

Welcome! While we are preparing to begin...

Please take a moment in the Chat Box to introduce yourself by briefly telling us:

1. Who you are (name, church position/affiliation)
2. What brought you to this webinar

Also, you will need paper and pen/pencil during this webinar

Faith Communities, Older Adults, and COVID-19

Cynthia Hancock, PhD

Megan Smith, PhD

UNC Charlotte, Gerontology Program & Department of Sociology

Today we will discuss...

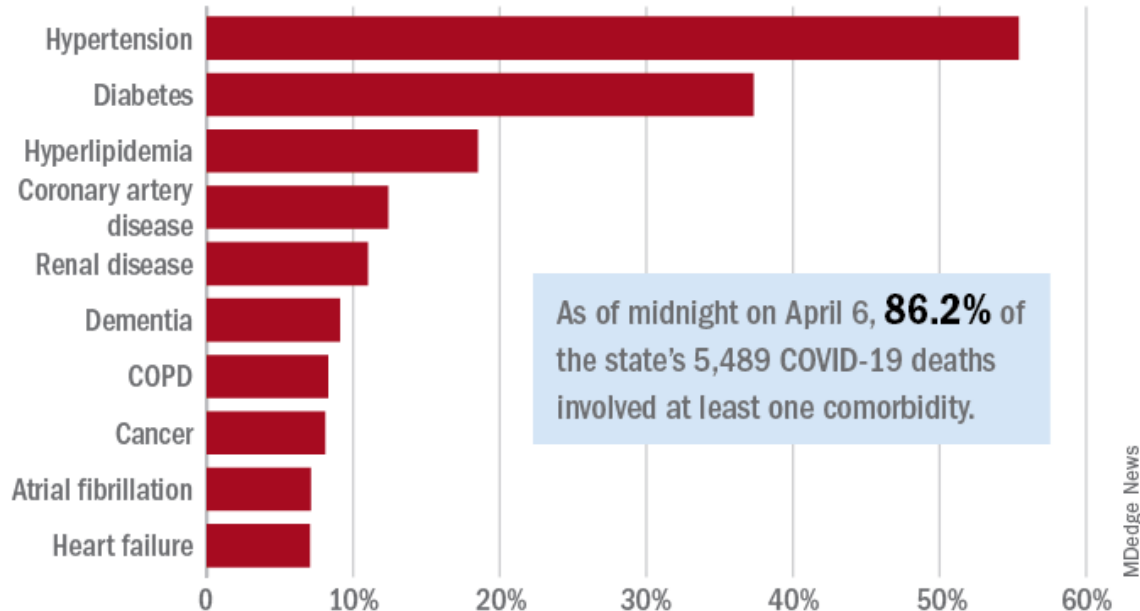
- Myths and realities of aging and older adults related to COVID and loneliness
- COVID-19 risk factors
- The connection to ageism
- Understanding intersectionality
- Biggest challenges in light of COVID-19?
- Well-being in later life
- Impact of loneliness
- A framework to counteract loneliness
- Other practical suggestions
- Resources for digging deeper

Let's begin with some myths and realities of aging

Will you take a moment and write down for yourself whether you think the following statements are True or False? We will return to these in the Webinar.

1. Age is the #1 risk factor for COVID
2. Most older adults live in long term care of some sort
3. As people grow older they become more and more alike
4. Aging usually brings memory loss
5. Ageism is fairly common in the healthcare system
6. How we think and feel about aging can influence how we experience the aging process
7. The way we speak and act toward older people can make a difference in how they feel about themselves and how they experience aging
8. On average, even without a pandemic, most older adults are depressed and lonely
9. Actually being connected to others is what matters in terms of mental and physical health

Leading comorbidities among COVID-19 deaths in New York

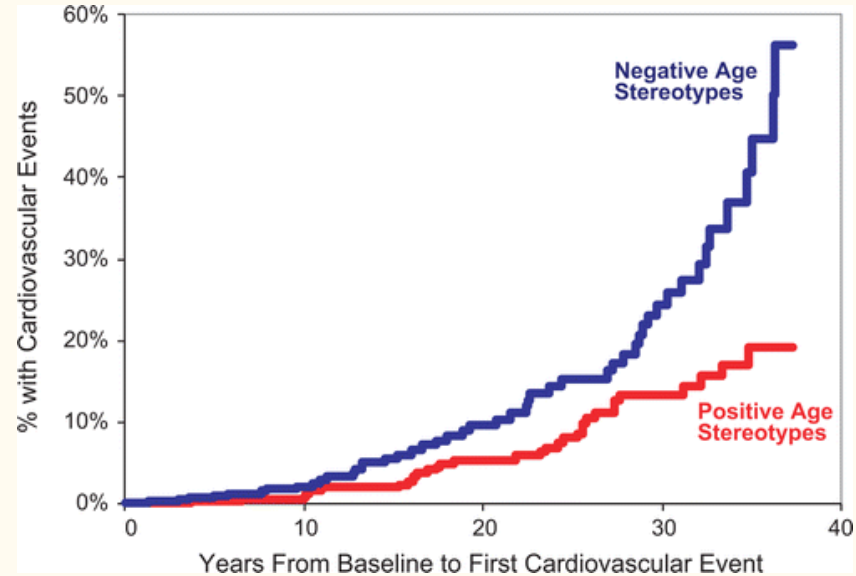


Note: Data reported on a daily basis by hospitals, nursing homes, and other health care facilities.

Source: New York State Department of Health

The problem with ageism - Stereotype Embodiment Theory

“In a cohort of 440 participants, aged 18 to 49, those who held more negative age stereotypes at baseline were significantly more likely to experience a cardiovascular event over the next 38 years, after adjusting for relevant covariates such as family history of cardiovascular disease (see Fig. 1). Further, in a younger subset of 229 individuals, aged 18 to 39 years, those with more negative age stereotypes at baseline were twice as likely to have a cardiovascular event after age 60 than those with more positive age stereotypes at baseline, after adjusting for the relevant covariates (Levy et al., 2009).”

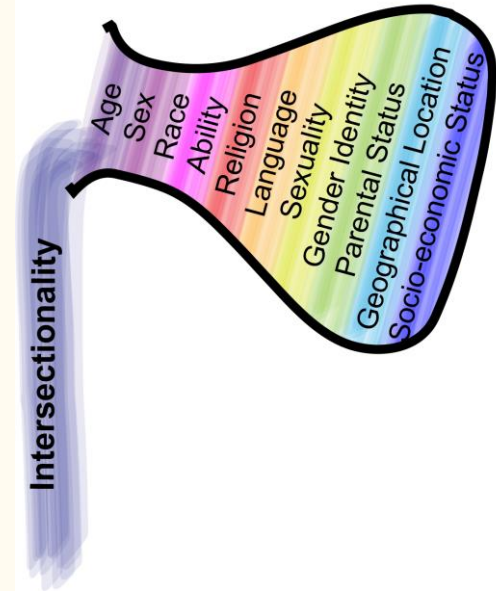


What makes older adults so different from one another?

Kimberlé Crenshaw: What is Intersectionality?

“A prism for understanding certain kinds of problems.”

The urgency of intersectionality |
Kimberlé Crenshaw



<https://eclife.org/half-way-mark-summary-intersectionality-initiative/>

**In the chat box, please write
your biggest challenges
ministering to older
congregants during Covid-19**

Biggest challenges ministering during COVID-19

- From a pastor:
 - Contact
 - Communication
 - Alleviating loneliness
 - Feeling less pastoral and less effective
 - Unable to provide technical support
 - Don't see an end-point
- From a parishioner
 - Missing rituals/sacraments
 - Missing information
 - Missing others
 - I want to feel valued and missed--but most of all safe--when I do return.
 - I don't want to be ministered to, I want to be ministered with

**In the chat box, please share
how older adults contribute to
your congregation**

These contributions are tied to well-being

Well-being comes from

- Giving and Receiving
 - not just receiving
- Generativity
 - Sharing the wisdom of their years
 - Even in the face of dementia
- Feeling connected (even if connections look objectively different – we will return to this)
- A balance of safety and autonomy
 - Agency
- Weak and strong ties
- Engaging the senses
- Physical touch

Loneliness affects our mental and physical health

Possible physical health changes:

- Sleeping less or restless at night
- Increased blood pressure
- Declines in memory or trouble concentrating
- Impaired immune function
- Shortened life expectancy

Potential mental health changes:

- May become more demanding or critical of others
- Perceive situations as more anxiety provoking than usual or heightened anxiety
- Less likely to accept invitations to social events

Loneliness During COVID-19

EASE model developed by Cacioppo & Patrick (2008) serves as a guide to help congregants

E- Extend yourself

- Interact with strong and weak relationships

- Help congregants recognize those who they interact with daily/weekly/monthly

A- Action plan

- Encourage congregants to recognise where they can invest their social energy

- Social media will not be helpful

S- Selection

- Create quality relationships with those in need or make suggesting on existing or potential quality social relationships

- Connect certain congregants who have similar interests

E- Expect the best

- Motivate congregants to focus on positive interactions or recognize grateful moments

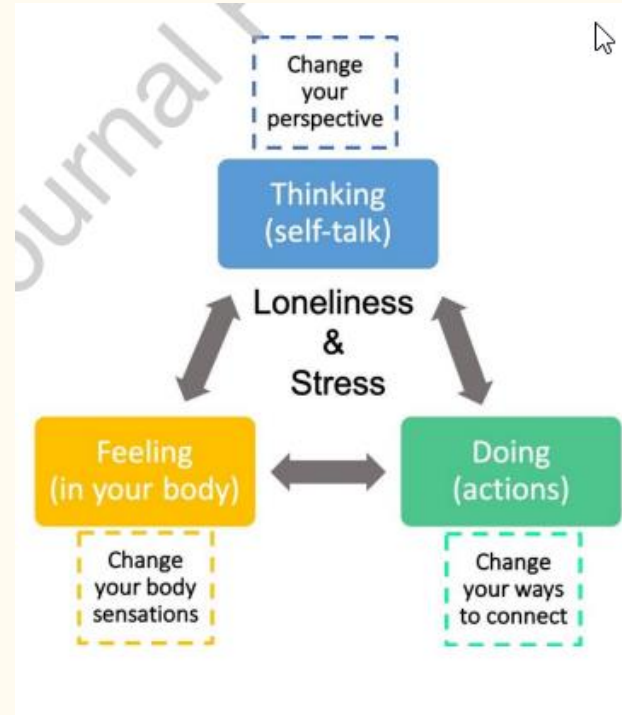
- Share a short phrase with members they can find encouraging, such as “one day at a time”

Other practical suggestions

- **Older Adult Advisory Group** in your congregation - gives seniors agency
- **Seniors reaching out to Seniors** idea - principle of generativity
 - Take the opportunity to **document your seniors' stories**
- Sending a **transcript/bulletin of the service**
- **Socially Distanced activities** with...
 - Insurance of **steps being taken for safety** as anxiety is high - safety
- **Prayer line/Prayer Partners** - feeling connected
- **Technology support** - feeling connected
 - Physically **mailing instructions** on access
 - **Tech Buddies** - UCC Congregation congregation
 - Those who can access zoom services put their phone up to the audio for an older adult who cannot/chat with them a bit afterwards (pairing up high tech and low tech)
 - Use **technology to support connection, not replace social ties**
- Staying Connected During Covid - ways to promote social health including CBT...

Strategies to Promote Social Connections Among Older Adults During ‘Social Distancing’ Restrictions.

Article in press



<https://carenotcovid.com/>

A Study open to all: How are you coping during Covid-19?

You are invited you to take part in an online anonymous global survey to help understand how people are coping during the Covid-19 pandemic. This online survey survey (bit.ly/36PxDg1), developed by a group of international researchers*, is for people aged 18+ and includes questions on demographics, health, health behaviours, loneliness, isolation and personal experiences around Covid-19. It aims to help understand how people are coping during the Covid-19 pandemic especially in relation to loneliness and social isolation.

This survey data can offer invaluable insights into life before and during the Covid-19 pandemic, including key challenges faced and coping strategies used. It will help us understand how the Covid-19 pandemic has impacted on individuals, families, communities, policies and services at both a country and global level and will be key to informing society in the future.

The survey is available in multiple languages.

***Who is involved in this study**

Boston College, Columbia University, George Mason University; University of California, San Francisco; NORC at the University of Chicago; Brigham Young University; University of Auckland, Swansea University, Nipissing University; Vrije Universiteit Amsterdam; The Institute of Public Health (Ireland), Ulster University, Trinity College Dublin, Maynooth University, St James's Hospital Dublin, Brunel University.

Read more about the study and those involved - publichealth.ie/clic

Prof Roger O'Sullivan, PhD, FGSA, MFPH

So, how did you do?

[Ageism First Aid](#) is available from the Gerontological Society of America through July 1 for Free
[Ageism and Covid Infographic from the Gerontological Society of America](#) (email me if you want this)

1. Age is the #1 risk factor for COVID - Well, it's complicated
2. Most older adults live in long term care of some sort - False
3. As people grow older they become more and more alike - False
4. Aging usually brings memory loss - False
5. Ageism is fairly common in the healthcare system - True
6. How we think and feel about aging can influence how we experience the aging process - True
7. The way we speak and act toward older people can make a difference in how they feel about themselves and how they experience aging - True
8. On average, most older adults are depressed and lonely anyway - False
9. Actually being connected to others is what matters in terms of mental and physical health - Well, it's complicated

Resources for digging deeper

[Comorbidities and Covid-19](#) (what puts older adults at risk)

AARP's [connect2affect](#) (includes Social Isolation assessment and COVID resources)

[Ageism Is Making the Pandemic Worse](#) (“...ageism has always shaped the kind of medical care older Americans receive.”)

[Rethinking how America cares for its elderly](#) (the challenges of our long term care models)

[Strategies to Promote Social Connections Among Older Adults During ‘Social Distancing’ Restrictions.](#)
(Article version of YouTube earlier in slides)

National Institute on Aging: [Research on resilience in stressful times](#)

[Stereotype Embodiment Theory](#) (why ageism matters)

[Generativity and Dementia](#) (even those with cognitive impairment have something to offer)

Resources Continued...

[This is Growing Old Podcast](#) - first episode is on COVID and older adults

[Technology Alone won't solve Loneliness and Isolation in Aging](#)

Caccioppo, J.T. & Patrick, W. (2008). Loneliness: human nature and the need for Social Connection. New York: W.N. Norton & Company.

[EASE Model Explained in Psychology Today](#)

Dr. Cynthia Hancock: chancock@uncc.edu

Dr. S. Megan Smith: ssmit392@uncc.edu