



Social, Resource, and Institution Disruptions and the Evolving Lives of Economically Vulnerable Older Adults: Implications for Policies and Programs in the New Normal

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This article focuses on the impact of pandemic-related reorganization on the lived experiences of economically vulnerable older adults receiving food assistance. Thematic analysis of life narrative interviews from ninety older adults suggests three focal types of disruptions produced by policy, program, and system innovations: social, resource, and institutional. For the majority of study participants, modified or reduced social support, increased need for material resources, and changing institutions, programs, and policies have created significant disruptions in their lives at an age when capacity for adaptation is diminished. Understanding the impact of these disruptions is important to inform policies and programs that will emerge in the post-pandemic era. Efforts to protect vulnerable seniors have also decreased opportunities to access channels for communicating their needs.

Keywords: food insecurity, older adults, COVID-19, narrative gerontology

Older adults are at greater risk of COVID-19 related mortality and health complications (CDC 2021); and the economic consequences of the pandemic have disproportionately fallen on lower-income groups (Parker, Minkin, and Bennett 2020). These combine to create unique circumstances for older adults with few financial

resources—both because of their vulnerability and the increased economic precariousness of younger family members. Even though 9 percent of older adults live below the federal poverty line and this number is poised to increase as the low-income older adult population continues to grow (Administration on Aging 2021),

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senior needs and their experience of policy changes are rarely addressed in political determinations designed with working-age adults in mind. Our work focuses on the impact of pandemic-related reorganization of economic, social, and education services on the experiences of economically vulnerable older adults receiving food assistance; and older adults' perceptions of the implications of program and policy innovations on their present and future well-being.

Since the start of the pandemic, older adults were noted to be the most at-risk for severe illness and for mortality from COVID-19 (CDC 2021). At least 84 percent of older adults, those over the age of sixty-five, have at least one chronic health condition (NCOA 2020), making them particularly vulnerable to COVID-19 complications. This vulnerability led to policies enacted to protect older adults but that also increased the isolation of older adults.

Initial policy responses designed to protect older adults included stay-at-home orders, private retail stores offering restricted times for senior shopping, and increased options for home deliveries of food and medications; these policies have produced mixed positive and negative results for seniors (Monahan et al. 2020). Considerable attention has been paid to social and psychological impacts of social isolation. Extant research from before the pandemic clearly demonstrates the profound impacts social isolation and loneliness can have on mental and physical outcomes, particularly among seniors (Kuiper et al. 2015; Leigh-Hunt et al. 2017; Ong, Uchino, and Wethington, 2016). Despite knowledge that increased social isolation was suboptimal for older adults, social isolation was often an accepted trade-off as measures to protect physical health were enacted. Since the pandemic began, older adults who were already distant from family previously have become much more likely to become increasingly isolated (Gauthier et al. 2021). Yet many of those who were already well connected have noted concerted intergenerational efforts to ensure and maintain some kind of contact (Morrow-Howell, Galucia, and Swinford 2020). Thus the impact of the trade-offs inherent in COVID-era policies are likely to vary within the older adult population.

Social isolation was also confounded by economic impacts. Older adults were not immune to the economic downturn that occurred during the COVID-19 pandemic, and many who had continued to work found themselves without employment and had difficulties finding a new job, similar to trends after the 2008 recession (Johnson and Butrica 2012). Adults over age sixty have historically been significantly less employed in telework positions than all other age groups (Lister and Harnish 2011). Low-income older adults, who are unlikely to have high educational attainment, are even less likely to have teleworked during the pandemic (Bureau of Labor Statistics 2021). Additionally, many low-income individuals are in low-skilled or service positions that do not regularly have telework options (Johnson and Wang 2017).

For many older adults, increased economic challenges resulted in increased likelihood of food insecurity. In response to the overall increase in food insecurity, Supplemental Nutrition Assistance Program (SNAP) benefits were expanded and the process for accessing the benefits was simplified. These changes helped ease the strain placed on the charitable food distribution sector, which had seen a sharp increase in demand. Charitable food distribution among pantries and food banks across the nation increased from 9.1 percent in 2019 to 13.5 percent in July 2020 in response (Ziliak 2021). At the start of the COVID-19 pandemic, the number of older adults receiving food assistance from charitable organizations decreased sharply due to sheltering in place and other social distancing restrictions; since then, however, the number has increased again (Ziliak 2021). The early decline most likely reflected a detrimental impact on senior mobility rather than a decrease in need. Even with the expansion and simplification of SNAP and the increased use of food pantries, food insufficiency among older adults increased from 2.8 percent in December 2019 to 4.9 percent in July 2020 (Ziliak 2021). When food insufficiency is taken into consideration with reduced variety in nutrient intake, there is a dramatic increase in the nutritional deficits among older adults. Seniors reported food insufficiency with reduced variety at a level of 14.5 percent in December 2019

and this figure jumped to 33 percent in July 2020 (Ziliak 2021).

In this article, we address how the COVID-19 pandemic has shaped social and political responses and highlight the disparate consequences of those responses, specifically within a highly vulnerable population due to their age and socioeconomic status. We examine ways in which the pandemic interrupted social, resource, and institutional systems that low-income older adults depended on to promote their own and their households' well-being. Understanding the impact of these disruptions is important to inform policies and programs that will emerge in the post-pandemic era and to ensure that they comprehensively address the inequalities vulnerable senior populations face. In many ways, efforts to protect vulnerable seniors have also decreased their opportunity to access channels for communicating their needs, making this work particularly important.

THEORETICAL FRAMEWORK

In our approach, we borrow from the field of narrative gerontology, whose theoretical focus on storytelling and collaboration we find uniquely valuable in recreating a more complete picture of the lived experiences of our interlocutors. A primary outcome of narrative gerontology is to redeem the value of individual lives (Moody 1992), and thus it can provide deeper insight into the challenges and inequalities faced by marginalized populations. This is particularly important during the pandemic, given that so much of the emphasis has been on disease prevention and clinical outcomes that the disparate consequences of public health policy and programming have not been fully examined.

Based on the psychologist Jerome Bruner's development of the "life as narrative" metaphor (1987), narrative gerontology points to "life-making" storytelling as a valuable insight into the inner workings of the process of aging (Kenyon and Randall 1999). We also intend that our work with older adults may provide a space for them to express their stories to help alleviate what social workers Clive Baldwin and Jennifer Estey (2015) call "narrative loss," which occurs when changes and developments during

the aging process disrupt the ability of older adults to narrativize their lives. The social distancing and isolation during the pandemic may have also contributed to narrative loss, like that which can occur when an older adult moves to a centralized long-term care center (Blix 2016, 34), and thus may have further limited the stories told by older adults. The interview encounters for this project thus provided a space for isolated older adults to connect with another social being and to continue to construct the narrative of their life.

An important theme in narrative gerontology is that of the creation of wisdom environments, which are designed to acknowledge the lifelong process of self-storying and meaning-making in a collaborative and respectful way. In such an environment, "we continuously refine our ability to listen explicitly and deeply for stories, themes, genres, and plots in one another's lives and we strive to be present to each other's wisdom" (Randall and Kenyon 2004, 341). This type of engaged listening is particularly valuable to appreciate the wisdom and experience of marginalized lives. By creating wisdom environments, we as researchers can better recognize what pandemic-related events low-income older adults identify as important plot points in their lives, as well as how they situate their responses to the pandemic into the greater storyline of their lives. Their shared wisdom can then, in turn, help inform future policies and programming that directly affect older adults' lives, especially the most vulnerable among them.

METHODS

Data for this article come from a mixed-methods project examining food and economic security over the life course of older adults. We define older adults as anyone over sixty following funding guidelines that mirror age coverage in Feeding America's *The State of Senior Hunger in America*. We recruited 107 low-income adults over sixty selected from food assistance agencies throughout Dallas, Texas, of whom ninety provided complete data from life history interviews and bimonthly follow-up surveys asking them to elaborate on various experiences. The baseline life histories allowed for participants to delineate the degree to which they viewed the

pandemic as salient in their general personal narrative; the follow-up surveys trained the focus of their narratives more specifically onto the pandemic. Interviews and surveys were conducted from June 2020 to May 2021, either in person at recruitment sites or over the phone. By the start of the data collection period, the governor of Texas had lifted many of the pandemic-related restrictions; however, the food assistance organizations continued to follow their own public health protocols throughout the data collection period. Interview questions covered general positive and negative experiences during the pandemic, as well as access to food and resources. We assessed food security using the standard U.S. Department of Agriculture (USDA) household food security survey (Coleman-Jensen et al. 2019) and other material hardship with questions from the Adult Well-Being Topical Module of the Survey of Income and Program Participation. We recruited from four primary types of food assistance agencies: traditional food pantry, congregate meal program, community distribution partner site, and social services resource center. However, once the pandemic started, the congregate meal program transitioned into a drive-through food distribution center and the services provided at the resource center diminished greatly. The traditional food pantries in our sample had previously used a self-choice model and switched to prepackaged boxes during the pandemic. Sampling was opportunistic within strata designed to capture heterogeneity within the low-income older adult population (for a sample description, see table 1). Our recruitment focused on one urban center (Dallas), but because of the locations of our multiple recruitment sites, our sample does consist of people from throughout the county. Thus large urban centers with similar socioeconomic diversity as Dallas may find relatable experiences within their older adult population.

Data Analysis

We analyzed qualitative data using thematic and narrative analysis and quantitative data using descriptive statistics. Interview fieldnotes were reviewed for major themes of disruption due to the pandemic, and interview transcripts were coded for details based on identified

Table 1. Sample Description

Sample Description ($n = 90$)
Household structure
Single adult (50)
Multiple older adults (13)
Multigenerational (37)
Food assistance type
Food pantry (52)
Congregate meal program (17)
Community food distribution site (18)
Resource center (13)
Food security
High (31)
Marginal (31)
Low (25)
Very low (13)
SNAP participation
Receive benefits (44)
Race-ethnicity
Black/African American (57)
Hispanic/Latinx (31)
White (12)
Gender
Female (82)
Male (18)

Source: Authors' calculations.

Note: All numbers in percentages.

themes. We assessed narrative flow in transcripts to identify key moments and characters of the pandemic in our participants' lives. We further examined heterogeneity in outcomes and perceptions of major themes in relation to household structure, food assistance type, and race-ethnicity. For each type of disruption, we include newly developed strategies low-income older adults have needed to cope with what is called the new normal.

RESULTS

The narrative of our participants' life stories demonstrates the variety of ways the pandemic affected older adults. It is evident that the pandemic has shaped how the majority of our participants respond to emergent situations and ongoing stressors. Several participants, however, focused on nonpandemic issues as the dominant feature of their life. For example,

many Black participants voiced greater concerns about increased violence toward people of color after the protests in response to the murder of George Floyd and apparent racist rhetoric from officials in the Donald Trump administration. The combination of the social unrest during the summer of 2020 and the disparate impact of the pandemic on communities of color was particularly troubling for participants, who highlighted previous experiences of racism throughout their lives. For most, though, fear of illness and not receiving adequate care or of a loved one dying were the primary concerns.

The narratives further demonstrated major shifts in the day-to-day needs and routines of participants. Our findings highlight the impact of pandemic-related reorganizations in federal SNAP policy, regional social service structures, and local education systems on their daily lives. Thematic analysis suggests three focal types of disruptions in the lives of older adults produced by these policy, program, and system innovations: social, resource, and institution disruptions (see table 2).

Social

Pandemic-related social disruptions for older adults have been widespread and are reshaping social networks. Of our respondents, the majority (67 percent, $n = 90$) commented that their social life and well-being had been disrupted in a negative way, 9 percent thought that the pandemic had caused positive change in their life, and 24 percent suggested that it was not a prominent feature in their life. People who lived by themselves and people who lived in multigenerational households were represented within each category. Ten of the twelve participants who lived with a spouse or partner or someone else similar in age all reported negative experiences and two reported neutral experiences; that is, no one reported positive changes. Negative changes included an increased state of worry and fear about catching the disease and possibly spreading it to loved ones, social isolation from stay-at-home orders, and decrease in social activity such that participants voiced concern that a physical toll was being taken on their bodies. One interlocutor in her eighties told of how the pandemic was

negatively changing both her physical health and her mental understanding of her aging process: “I was very active before. I would go to [the senior center] and do all kinds of things. Everyone always told me I look younger than I am. Now, I just sit around all day. I’m feeling my age” [paraphrased]. Another, however, suggested the pandemic was a major and positive plot point in her life: “To some degree it’s been an adjustment, but it’s also allowed me to refocus. I’ve had to figure some things out, and it’s made me stronger” [paraphrased].

Most participants (73 percent) reported a considerable decrease in seeing friends and family members in person. Some variability was evident in how challenging this was based on household composition. When it came to participants who lived alone, only 12 percent saw their friends and family as often as before the pandemic. In a handful of cases, the participants said that they never saw friends or family before the pandemic; thus the pandemic played a limited role in their social lives. One who felt that the pandemic was shaping her way of being said,

My kids live so far away. I mean, I’m happy for those who have their kids around . . . but it just makes things harder. I still communicate with them a lot . . . and that helps. But I feel like I can’t go anywhere, or can’t do anything that I would like to. Not that I went out that much, it’s just that opportunity to be able to get up and go. Now, I have to think about it. I have to make sure if I go to the grocery store, it’s early in the morning when there’s not a lot of people.

Many of these participants who lived in senior living facilities lamented the restrictions on resident gatherings. One said she thought her communication with her children and friends had improved because of more purposeful phone and video chat interactions, but the rest generally agreed that telecommunication was not the same quality as in person.

Of those in households with school-age children ($n = 26$), all older adults were assisting with the switch to virtual learning. As one said, “There is just so much changing now, ugh . . . y’know, I’ve got to homeschool now all day.

Table 2. Exemplar Quotes for Different Disruptions

Disruption Type	House	Food Assistance	Food Security	Race	Gender	Quote
Social	Single	Meal program	High	Hispanic	Female	My kids live so far away. I mean, I'm happy for those who have their kids around . . . but it just makes things harder. I still communicate with them a lot . . . and that helps. But I feel like I can't go anywhere, or can't do anything that I would like to. Not that I went out that much, it's just that opportunity to be able to get up and go. Now, I have to think about it. I have to make sure if I go to the grocery store, it's early in the morning when there's not a lot of people.
	Multigen	Food pantry	Low	Black	Female	[Daughter] refused to pay her part . . . She got out, but she left [grandkids] . . . this pandemic. We were having such a good time at church and graduation was coming up, and the boys . . . There is just so much changing now, ugh . . . Y'know, I've got to homeschool now all day. Busy all day until 3, ugh.
Resource	Multiple older adults	Food pantry	Low	White	Female	We used to buy the discounted Six Flags passes for an exercise class . . . Then we started getting the food pass . . . and you eventually learn the "tricks" to get certain foods, like fruit instead of fries. We used to save a lot of money, but with COVID, now we're spending more. To go to Six Flags now, you have to make a reservation online, and we're just not that type of people.
	Multigen	Meal program	Marginal	Hispanic	Female	My son and his family [spouse and four children] moved back in with us around the end of last year, before COVID. It was supposed to be until he got back on his feet. Now, it's impossible for him to find a job, and my disability check doesn't cover it all.
Institution	Multigen	Food pantry	Marginal	Black	Female	The [food pantry] tried to help me get SNAP back in September, but I was only going to get \$16, and the paperwork just isn't worth the hassle.
	Multiple older adults	Communal food distribution	Very low	Black	Male	I tell you I'm trying my best. I need to go back to work. What little money I get a month it ain't buy crap. It helps but it ain't enough.

Source: Authors' calculations.

Busy all day until three, ugh.” Several joked that helping with virtual learning was not how they envisioned spending their retirement years. They suggested a loss of control but most were willing to go along with it because their role as matriarch was of the utmost importance for them and their families.

One of the biggest areas of social disruption involved church attendance. Before the pandemic, 69 percent of the sample regularly attended church one or more times a week. For many, church activities were their primary source of social life, and they were looking forward to being able to get back to church in person: “I miss going to church. It is easier to do by phone, but I miss being there in person.”

Similarly, the inability to gather in groups for important social events was a major source of lament for the vast majority of participants. Several mentioned that the “holidays just don’t feel like the holidays anymore.” Funerals, in particular, were a difficult time for many who had lost friends or family members, either from COVID-19 or something else: “We have had some but most gatherings just are not happening. Funerals and weddings have been modified and are strange. There is no physical touch. You can’t hug someone to console them when a loved one dies. The only exception is my mother who is eighty-eight. I can’t not hug my mother” [paraphrased].

In some cases, social disruptions intersected with resource changes. For example, several of the seniors began to receive their food assistance boxes through the mail (positive resource disruption). Although most appreciated the convenience of not having to go outside, several lamented not getting a chance to see the pantry volunteers, whom they regularly referred to as “friends” (negative social disruption). Many of these individuals expressed more reluctance or hesitation to reach out to pantry workers to ask for assistance at tasks such as SNAP application completion, a service the food pantry sites typically provide onsite. One interlocutor mentioned reaching out for transportation help and that the program manager had been rude to her. She acknowledged that they were probably overwhelmed, but she still needed the services and did not deserve to be treated poorly. Additionally, several com-

plained that so many application services had switched to online only, and that they did not have a computer or internet access. For some, their phone was their primary internet connection; but they found it difficult to maneuver through complex application materials on such a small screen. Multiple people complained that the state’s phone-based health and human services hotline (211) was never answered and that they did not receive calls back after leaving a message.

Strategies to address social disruptions had mixed results. As noted, many older adults attempted to speak on the phone or video chat more with friends and family members to address the isolation they felt. Several mentioned being excited about learning the new technology. Only one, however, clearly stated that this had been a positive experience. Most agreed it was not the same as in person. Some used the isolation time as an opportunity to change certain habits and become more self-reflective, as the following interlocutor suggests: “Any time I was down I used to go shopping. I’d go to the Dollar Store and pick up some small things. So I’ve saved a lot of money because I don’t do that no more. Now I read instead, especially my Bible verses. I get to devote more time to reading my Bible” [paraphrased]. Although reading biblical passages does not replace the sense of community built through regular church attendance, it does allow for many older adults to continue to practice their faith in ways that are meaningful to them.

The limited ability to access social workers and program providers also provoked mixed coping responses. Many individuals went without requesting services because they were unsure where to turn, while others took pride in being able to advocate for themselves. For example, the woman who was treated poorly by a program manager laughed and said, “she’s going to meet ‘Mean Me.’ No more, ‘Nice Me.’”

Resources

Resource disruptions have been widespread. Demand for food assistance has vastly increased during the pandemic, straining existing food assistance systems. Federal programming increased SNAP benefits and provided resources for the USDA to increase its distribu-

tion of food to community organizations. In addition, many private donors increased charitable giving to the food sector. The influx of resources for food assistance led to variable results for study participants. Given the sampling of older adults across food assistance sites, almost all participants received charitable food distribution or SNAP benefits, or both, before the pandemic. Five participants started receiving assistance as a direct result of the pandemic. Although new food assistance recipients were more negative about the trajectory of their life (such as “I don’t know how I ended up here”), the small numbers did not allow for a more thorough comparison of individual responses to the pandemic between those who were new to food assistance and those who were not. Among those accustomed to food assistance, participants provided mixed responses regarding their experiences of charitable food distribution during and before the pandemic. A handful of participants felt as if they were receiving more food at their regular food pantry. Others (three participants) noted that more churches were providing food distribution services on a more regular basis to allow for participants to have their needs met throughout the month. Yet several who received food through a community distribution program and two food pantry clients reported closures of much-needed local programs, longer wait times to receive assistance due to an uptick in clients, and less assistance at each encounter.

Most notable was the change in delivery method from walk-in services to drive-through or delivery and from self-choice to prepackaged boxes at the food pantry sites. In general, most participants enjoyed not having to get out of their car. However, food pantry clients strongly preferred the previous system of being able to choose their foods, and those who were receiving delivery boxes missed receiving perishable items. All participants noted a general increase in canned goods; for many, the high sodium content of canned goods was a significant concern given dietary restrictions. Clients at the community food distribution sites noted the increase in demand also meant a longer wait in their car, without access to bathroom facilities and sometimes under difficult weather condi-

tions if their car did not have properly functioning air conditioning and heating. Texas saw both extreme heat and extreme cold temperatures at various points during the data collection period. Additionally, one participant stated that once she started working part time in the mornings, she was no longer able to make the food pantry hours yet still needed the assistance.

Two respondents discussed how they used to rely on unconventional food resources, namely, the all-you-can-eat food program at a local amusement park. Although the upfront expense was costly on an annual basis, they figured they saved hundreds of dollars over any one year in food expenses. They had also learned various tricks to ensure that they received fruits, vegetables, and other healthy items instead of just the chips and French fries openly available. They had bought their annual pass the month before the pandemic hit and were then unable to use it, thus losing a substantial amount of money they needed to cover food expenses throughout the year.

Older adults have also experienced increased need for a variety of household resources as a result of the pandemics reorganization of education and work systems. Approximately 50 percent of our participants had difficulties paying at least one of their bills during the pandemic. Many noted an increase in their bills due to their being at home more, and a handful of the twenty-six households with school-age children had to add the cost of internet services for virtual schooling to their monthly bills. A majority struggled with their bills before the pandemic and were accustomed to receiving rent or utility assistance (or both) through county social service programs. A few noted that it was more difficult to get help because programs ran out of money given the higher demand for funds because of the pandemic, which added extra daily stress. Although most of the financial stress was not solely due to the pandemic, some did have difficulties in meeting their financial needs specifically because of the pandemic and related increases in unemployment. For example, one retiree noted the financial struggles she faced: “My son and his family [spouse and four children] moved back in with us around the end of last year, be-

fore COVID. It was supposed to be until he got back on his feet. Now, it's impossible for him to find a job, and my disability check doesn't cover it all."

Another participant's daughter moved back in with her and her husband, and they did not struggle financially. Instead, they appreciated the increased interaction with their daughter because it directly helped them alleviate their feelings of isolation during the early months of the pandemic. Those who did struggle financially found that finding employment was one of their biggest challenges. Several remarked that it seemed as if they were being discriminated against because of their age.

Nearly all participants had at least one major chronic health condition that put them at greater risk for severe illness, even after vaccination. The majority have relied on county health services to keep their medical expenses low. Almost all of the sample bypassed dental cleaning services during the pandemic for both public health and financial reasons. Even after dental clinics started to open again in the summer of 2020, more than half of the participants who needed dental work done were still not able to afford the care they need. Only a few participants had medical procedures that needed to be postponed because of the pandemic. By and large, those who received Medicare (approximately 80 percent) did not report any concerns about seeing their primary care providers. Yet those with home health care lamented the changes in care policies to maintain social distancing. Little is known about the degree to which pandemic restrictions on home health care may have an effect on morbidity and mortality of older adults (Sands, Albert, and Suito 2020). Our participants suggest the changes have had at least a short-term negative impact on their physical and mental health needs.

Many participants discussed strategies to ensure that they were able to make the most out of the food they received. Several, for example, reported washing all the canned food items to remove any excess salt. This was a practice they did before the pandemic, for which all but one reminisced over how it was something they learned from watching their mothers, but it became more commonplace

with the increased number of canned food items being distributed. A few also got into the practice of looking up new recipes on their smartphone when they were given food items they did not know how to use. In the past, these same people would have been likely to pass along the unknown food item to another neighbor in need.

Institution

Institutions have acted to lessen the stresses on older adults but many of these adjustments have not been well understood and themselves been sources of disruptions and stress. In our study location, SNAP benefits were increased to the maximum available by household size and automatically renewed; and the process for new applicants was streamlined. COVID policy changes indicate that all single household recipients should receive \$234 (currently) in SNAP benefits. However, the older adults interviewed reported seeing only a minimal increase or none at all in their monthly SNAP benefits, even when they received less than the maximum allowed. Of the participants who receive SNAP benefits ($n = 46$), the vast majority stated that they noticed an increase in their monthly benefits, but several reported that the increase was minimal. For example, one participant reported that their benefits went from \$16 to \$23, which is inconsistent with pandemic-related SNAP policy changes mandating all recipients receive the maximum household amount.

Additionally, the reduced application burdens have not been effectively communicated. Many participants stated that they tried to apply for benefits but found the process to be too complicated, as one suggests: "I don't know why they make seniors jump through so many hoops. You need a college degree to fill out this paperwork, and even then you still don't know if you're doing it right" [paraphrase].

Even when able to complete the paperwork, several said that the hassle was not worth it for the low amount of benefits they received (typically reported as \$16). In some of these cases, though, the experience was pre-pandemic and the respondents were not aware of the streamlined process or the increase in benefits included in the federal Coronavirus Food Assis-

tance Program. As mentioned, limitations to onsite encounters at food distribution sites also posed a barrier for some participants to seek assistance with completing SNAP paperwork. Disruptions in older adults' social support networks and increased stress brought on by heightened resource needs and disruptions in the social safety net have in many cases likely impaired participants' ability to seek help in understanding the institutional and policy changes put in place to better help them during the pandemic.

Access to COVID-19 vaccinations proved to be a challenge as well for many of the interviewed seniors. By May 2021, the majority of the participants had been fully vaccinated but many struggled to get an appointment or were discouraged by early reports of waiting up to eight hours in a car at some vaccination centers. As one interlocutor related, "I'm eighty-plus years old and have an incontinence problem. I can only go about twenty minutes before I need to use the restroom, and it's too hard for me to use one of those porta potty things. I need something closer to my house and where I can just go in get the shot and get out. I'll wait until I can get it at one of the pharmacies nearby" [paraphrase].

Even though the vaccination centers had become vastly more efficient by March 2021, participants like this one felt like they could not risk being stuck in line for an undetermined amount of time. Others mentioned difficulties with signing up online and being unaware of vaccination sites closer to their residence. Here, too, the limited contact with case workers who had information on vaccine drives posed yet another barrier to information seeking and information dissemination.

Institutional disruptions proved difficult for older adults to develop appropriate response strategies. Institutional disruptions were often haphazard and further disrupted social networks, which otherwise may have been helpful for developing response strategies. For example, several participants learned about a nearby vaccination site with available appointments only when a friend gave them a call. Thus social disruptions significantly impaired participants' ability to respond to institutional disruptions, which highlights the need for a more

nuanced political response that takes into account the lived experience of older adults.

DISCUSSION

Using a narrative gerontology approach, we are better able to understand the lived experience of older adults and how the pandemic is affecting their understanding of their lives. This is particularly important for low-income older adults, who are at increased risk for severe illness and major socioeconomic stress. Those we interviewed clearly indicated the ways in which social, resource, and institutional disruptions were affecting them. In many cases, the social, resource, and institutional disruptions faced by older adults intersected, potentially exacerbating any resultant negative outcomes. Resources were harder to obtain and social connectivity was lost alongside these resources. Regaining social connectivity was hampered by pandemic constraints. The ability to adjust to institutional and resource changes was diminished by social disruptions because people were cut off from their face-to-face information flows. In this discussion, we situate these disruptions and the response strategies of the seniors in our sample within three defining dimensions of a narrative gerontology framework: temporal, poetical, and spiritual (Randall and Kenyon 2004).

Temporal

In our life narratives, the understanding of our past and anticipation for our future is mediated by the interpretation of our present (Randall and Kenyon 2004). The focus of our stories becomes particularly important for analysis as we select which moments are worthy of greater detail than others. Two key temporal elements are clear in the senior stories we collected: negative experiences of SNAP benefits projected present and future frustrations, and social disruptions affecting activity levels shifted senior understandings of their aging process.

Among our participants who applied for SNAP benefits at any time in their lives, narratives included considerable details regarding their experiences attempting to apply, successfully applying, and receiving benefits. Even those who currently receive benefits acknowledged some of the difficulties they faced in ac-

cessing benefits throughout their lifetime. The federal Coronavirus Food Assistance Program included funding for expanded SNAP benefits and mitigated the application process, yet experiences reinforced skepticism among seniors regarding these policy changes. Detailed and painful recollections of “jumping through hoops” and receiving minimal assistance led many to distrust any suggestion of a streamlined and financially supportive system. Those who received SNAP benefits also expressed distrust regarding the expansion of benefits during the pandemic. They recounted times that benefits either increased or decreased without their knowledge, making it difficult to plan and creating concerns about bureaucratic errors. The past and current experiences reflected in the senior life narratives clearly indicate the need for information dissemination that ensures greater awareness among those most in need.

Additionally, the seniors who were new to receiving food assistance because of the pandemic had to reorient their life narratives and the trajectory of their lives. Again, not enough were in our sample for a meaningful comparison with those who had received benefits previously, but those seniors who had just started expressed uncertainties about SNAP benefits in regard to their eligibility, how to apply, and where to go for more extensive assistance. The limited contact with social workers at the food distribution sites potentially exacerbated their needs going unmet in ways unique to the pandemic. Their experiences provide further support for more expansive awareness campaigns.

Many of the seniors interviewed also reoriented their life narratives as a response to the social disruptions related to public health measures aimed at preventing the spread of the virus. Initial measures related to social isolation favored physical over mental well-being, but physical well-being appeared to be narrowly defined to not contracting COVID-19. Research indicates that both can be diminished with social isolation (Kuiper et al. 2015; Leigh-Hunt et al. 2017; Ong, Uchino, and Wethington 2016), and peer group exercise activities, such as those often found in senior centers, have been found to promote both, such as by alleviating

depression (Kanamori, Takamiya, and Inoue 2015). The seniors we interviewed shared how social isolation was affecting their mental states and taking a physical toll on their bodies. Stay-at-home orders and the closing of senior centers curtailed most opportunities for seniors to remain physically active, especially low-income seniors who live in areas with limited green spaces and sidewalks. The unintended physical consequences of social isolation had profound effects on senior life narratives and how they understood their aging. Comments on “feeling [their] age” and general feelings of losing control of their lives indicate how well-intended public health measures can produce considerable physical and psychic harm.

Poetical

The poetical dimension of narrative gerontology incorporates literary components to reflect on the ways in which older adults make meaning of their lives. The component of the “context of self-storying” (Randall and Kenyon 2004) is of greatest relevance here to understand the particular ways COVID-19 becomes part of our narrative environment (Bruner 1990; Randall and McKim 2008) and shapes our life stories. Interestingly, some apparent genre shifts in the life narratives of our interlocutors (such as positive changes resulting in a contemplative shift reminiscent of lyrical poetry) were evident, but not always clear enough to discuss in detail for this article.

The COVID-19 pandemic undeniably shaped the lives of seniors and nonseniors alike. Incorporating the pandemic into our narratives can provide insight into the social constructs that guide the complex ways in which we participate, individually or collectively, actively or passively, in our broader environment (Holstein and Gubrium 2000). Concerns about contracting the virus and spreading it to loved ones was the primary way the pandemic reflected the individual and collective connections our interlocutors had. However, social distancing measures created a mixture of active and passive engagement in senior lives; on the one hand, many perceived little choice in what they did or how they lived their life; on the other, they had to be much more intentional on the timing of

when they did mundane tasks, such as grocery shopping. They recognized the situation as one that everyone had to contend with while experiencing the shrinkage of their personal environment because of social isolation.

Potential narrative challenges are numerous at any age but particularly among seniors as their narrative environments start to shrink (Randall and Khurshid 2016). One of our primary concerns was the potential for “narrative loss” (Baldwin and Estey 2015) as the daily lives of our participants narrowed due to individual fears of susceptibility to the virus coupled with social isolation policies. The inability to share personal stories with others may lead to a lost sense of self and greater feelings of desolation among seniors. Narrative loss may also lead to narrative foreclosure, or the premature belief that one’s life story has ended (Freeman 2000). Many of our participants reflected on new chapters starting in their life (such as changes in how they were spending retirement or caring for adult children again) that suggested further narrative development; however, the psychic harm of those who felt that they had profoundly lost control in their lives impeded their ability to narrate their present story. Ensuring ways to avoid (and reverse) narrative loss and narrative foreclosure are critical to maintaining mental well-being among older adults.

Spiritual

Finally, the spiritual dimension reflects on the ways in which meaning, identity, and wisdom inform each other. The creation of “wisdom environments” (Randall and Kenyon 2004) in the storytelling process can help us, as researchers, draw on senior insights to inform policy and practice. The senior life narratives suggest three important themes where their wisdom and experience could be particularly useful in guiding future policy and practice: social capital, employment, and early detection of inflation.

Senior life narratives illustrating social and resource disruptions indicated the relevance of social capital, which can have significant impacts on resource access, routine, adaptability, and even survival (Adler and Kwon 2002). Each level of social capital plays an important role in facilitating preventative behaviors for control-

ling the pandemic (Page-Tan, Marion, and Aldrich 2022, this issue). The importance of social capital in the study participants’ daily routine and post-shock strategizing was evident in their life stories.

Social service agencies, church communities, and family relationships were key sources of support for study participants before the pandemic. Since March 2020, many local social service agencies have shut down and those that remained open switched to drive-through or virtual services, which remained the case for our recruitment sites throughout our data collection period. Policy and program reorganizations have principally ensured that material services such as food distribution remained available, but the social connectivity provided by previous service delivery has been largely lost, which has had a significant impact on older adults. The decrease in engagement with other church community members in response to church closings further isolated many older adults. Additionally, family connectivity has been reorganized in response to the pandemic and related education system changes. Some older adults have been isolated from younger family members because of their higher risk of COVID-19 complications, and other older adults have taken on new roles to support virtual schooling for grandchildren. Before the pandemic, approximately three-quarters of low-income older adults were without high-speed internet services (Anderson and Perrin 2017). Thus low-income older adults as a group had more significant adaptation challenges when trying to regain social connectivity through virtual settings. Future policy and programming should be mindful to protect social connections.

The pandemic brought considerable shifts in narratives for seniors who were still working (or looking for work). Many older adults who wanted or needed to continue working were unable to find a job. Not all our participants qualified for pandemic-related unemployment programs if they had only just lost their job, but the pandemic limited their opportunities for gainful employment in unequal ways to other age groups. It affected their economic and social well-being; employment is often a key way to expand one’s social network. Ample research

demonstrates that age is regularly a discriminating factor in many hiring processes (Button 2020), and many of the seniors interviewed felt as if they were being discriminated against because of both their age and the labeling of their age group as high-risk for COVID-19. Narratives of seniors who struggled to find work further reflected loss of control. Protections against age discrimination in hiring practices need to be closely monitored during crises.

Last, the narratives of low-income seniors appeared to foreshadow general economic downturns. Despite suggestions early on that price increases due to agricultural supply breakdown have not been a driving force behind food insecurity during the pandemic in general (Gundersen et al. 2021), several of the seniors interviewed had noted price increases at their local stores, especially for meat, making it more difficult to maintain a balanced diet in the early days of the pandemic. The mixture of food quantity and food quality, between charitable food and foods bought at the store, reflects previous research indicating that being low income does not necessarily prevent food intake but does affect the foods one can afford and ultimately eats (Ziliak 2021). Yet these forced changes in individual diets are regularly missed when examining overall trends in pricing and food insecurity, even when accounting for food insufficiency. Small changes in food pricing are likely to be felt in significant and unequal ways by low-income populations and could serve as early warning signs of broader financial challenges to come, such as the national rise in food costs reported by the Bureau of Labor Statistics in early 2022.

LIMITATIONS

This study has a few limitations. First, the sample consists primarily of low-income older adults who were already receiving food assistance before the pandemic. More research should be conducted to examine any differences with older adults who only started to receive food assistance during the pandemic. Second, our sample also consists largely of women. Although the men in our sample echoed similar sentiments, it could be that more research is necessary to better understand gender dynam-

ics, particularly in relation to employment, during the pandemic. Third, we did attempt to compare differences between food assistance types, but because our congregate meal center site transitioned into a food distribution site, we did not fully capture the experience of many older adults whose congregate meal center shuttered completely.

CONCLUSION

We examine older adult pandemic experiences through the lens of temporal, poetical, and spiritual dimensions as defined by a narrative gerontology framework (Randall and Kenyon 2004). The life narratives of older adults during the pandemic delineate important features and disparate conflicts experienced in response to the pandemic. Our analysis of the temporal element of narrative gerontology reflects how experiences informed the ways in which the pandemic featured in the life stories of our participants and the poetical dimension shaped many of the strategies older adults used to navigate pandemic-related challenges. For most study participants, modified or reduced social support, increased need for material resources, and changing institutions, programs, and policies have created significant disruptions in their lives at an age when capacity for adaptation is diminished. However, our analysis of the spiritual dimension of narrative gerontology captures the ways in which older adult wisdom and experience can help us better understand key coping strategies emerging in the older adult population. These strategies will affect how older adults flourish or fail to flourish in the new normal. Emerging strategies can inform policy and programs designed to serve the growing population of economically vulnerable senior adults.

Through the creation of wisdom environment as espoused by narrative gerontologists (Randall and Kenyon 2004), we drew on the collective wisdom of the older adults interviewed and determined several coping strategies. These strategies should be considered by policymakers and program developers. A key issue, particularly for institutional disruptions, was the lack of awareness many low-income older adults had in policy and programs, specifically

regarding SNAP benefits and vaccine distributions. Awareness campaigns should take into account multiple points of dissemination given that many online modalities will not reach the target audience. Moreover, the perspectives of older adults should be solicited to incorporate and shape future programming. It could be useful to work more closely with local service providers, like our recruitment sites, to ensure access to older adults most in need of assistance. Additionally, information dissemination through local service providers may further promote positive behavioral responses through the established social capital they have with their clients (Page-Tan, Marion, and Aldrich 2022, this issue). For example, food boxes delivered to seniors could include written information to help older adults navigate emerging changes, or tailored hotlines could be set up to help them navigate institutional disruptions. Our work highlights the important role that service providers, churches, and other institutions play in creating informal social networks that help older adults in developing adaptive strategies. Data indicating the difficulties some seniors face in navigating the SNAP application processes support current legislative pushes to reduce the renewal frequency for older adults on fixed incomes. Finally, increasing broadband affordability could improve access to information and also meet the needs of low-income older adults who have school-age children living with them. These recommendations stem from the experience of low-income older adults as captured by a narrative gerontology framework that can be an important tool for informing policy and programming designed to meet the needs of those most at-risk in future crises.

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