

SILVER STUDY AMONG OLDER NEW YORKERS: SUMMARY OF FINDINGS ROUND 2

BACKGROUND

Since the onset of the COVID-19 pandemic, at least 1 in 4 New York City (NYC) residents have been infected with SARS-CoV-2, the virus that causes COVID-19.¹ While COVID-19 vaccines have reduced morbidity and mortality from COVID-19, older adults are still at higher risk of hospitalization and death: compared to those 18-29 years old, risk of death is 60-fold higher among those aged 65-74, 140-fold higher in those aged 75-84, and 330-fold higher in those aged 85 years and older.² To mitigate risk, older adults are strongly encouraged to seek vaccination and booster doses as well as to employ non-pharmaceutical interventions such as reducing social contact, with the latter potentially having negative effects on their mental health.³ Previous studies have shown that among adults aged 60 years and older who live at home, depression symptoms were more than three times as common in the United States during COVID-19 than they were before the pandemic, and people who had less access to social support, lower income, and/or were exposed to more stressors (e.g. financial problems) reported depressive symptoms more often.⁴

To better understand the challenges of the COVID-19 pandemic on older adults living at home in NYC, we conducted a second phone survey among a cohort of older New Yorkers aged 70 years or older (70+). The findings from this second survey build on a prior survey entitled SARS-CoV-2 Impact on Lives and Views of Elderly Residents (“SILVER Study”)⁵. For the second round, we called Round 1 participants to invite them to participate in Round 2 and enriched the cohort with additional Asian older adults, a group that was under-represented in the first round of data collection.

1. Qasmieh SA, Robertson MM, Teasdale CA, Kulkarni SG, Nash D. Estimating the period prevalence of SARS-CoV-2 infection during the Omicron (BA.1) surge in New York City (NYC), January 1-March 16, 2022. *Clin Infect Dis*. 2022 Aug 12:ciac644

2. Risk for COVID-19 Infection, Hospitalization, and Death By Age Group. Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

3. Baker MG, Wilson N, Anglemyer A. Successful Elimination of Covid-19 Transmission in New Zealand. *N Engl J Med*. 2020 Aug 20;383(8):e56.

4. Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. *JAMA network open*, 3(9), e2019686. <https://doi.org/10.1001/jamanetworkopen.2020.19686>

5. Greenleaf, A. R., Millington, M., Chan, K., Reyes, M., Farley, S. M., Low, A., Hoos, D., & El-Sadr, W. M. (2022). Effect of COVID-19 Pandemic on Older New York City Residents Living at Home. *Journal of community health*, 47(2), 361–370. <https://doi.org/10.1007/s10900-021-01061-5>

METHODS

From February – March 2022, we followed-up with participants who completed the SILVER Round 1 survey (Dec 2020 – March 2021). Those eligible for Round 1 were residents of New York City, 70 years or older with phone landline and those who consented to future follow-up, were contacted to participate in Round 2.

In addition, the cohort was enriched with a new cohort of Asian older adults. For this group, the sample frame of landline phone numbers consisted of seven Asian-majority neighborhoods in Queens, Brooklyn and Manhattan. Phone numbers were linked to public records to identify the age of the person associated with the phone number and flagged if the phone number was associated with a presumed Asian surname.

Overall, interviews were offered in English, Spanish, Creole, Cantonese, Mandarin and Korean but were mainly completed in English. All results were weighted to account for survey design, eligibility, nonresponse rates, and post-stratification.

Due to small numbers, Asian participants enrolled during Round 1 are included in other racial and ethnic group. Overall estimates do not account for the newly enrolled Asian participants due to a different sampling and weighting approach but do account for the Asian participants in the “in another way” racial and ethnic group. The Asian participants in the Round 2 cohort are referred to as “Asian participants” in the Round 2 results.



RESULTS

ENROLLMENT & CHARACTERISTICS OF ROUND 2 STUDY PARTICIPANTS

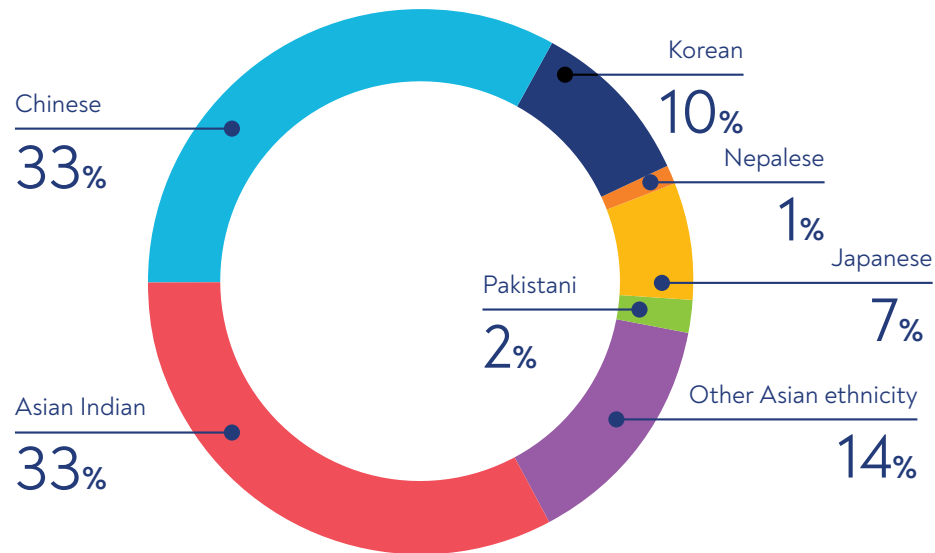
- Of the 602 participants who agreed to follow-up from Round 1, 297 (53%) completed Round 2 (2.5% AAPOR Response Rate #3)⁶. Attrition did not differ by race, ethnicity, age, income or borough
- Median age of participants was 76 years. Almost two thirds of the participants (62%) were adults aged 70-79 and 38% were over age 80
- Survey participants were 61% women and 39% men
- Forty-one percent of participants were White, 23% Black, 19% Latinx, and 17% another race or ethnicity. Anyone who was not White, Black or Latinx were included in the latter group
- Twenty-nine percent of participants lived in Brooklyn, 29% in Queens, 22% in Manhattan, 15% in the Bronx and 6% in Staten Island
- Ninety-three percent were heterosexual, and 7% were gay, lesbian, bisexual or another sexual orientation
- Forty-five percent were married, 23% widowed, 15% never married, 13% divorced, and 4% separated
- No limitation to daily activities due to a health problem or disability was noted by over half (54%), while 19% indicated that daily activities were limited “a lot” and 27% were limited “a little”
- Thirty-two percent of participants had left their home in the past week, 26% had left on more than half of days, 36% less than half of the days, and 6% not at all

6. AAPOR Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf Accessed 3 June 2021.

ENROLLMENT & CHARACTERISTICS OF ROUND 2 ASIAN PARTICIPANTS

- A total of 64 Asian participants were newly enrolled for a response rate of 2.9% (AAPOR Response Rate #4)
 - Median age was 76 years and over two thirds of the participants (72%) were adults aged 70-79 and 28% were over age 80
 - Participants were 45% women and 55% men
 - The sample was ethnically diverse: Asian-Indians comprised 33% of the sample, Chinese 33%, Korean 10%, Japanese 7%, Pakistani 2%, Nepalese 1% and another ethnicity 14%
- Ninety-two percent of participants lived in Queens, 6% in Manhattan and 2% in Brooklyn
 - Sixty-nine percent were married and 31% never married, divorced, widowed, or separated
 - Sixty-six percent had a college degree, 22% had a graduate degree, 12% had high school diploma or less
 - Eight percent of participants had not left their home in the past week, 47% percent had left on 1-2 days, and 46% on 3-4 days

FIGURE 1. DISTRIBUTION OF ASIAN ETHNICITIES AMONG NEWLY ENROLLED PARTICIPANTS

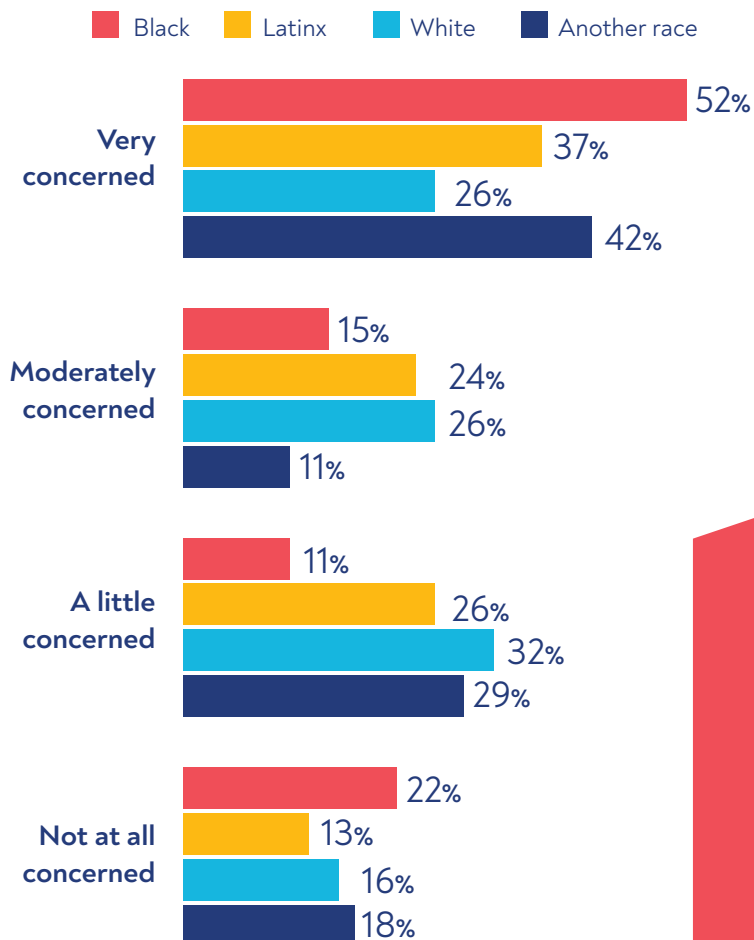


COVID-19 EXPOSURE, TESTING AND TEST POSITIVITY

- Overall, 37% of participants reported being “very concerned” about getting COVID-19, 44% of those aged 70-79 and 27% of those aged 80 and older
- Fourteen percent of participants had ever tested positive for COVID-19, with 30% Latinx participants ever testing positive, compared to 22% of Asian, 11% of White and Black participants. During Round 1, 12% of participants reported ever testing positive
- Among the 80% of participants who had been tested for COVID-19 in the past year, 15% had tested at home and 77% had tested at a pharmacy or a testing center
- White participants more often reported testing at home (26%) compared to Black (7%), Latinx (7%) or participants of another race (9%)
- Among Black participants, 23% personally knew five or more people who had been diagnosed with COVID-19, compared to 49% among White, 43% among Latinx, 40% of Asian and 43% of participants of another race

FIGURE 2. CONCERN ABOUT GETTING COVID-19 BY RACE AND ETHNICITY
AMONG OLDER NYC ADULTS, FEB-MARCH 2022

FEWER WHITE PARTICIPANTS WERE “VERY CONCERNED” ABOUT GETTING COVID-19





COVID-19 AND INFLUENZA VACCINATION

- Overall, 86% of participants reported being fully vaccinated against COVID-19 with 97% of Asians, 92% of white, 88% of Black, 80% of Latinx and 72% of participants of another race
- Among the fully vaccinated, 88% overall reported having received a booster dose; 92% of White, 91% of Asian, 82% of Latinx, 79% of Black participants and 99% of those of another race
- Between Round 1 and Round 2, there was an overall 28-percentage point increase in COVID-19 vaccination. All races showed an increase in vaccination uptake. The

greatest increase was among Black participants, with a 45-percentage point increase, resulting in 88% of Black participants being fully vaccinated. Vaccination among Latinx participants increased 21% (59% in 2021, 80% 2022) and increased 23% for White participants (69% 2021, 92% 2022). The smallest increase (14% points) was among participants of another race

- Sixty-one percent of participants reported receipt of the influenza vaccine; 69% of White, 67% of Latinx, 65% of Asian, 54% of Black and 45% of participants of another race. Thirteen percent of all participants reported intention to get vaccinated, and 26% did not plan to receive influenza vaccination

**FIGURE 3. COVID-19 VACCINATION AND BOOSTER BY RACE AND ETHNICITY
AMONG OLDER NYC ADULTS, FEB-MARCH 2022**

VACCINATION RATES AMONG BLACK AND LATINX PARTICIPANTS WERE LOWER THAN RATES AMONG OTHER GROUPS

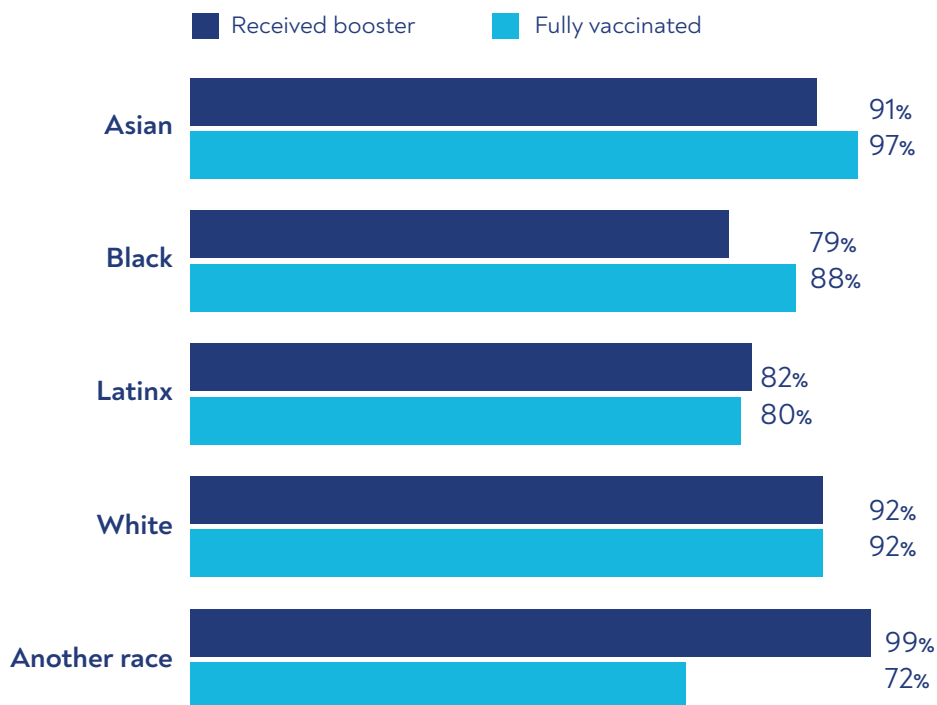
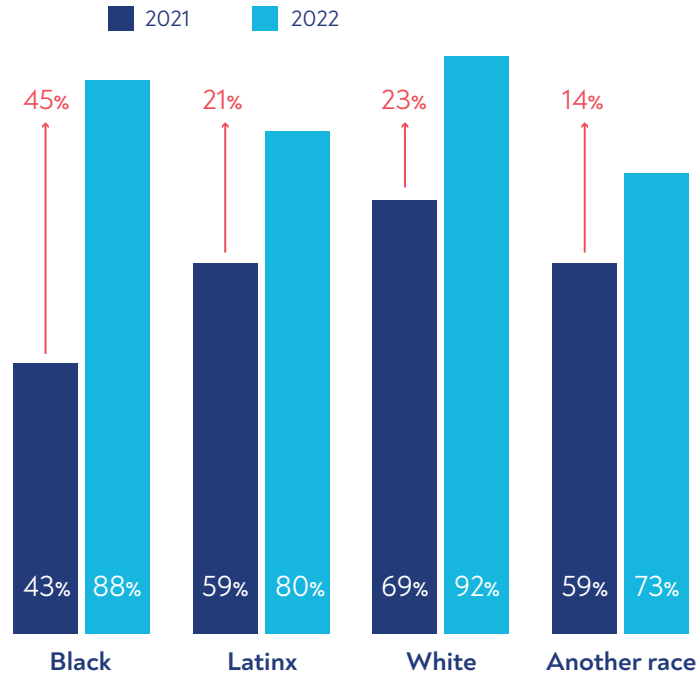


FIGURE 4. PERCENTAGE POINT CHANGE IN COVID-19 VACCINATION RATES FROM 2021- 2022 AMONG OLDER NEW YORKERS BY RACE AND ETHNICITY

GREATEST INCREASE IN VACCINATION RATE WAS AMONG BLACK PARTICIPANTS



INFORMATION AND ACCESS TO COVID-19 VACCINATION

- Eighty-four percent of participants reported knowing where to get accurate, timely information about COVID-19 vaccines
- Fifty-seven percent of participants reported they were getting enough information about COVID-19 vaccines, 15% were not getting enough, and 28% reported getting too much information
- A third (35%) of participants had seen or heard information about the COVID-19 vaccine that they could not determine whether it was true or false; including 30% of White and Latinx, 39% of Black and 44% of participants of another race
- Seventy-eight percent of participants had no difficulty in accessing COVID-19 vaccine booster doses

ACCESS TO THE INTERNET AND USE OF SOCIAL MEDIA

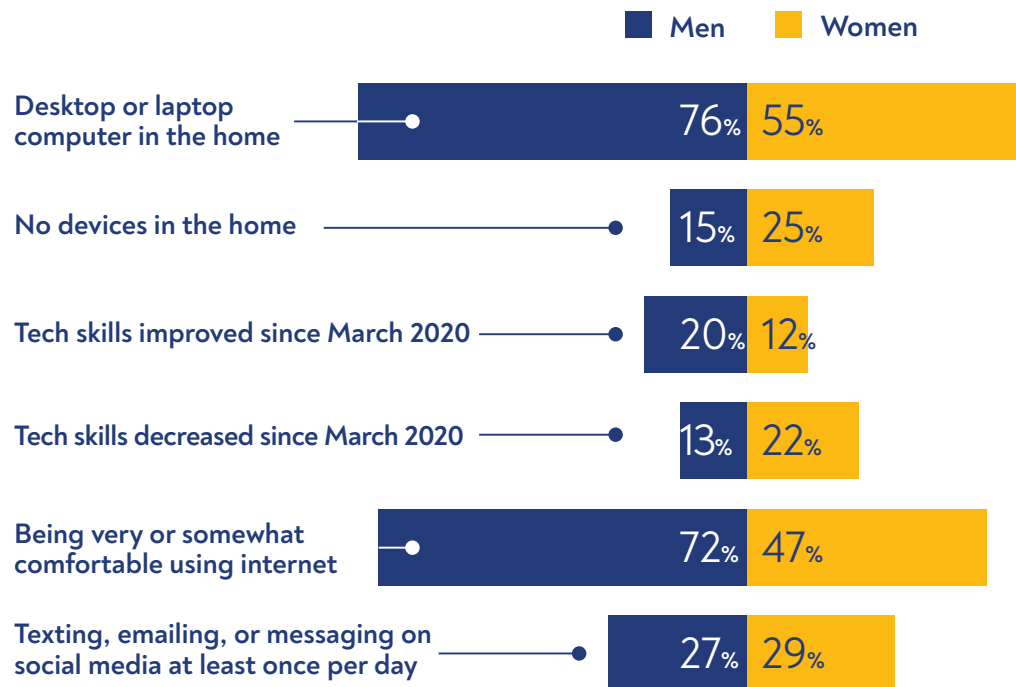
- Seventy-nine percent of participants have computers, smartphones, or tablets in their homes; 74% of those 80 and older and 82% of those aged 70-79
- Access to such technology did not change between Round 1 and Round 2 of the survey
- Ninety-eight percent of Asian participants had a computer, smartphone or tablet, with no difference between those aged 70-79 and those aged 80 years and older
- Fifty-six percent of participants were “very” or “somewhat” comfortable accessing the internet via computer or mobile phone, and 44% were “somewhat” or “very uncomfortable”. More men (72%) than women (47%) were “very” or “somewhat comfortable” accessing the internet
- Sixty-four percent of White participants were “very” or “somewhat comfortable” accessing the internet compared to 56% of Black, 49% of Latinx, and 45% of participants of another race
- Fifty-seven of participants thought their ability to access the internet has stayed the same since the beginning of the COVID-19 pandemic, 16% thought it had increased, 19% thought it decreased, and 9% were unable to gauge their skill
- Twenty-two percent of women thought their ability to access the internet decreased compared to 13 percent of men. Twenty percent of men thought their internet skills increased while 12 percent of women thought the same
- Fifty percent of participants reported using social media less than once a week, 22% at least weekly, and 28% at least once a day or more. Among those aged 70-79, 33% reported using social media at least once a day, 21% at least weekly, and 46% less than once a week while among participants aged 80 and older, 21% reported using social media at least daily, 23% at least once a week, and 56% less than once a week
- Black and Latinx participants reported least frequent use of social media, with 56% and 58%, respectively, using social media less than once a week, while 51% of participants of another race and 44% of white participants reporting such infrequent use



79%
of participants
have computers,
smartphones, or
tablets in their
homes

FIGURE 5. DIGITAL GENDER GAP AMONG OLDER NYC ADULTS, FEB-MARCH 2022

WHILE THE MAJORITY OF PARTICIPANTS HAVE A DIGITAL DEVICE AT HOME, TECHNOLOGY SKILLS AND CONFIDENCE DIFFER BETWEEN MEN AND WOMEN



TELEHEALTH USE

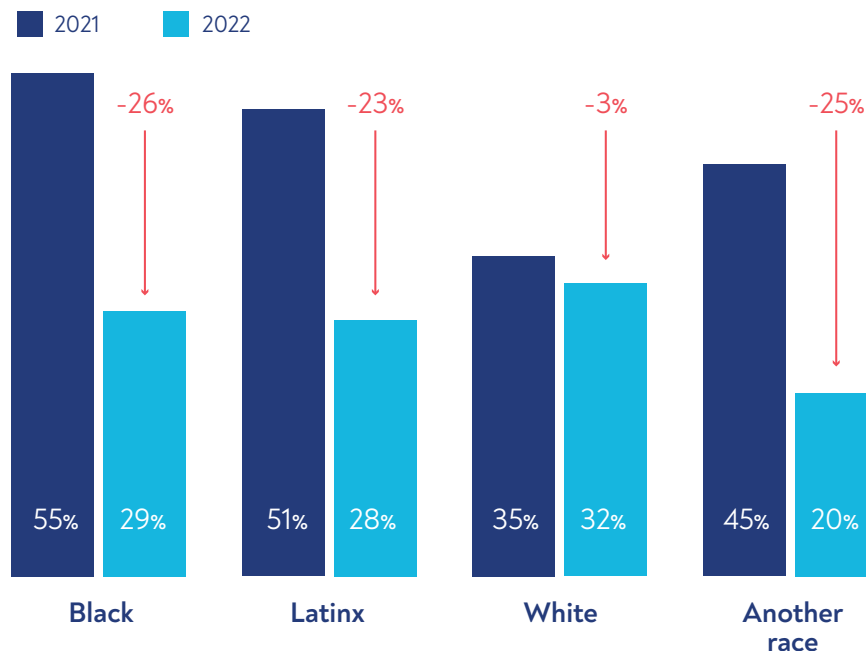
- Forty-one percent of participants “strongly” or “somewhat” agreed that telehealth visits are of the same quality as in-person visits, and 59% disagreed “strongly” or “somewhat” with this statement.
- Most White (68%) and Black (62%) participants reported not agreeing with the statement that telehealth and in-person visits were of similar quality, compared to 44% of Latinx participants and 47% of participants of another race.
- Seventy-two percent of participants had not had a telehealth appointment with a provider in the past 3 months, while 28% had a telehealth appointment
- Telehealth use decreased between Round 1 and Round 2 by 16 percentage points among participants; by 26% points among Black, by 23% points among Latinx participants and by 3% points among White participants

- During Round 1, 44% of participants 70-79 and 80+ reported telehealth use. In contrast, in Round 2, 35% of those 70-79 reported telehealth use and 23% of those 80+
- Among participants who had a telehealth visit, phone telehealth visits were most frequent (47%), followed by both video and phone (36%), and those by video only (17%)
- Twenty-six percent of White telehealth users had a video visit in the last three months, compared to none of Black, 6% of Latinx, 22% of participants of another race had such a visit.
- Among those who did not have a telehealth visit in the past 3 months, 40% indicated that this was due

to feeling more comfortable with in-person visits and 40% had a medical appointment that required in-person care. Fifty percent of White participants and 43% of participants of another race indicated that they were comfortable going to in-person care. The main reason for not having a telehealth visit among Black participants (66%) was that their medical appointments required in-person care. For Latinx participants, the main reasons were due to feeling more comfortable with in-person visits (38%) and requiring in-person care (36%)

FIGURE 6. PERCENTAGE POINT CHANGE IN TELEHEALTH USE AMONG OLDER NEW YORKERS BY RACE AND ETHNICITY

BLACK AND LATINX PARTICIPANTS REPORTED LARGEST DECREASE IN USE OF TELEHEALTH BETWEEN 2021-2022



DEPRESSION, ANXIETY, LONELINESS & RESILIENCE

- Overall, 20% of participants screened positive for depression⁷ and 20% for anxiety⁸
- Twenty-nine percent of Latinx participants screened positive for anxiety and 28% for depression compared to Black (24%; 21%), White (12%; 13%), Asian (19%; 18%) and participants of another race (22%; 30%)
- Both depression and anxiety differed by income. No participants with income greater than \$100,000 annually screened positive for anxiety, and 2% screened positive for depression while 30% of participants with an annual income less than \$25,000 screened positive for anxiety and 40% screening positive for depression
- Six percent of participants with a graduate degree screened positive for anxiety, and 9% screened positive for depression while for those with less than a high school education, 43% screened positive for anxiety and 49% for depression
- Among those whose daily activities were limited “a lot” because of a health problem or disability, 55% screened positive for depression while 25% of those whose activities were limited “a little” screened for depression, and 6% of those whose activities were “not limited” screened positive for depression
- Fifty-two percent of those whose activities were limited “a lot” screened positive for anxiety, 18% among those whose activities were limited “a little”, and 8% of those whose activities were “not limited”
- Among participants born in the US and those born in another country, 14% and 28%, respectively, screened positive for depression and 14% and 26% for anxiety, respectively
- Among Asian participants, positive screen for depression and anxiety was higher among those born in another country (12% depression, 13% anxiety) compared to those born in the US (0%; 0%)
- Eight percent of participants reported being lonely; 22% of Latinx, 8% of those of another race, 7% of Black and 4% of White participants. Loneliness was reported by 29% of those with less than a high school education and 17% of those with an annual household income less than \$25,000
- Seventy-seven percent of Asian participants reported interacting with people “a lot less” since the beginning of the COVID-19 pandemic
- Twenty-eight percent of participants reported using older adult centers before the pandemic
- Among those who visited older adult centers before the pandemic, 41% have since returned to the centers; 31% of Latinx, 39% of White and Black, and 63% of participants of another race
- Sixty-three percent of participants reported good resilience⁹; 60% of White, 61% of Black, 67% of Asian and 61% participants of another race, and 74% of Latinx participants reported good resilience
- Good resilience was reported by 56% of married and 69% of non-married participants. Good resilience was reported by 86% of participants with less than high school education, 64% of those with high school degrees or general education diplomas, 62% of those with a college or university degree and 56% of those with graduate degree or higher
- The percentage of White participants who screened positive for depression and anxiety decreased between Round 1 and Round 2 (-2% and -3%) whereas depression and anxiety increased among Black (+6%, +8%) and participants of another race (+14%, +8%). Depression decreased among Latinx participants (-1%), but anxiety increased (+9%)

7. Depression: A score of 3 or greater on the Patient Health Questionnaire-2 (PHQ-2) screener was used to assess prevalence of depressive symptoms. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care*. 2003;41:1284-92

8. Anxiety: a score of 3 or greater on the Generalized Anxiety Disorder-2 (GAD-2) screener was used to determine prevalence of anxiety. Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med*. 2007;146:317-25.

9. Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. and Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine*, 15, 194-200.

FIGURE 7. MENTAL HEALTH AND RESILIENCE BY MOBILITY AMONG OLDER NYC ADULTS, FEB - MARCH 2022

PARTICIPANTS WITH HIGHLY LIMITED MOBILITY HAD HIGHER RATES OF DEPRESSION, ANXIETY BUT BETTER RESILIENCE

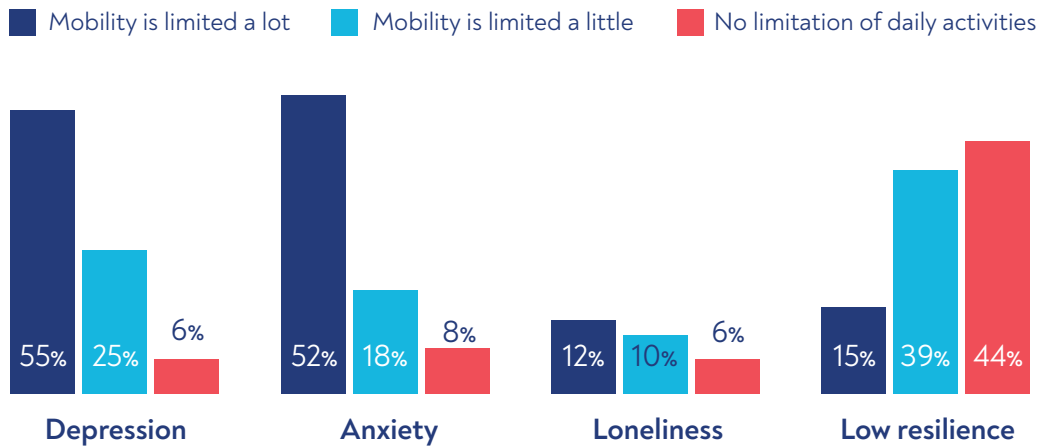


FIGURE 8. PERCENTAGE POINT DIFFERENCE IN PREVALENCE OF DEPRESSION AND ANXIETY BY RACE AND ETHNICITY BETWEEN 2021 & 2022, AMONG OLDER NEW YORKERS

ADVERSE MENTAL HEALTH OUTCOMES DECREASED AMONG WHITE PARTICIPANTS AND INCREASED AMONG OTHER GROUPS

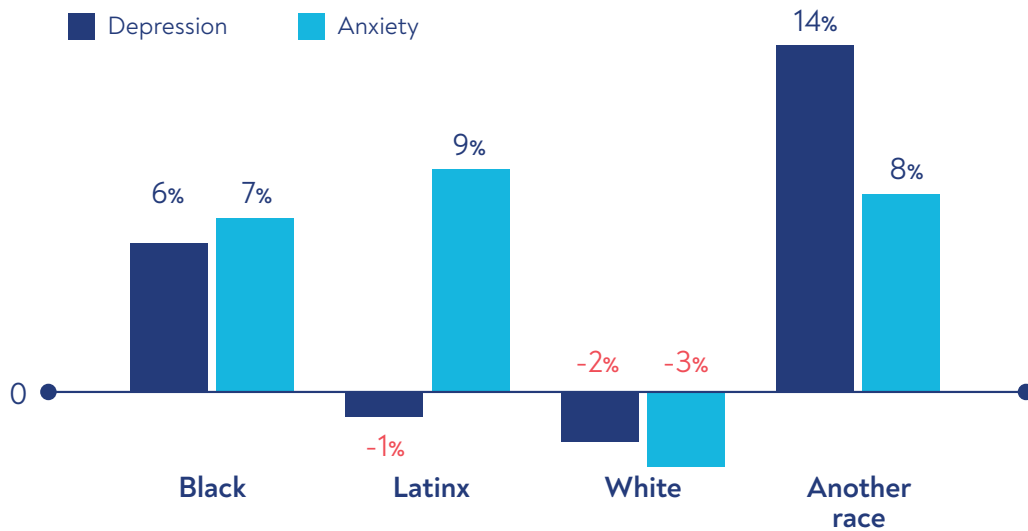
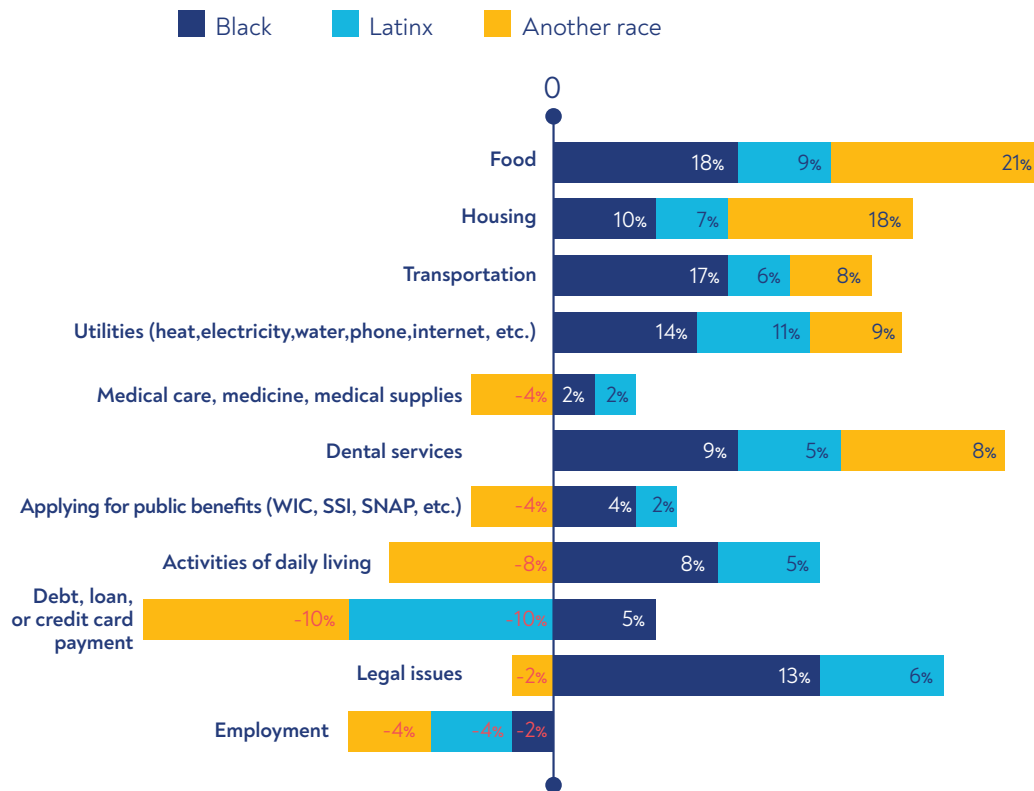


FIGURE 9. PERCENTAGE POINT DIFFERENCE BETWEEN WHITE PARTICIPANTS REPORTING NEED FOR ASSISTANCE AND EACH RACIAL OR ETHNIC GROUP

BLACK PARTICIPANTS MOST OFTEN EXPRESSED MORE NEED THAN LATINX OR THOSE OF ANY OTHER RACE AND ETHNICITY



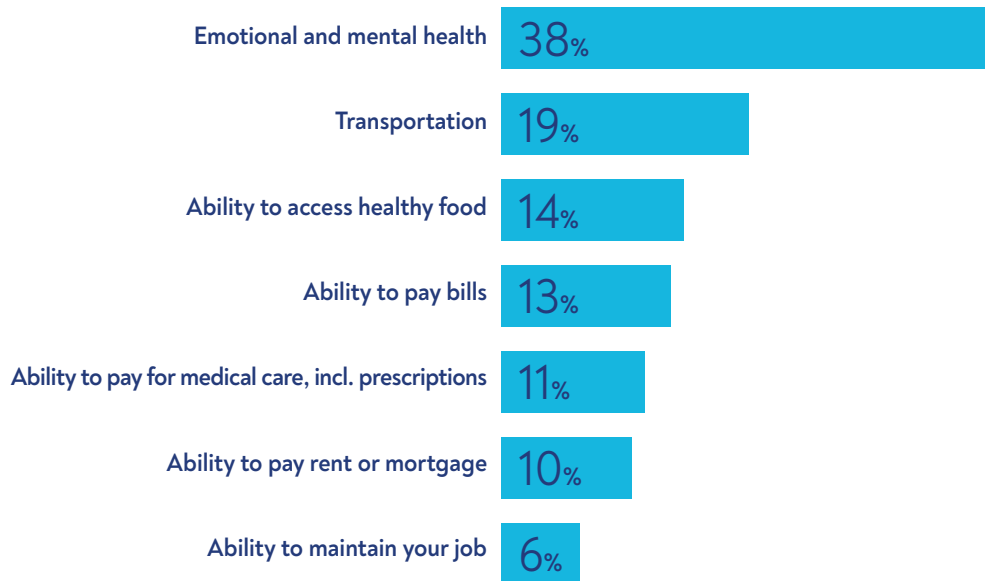
SOCIAL ASSISTANCE

- Twenty percent of Black, 21% of White, 25% of Latinx and 22% of participants of another race reported currently receiving social or living assistance such as housing, food transportation or with payment for utilities
- Nineteen percent of participants aged 70-79 needed assistance with food compared to 10% among those aged 80 and older
- Three percent of those aged 80 or older and 19% and 17% of those aged 70-79 indicated need for housing assistance and assistance with cost of utilities
- Twenty-three percent of participants aged 70-79 years and 37% of those 80 years and older reported needing assistance with transport
- White participants generally reported less need for assistance than participants of other races or ethnicities. The biggest gap between White participants and those of another race was need for food, with Black (+18% points), Latinx (+9% points), and participants of another race (+21% points)



**FIGURE 10. NEGATIVE EFFECTS OF COVID-19 ON OLDER NYC ADULTS,
FEB-MARCH 2022**

THE MOST FREQUENTLY CITED EFFECT WAS EMOTIONAL AND MENTAL HEALTH



NEGATIVE EFFECTS OF COVID-19

- Fifty-five percent of participants indicated that COVID-19 had “a lot” or “somewhat” negatively affected their life; 48% of Latinx, 49% of Asian, 60% of Black, 64% of White, and 38% of participants of another race
- Thirty-eight percent of participants indicated that COVID-19 affected their emotional and mental health; 46% of Latinx, 43% of White, 30% of Black and 24% of participants of another race
- Twenty-nine percent of Asian participants reported that COVID-19 created financial problems for them or their household
- While fewer White participants reported negative effects of COVID-19 in Round 2 compared to Round 1 (-8%), the percent reporting negative effects changed minimally for Black (+3%) and Latinx (-2%) participants and increased for participants of another race (+9%)

FIGURE 11. SOURCE OF SUPPORT FOR ASIAN OLDER ADULTS, FEB-MARCH 2022

FAMILY IS THE GREATEST SOURCE OF SUPPORT

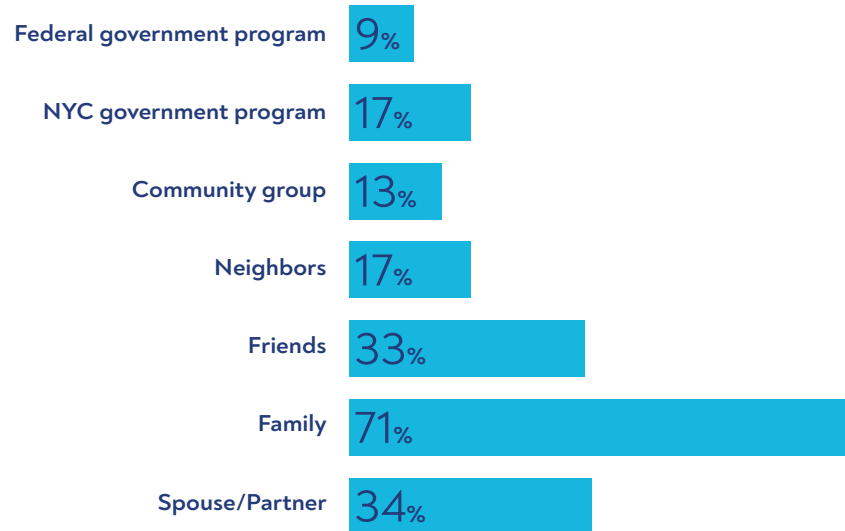
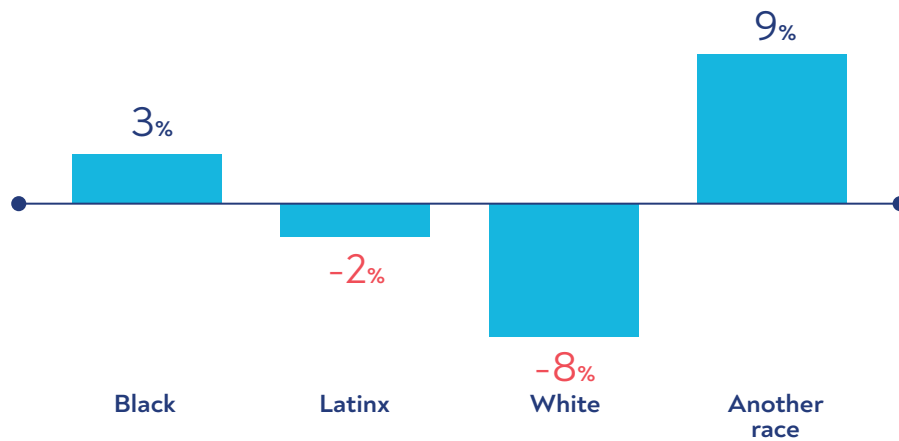


FIGURE 12. PERCENTAGE POINT CHANGE IN REPORT OF NEGATIVE IMPACT OF COVID-19 ON LIFE BY RACE AND ETHNICITY AMONG OLDER NEW YORKERS, 2021- 2022

FEWER WHITE PARTICIPANTS IN ROUND 2 REPORTED NEGATIVE IMPACT COMPARED TO ROUND 1



CONCLUSIONS

- Education, income, race and ethnicity were associated with key health outcomes – in particular mental health. Reporting evidence of depression and anxiety remain higher than pre-pandemic levels and between SILVER Round 1 and Round 2, anxiety increased for Black, Latinx and participants of another race
- Access to and comfort with use of the Internet, an important resource for communication and access to health services, differed by sex with fewer women than men having access to technology and having lower confidence in their technology skills. Improving women's digital literacy could have positive ramifications for COVID-19 information access and access to health needs
- Need for in-person health services and mode of telehealth differed by race. Black, Latinx and participants of another race were mainly accessing telehealth through phone calls, whereas 70% of White participants' telehealth usage had a video component. Furthermore, people of color required in-person care more frequently than White participants, limiting the value of telehealth visits
- Participants with limited mobility and/or who did not often leave their homes were particularly vulnerable to adverse mental health outcomes and should be a priority for supportive programs
- While access to information regarding vaccination was high, a substantial percent of participants had recently struggled to discern the accuracy of available information. This highlights the need to improve older adults' ability to identify accurate and reliable sources of COVID-19 information



SILVER WAS GUIDED BY AN ADVISORY GROUP. MEMBERS OF THE GROUP ARE AS FOLLOWS.

Linda P. Fried, MD, MPH – Dean, Columbia's Mailman School of Public Health, DeLamar Professor of Public Health Practice, Professor of Epidemiology and Medicine and Senior VP of Columbia University Medical Center.

Oxiris Barbot, MD – Senior Fellow for Public Health and Social Justice with the JPB Foundation, Adjunct Assistant Professor at the Mailman School of Public Health.

Lorraine Cortés-Vásquez, MPA – Commissioner, NYC Department for the Aging; President, Aging in New York; Board of Trustees, CUNY

Ruth Finkelstein, ScD – Rose Dobrof Executive Director, Brookdale Center for Healthy Aging, Hunter College; Professor at Hunter College's School of Urban Public Health; Adjunct professor Mailman School of Public Health.

Jennifer Rosen, MD – Director, Epidemiology and Surveillance, Bureau of Immunization, NYC Department of Health and Mental Hygiene.

Catherine Thurston, MSW, LCSW - Chief Program Officer, Service Program for Older People (SPOP)

FUNDING

This survey was supported by the New York Community Trust.

AUTHORS

Abigail R Greenleaf, Takura Kupamupindi, Shannon M Farley, Melissa Reyes, Kimberly Geoffrey, Daniel A Catano, David Hoos, Wafaa El-Sadr

SUGGESTED CITATION

Greenleaf AR, Kupamupindi T, Farley SF, Reyes M, Geoffrey K, Catano DA, Hoos D, El-Sadr W. **Round 2 SILVER Study Among Older New Yorkers: Summary of Findings.** ICAP at Columbia University. November 2022.

