

## The Effect of COVID-19 on Older Americans: Preliminary Results from the HRS COVID-19 Project

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**Abstract:** In response to the COVID-19 pandemic, the Health and Retirement Study (HRS) added new questions related to the impact of the pandemic on respondents' health and well-being. These questions were administered to a random half of the study's nationally representative sample of older Americans beginning in June 2020. Topics covered include respondents' level of concern about the virus; direct experience of the virus, including diagnostic testing; foregone or deferred health care; attitudes toward vaccines; economic effects, including effects on work, income, and spending; receipt of economic stimulus payments; care given/received; residential or household composition changes in response to the pandemic; and respondents' social contacts and psychological and emotional well-being. Additional COVID-related items from the 2020 HRS core data collection are forthcoming, including open-ended responses to a query about the pandemic's impact. Collection of these data is ongoing; an early release version of the data from 3,266 respondents is already available [here](#).

Preliminary analysis of the available data show that while very few respondents (about 2 percent) report that they or someone in their household has had COVID, 38 percent say they know someone who has had it and 17 percent know someone who has died. Close to 18 percent of the respondents had a doctor's visit delayed or canceled because of the pandemic; most of these visits were for managing an ongoing condition, a routine checkup, or screening. Respondents who had forgone a doctor's visit reported worse health and scored higher for depression. Concern about the virus is high overall and for subgroups defined by education or race/ethnicity. Among respondents who were still working (less than half), nearly a quarter stopped working entirely because of the pandemic, with much larger effects for respondents with lower levels of education. Income went down for almost one-fifth of respondents, including those with a college education or more. Spending changed as well, with highly educated respondents more likely to report spending went down rather than up and less-educated respondents more likely to report spending went up rather than down. About a quarter of respondents reported some kind of material hardship, including both economic hardships and having trouble buying food even though they had enough money. Economic hardships – the most common of which was not having enough money to buy food – were much more likely among respondents with low levels of education.

These data, combined with the wealth of longitudinal data on HRS respondents' health and well-being, provide a rich resource for researchers interested in studying the pandemic's many impacts in a national sample of older Americans.