
COVID-19 Impact on Older Adults and the Disabled in Richmond, Virginia

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VCU Institute for Inclusion, Inquiry, and Innovation
Health and Wellness in Aging Populations Core



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About the Project

In Richmond and surrounding areas, health disparities are known to exist. Poverty rates and associated income-driven disparities, including access to healthy foods, transportation, and health care are high. Where a person lives impacts their access to resources and health care essential for daily living. In addition, disparities are higher for African Americans, even when income and education are factored in.^[1] COVID-19 brought immediate changes to the way communities and individuals navigated their daily lives. Lockdowns resulted in a new world experience for all of us; pathways for obtaining food and other essentials rising in importance as we determined new ways to live our daily lives. Social isolation became an immediate factor compounding individual's ability to cope with the pandemic, and increased use of technology was touted as a strategy to stay connected with family, friends, and health care. By the fall of 2020, it was apparent that for those who are disable, caring for the disabled, of increased age, or coping with health disparities prior to the pandemic, were experiencing increased risks related to known challenges prior to the Pandemic

During the initial phases of the COVID-19 Pandemic, the VCU Institute for Inclusion, Innovation and Inquiry (iCubed) Health and Wellness in Aging Populations Core received internal funding to support an assessment of one hundred individuals in the Richmond area served by the VCU Richmond Health and Wellness Program.^[2] With the successful implementation of this initial survey, the iCubed Health and Wellness Core partnered with Senior Connections and Resources for Independent Living with a clearly identified need to gather information to help guide service, resource, and supportive interventions for older adults and the disabled in the Richmond and surrounding areas, most of whom resided where social determinants impact their ability to sustain quality of life during the pandemic. The goal of the partnership was to assess individuals to determine the need for targeted resource and program enhancement for the more vulnerable populations in Richmond and surrounding areas in response to true community identified need.

Methodology

This report presents the results of a cross-sectional survey utilizing a convenience sample of older adults and disabled individuals.

Survey Instruments

The survey administered for this project can be found in Appendix A. In addition to basic demographic questions (age, sex, race/ethnicity), income, living situation, and level of education, and community service use (e.g. participation in Meals on Wheels), the following surveys were utilized for this study:

Epidemic – Pandemic Impacts Inventory Geriatric Adaptation

The EPII Geriatric Adaptation (EPII-G) is an adaptation of the main EPII designed to assess tangible impacts of epidemics and pandemics across personal and social life domains in geriatric populations. ^[3] It was developed in 2020 by researchers at the University of Connecticut School of Medicine in response to the COVID-19 epidemic and psychometric properties are currently being assessed. ^[4] The survey consists of a series of 92 statements for which individuals indicate whether they experienced the impact (“Yes”), did not experience the impact (“No”) or the statement was not applicable to them.

Epidemic – Pandemic Impacts Inventory Racial/Ethnic Discrimination Addendum

The Racial/Ethnic Discrimination Addendum is a supplement to the EPII and includes 15 items to assess pandemic impact associated with racial and ethnic discrimination. ^[5] Like the EPII-G, individuals indicate whether they experienced the impact (“Yes”), did not experience the impact (“No”) or the statement was not applicable to them.

COVID19-Impact for Older Adults Survey

The COVID19-Impact for Older Adults Survey (IOAS) was adapted from the Virginia Commonwealth University Peds Cancer Caregivers survey to learn about the impact of the COVID-19 pandemic domains of personal and family life. This study utilized IOAS questions pertaining to emotional state since the pandemic and health care preferences, access, and utilization.

Eligibility & Recruitment

Adults aged 18 and over living in the Richmond, Virginia/TriCities area (including Richmond, Chesterfield, Henrico, Hanover, Petersburg, Colonial Heights, Hopewell, New Kent, or Charles City) were eligible to participate in the study. Older adults, individuals with disabilities, and caregivers of individuals with disabilities were purposefully sampled to ensure diverse perspectives. Because cognitive impairment can affect an individual’s ability to accurately complete the survey, cognition was screened using the Callahan, Unverzagt, Perkins, and Hendrie Six Item Screener for Cognitive Impairment ^[6] and individuals scoring three or below were excluded from participation.

Individuals were primarily referred to the study through the Richmond Health and Wellness Program (RHWP) and Resources for Independently Living (RIS). Flyers were also posted in facilities served by RHWP, including the VCU HealthHub@25th and emailed to Senior Connections for distribution. A total of 848 individuals were referred for the study, of which 252 could not be reached after a minimum of two attempts to contact the individual by phone. Twenty-nine individuals were screened ineligible due to location of residence or cognitive impairment and 30 declined participation at the point of screening. An additional 87 individuals who were screened eligible for the study could not be reached to take the survey, leaving a total convenience sample of 450 individuals (Figure 1).

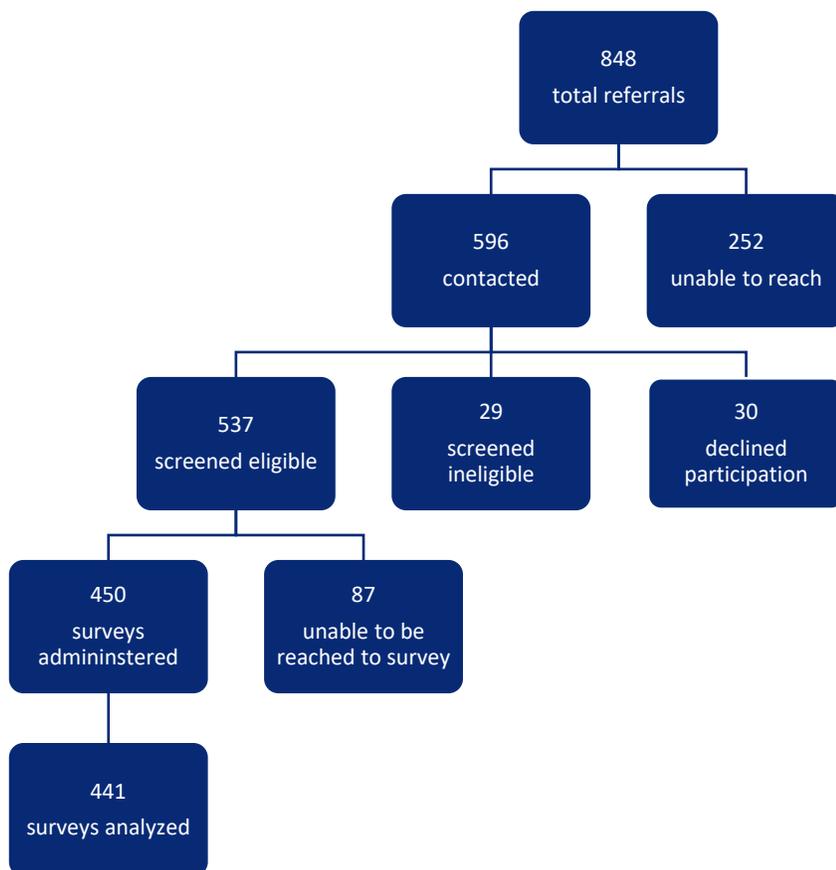


Figure 1. Sample Recruitment

Data Collection

This study was approved by the Virginia Commonwealth University Institutional Review Board (HM20020922). Study data were collected and managed using REDCap electronic data capture tools hosted at Virginia Commonwealth University. Eligibility screening and study surveys were administered via telephone by trained research assistants between February 2, 2021 and October 19, 2021. All participants provided verbal consent prior to survey administration. Participants received a \$20 gift card for completing the survey

Analysis

Statistical analysis was conducted in JMP® Pro, Version 15. The total sample was summarized by number and frequency or mean. Pearson's chi-squared was used for between-group analysis (a measure of independence to assess whether observations among groups are independent of each other). In cases where 20% or more of the contingency table cells had a count of less than 5, Fisher's exact test is reported. Statistical significance is assumed at $p=.05$. If Pearson's chi-squared showed a

significant difference between groups, post-hoc pairwise comparison with a Bonferroni adjustment ($\alpha = 0.0125$) was conducted to determine which groups were statistically different from the others.

The total sample was divided into four categories based on age and disability status:

- Age 62 and over with a self-reported disability
- Age 62 and over without a disability
- Under age 62 with a self-reported disability
- Under age 62 without a disability

Disability status was determined by participants' response to the question: Do you have a physical impairment that limits your daily activity or a disability that qualifies you for SSDI? Participants who answered "yes" to this question were categorized as having a self-reported disability.

While there is no universally accepted age to define "older adult," in this study we used age 62. We used this age to be consistent with the age requirements enforced by many of the senior housing buildings served by RHWP.

Surveys that did not provide sufficient data to be categorized into the defined groups were excluded from analysis (n=9). Complete statistical tables can be found in Appendix B.

Limitations

As a convenience sample, the results of this survey cannot be assumed representative of adults or people with disabilities outside of the surveyed participants.

Description of the Sample

A total of 441 individuals are included in the final analysis for this report. The mean age of the sample is 52 with a range of 19-94. The majority of the sample (74%) is African American and female (70%). Twenty-four percent of the sample had less than a high school education and 66% had annual income of less than \$15,000. Four individuals (<1%) reported being homeless. Complete demographics of the sample are shown in Table 1.

Table 1. Demographics (N=441)

Age		Living Situation		Frequency (%)
Mean	52.2	Alone		247 (56.0)
Range	19-94	With parents		7 (1.6)
Sex	Frequency (%)	With other relatives		55 (12.5)
Male	128 (29.2)	Single parent		58 (13.1)
Female	309 (70.4)	With spouse + children		28 (6.4)
Other	2 (0.0)	With spouse/partner		19 (4.3)
Race		Roommates (not related)		17 (3.9)
African American	324 (74.1)	Homeless		4 (0.9)
White	83 (19.0)	Other		5 (1.1)
Asian	4 (0.9)	Prefer not to answer		1 (0.2)
Am.Ind/Hawaiian/Pac. Isl.	1 (0.2)	Children living in the home		
Multi-racial	16 (3.7)	Yes		123 (27.9)
Prefer not to answer	9 (2.1)	Highest level of education		
Ethnicity		8 th grade or less		11 (2.5)
Hispanic	10 (2.3)	Some high school		93 (21.1)
Yearly Personal Income		High school graduate		122 (27.7)
<\$15,000	290 (65.8)	Trade/tech training		16 (3.6)
\$15,000 - \$29,999	87 (19.7)	Some college		114 (25.9)
\$30,000-\$44,999	35 (7.9)	Associate's degree		23 (5.2)
>\$45,000	26 (5.9)	Bachelor's degree		43 (9.8)
Prefer not to answer	3 (0.7)	Graduate degree		19 (4.3)

Sample by Age & Disability

Of the total sample, 241 (55%) were below age 62 and 200 (45%) were over age 62. Of those under age 62, 167 (69%) reported having a disability and 130 (65%) of those over age 62 reported having a disability. Figure 2 shows the final distribution of the sample by age and disability categories with the largest proportion of the sample (38%) being underage age 62 with a self-reported disability (Figure 2).

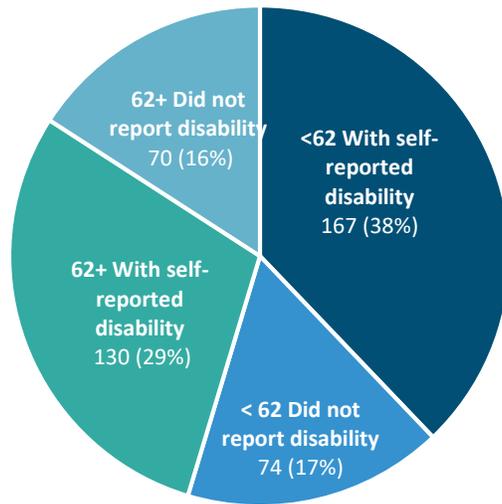


Figure 2. Sample distribution by age & disability

The mean age of survey participants under age 62 with a self-reported disability (50 years) was slightly higher than those under 62 without a disability (47 years). However, for those over age 62, the mean age of individuals with a self-reported disability was slightly lower than those without a disability (Figure 3). Across all four categories, women outnumbered men across all categories with 84% being (Figure 4). Similarly, the majority of participants across all categories were African-American with a high of 79% African Americans in the 62 and over without a disability category (79%) to a low of 71% for those under age 62 without a disability (Figure 5).

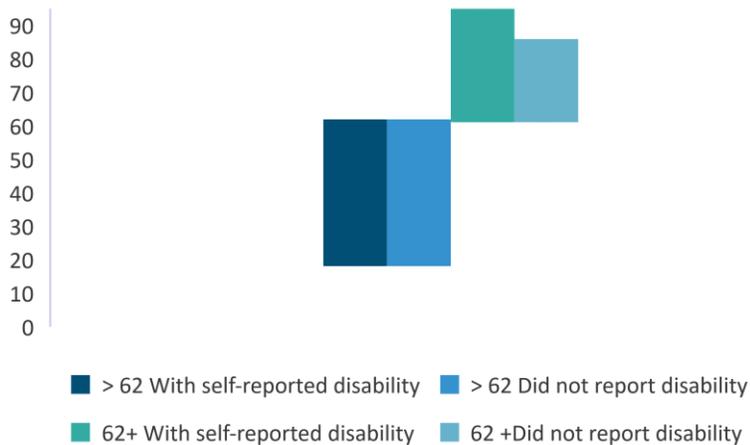


Figure 3. Mean age and age range

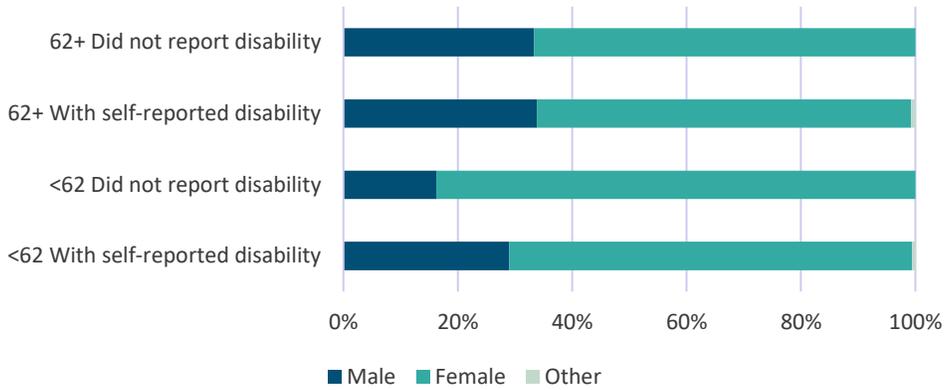


Figure 4. Sex by age and disability

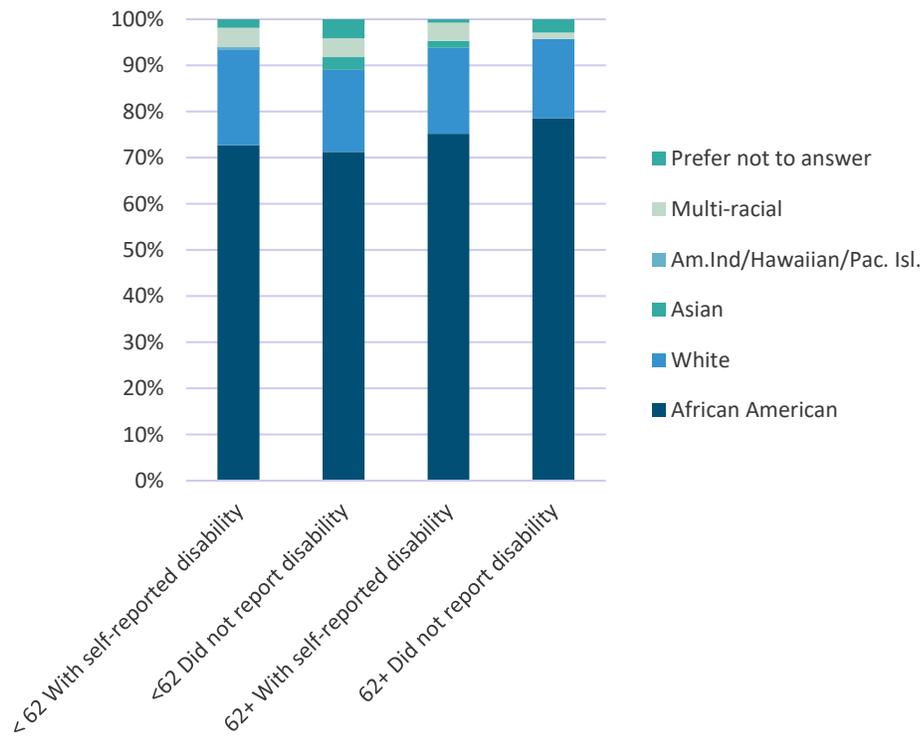


Figure 5. Race by age and disability

Those under age 62 without a disability had the highest proportion of survey respondents reporting yearly income of greater than \$45,000 (15%), while the majority of those over the age 62 with a self-reported disability reported yearly income of less than \$15,000 (Figure 6).

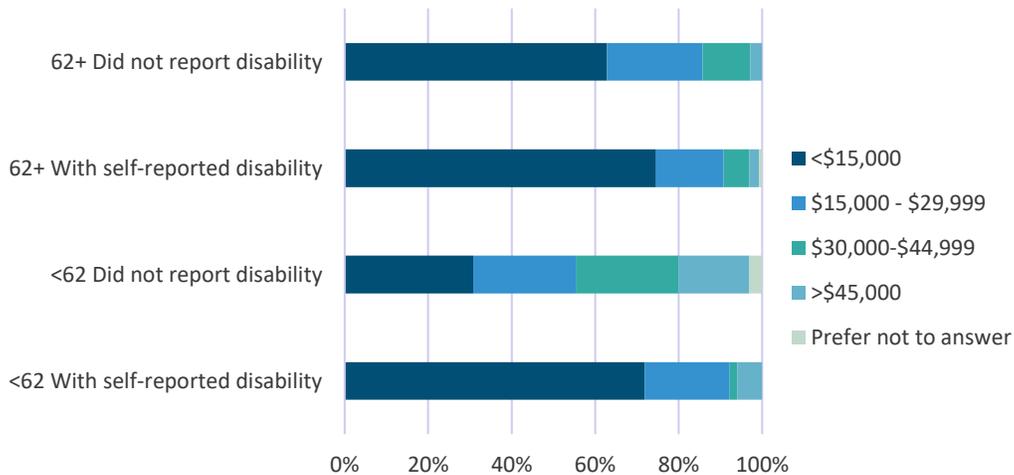


Figure 6. Yearly income by age and disability

Those over age 62 reported lower levels of education, with nearly 30% reporting less than high level of education, regardless of disability status. Disability status was shown to impact level of education though, regardless of age (Figure 7). The majority of those 62 and older reported living alone (76% and 80% of those with a disability and those without, respectively), while those under age 62 had a higher proportion of respondents reporting living with a spouse, whether with or without children (50% and 22% of those without a disability, and with a disability, respectively) (Figure 8).

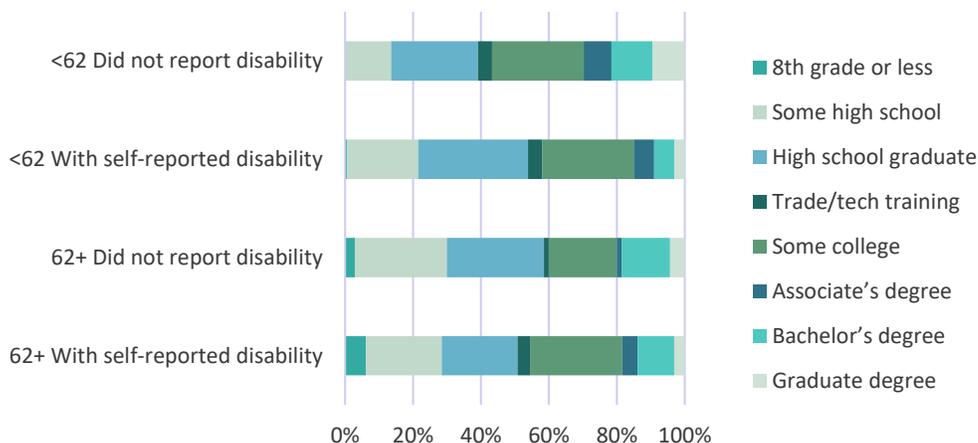


Figure 7. Education level by age and disability

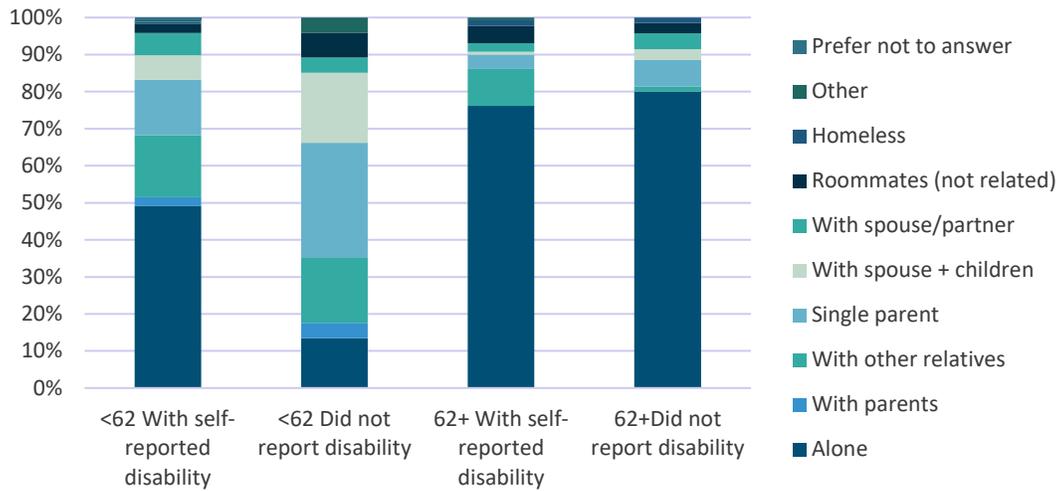


Figure 8. Living status by age and disability

The majority of participants across age and disability groups had reliable access to a telephone; less than 2% of the total sample (7 individuals) reported not having telephone access. Only 19% (82 individuals) of the total sample reported having a smart speaker; interestingly those 62 and older with a self-reported disability had the highest portion of respondents (22%) stating they had a smart speaker.

COVID Infection History, Isolation, & Quarantine

Infection and Treatment History

At the time of the survey, only four people indicated that they currently had COVID-19 while 10% of respondents stated they previously had COVID-19. These numbers reflect the increase in cases and hospitalizations, both nationally and in Central Virginia, during December 2020 and January of 2021 leading up to the start of our survey.^[7] Nearly 1 in 3 survey participants (32%) lost a close friend or family member to COVID-19.

Structural inequalities in Richmond and surrounding areas have created living conditions in the urban Richmond area resulting in many of the Black older adults residing in more congregated areas, increasing inequities in exposure and spread of COVID-19.^[8] On a positive note, very few respondents felt that they were denied or received inadequate or delayed testing due to their race (19 individuals, 4%), or were denied or received inadequate or delayed treatment for COVID-19 due to their race (7 individuals, 2%). However, 7% of respondents indicated that they felt they were exposed to persons or places where there was high risk of contracting COVID-19 due to their race. Although the population that we surveyed did not express delayed treatment secondary to race, there were those reporting increased exposure to COVID-19 that they felt may be related to racial differences.^[10] On a positive note, very few respondents felt that they were denied or received inadequate or delayed testing due to their race (19 individuals, 4%), or were denied or received inadequate or delayed treatment for COVID-19 due to their race (7 individuals, 2%). However, 7% of respondents indicated that they felt they were exposed to persons or places where there was high risk of contracting COVID-19 due to their race. Although the population that we surveyed did not align with finding delayed treatment secondary to race, there were those reporting increase d exposure to COVID-19 secondary to their race.^[10]

Isolation and Quarantine

Symptoms and exposure lead many people to quarantine themselves in order to help prevent friends and family from contracting COVID-19. Many isolated themselves or quarantined because of possible exposure to COVID-19 and 21% quarantined because they experienced symptoms of the disease. Having pre-existing conditions that could increase the risk of infection was a reason 39% of people isolated and over a third of respondents limited physical contact with loved ones over concerns of infection. Thirty-nine percent said that a close family member was quarantined. Over a quarter of individuals surveyed said that their entire family had to quarantine for at least a week.

Race-Based Impact

The social unrest in Richmond during 2020 influenced individuals' perceptions regarding safety during the pandemic.^[2] The majority of respondents did not report race as impacting their treatment in the community. However, 6% of respondents (27 individuals) did report that they felt unsafe to wear a mask as a safety measure because of their race and 7% (29 individuals) indicated that they felt less safe in public places because of their race.

Furthermore 38 respondents (9%) indicated that they felt less safe with police than before the pandemic because of race ethnicity. Interestingly, it was younger people that were more likely to report feeling less safe with police than those older than 62, with a statistically significant difference between those under 62 with a disability and those 62 and over with a disability (Figure 9).

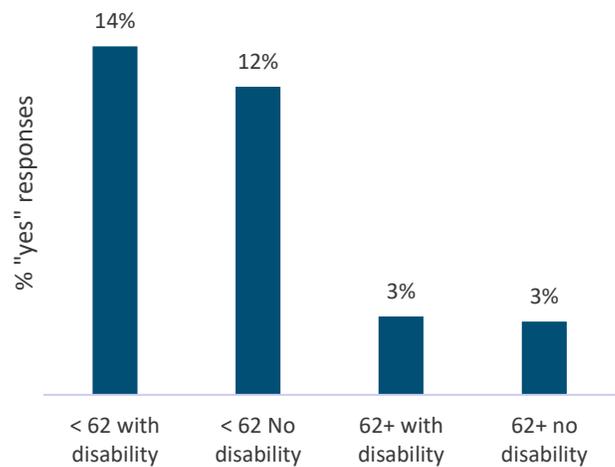


Figure 9. Felt less safe with law enforcement than before pandemic because of race/ethnicity

COVID Impact on Family & Relationships

Family/Friend Separation

Spending time with supportive family and friends are important to healthy mental well-being, especially in times of distress. During the pandemic, nearly three quarters of survey respondents indicated that they had been separated from family or close friends (Figure 10). With public recommendations to stay at home and avoid large gatherings, many people isolated themselves from family members to help prevent potential spread to loved ones.

Disability status was not an area of media prominence nationally during COVID-19. However, recent evidence supports people with intellectual and/or developmental disabilities as a more vulnerable population at higher risk for poor outcomes from COVID. Those with disabilities residing in community-based settings were also more likely to be disconnected from family and friends, with increased risk of inability to access social resources.^[9] In our sample, compared to people under the age of 62 with a disability, people under the age of 62 without a disability more frequently report being separated by friends and family during COVID-19, a difference which is statistically significant (Figure 11). There is an assumed inference that the restrictions had more of an impact on the ability of younger adults to stay socially active during the Pandemic.

Household Conflict

Prolonged stress, such as that that occurs during a pandemic when the end is unknown, can result in increased conflict among individuals. Add to that being confined to the home with other individuals when work, schools, shops, etc. were closed or access was limited in an attempt to reduce the spread of COVID-19 can result in increased interpersonal conflict.^[11] Yet, only a small proportion of our

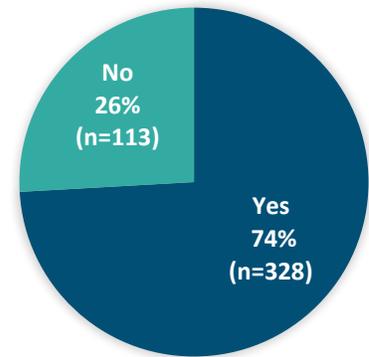


Figure 11. Separated from family/close friends

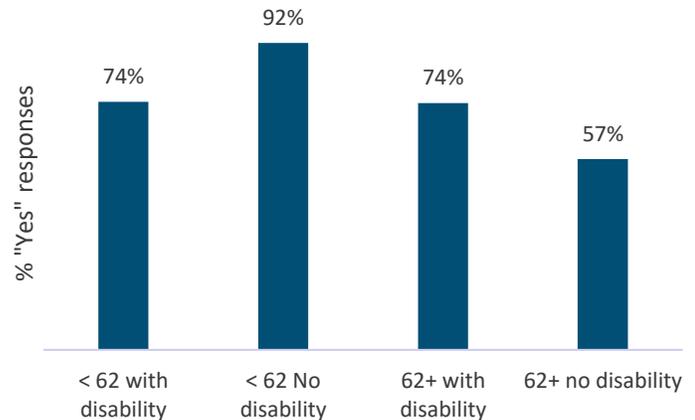


Figure 10. Separated from family/close friends by age and disability status

sample indicated experiencing increases in verbal arguments with their significant others or other adults in the home, though 14% did experience an increase in conflict with children (Figure 12).

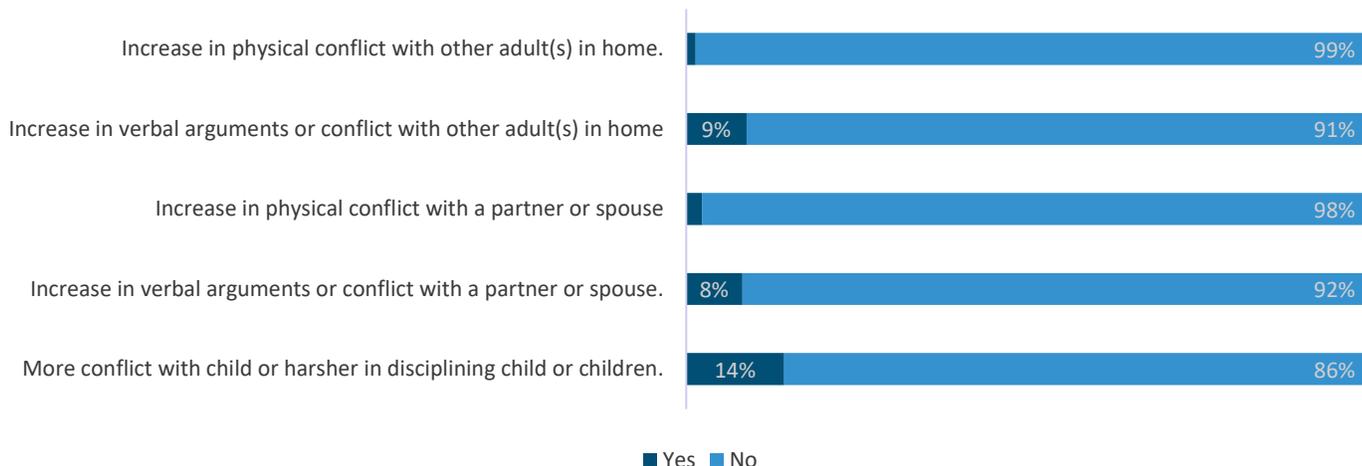


Figure 12. COVID impact on household conflict

Child Care & Family Responsibilities

As schools closed during the pandemic and went virtual families had to adapt to their children learning from home. Although the pandemic is a crisis and stressor that originated outside of the home, the impact on family structures was quickly apparent. Parenting is known to cause increase stress at baseline, and with the added stressor of COVID-19 closures, the potential for stress reactions, such as increased violence and abuse in the home, and need to spend more time with supervising children, magnified.^[11] During this time, 10% of families reported an inability to provide childcare to children who live outside the home when it was needed, such as during the day when parents may have needed to go to work. Nearly 1 in 5 (18%) of our survey participants had to take over teaching or instructing their child as they transitioned to school from home and learning through technology. Similarly, nearly 1 in 5 people reported having to spend a lot more time taking care of a family member during the pandemic. Increased family responsibilities can make it harder for working age family members to work as they spend more time taking care of loved ones.

Those under the age of 62 with no disability were statistically more likely to report having to spend more time taking care of family members than all other groups as they stepped up to take care of loved ones who were adapting to life in a period where other support systems were paused or limited due to the pandemic (Figure 13). This includes programs such as daycare for children and elderly adults as well as support people may have received from other people such as babysitters.

Those under the age of 62 with a disability showed a statistically significant difference between those over 62 with disability on taking over teaching and instructing a child. Similarly, those under 62 with

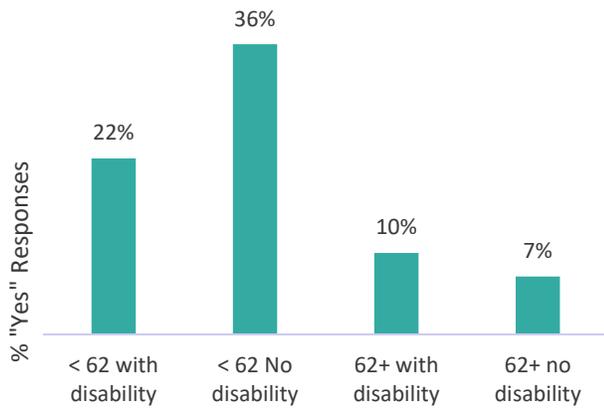


Figure 14. Had to spend a lot more time taking care of family member by age and disability status

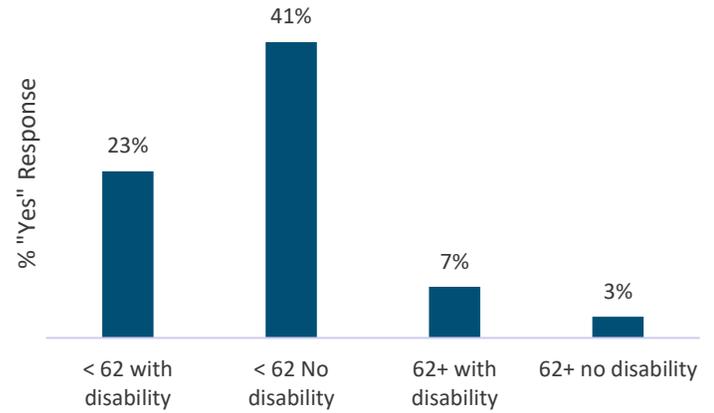


Figure 13. Had to take over teaching of a child by age and disability status

no disability and those over 62 with a disability showed a significant difference in reporting having to take over teaching and instructing a child (Figure 14). This demographic is more likely to have school aged children who may be learning to adapt to learning from home.

Relationships

COVID-19 may have separated people physically from friends and family, but almost half of those surveyed reported improved relationships with friends and family and new supportive connections made. With people staying away from large public gatherings, three quarters of people spent more quality time with friends or family (Figure 15). Interestingly, the older adults did not consistently report loneliness, even though they were forced to socially isolate, which is in contradiction to other research findings.^[12]

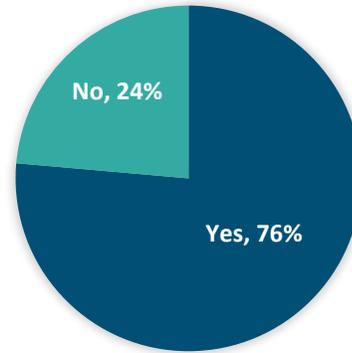


Figure 15. More quality time with friends/family

This was especially true for under 62 without a disability, but there was a statistically significant drop-off in those reporting more quality time with friends and family for those 62 and older without a disability.

Economic Impacts of COVID

Paying Bills

Given that 65% of the survey respondents reported yearly income below the poverty line, it comes as no surprise that 44% of respondents indicated that since the pandemic started, they were unable to pay their bills. With people sheltering at home, some workplaces had no need to be open or operated at a limited capacity and laid off workers who relied on those jobs for income.

The group with the greatest proportion of people reporting inability to pay bills were of non-disabled adults under the age of 62 (58%) and the adults age 62 and older with no disability had the smallest proportion of individuals reporting inability to pay bills (26%); the difference in proportion of “yes” responses between non-disabled adults under and over age 62 is statistically significant while there was no statistically significant difference between those under 62 with a disability and over 62 with a disability (Figure 16). An inability to pay bills like rent and utilities leads to further issues such as homelessness and food instability.

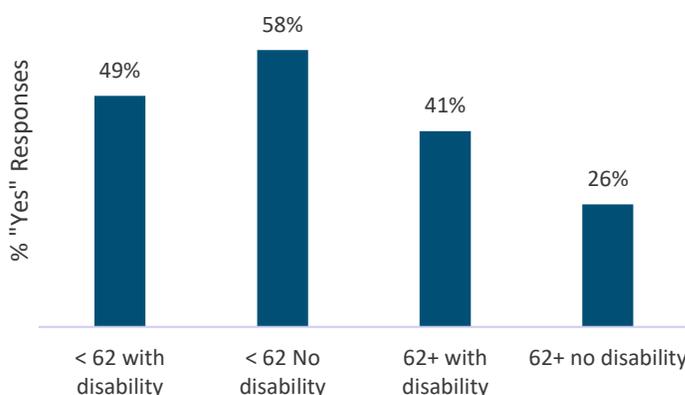


Figure 16. Unable to pay important bills by age and disability status

Housing

Housing stability was designed to assist those at risk of homelessness with the December 2020 relief package providing emergency rental assistance and avoid eviction.^[13] While only four respondents reported currently being homeless, 23 individuals, 5% of the total sample, reported becoming homeless during the pandemic.

Many programs sought to provide relief to homelessness during the COVID-19 pandemic to help avoid and reduce crowding at homeless shelters. The eviction moratorium instituted by the federal government as well as rent assistance and rehousing programs implemented by Virginia Department of Housing and Community Development to assist with housing during the pandemic surely helped homelessness numbers from being higher and longer lasting.^[14]

Food Insecurity

Our study mirrored national findings that food hardship significantly worsened during the pandemic as a result of the lockdowns and loss of income.^[15] Federal government expanded efforts to provide support and increase access to healthy foods, however nearly 20 million adults live in households where individuals continue to report not getting enough to eat with Black and Latino adults more

than twice as likely to report that their households did not get enough to eat.^[13] Food insecurity and lack of access to healthy foods was prevalent in our area even before COVID-19 with many areas in the Richmond region recognized as food deserts. Numerous food and nutrition programs resources exist in the city and survey respondents reported using many of them prior to the pandemic, including Meals on Wheels, the USDA food commodity box program, and local food banks. Almost half of the survey participants reported receiving SNAP benefits before the pandemic (Figure 17). When the pandemic began, access to food was of heightened concern when grocery stores restricted hours and transportation became more limited. As well, some community food programs, like Meals on Wheels, were temporarily suspended due to COVID restrictions and precautions.

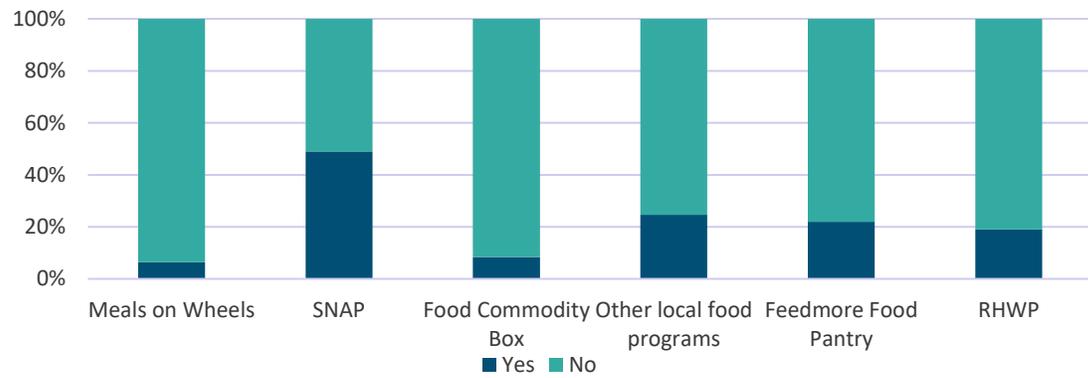


Figure 17. Community food resources used

Nearly 30% of the people sampled indicated that they were unable to get enough food or healthy food because of the pandemic. And when examining food insecurity by group, we found that nearly 43% of individuals under the age of 62 with a disability reported being unable to get enough food (Figure 18). This is statistically higher than for older adults with disability. Because of early incidence

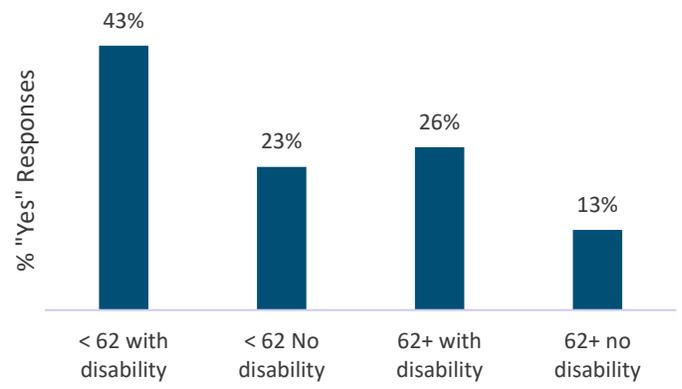


Figure 18. Unable to get enough food by age and disability status

of COVID-19 spreading through senior living facilities and the heightened risk older adults faced with COVID-19, there was a push to protect and ensure the safety of older adults with government and non-profit support. Our study suggests that people with disabilities at any age, experienced food insecurity during COVID-19, bringing importance to the essential need to broaden the scope of essential food and nutrition service emergency assistance to not only older adults, but also to people with disabilities.

Work

The COVID -19 pandemic caused significant challenges to employment and income. Unemployment was high across the nation in 2020, as a result of business closures and stay-at-home orders. The impact of changes to the work environment then spilled over into other essential areas such as stable housing and food access.^[13] Our findings also supported a number of individuals reporting job loss. From the total sample of 441, 28% individuals (124) indicated that they had a job prior to the pandemic and these 124 individuals were asked survey questions relating to their work.

No statistically significant difference between groups for any of the questions but 55 individuals said they were laid off and 54 people reported they had reduced work hours (Figure 19). The loss of work related to the pandemic, be it reduced hours or completely laid off, impacted the ability for people to pay their bills and led to increased homelessness. Due in part to layoffs and in part from an effort to keep the workplace safe through increased sanitation efforts, many people experienced increased workloads. A quarter of people said that having to take care of others impacted their ability to do their job well, and 86% of respondents said that they had a hard time transitioning to working from home as a part of adapting to the pandemic life (Figure 17). All of these statistics would point to a more stressful work environment as a result of the pandemic.^[16]

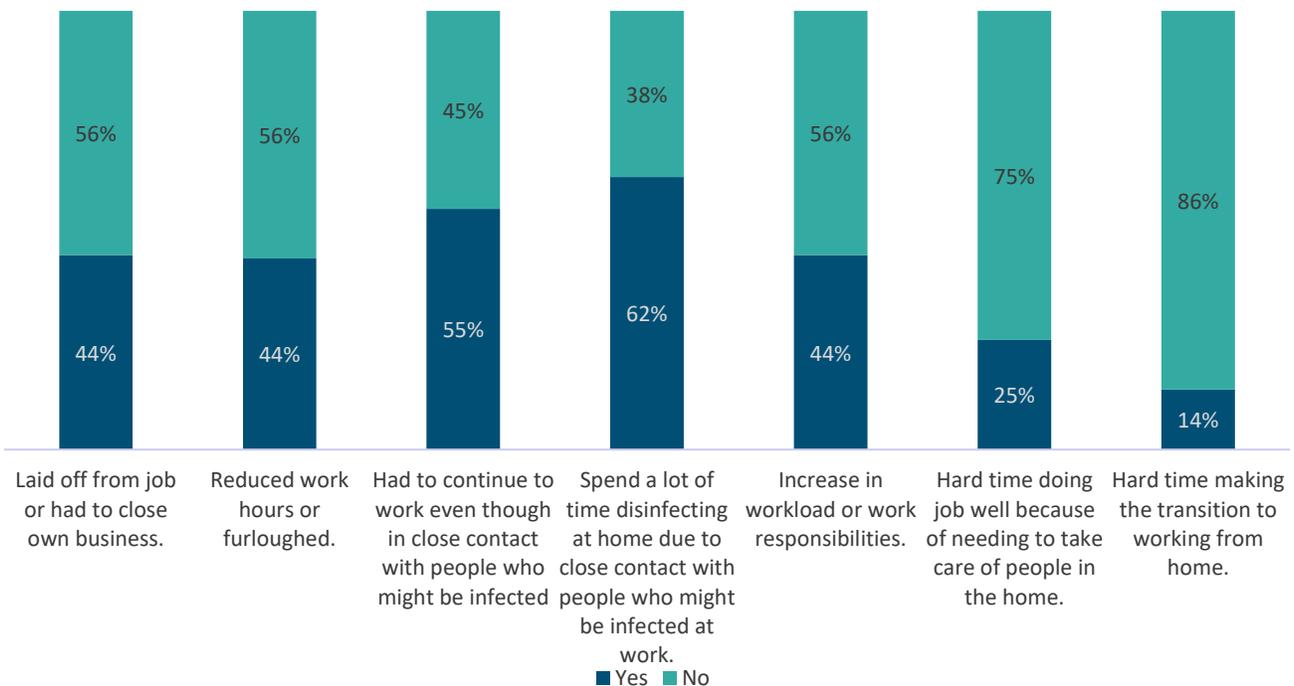


Figure 19. Work impact on adults employed prior to the pandemic (N=124)

Transportation

Results of a 6-state survey report that Blacks and other communities of color were more likely to rely on public transportation as a result of living in environments associated with structural racism. By nature, relying on public transportation and crowding experienced with these services increase risks of exposure to COVID-19, increasing stress and access to health care and other needed resources.^[17]

Of those we surveyed, one in 3 had difficulty accessing transportation due to decreased access or safety concerns during the COVID-19 crisis, with a more pronounced impact experienced by those with disabilities, regardless of age (Figure 20). At the start of the pandemic Richmond City's Greater Richmond Transit Company (GRTC) removed fares for their buses to reduce interactions while using public transportation. While this may have removed a financial barrier to public transportation, service routes changed and some were reduced. This coupled with health and safety concerns over the spread of the virus in public areas led to difficulty getting around Richmond.

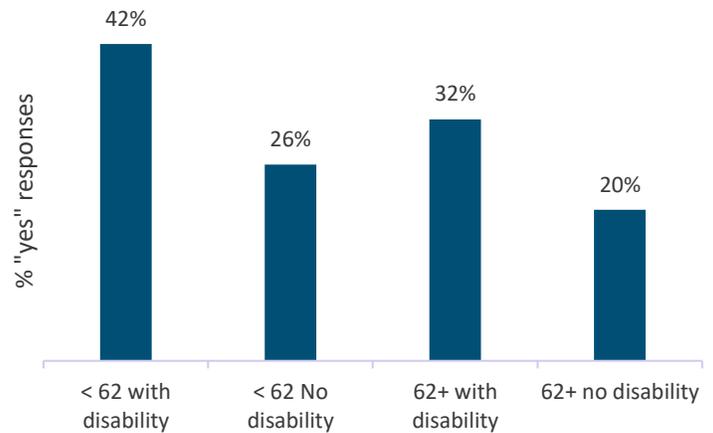


Figure 20. Difficulty getting place due to less access to public transportation or concerns about safety by age and disability status

COVID Impact on Mental Health

Mental Health Symptoms

The ability to positively cope with the stressors COVID-19 imposed was especially hard in times where access to activities that help to maintain positive mental health are limited. Disruptions in social networks, inability to connect with loved ones and friends, changes to job structure, and increasing demands on parenting, all presented as challenges during the pandemic. Over 60% the respondents reported an *increase* in mental health problems during the pandemic.

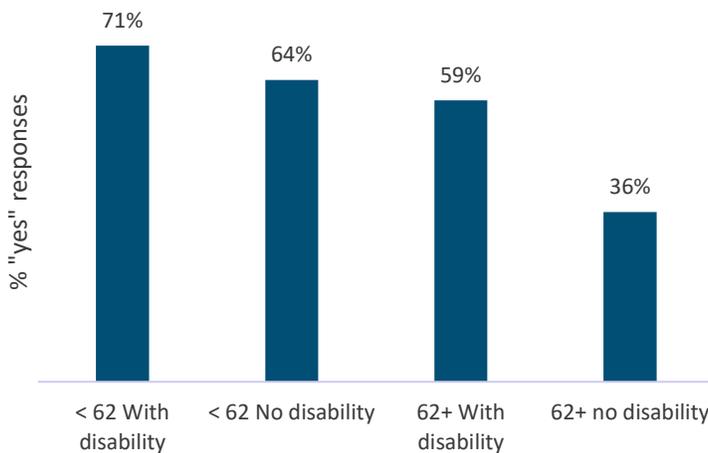


Figure 21. Increase in mental health problems/symptoms by age and disability status

Over half of our respondents reported feeling nervous, sad, or experiencing worry since the pandemic began and nearly 50% reported experiencing depression. The limited personal interactions had a negative effect with nearly half (47%) of participants reported feeling lonely and 42% of respondents lost interest in their usual activities. Additionally, individuals with disability, suffered greater increase in symptoms related to mental health regardless of age (Figure 21).

Positive Attitude

Despite 61% of participants reporting an increase in mental health problems and symptoms, 87% of participants said they are more appreciative of the things they had previously taken for granted. resilience to the negative effects of the pandemic on our mental health as we look forward to reopening and reengaging in a post-pandemic world.

Alcohol and Substance Use

Poor mental health, increased depression and stress, prompted various coping behaviors during the pandemic, including increased alcohol use. Data from the nationwide COCIDV-19 Coping Study of US adults was used to investigate the relationships between stress, anxiety, and depression and increased use of alcohol after the onset of COVID-19, finding one in ten adults reports increases in their alcohol consumption compared to prior to the Pandemic. Those in the study with health symptoms related to mental health (depression, anxiety,

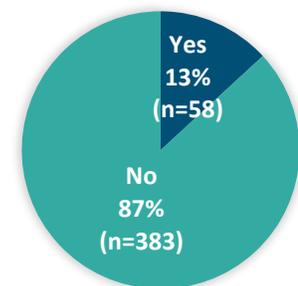


Figure 22. Increase in use of alcohol/substances

loneliness) were found to be substantially more likely to consume more alcohol. ^[18] Additionally, although total emergency room and health care system use decreased after the onset of COVID-19, when compared to prior to the Pandemic, the emergency room use for those seeking help with substance use disorders markedly increased. ^[19] In our sample, 58 people surveyed reported drinking or using other substances more often than before the pandemic (Figure 22).

COVID Impact on Access to Treatment & Preferences for Care

Access and Treatment

The COVID-19 Pandemic impacted our ability to receive both routine and important medical procedures. A quarter of our sample indicated they had chosen not to seek care because of COVID-19. Nearly 1 in 3 reported receiving less medical care than usual, instead missing out on routine and preventative care appointments, over 1 in 4 (27%) had an important medical procedure or surgery canceled and 15% said they were unable to access care for a serious condition. Not only were appointments hard to access, but over 1 in 5 couldn't access needed medications either prescribed or over the counter (Figure 23).

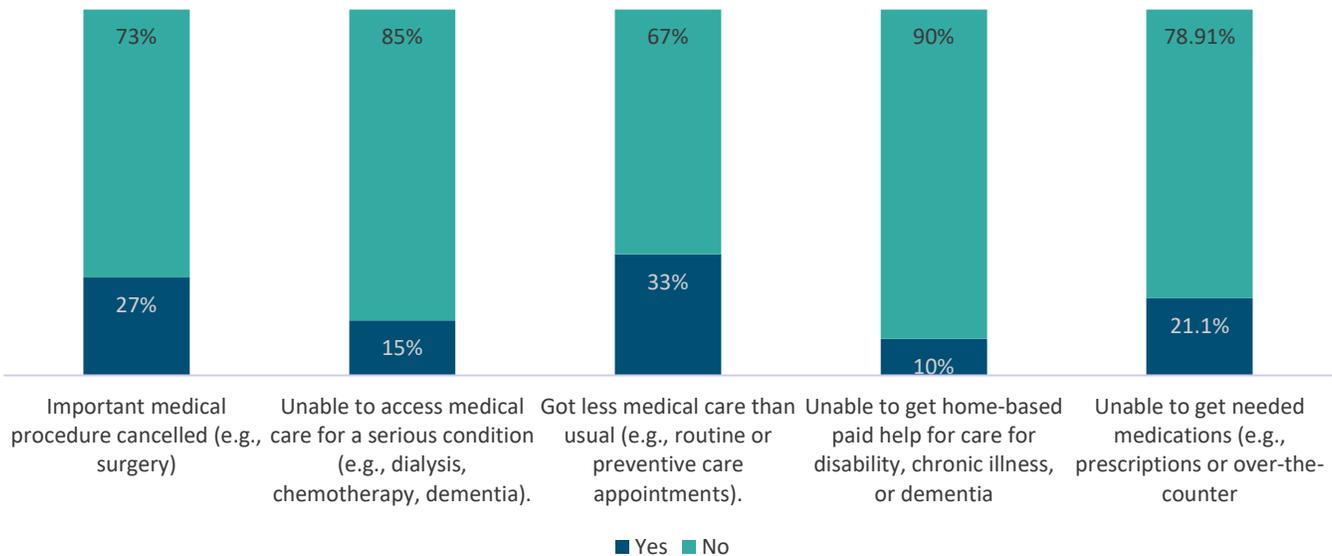


Figure 23. COVID impact on health care access & treatment

Telehealth and Visits Preferences

During the pandemic, many healthcare facilities limited in-person visits and the use of remote visits, either through the telephone or through video calls, became more frequently used. In order to provide the best care to patients, it is thus important to understand their views on remote visits. Only 6% of the people surveyed indicated that they were not comfortable sharing health information remotely (Figure 24). Never-the-less, even though virtual visits have become more normalized, the overwhelming majority of people still prefer in-person visits over any other type of visit for their medical needs (Figure 25).

Individuals under 62, regardless of disability status were more likely to indicate a preference for a virtual visit (whether via video call or phone) than those 62 or older. The differences between the groups are statistically significant (Figure 26).

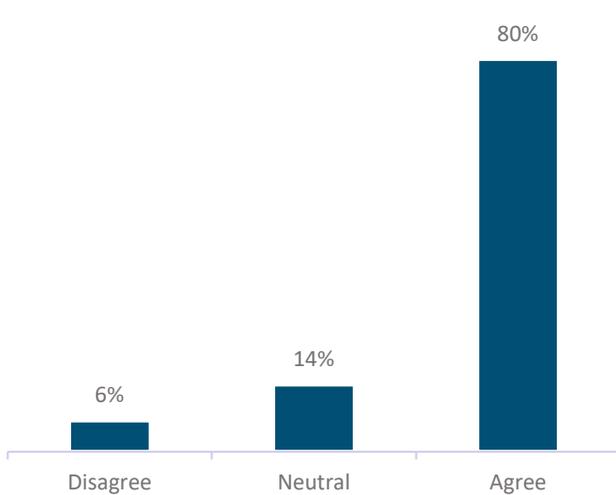


Figure 24. I feel comfortable sharing my health information with my doctor virtually

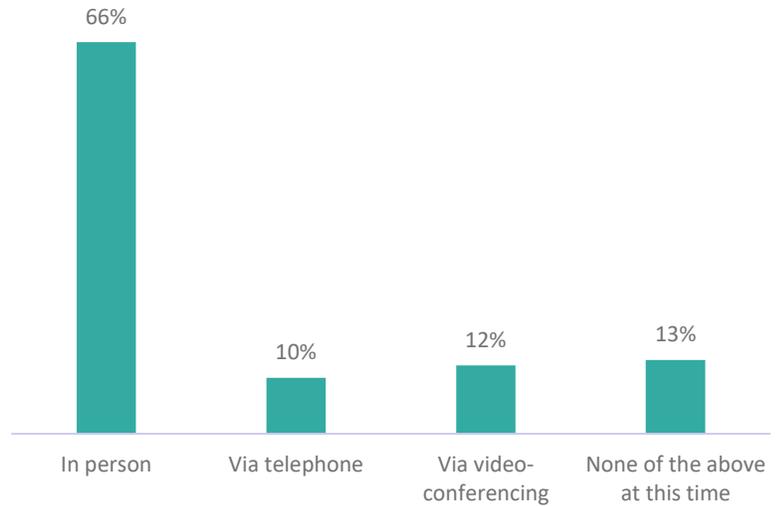


Figure 25. If given a choice by your doctor, which option do you prefer for your clinical visit?

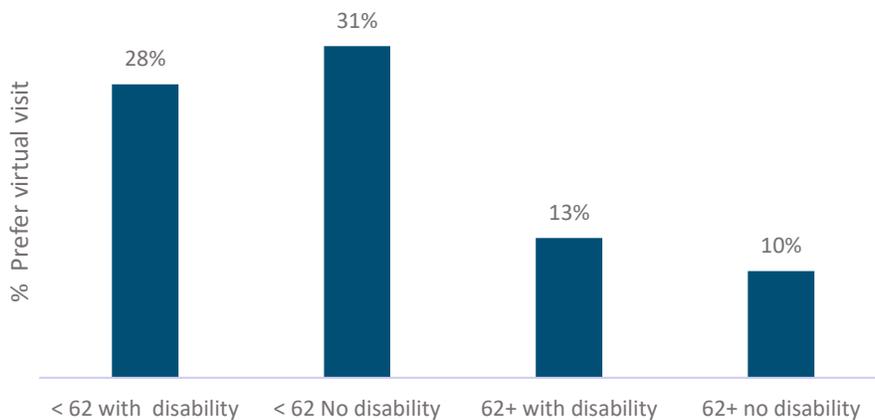


Figure 26. If given choice by your doctor, which option do you prefer for your clinical visit: preference for video/phone by age and disability status

Advanced Care Planning

During the pandemic, Advanced Care Planning (ACP) became more necessary as people with COVID in the hospital did not have loved ones around to help make decisions. The majority of individuals

surveyed did not have a signed ACP (Figure 26). Those who are 62 and older without a disability were significantly more likely to have a signed ACP than those under 62 without a disability (Figure 27).

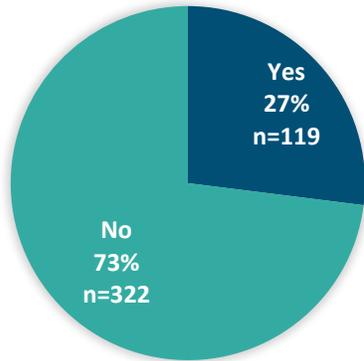


Figure 28. Do you have a signed ACP?

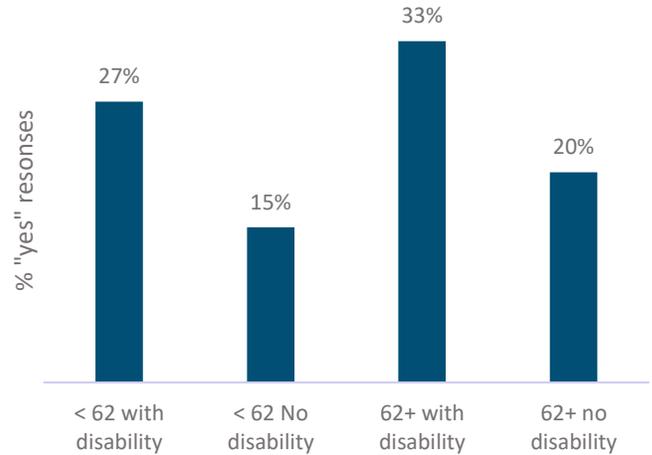


Figure 27. Do you have a signed ACP? by age and disability status

Interestingly, only 13 people completed an ACP after the pandemic started. Despite a global pandemic, low rates of advance care planning documentation continue to present a priority area for process improvement, highlighting the need for education and reaching individuals in the community prior to acute illness.^[20]

COVID Impact on Physical Health & Health Behaviors

General Health

In 2018 the American Geriatrics Society published a White Paper on Healthy Aging focusing on areas of importance for older adults, including injury prevention, managing chronic conditions, physical, mental and social health, as well as health increased attention on health promotion. Areas of sleep, mental health, substance use, healthy eating and exercise gained importance as areas of focus to promote healthy aging. ^[21] With the onset of the pandemic, a paradigm shift occurred in the way that people lived their daily lives, impacting the ability to stay connected to resources to promote healthy living. In our survey, participants generally reported paying more attention to their personal health, though resulting evidence demonstrated increased disturbances in sleep, mental health and substance abuse, along with other important areas of healthy behaviors known to help individuals age more successfully (Figure 29).

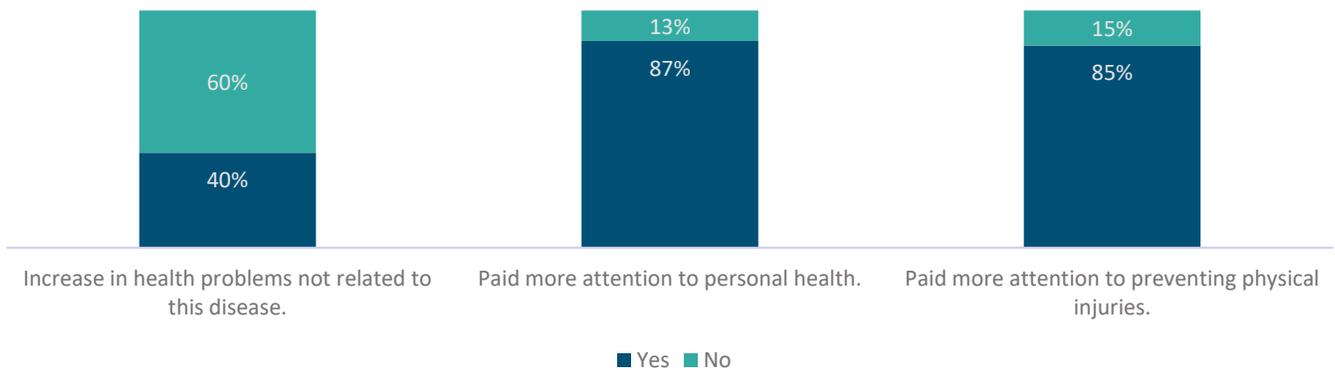


Figure 29. COVID impact on general health

Sleep

Over half (55%) of those surveyed reported an increase in sleep problems during the pandemic. Stress, worry and other feelings reported by those surveyed in this study contribute to sleep problems and lessen sleep quality. When looking at the increase in sleep problems, those under 62 without a disability reported problems more frequently than those 62 and over without a disability and those over 62 with a disability

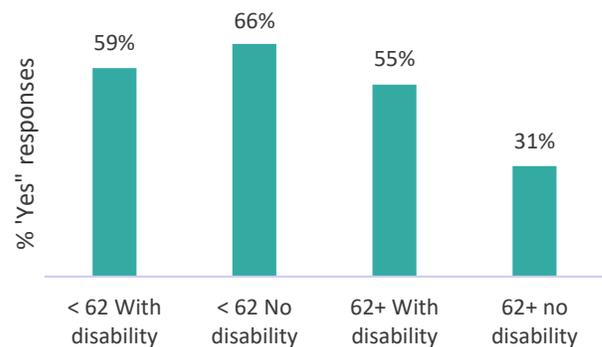


Figure 30. Increase in sleep problems/poor sleep quality by age and disability status

reported more frequently than those 62 and over without a disability and the differences were statistically different (Figure 30).

Eating Habits

Those under 62, regardless of disability status, had a higher proportion of people indicating that they were over eating or eating more junk food since the pandemic. Individuals under 62 with disability had higher proportion of yes on overeating and eating more junk foods compared to over 62 with disability. Similarly, those under 62 without disability had a higher proportion of yes responses than over 62 without a disability (Figure 31).

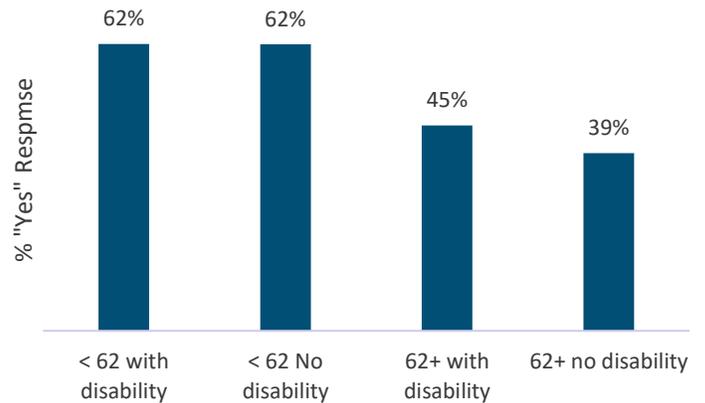


Figure 31. Overeating/eating more unhealthy food by age and disability status

Exercise and Physical Activity

As people spent more time at home during the pandemic, physical activity and ability to exercise was more restricted (Figure 32). This is despite more people reporting paying more attention to their personal health. Individuals of low-income, often had more limited access to healthy foods. Restrictions in activities and resulting weight gain were evidenced throughout the nation, with those with obesity at baseline, more at risk for weight gain and decreased activity, and often linked to depression. [\[21\]](#)

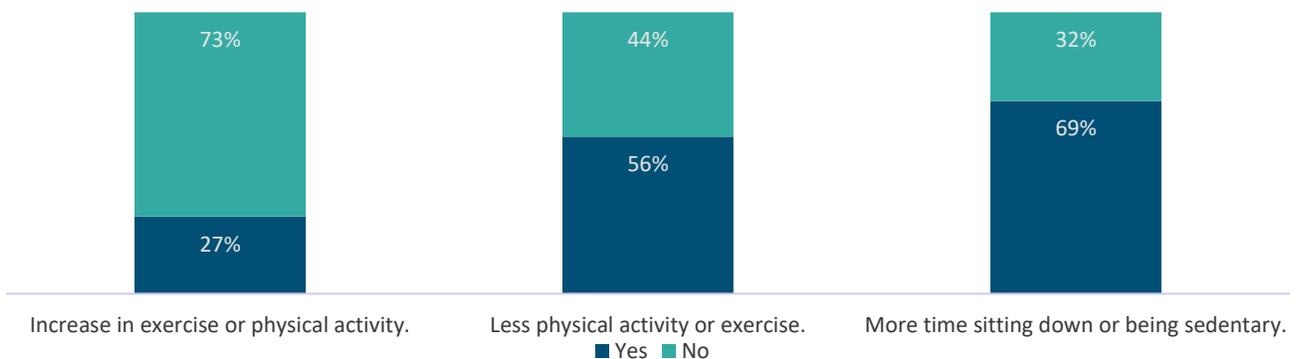


Figure 32. COVID impact on physical activity

COVID Vaccination

Our survey was completed in 2021, with priority of vaccine availability targeted to those 65 and older and/or the disabled. This supports our findings of over half of those surveyed reporting they had received the vaccine (Figure 33).

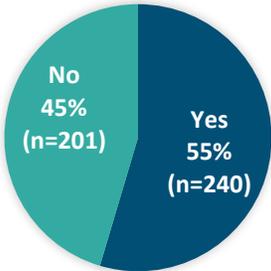


Figure 33. I have already had the COVID vaccine

COVID Impact on Hobbies and Social Activities

Social Activities

Churches, rec facilities, etc. were closed or access limited due to COVID safety precautions which interrupted many people’s involvement in social activities. Over half the sample reported that vacations, church services, or family celebrations had been canceled (Figure 34).

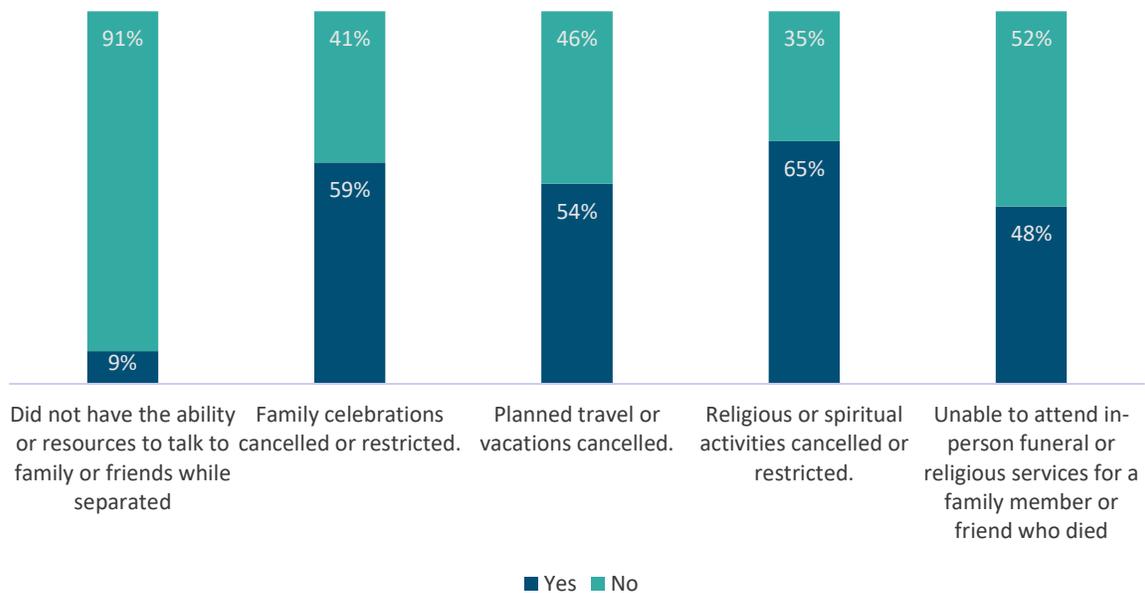


Figure 34. Impact of COVID on social activities

Half (50%) said they weren’t able to participate in usual social clubs, sports etc. or engage in hobbies. And when looking at responses by group, it was those under 62 without a disability that were most impacted. There was statistically significant difference between under 62 without disability and 62 over with/out disability (Figure 35).

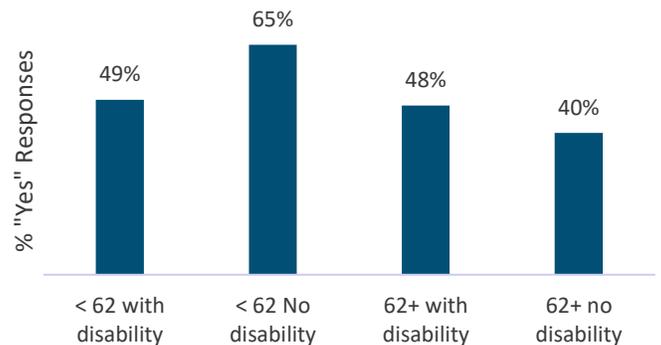


Figure 35. Unable to participate in social clubs/sports/volunteer activities by age and disability status

Summary

Our sample targeted older adults, as well as those with disabilities or families that were providing care for a disabled person. We specifically targeted individuals that may be experiencing increased need of resources, secondary to living situations and income limitations. At the time of our survey, the poverty threshold for one person was established as below \$18,000, with that of a family of four being below \$36,908. In general, the individuals that we surveyed were low -income, with 66% having incomes less than \$15,000, a reflection of poverty status. As well, over 74% were Black, and 56% of the individuals lived alone. A high percentage of our participants present with the challenges of limited education, with marked numbers not having completed high school. Health literacy and ability to manage daily activities and work productivity are then assumed to be connected to the lower education levels.

One surprising finding in our study was the low rate of documented need for access to the Covid Vaccine particularly for those with racial disparities. However, Virginia, and the central Virginia region, were proactive, and above the national standard with our response time and outreach of our vaccine efforts, which may have impacted this particular response. We also collected data several months post the immediate phase of roll-out of the vaccine, which may have impacted this result. During the 2020 and 2021, Virginia was in the crux of a simultaneous racial crisis, as we came to terms with our history and the need to move towards a more socially aware and racially just approach to policy and ways that we addressed the impact of structural racism. Our survey specifically assessed racial equity, in an attempt to increase understanding and needs of our community related to racial equity.

Individuals preferred in person health care visits or telehealth, with most of our population having access to at least phone services to connect with health care providers. Mental health issues, substance abuse, depression, anxiety, and changes to work and life were high. Transportation and food insecurity were predominant as areas of attention for improved infrastructure in our communities. Over half of the population presented with documented or self-reported disabilities, evidence of an additional layer of challenges and needs presented by the Pandemic. Thus, we have captured insights around the daily living and identified areas of need of high- risk individuals in our community, with a hard-to-reach community, with most experiencing the challenges presented by poverty and social determinants of health, prior to the pandemic.

Most of our findings truly reflect those of other national studies. We have not yet reached a point where COVID is not present in our communities, with an expectation that it will continue to evolve with time. The Pandemic shed light in the needs for services and support of some of our most vulnerable populations. It is our hope that this information will result in positive service changes to improve the daily lives some of our most vulnerable community members.

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Appendix A: Survey Instruments

Eligibility Screening

Record ID _____

[first_name] [last_name]
[phone_number]

READ TO POTENTIAL PARTICIPANT:

Thanks for your interest in the study. We are from VCU and are doing research about how COVID19 is affecting the lives of older adults and people with disabilities in the Richmond area. Study participants will be asked to complete a survey over the telephone, it will take around 30 minutes to an hour to complete and we will mail you a \$20 gift card for completing the survey.

First, we have a few questions to ask to make sure you are eligible to participate.

I would like to ask you some questions that ask you to use your memory. I am going to name three objects. Please wait until I say all three words, then repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Please repeat these words for me (Interviewer may repeat names 3 times if necessary but repetition not scored.)

APPLE—TABLE—PENNY

Did participant correctly repeat all words: Yes
 No

thanks for you interest, but you're not eligible to participate in this study.

Continue with cognitive screen. Indicate whether the participant answers the following questions correctly.

	incorrect	correct
What year is this?	<input type="radio"/>	<input type="radio"/>
What month is this?	<input type="radio"/>	<input type="radio"/>
What is the day of the week?	<input type="radio"/>	<input type="radio"/>

Do you live in Richmond, Chesterfield, Henrico, Hanover, Petersburg, Colonial Heights, Hopewell, New Kent, or Charles City? Yes
 No

Thanks for your interest, but we are looking for people in Richmond/TriCities metro area.

Are you 50 or older? Yes
 No

Are you 18 or over and have a physical impairment that limits your daily activity or a disability that qualifies you for SSI?

- No
 Yes- I have a disability
 Yes- I live with parent(s) over age 50 or visit them regularly
 Yes, I live with a child with a disability

Or

Do you have parent(s) over the age of 50 that you live with or that you physically visit their home regularly?

OR

Are you over the age of 18 and live with a child with a disability?

Thanks for your interest, but we are looking for people 50 or older or people with disabilities.

Cognitive screen continued. Ask participant: can you tell me the three words I had asked you to remember?

	Incorrect	Correct
Apple	<input type="radio"/>	<input type="radio"/>
Table	<input type="radio"/>	<input type="radio"/>
Penny	<input type="radio"/>	<input type="radio"/>

Cognitive Screening Score

(score of 4 or above is required for eligibility in this survey)

Great, you are eligible to participate in the study. Would you like to schedule a time to take the survey?

Thanks for your interest, but you don't meet the eligibility criteria to participate in this study.

Gift card preference:

Gift card:

- Walmart
 Kroger
 Market@25

Survey

Please complete the survey below.

Thank you!

Date called: _____

Participant did not answer phone

No answer

Notes

SURVEY CONSENT

READ TO PARTICIPANT:

Good morning/afternoon. My name is [NAME] and I'm a researcher at VCU and am calling about the survey you signed up to take. Before we begin, I want to make sure you understand the process.

We are doing a research study about how COVID19 is impacting the lives of older adults and people with disabilities.

Your participation is voluntary and you may decide not to participate in this study. If you do participate, you may withdraw from the study at any time.

If you decide to participate, we will ask you a series of questions about your experiences related to the COVID-19 pandemic. The survey will take about 30 minutes and we can complete it right now, over the phone. We will mail you a \$20 gift card after you complete the survey.

Do you have any questions about the study or participating in the study?

[If yes, answer questions. After answering questions or if participant does not have questions continue with script below.]

If you have any questions or concerns in the future you can contact Pam Parsons. Her phone number is: (804) 628-3367

Would you like to participate in this research study?

[If no, thank them, end conversation]

[If yes, continue with survey]

Verbal Consent Given:

 Yes
 No

Date of consent

In what year were you born?

- 2003
- 2002
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- 1921
- 1920

What is your gender?

- Male
- Female
- Transgender
- Prefer to self-describe: _____
- Prefer not to answer

Gender - Prefer to self-describe

Which of the following best describes your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Multi-Racial
- Other (Specify): _____
- Prefer not to answer

Which of the following best describes your child's race?

Other - Which of the following best describes your race?

Are you of Hispanic, Latino, or Spanish origin or descent?

- Yes
- No
- Prefer not to answer

Approximate yearly personal income (before taxes):

- Less than \$10,000
- Between \$10,000 and \$14,999
- Between \$15,000 and \$29,999
- Between \$30,000 and \$44,999
- Between \$45,000 and \$59,999
- Between \$60,000 and \$74,999
- Between \$75,000 and \$89,999
- Greater than or equal to \$90,000

What is your current living situation?

- Live alone
- Live with spouse/partner
- Live with spouse/partner and children
- Single parent living with children
- Living with parents
- Living with other relatives
- Sharing accommodations with non-relatives
- Temporary hostel/hotel
- Homeless
- Other: _____

Are there children living in the home? Yes
 No

Other living situation _____

What is your highest level of education? No Schooling
 Nursery/Pre-School to 8th Grade
 Some High School, no diploma
 High School Graduate (diploma or GED)
 Some college, no degree
 Trade/technical/vocational training
 Associates Degree
 Bachelors Degree
 Graduate Degree

Do you have reliable access to a telephone? Yes
 No - I don't have a telephone
 No - I have a telephone, but I frequently (more than once a week) run out of minutes for it.
 My child does not use the telephone

Prior to the COVID19 Pandemic were you participating in the following programs:

	Yes	No
Meals on wheels	<input type="radio"/>	<input type="radio"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>
Food Commodity Program	<input type="radio"/>	<input type="radio"/>
Local Food Programs	<input type="radio"/>	<input type="radio"/>
Feedmore Food Pantries	<input type="radio"/>	<input type="radio"/>
Richmond Health and Wellness Program	<input type="radio"/>	<input type="radio"/>

Do you have a smart speaker (such as Alexa Dot or Google Home)? Yes
 No
 Don't Know

Epidemic - Pandemic Impacts Inventory (EPII)

We would like to learn how the coronavirus disease pandemic has changed people's lives. For each statement below, please indicate whether the pandemic has impacted you in the way described.

YES if you were impacted. NO if you were not impacted OR if the statement does not apply to you.

Prior to the coronavirus disease pandemic did you have a job? Yes
 No

WORK AND EMPLOYMENT**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Laid off from job or had to close own business.	<input type="checkbox"/>	<input type="checkbox"/>
Reduced work hours or furloughed.	<input type="checkbox"/>	<input type="checkbox"/>
Had to lay-off or furlough employees or people supervised.	<input type="checkbox"/>	<input type="checkbox"/>
Had to continue to work even though in close contact with people who might be infected (e.g., customers, patients, co-workers).	<input type="checkbox"/>	<input type="checkbox"/>
Spend a lot of time disinfecting at home due to close contact with people who might be infected at work.	<input type="checkbox"/>	<input type="checkbox"/>
Increase in workload or work responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
Hard time doing job well because of needing to take care of people in the home.	<input type="checkbox"/>	<input type="checkbox"/>
Hard time making the transition to working from home.	<input type="checkbox"/>	<input type="checkbox"/>
Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist).	<input type="checkbox"/>	<input type="checkbox"/>
Provided supportive care to people with the disease (e.g., medical support staff, custodial, administration).	<input type="checkbox"/>	<input type="checkbox"/>
Provided care to people who died as a result of the disease.	<input type="checkbox"/>	<input type="checkbox"/>

Work & Employment Notes:

EDUCATION AND TRAINING**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Had a child in home who could not go to school.	<input type="checkbox"/>	<input type="checkbox"/>
Adult unable to go to school or training for weeks or had to withdraw.	<input type="checkbox"/>	<input type="checkbox"/>

Education & Training Notes:

HOME LIFE**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Inability to provide childcare or babysitting to children who live outside the home when needed.	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty taking care of children who live in the home.	<input type="checkbox"/>	<input type="checkbox"/>
More conflict with child or harsher in disciplining child or children.	<input type="checkbox"/>	<input type="checkbox"/>
Had to take over teaching or instructing a child.	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends had to move into your home.	<input type="checkbox"/>	<input type="checkbox"/>
Had to spend a lot more time taking care of a family member.	<input type="checkbox"/>	<input type="checkbox"/>
Had to move or relocate.	<input type="checkbox"/>	<input type="checkbox"/>
Became homeless.	<input type="checkbox"/>	<input type="checkbox"/>
Increase in verbal arguments or conflict with a partner or spouse.	<input type="checkbox"/>	<input type="checkbox"/>
Increase in physical conflict with a partner or spouse.	<input type="checkbox"/>	<input type="checkbox"/>
Increase in verbal arguments or conflict with other adult(s) in home.	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| Increase in physical conflict with other adult(s) in home. | <input type="checkbox"/> | <input type="checkbox"/> |
| Increase in physical conflict among children in home. | <input type="checkbox"/> | <input type="checkbox"/> |

Home Life Notes:

SOCIAL ACTIVITIES

Since the coronavirus disease pandemic began, what has changed for you?

	Yes	No
Separated from family or close friends.	<input type="checkbox"/>	<input type="checkbox"/>
Did not have the ability or resources to talk to family or friends while separated.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to visit loved one in a care facility (e.g., nursing home, group home).	<input type="checkbox"/>	<input type="checkbox"/>
Family celebrations cancelled or restricted.	<input type="checkbox"/>	<input type="checkbox"/>
Planned travel or vacations cancelled.	<input type="checkbox"/>	<input type="checkbox"/>
Religious or spiritual activities cancelled or restricted.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to be with a close family member in critical condition.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to attend in-person funeral or religious services for a family member or friend who died.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to participate in social clubs, sports teams, or usual volunteer activities.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to do enjoyable activities or hobbies.	<input type="checkbox"/>	<input type="checkbox"/>

Social Activities Notes:

ECONOMIC**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Unable to get enough food or healthy food.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access clean water.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to pay important bills like rent or utilities.	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty getting places due to less access to public transportation or concerns about safety.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to get needed medications (e.g., prescriptions or over-the-counter).	<input type="checkbox"/>	<input type="checkbox"/>

Economic Notes:

EMOTIONAL HEALTH AND WELLBEING**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	<input type="checkbox"/>	<input type="checkbox"/>
Increase in sleep problems or poor sleep quality.	<input type="checkbox"/>	<input type="checkbox"/>
Increase in use of alcohol or substances.	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access mental health treatment or therapy.	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied with changes in mental health treatment or therapy.	<input type="checkbox"/>	<input type="checkbox"/>
Spent more time on screens and devices (e.g., looking at phone, playing video games, watching TV).	<input type="checkbox"/>	<input type="checkbox"/>

Increase in mental health problems or symptoms (e.g., mood, anxiety, stress) for family member not in the home.

Emotional Health and Wellbeing Notes

PHYSICAL HEALTH PROBLEMS

Since the coronavirus disease pandemic began, what has changed for you?

	Yes	No
Increase in health problems not related to this disease.	<input type="checkbox"/>	<input type="checkbox"/>
Less physical activity or exercise.	<input type="checkbox"/>	<input type="checkbox"/>
Overeating or eating more unhealthy foods (e.g., junk food).	<input type="checkbox"/>	<input type="checkbox"/>
More time sitting down or being sedentary.	<input type="checkbox"/>	<input type="checkbox"/>
Important medical procedure cancelled (e.g., surgery).	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy, dementia).	<input type="checkbox"/>	<input type="checkbox"/>
Got less medical care than usual (e.g., routine or preventive care appointments).	<input type="checkbox"/>	<input type="checkbox"/>
Unable to get home-based paid help for care for disability, chronic illness, or dementia.	<input type="checkbox"/>	<input type="checkbox"/>
Elderly or disabled family member not in the home unable to get the help they need.	<input type="checkbox"/>	<input type="checkbox"/>

Physical Health Problems Notes:

PHYSICAL DISTANCING AND QUARANTINE**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Isolated or quarantined due to possible exposure to this disease.	<input type="checkbox"/>	<input type="checkbox"/>
Isolated or quarantined due to symptoms of this disease.	<input type="checkbox"/>	<input type="checkbox"/>
Isolated due to existing health conditions that increase risk of infection or disease.	<input type="checkbox"/>	<input type="checkbox"/>
Limited physical closeness with child or loved one due to concerns of infection.	<input type="checkbox"/>	<input type="checkbox"/>
Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder).	<input type="checkbox"/>	<input type="checkbox"/>
Close family member not in the home was quarantined.	<input type="checkbox"/>	<input type="checkbox"/>
Family member was unable to return home due to quarantine or travel restrictions.	<input type="checkbox"/>	<input type="checkbox"/>
Entire household was quarantined for a week or longer.	<input type="checkbox"/>	<input type="checkbox"/>

Physical Distancing and Quarantine Notes:

INFECTION HISTORY**Since the coronavirus disease pandemic began, what has changed for you?**

	Yes	No
Currently have symptoms of this disease but have not been tested.	<input type="checkbox"/>	<input type="checkbox"/>
Tested and currently have this disease.	<input type="checkbox"/>	<input type="checkbox"/>
Had symptoms of this disease but never tested.	<input type="checkbox"/>	<input type="checkbox"/>
Tested positive for this disease but no longer have it.	<input type="checkbox"/>	<input type="checkbox"/>

Got medical treatment due to severe symptoms of this disease.	<input type="checkbox"/>	<input type="checkbox"/>
Hospital stay due to this disease.	<input type="checkbox"/>	<input type="checkbox"/>
Someone died of this disease while in our home.	<input type="checkbox"/>	<input type="checkbox"/>
Death of close friend or family member from this disease.	<input type="checkbox"/>	<input type="checkbox"/>

Infection History Notes:

POSITIVE CHANGE

Since the coronavirus disease pandemic began, what has changed for you?

	Yes	No
More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media, video conferencing, online gaming).	<input type="checkbox"/>	<input type="checkbox"/>
More quality time with partner or spouse.	<input type="checkbox"/>	<input type="checkbox"/>
More quality time with children.	<input type="checkbox"/>	<input type="checkbox"/>
Improved relationships with family or friends.	<input type="checkbox"/>	<input type="checkbox"/>
New connections made with supportive people.	<input type="checkbox"/>	<input type="checkbox"/>
Increase in exercise or physical activity.	<input type="checkbox"/>	<input type="checkbox"/>
More time in nature or being outdoors.	<input type="checkbox"/>	<input type="checkbox"/>
More time doing enjoyable activities (e.g., reading books, puzzles).	<input type="checkbox"/>	<input type="checkbox"/>
Developed new hobbies or activities.	<input type="checkbox"/>	<input type="checkbox"/>
More appreciative of things usually taken for granted.	<input type="checkbox"/>	<input type="checkbox"/>
Paid more attention to personal health.	<input type="checkbox"/>	<input type="checkbox"/>
Paid more attention to preventing physical injuries.	<input type="checkbox"/>	<input type="checkbox"/>

Ate healthier foods.	<input type="checkbox"/>	<input type="checkbox"/>
Less use of alcohol or substances.	<input type="checkbox"/>	<input type="checkbox"/>
Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV).	<input type="checkbox"/>	<input type="checkbox"/>
Volunteered time to help people in need.	<input type="checkbox"/>	<input type="checkbox"/>
Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered).	<input type="checkbox"/>	<input type="checkbox"/>
Found greater meaning in work, volunteering, employment, or school.	<input type="checkbox"/>	<input type="checkbox"/>
More efficient or productive in work, volunteering, employment, or school.	<input type="checkbox"/>	<input type="checkbox"/>

Positive Change Notes:

In light of growing evidence that the negative effects of the coronavirus disease pandemic have been disproportionately greater for communities of color, it is important to know about impacts that may have occurred to you as a result of your race/ethnicity. Or, if you are a caregiver, the impact for the person you care for.

YES if you were impacted as a result of your race/ethnicity NO if you were not impacted as a result of your race/ethnicity OR if the statement does not apply to you.

WORK AND EMPLOYMENT

Since the coronavirus disease pandemic began, what has changed for you?

	Yes	No
People would not do business or treated me (or a person in my home) with suspicion because of race/ethnicity and the coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>
Treated with suspicion by co-workers because of race/ethnicity and the coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>

Treated with suspicion by an employer/supervisor because of race/ethnicity and the coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>
Laid off or furloughed from workplace because of race/ethnicity and the coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>
Forced to accept negative changes in job or work duties because of race/ethnicity and the coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>

Work & Employment Notes:

INFECTION HISTORY

	Yes	No
Denied or received inadequate or delayed medical testing for the coronavirus because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>
Denied or received inadequate or delayed coronavirus treatment from medical professionals, clinics, or hospitals because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to persons or places where there is a high risk of contracting the coronavirus because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>

Infection History Notes:

PHYSICAL HEALTH PROBLEMS

	Yes	No
Coronavirus is more dangerous for me (or a person in my home) because of a medical condition that wasn't properly treated or prevented due to my race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>

Physical Health Problems Notes:

PHYSICAL DISTANCING AND QUARANTINE

	Yes	No
Felt unsafe to take safety measures such as wearing a mask or bandana because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>
Been treated by other people as responsible for the coronavirus or its spread because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>
People have acted like my (or a person in my home's) race/ethnic group was responsible for the coronavirus and its spread.	<input type="checkbox"/>	<input type="checkbox"/>
Yelled, spit at, or attacked in public because of race/ethnicity and the coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>
Felt less safe in public places than before the coronavirus because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>
Felt less safe with police or law enforcement than before the coronavirus because of race/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>

Physical Distancing & Quarantine Notes:

COVID19-Impact for Older Adults Survey (IOAS)

Since the corona disease pandemic have you felt or experienced any of the following?

	Yes	No
Depression	<input type="radio"/>	<input type="radio"/>
Fears	<input type="radio"/>	<input type="radio"/>
Nervousness	<input type="radio"/>	<input type="radio"/>
Sadness	<input type="radio"/>	<input type="radio"/>
Worry	<input type="radio"/>	<input type="radio"/>
Loss of interest in usual activities	<input type="radio"/>	<input type="radio"/>
Loneliness	<input type="radio"/>	<input type="radio"/>

If the vaccine to prevent coronavirus infection was available to you, how likely is it that you would get the vaccine/shot?

- very likely
 somewhat likely
 not likely
 definitely not
 I have already received the vaccine/shot

How likely are you to participate in a virtual follow-up visit with your doctor (For example, over the phone, online, or video-conferencing similar to Facetime)?

- Very unlikely
 Unlikely
 Neither unlikely nor likely
 Likely
 Very likely

I feel comfortable sharing my health information with my doctor virtually (For example, over the phone, online, or video-conferencing similar to Facetime).

- Disagree
 Neutral
 Agree

If given a choice by your doctor, which option do you prefer for your clinical visit?

- in person clinical visit
 virtual clinical visit by phone
 virtual clinical visit by video-conferencing similar to face time
 none of the above at this time

Have you chosen not to see medical care (ED or clinic care) due to COVID19?

- Yes
 No

Do you have a signed Advanced Care Plan?

- Yes
 No

Was the Advanced Care Plan completed before or after COVID19?

- Before
 After

Have you looked for information about Advanced Care Planning since COVID19 began?

- Yes
 No
 Other _____

Other - have you been looking for information on Advanced Care Plan since COVID19?

General Survey Notes:

WRAP UP

READ TO PARTICIPANT:

We appreciate your participation in this survey. In order to mail you your gift card we will need your address.

If you have any questions or concerns about the study or if you want to withdraw your survey so that we don't use it in our study, you can call Pam Parsons who is leading the study. Her phone number is: (804) 628-3367.

Address:

Gift card they will receive: [giftcard]

Appendix B: Analysis of Survey Results

Sample Demographics

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over	
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability
N	441	167	74	130	70
Age					
Mean	52.2	50.3	47.3	68.2	70.1
Range	19-94	19-61	19-61	62-94	62-85
Sex					
Male	128 (29.2)	49 (29.5)	12 (16.2)	44 (33.9)	23 (33.3)
Female	309 (70.4)	119 (69.9)	62 (83.8)	85 (65.4)	46 (66.7)
Other	2 (0.0)	1 (0.6)	0	1 (0.8)	0
Race					
African American	324 (74.1)	120 (72.7)	52 (71.2)	97 (75.2)	55 (78.6)
White	83 (19.0)	34 (7.8)	13 (17.8)	24 (18.6)	12 (17.1)
Asian	4 (0.9)	0	2 (2.7)	2 (1.6)	0
Am.Ind/Hawaiian/Pac. Isl.	1 (0.2)	1 (0.6)	0	0	0
Multi-racial	16 (3.7)	7 (4.2)	3 (4.1)	5 (3.9)	1 (1.4)
Prefer not to answer	9 (2.1)	3 (1.8)	3 (4.1)	1 (0.8)	2 (2.9)
Ethnicity					
Hispanic	10 (2.3)	3 (1.8)	3 (4.0)	2 (1.6)	2 (2.9)
Yearly Personal Income					
<\$15,000	290 (65.8)	120 (71.0)	20 (39.2)	97 (74.6)	44 (62.9)
\$15,000 - \$29,999	87 (19.7)	34 (20.4)	16 (21.6)	21 (16.2)	16 (22.9)
\$30,000-\$44,999	35 (7.9)	3 (1.8)	16 (21.6)	8 (6.2)	8 (11.4)
>\$45,000	26 (5.9)	10 (6.0)	11 (14.9)	3 (2.3)	2 (2.9)
Prefer not to answer	3 (0.7)	0	2 (2.7)	1 (0.8)	0
Living Situation					
Alone	247 (56.0)	82 (49.1)	10 (13.5)	99 (76.2)	56 (80.0)
With parents	7 (1.6)	4 (2.4)	3 (4.0)	0	0
With other relatives	55 (12.5)	28 (16.8)	13 (17.6)	13 (10.0)	1 (1.4)
Single parent	58 (13.1)	25 (15.0)	23 (31.1)	5 (3.9)	5 (7.1)
With spouse + children	28 (6.4)	11 (6.6)	14 (18.9)	1 (0.8)	2 (2.9)
With spouse/partner	19 (4.3)	10 (6.0)	3 (4.1)	3 (2.3)	3 (4.3)
Roommates (not related)	17 (3.9)	4 (2.4)	5 (6.8)	6 (4.6)	2 (2.9)
Homeless	4 (0.9)	1 (0.6)	0	2 (1.5)	1 (1.4)
Other	5 (1.1)	1 (0.6)	3 (4.1)	1 (0.8)	0
Prefer not to answer	1 (0.2)	1 (0.6)	0	0	0
Children living in the home					
Yes	123 (27.9)	52 (31.1)	50 (67.6)	14 (10.8)	7 (10.0)

Sample Demographics, Continued

Highest level of education					
8 th grade or less	11 (2.5)	1 (0.6)	0	8 (6.2)	2 (2.9)
Some high school	93 (21.1)	35 (21.0)	10 (13.5)	29 (22.3)	19 (27.1)
High school graduate	122 (27.7)	54 (32.3)	19 (25.7)	29 (22.3)	20 (28.6)
Trade/tech training	16 (3.6)	7 (4.2)	3 (4.1)	5 (3.9)	1 (1.4)
Some college	114 (25.9)	45 (27.0)	20 (27.0)	35 (26.9)	14 (20.0)
Associate's degree	23 (5.2)	10 (6.0)	6 (8.1)	6 (4.6)	1 (1.4)
Bachelor's degree	43 (9.8)	10 (14.3)	9 (12.2)	14 (10.8)	10 (14.3)
Graduate degree	19 (4.3)	5 (3.0)	7 (9.5)	4 (3.1)	3 (4.3)

Community Resources

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over	
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability
N	441	167	74	130	70
Does <u>not</u> have reliable telephone access	7 (1.6)	3 (1.8)	1 (1.4)	2 (1.5)	1 (1.5)
Has a smart speaker (Alexa, google home, etc)	82 (18.6)	30 (18.0)	18 (24.3)	19 (14.6)	15 (21.7)
Services used:					
Meals on Wheels	28 (6.4)	8 (4.9)	3 (4.1)	13 (10.0)	4 (5.7)
SNAP	216 (49.0)	97 (58.1)	29 (39.1)	62 (47.7)	28 (40.0)
Food Commodity Box	37 (8.4)	10 (6.0)	1 (1.4)	16 (12.3)	10 (14.3)
Other local food programs	109 (24.7)	41 (24.6)	17 (23.0)	38 (29.2)	13 (18.6)
Feedmore Food Pantry	97 (22.0)	35 (21.0)	13 (17.6)	34 (26.2)	15 (21.4)
RHWP	85 (19.0)	27 (16.2)	5 (6.8)	28 (29.5)	15 (21.4)

EPIDEMIC-PANDEMIC IMPACTS INVENTORY: GERIATRIC ADAPTATION (EPII-G)

Infection History-Yes Responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Currently have symptoms of this disease but have not been tested	3 (0.7)	1 (0.6)	1 (1.4)	1 (0.8)	0	p = 0.87*
Tested and currently have this disease.	4 (0.9)	0	1 (1.4)	1 (0.8)	2 (2.9)	p = 0.84*
Had symptoms of this disease but never tested.	13 (3.0)	5 (3.0)	2 (2.7)	4 (3.1)	2 (2.9)	p = 1.00*
Tested positive for this disease but no longer have it.	43 (9.8)	18 (10.8)	9 (12.2)	9 (6.9)	7 (10.0)	1.8, 0.60
Got medical treatment due to severe symptoms of this disease	27 (6.1)	11 (6.6)	8 (10.8)	4 (3.1)	4 (5.7)	p = 0.16*
Hospital stay due to this disease	11 (2.5)	5 (3.0)	4 (5.4)	1 (0.8)	1 (1.4)	p = 0.18*
Someone died of this disease while in our home.	3 (0.7)	1 (0.6)	0	1 (0.8)	1 (1.4)	p = 0.76*
Death of a close friend or family member from this disease	143 (32.4)	58 (34.7)	31 (41.9)	39 (30.0)	15 (21.4)	7.6, 0.05

**Fisher's exact test reported when 20% or more of cells have count less than 5*

EPII-Racial/Ethnic Discrimination Addendum: Infection History – YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Denied or received inadequate or delayed medical testing for the coronavirus because of race/ethnicity	19 (4.3)	9 (5.4)	3 (4.0)	3 (2.3)	4 (5.7)	p = 0.53*
Denied or received inadequate or delayed coronavirus treatment from medical professionals, clinics, or hospitals because of race/ethnicity	7 (1.6)	3 (1.8)	1 (1.5)	0	3 (4.3)	p = 0.10*
Exposed to persons or places where there is a high risk of contracting the coronavirus because of race/ethnicity.	32 (7.3)	13 (7.8)	4 (5.4)	12 (9.2)	3 (4.3)	2.1, 0.55

**Fisher's exact test reported when 20% or more of cells have count less than 5*

Physical Distancing and Quarantine – YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Isolated or quarantined due to possible exposure to this disease.	188 (42.6)	75 (44.9)	36 (48.7)	53 (40.8)	24 (34.3)	3.6, 0.30
Isolated or quarantined due to symptoms of this disease.	91 (20.6)	44 (26.4)	17 (23.0)	18 (13.9)	12 (17.4)	7.8, 0.05
Isolated due to existing health conditions that increase risk of infection or disease.	173 (39.2)	75 (44.9)	25 (33.8)	50 (38.5)	23 (32.9)	4.4, 0.22
Limited physical closeness with child or loved one due to concerns of infection.	158 (35.8)	66 (39.5)	31 (41.9)	43 (33.1)	18 (25.7)	5.7, 0.12
Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder).	7 (1.6)	4 (2.4)	2 (2.7)	0	1 (1.4)	p = 0.22*
Close family member not in the home was quarantined.	171 (38.8)	77 (46.1)	35 (47.3)	41 (31.5)	18 (25.7)	13.9, 0.00
Family member was unable to return home due to quarantine or travel restrictions.	52 (11.8)	24 (14.4)	8 (10.8)	15 (11.5)	5 (7.1)	2.6, 0.46
Entire household was quarantined for a week or longer	123 (27.9)	53 (31.74)	27 (36.49)	30 (23.1)	13 (18.6)	8.4, 0.4

*Fisher's exact test reported when 20% or more of cells have count less than 5

EPII-Racial/Ethnic Discrimination Addendum: Physical Distancing and Quarantine – YES responses

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over		Pearson's Chi Squared
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Felt unsafe to take safety measures such as wearing a mask or bandana because of race/ethnicity	27 (6.1)	11 (6.6)	5 (6.8)	7 (5.4)	4 (5.7)	p = 0.97*
Been treated by other people as responsible for the coronavirus or its spread because of race/ethnicity.	15 (3.4)	7 (4.2)	1 (1.4)	6 (4.6)	1 (1.4)	p = 0.52*
People have acted like my (or a person in my home's) race/ethnic group was responsible for the coronavirus and its spread.	20 (4.5)	11 (6.6)	1 (1.4)	5 (3.9)	3 (4.3)	p = 0.35*
Yelled, spit at, or attacked in public because of race/ethnicity and the coronavirus.	5 (1.1)	4 (2.4)	0	0	1 (1.4)	p = 0.21*
Felt less safe in public places than before the coronavirus because of race/ethnicity	29 (6.6)	15 (9.0)	4 (5.4)	7 (5.4)	3 (4.3)	p = 0.54*
Felt less safe with police or law enforcement than before the coronavirus because of race/ethnicity	38 (8.7)	23 (13.8)	9 (12.2)	4 (3.1)	2 (2.9)	14.6, 0.00

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Felt less safe with police or law enforcement than before the coronavirus because of race/ethnicity	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.12, 0.73
Below 62 with a disability x Over 62 with a disability	9.88, 0.002
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	4.42, 0.04
Over 62 with a disability x Over 62 <i>without</i> a disability	0.01, 0.92

Education and Training – YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Had a child in the home who could not go to school (N=119)	86 (72.3)	37 (72.6)	38 (79.2)	8 (61.5)	3 (42.9)	p = 0.16*
Adult unable to go to school or training for weeks or had to withdraw	30 (6.8)	20 (12.0)	7 (9.6)	1 (0.8)	2 (2.9)	p = 0.00

**Fisher's exact test reported when 20% or more of cells have count less than 5*

Social Activities – YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Separated from family or close friends.	328 (74.4)	124 (74.3)	68 (91.9)	96 (73.9)	40 (57.1)	22.8, <.0001
Did not have the ability or resources to talk to family or friends while separated	39 (8.8)	14 (8.4)	7 (9.5)	12 (9.2)	6 (8.6)	.01, 0.99
Unable to visit loved one in a care facility (e.g., nursing home, group home).	120 (22.1)	44 (26.4)	22 (29.7)	35 (26.9)	19 (27.1)	0.3, 0.96
Family celebrations cancelled or restricted.	262 (59.4)	102 (61.1)	57 (77.0)	67 (51.5)	36 (51.4)	14.9, 0.00
Planned travel or vacations cancelled.	237 (53.7)	88 (52.7)	56 (75.7)	61 (46.9)	32 (45.7)	18.6, 0.00
Religious or spiritual activities cancelled or restricted.	287 (65.1)	106 (63.5)	56 (75.7)	86 (66.1)	39 (55.7)	6.6, 0.09
Unable to be with a close family member in critical condition.	142 (32.2)	62 (37.1)	28 (37.8)	36 (27.7)	16 (22.9)	6.9, 0.07
Unable to attend in-person funeral or religious services for a family member or friend who died	210 (47.6)	88 (52.7)	44 (59.5)	48 (36.9)	30 (42.9)	12.5, 0.01
Unable to participate in social clubs, sports teams, or usual volunteer activities.	220 (50.0)	82 (49.4)	48 (64.9)	62 (47.7)	28 (40.0)	9.6, 0.02
Unable to do enjoyable activities or hobbies.	234 (53.18)	94 (56.3)	49 (66.2)	63 (48.4)	28 (40.0)	11.6, 0.01

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Separated from family or close friends.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	9.85, 0.002
Below 62 with a disability x Over 62 with a disability	.0006, 0.94
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	23.12, <.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	5.83, 0.016
	Pearson's Chi Squared
Family celebrations cancelled or restricted.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	5.81, 0.016
Below 62 with a disability x Over 62 with a disability	2.71, 0.10
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	10.31, 0.001
Over 62 with a disability x Over 62 <i>without</i> a disability	0.00, 0.99
	Pearson's Chi Squared
Planned travel or vacations cancelled.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	11.26, 0.0008
Below 62 with a disability x Over 62 with a disability	0.97, 0.320
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	13.59, 0.0002
Over 62 with a disability x Over 62 <i>without</i> a disability	0.03, 0.87
	Pearson's Chi Squared
Unable to attend in-person funeral or religious services for a family member or friend who died	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.95, 0.33
Below 62 with a disability x Over 62 with a disability	7.33, 0.007
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	3.96, 0.05
Over 62 with a disability x Over 62 <i>without</i> a disability	0.67, 0.41

Post hoc pairwise comparisons, continued

	Pearson's Chi Squared
Unable to participate in social clubs, sports teams, or usual volunteer activities.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	4.93, 0.03
Below 62 with a disability x Over 62 with a disability	0.09, 0.77
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	8.92, 0.003
Over 62 with a disability x Over 62 <i>without</i> a disability	1.09, 0.30
	Pearson's Chi Squared
Unable to do enjoyable activities or hobbies.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	2.10, 0.15
Below 62 with a disability x Over 62 with a disability	1.62, 0.20
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	9.94, 0.002
Over 62 with a disability x Over 62 <i>without</i> a disability	1.43, 0.23

Emotional Health and Wellbeing – YES responses

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over		Pearson's Chi Squared
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	267 (60.5)	118 (70.7)	47 (63.5)	77 (59.2)	25 (35.7)	25.6, <0.0001
Increase in sleep problems or poor sleep quality	241 (54.7)	99 (59.3)	49 (66.2)	71 (54.6)	22 (31.4)	20.7, 0.00
Increase in use of alcohol or substances.	58 (13.2)	31 (18.6)	12 (16.2)	12 (9.2)	3 (4.3)	11.5, 0.01
Unable to access mental health treatment or therapy	85 (19.3)	46 (27.5)	15 (20.3)	19 (14.7)	5 (7.1)	15.7, 0.00
Not satisfied with changes in mental health treatment or therapy	74 (16.8)	39 (23.4)	12 (16.2)	18 (13.9)	5 (7.1)	10.6, 0.01
Spent more time on screens and devices (e.g., looking at phone, playing video games, watching TV).	346 (78.5)	134 (80.2)	64 (86.5)	96 (73.9)	52 (74.3)	5.5, 0.14
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress) for family member not in the home.	140 (31.8)	55 (32.9)	29 (39.2)	37 (28.5)	19 (27.1)	3.3, 0.34

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.21, 0.27
Below 62 with a disability x Over 62 with a disability	4.23, 0.04
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	11.12, 0.0009
Over 62 with a disability x Over 62 <i>without</i> a disability	10.07, 0.002
	Pearson's Chi Squared
Increase in sleep problems or poor sleep quality	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.04, 0.31
Below 62 with a disability x Over 62 with a disability	0.65, 0.42
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	17.42, <.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	9.8, 0.002
	Pearson's Chi Squared
Increase in use of alcohol or substances.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.19, 0.66
Below 62 with a disability x Over 62 with a disability	5.14, 0.02
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	5.49, 0.019
Over 62 with a disability x Over 62 <i>without</i> a disability	1.60, 0.21
	Pearson's Chi Squared
Unable to access mental health treatment or therapy	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.44, 0.23
Below 62 with a disability x Over 62 with a disability	6.98, 0.008
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	5.18, 0.023
Over 62 with a disability x Over 62 <i>without</i> a disability	2.46, 0.12

Post hoc pairwise comparisons, continued

	Pearson's Chi Squared
Not satisfied with changes in mental health treatment or therapy	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.57, 0.21
Below 62 with a disability x Over 62 with a disability	4.26, 0.04
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	2.84, 0.09
Over 62 with a disability x Over 62 <i>without</i> a disability	2.01, 0.16

Physical Health Problems – YES responses

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over		Pearson's Chi Squared
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Increase in health problems not related to this disease.	177 (40.1)	77 (46.1)	26 (35.1)	56 (43.1)	18 (25.7)	9.8, 0.02
Less physical activity or exercise.	246 (55.8)	96 (57.5)	42 (56.8)	75 (57.7)	33 (47.1)	2.5, 0.47
Overeating or eating more unhealthy foods (e.g., junk food)	235 (53.3)	104 (62.3)	46 (62.2)	58 (44.6)	27 (38.6)	17.8, 0.00
More time sitting down or being sedentary.	302 (68.5)	127 (76.1)	50 (67.6)	89 (68.5)	36 (51.4)	13.9, 0.00
Important medical procedure cancelled (e.g., surgery)	118 (26.8)	51 (30.5)	11 (14.9)	39 (30.0)	17 (24.3)	7.5, 0.06
Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy, dementia).	66 (15.0)	29 (17.4)	7 (9.5)	21 (16.2)	9 (12.9)	2.9, 0.41
Got less medical care than usual (e.g., routine or preventive care appointments).	146 (33.1)	60 (35.9)	27 (36.5)	40 (30.8)	19 (27.1)	2.4, 0.49
Unable to get home-based paid help for care for disability, chronic illness, or dementia	44 (10.0)	17 (10.2)	8 (10.8)	17 (13.1)	2 (2.9)	5.4, 0.14
Elderly or disabled family member not in the home unable to get the help they need.	52 (11.8)	24 (14.4)	10 (13.5)	13 (10.0)	5 (7.1)	3.1, 0.37

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Increase in health problems not related to this disease.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	2.52, 0.11
Below 62 with a disability x Over 62 with a disability	0.27, 0.60
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	1.50, 0.22
Over 62 with a disability x Over 62 <i>without</i> a disability	5.88, 0.015
	Pearson's Chi Squared
Overeating or eating more unhealthy foods (e.g., junk food)	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.00, 0.99
Below 62 with a disability x Over 62 with a disability	9.20, 0.002
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	8.01, 0.005
Over 62 with a disability x Over 62 <i>without</i> a disability	0.68, 0.41
	Pearson's Chi Squared
More time sitting down or being sedentary.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.89, 0.17
Below 62 with a disability x Over 62 with a disability	2.12, 0.15
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	3.90, 0.05
Over 62 with a disability x Over 62 <i>without</i> a disability	5.63, 0.018

EPII-Racial/Ethnic Discrimination Addendum: Physical Health Problems – YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	437	166	73	1328	70	
Coronavirus is more dangerous for me (or a person in my home) because of a medical condition that wasn't properly treated or prevented due to my race/ethnicity.	85 (19.5)	37 (22.3)	10 (13.7)	22 (17.2)	16 (22.9)	3.3, 0.34

Home Life – YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Inability to provide childcare or babysitting to children who live outside the home when needed	46 (10.4)	22 (13.2)	10 (13.5)	10 (7.7)	4 (5.7)	4.8, 0.19
Difficulty taking care of children who live in the home (total N = 121)	51 (52.2)	22 (44.9)	22 (42.3)	5 (38.5)	2 (28.6)	p = 0.91*
More conflict with child or harsher in disciplining child or children.	63 (14.3)	30 (18.0)	24 (32.4)	6 (4.6)	3 (4.3)	37.4, <0.0001
Had to take over teaching or instructing a child.	79 (18.0)	38 (22.8)	30 (40.5)	9 (7.0)	2 (2.9)	49.6, <0.0001
Family or friends had to move into your home.	43 (9.8)	17 (10.2)	12 (16.2)	9 (6.9)	5 (7.1)	5.3, 0.15
Had to spend a lot more time taking care of a family member.	80 (18.2)	36 (21.6)	26 (35.6)	13 (10.0)	5 (7.1)	27.8, <0.0001
Had to move or relocate.	52 (11.8)	21 (12.6)	12 (16.2)	15 (11.5)	4 (5.7)	4.0, 0.26
Became homeless.	23 (5.2)	6 (3.6)	6 (8.1)	9 (6.9)	2 (2.9)	p = 0.30*
Increase in <u>verbal</u> arguments or conflict with a partner or spouse.	36 (8.2)	18 (10.8)	6 (8.1)	8 (6.2)	4 (5.7)	2.8, 0.43
Increase in <u>physical</u> conflict with a partner or spouse	10 (2.3)	5 (3.0)	2 (2.7)	2 (1.5)	1 (1.4)	p = 0.81*
Increase in <u>verbal</u> arguments or conflict with other adult(s) in home	39 (8.8)	20 (12.0)	7 (9.5)	10 (7.7)	2 (2.9)	5.4, 0.15
Increase in <u>physical</u> conflict with other adult(s) in home.	6 (1.4)	4 (2.4)	2 (2.7)	0	0	p = 0.14*
Increase in physical conflict among children in home (total N = 139)	15 (10.8)	10 (15.9)	4 (8.0)	1 (5.6)	0	p = 0.45*

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Had to spend a lot more time taking care of a family member.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	5.24, 0.02
Below 62 with a disability x Over 62 with a disability	7.09, 0.008
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	17.06, <.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	0.45, 0.50
	Pearson's Chi Squared
Had to take over teaching or instructing a child.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	8.00, 0.005
Below 62 with a disability x Over 62 with a disability	13.56, 0.0002
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	29.56, <0.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	1.48, 0.22

Economic – YES responses

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over		Pearson's Chi Squared
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Unable to get enough food or healthy food.	131 (29.7)	71 (42.5)	17 (23.0)	34 (26.2)	9 (12.9)	25.0, <0.0001
Unable to access clean water	35 (7.9)	12 (7.2)	5 (6.8)	16 (12.3)	2 (2.9)	6.1, 0.10
Unable to pay important bills like rent or utilities	195 (44.3)	81 (48.5)	43 (58.1)	53 (41.1)	18 (25.7)	17.3, 0.00
Difficulty getting places due to less access to public transportation or concerns about safety.	145 (32.9)	70 (41.9)	19 (25.7)	42 (32.3)	14 (20.0)	13.2, 0.00
Unable to get needed medications (e.g., prescriptions or over-the-counter	93 (21.2)	45 (27.1)	14 (18.9)	28 (21.7)	6 (8.6)	10.4, 0.02

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Unable to get needed medications (e.g., prescriptions or over-the-counter)	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.85, 0.17
Below 62 with a disability x Over 62 with a disability	1.14, 0.29
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	3.22, 0.07
Over 62 with a disability x Over 62 <i>without</i> a disability	5.23, 0.019
	Pearson's Chi Squared
Unable to get enough food or healthy food.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	8.45, 0.004
Below 62 with a disability x Over 62 with a disability	8.56, 0.003
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	2.49, 0.15
Over 62 with a disability x Over 62 <i>without</i> a disability	4.78, 0.23
	Pearson's Chi Squared
Unable to pay important bills like rent or utilities	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.89, 0.17
Below 62 with a disability x Over 62 with a disability	1.61, 0.20
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	15.46, <.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	4.62, 0.03
	Pearson's Chi Squared
Difficulty getting places due to less access to public transportation or concerns about safety.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	5.81, 0.02
Below 62 with a disability x Over 62 with a disability	2.87, 0.09
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	0.66, 0.42
Over 62 with a disability x Over 62 <i>without</i> a disability	3.42, 0.06

Prior to the coronavirus disease pandemic did you have a job?

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Yes	124 (28.4)	48 (28.9)	54 (73.0)	10 (7.8)	12 (17.4)	103.2, <0.0001

Work and Employment– YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	124	48	54	10	12	
Laid off from job or had to close own business.	55 (44.4)	26 (54.2)	17 (31.5)	6 (60.0)	6 (50.0)	6.6, 0.08
Reduced work hours or furloughed.	54 (43.6)	19 (39.6)	24 (44.4)	3 (30.0)	8 (66.7)	3.6, 0.30
Had to lay-off or furlough employees or people supervised.	9 (7.3)	2 (10.6)	2 (3.7)	0	2 (16.7)	p = 0.20*
Had to continue to work even though in close contact with people who might be infected (e.g., customers, patients, co-workers)	68 (54.8)	27 (56.3)	33 (61.1)	5 (50.0)	3 (25.0)	5.3, 0.15
Spend a lot of time disinfecting at home due to close contact with people who might be infected at work.	77 (62.1)	32 (66.7)	36 (66.7)	5 (50.0)	4 (33.3)	p = 0.13*
Increase in workload or work responsibilities.	55 (44.4)	22 (45.8)	29 (53.7)	1 (10.0)	3 (25.0)	8.6, 0.04
Hard time doing job well because of needing to take care of people in the home.	31 (25.2)	10 (20.8)	19 (35.9)	0	2 (16.7)	p = 0.06*
Hard time making the transition to working from home.	17 (13.8)	7 (14.6)	7 (13.2)	0	3 (25.0)	p = 0.4
Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist)	9 (7.3)	4 (8.3)	5 (9.4)	0	0	p = 0.81*
Provided supportive care to people with the disease (e.g., medical support staff, custodial, administration).	13 (10.6)	1 (8.30)	5 (10.4)	0	1 (8.3)	p = 0.84*
Provided care to people who died as a result of the disease	3 (2.4)	2 (4.2)	1 (1.9)	0	0	p = 0.78

*Fisher's exact test reported when 20% or more of cells have count less than 5

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Increase in workload or work responsibilities.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.63, 0.43
Below 62 with a disability x Over 62 with a disability	4.41, 0.04
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	3.24, 0.07
Over 62 with a disability x Over 62 <i>without</i> a disability	0.83, 0.36

EPII-Racial/Ethnic Discrimination Addendum: Work and Employment – YES responses

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over		Pearson's Chi Squared
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	123	48	54	9	12	
People would not do business or treated me (or a person in my home) with suspicion because of race/ethnicity and the coronavirus.	10 (8.1)	6 (12.5)	2 (3.7)	1 (11.1)	1 (8.3)	p = 0.27*
Treated with suspicion by co-workers because of race/ethnicity and the coronavirus	12 (9.8)	6 (12.5)	4 (7.4)	2 (22.2)	0	p = 0.31*
Treated with suspicion by an employer/supervisor because of race/ethnicity and the coronavirus.	6 (4.9)	4 (8.3)	2 (3.7)	0	0	p = 0.67*
Laid off or furloughed from workplace because of race/ethnicity and the coronavirus.	6 (4.9)	3 (6.3)	2 (3.7)	0	1 (8.3)	p = 0.74*
Forced to accept negative changes in job or work duties because of race/ethnicity and the coronavirus.	10 (8.2)	5 (10.4)	4 (7.6)	0	1 (8.3)	p = 0.91

*Fisher's exact test reported when 20% or more of cells have count less than 5

Positive Change– YES responses

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media, video conferencing, online gaming)	337 (76.4)	130 (77.8)	62 (83.8)	100 (76.9)	45 (64.3)	8.2, 0.04
More quality time with partner or spouse.	101 (22.9)	45 (27.0)	25 (33.8)	18 (13.9)	13 (18.6)	13.3, 0.00
More quality time with children	163 (37.0)	67 (40.1)	48 (64.9)	32 (24.6)	16 (22.9)	39.9, <0.0001
Improved relationships with family or friends	209 (47.6)	76 (45.8)	42 (56.8)	56 (43.4)	35 (50.0)	3.8, 0.29
New connections made with supportive people.	192 (43.5)	68 (40.7)	35 (47.3)	59 (45.4)	30 (42.9)	1.2, 0.76
Increase in exercise or physical activity.	121 (27.44)	48 (27.7)	18 (24.3)	29 (22.3)	26 (37.1)	5.5, 0.14
More time in nature or being outdoors.	157 (35.6)	47 (28.1)	32 (43.2)	46 (35.4)	32 (45.7)	9.1, 0.03
More time doing enjoyable activities (e.g., reading books, puzzles).	262 (59.4)	89 (53.3)	46 (62.2)	81 (62.3)	46 (65.7)	4.4, 0.22
Developed new hobbies or activities	172 (39.2)	60 (35.9)	36 (48.7)	49 (38.0)	27 (39.1)	3.6, 0.31
More appreciative of things usually taken for granted	383 (86.9)	144 (86.2)	67 (90.5)	109 (83.9)	63 (90.0)	2.6, 0.46
Paid more attention to personal health.	384 (87.1)	145 (86.8)	64 (86.5)	112 (86.2)	63 (90.0)	0.7, 0.88
Paid more attention to preventing physical injuries.	376 (85.3)	141 (84.4)	64 (86.5)	111 (85.4)	60 (85.7)	0.2, 0.98
Ate healthier foods.	268 (60.8)	99 (59.3)	49 (66.2)	70 (53.9)	50 (71.4)	7.0, 0.07
Less use of alcohol or substances.	122 (27.7)	46 (27.5)	27 (36.5)	27 (20.9)	22 (31.4)	6.3, 0.10
Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV).	56 (12.7)	19 (11.4)	17 (23.0)	15 (11.5)	5 (7.1)	9.4, 0.02
Volunteered time to help people in need	196 (44.4)	71 (42.5)	36 (48.7)	54 (41.5)	35 (50.0)	2.1, 0.55
Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered).	138 (31.3)	48 (28.7)	31 (41.9)	38 (29.2)	21 (30.0)	4.7, 0.20
Found greater meaning in work, volunteering, employment, or school.	114 (25.9)	35 (21.0)	32 (43.2)	29 (22.3)	18 (25.7)	14.6, 0.00
More efficient or productive in work, volunteering, employment, or school	102 (23.23)	32 (19.3)	31 (41.9)	20 (15.4)	19 (27.5)	21.1, 0.00

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media, video conferencing, online gaming)	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.12, 0.29
Below 62 with a disability x Over 62 with a disability	0.04, 0.85
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	7.16, 0.007
Over 62 with a disability x Over 62 <i>without</i> a disability	3.65, 0.06
	Pearson's Chi Squared
More quality time with partner or spouse.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.16, 0.28
Below 62 with a disability x Over 62 with a disability	7.51, 0.006
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	4.29, 0.03
Over 62 with a disability x Over 62 <i>without</i> a disability	0.78, 0.38
	Pearson's Chi Squared
More quality time with children	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	12.59, 0.0004
Below 62 with a disability x Over 62 with a disability	7.91, 0.005
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	25.71, <.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	0.08, 0.78
	Pearson's Chi Squared
More time in nature or being outdoors.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	5.31, 0.02
Below 62 with a disability x Over 62 with a disability	1.78, 0.18
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	0.09, 0.00
Over 62 with a disability x Over 62 <i>without</i> a disability	2.04, 0.15

Post hoc pairwise comparisons, continued

	Pearson's Chi Squared
Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV).	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	5.43, 0.02
Below 62 with a disability x Over 62 with a disability	0.002, 0.97
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	0.89, 0.77
Over 62 with a disability x Over 62 <i>without</i> a disability	0.98, 0.32
	Pearson's Chi Squared
Found greater meaning in work, volunteering, employment, or school.	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	12.69, 0.0004
Below 62 with a disability x Over 62 with a disability	0.08, 0.78
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	4.88, 0.03
Over 62 with a disability x Over 62 <i>without</i> a disability	0.29, 0.59
	Pearson's Chi Squared
More efficient or productive in work, volunteering, employment, or school	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	12.93, 0.0003
Below 62 with a disability x Over 62 with a disability	0.76, 0.38
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	3.34, 0.07
Over 62 with a disability x Over 62 <i>without</i> a disability	4.22, 0.40

COVID19-Impact for Older Adults Survey

Since the coronavirus disease pandemic, have you felt or experienced any of the following? – YES responses

Frequency (%)	TOTAL SAMPLE	Below age 62		Age 62 and over		Pearson's Chi Squared
		With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Depression	218 (49.4)	97 (58.1)	36 (48.7)	64 (49.2)	21 (30.0)	15.6, 0.00
Fears	189 (43.0)	82 (49.1)	34 (46.6)	53 (40.8)	20 (28.6)	9.1, 0.03
Nervousness	221 (50.1)	95 (56.9)	44 (59.5)	58 (44.6)	24 (34.3)	14.2, 0.00
Sadness	241 (54.7)	98 (58.7)	46 (62.2)	66 (50.8)	31 (44.3)	6.6, 0.09
Worry	258 (58.5)	104 (62.3)	51 (68.9)	71 (55.4)	31 (44.3)	10.6, 0.01
Loss of interest in usual activities	186 (42.2)	80 (47.9)	39 (52.7)	49 (37.7)	18 (25.7)	14.5, 0.00
Loneliness	205 (46.5)	87 (52.1)	30 (40.5)	62 (47.7)	26 (37.1)	5.7, 0.13

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Depression	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	1.85, 0.17
Below 62 with a disability x Over 62 with a disability	2.31, 0.13
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	5.23, 0.02
Over 62 with a disability x Over 62 <i>without</i> a disability	6.89, 0.009
	Pearson's Chi Squared
fears	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.13, 0.72
Below 62 with a disability x Over 62 with a disability	2.05, 0.15
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	4.93, 0.03
Over 62 with a disability x Over 62 <i>without</i> a disability	2.92, 0.09

Post hoc pairwise comparisons, continued

	Pearson's Chi Squared
Nervousness	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	.014, 0.71
Below 62 with a disability x Over 62 with a disability	4.41, 0.04
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	9.15, 0.003
Over 62 with a disability x Over 62 <i>without</i> a disability	2.00, 0.16
	Pearson's Chi Squared
Loss of interest in usual activities	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.42, 0.49
Below 62 with a disability x Over 62 with a disability	3.10, 0.08
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	10.96, 0.0009
Over 62 with a disability x Over 62 <i>without</i> a disability	2.93, 0.09

If the vaccine to prevent the coronavirus infection was available to you, how likely is it that you would get the vaccine/shot?

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
I already had the vaccine	240 (54.6)	70 (42.2)	34 (46.0)	85 (65.4)	51 (72.9)	28.1, <0.001

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	200	96	40	45	19	
Very likely	79 (39.5)	34 (35.4)	13 (32.5)	20 (44.4)	12 (63.2)	16.0, 0.07
Somewhat likely	44 (22.0)	24 (25.0)	6 (15.0)	9 (20.0)	5 (26.3)	
Not likely	37 (18.5)	14 (14.6)	13 (32.5)	9 (20.0)	1 (5.3)	
Definitely not	40 (20.0)	23 (25.0)	8 (20.0)	7 (15.6)	1 (5.3)	

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	440	166	74	130	70	
Definitely not/Not likely	77 (17.5)	38 (22.9)	21 (28.4)	16 (12.3)	2 (2.9)	22.2, <.0001
Already vaccinated or likely/very likely	363 (82.5)	128 (77.1)	53 (71.6)	114 (87.7)	68 (97.1)	

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.83, .36
Below 62 with a disability x Over 62 with a disability	5.36, 0.021
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	17.46, <.0001
Over 62 with a disability x Over 62 <i>without</i> a disability	4.96, 0.026

Do you have an advanced care plan?

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Do you have a signed ACP? (YES)	119 (27.0)	45 (27.0)	11 (14.9)	39 (32.8)	24 (20.2)	8.0, 0.05

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	4.20, 0.04
Below 62 with a disability x Over 62 with a disability	0.34, 0.56
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	7.37, 0.007
Over 62 with a disability x Over 62 <i>without</i> a disability	0.39, 0.53

If YES, was the ACP completed before or after COVID-19?

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	118	44	11	39	24	
After	13 (11.0)	5 (11.4)	1 (9.1)	3 (7.7)	4 (16.7)	p = 0.75*

*Fisher's exact test reported when 20% or more of cells have count less than 5

If NO, Have you looked for information about ACP since COVID-19 began?

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	322	122	63	91	46	
Yes	76 (23.6)	24 (19.7)	17 (27.0)	25 (27.5)	10 (21.7)	2.3, 0.51

Telehealth & Visit Preferences

		Below age 62		Age 62 and over		Pearson's Chi Squared
Frequency (%)	TOTAL SAMPLE	With self-reported disability	Did not report disability	With self-reported disability	Did not report disability	χ^2 , p-value
N	441	167	74	130	70	
Have you chosen not to see medical care (ED or clinic care) due to COVID19?						
YES	116 (26.4)	17 (24.3)	52 (31.1)	31 (24.0)	17 (24.3)	3.3, 0.04
I feel comfortable sharing my health information with my doctor virtually (For example, over the phone, online, or video-conferencing similar to Facetime).						12.7, 0.05
Disagree	28 (6.4)	16 (9.7)	3 (4.1)	6 (4.6)	3 (4.3)	
Neutral	60 (13.7)	17 (10.3)	7 (9.5)	27 (20.8)	9 (12.9)	
Agree	351 (80.0)	132 (80.0)	64 (86.5)	97 (74.6)	58 (82.9)	
If given a choice by your doctor, which option do you prefer for your clinical visit?						
In person	293 (66.4)	100 (59.9)	42 (56.8)	97 (74.6)	54 (77.1)	21.5, 0.01
Via telephone	42 (9.5)	22 (13.2)	9 (12.2)	6 (4.6)	5 (7.1)	
Via video-conferencing	51 (11.6)	24 (14.37)	14 (18.9)	11 (8.5)	2 (2.9)	
None of the above at this time	55 (12.5)	21 (12.6)	9 (12.2)	16 (12.3)	9 (12.9)	
How likely are you to participate in a virtual (telephone, on-line, or video-conferencing) follow-up visit with your doctor?						
Very unlikely	32 (7.2)	10 (6.0)	7 (9.5)	12 (9.2)	3 (4.3)	17.2, 0.14
Unlikely	16 (3.6)	5 (3.0)	1 (1.4)	4 (3.1)	6 (8.6)	
Neutral	43 (9.8)	13 (7.8)	4 (5.4)	20 (15.3)	6 (8.6)	
Likely	150 (34.0)	56 (33.5)	26 (35.1)	44 (33.9)	24 (34.3)	
Very Likely	200 (45.4)	83 (49.7)	36 (48.7)	50 (38.5)	31 (44.3)	

Post hoc pairwise comparisons with Bonferroni adjustment ($\alpha = 0.0125$)

	Pearson's Chi Squared
Prefer NOT phone or video visit	χ^2 , p-value
Below 62 with disability x Below 62 <i>without</i> disability	0.31, 0.58
Below 62 with a disability x Over 62 with a disability	9.16, 0.003
Below 62 <i>without</i> a disability x Over 62 <i>without</i> a disability	9.69, 0.002
Over 62 with a disability x Over 62 <i>without</i> a disability	0.41, 0.52