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Just What Older People Didn't Need: More Isolation

By Paula Span

14-17 minutes

the new old age

The coronavirus pandemic could sharpen the health risks of loneliness. But there are ways to connect.

Credit...Stuart Briers

At midmorning, Lisa Carfagna, a marketing staffer for the 92nd Street Y in Manhattan, took a brief break from working at home on Long Island and called the Rubins on the Upper East Side.

They were doing fine, Seymour Rubin, 89, assured her over a speakerphone.

"We try to have a project every day," said Shirley Rubin, 84. "Today, I'm making a beef stew for the first time in 40 years."

"If I'm here tomorrow," her husband put in, "you'll know it was good."

When the coronavirus outbreak forced the Y to shutter last month — leaving participants in its senior program bereft of their usual lectures, classes and exercise programs — about 70 staff members quickly volunteered to make weekly calls to all 650 of them. Ms. Carfagna regularly checks in with 25.

Like many cultural organizations, the Y has turned to digital technology — streamed concerts and lectures, classes on Zoom, discussion groups via conference call — to keep its older patrons engaged.

But computers and smartphones can feel daunting; about a third of Americans over 65 told Pew Research they [weren't confident](#) about using digital technology. About half said they needed help in setting up new devices. Some seniors lack broadband connection.

Besides, "there's something about that live, person-to-person connection," said Julia Zeuner, who directs the senior program and mobilized the volunteers. "A friendly voice on the other end of the line."

Social isolation and loneliness among older adults have become such a concern that two years ago, the National Academies of Sciences, Engineering and Medicine assembled an expert committee to analyze research findings and make recommendations.

Its [report](#) arrived in late February — as the coronavirus spread.

Now, older people have been sternly warned to adopt the very practices that, the committee found, can endanger their health. With senior centers, day programs, theaters, parks, gyms and restaurants closed and most in-person visiting prohibited, they are enduring a lengthening period of social separation. Nursing homes and assisted living facilities are barring family members.

"It's a public health crisis that should be recognized," said Colleen Galambos, a committee member and a gerontologist at the University of Wisconsin-Milwaukee. "People who normally wouldn't be considered isolated or lonely are now experiencing it."

These are not the same state, the National Academies report pointed out. Social isolation refers to an objective lack of social contact with others; loneliness, a subjective sense of being left out and ignored, can strike even when people are surrounded by others.

By itself, aging doesn't create either problem. But it raises the risks. "Many older people, especially women over 75, are living by themselves because their spouses died," said Dr. Dan Blazer, the committee chair and a psychiatrist at the Duke University School of Medicine.

Retirement, difficulty driving, hearing and vision loss, cognitive or physical problems that make getting out difficult — all contribute to a troubling tide of disconnection.

About a quarter of people over 65 living independently in their communities are considered [socially isolated](#), and 43 percent of those over 60 [report](#) feeling lonely — and that was before public health officials instructed older people, and everyone else, to stay home.

“It’s not just touchy-feely stuff,” said Dr. Ken Covinsky, a geriatrician at the University of California, San Francisco, who has been a co-author on studies on loneliness. “Isolation is a real risk.”

In fact, it’s associated with significantly higher rates of [heart disease](#) and [stroke](#) and a 50 percent increased risk of [dementia](#), the National Academies report pointed out. Isolated or lonely seniors report a greater incidence of [depression and anxiety](#).

They suffer a [mortality rate](#) comparable to that linked to smoking, obesity, excessive alcohol consumption and physical inactivity.

When the committee looked for promising solutions, it found [studies](#) showing that attending exercise programs helped reduce isolation — not a useful approach at the moment. The evidence for much-heralded technological approaches, from robotic pets and Zoom to voice-activated assistants, remains thin thus far.

How, then, to help older people maintain their social connections when they’re supposed to be socially, or at least physically, distanced? Individuals and organizations around the country are proposing and trying a variety of tactics.

Dr. Covinsky, particularly concerned about restrictions on visitors to older people at home or in senior facilities, has suggested that as coronavirus testing becomes more broadly available, family members or friends who repeatedly test negative could become “designated visitors,” permitted to spend time with their quarantined loved ones.

“We have restricted something that’s pretty essential,” he said. “We need to move away from thinking of visitors to old people as optional.”

In Southern California, two PACE programs — federally funded efforts to provide full medical and social services for those aging in place — have leased tablets called [GrandPads](#) for their roughly 250 participants. Designed for those over 75, the devices allow seniors to call the PACE center, receive and reply to email, and receive video calls from PACE staff members (and play games).

At the Queens Public Library in New York, program assistants are calling about 50 homebound patrons each week to remind them of programs available by phone and to check on their well-being, said Madlyn Schneider, the older adult coordinator.

In Los Angeles, the Motion Picture and Television Fund has fielded a groundswell of new volunteers for its [Daily Call Sheet](#) program, which matches them with older people who share their entertainment industry backgrounds.

The volunteers, once vetted and trained, call once or twice a week. “It’s reminiscing and connecting and fundamental human conversation,” said Dr. Scott Kaiser, the geriatrician who established the program.

The [Friendship Line](#) in San Francisco similarly operates a “warmline,” though without the industry link. It has also seen a surge in users, and so many new volunteers that it has resorted to a waiting list.

Dr. Blazer reports that the drivers delivering Meals on Wheels to his 96-year-old mother-in-law in suburban Atlanta, instead of just dropping off food as usual, now tap on her door and chat from across the hallway of her independent living building. “They have a conversation from six feet away,” he said. “She says it makes a huge difference.”

However heartened by such efforts, Dr. Blazer cautioned that “social isolation isn’t going away.” He worries about what will happen when some degree of normalcy dawns — and millions of isolated or lonely elders recede from public attention.

“We’ll find ways to adapt to this, but my hope for older people is that we don’t forget them,” he said. “If this epidemic has taught us anything, it’s that we have to reach out.”

Individuals can do that, too. My friend Peg Rosen, a freelance writer in suburban New Jersey, has begun FaceTiming with her mother-in-law in Manhattan every morning.

They work the New York Times crossword puzzle together, just as they used to on Sundays in a city coffee shop, a pleasure now forbidden them. (To subvert generational stereotypes, it's Ms. Rosen, 56, who prefers doing the puzzle on paper; the 87-year-old is using her tablet.)

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- **When will this end?**

This is a difficult question, because a lot depends on [how well the virus is contained](#). A better question might be: "How will we know when to reopen the country?" In [an American Enterprise Institute report](#), Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson [staked out four goal posts for recovery](#): Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

- **How can I help?**

[Charity Navigator](#), which evaluates charities using a numbers-based system, has a running list of nonprofits working in communities affected by the outbreak. You can give blood through the [American Red Cross](#), and [World Central Kitchen](#) has stepped in to distribute meals in major cities. More than 30,000 coronavirus-related [GoFundMe fund-raisers](#) have started in the past few weeks. (The sheer number of fund-raisers [means more of them are likely to fail](#) to meet their goal, though.)

- **What should I do if I feel sick?**

[If you've been exposed to the coronavirus or think you have](#), and have a fever or symptoms like a cough or difficulty breathing, call a doctor. They should give you advice on whether you should be tested, how to get tested, and how to seek medical treatment without potentially infecting or exposing others.

- **Should I wear a mask?**

The C.D.C. has [recommended](#) that all Americans wear cloth masks if they go out in public. This is a shift in federal guidance reflecting [new concerns that the coronavirus is being spread by infected people who have no symptoms](#). Until now, the C.D.C., like the W.H.O., has advised that ordinary people don't need to wear masks unless they are sick and coughing. Part of the reason was to preserve medical-grade masks for health care workers who desperately need them at a time when they are in continuously short supply. Masks don't replace hand washing and social distancing.

- **How do I get tested?**

If you're sick and you think you've been exposed to the new coronavirus, [the C.D.C. recommends that you call your healthcare provider and explain your symptoms and fears](#). They will decide if you need to be tested. Keep in mind that there's a chance — because of a lack of testing kits or because you're asymptomatic, for instance — you won't be able to get tested.

- **How does coronavirus spread?**

It seems to spread [very easily from person to person](#), especially in homes, hospitals and other confined spaces. The pathogen can be carried on tiny respiratory droplets that fall as they are coughed or sneezed out. It may also be transmitted when we touch a contaminated surface and then touch our face.

- **Is there a vaccine yet?**

No. [Clinical trials are underway](#) in the United States, China and Europe. But American officials and pharmaceutical executives have said that a vaccine remains at least 12 to 18 months away.

- **What makes this outbreak so different?**

Unlike the flu, there is no known treatment or vaccine, and [little is known about this particular virus so far](#). It seems to be more lethal than the flu, but the numbers are still uncertain. And it hits the elderly and those with underlying conditions — not just those with respiratory diseases — particularly hard.

- **What if somebody in my family gets sick?**

If the family member doesn't need hospitalization and can be cared for at home, you should help him or her with basic needs and monitor the symptoms, while also keeping as much distance as possible, [according to guidelines issued by the C.D.C.](#) If there's space, the sick family member should stay in a separate room and use a separate bathroom. If masks are available, both the sick person and the caregiver should wear them when the caregiver enters the room. Make sure not to share any dishes or other household items and to regularly clean surfaces like counters, doorknobs, toilets and tables. Don't forget to wash your hands frequently.

- **Should I stock up on groceries?**

Plan two weeks of meals if possible. But people should not hoard food or supplies. Despite the empty shelves, [the supply chain remains strong](#). And remember to wipe the handle of the grocery cart with a disinfecting wipe and wash your hands as soon as you get home.

- **Can I go to the park?**

Yes, but make sure you keep six feet of distance between you and people who don't live in your home. [Even if you just hang out in a park, rather than go for a jog or a walk, getting some fresh air, and hopefully sunshine, is a good idea.](#)

- **Should I pull my money from the markets?**

[That's not a good idea.](#) Even if you're retired, having a balanced portfolio of stocks and bonds so that your money keeps up with inflation, or even grows, makes sense. But retirees may want to think about having enough cash set aside for a year's worth of living expenses and big payments needed over the next five years.

- **What should I do with my 401(k)?**

Watching your balance go up and down can be scary. [You may be wondering if you should decrease your contributions — don't!](#) If your employer matches any part of your contributions, make sure you're at least saving as much as you can to get that "free money."
