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The COVID-19 pandemic and the elevation of aging issues

The novel coronavirus (COVID-19) pandemic exacted a profound toll on the health of populations worldwide, exacerbating socioeconomic inequities between groups broadly defined as those with and without the means to avoid exposure to the causative SARS-CoV-2 virus coupled with the timely receipt of effective vaccines and treatments once they became available. The pandemic also accelerated trends that were already underway, notably the pivot to virtual platforms for communication, shopping, work, and entertainment by population groups formerly unaccustomed to using online technologies for a wide range of activities. Finally, and crucially to this special issue, it elevated aging issues on the world stage, intensifying needed focus on the pace of population aging by governments, scientists, and civil societies [1].

Three and a half years after the first cases of COVID-19 were reported in China, the collection of papers published herein provides an opportunity to reflect on the arc of the COVID-19 pandemic. At the time of this writing, the last Covid Coordinator left the White House in the United States with faint notice, a telling sign that the public health crisis has receded from the headlines and indeed the lives of nearly everyone, except for the most vulnerable and untold numbers of those severely affected by loss, illness, and hardship in its wake [2].

In a prescient Editorial from Hong Kong, Margaret Kay Ho and colleagues reminded readers that social distancing measures during the COVID-19 pandemic exacerbated the loneliness epidemic, which has been linked to worsening mental health in aging populations [3]. Na Sun and co-authors, using the US 2020 Health and Retirement Study midway release COVID-19 module, found that knowing someone who was diagnosed with COVID-19 and concern about the pandemic were associated with taking a COVID-19 test in most of the age categories examined (51-64 years, 65-74 years, 75-84 years, and 85 years and older), a signal that middle-aged and older adults may be defined using various cut points and findings across age groups may sometimes be more similar than expected or exhibit surprising differences [4]. The results of a telephone survey of community-based patients of Liverpool Hospital geriatric medicine clinic in New South Wales, Australia, reported by Danielle Ní Chróinín and collaborators were that despite isolation, most older persons had maintained social connections and obtained the health care they needed, but this was not true for one-fifth of respondents [5].

Research conducted by A. Huber and A. Seifert on the restrictive measures implemented in Swiss long-term care facilities found subjective feelings of loneliness in nearly one-quarter of residents, especially women and those with poor life satisfaction [6]. Gendered findings were also reported by Rochelle Furtado and co-authors in Canada, namely,

that older women who were in a relationship and experienced additional household members such as dependent children or sick older adults were faced with more changes in unpaid work roles during COVID-19 than other virtual platform respondents [7]. Linying Dong and Lixia Yang conducted an online survey in Ontario, Canada from May to September 2022 of adults aged 65 years and older with at least one year of social media experience and reported that online social networks with strong ties promoted better well-being, whereas online social networks that were shallow and broad elevated the COVID-19 anxiety of older respondents [8].

A single-center retrospective study of patients at National Hospital Organization Kyoto Medical Centre in Japan by Kohei Fujita and colleagues found that molnupiravir treatment was acceptable and safe in both older patients (80 years and older) and younger patients (less than 80 years) with COVID-19 [9]. In a US qualitative study by Raveena Mata and co-authors of the experiences with Integrative Medical Group Visits (IMGV) of older patients (61-67 years) and younger patients (32-59 years) with Long COVID, both age groups found IMGV to be convenient, but the older patient group included those with comorbidities and aging-related changes that may lead to underrecognition of Long COVID [10].

Turning to front line providers, Noelle L. Fields and collaborators reported that nursing home social workers in the United States face many challenges in meeting the psychosocial needs of residents while coping with their own stress, and relied mainly on family and friends, mindfulness and spirituality, and self-care and boundary-setting to cope [11]. Jayme Tauzer conducted ethnographic research in a UK-based care home during the COVID-19 lockdowns in 2021 and explored the ways in which it was a bounded and closed-off space that affected the well-being of residents [12].

Himanshu Sekhar Rout and Chandan Kumar Swain reported that due to additional deaths from COVID-19, life expectancy in India decreased by 0.24 years in 2020, 0.47 years in 2021, and 0.07 years in 2022, with men and older adults especially susceptible to the effects of SARS-CoV-2 [13]. Finally, considering the massive impact of the COVID-19 pandemic and its associated medical and behavioral health effects, Fabio Fierini of Italy argued for the mobilization of educational campaigns at the community level to combat mis- and disinformation on social media to safeguard both public health and health care providers [14].

Despite nearly 7 million reported deaths globally since the beginning of the COVID-19 pandemic [15], this public health tragedy underscored the remarkable resiliency and under-recognized capacity of older adults to care for themselves, one another, and their families and communities.

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This special issue is dedicated to everyone involved in efforts to benefit aging populations worldwide and reduce health inequities, thereby improving the health and well-being of all of us.

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Appendix

Table of Contents for the Special Issue

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