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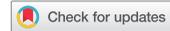
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Social Workers Must Address Intersecting Vulnerabilities among Noninstitutionalized, Black, Latinx, and Older Adults of Color during the COVID-19 Pandemic

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ABSTRACT

Scant attention has been paid to intersecting vulnerabilities experienced by Black, Latinx, and older adults of color (BLOAC) that increase COVID-19 related risks. Structural inequities have resulted in disproportionate rates of chronic conditions and limited access to care. Media coverage, focused on COVID-19 mortality among institutionalized older adults (OA), has overlooked community-dwelling OA, leaving their unique risks unaddressed in research and intervention efforts. Key vulnerabilities impacting noninstitutionalized BLOAC exacerbating adverse health outcomes during COVID-19 are discussed, and recommendations are given for gerontological social work (GSW) education, training, and practice to meet the needs of BLOAC during the COVID-19 pandemic.

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United States; health disparities; isolation; race and racial disparities; religionspirituality

Increasing evidence indicates that health disparities, in addition to age and underlying chronic medical conditions (e.g., diabetes, heart, and lung disease), increase COVID-19 related risks among Black, Latinx, and Older Adults of Color (BLOAC) due to long standing structural inequities in the United States (Centers for Disease Control, 2020a). These risks tend to be discussed individually; little attention is paid to how vulnerabilities intersect to heighten risks for serious COVID-19 related illness and death (Centers for Disease Control, 2020b). Media coverage of older adults (OAs) highlight COVID-mortality rates in nursing homes; however, the vast majority of OAs in the U.S. are community dwelling (Howley, 2019); thus, noninstitutionalized BLOAC needs have not received adequate attention. Social workers are uniquely positioned to bring visibility to this population and address their distinctive COVID-19 vulnerabilities.

Black, Latinx and older adults of color are a rapidly growing population in the U.S. (Administration for Community Living, 2018), experiencing disproportionately high rates of preventable disease, disability, and death due to

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differences in sociodemographic conditions that pose barriers to prevention, health and insurance access, and treatment efforts (Centers for Disease Control, 2020a; Williams, 2007). Approximately 80% of COVID-related mortalities in the U.S. are among adults 65 years and older (Centers for Disease Control, 2020b; Nania, 2020). Physical distancing mandates will likely exacerbate long standing mental and physical health disparities among community-dwelling BLOAC (Novacek et al., 2020). Research has yet to identify the best way to help this population adapt to this pandemic. Social work clinicians and researchers, at the forefront of programmatic innovation, dissemination of COVID-19 related information, and linkages to care during these unprecedented times, are uniquely qualified to address the needs of BLOAC. To do so, SWs must draw upon their knowledge base that acknowledges differential access to resources (Ingrao, 2015). While strides have been made to cultivate interest in geriatric social work (GSW), this subfield lacks visibility (Sanders et al., 2017), yet is certain to face increased demand to address the needs of BLOAC, particularly surrounding COVID-19. The following recommendations for SW clinicians and training programs are proposed:

- (1) Prioritize GSW educational and training opportunities. Gerontological content should be infused throughout SW curricula, increasing exposure to the field of GSW, awareness of the diverse needs of OA to mitigate health disparities among BLOAC, and providing GSW training opportunities in community settings to prepare SWs to work to combat adverse COVID-19 related outcomes among BLOAC.
- (2) Provide services that decrease social isolation and link clients with needed services via telehealth platforms. Social services and social clubs should adapt existing services to incorporate virtual programming. Villages and CBOs can be used to maintain social connectedness. Over 40% of OAs own smartphones and 67% have internet access; yet, only 25% feel confident accessing information online (Anderson & Perrin, 2017). Social workers can connect OAs to resources that assist with tech-utilization and promote telephone reassurance programs where trained volunteers provide calls serving as “well-checks” and provide socializing opportunities (Slootmaker, 2020).
- (3) Assessments should include healthy coping opportunities to mitigate COVID-19 related stress, including religion, faith, and/or spirituality histories (significant in over 90% of OA); culturally humble practice recognizes these as resources that can provide vitality, wellbeing and optimism during crises (Kaplan & Berkman, 2019; Malone & Dadswell, 2018). Practitioners can initiate partnerships with faith organizations to creatively maintain spiritual connections by providing trusted testing spaces for BLOAC, food distribution, modified engagement via telephone prayer lines, and virtual support groups.

COVID-19 presents complex concerns for BLOAC. A focus on GSW is needed in the field. Linking BLOAC to services using telehealth to maintain social connectedness, using modified interactions via religiosity and/or spirituality are suggested as interventions to decrease risks and promote better health management during this pandemic.

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References

- Administration for Community Living. (2018). *Profile of older Americans*. United States Department of Health and Human Services. <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf>
- Anderson, M., & Perrin, A. (2017). *Tech adoption climbs among older adults*. Pew research center. Internet and technology. Retrieved from <https://www.pewresearch.org/internet/2017/05/17/tech-adoption-climbs-among-older-adults/>
- Centers for Disease Control and Prevention (2020a). *COVID-19 guidance for older adults*. <https://www.cdc.gov/aging/covid19-guidance.html>
- Centers for Disease Control and Prevention (2020b). Older Adults. *Coronavirus Disease 2019 (COVID-19)*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- Howley, E. K. (2019, October). Nursing home facts and statistics. U.S. News. Retrieved from <https://health.usnews.com/health-news/best-nursing-homes/articles/nursing-home-facts-andstatistics>
- Ingrao, C. (2015). Gerontological social work: Meeting the needs of an aging population. *Social Work at Simmons*. Retrieved from <https://socialwork.simmons.edu/gerontological-social-work-meeting-needs-aging-population/>
- Kaplan, D. B., & Berkman, B. J., (2019). *Religion and spirituality in older adults*. Merck Manual Professional version. Merck Sharp & Dohme Corp. Retrieved from <https://www.merckmanuals.com/professional/geriatrics/social-issues-in-older-adults/religion-and-spirituality-in-older-adults>
- Malone, J., & Dadswell, A. (2018). The role of religion, spirituality and/or belief in positive ageing for older adults. *Geriatrics (Basel, Switzerland)*, 3(2), 28. doi:10.3390/geriatrics3020028.
- Nania, R. (2020). *Blacks, hispanics hit harder by the Coronavirus, early U.S. data show*. American Association of Retired Persons (AARP). <https://www.aarp.org/health/conditions-treatments/info-2020/minority-communities-covid-19.html>
- Novacek, D. M., Hampton-Anderson, J. N., Ebor, M. T., Loeb, T. B., & Wyatt, G. E. (2020). Mental health ramifications of the COVID-19 pandemic for Black Americans: Clinical and research recommendations. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <http://dx.doi.org/10.1037/tra0000796>

- Sanders, S., Anderson, K. A., Berg-Weger, M., Kaplan, D., & Schroepfer, T. (2017). Association for Gerontology Education in Social Work (AGESW): Key initiatives and directions. *Journal of Gerontological Social Work*, 60(5), 330–334. <https://doi.org/10.1080/01634372.2017.1363596>
- Slootmaker, E., (2020, May). Friendly reassurance calls help Michigan elders fight isolation during pandemic. Second Wave. Retrieved from <https://www.secondwavemedia.com/features/friendlyreassurance05142020.aspx>
- Williams, M. (2007). Invisible, unequal, and forgotten: health disparities in the Elderly. Notre Dame journal of law. *Ethics & Public Policy*, 21(2), 441–478.