

Ramona Schindelheim, WorkingNation editor-in-chief:

It's my pleasure to welcome Ruth Finkelstein. She's the executive director of the Brookdale Center for Healthy Aging at Hunter College, and a professor at the School of Urban Public Health. Ruth, thank you very much for joining us today.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

It's my great pleasure.

Ramona Schindelheim, WorkingNation editor-in-chief:

And I'd like to start with the fact that the coronavirus is taking an exceptional toll on older Americans, both physically and financially. And just to set the stage, let's talk a little bit about why older Americans, older adults, are being impacted so much physically by the virus.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

We used to think that older adults got COVID more easily and more frequently than younger people, and that's not true at all. In fact, older adults now get COVID far less frequently than younger people, and partly that's because of changes that we've made in society. But at the beginning it seemed like age was the determinative factor, and that was partly because older people die more of COVID, and partly because the early COVID clusters in this country were in nursing homes and other congregate settings. So that exaggerated greatly in our minds the understanding that age and COVID go together like peas in a pod, people who have specific underlying conditions are more likely to be more ill with COVID, and people in nursing homes are more likely to have more underlying conditions. So there is enhanced risk once infected to older people, and it has caused enormous pain and suffering, both physical and emotional and financial.

Ramona Schindelheim, WorkingNation editor-in-chief:

Is there a correlation between older adults who have low wage jobs and their susceptibility to COVID? Is there some type of a relationship there that we should be thinking about as a general public?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

There's a relationship between low wage jobs for everybody and COVID that we should be thinking about as a general public, those people in occupations that put them in close personal contact with others are at greater risk of getting the virus. And let me give you the classic case in point is home care workers, and home health aides. Those are at very high risk. Think about what the work is, and you can't do that job from a social distance. Furthermore, those workers weren't first in line to get personal protective equipment. Shocking as that may sound, it was quite a few months down the road before that was routinely applied. So low wage jobs equal greater exposure.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Furthermore, it's more likely that people in low wage jobs will be from communities that have been greatly affected by the virus, which means that the virus is more prevalent in their communities, which means that they are at greater risk. So you have a storm of risk affecting some workers much more than others.

Ramona Schindelheim, WorkingNation editor-in-chief:

There was already evidence of discrimination, age discrimination against older workers. Do you think this perception that older adults are more susceptible to coronavirus has an impact in the workplace?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Absolutely. And it's now been long enough so that evidence is beginning to accumulate. We knew it from a common sense perspective from the beginning, but now data is starting to catch up with common sense and show that older workers are more likely to be not called back in the context of economic recovery. Unemployment rates are remaining stubbornly higher, and furthermore, that difference is gendered and raced. We need to practice the equivalent of universal precautions in every workplace, not rely on the fact that we could sort out the risky workers from the safe workers. We can't do that, we need to change the workplace, not change the workers.

Ramona Schindelheim, WorkingNation editor-in-chief:

You know, those rules that you're talking about, they can be applied in an office, a factory, a building, even a restaurant, but how can you extend that type of protection to someone who's going into someone else's home? How can you ensure that that is a safe place to work?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Right, that's a different set of challenges, very much so. It's a reasonable long-term goal that all residences should have appropriate air filtration also, but it's not a realistic, immediate term goal. And so we have to think of the next line of defense against contaminants, and that's personal protective equipment. And personal protective equipment was not invented for COVID. This is part of the armamentarium in the health sector for a long time. I mean, think about your image of an operating room, from TV, from movies, there's masks and gloves and caps and gowns. And in truth, full protective equipment should include those things and, fundamentally, training.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

So we currently have terrible training requirements for home health aid and other aids. Many individual people, and some states and some facilities, require much more than the minimum training, but we don't regulate an adequate level of training. And it doesn't matter how much equipment you give somebody if they don't fundamentally understand how the virus is transmitted and how to use that equipment, and how to practice safely.

Ramona Schindelheim, WorkingNation editor-in-chief:

We talked about underlying conditions could happen at any age, it doesn't matter if you're 20, 30, 40, or more. Are we a healthier older society now?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

No, we're not. Many of the underlying conditions that appear to affect susceptibility to COVID, and severity of COVID, are related to that cluster of conditions related to obesity and heart disease and diabetes. And those things are on the increase overall in the population, and they increase with age. So that's not good news in this regard. Furthermore, the difference in healthiness between people who've had advantages across their life course, and resources across their life course, and people who haven't, is growing and growing and growing. So to put it simply, the rich are getting richer and healthier, and the

poor getting poorer and less healthy, and that's increasing through time, and it increases across your age in your life course.

Ramona Schindelheim, WorkingNation editor-in-chief:

Is this a matter of lack of knowledge, a lack of public perception on what healthy aging looks like, or is this more systemic based in financial issues?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

This is directly related to our pattern of ignoring the wellbeing of people who are poor and who have disadvantages, and focusing instead on those who are advantaged. This is not those individuals direct fault, this is the fault of a system, despite everybody's best efforts in the public hospitals in New York City.

Ramona Schindelheim, WorkingNation editor-in-chief:

Recent numbers show that 8 million more people have slipped into poverty. This seems like it's going to exacerbate the problem with health and the coronavirus. Do you see any way past this, is this a community effort? I know you spoke about the government, but how do we get this to change? It's a simple question, but probably a complex answer.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Well, as you'd know, it's a complex question too. The key, I think, is to recognize that we need investment across all the different sectors from the first hour of life. We don't get healthy or unhealthy aging once we get old, we build that from birth. Similarly, the issues of poverty, and communities that are impoverished over a long period of time, is not the simplistic single answer of, if there was a job, this problem would be over. When you have inner generational exacerbated growing poverty, you need investment at every level. So investment in education is the absolute foundational core. There's a big gap in the level of inputs and the level of outcomes of public education, leave alone, leave aside, private education, between resource and less well-resourced communities, documented for 50 years, at least, in educational outcomes tested between Black and Brown kids as compared to White kids. And without that as the basis of everything, nothing else can work.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Similarly and equally foundational is investment in affordable housing. And then we get into jobs, job training, capacity, promotions, opportunities. But only when you've got the basis of education, housing and healthcare can we turn to jobs. Are people available for jobs without those basic components?

Ramona Schindelheim, WorkingNation editor-in-chief:

If you had a message for both older workers and employers thinking of hiring them now, what would it be?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

The first message is that work culture is enormously important. If your work culture values older workers, older workers know it. If, however, your work culture has older workers, they're on forbearance, there because we can't figure out how to get rid of them, then workers know it, and this sets a downward spiral where younger workers develop negative attitudes to older workers.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

On the other hand, in contrast, to make a workplace that delivers the message that it values older workers, one of the ways that older workers are rendered obsolete on jobs that they've had for a long time is that their employers stop making training on the latest equipment available to them. And then they miss that generation of sewing machine, and then it's the next one, and then it's the next one, and now they're hopelessly lost and can't keep their job. And we do the same thing in a knowledge sector where we let people say, "I don't want to learn that technology, I've learned enough technologies, and I'll just make do with the old one." And then look, something like COVID happens, and we all have to know every technology, and we've done a disservice to our older workers along the way.

Ramona Schindelheim, WorkingNation editor-in-chief:

And the message for older workers who are walking into these workplaces, maybe after months of staying at home, what would you say to them to address their own concerns, both health and culturally?

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Well, I would lead with what I learned during my time home with COVID. So to go back to where our interaction started, we're all working equipment that is new to us. It's equipment that other people used to work for us, but we've learned how to use it. We've learned how to take those new instructions. And so if I'm an older worker and I'm going back to my employer, I'm going with the narrative, the story, the information about everything I've learned through this experience, the way that it's changed me, the ways that I understand how I can manage myself and my own risk and help you to manage the risk in the workplace. That we're partners in this together, and I know what I'm doing.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Furthermore, as an older worker coming back from COVID, we talk about the way that we have resilience. Some of the studies that have been tracking people's mental health through the epidemic have had surprising findings. It is absolutely the case that social isolation is very bad for everybody, but we're learning that young people have social isolation too. And some old people have resilience, skills, experience that allows us to be less depressed on average, and less anxious, particularly, on average, than some younger people. So we go back into the workplace saying, "I've learned how important participating in work is. I've never been more motivated. I bring new skills, and I'm ready."

Ramona Schindelheim, WorkingNation editor-in-chief:

Ruth, thank you so much. I really appreciate you joining me today.

Ruth Finkelstein, Brookdale Center for Healthy Aging executive director:

Thank you.