Research Goals During and Beyond the COVID-19 Pandemic

Reframing Older Adults as Essential and Priceless

The framing of the "old" as an at-risk, vulnerable, unproductive, and even expendable segment of society during the COVID-19 crisis is troubling on face and fully untrue in substance. Although the conversation may have abated some with the observation that this coronavirus affects individuals indiscriminate of age, the need to confront and reframe these sentiments remains critical.

The truth of the matter is that older adults contribute substantially in essential and tangible ways to our economy.

- Caregivers of persons with dementia provided 18.6 billion hours of care valued at $244 billion of unpaid care in 2019 alone (Alzheimer's Disease International, 2020.)
- Approximately 30% of dementia caregivers are 65 and older (Alzheimer's Disease International, 2020).
- More than 2.5 million grandparents are responsible for their grandchildren living with them, providing care for 5.8 million children younger than 18 (GrandFamilies.org, 2017).
- In 2016, Americans age ≥55 comprised 22.4% of the labor force (Toossi & Torpey, 2017).
- Twenty-four percent of older adults volunteer in formal organizations (e.g., docents at the zoo, readers at the library, volunteers in the hospital gift shop), valued at $42 billion in 2012 (Gonzales et al., 2015).
- In 2018, direct spending on consumer goods and services (including health care) by persons age >50 was valued at $7.6 trillion (56% of every dollar spent) (Accius & Suh, 2019).

Beyond the tangible support that older adults provide to our economic engine, the contributions that older adults make to our social and cultural tapestry are priceless, such as providing a temporal stability as a repository of family, cultural, and societal history; providing a pathway for the transmission of traditions, skills, and knowledge from one generation to the next; and possessing a wisdom gained through the life-long integration of experiences that provide stories and insights to the benefit of subsequent generations.

Certainly, difficult decisions about access to health care resources may need to be made during this or future pandemic surges, but let's rethink the manner in which we prioritize this access. Using triage protocols that are age-neutral and consider clinical need and survival expectancy rather than life expectancy is a good place to start. Making sure that our health care providers have the protective equipment they need so that fear of exposure is not a basis for rationing care. Making sure that our hospitals have sufficient medical equipment (e.g., ventilators, medications) so that access to necessary interventions are not a basis for rationing care.

Health care, economic, and social challenges facing us at micro and macro levels are extraordinary during this time. However, individuals of a particular age cohort, individuals experiencing chronic health problems, or individuals who are experiencing other risk factors are not expendable, nor the problem. The problem is a novel virus; a virus that is amongst us due to no fault of any particular individual, community, or nation.

Our collective imperative as a society is to work together as long as needed to mitigate the spread of the virus, to support our health care system, and to preserve the integrity of our families, local communities, and global neighbors. Our collective imperative, as experts and advocates in the care of older adults, is to help reframe the conversation from a deficit view of older adults and aging in this time of crisis to an abundance view of older adults as vital contributing members of society. This spirit of intergenerational solidarity, as citizens and gerontologists, will help assure that we bring all of our collective wisdom and resources, irrespective of chronological age, to bear on solving these and future challenges.

Our collective imperative as nurse scientists focused on the health of older adults is to debrief amidst the first COVID-19 wave to forge a research agenda. This agenda should include the two-fold goals of (a) mitigating harms

during the expected ongoing waxes and wanes of the current pandemic and (b) preventing harm in future large scale disruptions (whether it is by infectious disease outbreaks, natural disasters, or other rapid change). Achieving these research goals will require our skills and experience in leading interdisciplinary teams of scientists, as well as our capacity and trustworthiness to listen carefully to the voices of older adults, to prioritize meaningful and high impact research initiatives. Our current scenario also presents a critical opportunity to leverage collaborations with practice partners across multiple settings (acute, home, long-term, and primary care), particularly collaborations with our doctor of nursing practice–prepared colleagues to determine the most pressing gaps in knowledge and to rapidly infuse new findings into practice. Elements of a nurse-led, community-driven research agenda include, but are not limited to, the following questions.

- What are the unique challenges experienced by older adults during times of sudden relocation or sudden and extended physical distancing? How do older adults receive the things they need during times of extended social disruption?
- What are the unique challenges experienced by caregivers of older adults (and older adults with dementia, in particular) during times of social disruption? How do we best deploy people and resources to support the caregiver/care recipient dyad? How can technology leverage support and care in this scenario?
- What are the best strategies for facilitating family involvement in care across settings during times of extended physical distancing and restricted visiting policies in health care organizations? What point of care technology can be deployed to rapidly and safely connect patients, families, and health care workers (beyond provider cell phones) during these times?
- What are the best strategies for interacting with older adults (including older adults with cognitive impairment) during times of physical distancing? Is technology effective in providing social support and/or health care interventions? What social interaction interventions can be deployed in institutional settings that are consistent with recommended infection control strategies?
- What factors increase the risk of older adults for experiencing negative outcomes in novel infectious disease outbreaks? How do underlying health disparities factor into this risk profile? How can we use these risk profiles to tailor or target interventions?
- To what extent are triage protocols, frailty indices, acuity indices, and prognostic tools independent of chronological age? To what extent do implicit biases around age influence triage decisions and access to care in times of pandemic surges or other major social disruptions?
- How can health care providers facilitate proactive advanced care planning in older adults? What are safe and effective ways to support end of life decision making during times of social disruption? What are safe and effective ways to deploy palliative care interventions during a serious infectious disease outbreak from community to acute care settings?

Nurse scientists have been key players in addressing these types of questions around the care of older adults before the COVID-19 crisis. Now, however, our challenge is to overlay these questions within the context of novel infectious disease outbreaks or other types of social disruptions. The privilege of conducting research at this moment in time calls for us to set aside legacy thinking around aging, healthy aging, and the care of older adults. Rather we are uniquely positioned to reimagine what could be and what is desired for the future to improve the quality of life for older adults with the reminder and recognition that older adults are essential and priceless.

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