the immediate crisis. When the market fell 35 percent in six weeks during the early days of the pandemic, the more measured response from investors steadied the markets and sustained portfolio values for millions of Americans.

In the long term, what can we learn from COVID-19 that can advance policies, practices, and behavioral changes to bolster financial wellness?

The pandemic has revealed the two Americas and exacerbated our economic divide. Those who were doing well are doing better. Those who were struggling are doing worse. The result is that millions were left out of the economic benefit of the resilience of our financial markets because they don't own stocks. This has put a spotlight on the fact that our nation is no longer a melting pot. We are now a tossed salad. Americans are experiencing very different outcomes, even though we all seem to be in the same bowl.

Over the last 40 years, the cost of living has increased dramatically. People know they need to save for the future, and they want to do so, but they lack the financial ability because the purchasing power of the American minimum wage has dropped dramatically. Retirement savings are prioritized behind food, medicine, housing, utilities, childcare, and transportation. It's all understandable, but it must all be confronted. Our nation's income inequity and retirement gap are systemic issues, and by extension racial issues, because most of the people on the wrong side of the equation are Black and Hispanic.

This is not a problem that individuals can solve. It is therefore one for policymakers to address. Policymakers need to advance solutions that help families escape intergenerational poverty. A foundational part of this is redesigning how we fund retirement at a national level. We not only need to focus on existing programs, like Social Security, but also on innovative proposed programs like [RISE](#), which capitalizes on the power of compounding, allows Americans to save for retirement beginning at birth, and directly addresses our country's racial and retirement wealth gaps.

ADVANCES IN BIOSCIENCE

With the staggering impact of COVID-19 and older adults most at risk, continued development of vaccines and treatments remains paramount to preventing illness and death. Ongoing research efforts and clinical trials are underway to discover safe and effective medical interventions. Where will advances in bioscience take us in the years ahead?





Promising research directions that translate into action

PROSPECTS FOR GEROSCIENCE

Pinchas Cohen, Dean, Leonard Davis School of Gerontology, Executive Director, Ethel Percy Andrus Gerontology Center, and William and Sylvia Kugel Dean's Chair in Gerontology, University of Southern California

How should geroscience inform the development of vaccines and treatments for COVID-19, and are specific interventions needed that target older adults?

That's a really good question, and there are several points to make.

First, older adults are by far the group most vulnerable to COVID-19; more than 50 percent of deaths occurred in nursing homes, which of course house the very elderly, and a large majority of total deaths are among people over 65. People in their 70s and 80s may be a hundred times more likely to be hospitalized with COVID-19 and to die from COVID-19.

Geroscience [the science of aging] should inform interventions because the processes involved in the causes of death of COVID-19, particularly those related to so-called cytokine storms [severe immune reactions], are also involved in many other processes involved with the chronic diseases of aging.

Specifically, the process known as inflammaging [a chronic, low-grade inflammation that develops with advanced age], first characterized by Caleb Finch here at our school several decades ago, illustrates how inflammation can contribute to all diseases of aging and points to a target for interventions. This is an area of research and progress that geroscience has been leading for many years.

In terms of vaccines, the initial results are in and are very encouraging; however, we can anticipate based on our experience with flu vaccines that the COVID-19 vaccine may be less effective in older adults than in younger people.

In fact, flu vaccine efficacy is generally not particularly good, and in the elderly it's even lower—sometimes less than 50 percent.

There's a lot of talk about diversity among vaccine trial participants, particularly ethnic and racial diversity. And while that's clearly important, especially due to the fact that minority groups are more likely to suffer with COVID-19, it's equally important to have age diversity in the clinical trials and to include a sufficient number of older patients.

Geroscience can play a role here, too, in the form of interventions that are being evaluated to improve the efficacy of the flu vaccine response.

Specifically, rapamycin derivatives, which may boost the immune system, are being tested to improve flu vaccine efficacy and are on the verge of being approved. These need to be explored in the context of COVID vaccines as well, as they may bring additional benefits.

Other interventions to improve vaccine efficacy may be needed to protect as many older people as possible.

As we wait for safe and effective vaccines and treatments, are there opportunities to translate geroscience knowledge into actionable information for older adults and their health providers?

Geroscience research has revealed that it is not chronological age, but rather biological age, that really determines your risk of getting severe COVID-19 or dying from it.

So, multiple interventions that improve your biological age—starting with diet and exercise—would be long-term strategies.

Furthermore, medications such as diabetes or blood pressure medications can contribute to controlling chronic disease and improving biological age.

While there is speculation that certain additives such as vitamin C or vitamin D might improve your immunity, the evidence for that is lacking. And I, for one, cannot make a strong recommendation at this time for using these.

Rather than taking supplements, a healthy, diverse diet that includes fruits and vegetables, as well as going outdoors, exercising, distancing, and other safety measures are probably the best ways to protect yourself.

What do you predict will be the most significant long-term impacts of COVID-19 on infectious disease prevention and control, science and innovation, and related policies?

Every aspect of our society, including contingency planning, health-care spending, and the research agenda, is going to be influenced by this pandemic for years to come. Specifically, nursing homes—where the majority of deaths have occurred—will have to be designed to accommodate for future infectious disease concerns.

The second thing I foresee is that this will drive a revolution in access to diagnostics, not just for infectious disease, but for multiple conditions associated with aging, which will allow individuals to perform direct-to-consumer, easy-to-conduct tests at home.

Post-COVID-19, I think that gerontology education will only become more important.

Furthermore, research on the policy and social impact of the pandemic will be prioritized. Research into geroscience, particularly immunosenescence and inflammaging, will be a major goal for the National Institutes of Health.

And prevention of chronic disease, which has really been the biggest risk factor for older adults, will return as a national priority.



COVID-19 VACCINES AND TREATMENTS

Nanette Cocero, Global President of Vaccines, Pfizer

The pandemic's impacts on disease prevention, science, and innovation

As we await vaccines and treatments, where are we in the process, and what critical steps are ahead?

Over the last few months, biopharmaceutical companies, along with others in academia and the broader scientific community, have achieved what usually takes years—driven by a shared mission to find a solution to this pandemic. We are all acutely aware of the responsibility that rests on our shoulders and the lives that are at stake.

Around the globe, there are more than 1,500 clinical trials underway of treatments and vaccines to fight COVID-19. This is a stunning number, as is the number of vaccine candidates currently in clinical evaluation (more than 40).

In terms of where we are in the process, we are moving at the speed of science.

Several of the vaccine candidates I mentioned are now being studied in large-scale, late-stage trials, and some developers have expressed the hope that they may have the data necessary to seek regulatory review before the end of the year.

The world recently reached the very sobering milestone of 1 million deaths from COVID-19. So, we feel the urgency, but we will in no way compromise safety for speed.

A [public pledge signed by nine biopharma leaders](#) underscored this—a commitment to scientific integrity and rigor, above all else.

One point I'll add, regarding this time period as we await a vaccine: Let's not forget the importance of staying up to date on recommended vaccinations against diseases that currently are preventable.

As winter approaches, it's especially critical to help protect vulnerable individuals, including those over 65, against illnesses like flu and pneumococcal disease, which have the potential to be quite serious and even deadly. Doing so has the added benefit of helping to preserve health-care resources to focus on COVID-19 where needed.

COVID-19 has exposed ethical challenges around scarce resources. With multiple treatments and vaccines in the development pipeline, what are key considerations for use, distribution, and equity in access?

Equitable access to treatments and vaccines is absolutely vital.

When it comes to a potential vaccine, announcements of supply agreements with governments are in the headlines almost daily—but this is just the first step in what is ultimately a complex process.

Those of us developing vaccine candidates are working with governments to provide input and help ensure the doses we produce reach the people who need them.

For now, global health guidelines have prioritized those who are at highest risk of contracting COVID-19 to receive a vaccine first—among them are frontline health-care workers, essential workers, immunocompromised individuals, and public safety officials.

Supranational and third-party organizations (such as Gavi, the Vaccine Alliance and the Bill & Melinda Gates Foundation) also have important roles to play. In the case of COVID-19, several of these organizations have set up a landmark collaboration known as COVAX that aims to provide governments, including those of lower-income countries, with early access to a large portfolio of candidate vaccines.

I'm hopeful about the potential of mechanisms like COVAX to make a substantial impact.

What do you predict will be the most significant long-term impacts of COVID-19 on infectious disease prevention and control, science and innovation, and related policies?

I really believe that the value of prevention in health care is better, and more widely understood, now than ever. It's important that we build on this momentum to ensure that prevention becomes a higher priority for governments across the world.

This means greater investment in vaccine innovation and a renewed focus on routine vaccination schedules.

Older adults have been disproportionately impacted by COVID-19—by the disease itself, but also, the implications of country “lockdowns” and stay-at-home orders. This has shone a light on the need to establish effective health policies that focus specifically on the aging population.

The pandemic has also drawn focus to the need for greater racial and ethnic diversity in clinical trials. This is not a new issue—diverse communities have long been underrepresented in clinical research—but I'm encouraged by the progress being made.

Vaccine makers have taken proactive measures to select trial sites in diverse communities and reduce barriers, like language, that prevent enrollment. As an industry, I hope we'll continue to hold ourselves accountable in this area, so our clinical trials truly reflect the diversity of the world we live in.

Finally, across the global health community, I hope the partnerships and collaborations that have been mobilized so quickly in the face of this crisis will endure.

This year, we have shown that we are stronger together. I can't help but wonder what strides can be made in fighting other diseases if we sustain this high level of collaboration going forward.



How the pandemic may, and must, change things

THE FUTURE FOR HEALTHY AGING

Elizabeth Blackburn, Nobel Laureate; Professor Emeritus, Biochemistry and Biophysics, School of Medicine, University of California San Francisco

How might the pandemic change perceptions of, and investment in, scientific research—especially for healthy aging and age-related disease?

With COVID-19, we are seeing something powerful going on at the intersection of aging and mortality.

I wanted to gain a deeper understanding, so along with a few colleagues, I looked at data from a few countries where we could clearly see the impact of COVID-19—meaning that their medical systems were not overwhelmed and people had wide access to high-level medical care.

What we observed was striking.

The chance of dying from COVID-19 doubled every five years from the age of 40. That alone is significant. But when compared to data about mortality, generally, and data about other factors like socioeconomic status, the picture becomes clearer.

Pre-pandemic, from age 40, the overall chances of dying doubled only every eight to ten years. Although social factors such as income, education, and access to social services increase the risk of death from COVID-19, age is still the overwhelming factor.

These remarkable findings point yet again toward a critical factor in COVID-19 deaths: the biology of aging itself.

COVID-19 taps into something that demands further investigation. It underscores the importance of investment in scientific research aimed at understanding aging in more comprehensive, holistic ways. Despite great progress in understanding the biology of aging, much more must be done. COVID-19 has made the case.

The pandemic and the tragic number of deaths among older adults push us to integrate what we have learned about the biology of aging into a more systems-based approach, so we can extend our healthy years.

You told [Next Avenue](#) a few years ago that you'd like to see governments arrive at effective, evidence-based approaches for developing lifestyle recommendations and public health education. How is that going? And will COVID-19 elevate government attention to chronic disease prevention and healthy aging?

The COVID-19 pandemic has certainly sharpened our focus on healthy aging and chronic disease prevention.

We've been dealing with coronaviruses and other viral diseases for many years. But this experience has been different. There's been a sea change in the perceived urgency of addressing these issues, in part because it is suddenly very personal to all of us. We have seen the dramatic life-and-death impact.

The result is a climate going forward that provides greater support for developing the evidence base and creating policies based on it. The tragedy is that it took such a horrible disease to arrive here.

But to realize the benefits of elevated attention and greater emphasis on healthy aging and chronic disease prevention in the wake of the pandemic, we also need to address entrenched social problems that have been exacerbated and exposed in our society. We need to address the polarization in our country.

We need to increase access to quality education, which supports interest, understanding, and engagement in science and health.

The pandemic has done an inadvertent favor in bringing these challenges into sharp focus. I truly hope that we'll respond to this wake-up call and confront these challenges.

What do you predict will be the most significant long-term impacts of COVID-19 on science, innovation, and public policy?

A silver lining of the pandemic is the increased collaboration among scientists in the US and across the world. There was always a degree of cooperation, but COVID-19 has shifted norms.

Scientists are in this together. The archetype of the lone genius is now complemented by institutionalizing collaboration. This evolution benefits science overall, especially as technological complexity increases.

On top of increased collaborative interactions, the exigency of the pandemic has sparked some original thinking. Scientists shifted their attention and normal working patterns. Now we are seeing new and innovative approaches emerge.

The risk we face is not learning the lessons of COVID-19, and slipping back into old habits. We cannot take for granted the current elevation of the importance of science. To maintain momentum, we need to support science broadly, fund young investigators, encourage innovation, and engage and excite younger generations.

Other national challenges, such as the space race, inspired many young scientists to go on to make major contributions. But there is concern with COVID-19 that we may not see this phenomenon.

The tragedy of the pandemic, and its real existential threat, is largely experienced by older adults. We need to see this as an intergenerational opportunity to learn, share knowledge, and invest in scientific innovation and education.

I am an optimist, and I have to believe we can and must do just that.

HOUSING AND COMMUNITIES

The COVID-19 pandemic has shone a spotlight on the importance of homes and communities to the health and well-being of individuals and families. As the number of older adults seeking to age in place grows, how can supportive services and design innovations improve lives in a housing landscape shaped by the pandemic?





The positive and negative digital trends accelerated by the pandemic

TECHNOLOGY FOR CONNECTING

Joseph Coughlin, Founder and Director, Massachusetts Institute of Technology AgeLab

What impact will the COVID-19 pandemic have on technologies that enable older adults to connect with their communities and live independently?

By April last year, the nation changed overnight. Work commutes, shopping trips, nights out, and visits with friends and family were abruptly halted. We retreated into our homes. Both fear and caution locked us inside.

Suddenly, all of us were part of a nationwide empathy exercise in what many experience daily as an older adult.

We began experiencing future selves with limited transportation and access to the people, places, and things we need—let alone to those that make us smile.

Before we shuttered into our homes, we shopped. Stores were stripped of food, cleaning supplies, baking flour, video games, alcohol, and—yes—toilet paper. COVID-19 shopping also revealed a new household necessity: technology. In fact, technology became the new toilet paper.

My MIT AgeLab colleagues are conducting a series of surveys throughout the pandemic to understand changes in public attitudes and behaviors. While people have reported stocking freezers with their favorite ice cream, they also reported purchasing new home technologies. This was not just to binge-watch endless shows until the pandemic passed. Technologies also improved connectivity between themselves and others, as well as smart safety and security products to manage their homes.

The pandemic has served as a propellant accelerating the adoption of devices and related services perhaps a decade faster than might have otherwise occurred.

What positive trends has the pandemic accelerated? Are there any negative ones?

While difficult to believe, the pandemic has produced some benefits.

Digital services and devices once viewed as only for 24/7 connected, convenience-seeking millennials are now a lifeline to many homes and individuals of all ages. Life-by-app became a way for many to effectively hack virtual assisted living at home.

Home delivery is no longer just a convenience; it is a necessity. Video chat is not just for teens, it can be a lifeline for older adults: a vital way for friends, family and caregivers to connect. Technology-enabled services, once seen as too “out there,” are now viewed by many as simply part of day-to-day home living.

Work from home is not new, but the recent experience has some people nearing retirement thinking that working longer may now be possible as a result, even desirable.

Telemedicine is finally being widely used and changing the practices of health providers and insurers. Online education is not just for kids; it is now an opportunity for middle-aged and older adults to maintain a competitive edge in the workplace.

All in all, technology has provided powerful tools to cope with COVID-19. Many of those tools will continue as ways to age-in-place and provide care.

However, we must be cautious. High-tech is not a substitute for high-touch. The help of a virtual home assistant does not provide the same warmth of a loved one’s visit. Likewise, the efficient delivery of a meal kit is not the same as a home-cooked meal delivered by a smiling neighbor.

We should not confuse the capacity of technology to address life’s logistics with a true solution to the problem of social isolation.

The shortfalls in our housing and care systems for older adults have been brought into stark relief. Does this crisis present an opportunity to reimagine communities in ways that integrate and support older adults living in a range of environments?

Nearly a century ago, Richard Neutra, the renowned architect of the Los Angeles Lovell Health House designed to complement the owner’s holistic lifestyle, argued that our homes are critical to both our psychological and physiological health. Neutra’s comments seem prescient today.

COVID-19 has spotlighted the role our homes play in our well-being. However, there is now a corollary to Neutra’s observation. Our homes are more than places to live. Technology has transformed them into platforms by which we access services, experiences, and connect with each other.

While age-friendly initiatives have made tremendous strides to improve the physical accessibility of our communities, COVID-19 has shown that digital access at home is now equally critical to our capacity to age-in-place and to our quality of life.

But despite the rapid and evolving introduction of digital technology into our homes, the past year has laid bare unacceptable gaps in access to the benefits of tech-enabled services.

Communities, government, and business must address the need for digital accessibility across the life span. Broadband is now essential for all of us. We would not tolerate homes without running water, and we should treat broadband the same way.

Much like Neutra’s views on the home, we need to consider technology as a key component in housing to support health and well-being. The critical role digital accessibility now plays demands public-private initiatives that ensure digital equity, inclusion, affordability, and accessibility regardless of income or geography.



The key lessons on housing that policymakers must learn from the pandemic

HOUSING OPTIONS FOR OLDER ADULTS

Christopher Herbert, Managing Director, Joint Center for Housing Studies, Harvard University

The pandemic has brought the shortfalls of our housing and care systems for older adults into stark relief. What lessons can we draw about the type of housing or services that can better integrate and support older adults?

One of the biggest challenges facing adults as they age and become less mobile is their increasing isolation in suburban homes and communities that offer limited opportunities for social interaction. The pandemic's lockdown exacerbated this isolation by keeping friends and loved ones from visiting and further limiting forays for shopping, religious attendance, or socializing in the community.

A silver lining of the pandemic may be found in the tremendous boost it gave to the use of technology to socialize, bring goods into the home, and access telehealth.

But only about half of older adults own smartphones, and nearly 30 percent report no internet usage. To build on these lessons, we will need to identify ways to close the digital divide for older adults who lack access to broadband internet or easy-to-use devices to make these connections.

The pandemic has made clear that addressing that divide must be a policy and business priority.

Advances in telemedicine also need to be better baked into the health-care system through permanent changes in insurance coverage, better training and equipment for health-care providers, and support for older adults to effectively navigate the technology needed to access telemedicine.

What impacts will the COVID-19 pandemic have on the types of homes we'll see in our neighborhoods, their features, and how these changes might help –or not help – aging in place?

The pandemic has highlighted the importance of homes in many ways. With quarantines and distancing, the value of personal spaces for living, working, studying, and exercising has only grown. It seems likely that larger homes will be in demand for the foreseeable future.

Surveys confirm that a significant majority of older adults want to remain in their homes as they age. But only 1 percent of US homes offer the five basic universal-design features that make homes accessible: no-step entry, single-floor living, extra-wide hallways and doorways, wheelchair-height electrical controls, and lever handles on doors and faucets.

Much work needs to be done to ensure that homes include the amenities that people seek and, importantly, the safety and convenience features that support them as they age.

Homes with healthy air and touchless systems will also be sought after. This type of housing will certainly support aging in place, but these homes still pose a risk of isolating those with mobility restrictions later in life.

Along these lines, the pandemic has also highlighted the benefits of living in communal housing arrangements, which offer opportunities for social engagement and connection.

Hopefully, our experience this past year will foster greater openness to these types of developments. There are also lessons to be learned from the pandemic about how best to keep these communities safe from widespread infection, so communal living is a benefit and not a risk.

How did a lack of affordable housing contribute to the risks faced by older adults during the pandemic? And how could housing policy changes help alleviate these risks?

Only one in three older adults who are eligible for subsidized housing are able to secure one of these homes. Among the options available to those unable to access this public assistance is to live with children and grandchildren to make ends meet. Indeed, the share of the population living in multigenerational households has been on the rise in recent decades.

While this trend partly reflects the growing number of Hispanic and Asian households for whom such living arrangements are more common, it also mirrors the deterioration in housing affordability over this period.

Older adults living in these multigenerational households have been exposed to the risk of transmission of the coronavirus from younger family members who are still out working, shopping, and using public transit.

It seems clear that it is more than a coincidence that Black and Latino older adults, who are much more likely than whites to live in multigenerational households, have been hardest hit by the pandemic.

This experience highlights the need for expanded housing assistance that would allow older adults to live independently and in housing with supportive services. Support by the US Department of Housing and Urban Development for this type of housing has languished for years, even as the older population has grown rapidly.

I have hope that our experiences in the pandemic will spur greater support for an expansion of these efforts.

Policymakers and industry leaders must focus on new approaches to address the need for housing for older adults that is affordable, accessible, and linked to supportive services. The pandemic presents an opportunity to elevate awareness and advocate for change.



A person-centered approach will be critical to the future of senior housing and care

THE OUTLOOK FOR SENIOR HOUSING AND CARE

Robert Kramer, Co-Founder & Strategic Advisor, National Investment Center for Seniors Housing & Care (NIC); President and Founder, Nexus Insights

What impacts will the COVID-19 pandemic have on senior housing and care?

COVID-19 has raised the bar on infection control and safety. This will have a major impact on design, staffing patterns, and training.

The need to isolate residents has forced the sector to adopt digital technologies. Providers are having to embrace high-tech solutions for communication, remote care delivery, social engagement programming, and connectivity with family and friends.

In addition to causing a fear of congregate settings for all age groups, the pandemic has demonstrated that keeping older adults—especially those with chronic conditions and high frailty levels—out of the hospital and the doctor's office is now a priority.

Senior housing can no longer send residents out for their health care. Rather, they must bring health care to residents where they live.

This means providers must be able, either themselves or through partnerships, to proactively manage underlying health conditions and triage for minor acute care episodes onsite.

This will lead to more collaboration between senior housing and care companies and health-care providers (such as hospital systems and physicians groups) and also payers, who have already begun to view senior care settings as a key to improving outcomes while lowering costs for this high-cost population.

Beyond addressing needs for infection control and safety, the industry's value proposition—particularly for the millions of boomers who are aging—will be that these settings foster opportunities for people to engage with each other and the broader community, to have an ongoing sense of belonging and purpose.

It offers an answer to the fear of sitting at home and withering away in isolation. We cannot keep elders in their rooms in the name of protecting them.

Families will ask the industry how it will deliver social engagement and human connection when the flu, or the next pandemic, strikes. The industry will have to have an answer.

How are long-term care providers adapting to the new normal, and what changes are most likely to persist over time?

For skilled nursing providers, building design will have to facilitate infection control protocols and the ability to allow for cohorting and isolating as needed. This means more attention to small-house models, as well as neighborhoods and pods, even within a 120-bed facility.

It means ensuring access to high-speed internet and individualized air flows into private resident rooms.

It means thorough staff training in infection control and prevention, increased utilization of staff consistently assigned to the same residents, and enabling those staff to perform multiple job roles.

A challenge is that over 50 percent of nursing homes in metro areas are over 40 years old. Many won't work as a setting for the increasingly high-acuity residents entering long-term care.

Another challenge is that there are still too many residents in skilled nursing facilities who are only there to have housing and personal care paid for them. We need to ensure these older adults receive the support and services they need in alternative community-based settings.

Today's long-term care providers are increasingly seeing the need to manage underlying health conditions where residents live. They are beginning to employ telehealth and explore partnerships with health-care organizations, to deliver care to residents on site. You can expect to see that trend continue.

Lastly, long-term care providers must enable residents to be participants in their settings, not just recipients of care.

Though most of these residents suffer from multiple chronic conditions, take numerous prescriptions, and need assistance with activities of daily living, they can and should be engaged in terms of their aspirations and contributions. That is what gives them a sense of meaning and purpose.

This person-centered approach is foundational if we're going to disrupt the current broken system of long-term care, together with a societal commitment to adequate funding and better wages and benefits for caregivers.

The shortfalls in our housing and care systems for older adults have been brought into stark relief. Does this crisis present an opportunity to reimagine communities in ways that integrate and support older adults living in a range of environments?

Absolutely. There are opportunities to address racial and health inequities.

Many years spent in food deserts, with limited access to health care, good jobs, transportation, stable housing, and other social determinants of health, are causing some of the underlying health conditions that are now understood to increase the risks of COVID-19 and other health crises.

With growing numbers of older adults living longer, often with complex care needs, and with fewer family members to provide care, we will need a full range of housing and care options that can be scaled to meet the demand.

These options must integrate housing, wellness, health-care services, and personal care so we deliver the right services at the right time in the right setting.

Most older adults want to age in place, but the key for their health and well-being is living in the right place—a place where they can thrive with a sense of belonging and community, instead of being isolated and feeling abandoned.



REIMAGINING COMMUNITIES

Henry Cisneros, Chairman, American Triple I Partners; Former Mayor of San Antonio; Former Secretary, US Department of Housing and Urban Development

How to rethink housing access and affordability for older adults

What are the potential impacts of the pandemic on local communities, and what can be done to prevent evictions and displacement as a result of the economic downturn?

The potential impact of COVID-19, from a housing perspective, is immense. Because of the interdependency of our economy with health, well-being, and housing security, we have yet to see the full extent of the effect on older adults. When renters can't afford to pay bills, landlords cannot pay banks, and banks report increasing non-performing loans, the problems ripple through the economy and society at-large.

Cities are shifting funds to support the pandemic response and away from affordable housing programs. The lack of coherent federal action to provide emergency relief for cities and states will have a lasting impact. Services in urban areas will be strained or cut entirely if they don't receive meaningful support to cover those costs. Older adults will be at risk, losing affordable housing options and facing increased likelihood of eviction and homelessness.

When the current moratorium on evictions ends, we will see this crisis accelerate. It will further strain our cities' support systems, including health care and social services.

We need to address these issues by emphasizing the primacy of housing for all individuals as a central place to receive wraparound services, such as health care, food assistance, and social supports. At the same time, we must reinforce programs that keep affordable housing options open as the needs and demands increase.

What policies and practices should be implemented to improve housing access and options for older adults, and how should COVID-19 change thinking in that regard?

Housing access and affordability were crises before COVID-19 struck, and the challenges will become even greater in the wake of the pandemic. There is a growing need for more forceful policy interventions like subsidy programs for low- and middle-income homebuyers, mandates for affordable housing options, rental supports, and tax incentives to stimulate action. These programs address disparities for a variety of communities and are vital in supporting older adults.

We have concrete examples of local government innovation. For instance, in Atlanta, property tax increases put older individuals who were aging in place with fixed incomes at risk of losing their homes. The former mayor, Kasim Reed, instituted a city fund to financially support vulnerable, low-income older adults to cover those costs. Creative policies, including financial solutions that support affordable housing, will help us build robust communities that are inclusive of older adults. The COVID-19 crisis is adding another powerful reason for leaders and individuals across all sectors to stop, think, and exercise judgment about what communities need to do to accommodate the realities of a changing and aging population. This is about more than just building another residential development. We need frameworks for looking at homes not only as places to live but as focal points for health services, mobility, connection, and care.

The shortfalls in our housing and care systems for older adults have been brought into stark relief during the pandemic. Does this crisis present an opportunity to reimagine communities that integrate and support older adults living in a range of environments?

One of the most important ways we can adapt and grow from this crisis is looking at how we define infrastructure in cities.

The traditional concept only encompasses roads, water, power, and other basic utility programs. It's time to expand that definition to include social infrastructure. We need to start looking at connections between housing, care, and other services as part of supporting the health and well-being of all residents, especially older adults. This new future of infrastructure should encompass hospitals, schools, senior centers, libraries, and other community facilities.

One model that we are seeing around the country that embraces this approach for older adults is known as naturally occurring retirement communities, or NORCs. While NORCs were not developed as purpose-built communities for older adults, they are areas where older adults make up a large proportion of the population.

The organic growth of these communities is creating unique opportunities to address their residents' needs. NORCs are supporting vulnerable older adults with community-level programs, changing everything from policing practices to nutritional and social engagement programs. This NORC-style of service delivery is beneficial for everyone and serves as a model that can be applied in communities across the country.

We have a local example here in my city, San Antonio, Texas. The current crisis forced city officials to start thinking differently. They needed to continue providing care for individuals being treated for COVID-19 but also to reach out to those who needed chronic or rehabilitative care for other conditions. So, they decided that a new municipal bond, funding expansion of a hospital, would not support a new wing or tower in the hospital's main location but instead create a more dispersed system with neighborhoods as the anchor. This approach will enable older adults to receive care in their own communities, easing access, reducing transportation barriers, and fostering relationships and trust. When paired alongside a network of other services, models like these will improve outcomes for people of all ages.

We were thinking about many of these possibilities before the pandemic, but now we are putting them into action to create beneficial change in response to it.

WORK AND CAREERS

The COVID-19 pandemic is both accelerating and changing trends in workplaces and workforces. Given the barriers older adults often face, including ageism in hiring and employment practices, what does the future of work look like in the wake of this crisis?





**A perspective on jobs,
flexible work, and
intergenerational unity**

PROSPECTS FOR OLDER WORKERS

Scott Frisch, Executive Vice President and Chief Operating Officer, AARP

How can older and younger employees work together in this new landscape, and how can employers facilitate intergenerational cohesion, given the loss of traditional shared spaces for interaction and collaboration?

Facilitating collaboration across generational lines is good for the bottom line. A multigenerational workforce, with four or five generations working alongside each other—physically or virtually—helps to ensure business continuity and organizational resilience.

So how do we encourage interaction and collaboration?

Employers need to be highly intentional when it comes to understanding and utilizing age diversity to keep the workforce engaged. Employers should make sure they consider age diversity when creating project teams and setting in motion work streams in the virtual environment. Employers should connect younger workers with older mentors who have weathered storms and can provide emotional support.

Setting up mentor-mentee relationships is a great way to develop intergenerational cohesion. When people get to know each other one-on-one, work together, and learn from each other, they can form bonds extending to many aspects of work.

Employers can also stimulate intergenerational collaboration by dispelling harmful stereotypes about older workers, including the stereotype that older employees can only thrive in a traditional workspace.

The massive move to telework has produced a valuable lesson: The image of older workers as technophobes is wrong and counterproductive.

Workers across the age span have proven adept at teleworking. This realization will have lasting consequences. At the same time, younger workers are more likely to be mentors in tech solutions, just as many older workers can share their institutional knowledge and experience.

An age-based digital gap is easily caricatured, but it is shrinking as various age cohorts grow older and technology becomes ubiquitous. Discarding the notion of older workers as technophobes would be a healthy development in a very troubled year.

What can employers do to plan for a recovery that is inclusive of workers of all ages and leaves behind harmful stereotypes of older workers?

Flexibility in work arrangements has been a hallmark of 2020. Flexibility should be a central part of recovery. All generations appreciate flexibility. Our collective experience during the pandemic has shown that flexibility does not hurt productivity.

A key element of an inclusive recovery is helping employees of all ages and all life stages achieve a work/life balance where they can meet their responsibilities to their family and their job.

Caregiving is a compelling example where we need to look through the life stage lens. While many think of this as a challenge facing older workers, almost a quarter of family caregivers are millennials.

Organizations benefit from the various perspectives and experiences found in a multigenerational workforce. Employers should recognize what older employees bring to age-inclusive organizations, including critical thinking, problem-solving, leadership, communication, wisdom, patience, experience, and institutional knowledge. Acting on that recognition will speed the recovery.

Through the AARP Employer Pledge program, a nationwide group of employers is affirming the value of experienced workers and committing to developing diverse organizations. More than 1,000 employers have signed the pledge, and we encourage others to do so.

What are the potential long-term impacts on older workers and their careers?

For many older workers, there will likely be a substantial long-term impact.

The New School Retirement Equity Lab reports that almost 3 million workers age 55-70 lost their jobs because of COVID-19, a figure about 50 percent higher than job loss for this group from the Great Recession.

Data from the Great Recession shows that older workers who lose their jobs took about twice the time to find a new one as younger workers. Few got a bump in salary in the new position; most never made what they made previously.

We expect many older workers will become freelancers or gig workers.

A Harris poll for Ameritrade found that among boomers, 9 percent have retired because of the pandemic, and an additional 14 percent are considering retirement for that reason. Retirement earlier than anticipated will mean loss of income, and in many cases, earlier drawdown of retirement income and taking Social Security at an earlier time and in a lower amount than they had planned.

On the other hand, the pandemic has caused many older workers to delay or consider delaying retirement.

The same Harris poll said that 16 percent of boomers reported delaying retirement, and an additional 21 percent reported they are considering taking that step.

Both working longer and retiring early can have significant consequences for health and wealth. Employers need to provide resources to assist employees considering their options and create conditions that signal to older adults their continued value in a multigenerational workforce.



The challenges and opportunities for the workforce due to the pandemic

WORKFORCE TRENDS

Art Bilger, Founder and CEO, WorkingNation

Does the pandemic reveal new opportunities for older workers? And if so, what needs to be done to realize these opportunities?

On the surface, the pandemic is creating more challenges than opportunities for older workers, particularly low-income workers.

Higher-income workers are often in knowledge-based positions, as opposed to labor-based. And as we have seen, these knowledge-based jobs more readily adapt to the remote working that has kept many people employed since March.

Many older low-income workers were employed in physical jobs that required them to go to a place of business. With so many employers having to close their doors, older workers in that category were often laid off, either temporarily or permanently.

My organization, WorkingNation, recently spoke with Chris Garland at the Center for Workforce Inclusion, an organization that assists older, low-income job seekers. She points to a Bureau of Labor Statistics forecast that by the year 2028, 25 percent of the workforce will be workers over the age of 55. People are living longer and have to—or want to—work longer.

Some say that older adults can't adapt and learn. We know otherwise. There's no time limit on our ability to learn. The evidence suggests that older workers can use new technologies as well as anyone of any age. But they bring much more than that to the workplace.

They serve as mentors and advisers for their younger counterparts. Their wisdom and experience can be a competitive advantage for employers. They are a vital part of the economy and will be more important in the years ahead. The pandemic has presented daunting challenges, but we must overcome them for the good of older workers and people of all ages.

With concerning workforce trends such as structural unemployment on the horizon pre-COVID-19, is the pandemic accelerating or disrupting previous projections?

Technology is always changing the way we work and the skills we need to do for our jobs. Many employers quickly adapted to the pandemic-driven changes in the economy, learning to conduct business remotely and continuing to serve customers. Those seeking to resume in-person operations are likely to do so with fewer workers who will be required to have more skills. So, the pandemic has accelerated workplace disruption, and American workers are concerned.

In our first WorkingNation American Workers Survey, 63 percent of respondents said they believe that technology is changing the way we do our jobs but don't believe they have the skills needed to keep up with those changes. Forty percent say obsolete skills or the lack of aligned skills are cause for significant concern.

Workers are seeking guidance, but 56 percent say they are not even aware of how, or where, to find programs to acquire the most in-demand skills. And, alarmingly, 66 percent say their employers have never offered them training.

I believe that employers, educators, civic leaders, and nonprofits have to work together to signal the most important skills needed across high-demand fields and then create programs to help workers achieve those skills. If we don't do that, the issue won't go away.

Workers will struggle to find good jobs and the economic recovery will suffer as a consequence. This will be especially true for older workers who, as statistics show, find it takes longer to get a new job and often take jobs that pay them significantly less than what they earned before.

What are the potential long-term impacts of COVID-19 on older workers and their careers?

COVID-19 poses a risk to older adults, both economically and physically.

According to the Centers for Disease Control and Prevention, more than 95 percent of deaths from COVID-19 occurred in people over 50. While the health crisis continues, older workers may not be inclined to look for work in order to lower their risk of contracting the virus.

And, if the economic recovery stalls further, those who have been out of work the longest might simply choose to retire early out of frustration or to avoid placing themselves in danger. At the same time, some employers might be reluctant to hire older workers because of perceived health risks.

An acceleration in early retirements is not unprecedented.

We saw this in the Great Recession. In one study, 52 percent of retirees over 55 said they left the workforce between 2008 and 2014 because they lost their jobs. There's already evidence of this trend in the nine months since the current unemployment crisis began.

We can and must bring older adults back into the workforce—39 percent of people over 55 are looking for work or working—and they can play a vital role in keeping the economic recovery moving.



The pandemic's effects on working boomers and Gen Xers

WHAT OLDER WORKERS NEED

Catherine Collinson, CEO and President, Transamerica Institute; Executive Director, Aegon Center for Longevity and Retirement

What is the experience of older workers during the pandemic compared with younger generations?

The data we've seen on this topic is surprising. Looking across generations, older workers are significantly less likely to have been impacted than their younger counterparts.

In late October, our nonprofit division, the [Transamerica Center for Retirement Studies®](#), surveyed workers who are employed and/or who were laid off or furloughed as a result of the pandemic. While 41 percent of boomers and 44 percent of Generation X had experienced one or more negative impacts ranging from reduced hours to job loss, 60 percent of millennials reported a negative change.

Do emerging data and new survey findings from recent months surface any unexpected findings and potential silver linings for older workers during this otherwise challenging time?

Boomers and Gen Xers are strikingly resilient compared with younger generations: 57 percent of boomers and 50 percent of Generation X indicate they are maintaining a positive outlook on life, compared with 37 percent of millennials.

Boomers and Generation X are also less likely than millennials to be struggling financially. While 52 percent of millennials indicate they often feel anxious and depressed, 39 percent of Generation X and 26 percent of boomers do. Moreover, 42 percent of millennials feel isolated and lonely, much higher than the 27 percent of Generation X and 22 percent of boomers.

These findings illustrate the tremendous opportunity for employers to support their employees by fostering a multigenerational workforce. In addition to their experience and expertise, older workers can bring positivity, perspective, a calming influence, and cohesiveness to the workplace in these tumultuous times.

What are the potential long-term impacts of COVID-19 on older workers and their careers?

Older workers still bear the challenge of detrimental stereotypes. We know from past recessions that older workers who lose their jobs have an extremely difficult time finding employment after the economy recovers. Some become discouraged, give up, and retire early—before they are financially ready—and risk outliving their savings. Amid the pandemic, these headwinds of ageism may be exacerbated with the widespread messaging about the health-related vulnerabilities of older populations.

But the story does not have to end this way.

Societally, it is time to rewrite this story. Unlike past recessions, technology has enabled new ways to continue working and the flexibility to be semi-retired while working, a possible best of both worlds.

LinkedIn has revolutionized networking and enables professionals to connect and make a positive impression. It can be especially powerful for older workers to showcase their achievements and talents—and demonstrate they are tech-savvy and connected.

At the same time, employers are becoming increasingly receptive to implementing age-friendly business practices that welcome and recognize the value of experienced employees.

Although there is much more work to be done, AARP's [Living, Learning, and Earning Longer](#) global initiative with the World Economic Forum and the Organisation for Economic Co-operation and Development illustrates the progress being made.

I see another indication that times are changing, with the [Colorado Above-Fifty Employment Strategies](#) project, which brings together collaborators including Transamerica Institute, University of Iowa, NextFifty Initiative, and other local agencies and nonprofits.

For older workers who are looking to become entrepreneurs or earn supplemental income, a myriad of online services are available to facilitate the process, including providers like LegalZoom, which can help with the legwork in starting a business, SquareSpace, which makes it easy to build a website with pre-built templates, and Upwork, which connects employers with freelancers.

Another silver lining from the pandemic is the availability of online educational content, letting older adults brush up on their job skills and stay abreast of the latest developments in their industries.

With almost everything going virtual, access to continuing education programs and conferences is no longer constrained by geography and travel time. And some of it is free, ranging from classes offered through your favorite public library to the [2020 Aspen Ideas Festival](#).

How do we write this new story in which older workers continue earning income and saving for retirement for as long as they want and need?

Societally and individually, we must be firm in our resolve to do so. Policymakers, industry, academics, nonprofits, employers, and people of all ages play an important role. We must end systemic ageism and raise awareness about what is at stake.

We must also provide older workers with the vote of confidence, resources, and know-how to be successful.

At the same time, we need to preserve safety nets, such as Social Security and Medicare, to help ensure that those older Americans who are unable to work can retire with dignity.

PHILANTHROPY

During this unprecedented time, nonprofits and service organizations have seen their resources depleted. Health providers and researchers, front and center during this pandemic, have needed more support than ever. How has the social sector come together to support older adults and how can philanthropy lead in the pandemic's wake?





Philanthropy can push for progress in the care of older adults

THE OUTLOOK FOR AGE-FRIENDLY HEALTH SYSTEMS

Terry Fulmer, President, The John A. Hartford Foundation

What has the pandemic shown us about ageism in health care, what needs to change, and what can philanthropy do to push progress?

Ageism is one of many long-standing problems in both health care and society that the COVID-19 pandemic has revealed in a glaring light. Our colleagues at the [FrameWorks Institute](#) and the [National Center on Elder Abuse](#) have written that the pandemic is “pushing Americans’ cultural bias against older people to new heights.”

This year, we have seen stereotyping, prejudice, and discrimination based on age—for example, with the harsh social media hashtag #BoomerRemover that perpetuates the idea that older people are expendable. The [Milken Institute’s Nora Super with James Appleby of the Gerontological Society of America](#) forcefully stated that age should not be used as the sole criterion to deny medical treatment.

The crisis in nursing homes can also be viewed through the lens of ageism. As a nation, we have willfully ignored the plight of staff and residents in nursing homes and long-term care. Long-term services and supports are inadequately funded, disconnected from the health-care system, and extremely vulnerable to pandemics and other disasters.

We all have a role in calling out ageism, and philanthropies like ours are supporting efforts such as the [Leaders of Aging Organizations’ Reframing Aging Initiative](#), which is creating easy-to-use messages that counter ageist attitudes. This project, plus Reframing Elder Abuse and the new Reframing Nursing Homes initiative, are a call to action for how to embrace an aging society.

You've been working hard to expand the growth of age-friendly health systems. How has the pandemic affected this, and what do you think the future holds for age-friendly health systems?

The pandemic has exposed many dysfunctions in the health-care system, and we have seen an accelerated interest in our work to improve the care of older adults.

The [Age-Friendly Health Systems](#) movement is a powerful solution that is flourishing. More than 1,900 hospitals, medical practices, convenient care clinics, and long-term care organizations are participating in Age-Friendly Health Systems action communities led by the Institute for Healthcare Improvement (IHI). All are committed to delivering health care that meets our specific needs as we age, and the focus is on what matters most to us as people, not just as patients.

Age-friendly care uses the 4Ms Framework—a set of care practices focused on what Matters to older adults (goals and preferences), Medication, Mentation (memory and mood), and Mobility (being able to move around safely). An Age-Friendly Health System ensures age-friendly care for every older person in every setting.

Isolation, brought on by fear of contagion, social distancing, and visitation restrictions in the pandemic, has accelerated the use of age-friendly 4Ms telehealth visits to review medications, check on mental health, and provide guidance on exercise and staying mobile. The focus on “what matters” has taken on heightened relevance. The increased risk of serious illness and incapacitation for older adults during COVID-19 has underscored the importance of discussing and documenting care goals and preferences.

I'm optimistic that the Age-Friendly Health Systems movement will fundamentally change the way we think about continuity of care for older adults and their families. With leaders like IHI, the American Hospital Association, and the Catholic Health Association of the United States, along with CVS Health MinuteClinic, the American Geriatrics Society, state and federal government agencies, and many others, we anticipate thousands more sites joining the age-friendly care movement.

What impacts from COVID-19 do you foresee for philanthropic institutions committed to supporting healthy aging in the years ahead?

I predict there will be a reprioritization and even deeper commitment to critical areas: namely nursing homes, home-based medical care, and age-friendly public health systems. Philanthropic investments in these areas can help prevent needless deaths and accelerate best care practices.

Eliminating health-care disparities and achieving equitable outcomes for older adults across diverse racial and ethnic communities is an area where we will see intensive effort to overcome the inequities of today. Diversity, equity, and inclusion must be made a top priority.

COVID-19 has been a challenge unlike almost any in our lifetimes, and the problems revealed are not new. By working together, we can use lessons from this pandemic and create a future that is age friendly and free of ageism.



What's needed to best serve and assist older adults in the 'new normal'

WAYS PHILANTHROPY WILL SUPPORT AGING

Cinnie Kennard, Executive Director, Annenberg Foundation

How has philanthropy partnered with nonprofits and academic institutions to address gaps in services, funding, and research during the COVID-19 crisis?

There are many examples of philanthropic partnerships addressing various aspects of the COVID-19 crisis.

The Committee for a Greater LA, formed at the inception of the pandemic, is an example of philanthropy working with nonprofits and academia. It researches and measures the short- and long-term impacts of COVID-19 on the most vulnerable communities in Los Angeles. This effort is funded by a group of philanthropic organizations, including the Annenberg Foundation, but led by community voices and supported by research from UCLA and USC. The committee's report, "[No Going Back: Together for an Equitable and Inclusive Los Angeles](#)," includes policy recommendations, including making high-speed internet access a civil right, promoting "California citizenship" to ensure all residents equal access to services regardless of immigration status, and a Housing-for-All strategy to end homelessness.

Partnering with nonprofits and government, philanthropic organizations are also coming together to address pandemic-driven food insecurity, especially among vulnerable older adults. By sharing data and leveraging resources, we can pinpoint gaps in food access and close them.

For example, the Los Angeles Department of Public Social Services, with our support and data from nonprofits like the LA Regional Food Bank, created heat maps that identify areas with high eligibility but low enrollment in food benefits programs, enabling targeted communications to increase participation.

Locally focused philanthropic efforts met critical needs early on. How will philanthropy sustain its efforts and scale them up in the future?

We are concerned about a never-ending flow of critical needs as the economy shifts, nonprofits shut their doors, and residents' benefits run out, plunging them further into poverty and food insecurity.

This moment calls for innovation, effective management, and leadership.

During this time, philanthropies must take a hard look at allocating a portion of their giving to safety net programs and resources where government agencies are not stepping up.

We must also help strengthen the organizational capacity of nonprofits that are pitching in; approximately 20 percent of nonprofits in Los Angeles County providing services to the most vulnerable are either shutting down or headed that way.

We have been a longtime supporter of the Nonprofit Sustainability Initiative, a funding collaborative of more than a dozen foundations helping nonprofits achieve their missions by providing the stability of long-term partnerships in a funding environment constantly influenced by changing policies and priorities.

To work efficiently and maximize limited funds, philanthropy also needs to support systems-change efforts. By tackling the root causes of inequities, we can permanently change the landscape, rather than constantly addressing the results of broken systems.

How do you foresee COVID-19 impacting philanthropic institutions committed to supporting healthy aging in the years ahead?

We all need to adjust to a new normal, and one prime example is planning for post-pandemic community spaces focused on healthy longevity and aging. The traditional model of an older adult day center has been turned upside down with COVID-19.

This “new normal” deserves a new location.

Through the pandemic, the Annenberg Foundation has continued its work to create a new kind of center to respond to the rampant isolation and loneliness among aging adults in Los Angeles. The Wallis Annenberg GenSpace will reimagine what life for them can look like—worlds away from sterile nursing homes and small, dark, and lonely apartments.

It will be a neighborhood hub for forging new relationships because social connection is what helps us stay vibrant, extends life, and makes it worth living. It will emphasize creativity and learning because that’s what keeps minds fertile and functioning at every age. Programs will be streamed virtually to ensure that those who cannot come in person have access.

Post-pandemic, we see a need for a national conversation on aging and ageism.

COVID-19 is shining a light on the gap between the generations and potentially exacerbating it as well. There may be lingering anger and resentment; the older population blaming the young for not doing what was needed to keep the virus in check, and the younger generation blaming the older for the lockdowns that have delayed their progress and slowed business.

During the early stages of the pandemic, the term “Boomer Remover” briefly became a catchphrase on social media, referring to the higher mortality rate among older people.

That said, this is a great opportunity for funders to support research and intergenerational programming, so we can bring young and old back together again.

Philanthropies are stepping up and stepping in to help where we can at this difficult time. And we will continue to do so as new needs arise.



The opportunities ahead for collaboration between older and younger Americans

INTERGENERATIONAL CONNECTIONS

Trent Stamp, CEO, The Eisner Foundation

The pandemic spread the isolation and loneliness that many older adults regularly experience to people of all ages. Could this potentially increase awareness and lead to more opportunities for connection and collaboration among the generations?

Absolutely. A less-cited fact about loneliness is that teens experience feelings of isolation as much as older adults do, and this was true even before the pandemic. But since we usually think of this loneliness as only applicable to older adults, that connection between generations hadn't led to as much common ground as we find ourselves on now.

Today, with so many of us isolated, we all know what it feels like—and we feel a greater desire to combat it.

It's going to take work to sustain this conversation and facilitate new intergenerational opportunities.

Many organizations and individuals came together at the beginning of this crisis to reach out to homebound older adults, write letters to residents at care homes and go grocery shopping for those who were vulnerable. This shows that we have a primal desire to connect and help.

But as the initial urgency gave way to the angst and malaise many feel now, some of those efforts have fallen by the wayside. We can't rely on ad hoc ideas to create a more intergenerationally connected society; we need to build it into the very foundations of our communities.

We can capitalize on our collective experience of isolation as we think about the future.

At The Eisner Foundation, we've been supporting research and toolkits to encourage the creation of more [intergenerational shared spaces](#), which are incredible assets to communities when we can physically gather. Organizations are transitioning to remote programming and finding opportunities to engage a broader range of people in greater numbers that will continue after in-person programming resumes.

I really do believe that we can come out of this stronger and more connected if we're willing to rethink how we engage with each other.

Are there particular examples of new projects or initiatives developed during the pandemic focused on intergenerational connection that should be highlighted and emulated?

At the Motion Picture & Television Fund (MPTF), the staff had already been working on open-source CallHub software to facilitate their phone outreach program and had done pilots with other organizations like LA Works.

When older adults began sheltering at home, many more organizations began similar phone outreach to their constituents, often using younger volunteers.

MPTF is now exploring additional collaborations and opportunities to make this program available to more organizations working to combat social isolation.

When we're on the other side of this, whatever that looks like, the need for friendly outreach will not disappear. We need to continue expanding programs that reduce social isolation.

The Koreatown Youth and Community Center (KYCC) rolled this kind of outreach effort into a student journalism program that was about to launch when the pandemic hit. Instead of having students go out into their community to connect with elders, they began calling the older adults in KYCC's low-income housing program to identify their immediate needs and to begin relationships. Over several months, the students talked regularly with the elders and documented the experiences in writing, audio, photography, and video.

They're coming away with a deeper understanding of what it has meant to be older during this time.

I would love to see more programs develop student writing and creative skills through intergenerational connections.

What impacts from COVID-19 do you foresee for philanthropic institutions committed to supporting healthy aging in the years ahead?

I worry about some foundations understandably getting distracted from their strategic plans during this time.

Aging was already a difficult sell among funders before the pandemic. We risk endangering an already vulnerable and under-supported community by diverting resources to immediate impact funds, rather than to aging.

We need new funders, corporations, and individuals to expand the pool—because, as with all disasters, some supporters will be looking in other directions.

This is especially true of individual donors. People rarely dip into their savings to make a charitable gift. So if you give to something new, it usually means you aren't giving to what you gave to last year.

If you were one of the few folks who cared about aging issues and now are funding something that came about this year, whether related to COVID or to social unrest, you aren't going to find additional dollars for the aging. It's just the way it has always worked philanthropically.

That said, this crisis has increased awareness of social isolation across our society, and philanthropy is no exception.

Back in April 2020, we responded by establishing a [rapid response grant program](#) to make sure older adults did not become isolated and increasingly vulnerable to the associated health challenges, and many other funders took similar action. Organizations created new programs and scaled up established ones, creating more opportunity to prove how effective their efforts are.

I hope that as we reflect on this time and look to the future, the philanthropic community will consider aging issues with the attention they deserve—and look at intergenerational efforts as effective tools to address the challenges they seek to solve.



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