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## **Aging, Vulnerability and Managing Type 2 Diabetes During a Pandemic**

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### **ABSTRACT**

Older men and women have been found to be more vulnerable to negative outcomes should they contract Covid19, particularly if they also have comorbid conditions such as type 2 diabetes. Cultural, racial, ethnic, and social class differences exist in vulnerability to Covid19 and in the prevalence of type 2 diabetes. In the United States, for example, diabetes rates for minority and immigrant populations are higher than for non-Hispanic whites. During the a social health crisis, it is helpful to explore the ways that illness management and associated vulnerability influences the ways that minority elders attempt to maintain and promote their well-being. This paper presents a case study example of an older immigrant woman, diagnosed with type 2 diabetes, and her struggle to manage her illness during a pandemic. The risk of developing diabetes in the United States is 3 to 1 and risks increase with age (American Diabetes Association, 2020). Almost 50 % of black women as well as Hispanic men and women will develop diabetes in their lifetime (CDC, 2019). Disparities such as these have their origin in intersecting risk factors such as health care and lifestyle factors such as tress, poverty, weight, diet, and exercise patterns. Being a member of an ethnic minority and being overweight are the two significant factors associated with the onset of type 2 diabetes. During the coronavirus epidemic, these same factors also increase the risk for infection and for greater complications, even death as a result of infection (Society for Women’s Health Research, 2020). This essay illustrates the increased vulnerability and challenges including loneliness facing older women with type 2 diabetes during pandemic isolation.

**AGING, VULNERABILITY AND MANAGING TYPE 2 DIABETES DURING A PANDEMIC**

Aging is associated with an increase in chronic conditions. Eighty percent of older adults have at least one chronic condition (National Council on Aging [NCOA], 2018). One of the more devastating chronic conditions is type 2 diabetes. More than 425 million people in the world are living with diabetes, including over 35 million Americans (Global Diabetes Research Centre [GDRC], 2020; Centers for Disease Control and Prevention [CDC], 2020). The risk of developing diabetes in the United States is 3 to 1 and the incidence increases with age. One out of every four individuals over the age of 65 is diagnosed with the disease; two out of four are pre-diabetic (CDC, 2020). While these numbers are shocking, the psychological, social, and economic consequences of diabetes are devastating—particularly during a pandemic (American Diabetes Association, 2020). Type 2 diabetes is also the 7<sup>th</sup> leading cause of death in the United States (Huizen & Weatherspoon, 2019).

An analysis of diabetes rates indicate that cultural, racial, ethnic, and social class differences exist in the prevalence of this disease. In the United States, for example, diabetes rates for minority and immigrant populations are higher than for non-Hispanic whites. Almost 50 percent of black women and Hispanic men and women will develop diabetes in their lifetime (CDC, 2019). Disparities such as these have their origin in many interrelated risk factors associated with health care access—stress, poverty, and lifestyle factors such as diet and exercise patterns. Being a member of an ethnic minority and being overweight are two significant risk factors associated with the onset of type 2 diabetes. During the coronavirus epidemic, these same factors have also been found to increase the risk for poor outcomes (hospitalization and death) associated with this new disease (CDC, 2020).

Social isolation exacerbated by the pandemic has significantly affected the quality of life for older adults with type 2 diabetes and other chronic conditions. For example, even though exercise is a crucial component of self-care, older adults with diabetes, particularly elders living in impoverished neighborhoods with a dearth of parks and walking trails, are less likely to be able to stay physically active (Edwards, 2006; Tahmaseb McConatha & Volkwein-Caplan, 2010).

Given the high rate of poverty in the U.S., more than 9.3% of all Americans over 65 live in poverty with the percentages up to 18.7 percent for African Americans (Administration for Community Living, 2018). Women are more likely than men to live in poverty, especially older minority women. Recent public health analysis have also found that these vulnerable segments of the population are also at an increased risk for Covid-19 infection and for greater complications and even death as a result of infection (Society for Women's Health Research, 2020).

Any diagnosis of a chronic illness is traumatic and life altering, but for those with limited economic resources and lack of access to health care, the situation becomes dire (Levesque & Li, 2014). As the pandemic rages throughout the world, elders at-risk, particularly minority elders, are likely to experience greater stress and higher rates of depression associated with fear of contracting the virus. In addition, they may be less likely to be able to manage preexisting chronic conditions such as type 2 diabetes. They may be unable to maintain necessary illness management strategies—regular exercise, good nutrition, and stress management and seek medical care (National Diabetes Education Program [NDEP], 2016).

Health inequalities, including those associated with Covid-19, are due, in part, to differential access to resources. One cannot separate how older adults attempt to manage their health from the context

of social life. Numerous studies have found that individuals with greater resources experience a healthier aging experience (Tahmaseb McConatha & DiGregorio, 2007). Researchers concerned with the health and well-being of older adults have long theorized that being a member of an ethnic or minority group has a negative impact on a person's later life well-being. It is well known that disadvantages accumulate throughout life course. Cumulative inequality theory posits that inequality is manifested through demographic trajectories, cumulative advantages and disadvantages—all linked to the aging process (Tahmaseb McConatha, et.al. 2019; Ferraro & Shippee, 2009). Although prejudices like racism and ageism play a role in the development of health-related inequalities, economic disparities and health care are the most significant causal factors. Income levels are also directly associated with preventative health behaviors, healthy lifestyles, the presence of community resources, stress, the early detection of illnesses as well as the quality of care received after diagnosis (Asif, 2014).

Pandemic isolation is also likely to increase health promotion challenges including the ability to maintain proper diet and physical activity. Even with strong family and social support, those with diabetes have reported increased feelings of isolation and loneliness, such feeling is likely to be compounded with the enforcement of social distancing. Feelings of vulnerability are likely to increase and the potential for developing diabetes related complications may also increase. A diagnosis of type 2 diabetes itself increases psychological vulnerability. Given that diabetes has numerous negative outcomes including possible blindness, loss of a limb, heart disease, kidney failure, and death, such a diagnosis often leads to feelings of helplessness, anxiety, and depression, in addition to increasing the risk of hospitalization and death from Covid-19. Increased susceptibility associated with diabetes during this stressful period is likely to result in additional stress, and anxiety.

### **SOCIAL STIGMA, OBESITY, AND MANAGING TYPE 2 DIABETES**

Social stigma emerges from discriminatory thoughts and behaviors toward a group. Public health emergencies like the coronavirus pandemic extend and deepen social stigma for certain individuals and communities. Given the contagious nature of this virus, fear and anxiety over potential infection can lead to the stigmatization of "at risk" populations. As such, pandemic anxiety is likely to lead to an increase in feelings of vulnerability among older diabetes patients. If one is older, overweight and from a minority population, people may perceive them as transmitters, which can create increased fear and anxiety about public spaces.

Stigma is also associated with discrimination. Discrimination is a social stressor, which negatively impacts health and well-being. Given the high levels of stress associated with social isolation, older adults with chronic conditions such as type 2 diabetes who also feel stigmatized are likely to be at an increased risk for additional comorbid conditions. Stress can reduce immune function, which further increases vulnerability. Being a victim of discrimination can also result in unhealthy behaviors. It can act as a barrier to healthy lifestyle choices like regular exercise. For example, feeling vulnerable can result in the avoidance of parks or other public spaces. Discrimination can lead people to engage in unhealthy behaviors such as consuming large portions of unhealthy food or alcohol as a way of coping with negative experiences (Jackson, Hackett, & Steptoe, 2019).

Older adults frequently experience age discrimination - stereotyping, prejudice, and discrimination towards people based on age. It is the most universal form of discrimination because it can be

experienced by anyone who lives long enough (WHO, 2020). Age discrimination leads to additional feelings of vulnerability, a state that is further compounded by chronic conditions such as type 2 diabetes. A recent study found that patients who experienced age discrimination were more likely to self-report poor health (diabetes, other chronic illnesses, and depression) than those who did not report experiences of age discrimination (Jackson, Hackett, & Steptoe, 2019).

Covid-19 media messages have increased feelings of vulnerability among older adults from minority populations who are confronting economic challenges. The case study discussed in this paper presents an in-depth example of how having type 2 diabetes during the pandemic can have a significant interactive impact on the fragile well-being of one immigrant woman. Veronica's case illustrates how fragile life circumstances can be for older immigrant and minority women. A case study approach can be useful in understanding the dynamic relationship between illness management and pandemic isolation. An in-depth understanding of the challenges facing older minority women can provide valuable insights into how older adults are attempting to cope with the social health crisis of 2020.

### **Veronica's Struggle**

Veronica, who is 67, provides an example of the challenges that older immigrant women of modest means are confronting during the Covid-19 pandemic. Veronica immigrated to the U.S. as a young woman of 22 when she left her native Columbia to marry. Her husband, also a native of Columbia, had established a painting business in the U.S. and had American obtained citizenship. Veronica attended Community College for one year and then had three children. She stayed home for 5-years and took care of her family. In time, she went to work as a building company office assistant. After 15 years of marriage, Veronica divorced and became a single parent with three teenagers. Although her former husband continued to help financially, she struggled to make ends meet. She worked long hours which meant that the family diet consisted mostly of a traditional Latin food—rice, beans, and meat and caloric take-out such as pizza.

Veronica was too busy and too economically challenged to purchase healthier or organic foods. At 52 she was diagnosed with pre-diabetes. She decided to make lifestyle changes. She bought more vegetables, ate less, and most of all started walking one hour a day after work. Although she felt better, one year later her doctor told that she had developed type 2 diabetes. Veronica realized that she also had inherited vulnerability to developing the illness as both her mother and aunt had had type 2 Diabetes. Veronica worked hard and was able to manage her illness without taking medication for several years. Throughout her fifties and sixties, she has kept keeping her diabetic number low, she watched what she ate and exercised regularly (walking three miles three to five times a week) to manage her illness. She also found that walking relaxed made her feel less anxious and more relaxed. When her children left home she moved to a pleasant, but small apartment in an urban neighborhood. She wanted to save money so that she could move to a warmer climate and be with a sister who lived in the South. Her plan was to move in three years' time before she turned 70. The pandemic isolation of the spring of 2020 has brought forward unforeseen challenges. Veronica's work hours have been cut to two days a week. With this cut in salary, she has had to dip into her savings. She is also concerned about losing her health care. In addition, she fears that because of her age, she will not be called back to work—even after more than 40 years for the same company. Given her current circumstances her move to a warmer climate may now become a distant dream. Veronica also worries about her health. What happens if she must go to the doctor? What will

happen to her if she becomes infected? She still tries to walk and eat properly. When she walks now, she feels uncomfortable and stigmatized, as if she is responsible for business closures. She also fears the crowded parks and streets near her urban apartment. She knows that staying active and eating right is even more important now, but she feels considerable stress and anxiety when she goes outside. Since the onset of the pandemic, Veronica is more isolated. She goes days without walking. Except for phone calls with her sister and her children, she has no social contact. The routine of physical activity which had keep her emotionally and physically stable for many years has dissipated. With an increased level of anxiety level, she is beginning to feel depressed. Instead of paying attention to her diet, there are days when she consumes her comfort food—rice, beans, foods from her childhood. These are dishes that can be prepared in large quantities, which means that so she does not have to worry about her next meal. Even so, she worries about her diabetes and the potential negative consequences of not managing her illness as well as she knows she should.

### DISCUSSION

Veronica's case is representative of the challenges facing other older immigrant women in similar circumstances. Her situation can shed light on a unique situation—the coronavirus pandemic of 2020. Her circumstances provide instrumental data on how economic and health factors shape coping experiences in trying times (Yin, 2009). Veronica's challenges offer insights how marginalized aging women struggle to cope with social upheaval and change. Her challenges are indicative of shared concerns that many single women experience—particularly immigrant women who live financially marginalized lives. In Veronica's case, exercise, diet, and planning her future have served as a long-term coping strategy. These lifestyle choices have helped her maintain a sense of control and they have been effective in helping her manage the anxiety associated with chronic illness.

The coronavirus pandemic of 2020 presents multiple challenges to the promotion of physical, social, and psychological well-being. Pandemic lifestyle changes can threaten long-term coping strategies and feelings of control over one's life. Challenges are compounded for older women like Veronica who are financially and emotionally vulnerable, particularly if they are managing chronic conditions such as type 2 diabetes. As Veronica's case illustrates, older women who struggle to manage type 2 diabetes or other chronic conditions face challenges that may be difficult or impossible to overcome. Feeling stigmatized; the inability to exercise; the irresistible desire for highly caloric comfort food; and the loneliness and isolation associated with quarantine tends to increase the challenges of managing type 2 diabetes (Cleveland Clinic, 2018; Dansinger, 2018). A critical examination of the implications of isolation for marginalized older adults with type 2 diabetes is also useful in understanding the implications of the discourse on aging and vulnerability during the Covid-19 pandemic.

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