Age-Related Differences in Home Experiences and Worries During COVID-19

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Abstract

The Coronavirus pandemic differentially impacted older adults in comparison to other age groups, creating extended time at home and even limiting interaction with others. In order to understand how individuals are coping with extensive time at home, we used a representative sample of community-dwelling adults to examine how home experiences and personal worries during the COVID-19 pandemic may differ across age groups, including among older adults. Overall, we find fewer older adults experienced home-based stressors (e.g. household conflict, lack of personal space) and fewer worries (e.g. related to finances or boredom) that may arise during a disease outbreak with lockdown measures. Those ages 70+ who were living alone also faced fewer negative home experiences and worries than individuals 60-69 years old living in single-person households. Supportive services to manage such home stressors and worries might benefit all age groups.

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As the SARS-CoV-2 (or COVID-19) spread across the globe, older adults were especially hard hit. This age group was at greater risk of having a more difficult illness trajectory and faced higher mortality rates from COVID-19 than other age groups (T. Chen et al., 2020; Garg et al., 2020; Garnier-Crussard et al., 2020; Heymann et al., 2020). Guidelines from the Centers for Disease Control and Prevention (2020) recommended strict adherence to safety measures for individuals 65 years and older. These additional precautions intended to protect older individuals from contracting the illness, including staying at home and isolating oneself from others, constitute an especially drastic potential change in behavior and social context, beyond the behavior expectations for all ages. Additionally, stay-at-home precautions that single out older adults – while direly critical – mask the evident heterogeneity in the health and well-being of this age group (Lowsky et al., 2014) that underlie assertions to limit using chronological age as a sole measure of one's risk for adverse health effects from COVID-19 (Ayalon et al., 2020) or as a criterion for triaging care (Swiss Academy of Medical Sciences, 2020).

Heterogeneity among older individuals and the high likelihood of extended time at home may result in varying home experiences and life stressors during lockdown measures. On the one hand, this time may create positive and productive moments, as well as the opportunity to connect with loved ones (GlobalWebIndex, 2020, p. 11; Nguyen et al., 2020). On the other hand, extensive time at home during quarantine can also lead to social isolation, loneliness, and feeling confined (Brooks et al., 2020), while greater time for interaction with others may lead to feelings of being overwhelmed and missing personal space (The Harris Poll, 2020, p. 144). Older adults already experience social isolation and loneliness more than other age groups, feelings that lockdown measures may exacerbate (Holt-Lunstad, 2017), although younger people report feeling more socially isolated during lockdown measures than older adults (GlobalWebIndex, 2020, p. 9).

Across age groups, the psychological impact of quarantining during disease outbreaks can be extensive and enduring (Brooks et al., 2020; Gardner & Moallem, 2015). Opinion articles on the Coronavirus pandemic suggest older adults may be particularly at risk of negative psychological effects and increased stress in both the short and long-term from isolation measures (Galea et al., 2020; Steinman et al., 2020). In order to understand how individuals are coping with extensive time at home, this paper uses data collected among a U.S. national sample to examine how time spent at home experiences and worries during the COVID-19 pandemic may differ across age groups. We specifically compare adults ages 60+ to adults ages 18-59 and consider the situation of people 70+ in particular. We also examine whether people living alone experience lockdown measures differently from others. By exploring the implications of COVID-19 and how they may uniquely impact older adults, we may be able to improve decision-making approaches for how to support older adults through isolation measures, including when isolation orders are relaxed.

Home Experiences and Worries

When hardships or life-changing events occur, individuals initiate coping strategies to get through and manage their new life circumstances (Folkman, 1984). Past research shows that older adults may differ from other age groups in how they perceive stress as well as how they cope during stressful times (Folkman et al., 1987; Hamarat et al., 2001), variations that extend to different older adult age groups (Aldwin et al., 1996; Hamarat et al., 2002). During the COVID-19 pandemic, different age groups may have wide-ranging experiences related to being at home (The Harris Poll, 2020, p. 144), as well as differing worries resulting from a prolonged amount of time isolating (Barber & Kim, 2020).

Stressors that occur during isolation measures in previous disease outbreaks include feelings of boredom, frustration, and social isolation that resulted from the loss of routine and reduced in-person social contact, as well as fears of infection that can lead to lasting

psychological distress (Brooks et al., 2020; DiGiovanni et al., 2004; Hawryluck et al., 2004). A survey of the mental health of different generational groups during COVID-19 found that similar percentages of baby boomers reported anxiety, stress, and depression in comparison to Generation X and Millennials (GlobalWebIndex, 2020, p. 12). However, more Millennials reported a greater connection to others (31%) in comparison to Baby Boomers and Generation X (24% and 21%, respectively; GlobalWebIndex, 2020, p. 12). This suggests that older adults might be more at risk for social isolation, and may therefore experience differing psychological responses or display varying coping mechanisms during disease outbreaks.

Some studies have examined psychological responses to disease outbreaks among older adults (Yeung & Fung, 2007; Yip et al., 2010), including research on the experience of older adults during COVID-19 (Losada-Baltar et al., 2020; Zhang et al., 2020). In fact, these studies of psychological reactions to stay-at-home orders during the Coronavirus pandemic found that older adults may be coping fairly well. Italian adults under stay-at-home orders during the COVID-19 pandemic expressed more resiliency (less distress) than people of other ages (Losada-Baltar et al., 2020). In China, older age during COVID-19 was associated with greater life satisfaction (Zhang et al., 2020) although this may just reflect the general pattern that older adults tend to have higher life satisfaction than their younger counterparts (Thomas et al., 2016). A study comparing the emotional responses and coping strategies of different adult age groups during and after the SARS epidemic in Hong Kong found that older adults were better at managing their emotional response to the crisis and adjusting their coping approaches over time (Yeung & Fung, 2007). This finding suggests that older adults who may have past experiences dealing with chronic health management or previous traumatic experiences viewed the situation as more manageable.

Given the extreme circumstances of staying at home during the Coronavirus epidemic and that these circumstances may differentially impact older adults and other age groups, we

explore the experience of coping with being at home during these times and the stressors that can occur during disease outbreaks. We specifically focus our examination on the home experiences and life stressors for older adult age groups (60-69 years, 70+ years) in comparison to younger ones. We address the following research questions:

RQ1: Are older adults reporting similar/different home experiences compared to other age groups and are experiences different among the younger versus the older old?

RQ2: Do older adults indicate different worries about varying life aspects compared to other groups and are experiences different between the younger and the older old?

While social isolation emerges as a key concern across age groups during the Coronavirus pandemic, a significant portion of older adults already experienced social isolation or a lack of social connectedness prior to this disease outbreak (Holt-Lunstad, 2017). Living alone – the home situation for over one quarter of U.S. older adults (27% for ages 60 years and older; Ausubel, 2020) – can put one at risk of social isolation (Iliffe et al., 2007; Victor et al., 2000), especially with lockdown measures in place. A body of studies report that social isolation and loneliness are risk factors for depression, low quality of life, and mortality (for a review, see: Courtin & Knapp, 2017). Whether individuals are living alone may indeed impact how one experiences sheltering in place, which can have dire consequences. A qualitative study of suicide notes left by older adults during the SARS outbreak found that the reasons given for suicide alluded to both suffering from and anticipating social isolation, loneliness, and being confined at home, as well as fear of contracting SARS (Yip et al., 2010). Since living situation (whether one lives alone or with others) can impact how individuals both experience and cope with such extended time at home, we also examine this factor during COVID-19. We ask the following research questions:

RQ3: Do home experiences differ across age groups for those living alone?

RQ4: Do worries differ across age groups for those living alone?

Overall, we explore the heterogeneity that may occur in how different age groups, including age groups comprising older adults, experience a disease outbreak and related isolation measures. We additionally examine whether living alone exacerbates negative home experiences or worries for these age groups.

Data and Methods

Data collection

We contracted with the Cint survey firm to administer our online survey using the Qualtrics platform (other examples of using Cint's panel for scholarly research include: De Choudhury et al., 2014; Hunsaker et al., 2020). Cint uses a double opt-in procedure to recruit people to its panels. First, people sign up to request participation in survey studies and then they have to confirm that interest when they are sent an email confirmation. They then opt into specific studies by responding to email invitations. This is the extent to which we obtained consent, a double opt-in to the panel and then an opt-in to the study itself. In order to achieve a diverse sample of community-dwelling adults, we applied quota sampling on age, gender, education and region according to U.S. Census data. All 50 U.S. states, as well as Washington, D.C., are included in the sample. We received 1,441 responses of which we discarded 67 (4.6%) that failed on two or more attention-check questions, resulting in a total of 1,374 valid responses which form the basis of our analyses. The sample includes valid surveys from 316 older adults (ages 60+ years, 105 of whom are 70+) and 1,053 younger and middle-aged adults (ages 18-59 years).

Measures: Independent variables

Sociodemographics. We measured age according to birth year and created the age groups, 18-59, 60+ and 70+ for age-related comparisons. Gender options were female, male, and other from which we created a gender dummy for female (=1). Race and ethnicity were collected using questions similar to the U.S. Census by first asking whether the respondent

was of Hispanic or Latino descent, followed by asking about race with the categories: White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and/or other; we created dummies for all of these categories. We collected education level by asking participants to indicate their highest level of school completed and then recoded to high school or less, some college, college or more. We measured employment status and collapsed working full-time or part-time, being self-employed, and being in the military to indicate being employed. To measure living situation, we asked separate questions about whether respondents lived with other adults and if they lived with children under age 18. We combined these questions to one variable indicating whether one lives alone or with others (other adults or children).

COVID-19-related medical experiences. To establish whether participants are high-risk of complications from COVID-19, we asked about the following medical conditions: high blood pressure, diabetes, cardiovascular disease/heart disease, chronic respiratory disease, lung disease (such as asthma, COPD), cancer, conditions and therapies that weaken the immune system, taking an immunosuppressive medication, and being pregnant. These were collapsed into a binary variable to indicate the presence of any such pre-existing conditions. We also asked whether respondents had a positive test for COVID-19 and whether they knew someone who tested positive. We additionally included a question about knowing someone who had died from COVID-19.

Measures: Dependent variables

Home experiences during COVID-19. To measure how individuals are experiencing home life during COVID-19, we asked: “How does the current Coronavirus pandemic affect your circumstances at home? Check all that apply.” Participants could check any of the following positively-worded items: (a) more calmness and relaxation; (b) strengthened family/partnership; (c) more personal time; and any of the following negatively-worded items:

(d) tensions and conflicts in the household; (e) feeling trapped; (f) lack of personal space or alone time. These items were presented in randomized order. In addition to reporting findings item by item, we aggregated positive statements and negative statements separately to indicate whether respondents reported any of these item groups, respectively.

Worries during COVID-19. We measured worry during the disease pandemic with the following question, “Since the Coronavirus outbreak, have any of the following been worrying you more than usual, even if only in a minor way? Check all that apply.” Options to check off included: (a) finances; (b) getting food or medication; (c) your own safety / security; (d) Internet access; (e) boredom; and (f) future plans. We additionally created a sum of worries, ranging from 0-6, as an indicator of amount of COVID-19-related worry overall.

The sample

Table 1 provides the descriptives of our sample by age group, including sociodemographics and medical experiences with COVID-19. Briefly, those ages 60 and older had a mean age of 67.91 ($SD = 5.56$, the oldest respondent age 82) while those ages 18-59 averaged 38.93 years ($SD = 11.20$). Each subsample had somewhat more women than men (59% for those 60+ and 53% for those 18-59, one 20-year-old indicated “other” for gender). Older adults are not as diverse racially and ethnically as the younger group (83% of those 60+ are white compared to 59% of those 18-59) reflecting wider societal patterns in the United States regarding racial and ethnic diversity (Vespa et al., 2020, p. 4). About half of people of all ages have no more than a high school degree and under a third have a college degree. Not surprisingly, considerably fewer older adults (24%) were employed compared to 60% of others. While about a third of older adults reported living alone, this was under a fifth for those 18-59.

Over half of older adults (57%) reported health conditions putting them at risk for developing severe illness from COVID-19, while this was true for 31% of individuals ages

18-59. Fewer older adults (13%) knew someone who had tested positive for COVID-19 while 19% of 18-59 year-olds knew someone with a positive test. Of note, none of the older adults in our sample reported having a positive case of COVID-19 while 2% of the younger subsample did so. This could reflect the fact that older adults diagnosed with COVID-19 may not be in a position to respond to a survey. Five percent of older adults and 6% of the younger sample reported knowing someone who had died of Coronavirus complications.

Analysis

We completed a series of *t*-tests to compare older adults (ages 60+) to younger age groups (18-59), as well as individuals ages 60-69 to those ages 70+, on home experiences and worries. To examine whether home experiences and worries differ within each group (ages 18-59, 60+, 60-69, and 70+) according to whether one lives alone or with others, we additionally ran *t*-tests to analyze comparisons within groups.

Findings

Home Experiences

We found no difference in experiencing any positive home circumstances when comparing those 60+ years to individuals ages 18-59 (see Table 2). However, significantly more individuals ages 60-69 reported positive home experiences in comparison to those 70 and older. When turning to specific positive home experiences, significantly fewer people ages 60+ reported strengthened family and partnerships, but that was the only statistically significant difference for positive experiences. Significantly more people ages 60-69 reported strengthened family and partnerships and more relaxing moments compared to people ages 70+ but there was no difference in having more personal time.

Regarding negative experiences, significantly fewer people ages 60+ reported them than the younger age group. We found no difference between the older age groups in experiencing negative home circumstances, including for item-level measures. For specific

negative experiences, household conflict was much less common among older adults compared to younger adults, as was feeling trapped, and lacking personal space.

When examining home experiences within each age group by whether one lives alone (see Table 3), significantly fewer older adults (60+ years) living alone reported any positive home experiences compared to older adults living with others, although it is worth noting that the types of experiences we measured were likely going to change more for those who live with others (see more on this in our discussion of the paper's limitations). The same findings resulted when comparing living situation among people 60-69 years and 70+ years; fewer people living alone reported any positive home circumstances. For individuals 18-59 years, as with older adults, fewer people living alone reported positive home experiences. In comparing home experiences item by item and for each within age group comparison, significantly fewer people living alone reported strengthened relationships.

There was no difference in whether those ages 60+, 60-69 years, or 70+ years reported any negative home experiences overall by living alone versus living with others. Unlike older adults, however, fewer adults ages 18-59 and living alone experienced any negative home circumstances compared to those living with others. When looking at specific negative home experiences, fewer people 60+ years who were living alone reported household conflict and lack of personal space, compared to those living with others. Among those 60-69 years, fewer of those living alone reported household conflict while no other items differed by living situation. We also found no differences in specific negative home experiences by living situation for individuals 70+ years. Younger adults ages 18-59 living alone reported fewer negative home experiences for all specific items.

Worries

Older adults ages 60+ reported fewer worries than those ages 18-59 (see Table 4). In teasing out difference among older adults, we found those ages 70+ years reported

significantly fewer worries than individuals ages 60-69. When examining worry item by item, we found fewer people ages 60+ reported worries regarding finances, Internet access, boredom, and future plans compared to younger age groups. Of note, more people ages 60-69 years worried about finances and future plans compared to those ages 70+.

When examining worry within each older adult age group (60+, 60-69, 70+) and according to whether one lives alone (Table 5), we found that older adults do not differ in amount of worry by living situation. However, for individuals ages 18-59, people living alone reported fewer worries than those living with others. When examining specific worries, significantly fewer individuals ages 60+ and ages 70+ who were living alone reported worry about safety/security than those living with others. Older adults ages 60-69 did not differ in worry about safety/security according to living situation. Among individuals ages 18-59 years, significantly fewer people living alone reported worry about getting food and medicine as well as safety/security compared to individuals living with others. No other worries significantly differed by living situation within these age groups.

Discussion

This study explored how time spent at home and personal stressors during the COVID-19 pandemic may differ across age groups, comparing older adults ages 60+ to younger adults ages 18-59 as well as examining differences between older adult age groups (60-69 versus 70+ years). Overall, it was less common for older adults than younger ones to experience potentially stressful home circumstances (e.g. household tensions, feeling trapped, lack of personal space and time) that can occur as a result of movement restrictions during a disease outbreak (The Harris Poll, 2020, p. 144). However, similar numbers of older adults and younger individuals benefitted from sheltering in place through increased moments of calmness, strengthened family connections, and more personal time. This mirrors past research on social connection during times of crisis that found no difference across age groups

with regard to interest in creating connections with loved ones (Fung & Carstensen, 2006), and differed from times of “normalcy” where older adults tend to seek out such connections more than younger adults (Fung et al., 2001).

That fewer older adults reported strengthened partnerships than younger individuals might be accounted for by stage of life. For older individuals, strong ties to others, developed over a lifetime, may already exist, and leave less room for enhancement during lockdown measures. Indeed, previous life transitions, such as retirement and bereavement, can strengthen social connection for this age group (B. Cornwell et al., 2008) meaning that developing such connections during the extreme experience of a disease outbreak is less likely to occur. Older adults may also be less prone to turn to digital media to create connection with others when movement restrictions are in place (Nguyen et al., 2020).

Fewer more mature older adults reported strengthened relationships than the young-old. Previous work comparing old-age groups found that lack of social support was actually beneficial to life satisfaction for the oldest-old yet detrimental for those in the young-old age range (J. Chen & Jordan, 2018). The young-old may place more value on relationships with family, while those in older age may derive more satisfaction from autonomy and independence (Carstensen, 2006). Therefore, the older-old may not necessarily be missing out on strengthened bonds with loved ones.

When examining the role of living situation, we found that across all age groups more individuals in multiple-person households reported strengthened family and partnerships during the lockdown measures than individuals living alone. However, this may well be due to the measures we employed for assessing positive changes, as some of these focused on social connection specifically within the household. For older adults, living alone is not entirely indicative of social isolation (E. Y. Cornwell & Waite, 2009). Future work might

examine how people perceive social relationships beyond their own households and during times of crisis, particularly with regards to one's living situation.

Stressful home experiences occurred more often for adults 18-59, which may be because the particular stressors brought on by lockdown measures affected such people more as they faced the extra likelihood of job loss, transitioned to working from home, and/or managed childcare responsibilities. Indeed, we asked about time spent on homeschooling, which we do not discuss in detail in this paper since it does not concern most older adults, but it is clear that for people with multiple-person households, including children, such responsibilities highly affected their home circumstances.

Older adults also reported fewer worries than younger adults, mirroring past studies reporting on worries within different age groups both during COVID-19 (Bruine de Bruin, 2020; GlobalWebIndex, 2020, p. 12) and in studies overall (Basevitz et al., 2008; Hunt et al., 2003). Our findings also support previous research on specific worries during COVID-19 reporting that older adults have similar amounts of concern as other age groups about securing food and medicine, but less worry regarding finances (Barber & Kim, 2020).

When comparing different older adult age groups, we found that the young-old have a greater number of worries than those in more mature ages. This follows past research reporting lower anxiety among the older-old than the young-old (Byers et al., 2010). Our findings also mirror previous studies showing that older adults may manage stress and psychological distress better than other age groups in the times of a disease outbreak (Bruine de Bruin, 2020; Losada-Baltar et al., 2020; Yeung & Fung, 2007; Zhang et al., 2020). Past research reveals that older adults may implement methods to manage stressors more proactively than other age groups, so that these stresses do not grow (Neubauer et al., 2019). Shenk and colleagues (2009) suggest that older adults bring resilience to crisis situations that come from their own lifetime of experience. That older adults experience fewer stressful

home moments may point to notion that older adults are managing home life in such a way that small aggravations do not develop into major stressors.

Of note, fewer older adults living alone reported worry about safety and security than those living with others, implying that older adults with other people in their households feel less safe. Those who are self-isolating and living alone may feel more assured that they are limiting virus exposure, while individuals living with others may view this contact as creating a risk for contracting the Coronavirus. When looking at the relationship between anxiety and living alone more generally, anxiety tends to relate to living alone for this age group (Sun et al., 2011). Our finding regarding less worry in relation to safety and security may be indicative of the unique experience of living during a pandemic, where sense of safety from living alone may be heightened because of one's reduced viral exposure.

This study benefits from using a large representative sample to examine home experiences and worries arising during a disease outbreak when to our knowledge often studies rely on convenience samples for reporting on wellbeing and home life. One limitation of our study is that the kinds of experiences that differ for people who live alone compared to those who live with others may not have been captured in our measures. For instance, we did not collect data on family caregiving responsibilities, which may indeed differ for those who live alone in comparison to individuals living with others, and warrants examination. Nonetheless we believe our measure captures some of the more universal home experiences that occur during lockdown measures.

Conclusions

Overall, we find fewer older adults experienced home-based stressors and worries that may arise during a disease outbreak when movement restrictions are in place. The older-old also faced fewer worries than the young-old. Whether one lives alone seems to relate differently to home experiences and worry within different age groups; older adults living

alone experience fewer negative home experiences and less worry than their younger counterparts whereas that comparison is different for those 18-59. Similar numbers across age groups do benefit from the positive times offered by sheltering in place. Support in managing stressors and worries that can arise during a disease pandemic might benefit all age groups, including those living alone, as well as individuals who may be facing difficulties negotiating life with others in close quarters.

References

- Aldwin, C. M., Sutton, K. J., Chiara, G., & Spiro, A. (1996). Age Differences in Stress, Coping, and Appraisal: Findings from the Normative Aging Study. *The Journals of Gerontology: Series B*, 51B(4), P179–P188.
<https://doi.org/10.1093/geronb/51B.4.P179>
- Ausubel, J. (2020, March 10). Older people are more likely to live alone in the U.S. than elsewhere in the world. *Pew Research Center*. <https://www.pewresearch.org/fact-tank/2020/03/10/older-people-are-more-likely-to-live-alone-in-the-u-s-than-elsewhere-in-the-world/>
- Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S. D., Rothermund, K., Tesch-Römer, C., & Wahl, H.-W. (2020). Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity. *The Journals of Gerontology: Series B*. <https://doi.org/10.1093/geronb/gbaa051>
- Barber, S. J., & Kim, H. (2020). COVID-19 Worries and Behavior Changes in Older and Younger Men and Women. *The Journals of Gerontology: Series B*.
<https://doi.org/10.1093/geronb/gbaa068>
- Basevitz, P., Pushkar, D., Chaikelson, J., Conway, M., & Dalton, C. (2008). Age-Related Differences in Worry and Related Processes. *The International Journal of Aging and Human Development*, 66(4), 283–305. <https://doi.org/10.2190/AG.66.4.b>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912–920.
[https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

- Bruine de Bruin, W. (2020). Age differences in COVID-19 risk perceptions and mental health: Evidence from a national US survey conducted in March 2020. *The Journals of Gerontology: Series B*. <https://doi.org/10.1093/geronb/gbaa074>
- Byers, A. L., Yaffe, K., Covinsky, K. E., Friedman, M. B., & Bruce, M. L. (2010). High Occurrence of Mood and Anxiety Disorders Among Older Adults: The National Comorbidity Survey Replication. *Archives of General Psychiatry*, 67(5), 489–496. <https://doi.org/10.1001/archgenpsychiatry.2010.35>
- Carstensen, L. L. (2006). The Influence of a Sense of Time on Human Development. *Science*, 312(5782), 1913–1915. <https://doi.org/10.1126/science.1127488>
- Centers for Disease Control and Prevention. (2020, February 11). *Coronavirus Disease 2019 (COVID-19): People Who Need to Take Extra Precautions*. Coronavirus Disease 2019 (COVID-19): People Who Need to Take Extra Precautions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
- Chen, J., & Jordan, L. P. (2018). Intergenerational support and life satisfaction of young-, old- and oldest-old adults in China. *Aging & Mental Health*, 22(3), 412–420. <https://doi.org/10.1080/13607863.2016.1261798>
- Chen, T., Dai, Z., Mo, P., Li, X., Ma, Z., Song, S., Chen, X., Luo, M., Liang, K., Gao, S., Zhang, Y., Deng, L., & Xiong, Y. (2020). Clinical characteristics and outcomes of older patients with coronavirus disease 2019 (COVID-19) in Wuhan, China (2019): A single-centered, retrospective study. *The Journals of Gerontology: Series A*. <https://doi.org/10.1093/gerona/glaa089>
- Cornwell, B., Laumann, E. O., & Schumm, L. P. (2008). The social connectedness of older adults: A national profile. *American Sociological Review*, 73(2), 185–203. <https://doi.org/10.1177/000312240807300201>

- Cornwell, E. Y., & Waite, L. J. (2009). Measuring Social Isolation Among Older Adults Using Multiple Indicators From the NSHAP Study. *The Journals of Gerontology: Series B*, 64B(suppl_1), i38–i46. <https://doi.org/10.1093/geronb/gbp037>
- Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: A scoping review. *Health & Social Care in the Community*, 25(3), 799–812. <https://doi.org/10.1111/hsc.12311>
- De Choudhury, M., Morris, M. R., & White, R. W. (2014). Seeking and sharing health information online: Comparing search engines and social media. *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems*, 1365–1376. <https://doi.org/10.1145/2556288.2557214>
- DiGiovanni, C., Conley, J., Chiu, D., & Zaborski, J. (2004). Factors Influencing Compliance with Quarantine in Toronto During the 2003 SARS Outbreak. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, 2(4), 265–272. <https://doi.org/10.1089/bsp.2004.2.265>
- Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology*, 46(4), 839–852. <https://doi.org/10.1037/0022-3514.46.4.839>
- Folkman, S., Lazarus, R. S., Pimley, S., & Novacek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging*, 2(2), 171–184. <https://doi.org/10.1037/0882-7974.2.2.171>
- Fung, H. H., & Carstensen, L. L. (2006). Goals Change When Life's Fragility is Primed: Lessons Learned From Older Adults, the September 11 Attacks and Sars. *Social Cognition*, 24(3), 248–278. <https://doi.org/10.1521/soco.2006.24.3.248>

- Fung, H. H., Lai, P., & Ng, R. (2001). Age differences in social preferences among Taiwanese and mainland Chinese: The role of perceived time. *Psychology and Aging, 16*(2), 351–356. <https://doi.org/10.1037/0882-7974.16.2.351>
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Internal Medicine. https://doi.org/10.1001/jamainternmed.2020.1562*
- Gardner, P. J., & Moallef, P. (2015). Psychological Impact on SARS Survivors: Critical Review of the English Language Literature. *Canadian Psychology, 56*(1), 123–135.
- Garg, S., Kim, L., Whitaker, M., O'Halloran, A., Cummings, C., Holstein, R., & Prill, M. (2020). Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019—COVID-NET, 14 States, March 1–30, 2020. *MMWR. Morbidity and Mortality Weekly Report, 69*(15), 458–464. <https://doi.org/10.15585/mmwr.mm6915e3>
- Garnier-Crussard, A., Forestier, E., Gilbert, T., & Krolak-Salmon, P. (2020). Novel Coronavirus (COVID-19) Epidemic: What Are the Risks for Older Patients? *Journal of the American Geriatrics Society, 1*–2. <https://doi.org/10.1111/jgs.16407>
- GlobalWebIndex. (2020). *GWI Coronavirus Research Series 8: Health*. [https://www.globalwebindex.com/hubfs/1.%20Coronavirus%20Research%20PDFs/GWI%20coronavirus%20findings%20April%202020%20-%20Health%20\(Release%208\).pdf](https://www.globalwebindex.com/hubfs/1.%20Coronavirus%20Research%20PDFs/GWI%20coronavirus%20findings%20April%202020%20-%20Health%20(Release%208).pdf)
- Hamarat, E., Aysan, F., Thompson, D., Zabrocky, K. M., Steele, D., & Matheny, K. B. (2001). Perceived Stress and Coping Resource Availability as Predictors of Life Satisfaction in Young, Middle-Aged, and Older Adults. *Experimental Aging Research, 27*(2), 181–196. <https://doi.org/10.1080/036107301750074051>

- Hamarat, E., Thompson, D., Steele, D., Matheny, K., & Simons, C. (2002). Age Differences in Coping Resources and Satisfaction With Life Among Middle-Aged, Young-Old, and Oldest-Old Adults. *The Journal of Genetic Psychology, 163*(3), 360–367.
<https://doi.org/10.1080/00221320209598689>
- Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS Control and Psychological Effects of Quarantine, Toronto, Canada. *Emerging Infectious Diseases, 10*(7), 1206–1212. <https://doi.org/10.3201/eid1007.030703>
- Heymann, D. L., Shindo, N., & WHO Scientific and Technical Advisory Group for Infectious Hazards. (2020). COVID-19: What is next for public health? *The Lancet, 395*(10224), 542–545. [https://doi.org/10.1016/S0140-6736\(20\)30374-3](https://doi.org/10.1016/S0140-6736(20)30374-3)
- Holt-Lunstad, J. (2017). The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors. *Public Policy & Aging Report, 27*(4), 127–130. <https://doi.org/10.1093/ppar/prx030>
- Hunsaker, A., Hargittai, E., & Piper, A. M. (2020). Online Social Connectedness and Anxiety Among Older Adults. *International Journal of Communication, 14*(0), 29.
- Hunt, S., Wisocki, P., & Yanko, J. (2003). Worry and use of coping strategies among older and younger adults. *Journal of Anxiety Disorders, 17*(5), 547–560.
[https://doi.org/10.1016/S0887-6185\(02\)00229-3](https://doi.org/10.1016/S0887-6185(02)00229-3)
- Iliffe, S., Kharicha, K., Harari, D., Swift, C., Gillmann, G., & Stuck, A. E. (2007). Health risk appraisal in older people 2: The implications for clinicians and commissioners of social isolation risk in older people. *The British Journal of General Practice, 57*(537), 277–282.
- Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M. del S., Fernandes-Pires, J., & Márquez-González, M. (2020). “We’re staying at home”. Association of self-perceptions of aging, personal and family resources and loneliness

- with psychological distress during the lock-down period of COVID-19. *The Journals of Gerontology: Series B*. <https://doi.org/10.1093/geronb/gbaa048>
- Lowsky, D. J., Olshansky, S. J., Bhattacharya, J., & Goldman, D. P. (2014). Heterogeneity in Healthy Aging. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 69(6), 640–649. <https://doi.org/10.1093/gerona/glt162>
- Neubauer, A. B., Smyth, J. M., & Sliwinski, M. J. (2019). Age Differences in Proactive Coping With Minor Hassles in Daily Life. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 74(1), 7–16. <https://doi.org/10.1093/geronb/gby061>
- Nguyen, M. H., Gruber, J., Fuchs, J., Marler, W., Hunsaker, A., & Hargittai, E. (2020). Changes in Digital Communication During the COVID-19 Global Pandemic: Implications for Digital Inequality and Future Research. *Social Media + Society*.
- Savikko, N., Routasalo, P., Tilvis, R. S., Strandberg, T. E., & Pitkälä, K. H. (2005). Predictors and subjective causes of loneliness in an aged population. *Archives of Gerontology and Geriatrics*, 41(3), 223–233. <https://doi.org/10.1016/j.archger.2005.03.002>
- Shenk, D., Ramos, B., Joyce Kalaw, K., & Tufan, I. (2009). History, Memory, and Disasters Among Older Adults: A Life Course Perspective. *Traumatology*, 15(4), 35–43. <https://doi.org/10.1177/1534765609359729>
- Steinman, M. A., Perry, L., & Perissinotto, C. M. (2020). Meeting the Care Needs of Older Adults Isolated at Home During the COVID-19 Pandemic. *JAMA Internal Medicine*. <https://doi.org/10.1001/jamainternmed.2020.1661>
- Sun, X., Lucas, H., Meng, Q., & Zhang, Y. (2011). Associations between living arrangements and health-related quality of life of urban elderly people: A study from China. *Quality of Life Research*, 20(3), 359–369. <https://doi.org/10.1007/s11136-010-9752-z>

Swiss Academy of Medical Sciences. (2020). COVID-19 pandemic: Triage for intensive-care treatment under resource scarcity. *Swiss Medical Weekly*, 150(1314).

<https://doi.org/10.4414/smw.2020.20229>

The Harris Poll. (2020). *The Harris Poll COVID19 Tracker: Wave 2-11*.

<https://theharrispoll.com/the-harris-poll-covid19-tracker/>

Thomas, M. L., Kaufmann, C. N., Palmer, B. W., Depp, C. A., Martin, A. S., Glorioso, D. K., Thompson, W. K., & Jeste, D. V. (2016). Paradoxical Trend for Improvement in Mental Health with Aging: A Community-Based Study of 1,546 Adults Aged 21–100 Years. *The Journal of Clinical Psychiatry*, 77(8), e1019–e1025.

<https://doi.org/10.4088/JCP.16m10671>

Vespa, J., Armstrong, D. M., & Medina, L. (2020). *Demographic Turning Points for the United States* (REPORT NUMBER P25-1144; Current Population Reports). U.S. Census Bureau. <https://www.census.gov/library/publications/2020/demo/p25-1144.html>

Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life: Loneliness, social isolation and living alone. *Reviews in Clinical Gerontology*, 10(4), 407–417.

<https://doi.org/10.1017/S0959259800104101>

Yeung, D. Y.-L., & Fung, H. H. (2007). Age differences in coping and emotional responses toward SARS: A longitudinal study of Hong Kong Chinese. *Aging & Mental Health*, 11(5), 579–587. <https://doi.org/10.1080/13607860601086355>

Yip, P. S. F., Cheung, Y. t., Chau, P. h., & Law, Y. w. (2010). The Impact of Epidemic Outbreak: The Case of Severe Acute Respiratory Syndrome (SARS) and Suicide Among Older Adults in Hong Kong. *Crisis*, 31(2), 86–92.

<https://doi.org/10.1027/0227-5910/a000015>

Zhang, S. X., Wang, Y., Rauch, A., & Wei, F. (2020). Unprecedented disruption of lives and work: Health, distress and life satisfaction of working adults in China one month into the COVID-19 outbreak. *Psychiatry Research*, 288, 112958.
<https://doi.org/10.1016/j.psychres.2020.112958>

Table 1. Sociodemographics and experience with COVID-19

	Ages 18-59				Ages 60+			
	%	M	SD	N	%	M	SD	N
<i>Socio-demographics</i>								
Age		38.93	11.20	1,053		67.91	5.56	316
Female	52.66			1,052	58.54			316
Race/ethnicity								
White	59.22			1,047	83.12			314
Black/African American	14.41			1,048	7.32			314
Hispanic	17.85			1,053	5.70			316
Asian	6.01			1,048	1.59			314
American Native	2.10			1,048	2.23			314
Education								
High school or less	49.29			1,053	48.42			316
Some college	22.13			1,053	19.30			316
Bachelor's or higher	28.59			1,053	32.28			316
Employed	60.21			1,053	24.05			316
Living alone	19.37			1,053	32.59			316
<i>COVID-19 Related</i>								
<i>Medical Experiences</i>								
Pre-existing medical conditions putting one at-risk of severe illness from COVID-19*	31.24			1,053	56.65			316
Tested positive for COVID-19	1.99			1,053	0			316
Knowing someone with positive COVID-19 test	18.54			1,052	13.29			316
Knowing someone who has died from COVID-19	5.59			1,053	4.75			316

Note: Pre-existing medical conditions include: reporting high blood pressure, diabetes, cardiovascular disease/heart disease, chronic respiratory disease, lung disease (such as asthma, COPD), cancer, conditions and therapies that weaken the immune system, taking an immunosuppressive medication.

*p < .05, **p < .01, ***p < .001

Table 2. Home life during the COVID-19 pandemic by age group

	Ages 18-59 (n=1,053)	Ages 60+ (n=316)		Ages 60-69 (n=211)	Ages 70+ (n=105)	
	%	%	<i>t</i>	%	%	<i>t</i>
<i>Positives^a</i>	60.87	59.81	0.34	65.40	48.57	-2.90**
More calmness and relaxation	20.13	20.63	-0.19	24.17	13.46	-2.22*
Strengthened family/partnership	30.53	24.76	1.98*	28.91	16.35	-2.44*
More personal time	43.80	46.35	-0.80	49.76	39.42	-1.73
<i>Negatives^a</i>	61.16	44.30	5.36***	47.87	37.14	-1.81
Tensions and conflicts in the household	24.05	8.89	5.91***	8.06	10.58	0.74
Feeling trapped	48.00	37.78	3.20**	41.23	30.77	-1.80
Lack of personal space or alone time	29.96	8.25	7.98***	9.00	6.73	-0.67

Note: ^aWe report the presence of any home life circumstances for each category. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3. Home life during the COVID-19 pandemic within each age group by living situation

	Ages 18-59			Ages 60+			Ages 60-69			Ages 70+		
	Living alone (n=204)	Living with others (n=849)		Living alone (n=103)	Living with others (n=213)		Living alone (n=68)	Living with others (n=143)		Living alone (n=35)	Living with others (n=70)	
	%	%	<i>t</i>	%	%	<i>t</i>	%	%	<i>t</i>	%	%	<i>t</i>
<i>Positives</i> ^a	53.43	62.66	2.43*	47.57	65.73	3.12**	55.88	69.93	2.01*	31.43	57.14	2.54*
More calmness and relaxation	22.08	19.67	-0.76	19.42	21.23	0.37	23.53	24.48	0.15	11.43	14.49	0.43
Strengthened family/partnership	10.29	35.43	7.16***	9.71	32.08	4.43***	13.24	36.36	3.55***	2.86	23.19	2.72**
More personal time	43.14	43.96	0.21	39.81	49.53	1.63	45.59	51.75	0.83	28.57	44.93	1.62
<i>Negatives</i> ^a	50.49	63.72	3.50***	39.81	46.48	1.12	45.59	48.95	0.46	28.57	41.43	1.28
Tensions and conflicts in the household	11.76	27.01	4.62***	2.91	11.79	2.62**	1.47	11.19	2.45*	5.71	13.04	1.14
Feeling trapped	41.67	49.53	2.02*	35.92	38.68	0.47	41.18	41.26	0.01	25.71	33.33	0.79
Lack of personal space or alone time	16.18	33.29	4.84***	3.88	10.38	1.97*	5.88	10.49	1.09	0.00	10.14	1.97

Note: ^aWe report the presence of any home life circumstances for each category. **p* < .05, ***p* < .01, ****p* < .001

Table 4. Worrying about different aspects of life during the COVID-19 pandemic by age group

	Ages 18-59 (n=1,053)	Ages 60+ (n=316)		Ages 60-69 (n=211)	Ages 70+ (n=105)	
	%	%	<i>t</i>	%	%	<i>t</i>
Finances	55.70	42.41	4.18***	50.24	26.67	-4.09***
Getting food or medication	49.24	53.48	-1.32	55.45	49.52	-0.99
Your own safety/security	47.24	53.16	-1.85	56.40	46.67	-1.63
Internet access	19.20	10.13	3.77***	11.37	7.62	-1.04
Boredom	42.30	29.11	4.23***	30.81	25.71	-0.94
Future plans	50.86	43.67	2.24*	47.87	35.24	-2.14*
	M (<i>SD</i>)	M (<i>SD</i>)		M (<i>SD</i>)	M (<i>SD</i>)	
Number of worries	2.80(1.70)	2.41 (1.62)	3.70***	2.64	1.94	-3.66***

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Table 5. Worrying about different aspects of life during the COVID-19 pandemic within each age group by living situation

	Ages 18-59			Ages 60+			Ages 60-69			Ages 70+		
	Living alone (n=204)	Living with others (n=844)		Living alone (n=213)	Living with others (n=103)		Living alone (n=68)	Living with others (n=143)		Living alone (n=35)	Living with others (n=70)	
	%	%	<i>t</i>	%	%	<i>t</i>	%	%	<i>t</i>	%	%	<i>t</i>
Finances	51.96	56.60	1.20	41.75	42.72	0.16	54.41	48.25	-0.83	17.14	31.43	1.56
Getting food or medication	41.67	51.06	2.41*	60.19	50.23	-1.67	63.24	51.75	-1.57	54.29	47.14	-0.69
Your own safety/security	40.20	48.94	2.25*	44.66	57.28	2.12*	51.47	58.74	0.99	31.43	54.29	2.24*
Internet access	15.20	20.17	1.62	10.68	9.86	-0.23	14.72	9.79	-1.05	2.86	10.00	1.30
Boredom	36.76	43.63	1.78	29.13	29.11	-0.00	32.35	30.07	-0.33	22.86	27.14	0.47
Future plans	47.55	51.65	1.05	39.81	45.54	0.96	48.53	47.55	-0.13	22.86	41.43	1.89
	M (<i>SD</i>)	M (<i>SD</i>)		M (<i>SD</i>)	M (<i>SD</i>)		M (<i>SD</i>)	M (<i>SD</i>)		M (<i>SD</i>)	M (<i>SD</i>)	
Number of worries	2.47 (1.68)	2.89 (1.69)	3.23**	2.40 (1.57)	2.41 (1.64)	0.05	2.82 (1.56)	2.55 (1.68)	-1.15	1.57 (1.24)	2.13 (1.53)	1.87

Note: * $p < .05$, ** $p < .01$, *** $p < .001$