Following on the success of the joint call for papers from *Journal of Gerontology Social Sciences* and *Psychological Sciences* on coronavirus disease 2019 (COVID-19) in 2020, we issued a call in early 2021 for a second round of papers examining the longer-term impacts of the pandemic. Although early studies on COVID-19 and older adults focused largely on descriptive analyses, the “COVID-19 and Aging 2.0” was a call for scholars to focus on mechanisms, change over time, and comparative analyses. This was timely because many individual studies had sufficient time to complete data collection and pandemic supplements to ongoing panel and cohort studies were coming available.

Many of the first published studies on the impact of the COVID-19 pandemic on older adults focused on the initial “stay at home” phase, such as examining the impact of sudden isolation (Fingerman et al., 2021) and digital barriers that exacerbated feelings of isolation (Seifert et al., 2021). As the pandemic stretched into its second year, our scientific focus has shifted away from the immediate impacts to the longer-term fallout from the pandemic. The studies in this issue reflect this next wave of inquiry, allowing us to take a longer view. In some cases, resources and resilience in the early weeks may have waned under the long-term strain and/or exposed the fragility of support systems. In other cases, consequences of isolation, financial strain, or anxiety about COVID-19 start to take their psychological and physical toll on people. Finally, the extraordinarily high rates of infection and death have increased the likelihood that older adults or persons close to them have been directly affected by the virus.

This collection of papers represents the newest advances in our knowledge about the pandemic and its impact on older adults. Some of the studies take advantage of COVID-19 supplements to ongoing cohort and panel studies, including Health and Retirement Study, National Health and Aging Trends Study, SHARE, and Longitudinal Aging Study of Amsterdam. Other studies utilize data collected through existing surveillance designs, such as the Understanding America Study. Still others designed COVID-19-specific studies such as the Fuller and Huseth-Zosel (2021) study of older adults in the urban and rural regions of the Midwest United States. These studies cover a broad range of topics such as the economic precarity due to furloughs and job loss (Abrams et al., 2021; Choi et al., 2020; Taylor et al., 2021), loss of loved ones to the COVID-19 virus (Lin & Liu, 2021; Wang et al., 2021), and downstream impact of extended loneliness and isolation (Freedman et al., 2021; Robbins et al., 2021). Below, I briefly comment on the major themes that coalesce in this issue.

**Fragile Support Systems**

Across many domains, the pandemic has exposed the limits of fragile support systems for vulnerable older adults. A first example is that Shinae Choi et al. (2020) focus on the impact of the pandemic on older adults with disabilities. Those with more physical limitations experienced increases in food insecurity, specifically related to the logistics of obtaining food. Navigating new protocols in grocery stores (e.g., limiting customers, reducing face-to-face service) may
have added additional challenges for those with disabilities. Furthermore, many hot meal programs at community centers and delivery services like Meals on Wheels shut down during the pandemic, cutting off a crucial source of nutrition for disabled older adults.

A second example is in the study by Freedman et al. (2021) comparing social interaction frequency among three groups: community-dwelling older adults with no limitations, community-dwelling older adults with cognitive or physical limitations, and those in residential care. Although all three groups experienced substantial decreases in face-to-face interactions in the first 6 months of the pandemic, those in residential care were five times more likely to move to less than weekly in-person contact with loved ones. These findings underscore how institutional limits on guests added an additional layer of burden on families, who often play an inextricable link in the care and support of older adults in nursing homes and assisted living facilities.

**Loneliness**

Although much has been made about the impact of isolation imposed through community and organizational restrictions, En Young Choi et al. (2021) explore the impact of self-imposed distancing and avoidance of in-person contact. Those who canceled or postponed social events more often and those who avoided close contact with people in their own household tended to report greater loneliness compared with those with less vigilant self-imposed restrictions. Although exercising control and proactivity in the face of uncertainty has been linked to better outcomes for older adults (Grote & Pfrombeck, 2020), the specific loss—even volitionally—of social interactions appears to yield a unique impact on loneliness.

This finding is supported in the study by van Tilburg (2021) exploring which dimensions of loneliness have been most salient during the pandemic. Compared with social and existential loneliness, it is emotional loneliness that spiked most during the intensive period of the pandemic, which van Tilburg demonstrates is largely driven by situational changes in having fewer people around and more limited opportunities to garner pleasure from the company of others.

Conversely, those older adults who found alternative ways to communicate and interact did not report an increase in loneliness during the pandemic period (Fuller & Huseth-Zosel, 2021). Creative solutions such as socially distanced walks with friends or outdoor picnics may have allowed for the continuation of social relationships, thus preventing emotional loneliness. Given the degree of social distance (self)imposed, Peng and Roth (2021) found that those who were digitally isolated prior to the pandemic were at a significant disadvantage in adapting to the sudden need for digital communications during the pandemic. Frustration in managing video conferencing or streaming apps for social activities such as religious services or family chats likely led to intensified feelings of isolation.

**Health Behaviors**

Beginning very early in the pandemic, leading scientific figures and media put a strong emphasis on individual protective behaviors such as wearing a mask and washing hands as key preventive tools to avoid contagion. Quickly, information became mixed and muddled, putting the burden of evaluating the validity of sources and assessing risk onto individuals. Ng and Park (2021) show that the sources of information about the pandemic that older adults trust are associated with the likelihood of adhering to individual preventive behaviors such as hand washing, mask wearing, and social distancing. Those whose sources of information are more likely to be friends or family were less likely to adhere, whereas those who seek information from government officials and traditional news sources were more likely to engage in all three preventive measures.

Simultaneously, the “stay in place” and social isolation measures meant that many other routine health behaviors were rendered invisible from the public gaze. Using a sample of Medicare Beneficiaries, Robbins et al. (2021) report a rise in adverse health behaviors during the pandemic: more sleeping, increased alcohol use, less exercise, and more television watching. Those who report increases in these adverse behaviors were also likely to report higher levels of depression and anxiety. The study provides some evidence that adverse health behaviors and depression/anxiety have been reciprocal and self-reinforcing during the pandemic, but these mechanisms deserve more examination in the future.

**COVID-19 Bereavement**

The extremely high COVID-19 infection and death rates increase the likelihood that people know at least one person who has been infected or died from the virus, yet exposure to such losses varies substantially by race/ethnicity and socioeconomic status. In the United States, Lin and Liu (2021) show that even in the early phases of the pandemic, Black and Hispanic older adults were much more likely to know someone who had been infected or died from the virus than White older adults. This personal exposure to the consequences of COVID-19 drove greater overall concern about the virus for Black and Hispanic adults that was not mediated by personal assessment of risk due to having one or more preexisting health conditions.

Wang et al. (2021) compared older adults across Europe finding that, independent of having lost a friend or relative to COVID-19, living in a country with a high death rate from the virus led to increases in depression among older women. The independent impact of societal death rates on mental health draws attention to the contextual cues of the
Finally, it will be critical for us as a field to situate our lessons learned during the COVID-19 pandemic in the broader literature on the impact of disasters and states of emergency on older adults. From the Chicago Heat Wave to Hurricane Maria in Puerto Rico, scholars have documented the unique vulnerabilities of older adults, particularly those with few resources or living alone (Andrade et al., 2021; Klinenberg, 2015). In what ways has the pandemic been unique, and in what ways has the pandemic merely exposed the same veins of vulnerability? Such research is critical for understanding how communities and societies can be organized to respond to the unique needs of older adults during emergencies, but also help older adults have the resources that they need in the first place.

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