UNDERSTANDING AGEISM AND COVID-19

Many factors influence rates of COVID-19 and should be considered, including health status, location, and occupation. The high death rates among older people—especially those in nursing homes—are, in part, likely due to:

- An increase in number of medical conditions
- A decline in immunity as people age, making it harder to fight off infections.

Ageism would suggest that isolation is particularly difficult for older people because they cannot use technology to communicate with family and friends. In fact, people of all ages who live in rural areas report having a “major problem” with internet access. Nearly 3 in 10 older adults above 65 years of age do not have an internet subscription.

Ageism is discrimination based on negative assumptions about age. Ageism can have a big impact on older people’s lives. It begins with biases that are implicit and unseen, resulting in a tendency to regard older people as delinquent, unworthy of attention and resources, or unsuitable for employment. When older people internalize negative attitudes about aging, their physical and mental health are adversely affected.

Addressing ageism is an additional layer of concern during the pandemic. Ageism can lead to undervaluing the lives of older people, who are particularly vulnerable, by not visiting them and remaining protected with access to health care. Older adults—regardless of age—are not a monolith; people of all ages are equally affected by the pandemic.

Because of ageism, older people, especially those in long-term care facilities, may have missed out on support from family and friends during a time of crisis. Consequently, many older people are dealing with loneliness and isolation because of social and community lives disrupted by COVID-19.

Ageism would suggest that only older people should worry about getting COVID-19. In fact, people of all ages can get COVID-19.

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