

COMMENTARY

Sociodemographic and social network characteristics influenced feelings of loneliness in older adults during the COVID-19 pandemic

Commentary on “Changes in Social Lives and Loneliness During COVID-19 Among Older Adults: A Closer Look at the Sociodemographic Differences” by Choi *et al.*

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In this issue, Choi *et al.* (2023) present the results of an empirical study on changes in social lives and loneliness during the COVID-19 pandemic among 3804 older adults in the Health and Retirement Study (Choi *et al.*, 2023). The modern pandemics of loneliness and social isolation were exacerbated in part due to lockdown measures during the beginning of the COVID-19 pandemic. Literature suggests that loneliness increased relative to pre-pandemic times, though the pooled effect size was small when meta-analyzed over 19 longitudinal studies (Ernst *et al.*, 2022). Another meta-analysis found that loneliness (28.6%, 95% CI: [22.9%, 35.0%]) and social isolation (31.2%, 95% CI: [20.2%, 44.9%]) were endorsed by a sizeable proportion of older adults and that estimates increased further for studies set during the Fall and Winter of 2020 when COVID-19 mortality rates were particularly high (Su *et al.*, 2022). While meta-analyses provide an excellent, broad, picture of the state of the literature, they are often limited in their scope (rightfully so, due to concerns with heterogeneity) and also limited by the data collection timeframe. Choi *et al.* (2023) provide a more nuanced story to the previously published meta-analyses by offering an in-depth look at sociodemographic differences and changes in social network characteristics.

Similar to previous work, Choi *et al.* (2023) found that 28.6% of their older adult sample endorsed greater loneliness compared to before the COVID-19 pandemic. Social lives were impacted greatly even if loneliness was not endorsed. For example, 76% of the sample canceled family celebrations, 42% were unable to attend in-person

funerals, 29% were unable to visit a hospitalized family member, and 28% were unable to visit a family member in a care facility (Choi *et al.*, 2023). Specific sociodemographic groups were uniquely affected too. Women, identifying as non-Hispanic White, and adults with greater levels of education reported higher levels of loneliness during the COVID-19 pandemic compared to pre-pandemic times. Additionally, reporting limited in-person social contact with others from outside the household and having worse quality of relationships with family members and neighbors were associated with an increased risk of experiencing loneliness too (Choi *et al.*, 2023). These findings underscore the considerable social suffering that resulted during the COVID-19 pandemic and highlighted areas of vulnerability that may be associated with sociodemographic characteristics or the composition and quality of one’s social network.

As the authors note, Black and Latinx older adults did not report greater loneliness during the COVID-19 pandemic. This was surprising, as literature on Black-White and Latinx-White disparities in social network size, availability of social resources, social isolation, trauma from systemic and structural racism, and psychological health and well-being exist (Gauthier *et al.*, 2021; Jester *et al.*, 2023). In fact, Choi *et al.* (2023) found that a sizeable proportion of Black and Latinx adults felt *less lonely* during the COVID-19 pandemic. This may be explained in part by geographic homophily, otherwise known as spatial proximity. Literature suggests that Black and Latinx adults are more likely to live with kin than White adults (Reyes *et al.*, 2020; Sarkisian *et al.*,

2007) and are also more likely to maintain social contact with others who share their racial or ethnic identity than White adults (Smith *et al.*, 2014), which may include multigenerational households where members of the younger generation provide care (emotional, instrumental, physical, spiritual) for the older generation or vice versa (grandparents caring for dependent grandchildren). Increased social proximity to one's network – even if the quality of the relationships is poor – may buffer the determinantal social effects of voluntary or involuntary lockdowns. Another explanation may be due to differing cultural values surrounding familial expectations and community integration (Ojembe *et al.*, 2022; Tibiriçá *et al.*, 2022), which might affect social network size, relationship quality, and propensity for loneliness among Black and Latinx older adults.

Loneliness is not known to differ dramatically by gender identity across the lifespan (Maes *et al.*, 2019). However, Choi *et al.* (2023) found that older women endorsed greater loneliness than older men during the COVID-19 pandemic. Previous work found that older women aged 60+ years had 2.62 [95% CI: 1.33, 5.17] greater odds of endorsing loneliness than older men aged 60+ years during the COVID-19 pandemic, controlling for important social determinants of health such as marital status, income, education, cohabitation status, and employment (Wickens *et al.*, 2021). Reviews conclude that women experienced greater levels of loneliness than men during the COVID-19 pandemic and that those who lived alone were especially at risk for experiencing higher levels of loneliness (Ernst *et al.*, 2022). And while differences in the structural (e.g. limited social gatherings and in-person contacts), functional (e.g. receiving instrumental and emotional support), and quality (e.g. quality of familial and neighborhood relationships) aspects of our social network may influence feelings of loneliness (Choi *et al.*, 2023; Cohen-Mansfield *et al.*, 2016), a deeper understanding of gender-specific social and structural risk factors of loneliness is needed.

Goveas *et al.* (2022) examined 27,479 older women from The Women's Health Initiative before and during the COVID-19 pandemic. They found that increased loneliness during the pandemic was associated with having a history of depression or cardiovascular disease, being older, experiencing greater levels of stress, experiencing the death or serious illness of loved ones, living alone, or having a change in one's living situation, and social disconnection (Goveas *et al.*, 2022). Conversely, identifying as Black or Asian/Pacific Islander, engaging regularly in physical activity, having an optimistic outlook, and having a higher purpose in life were

associated with decreased loneliness during the pandemic (Goveas *et al.*, 2022). These findings suggest that loss, stressful life events, sickness, and disruptions to one's social life were associated with worsening loneliness, while racial identity, physical activity, and aspects of one's personality and outlook on life were associated with improving loneliness among older women. Both Choi *et al.*'s (2023) and Goveas *et al.*'s (2022) articles highlight the need for future treatments and policies to improve older women's social health, addressing vulnerabilities due to sickness, loss, and stress, but also investigating malleable, protective factors such as physical activity, optimism, and finding one's purpose in older age.

There are several notable limitations from Choi *et al.*'s (2023) study. First, small sample sizes of Black and Latinx older adults restricted the authors from examining the potential interactive effects of race and ethnicity on loneliness. Many epidemiological studies of aging have limited samples of marginalized racial and ethnic groups such as American Indian, Alaskan Native, Asian, and Native Hawaiian and Pacific Islander, and those who identify as immigrants or asylees. Understanding patterns of loneliness in these groups before and during the COVID-19 pandemic should be a future priority, given the disproportionately higher COVID-19 mortality rate in American Indian and Alaskan Native adults (Rossen *et al.*, 2021). The experiences of marginalized gender and sexuality identities (i.e. Lesbian, Bisexual, Gay, Transgender, and others) are also an important consideration that deserves greater attention in epidemiological cohort studies, as these groups may be especially prone to feelings of loneliness and are often subject to discrimination and social exclusion (Gorczyński and Fasoli, 2022). Longitudinal studies must be designed to collect adequate information from participants to determine gender identity (Hanes and Clouston, 2021). Additionally, a longer follow-up time with more frequent assessments would provide a better opportunity to test causal pathways and time-dependent effects. Strategies to improve outreach efforts to recruit more diverse samples include diversifying our research teams and tailoring our recruitment methods for the communities we are trying to reach and impact (Webber-Ritchey *et al.*, 2021). Developing community advisory boards to inform our questions and recruitment approaches is also key (Halladay *et al.*, 2017).

In conclusion, Choi *et al.*'s (2023) article on loneliness before and during the COVID-19 pandemic characterized the social struggles that many older adults endured. A sizeable proportion of older adults were unable to attend family celebrations, unable to attend funerals, visit family in the hospital,

or visit family in a care facility. In the United States, White older adults and women specifically were at greater risk of feeling lonely, and loneliness was heightened among those who had poor social network quality (family, neighbors) and limited in-person contact with others from outside of their household. While this paper provides an overview of the social impact of the COVID-19 pandemic, work is needed to better understand the protective/positive factors that lessened the risk of loneliness for Black and Latinx adults and the risk factors that exacerbated loneliness in older women. Future work should also evaluate the myriad of social determinants of health that impact the experience of loneliness such as racism and unstable living situations (Jester *et al.*, 2023).

Conflict of interest

None.

Description of authors' roles

D. J. Jester and H. Leutwyler wrote and edited the paper.

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