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PUBLIC POLICY INSTITUTE  
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**Brookdale Center  
for Healthy Aging**

# OLDER ADULTS IN THE PLAGUE YEAR: TIMES OF RESISTANCE AND RESILIENCE

Tuesday, May 18, 2021

With Jennifer J. Raab, President, Hunter College  
Harold Holzer, Jonathan F. Fanton Director of Roosevelt House



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# CRISIS COMPETENCE: Resilience that Gets Better with Age!

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NEW YORK, NY

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Presented at “Older Adults in the Plague Year:  
Times of Resistance and Resilience”  
Roosevelt House Public Policy Institute at Hunter College,  
The City University of New York  
May 18, 2021

# What is Crisis Competence?

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*A surprise of the pandemic has been how well many older adults have adapted to the restrictions. “There’s crisis competence,” said Mark Brennan-Ing at Hunter College’s Brookdale Center for Healthy Aging.*

*“As we get older, we get the sense that we’re going to be able to handle it, because we’ve been able to handle challenges in the past. You know you get past it. These things happen, but there’s an end to it, and there’s a life after that.”*

John Leland (January 2021). ***How the Oldest Old Can Endure Even This.*** The New York Times.

# Origin of “Crisis Competence”

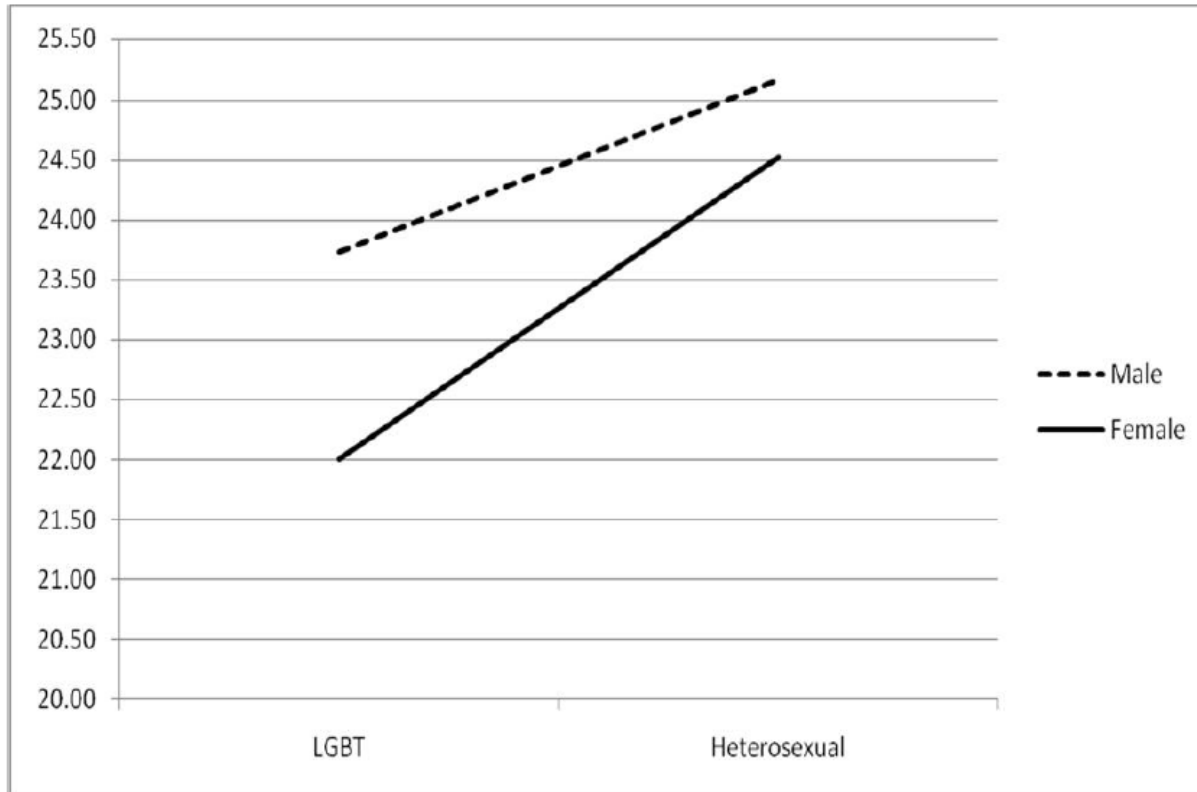
The phrase “crisis competence” was coined by Doug Kimmel in 1978 to explain the paradox of why older LGBTQ people had higher levels of well-being compared to their younger peers despite experiencing decades of discrimination and oppression.



It is possible that this crisis early in the gay person’s adult life—one that can involve extensive family disruption, intense feelings, and sometimes alienation from the family—may be one of the most significant a gay person will face. Once resolved, it may provide a perspective on major life crises and a sense of **crisis competence** that buffers the person against later crises.

Kimmel, D. C. (1978). Adult development and aging: A gay perspective. *Journal of Social Issues*, 34(3), 113-130.

# Empirical Support for Crisis Competence I



**Figure 1 Interaction of Gender and LGBT Status on Berger Disclosure Stigma Scale**

In a study of 914 older people with HIV, we compared HIV stigma scores as a function of sexual orientation and gender and found a significant interaction:

- HIV stigma is rooted in stigmas associated with groups at greatest risk for infection, such as gay/bisexual men, sex workers, or injection drug users.
- Heterosexual men may be more stigmatized by an HIV diagnosis than gay/bisexual men because of fear that people will assume they are gay. Gay/bisexual men likely experienced sexual orientation stigma/discrimination prior to their HIV diagnosis.
- Sexual minorities were significantly more likely to disclose their HIV status than heterosexuals.

Brennan, M., & Karpiak, S. E. (2009). HIV stigma and the disclosure of serostatus. In M. Brennan, S. E. Karpiak, A. R., Shippy, & M. H. Cantor, (Eds). *Older Adults with HIV: An in-depth examination of an emerging population*, pp.51-60. New York: Nova Science Publishers.

# Empirical Support for Crisis Competence II

In a study of the buffering effects of spirituality and complementary and integrative health use on the association between HIV stigma and psychological well-being among 640 older men with HIV:

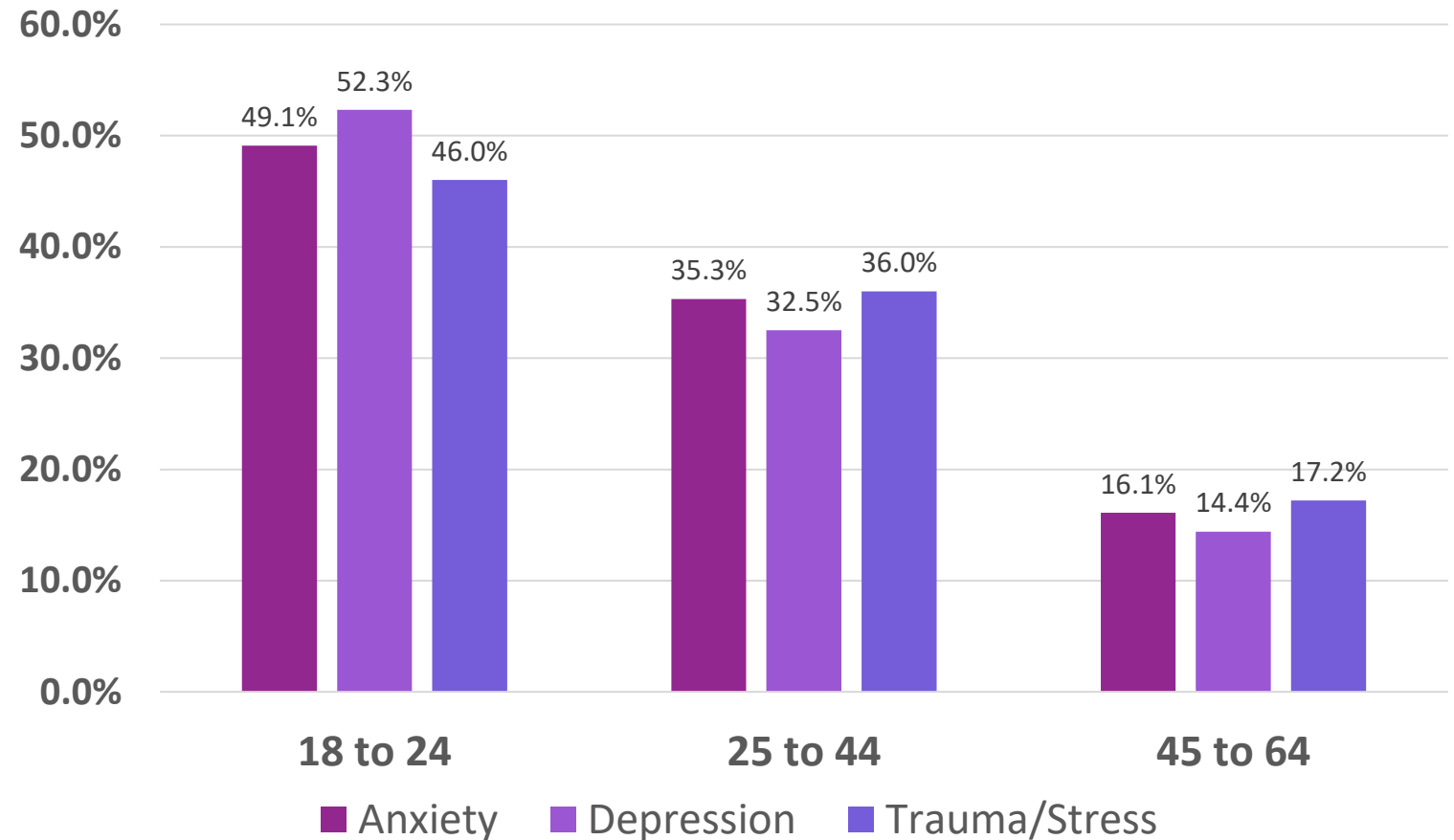
- Spirituality had a stronger buffering effect for older gay and bisexual men than for heterosexual men.
- Older gay and bisexual men exhibited *crisis competence* in coping with HIV stigma, perhaps as a result of overcoming past stigmas around their sexual orientation (homophobia).

Porter, K. E., Brennan-Ing, M., Burr, J. A., Dugan, E., & Karpiak, S. E. (2019). HIV stigma and older men's psychological well-being: Do coping resources differ for gay/bisexual and straight men?. *The Journals of Gerontology: Series B*, 74(4), 685-693.



# How Is the Pandemic Affecting the Mental Health of Older Adults?

CDC research during the pandemic finds older adults tend to be mentally healthier than younger adults.



Koepp, R. (January 2021). How Is the Pandemic Affecting the Mental Health of Seniors? *Psychology Today*.  
<https://www.psychologytoday.com/ca/blog/the-psychology-aging/202101/how-is-the-pandemic-affecting-the-mental-health-seniors>



# Resilience Despite Vulnerability

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"We thought they would be more vulnerable to the stress of COVID because they are, by CDC definition, the most vulnerable population, but what we learned is that older adults with depression can be resilient. They told us that coping with chronic depression taught them to be resilient."

—Helen Lavretsky, MD, a professor-in-residence of psychiatry and behavioral sciences at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA.

**Koepp, R. (January 2021).** How Is the Pandemic Affecting the Mental Health of Seniors? *Psychology Today*.  
<https://www.psychologytoday.com/ca/blog/the-psychology-aging/202101/how-is-the-pandemic-affecting-the-mental-health-seniors>



# Thank You!

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[www.Brookdale.org](http://www.Brookdale.org)

# SPEAKING OUT AGAINST ANTI-ASIAN RACISM AND VIOLENCE AGAINST OLDER ADULTS

Keith T Chan, PhD, LMSW

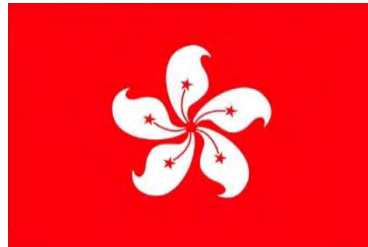
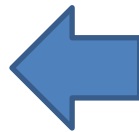


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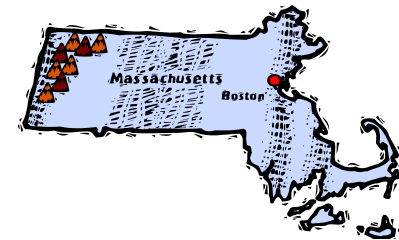
- Framing the Issue on Anti-Asian Racism
- Working Toward Social Justice
- Solutions as Gerontological Scholars and Educators



# MY PERSONAL AND PROFESSIONAL EXPERIENCES AS AN ASIAN AMERICAN



BROWN





## FRAMING THE ISSUE OF ANTI-ASIAN RACISM





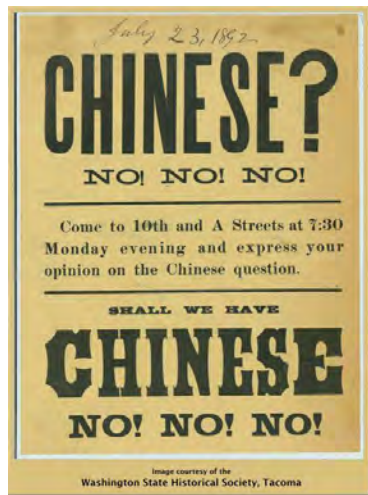
# FRAMING ANTI-ASIAN RACISM

- AAPI/APIDA/AANHPI are diverse, with more than 30 distinct ethnic groups, speak more than 100 languages
- Broader historical context points to structural racism and violence that continue to shape our everyday lives in the United States



# FRAMING ANTI-ASIAN RACISM

- History of Anti-Asian Racism since 19<sup>th</sup> century
- Rooted in post-colonialism
- Asians were racially distinct aliens ineligible for citizenship in 19<sup>th</sup> century -- the “*Yellow Peril*”



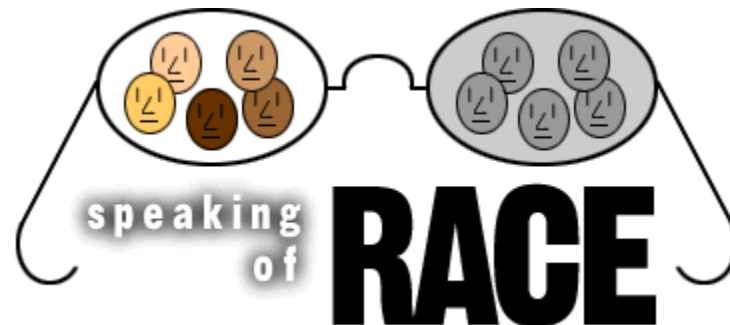
# FRAMING ANTI-ASIAN RACISM

- Another narrative is of the Asian American Movement (1960s to 1970s)
  - Anti-war & Anti-imperialism
- Asian American as collective identity
- Solidarity with Black Power Movements



# FRAMING ANTI-ASIAN RACISM

- Beginning in the late 1960s, Asians were referred to controversially as the “model minority” and used to justify inadequate access and low utilization of social and health-related services among Asians
- “model minority” narrative reifies claim of egalitarianism as triumph over exclusions while justifying social differences and inequalities (Chan, 2020)



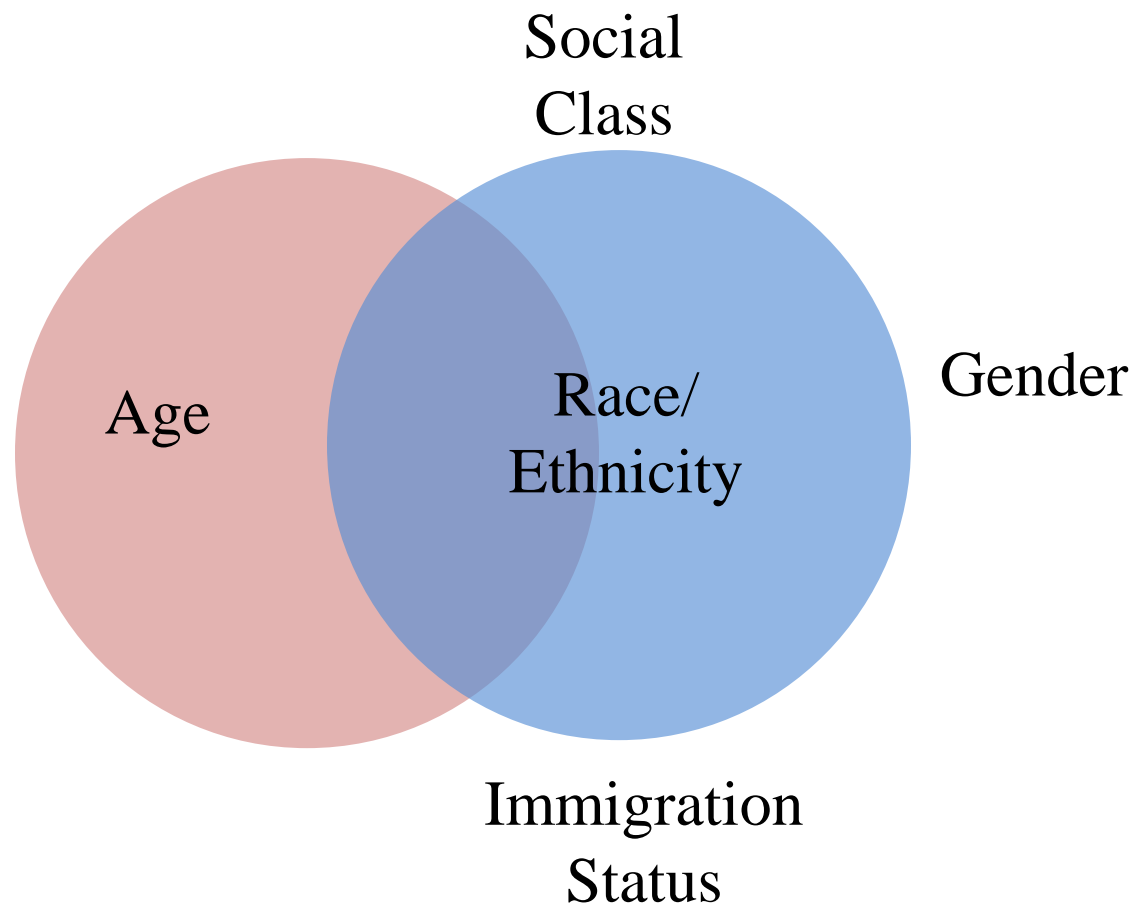
# FRAMING ANTI-ASIAN RACISM

- Violence directed at Asian older adults highlighted conditional minority status
- Asians are highly diverse in ethnic group identification, pre- and post-migratory circumstances, health outcomes, income levels, and perspectives on the *immigrant identity* and *immigrant success story*
- Intersection of Race/Ethnicity, Age, Gender, Social Class, Immigration Status





# FRAMEWORK OF RACE/ETHNICITY, AGE, SOCIAL CLASS, GENDER & IMMIGRATION STATUS





# WORKING TOWARD SOCIAL JUSTICE



# WORKING TOWARD SOCIAL JUSTICE

- Call to Action – Hunter Asian American Studies Center, HCAP, APISWEA, AGESW
- Acknowledge differences, finding common ground to move the social justice agenda
- Allyship with Black Lives Matter
- Build on the language and actions to address Anti-Asian racism
- Strategies to disseminate to our base



# WORKING TOWARD SOCIAL JUSTICE

- Mobilizing the Asian American vote among older adults
- Advocate for legislative and policy action at Federal, State, and local levels
  - Documenting and denouncing hate crimes
  - Supporting Asian older adults in community settings
  - Finding ways to enhance intergenerational relationships
- As community advocates, finding ways for empowerment without oppression
- What are we doing to address the needs of the most vulnerable AAPI older adults?



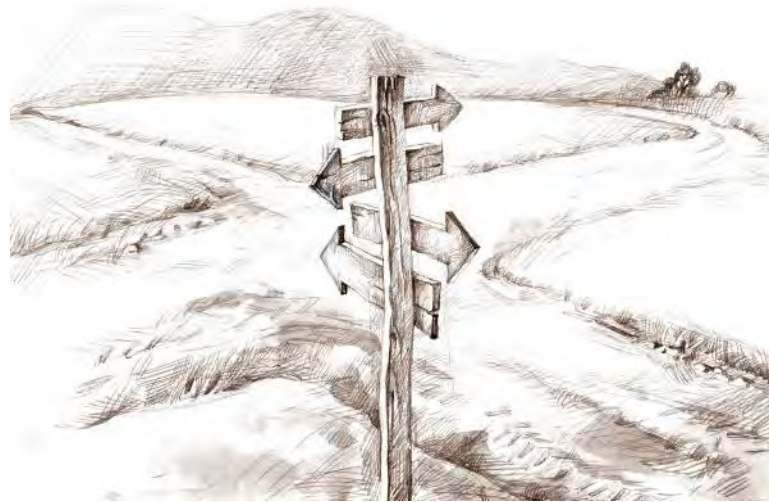
# SOLUTIONS AS GERONTOLOGICAL SCHOLARS, EDUCATORS AND PROFESSIONALS

- Address individual and structural change through research, teaching and social justice advocacy
- As scholars and researchers, leaning into our work on social justice
- As educators, there is a need for us to meaningfully connect the experiences of *post-racial* & *post-colonial* identities, to engage our students in social justice from a position of cultural awareness and global membership





# TELLING THE STORY & DRAWING THE MAP



# AAPI WORKING TOWARD SOCIAL JUSTICE

- Tiger



- Panther



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Congressional Fellow  
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U.S. House Committee on  
Ways & Means







# MITIGATING COVID IN OUR COMMUNITIES

## SCAN-MP COVID Supplement Interim Report

Elizabeth Cohn, RN, PhD; Frederick Ruberg, MD, Codruta Chiuzan, PhD; Sergio Teruya, MD, MS; Denise Fine, RN; Stephen Helmke, RDCS, MPH; Mat Maurer, MD and the Coordinators of the SCAN-MP Study.



# ACKNOWLEDGEMENTS OF SUPPORT

National Institutes of Health

NHLBI

SCAN-MP (Screening for Cardiac Amyloidosis with Nuclear imaging in  
Minority Populations) 5R01HL139671 and HL13967-021S1

SCAN-MP Coordinators and our Participants.

## Aim of the SCAN-MP COVID Supplement

### Aim:

To explore older adults with underlying chronic diseases putting them at greater risk for COVID get their information on mitigation strategies, and if they can effectively follow public health recommendations.

This was before we had a vaccine.

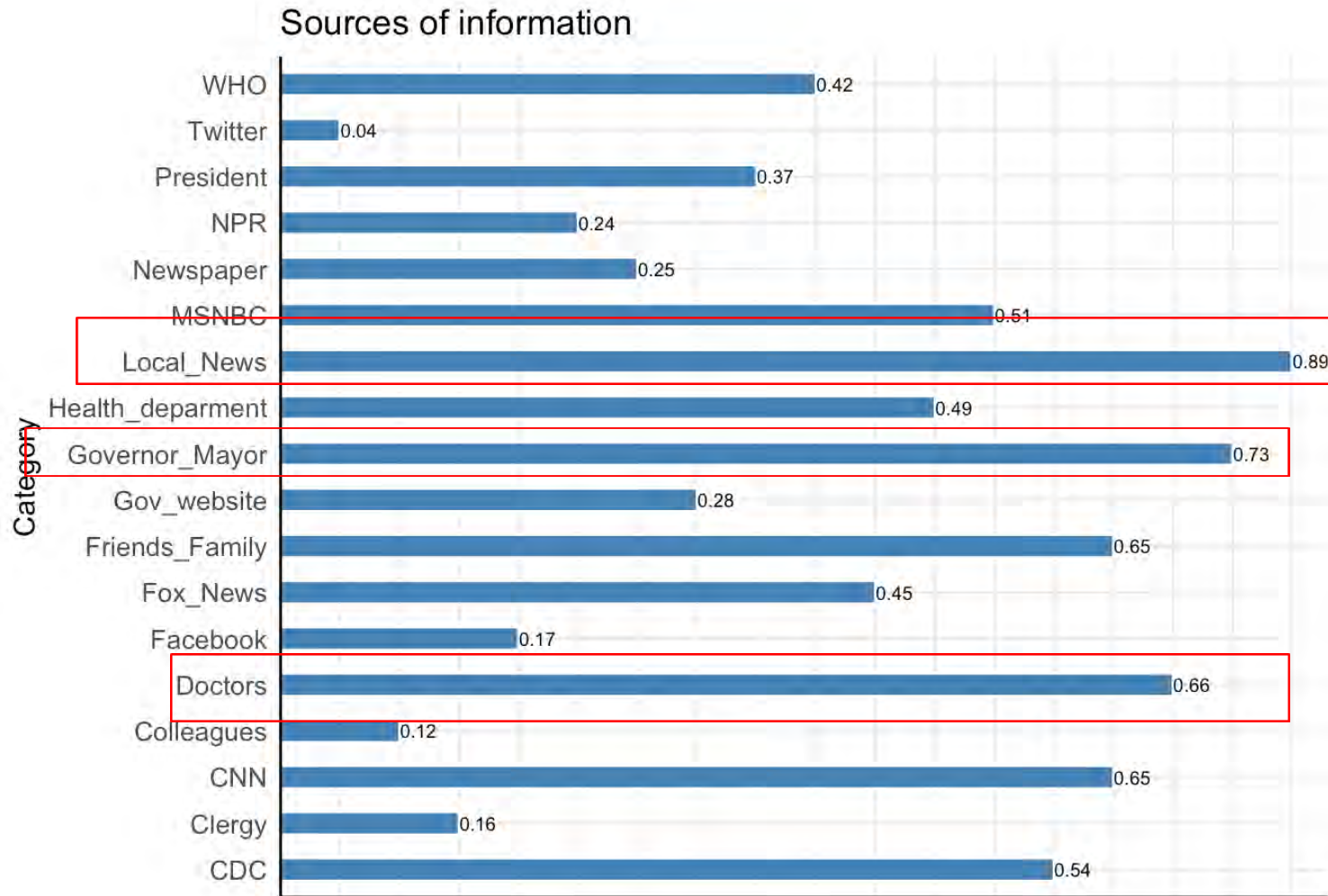




**Table 2. Demographics of SCAN-MP COVID Sub-Study Participants**  
**SCAN-MP Total (n=218; sub-study=102)**

	<b>Boston (N=48)</b>	<b>New York (N=54)</b>	<b>Total (N=102)</b>
Age Median (Min-Max)	67 (60-97)	77 (60-92)	72 (60-92) (younger)
Gender, n(%)			
Male	29 (60.4%)	24 (44.4%)	53 (52%)
Female	19 (39.6%)	30 (55.6%)	49 (48%) (remains consistent)
Race, n(%)			
Black	43 (89.6%)	42 (77.8%)	85 (83.3%) (slight increase)
Unknown/Declined	5 (10.4%)	10 (18.5%)	15 (14.7%)
White	0 (0%)	2 (3.7%)	2 (2%)
Hispanic, n(%)			
Yes	7 (14.6%)	24 (44.4%)	31 (30.4%)
No	71 (85.4%)	30 (55.6%)	71 (69.6%) (no change)

# Where did people get their information about COVID and CDC guidelines?



\*~ 90% of our population got their COVID information from local news stations.

\*~ 75% from local elected officials.

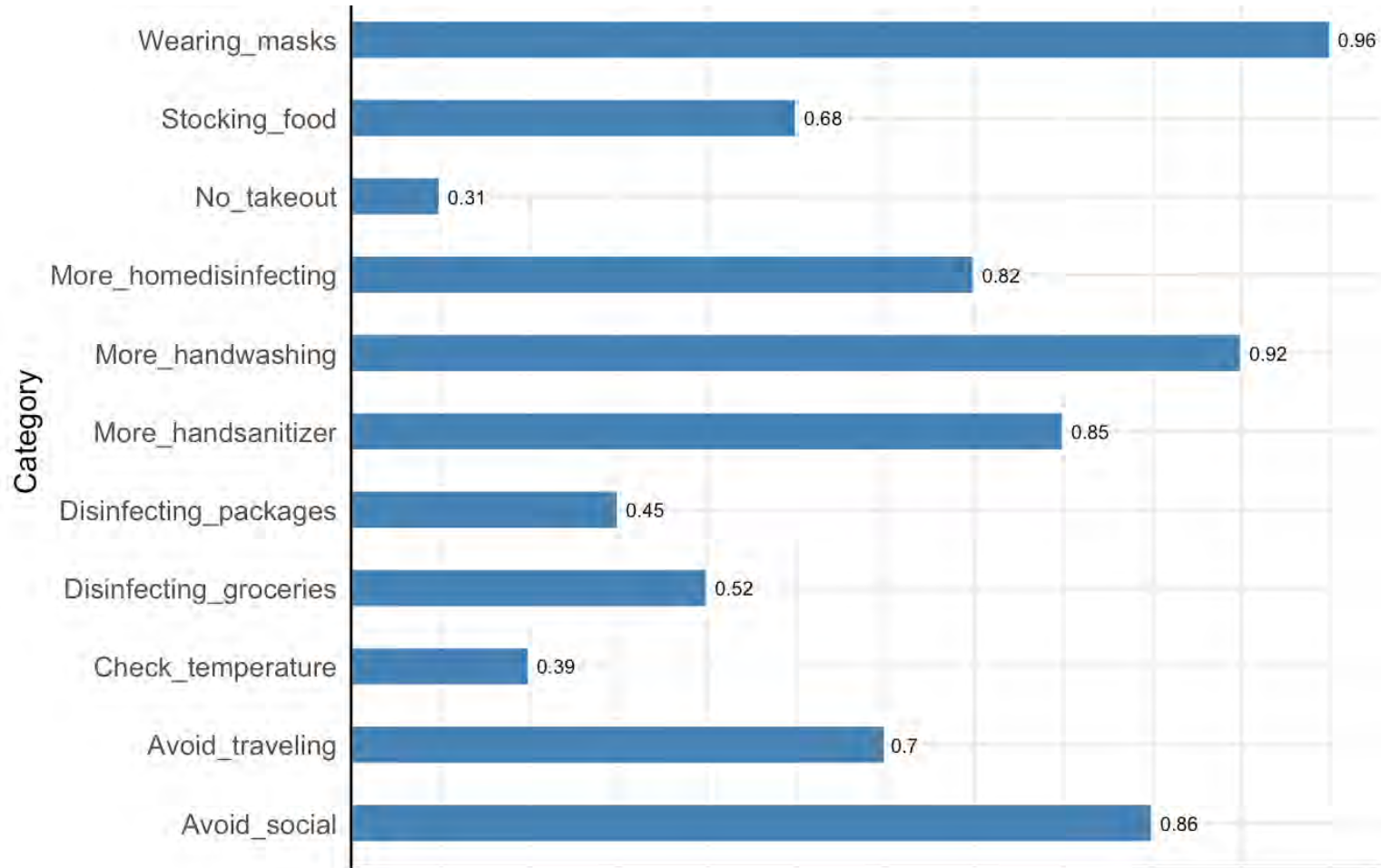
\*~ 70% from Doctors.

\*Television newscasts followed, ~65% mostly cable news.

*\*Over 50% used more than 7 sources for triangulating and reinforcing information about COVID.*

\*over 50% used more than 7 Sources\*

## What changes did participants make as individuals in response to the guidelines?

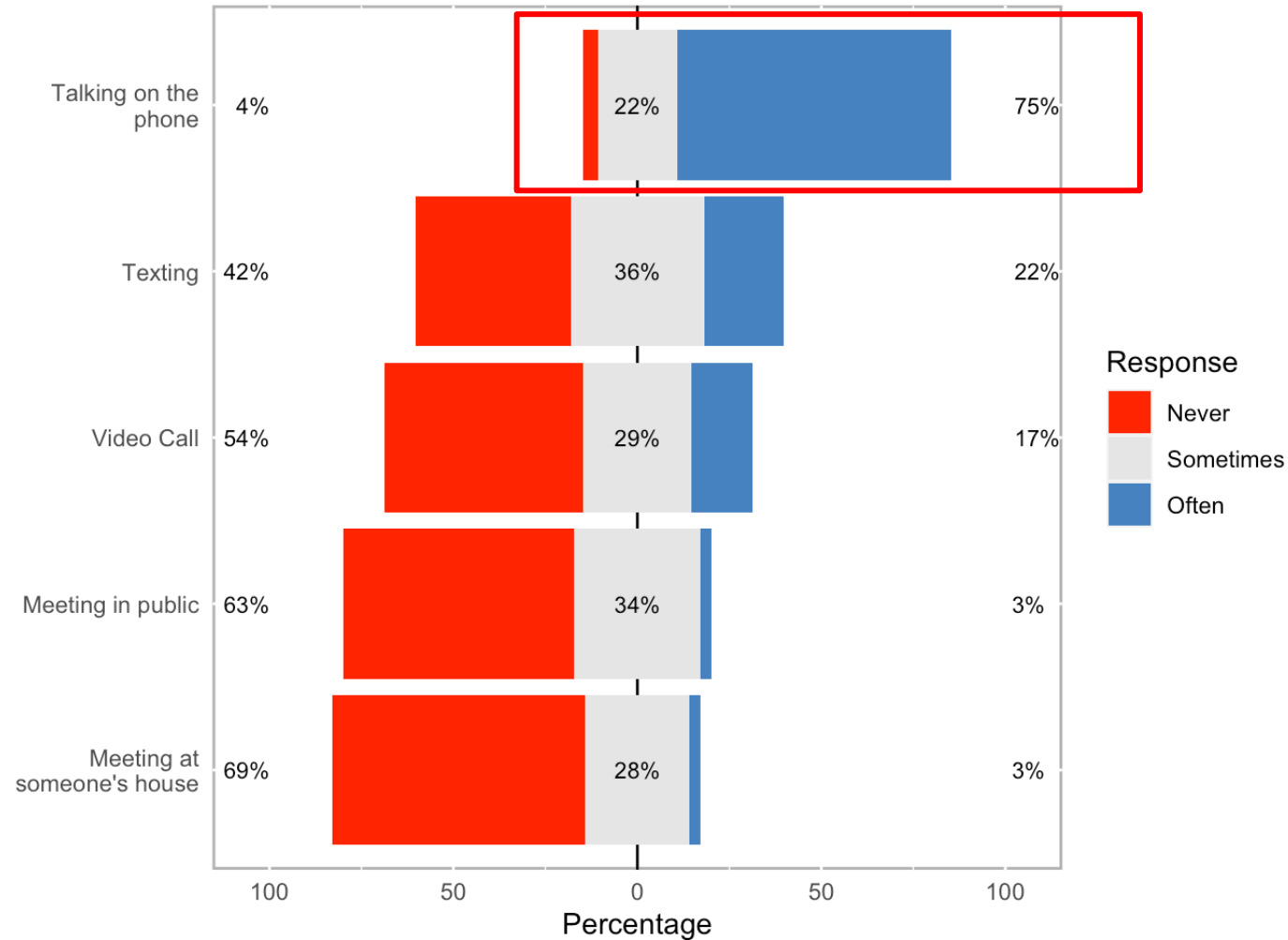


\*Participants were aware of the community mitigation measures and many were able to follow them.

\* Wearing Masks (96%); Handwashing (92%); Avoiding Social Contact (86%) and use of Hand Sanitizer (85%) were all widely practiced.

\*50% of the participants implement at least 8 (median) out of 11 measures

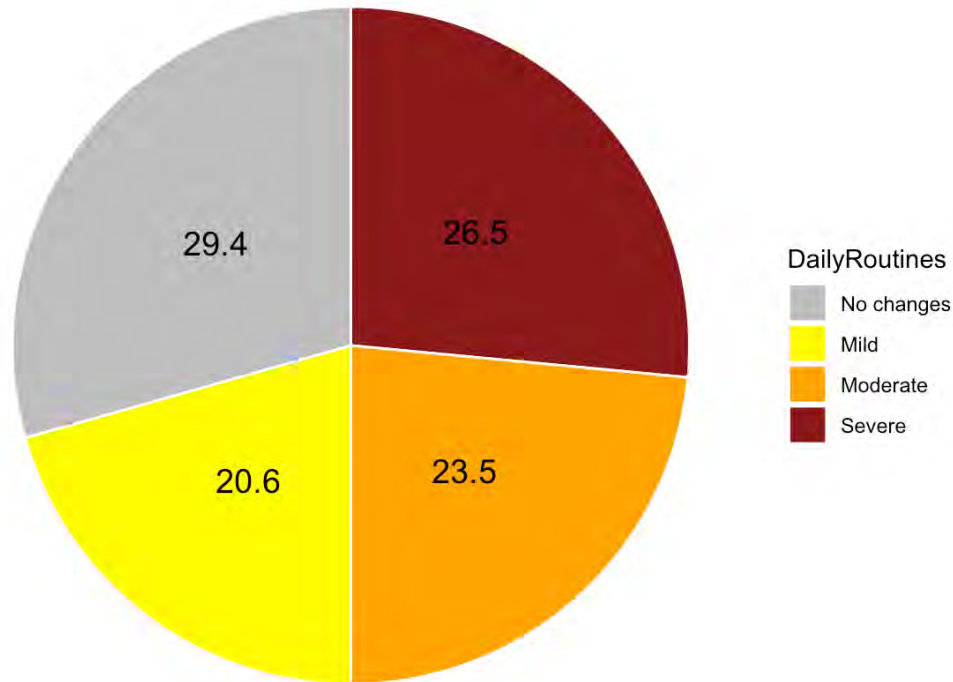
## How did our participants stay connected in consideration of the guidelines and recommendations?



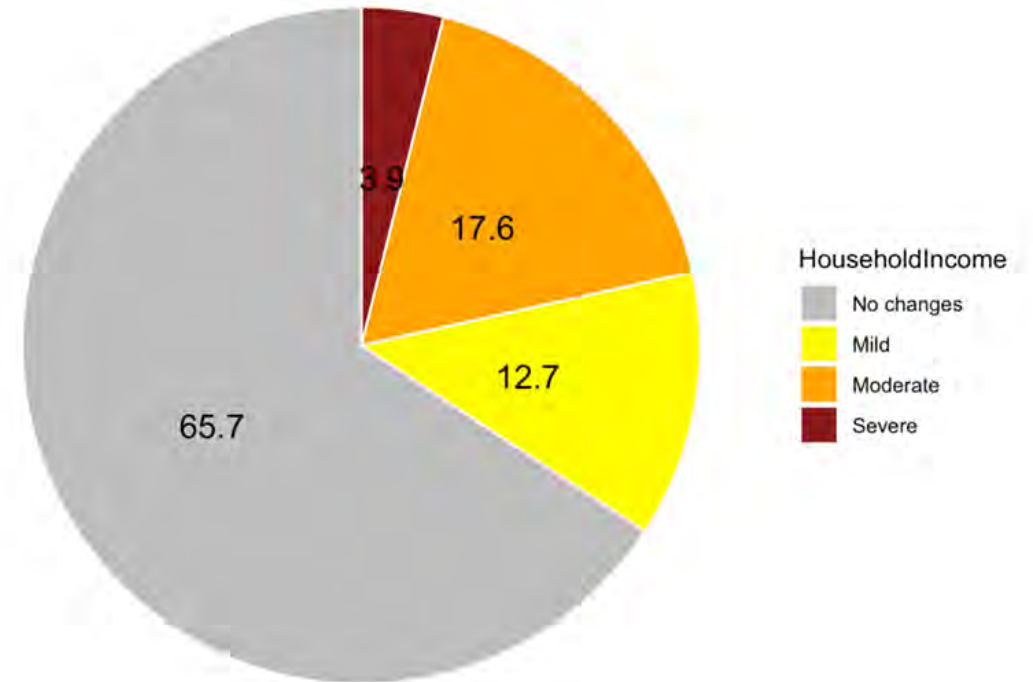
\*As expected, 75% used the phone.

\*69% followed the guidance on home visits of restricting them during the pandemic.

# Impact of the Pandemic on Households in Boston and New York

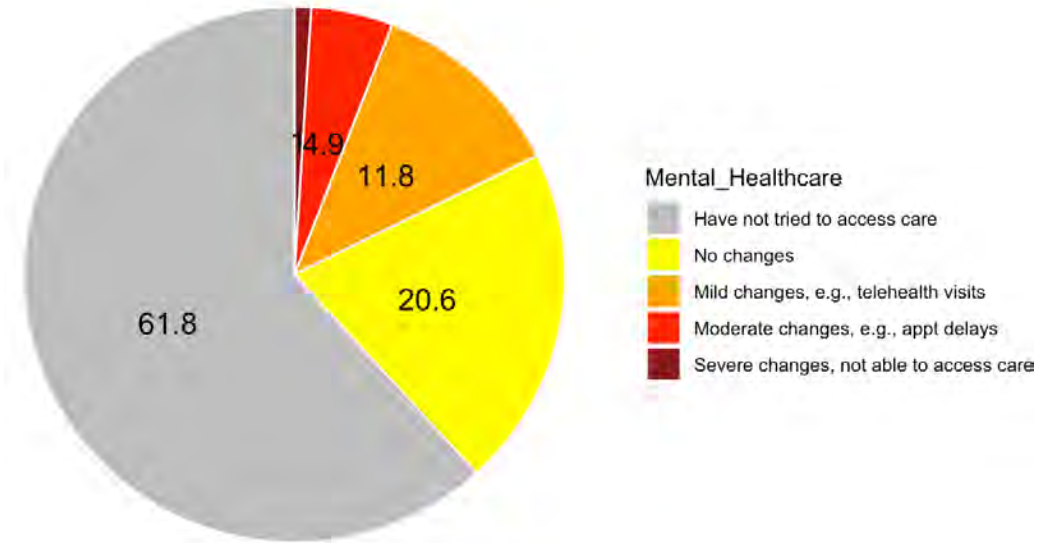
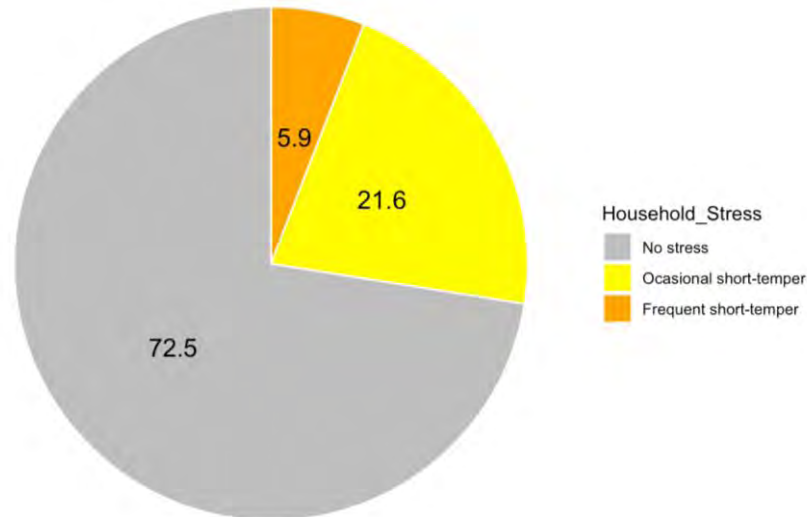
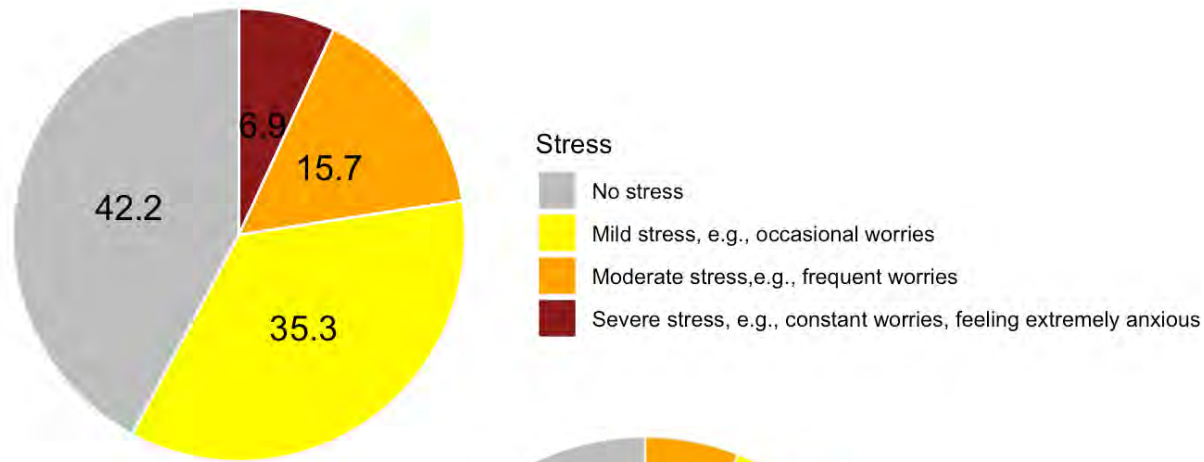


\*75% had a change in routine, 25% each for mild, moderate and severe



\*33% had a change in income and nearly all who did reported a moderate to severe decrease

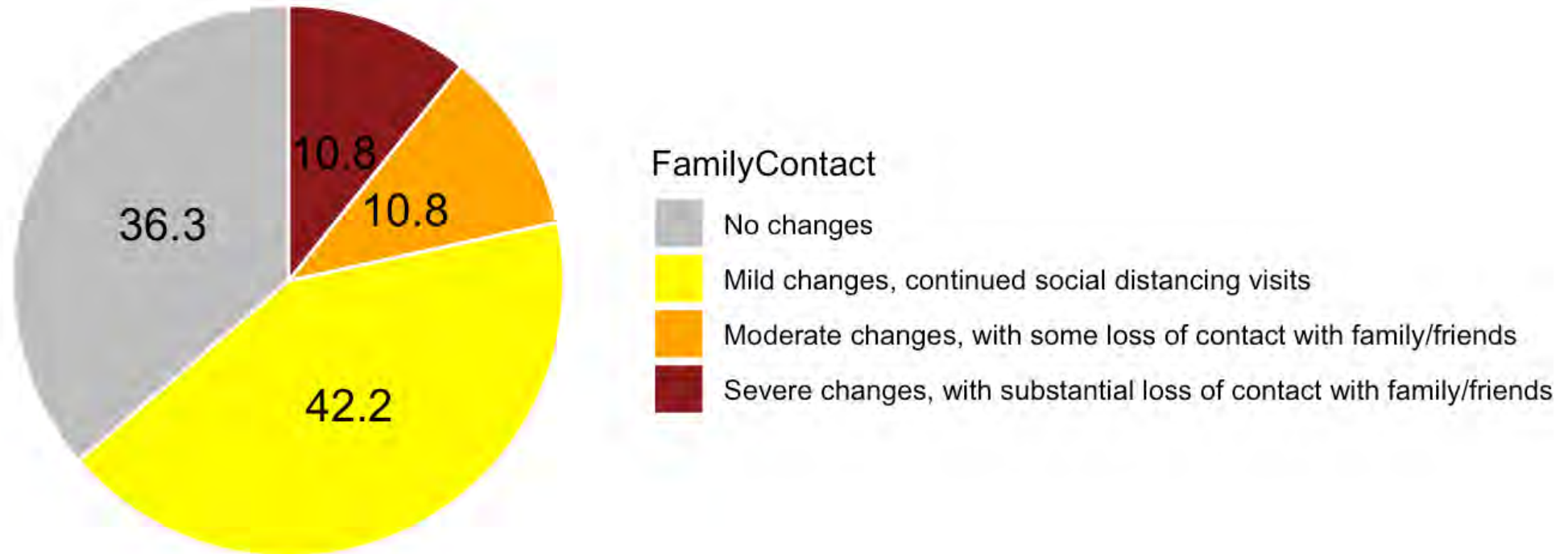
# Stress, Mental Health Care and the Ability to Meet the Need



\*58% had mild-severe individual stress  
 \*27% household stress  
 \*~12% switched to telehealth for mental health issues and 6% had moderate-severe restrictions on receiving mental health counseling.



# Family Contact



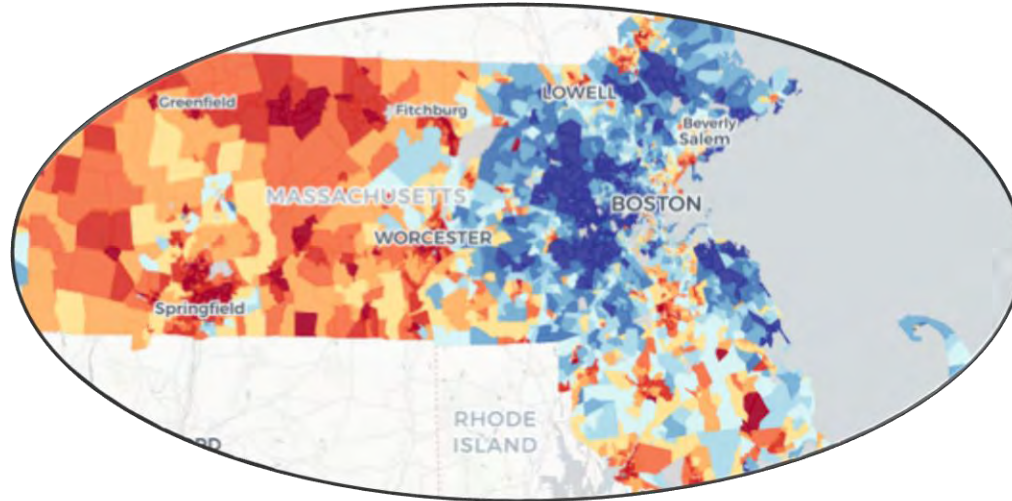
\*~22% had moderate to severe changes with loss of contact with family and friends.

# Conclusions, Discussion, Future Directions

- Most of our participants understood and were able to follow the CDC mitigation guidelines, despite reporting having followed at least 8 of the guidelines, 10 (14%) contracted COVID.
- Many found ways to stay connected, many fared reasonably well over the year in contrast to the depiction of the elderly as isolated and heartbreakingly alone.
- Medical needs were primarily met; mental health needs were still lacking.
- Our groups in Boston and NYC mostly received their guidance from local radio and our respective elected officials such as Governors.
- **Changes now that a vaccine is available?**
- **Update on actual infections.**
- **Moving on-line for older adults, Conversations, Salons and more. Extended reach for library and other on-line programming.**

# Further analysis for this substudy

- Correlation between NYC and Boston
- Mapping the associations with the Area Deprivation Index and Neighborhood Atlas for infection and adherence.
- In-depth analysis of living arrangements, i.e. living with an essential worker or care-giver requirements.
- Participants were well informed and triangulated their information from multiple sources. They understood and were able to enact most recommendations on self-report.
- Despite understanding and taking appropriate measures, a subset of our patients contracted COVID. On the next analysis we will incorporate living conditions and living with an essential worker is a contributor to COVID acquisition.



Massachusetts ▾

State-Only Deciles  
 National Percentiles

ADI scores from within this state alone are ranked from lowest to highest, then divided into deciles (1–10).

least disadvantaged block groups – most disadvantaged block groups

1 2 3 4 5 6 7 8 9 10

Set Map Appearance:  
 Standard  
 Transparent (show roads)

Enter a full address and search to place a marker on the map.

# Strengths and Limitations

## Strengths:

- Surveys were done in English and Spanish
- Describes the COVID risk mitigation and infection rate of an at-risk population
- Describes the knowledge acquisition, understanding, and support for community mitigation measures.

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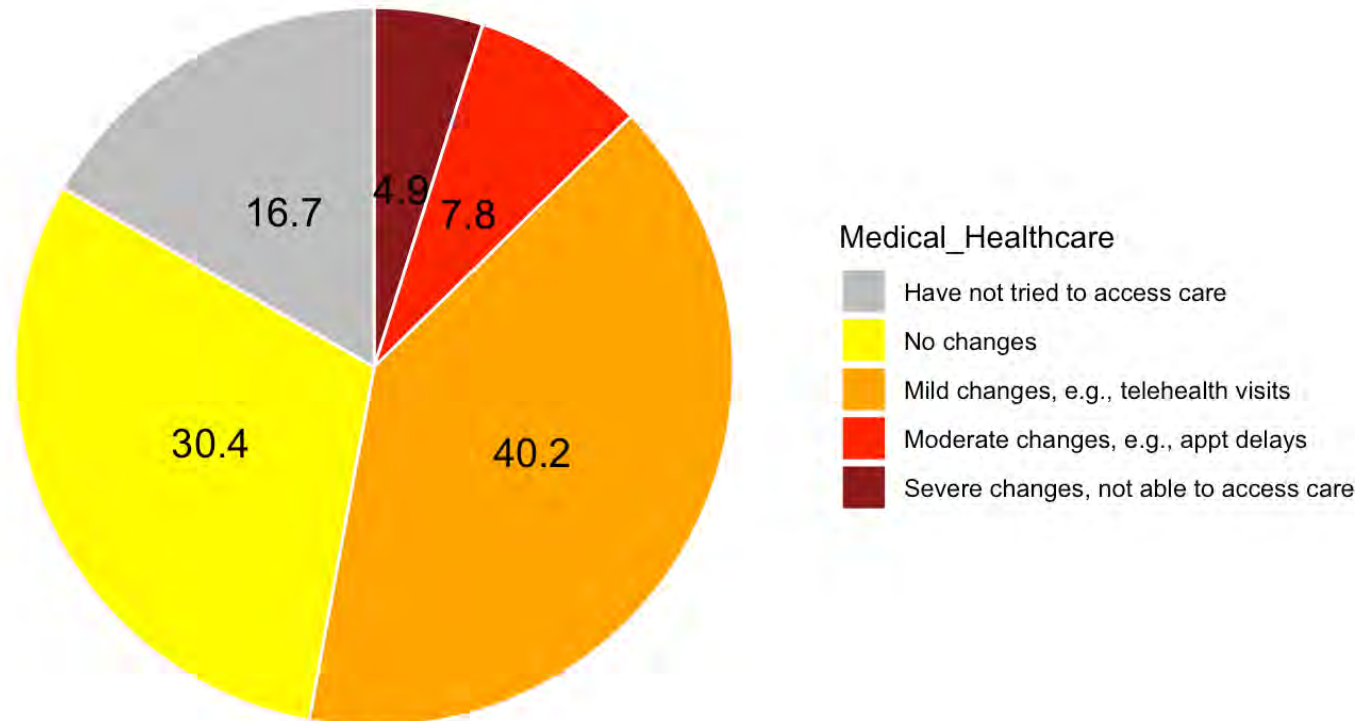
## Limitations:

- Low number of those infected limiting the analysis
- Serology was only done at one time period so there could be ascertainment bias
- Geographically restricted and primary urban areas in the Northeast.
- All participants have health care access overall (recruited from clinics in Boston and NYC)
- Self-selected cohort that was reflective of the SCAN-MP Population
- Will need to continue to analyze the data as more cases are found

# Thank you and Discussion



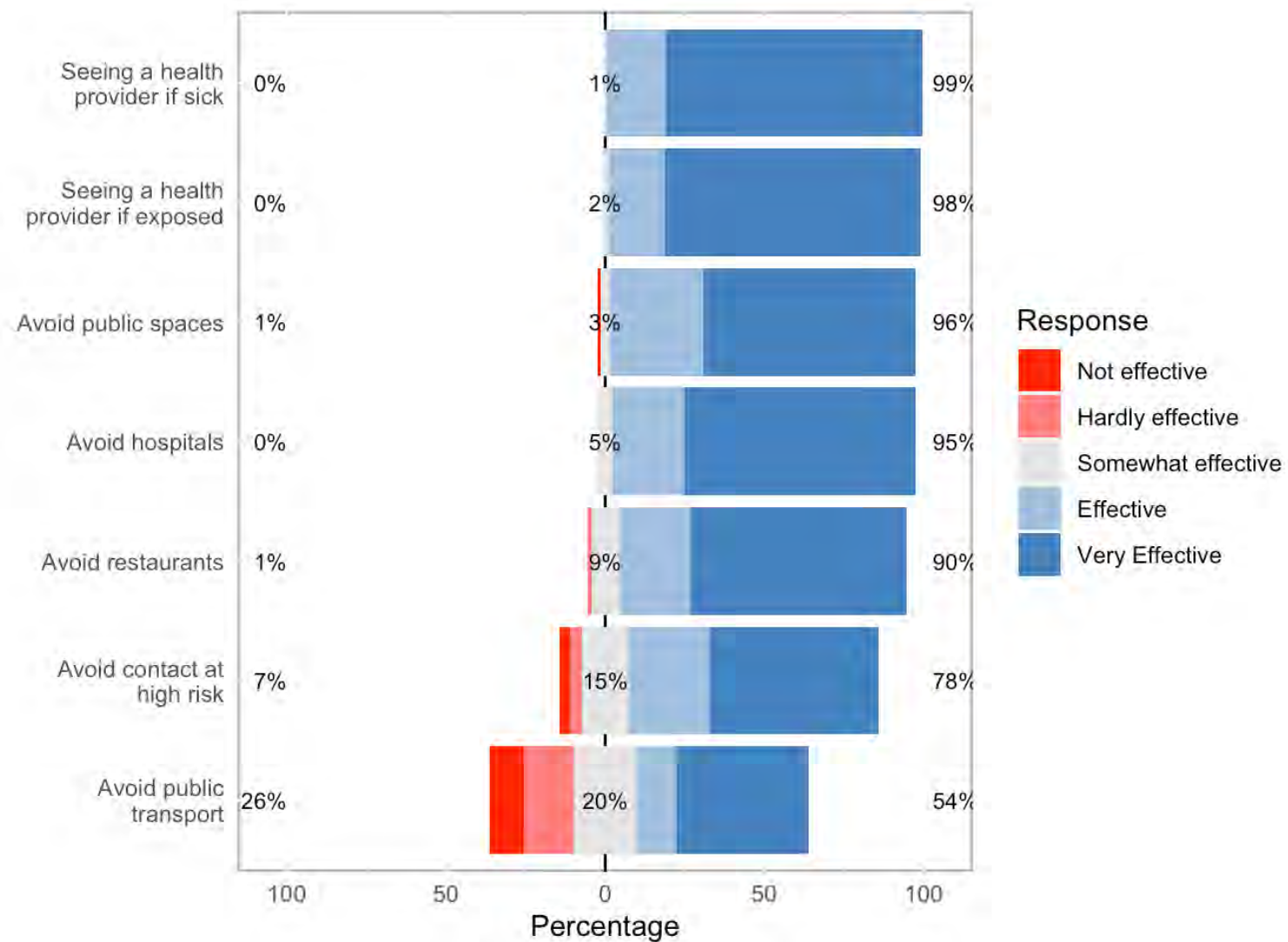
# Changes in Receiving Medical Care



\*75% had mild, moderate or severe changes in receiving medical health care.



## How our participants responded to the guidelines for individuals (self-report)



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# MEANINGFUL ACCESS

**INVESTING IN TECHNOLOGY FOR AGING WELL  
IN NEW YORK CITY**

**christian gonzález-rivera**

**Director of Strategic Policy Initiatives**

**Brookdale Center for Healthy Aging, Hunter College**

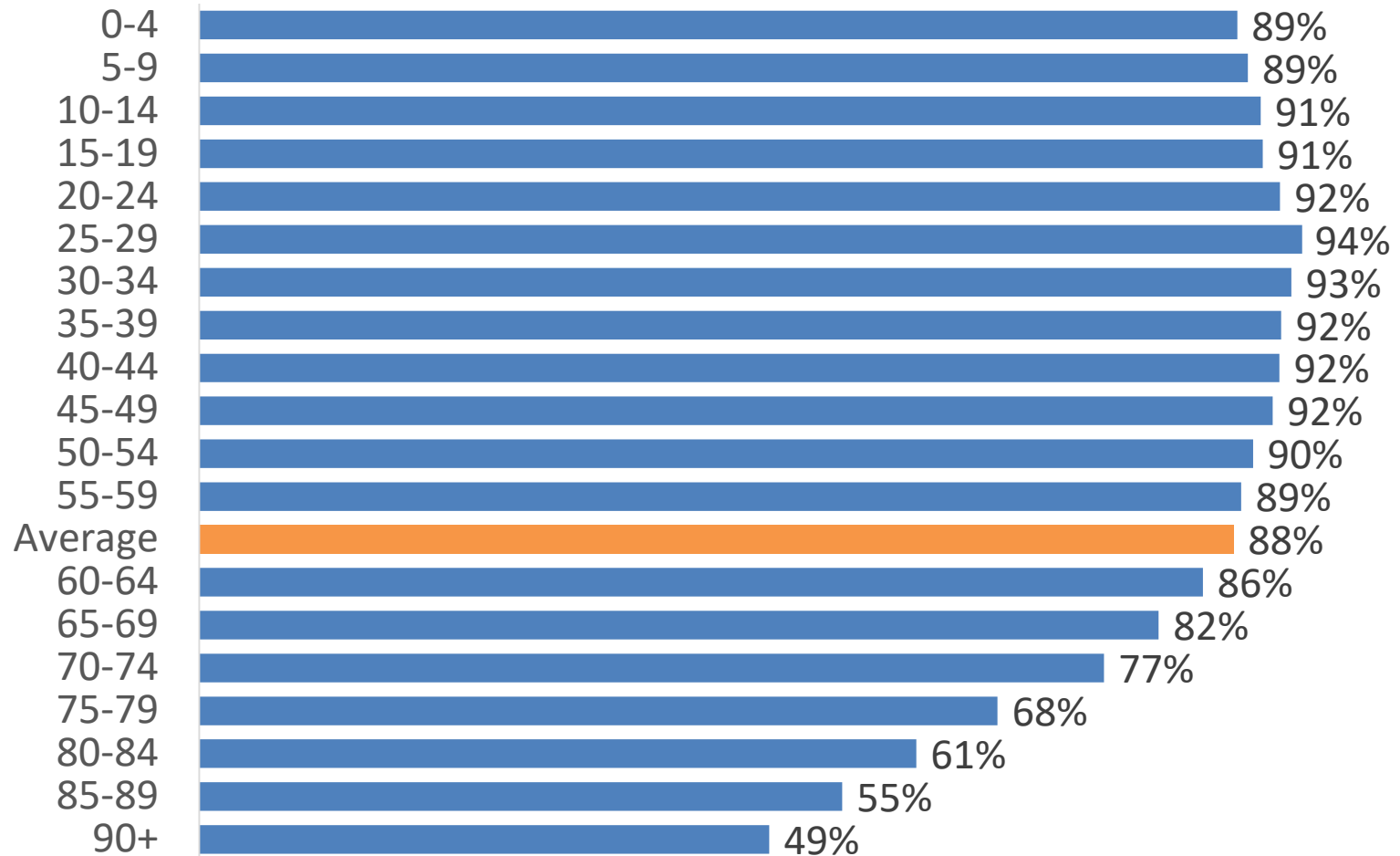
# Disconnected Older Adults

**1**  
**3**

New Yorkers Age 60+  
**Lack internet access at home**

**≈ 400,000** people

# Home Internet Access in NYC Decreases with Age Cohort



Source: U.S. Census, American Community Survey, 2015-2019 5-year Estimates. Tabulated using IPUMS.

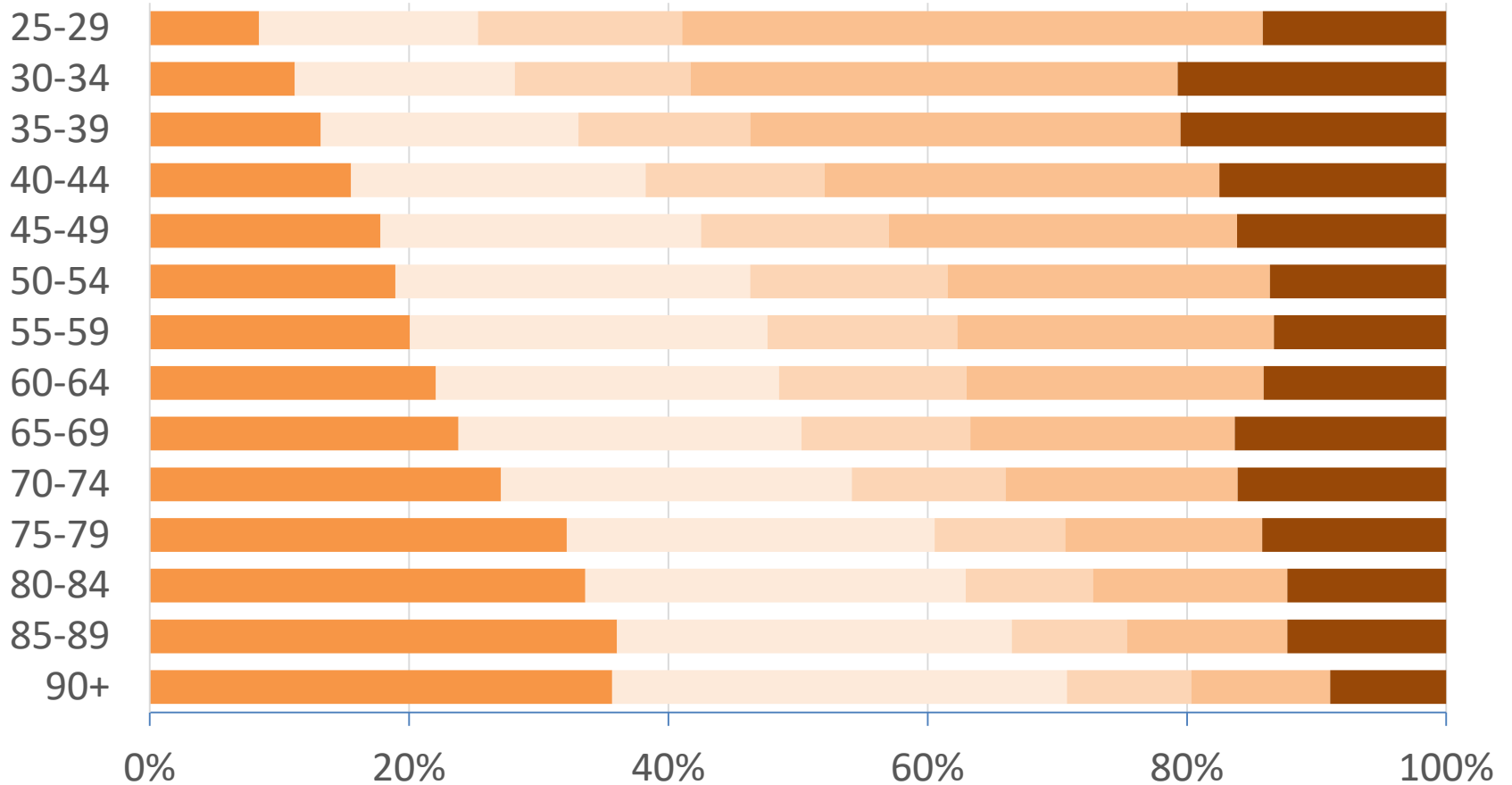
# Home Internet Access in NYC Drops by Cohort & Level of Education

	Less than HS	HS or GED	Some college	Bachelors or Associates degree	Graduate degree	TOTAL
60-64	75%	82%	88%	92%	96%	86%
65-69	69%	77%	87%	90%	94%	82%
70-74	63%	71%	85%	87%	94%	77%
75-79	55%	64%	75%	80%	88%	68%
80-84	52%	57%	67%	71%	79%	61%
85-89	48%	50%	57%	62%	76%	55%
90+	46%	45%	55%	50%	61%	49%
Total	63%	71%	82%	86%	91%	76%

Source: U.S. Census, American Community Survey, 2015-2019 5-year Estimates. Tabulated using IPUMS.

# Education Decreases by Cohort in NYC

Level of Education → ■ < HS ■ HS or GED ■ Some college ■ Bachelors or Associates ■ Graduate Degree



Source: U.S. Census, American Community Survey, 2015-2019 5-year Estimates. Tabulated using IPUMS.



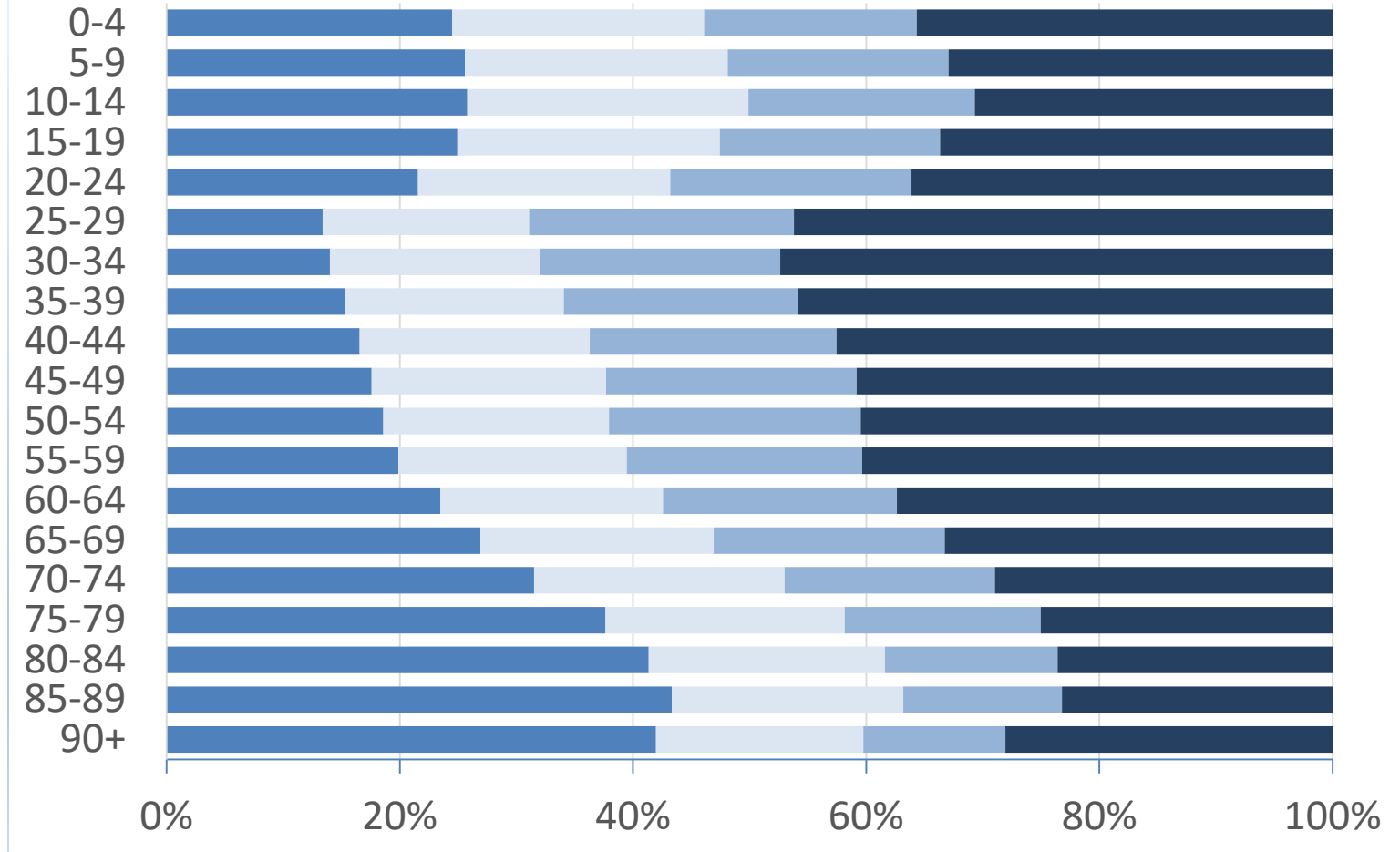
# Home Internet Access in NYC Drops by Cohort & Household Income

	>\$29,999 per year	\$30,000- \$59,999	\$60,000- \$99,999	\$100,000+	TOTAL
60-64	80%	89%	94%	96%	86%
65-69	76%	87%	92%	96%	82%
70-74	70%	84%	92%	96%	77%
75-79	63%	74%	85%	92%	68%
80-84	57%	69%	75%	88%	61%
85-89	51%	62%	71%	80%	55%
90+	46%	54%	60%	70%	49%
Total	69%	83%	90%	94%	76%

Source: U.S. Census, American Community Survey, 2015-2019 5-year Estimates. Tabulated using IPUMS.

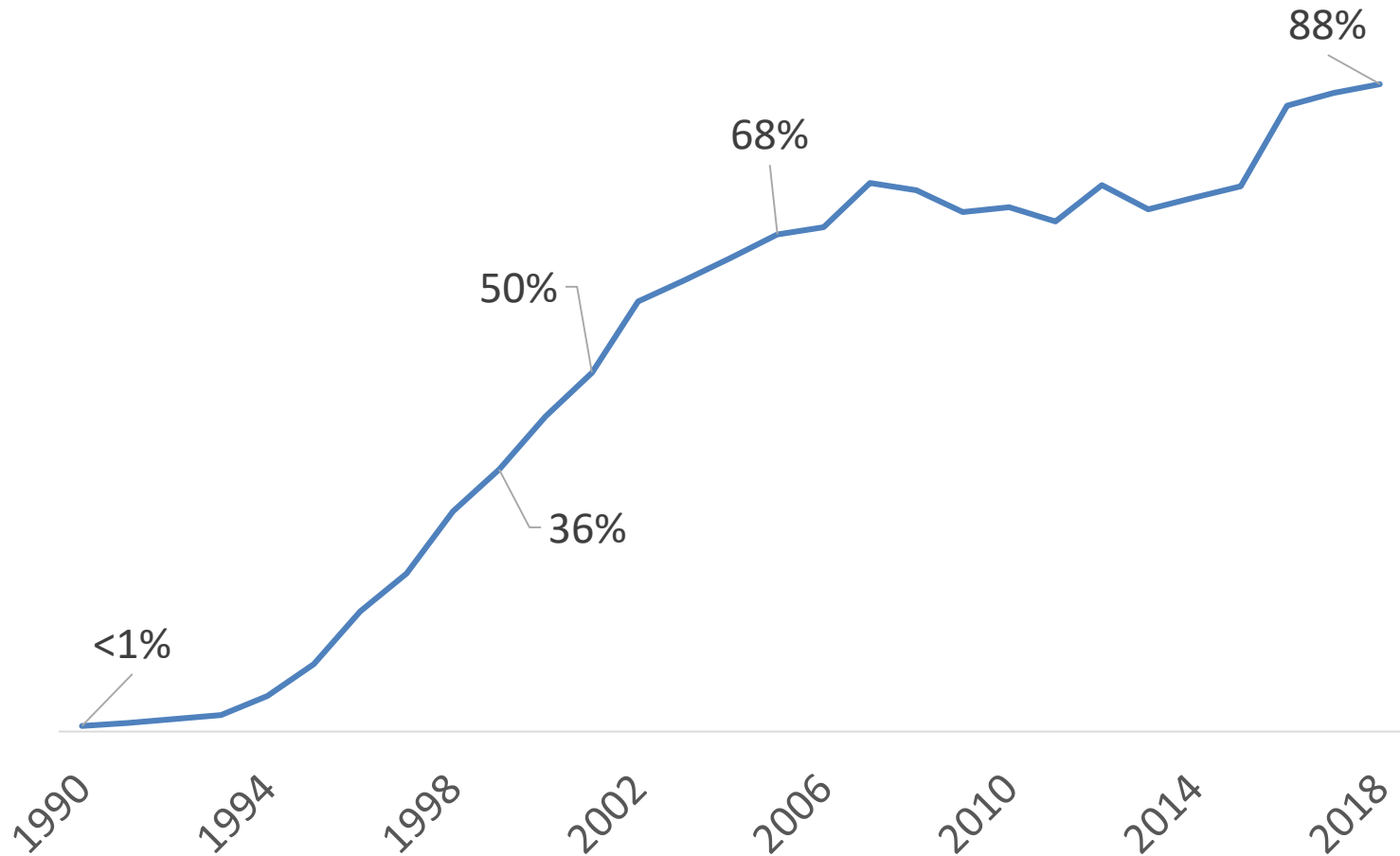
# Older NYC Households are Poorer

Household Income → ■ >29,999 ■ 30,000-59,999 ■ 60,000-99,999 ■ 100,000+



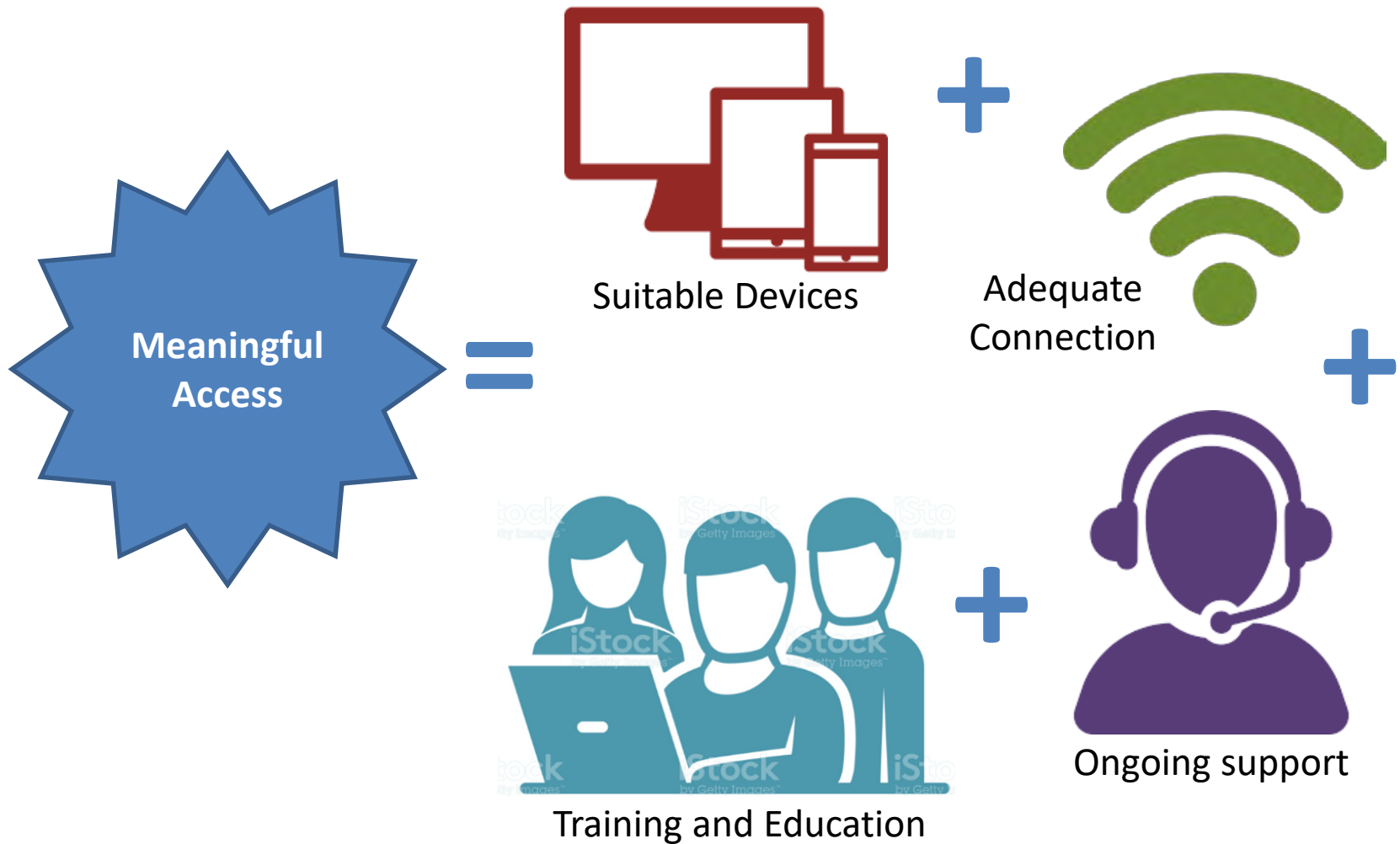
Source: U.S. Census, American Community Survey, 2015-2019 5-year Estimates. Tabulated using IPUMS.

# Share of U.S. Population Using the Internet



Source: The World Bank, International Telecommunication Union (ITU) World Telecommunication/ICT Indicators Database.

# Meaningful Access to the Internet



Source: gonzález-rivera, christian, & Finkelstein, R. (2021). Meaningful Access: Investing in Technology for Aging Well in New York City. Brookdale Center for Healthy Aging.

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