

## Research Article

# Aging in Place During a Pandemic: Neighborhood Engagement and Environments Since the COVID-19 Pandemic Onset

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Received: July 21, 2021; Editorial Decision Date: October 27, 2021

**Decision Editor:** Barbara J. Bowers, PhD, RN, FAAN, FGSA

## Abstract

**Background and Objectives:** The coronavirus disease 2019 (COVID-19) pandemic may fundamentally change neighborhood environments and ways of aging in place. This research aimed to investigate perceptions of and engagement in neighborhoods since the pandemic onset among aging Americans.

**Research Design and Methods:** Data were from the COVID-19 Coping Study, a longitudinal cohort study of health and well-being of U.S. adults aged 55 years or older during the COVID-19 pandemic. In the present analysis, we conducted a qualitative thematic analysis of responses to an open-ended survey question about how respondents felt that COVID-19 has affected their neighborhood and relationships with neighbors. The survey data were collected June–September 2020 and analyzed for a random-stratified subsample of 1,000 study participants. Sampling quotas for age, gender, race/ethnicity, and education aimed to match the U.S. population aged 55 years or older (average age: 67.7 years).

**Results:** We identified 4 overarching themes: altered neighborly social interactions, support levels, and community environments; and no observed changes. Geographic factors that affected neighborhood engagement included age structure, sociopolitical diversity, urbanicity/rurality, and walkability; while individual factors included age, race/ethnicity, socioeconomic status, political orientation, health status, duration of residence, lifestyle, and personality.

**Discussion and Implications:** The results highlight resilience among aging adults and their neighbors, sources of individual and community vulnerability, and opportunities to strengthen social infrastructure to support aging in place since the pandemic onset.

**Keywords:** Civic life, Environmental gerontology, Person–place fit, Qualitative thematic analysis, United States

Neighborhoods are important physical and social environments for aging in place. They structure health and well-being in later life, such as opportunities or barriers to mobility, physical activity, social support, access to essential

services and care, purpose, and self-identity (Finlay et al., 2018; Finlay, McCarron et al., 2019; Gardner, 2011; Torres, 2019). Qualitative research approaches to investigate older adults' perceptions and experiences of their neighborhoods

illustrate complex person–place relationships that affect physical, mental, and social health (Gardner, 2011) and varying abilities to age *well* in place (Finlay et al., 2018).

The coronavirus disease 2019 (COVID-19) pandemic dramatically altered neighborhood life. Many local resources that are critical sources of socialization, support/care, and activity for older adults were temporarily or permanently closed or operated under tight restrictions (Giebel et al., 2021; Gostin & Wiley 2020; Greenberg et al., 2020). Avoiding crowded places, isolating at home, and transitioning to online services likely have profound consequences for older adults' everyday behaviors and well-being. Natural neighborhood networks (Gardner, 2011) may be severed or altered due to factors such as public health guidelines for pandemic control, morbidity and mortality among community members (Slater et al., 2020), and potentially permanent shifts to online communities and services (Son et al., 2020). Some neighborhoods have become more cohesive, such as offers of support and mutual aid (Miles et al., 2021). Weil (2020) argues that the Person–Place Fit Measure for Older Adults can evaluate pandemic-induced changes to basic needs, neighborhoods, identity/place attachment, community values, and services/resources.

It is unknown how the pandemic may alter person–place fit, neighborhood landscapes, and ways of aging in place. Qualitative approaches are needed to gain in-depth understanding of how older adults are making sense of and dealing with altered civic life since the pandemic onset. This qualitative investigation aims to fill this gap. We used rich survey data from 1,000 adults aged 55 and older living across the United States who wrote about their personal perspectives and lived experiences on how the pandemic has affected their neighborhood physical and social spaces and interactions in response to a single long-answer question. Our findings highlight sources of individual and community strength and vulnerability, as well as opportunities to support social infrastructure and neighborhood resiliency among diverse older adults aging in place.

## Method

### Data Collection

The COVID-19 Coping Study is a longitudinal study of the social, behavioral, health, and economic impacts of the COVID-19 pandemic on adults aged 55 years or older residing in the United States. About 6,938 participants were recruited from all 50 states, the District of Columbia, and Puerto Rico from April 2 to May 31, 2020, using a multiframe online recruitment strategy. The study design is a longitudinal cohort with simultaneous quantitative and qualitative data collection using an online data collection platform (Qualtrics). Participants completed a 20-min survey at recruitment, followed by monthly follow-up surveys for 1 year, until April/May 2021. A random subsample of 57 participants completed semistructured

interviews in May–July 2021. Planned and completed analyses include purely quantitative (Eastman et al., 2021; Kobayashi et al., 2021; O'Shea et al., 2021; Reppas-Rindlisbacher et al., 2021), purely qualitative (Finlay et al., 2021), and mixed-methods investigations. The full study design and methodology details are available in [Methodological Supplement](#) and the work of Kobayashi et al. (2021).

The online surveys asked participants a combination of closed and open-ended (long-answer) questions to probe their ongoing experiences, perspectives, significant life events, health, and well-being. Each follow-up survey contained two to five long-answer questions to enable participants to reflect on and write about their daily lives, significant events, feelings, and insights. The content of the long-answer questions varied and was often responsive to the current state of the COVID-19 pandemic in the United States when each survey was administered. For the present manuscript, we conducted a planned qualitative thematic analysis of open-ended responses to a single long-answer question in a 3-month follow-up survey administered June 29–September 10, 2020. The University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board approved the study protocol (HUM00179632), and all participants provided informed consent.

### Thematic Analysis

We analyzed responses to the open-ended question: “Do you live in a neighborhood? If so, how has the COVID-19 pandemic affected your neighborhood and your relationships with neighbors?” Participant responses to this question were rich, varying, and insightful. To reduce the volume of analytical data given the large sample size and detailed responses from participants, we selected a random stratified sample of 1,000 open-ended responses using quotas for age, gender, race, ethnicity, and education based on the American Community Survey (U.S. Census Bureau, 2019), aiming to match the U.S. population aged 55 years or older.

All data and open-ended responses were organized in the software package Dedoose. Using inductive thematic analysis (Braun & Clarke, 2006; Weil, 2017), all authors immersed themselves in the data to enable new insights to emerge and analyze participant responses without imposing preexisting frameworks or analytical preconceptions. We employed Braun and Clarke's (2006) steps for thematic analysis: (a) familiarization, (b) generation of initial codes, (c) search for themes, (d) review themes, (e) define and name themes, and (f) write-up themes. After generating initial codes, authors J. M. Finlay, G. Meltzer, and M. Cannon compared interpretations and points of divergence to refine and clarify codes and group substantive codes into interpretive themes and subthemes. We independently coded a sample of responses to check for consistency in meaning and application of the codebook and identify any differing

interpretations. It was an iterative process to refine the codebook, test code it, and meet to review and discuss. After finalizing the codebook, J. M. Finlay, G. Meltzer, and M. Cannon coded the data and reviewed each other's coding to ensure completeness and accuracy. We enhanced methodological rigor through peer debriefing, referential adequacy, negative case analysis, member checking, and clear audit trails (Marshall & Rossmann, 2016). Iterative analyses continually seeking interpretation, alternative understandings, and linkages led to themes that the data well-described and fit (Dey, 1999). Please see [Methodological Supplement](#) for additional details.

## Results

Participant sociodemographic characteristics are given in [Table 1](#). We identified four overarching themes regarding perceived pandemic impacts on neighborhoods and relationships: altered social interactions, support levels, and built/social environments; and no observed changes. These are described in [Table 2](#) and in-depth below.

## Altered Social Interactions

### Less interaction and diminished relationships

Over a quarter of study participants discussed reduced quality and/or quantity of social interactions with neighbors since the COVID-19 pandemic onset. This was frequently described as participants and their neighbors maintaining social distancing, avoiding others, and staying indoors. For James (65 years): "The pandemic has reduced interactions with neighbors to zero. I avoid contact with all who are not members of my house." (Bracketed information following participant pseudonyms represents their age (in years) reported in the baseline survey. Please see [Supplementary Table 1](#) for additional sociodemographic information about quoted participants.) Many commented that the pandemic "shut down" neighborhood social life, ranging from impromptu run-ins on front steps, porches, or yards, to organized gatherings such as happy hours, book clubs, meals, and athletic activities. "People wave, but don't stop to talk," shared Linda (84 years). Those with older neighbors, or who were themselves older or more at risk given underlying conditions, maintained extra distance

**Table 1.** Sociodemographic Characteristics of the Participant Random Subsample ( $n = 1,000$ ), COVID-19 Coping Study, June–September 2020

Characteristic	<i>n</i>	%	Mean ( <i>SD</i> )
Sex/gender			
Male	430	43.0	
Female	567	56.7	
Other	2	0.2	
Prefer not to answer	1	0.1	
Age			67.7 (8.3)
Race			
White	897	89.7	
Black	47	4.7	
Asian	18	1.8	
American Indian or Alaska Native	5	0.5	
Other race	6	0.6	
Two or more races	27	2.7	
Ethnicity ( $n = 985$ )			
Hispanic or Latinx	38	3.9	
Highest level of education			
High school diploma or equivalency	49	4.9	
Some college	213	21.3	
College graduate	305	30.5	
Graduate school (e.g., Master's, MD, JD, PhD)	433	43.3	
Relationship status ( $n = 998$ )			
Single, never married	83	8.3	
Single, divorced/separated	151	15.1	
Single, widowed	92	9.2	
Married or in a relationship	672	67.3	
Living arrangement ( $n = 992$ )			
Living alone	261	26.3	
Employment status pre-COVID-19			
Employed	401	40.1	
Unemployed	80	8.0	
Retired or in school	519	51.9	

**Table 2.** Thematic Analysis Coding Structure, and Exemplary Quotes, COVID-19 Coping Study, June–September 2020

Themes/Subthemes	N (%)	Description and examples	Exemplary quotes
<b>Theme 1: Social interactions</b>			
1.1 Less interaction and diminished relationships	270 (27%)	Fewer and briefer social encounters, less engagement, and closeness. For example, canceled get-togethers; neighbors not stopping to say hello or choosing not to interact; isolating behaviors	<p>“My neighbors and I used to congregate in my front yard most evenings. We’d throw tennis balls for the dogs, kids would race in and out screaming and yelling, some nights there’d be 8–10 of us, I miss that.” (Robert, 60 years)</p> <p>“I miss having breakfast and lunch out with my neighbors. I miss taking long walks with them and going to plays.” (Carol, 74 years)</p> <p>“Recently moved to a rural neighborhood. It’s slow going to get to know the neighbors if you can’t interact or visit. (We are shy, so any obstacle is magnified for us.)” (John, 77 years)</p> <p>“We moved to this neighborhood to be with other people our age. We are totally isolated and very much missing getting to know our neighbors.” (Patricia, 72 years)</p> <p>“One challenging thing is feeling uncomfortable about keeping physically distant to neighbors when chatting. Sometimes I feel like we’re magnets because I keep having to remind myself to stay further apart while talking and also, backing away from them. I’ve found myself feeling uncomfortable about backing away or wearing a mask thinking I might be hurting their feelings by keeping my distance.” (Linda, 70 years)</p> <p>“I miss having a cup of tea with my neighbor, I miss not being able to call a friend and stop in for a short visit. I feel isolated.” (Diane, 80 years)</p> <p>“It seems to have brought the neighbors closer together. Many people in the neighborhood are more friendly and speak or wave to you when walking, etc. We have become closer to neighbors across the street since we all are prone to sitting on the front porch in the evening and having conversations across the street while enjoying the cooler evenings and a glass of wine.” (Richard, 81 years)</p> <p>“I wave more often and seem to get many waves back.” (David, 60 years)</p> <p>“There’s definitely more [of] a sense of community than before COVID.” (Cheryl, 58 years)</p> <p>“It has brought me closer to one particular couple. Our patios are not far apart and we are spending more time than in the past, having conversations. They are retired and not getting out as often as in the past, so we look forward to seeing each other outside.” (Susan, 61 years)</p> <p>“I am glad to be in my neighborhood during this time. It is comforting to walk outside and see people I have known for years. I had planned to move this summer and cancelled the plan and am very glad I did. My close friends live nearby and I walk with them often and it helps keep me grounded.” (Mary, 71 years)</p> <p>“It seems that more people are out and about in the neighborhood. Especially when the weather is nice. People are starting to get together more for meals outside.” (Samantha, 58 years)</p> <p>“In our apartment building, we pass and greet each other in the halls, lobby, garage or grounds. We occasionally chat for a few minutes at a distance. We are aware of each other, [by] email or text. Meet for board meetings via Zoom.” (Barbara, 77 years)</p> <p>“I live near downtown and see and talk with neighbors fairly regularly. Our neighborhood association board meets regularly on Zoom.” (Elaine, 80 years)</p>
1.2 More interactions and enhanced relationships	122 (12.2%)	Friendlier, better, and new relationships; more interaction. For example, greater nods and waves, saying hello, stopping to chat; creating “pods” with neighbors; increased communication; spending more time together	
1.3 Outdoor interactions	107 (10.7%)	Physically distanced outdoor engagement. For example, sharing meals and drinks outside, going for walks; chatting on the porch or in a yard; outdoor concerts; talking over the fence	
1.4 Online or remote engagement	31 (3.1%)	Online engagement with neighbors. For example, Zoom happy hours and book clubs; online church; neighborhood listservs and email threads; phone and text conversations	

Table 2. Continued

Themes/Subthemes	N (%)	Description and examples	Exemplary quotes
Theme 2: Support level			
2.1 Diminished support	24 (2.4%)	Decreased levels of social support. For example, unable to support others during family tragedies; cannot welcome or be welcomed as new arrivals; less reaching out	<p>"I am part of a neighborhood online group. Much arguing and negativity going on amongst the neighbors. Being mean to one another." (Pamela, 68 years)</p> <p>"We have had zero face-to-face interaction with neighbors except for texts to check in. I initiate the texts, but have not received any. That is fine, I do it for me and they do reply. They just do not initiate them." (Clara, 65 years)</p> <p>"I'm just moving into a new complex and no one has come to welcome me or even talks to me. There is a real distance." (Michael, 63 years)</p> <p>"Our neighbor died and we didn't know for a long time." (Lisa, 59 years)</p>
2.2 Enhanced support	104 (10.4%)	Increased levels of social support. For example, providing or receiving instrumental support essential to daily functioning and health; sharing household goods and resources; checking in to support emotional well-being	<p>"Live in a condo building. We are the oldest couple. People have gone beyond helping us. Always asking what they can do. It is wonderful. Am happy that 10 years ago we sold the family home and moved. In the old neighborhood we would be isolated." (Betty, 79 years)</p> <p>"We will meet outside with various neighbors for drinks, keeping social distancing. I exercise daily with one neighbor. We share veggies from our garden with neighbors, they share baked goods. A community." (Debra, 64 years)</p> <p>"We are interacting more now but less closely. I am more likely to talk to neighbors, but I never go into their houses, nor do they invite me into theirs. We exchange objects, help each other, and share." (Benita, 74 years)</p> <p>Our neighborhood has been fairly cohesive over the last few years and, if anything, this has increased in the last three months. Neighbors have organized singalongs on the street since March, and on Saturday we had our yearly August street picnic—this year, not a potluck, but everyone brought their own food and set up on tables 10 feet apart. This helps build a feeling of social solidarity, and normalcy." (Gary, 75 years)</p>
Theme 3: Community changes			
3.1 Community activity	142 (14.2%)	Changes in people's daily interactions and habits; presence or absence of people out and about on a daily basis. For example, neighbors hosting parties; more people out exercising/running/walking/playing in the park; front street deserted; level of traffic; number of tourists; noisier or quieter	<p>"I've always been active physically but now more people are getting out to walk and talk to neighbors. Some are much older and in poor health and seem to be getting outside regularly for the first time." (Judy, 56 years)</p> <p>"I am so grateful for our neighborhood. We actually see more people (socially distanced) in the average day than we used to because so many people are working from home. We appreciated that we have wide, safe streets and sidewalks to walk safely. Many people have made home improvements and added gardens and yard amenities that are fun to see." (Joyce, 58 years)</p> <p>"In some ways it is better because more people are getting out and walking in the neighborhood but I miss the close interaction of social gatherings." (Teresa, 57 years)</p> <p>"See people out and about less often." (Jack, 76 years)</p> <p>"I just don't see people around as much." (Dorothy, 67 years)</p>

**Table 2. Continued**

Themes/Subthemes	N (%)	Description and examples	Exemplary quotes
3.2 Community restrictions	68 (6.8%)	Changes in accessibility due to public health policies. For example, closures of parks or restaurants; canceled events; senior-living lockdowns	<p>“The loss of movies, theaters, concerts, galleries and restaurants has made city living less enjoyable.” (Jim, 74 years)</p> <p>“I live in a senior community and we have isolated ourselves strictly. Interactions follow CDC guidelines. We are all missing the freedom to meet in social settings.” (Nancy, 74 years)</p>
3.3 Public health adherence	262 (26.2%)	Adherence to public health guidelines for mask-wearing, social distancing, and gathering restrictions. For example, neighbors respectful (or not) of distance and safety; level of mask-wearing; large gatherings; differing risk assessments; physical and social distancing; neighbors testing positive for COVID-19	<p>“There isn’t as much social distancing or mask wearing as I would be comfortable with, so while I am outside, I don’t interact with people very much. Waving while walking is the most interaction.” (Karen, 56 years)</p> <p>“Our neighbors with children have kept together in their ‘pod’ for the entire time we’ve been sheltering-in-place. That has kept a nice ‘feel’ on our block and we’ve been able to social distance &amp; visit.” (Sheila, 59 years)</p> <p>“We are ALL being cognizant of social distancing so time together has greatly diminished.” (Cindy, 73 years)</p> <p>“I live in a senior co-op and my neighbors and I find getting together to be much more difficult because we maintain social distancing and wear masks.” (Randall, 79 years)</p>
3.4 Sociopolitical tensions	57 (5.7%)	Community-level shifts in political and social attitudes toward each other. For example, political movements, signage, divisive rhetoric, mistrust, anger and frustration toward neighbors, supporting small businesses	<p>“There are neighbors who show support for health safety with signs like ‘Mask Up!’ One has a huge face mask strung across their front porch. Then there are neighbors like the one across the street with her signs for Republican candidates who has people over constantly, none wearing masks, none distancing. Some are family, but many are workers there for repairs or other work.” (Kimberly, 56 years)</p> <p>“The pandemic has exposed the Trump supporters in the neighborhood which has been sad. Has changed my opinion of many neighbors for the worse.” (Donna, 56 years)</p> <p>“The need to social distance inhibits the sense of personal closeness with others. All people discuss is what is happening in the schools or this stupid COVID. No one cares about sports or vacations and nobody dares bring up politics for fear of ‘offending’ someone.” (William, 74 years)</p> <p>“Seeing stores that haven’t opened up and may close—I leave in Silverlake district of Los Angeles—very trendy and multiple mom &amp; pop stores, restaurants and bars in the area.” (Mark, 64 years)</p>
3.5 Poverty and crime	13 (1.3%)	Civic breakdowns. For example, food lines, domestic violence, theft, trash/litter, homelessness, small businesses struggling or closing permanently	<p>“People have gone to second homes, building half empty.” (Charles, 89 years)</p> <p>“Lived in a more rural, tourist neighborhood this last month. Permanent residents seemed much more concerned about COVID than did the seasonal visitors.” (Jeffrey, 60 years)</p>
3.6 Neighborhood density	2.5 (2.5%)	Changes in the density of people living in neighborhood. For example, people moving in or away, seasonal “snowbirds”	<p>“I live in a neighborhood, we have had a couple of test positive and had a light case however it has not impacted our neighborhood at all. We still talk and enjoy each other. We have BBQs and get together and talk to each other.” (Deborah, 65 years)</p> <p>“Lots of people walking. Children playing outside. Neighborhood feels the same.” (Kathleen, 68 years)</p>
Theme 4: No observed neighborhood change			
4.1 Same positive interactions	40 (4.0%)	Having the same strong/good/positive interactions with neighbors. For example, having positive relations/interactions with neighbors, no different than before the COVID-19 pandemic	

**Table 2. Continued**

Themes/Subthemes	N (%)	Description and examples	Exemplary quotes
4.2 Same few interactions	150 (15.0%)	Never interacted much with neighbors, even prior to COVID. For example, never known or spoken to neighbors, may dislike neighbors; no sense of neighborhood or does not live in a neighborhood	<p>“COVID has not affected my interaction with neighbors. Prior to COVID and FOR YEARS I have tried to engage neighbors but they are not friendly, so COVID has not been a factor.” (Sharon, 71 years)</p> <p>“No change, I never see my neighbors anyway, houses on 1–2 acres. We do wave from our car, however.” (Sheila, 70 years)</p> <p>“I moved, one week before the quarantine, to a farm in rural Michigan. I don’t have a relationship with anyone living nearby. I moved from a vibrant urban environment, often walking to meet friends at local coffee shops, cafes, microbrews, etc. and took the train to cultural events often.” (Rose, 68 years)</p>

CDC = Centers for Disease Control and Prevention; COVID-19 = coronavirus disease 2019.

and mask-wearing and limited their participation in social events to reduce the risk of infection.

Participants shared negative emotions on altered socialization, such as missing casual interactions and the previous ease of neighborhood life. Kathleen (69 years) expressed that the need for alertness was tiring, stressful, and limiting: “Maintaining social distancing involves a level of attention and vigilance that draws energy away from spontaneity and genuine connection.” Carol (68 years) shared: “Maintaining social distance with our neighbors is hurting our friendships somewhat. People are much less social these days. And that makes it harder to keep relationships energized.”

**More interactions and enhanced relationships**

Twelve percent of participants reported a boost in their neighborly interactions and socialization, with new, friendlier, and/or improved relations. Michael (58 years) noted: “I have more contact with neighbors, at a distance. Everyone seems to want to talk and maintain contact, plus we’re all working from home.” Increased presence at home and desire for fresh air, exercise, and yard work were often credited for increased interactions. Deborah (64 years) shared:

I live in a neighborhood of busy people who used to do a lot of traveling either for work or leisure, so [we] rarely saw them. Now we see neighbors all the time. We do a lot of walking in our direct neighborhood so have gotten to see more neighbors than ever before. Of course we don’t stop and talk but at least we now know who each other are and speak and wave. We can put faces and cars with the houses where they live so it has been good!!

Susan (69 years) shared: “I now know the names of my neighbors and we talk across the street from each other. On my morning walks, I normally see 15–25 other walkers and we keep our distance, wave and say hi.” Charles (60 years) expressed feeling closer given the shared commonality of the pandemic: “I think there’s a real sense of pulling together,” while Jerry (60 years) wrote, “[I] feel closer to people in this pandemic.”

Select participants discussed strengthened relationships. Carol (57 years) expressed: “My next-door neighbor and I became good friends because of COVID quarantine. We see and talk with each other in our backyards where I sometimes sit and read. I keep a distance and chat and we quite enjoy it.” Some participants formed “pods” and gathered with neighbors for meals and drinks. Richard (59 years) shared:

We have a strong neighborhood and seeing our neighbors around has been comforting. When we have “cheated” on the rules about not interacting with others, it’s been with our neighbors. We went to dinner (outdoors) with one couple on Thursday, and on Friday we had beers in

the backyard of another couple, attended by 9 people total. (Don't hate us.) We wore masks on and off and stayed at a distance, but the distance was closer to 4 feet than to 6, and there was a lot of talking and laughing.

### Outdoors

Participants such as Karen (65 years) viewed the pandemic's impact on her neighborhood "in a positive way. We have weekly outdoor happy hours with neighbors. This is a result of COVID." Having access to private outdoor spaces enabled select participants to socialize and interact with neighbors. Several such as Donna (59 years) noted spending more time on the front porch purposefully to have conversations with passersby. Thomas (76 years) visited by standing on front porches, but found it hard to hear given congenital high-frequency hearing loss.

Others started frequenting outdoor local venues such as parks, beaches, and community gardens. Cynthia (65 years) shared: "I started going to the farmer's market and it's wonderful to talk to a friend or even a vendor." Overall, outdoor environments were regarded as safer spaces to socialize given minimal risk of COVID-19 transmission.

Weather and climate affected outdoor neighborhood interactions and activity levels. Lance (69 years) missed taking walks and the opportunity to encounter others because "the smoke and air quality has been too bad to do so." For Sarah (63 years): "Summer is usually when we do see each other more because we are outside more and I worry that winter will be very challenging because I will really miss even the limited interaction I have now."

### Online interactions

Technology enabled socially distanced interactions with neighbors, including video calls for social gatherings (e.g., Zoom happy hours, online group exercise classes) and residential/neighborhood association board meetings. Participants such as Bonnie (65 years) noted: "I live on a small island ... Church, which is live streamed, is more important these days." Others shared that book clubs and hobby groups had transitioned to virtual meetings. Texts, calls, social media groups, and email chains helped participants such as Sandra (86 years) feel more connected:

My interaction with a close friend living across the street has helped my social tendencies as we text and meet out on my deck regularly. I still chat with next-door neighbors from time to time. What I miss is meeting new neighbors as I am a Neighborhood Watch captain. But I have contacted them through email .... Nextdoor texts are helpful in feeling "closer" to neighbors.

For Mark (61 years):

The neighborhood email group has been quite active. In a sense, I stay at home all the time, and the same people stay at home all the time in the houses around me, and

there is a sense of companionship, more so than before COVID-19.

However, as noted for Pamela (68 years) and Clara (65 years) in Table 2, not all interactions were positive or supportive. Others such as Sharon (80 years) lacked access: "I am sorry that I missed a Zoom meeting of the women residents, due to poor internet connectivity. That would have been the only positive community activity."

### Altered Support Levels

#### Diminished support

The pandemic diminished neighborly psychosocial support for some participants. Janet (59 years) shared: "We have discussed this as friends and neighbors and we miss the personal touches of those outside our households who are dear to us, need a hug, moving away, etc." Others such as Elizabeth (62 years) lamented being unable to provide support or care: "One of [my neighbors] is in 'comfort care'/hospice and I feel extremely bad that I can't go sit with her, bring them meals, etc. due to COVID concerns."

The most commonly expressed sentiment in this theme was the inability to greet or be welcomed as new neighbors. Newcomers such as Kathy (68 years) complained: "I just moved to a new neighborhood and due to COVID I have not been able to get to know my neighbors other than a wave." Longtime residents including Margaret (77 years) were saddened: "New neighbors have moved in; in the past, I would have wanted to meet them, and maybe hold an event so neighbors could meet each other."

#### Enhanced support

Participants also shared perceptions of enhanced instrumental support that aided daily functioning, health, and well-being, such as sharing news or gardening tips. Several shared food and pantry ingredients to be friendly and avoid grocery store trips. Janice (60 years) wrote: "People seem closer, at home more and better connected. Neighbor teen mows and walks our dog. We share vegetables from our garden and baked goods. Supportive [neighbor]hood always but now more cohesive with so many [neighbors] home so much." For Carolyn (65 years), the pandemic "actually has brought us together by helping one another. Getting groceries for elderly neighbors." Multiple participants noted doing grocery shopping and errands for neighbors.

Older and medically vulnerable participants often noted that their neighbors checked in and provided support, showing concern for their well-being. "I am immunosuppressed and two neighbors check in regularly to see if we need groceries. A great neighborhood, really, and I feel lucky to live here during this time," shared Denise (65 years). Participants who lived alone, such as Steven (87 years), appreciated emotional support and bonding: "I am very



close to some of my neighbors and they have been very helpful to me. The girl next door (daughter of my closest neighbors) is about to have a baby and she has named it after my late wife.” Multiple participants noted increased check-ins, sharing concerns, discussing feelings, and help among neighbors given the pandemic. Participants also described positive community sentiment in which residents went out of their way to support local stores. There were efforts to create a positive and warm environment, as explained by Gary (75 years) in [Table 2](#).

## Community Changes

### Community activity

As noted earlier and in [Table 2](#), some respondents experienced decreased neighborhood activity. However, many others observed *increased* activity levels, such as seeing more neighbors out walking, biking, and socializing. Rebecca (59 years) shared:

Before COVID19 I hardly ever saw neighbors out, now it's wonderful. People are walking, running, biking, golf carts, kids playing in front yards .... I also use a neighborhood app and can see more people using it to be informed about what's going on in the neighborhood.

Participants expressed appreciation and gratitude for the walkability of their neighborhoods to support community activity, as exemplified by Joyce (58 years) in [Table 2](#).

Some described the pleasantness of being at home, outside, and adapting to a new way of life. Joseph (56 years) expressed: “People seem happy with the simpler way of life.” Other participants such as Teresa (57 years, [Table 2](#)) voiced ambivalence. Only a few respondents made negative observations of increased community activity, such as Christopher (60 years): “Because more of my neighbors are home, they get on my damn nerves.” Shirley (66 years) expressed frustration: “My neighborhood is difficult—very noisy. It is the reason I am moving! And yes the pandemic has made it worse because I can't just go somewhere and get away from the damn noise!”

### Community restrictions

Residents of senior-living communities discussed strict gathering restrictions and activity limits. Ronald (89 years) shared: “I live in a 9 story Assisted Living facility. We are mostly kept in isolation. All group activities have been suspended, meals are brought to us (dining room closed).” For Mildred (93 years), residing in a retirement community: “the pandemic has really shut us down .... No bridge playing allowed now.” Virginia (89 years) noted:

In my senior independent living complex, movement and interaction are restricted. Both planned and unplanned interactions are less, and half my neighbors have moved out. I miss the planned activities, especially exercise,

which was the main activity I did every day ... I have to eat by myself now. Being penalized for going out, to, say, doctor's appointments—two weeks of quarantine, meaning restricted to [my] apartment (not supposed to go out, but I do).

Others missed visiting and gathering in local shops, cafes, restaurants, theaters, musical venues, and civic/social organizations. Some felt frustrated with closures since “they were real gathering places” (Lisa, 56 years). For rural-dwelling Laura (66 years):

I live in the country, already relatively isolated, and usually rely on the few interactions I have with friends and shopkeepers in the local town. Now I even miss most of that as [COVID-19 case] numbers in our rural area have started to move up.

Urban-dwelling Theresa (78 years) shared:

My condo building has a Starbucks on the ground floor, where I gathered with friends from the condo building, ran into other neighborhood friends, and became friends with people I met there. That Starbucks, after being closed for several weeks, is now open only for takeout. I miss the fellowship and community feel of that coffee shop.

### Adherence to public health guidelines

Over a quarter of participants described behaviors related to public health guidelines for mask-wearing, social distancing, and gathering restrictions. Several, such as Kenneth (56 years), shared concern being around neighbors: “It's more stressful to walk in the neighborhood—worrying about who has a mask and who doesn't and distancing if you run into someone.” Larry (56 years) said: “I live in a small downtown area with lots of foot traffic. Most people are not observing social distancing or using masks. This makes me uncomfortable and mostly angry that they are not helping solve this problem.”

Participants also talked about avoiding others because of their behaviors. Craig (60 years) noted: “I am not social with my neighbors in the first place but now I have zero interactions with them as most of them do not abide [by] mask wearing.” Ann (81 years) shared that some neighbors “seem to have people at their house all the time (family and friends), never wear a mask and do not social distance, so I stay clear.”

Observations of public health adherence were often mixed with political sentiments, as exemplified by Gloria (68 years):

[My neighbors are] mostly young people and since they are spreading this stuff I stay away from anyone who is under age 40 and anyone who is inconsiderate and/or voted for Trump!! People who live in this condo complex, even older ones, do not wear masks when out.

Julie (72 years) shared: “There has been animosity in town between maskers and nonmaskers.”

Gail (63 years) expressed fear and discomfort about local places reopening and lack of public health adherence:

I don't like going out in the neighborhood because, being near a university that has re-opened online, it is filled with college students who seem to behave the same way they did before the pandemic. I find this distasteful and unpleasant.

Interactions generally diminished among participants when their neighbors or local areas were not following public health guidelines.

### Sociopolitical tensions

Participants noted how the pandemic coincided with national social and political upheaval. Participants such as Daniel (79 years) discussed racial tensions: “There are two men in the neighborhood who make racist comments that bother me. I got a Black Lives Matter sign for my front lawn to shut them up.” Participants also noted divisiveness given the 2020 presidential election. Paula (60 years) reflected on the hostile political environment:

I think COVID has politicized my neighbors in a way I did not notice last election. It appears most of them have gone mad being the number of Trump endorsing signs I see in the neighborhood. Many people we know think the virus is not real, not as bad as it's said to be, or it's simply going to disappear after the election. I have held many people in a higher regard than they deserved.

Feelings of loneliness and isolation also stemmed from ideological and cultural differences from those with opposing political viewpoints. Stephen (78 years) in rural Maryland commented:

I feel more wary and distrustful of my neighbors. Dealing with them is like walking on ice because there are a lot of Trump supporters around here and I have difficulty being cordial with them. I increasingly feel myself to be in a distinct minority here, culturally as well as politically, in a more painful way than ever before.

Conservative-leaning respondents also expressed aggravation. They felt more liberal neighbors were overly focused on or hypervigilant regarding COVID-19, which infringed upon their sense of community. Peggy (58 years) said:

I live in a neighborhood—a great neighborhood, which my governor is trying to destroy with his 1-800-Tell-on-your-neighbor phone number. In [Kentucky] our governor decided that social gatherings were limited to 10, then 50, and now back to 10. I'm not exactly sure what constitutional right he has to tell me how many people I can have in my home, but there you go. So if I have

more than 10, I have the one hateful neighbor who WILL call the governor's 1-800 phone number to tattle.

Political disagreement and pandemic-related stress created a socially toxic environment in which people were more “on edge, more critical, more willing to take on the battle” (Martha, 70 years). Even if neighbors were polite in-person, online communities on platforms such as Facebook and NextDoor could become hotbeds of argumentation and negativity. As Dennis (63 years) remarked: “While walking, many neighbors are friendly and wave, whether they are walking, driving by, or in their yards. On NextDoor, many neighbors have expressed their confusion, displeasure, and argumentative sides.” Helen (77 years) also commented that she and her neighbors “connect on Facebook but there are clearly different views on the pandemic and politics, sometimes quite aggressive statements.”

This tense environment eroded neighbors' trust in one another to protect themselves and their families from contracting COVID-19. Lack of trust extended to elected officials. Perpetually evolving science, fragmented and localized regulations, and inconsistent public health messaging led to wariness of information from authoritative bodies. This was especially the case for Jane (62 years) in Brooklyn public housing:

Most do not trust or believe the news or statistics for our community and neighborhoods. The biggest concern is getting infected by surface contact in public spaces. We live in subsidized densely populated buildings lacking routine maintenance and sanitation. Social distancing is also extremely challenging due to space and cultural life long habits of interactions.

### Poverty and crime

Participants reflected on how lockdowns and the economic recession changed their neighborhood landscape. The most commonly observed sign was the closure of local shops and restaurants that drew tourists and facilitated socialization. Timothy (71 years) in San Francisco commented:

Increasing sadness about small business and restaurant operators who are facing financial ruin and/or closure due to pandemic. These changes will negatively affect the future of several commercial areas that make up my surrounding neighborhood(s).

Worry about financial survival was also expressed in rural areas. Cathy (66 years) in Wisconsin wrote:

I live in a very small town. Many people are struggling to stay afloat while big business is booming. Small business owners who thrive on tourism are failing and closing permanently.

Select urban residents commented on the rising prevalence of homelessness. Robin (56 years) from San Antonio

remarked that local panhandlers had become “more aggressive.” Debbie (62 years) from San Diego said:

There are far, far more homeless people now in my neighborhood than previously, and this has caused some problems with trash, noise, public urination and defecation that the city cannot mitigate.

Though far less common, a few participants remarked on increased rates of violence. They attributed this to the toll of lockdowns, mass illness, and death on the mental health of psychologically vulnerable neighbors. Marilyn (67 years) remarked that gun violence had “risen sharply recently” and that she had “become afraid to even go for a walk.”

### Neighborhood density

The pandemic shifted demographics and population density. Several commented on neighbors “dying of COVID-19 and other issues.” For Edward (73 years), “15 [people] or so in 7 families” recently passed away. Participants also remarked on tourism impacts, especially for those living near water. Kathryn (81 years) from coastal Connecticut expressed frustration:

Problems with new people who have not lived in condos before; people trespassing on property to access beach ... much busier beach activity (our property abuts a public beach); people coming in from out of town (now restricted to residents, but is abused).

Participants in warmer regions remarked on how normally seasonal residents extended their stays. Dorothy (64 years) wrote: “I live year-round in a neighborhood where many people are snowbirds. Many of the snowbirds decided to stay this summer, so there are more people here now.”

### No Observed Neighborhood Change

Nearly 20% of participants responded that the pandemic had not changed the feel of their neighborhood or neighborly relationships. Responses tended to fall into two groups. The first were those who still had the same positive, frequent interactions with their neighbors, even if altered for social distancing. Wanda (61 years) remarked, “Most things in the neighborhood have remained the same. We still visit with our neighbors but we remain at least 6 feet apart.” George (56 years) shared: “It’s almost life as normal. I live in a downtown area. There are a lot of people. Few people wear masks. Most businesses are open.”

The second group was those who had the same few interactions with neighbors, many of whom said they did not live in a neighborhood at all. Participants living in apartments, condominiums, or townhomes more often reported less interaction with their neighbors than those in

single-family homes. These dynamics could partially be due to residents having little to no outdoor gathering spaces. Gregory (79 years) wrote: “I live in a condominium complex ... This has never been a ‘clubby’ place. People often pass in the hallways without speaking.” Some in rental units did not have strong attachments. Jean (73 years) remarked:

Live in a townhome community where the population is largely renters—even with efforts to be friendly, there is little interaction and most appear to prefer to keep to themselves. Very different from my prior neighborhood of 26 years where people talked daily and sometimes did things together. I moved here 8 years ago after my husband’s death.

Little social interaction was also common among rural participants, including those with houses on large lots or “scattered across the mountain” (Vicki, 60 years). Kevin (58 years) from Ohio said: “I live in a rural area where neighbors live hundreds of yards from each other. We rarely socialize with them; now or in the past.” Betsy (70 years) shared: “I live in a very rural area and we don’t have neighborhood closeness. We tend to be more involved with family.”

Lack of social interaction was sometimes attributed to a local culture that discouraged friendly relationships. Virginia (62 years) lamented:

I don’t feel that the neighbors are very friendly. The neighbors didn’t interact with me before so nothing has changed. I used to live in a neighborhood where neighbors talked to each other all the time. I don’t feel I can talk [or] invite neighbors over to get to know them.

Participants’ minimal relationships were also attributed to individual-level characteristics. Some self-identified as introverts with little to no neighborly interaction prior to the pandemic by choice. Douglas (60 years) in New York City, responded: “Since I rarely leave the house, I have no sense of what my neighborhood is like these days. From my window, all looks normal. I’ve never been the neighborly type anyway.” Some felt isolated as racial or ethnic minorities. Sherry (56 years) expressed: “I am a Black woman in a white neighborhood. I didn’t look to my neighbors for friendly interactions before COVID and I still don’t.” Others such as Katherine (82 years) felt separated from neighbors by age:

Our neighborhood has changed over the 40 years we have lived here. I no longer know many of the neighbors. It has nothing to do with COVID, however. It is just the natural evolution of a neighborhood over time. My husband and I are now the oldest people on our street.

A few participants expressed being more focused on family. For Chad (71 years): “Not a big change—I have a large family, and the family keeps me busy.”

## Discussion

Our results highlight varied experiences within neighborhoods, altered physical and social spaces of aging in place, and differing expectations among older Americans during the COVID-19 pandemic. Geographically and socioculturally diverse aging adults across the United States shared both strengthened and diminished neighborly social interactions and support levels. Twenty percent of participants, particularly those living in rural areas, shared no notable changes to their neighborhoods since the pandemic onset. Responses represented a spectrum of experiences and perspectives influenced by individual circumstances and community characteristics. Broader societal factors, such as internet access, varying abilities to work from home, and sociopolitical sentiment shaped neighborhood engagement during the pandemic.

Our results deepen recent efforts to place the COVID-19 virus in a broader social context and humanize pandemic impacts. We also extend the aging in place literature, which has evolved from person–environment fit theories (Lawton & Nahemow, 1973) to embrace the dynamic relationship of where older adults live and how places suit their fluctuating needs (Golant, 2015; Rowles, 2018; Wiles et al., 2012). “Place” has grown to explore aging in rural areas, virtual spaces, gentrifying neighborhoods, global and transnational cities, and now—a pandemic.

Consistent with prepandemic aging in place literature, intersecting person- and place-based factors influenced participants’ neighborhood engagement. Individually, these included age, gender, race/ethnicity, social class, political orientation, health status, and personality. Some medically vulnerable participants noted increased neighborly support and assistance with groceries and chores, while others expressed withdrawing from social interactions given heightened risk. Participants who observed decreased community activity levels were disproportionately Black, Asian, and Hispanic/Latinx. Private outdoor space to safely engage with neighbors encouraged social interaction and was more common among affluent and house-dwelling participants. These dynamics reflect broader structural inequities, as older adults with annual incomes less than \$30,000, who are Latinx or Black, and living in apartments are less likely to have outdoor space, a view of nature from inside the home, or greenspace within walking distance (Nanda et al., 2021). Other studies have shown that greater access to greenspace during the pandemic significantly reduced adverse mental health outcomes (Soga et al., 2021; Tomasso et al., 2021). A Scottish study found that home garden use among older adults was associated with better subjective well-being and overall health (Corley et al., 2021).

Age structure affected participants’ neighborhood engagement, social support, and civic life. Senior-living communities, for example, strictly enforced gathering and activity restrictions given the institutional environment and residents’ higher-risk profiles. Pandemic lockdowns of senior-living and care facilities are well-documented

(Dobbs et al., 2020; Vipperman et al., 2021); our results humanize the negative impacts of public health measures on community social infrastructure and the well-being of isolated and confined older residents. Level of urban density also affected opportunities for and expectations of neighborhood engagement and activity. Urban participants lamented the closure of local third places to gather, connect, receive informal care, and engage in civic life (Finlay, Esposito et al., 2019; Oldenburg, 1999). Public parks, sidewalks, and other walkable shared outdoor spaces became even more important sites for physical activity and socialization. This reflects quantitative studies such as the National Poll on Healthy Aging (Nanda et al., 2021), in which most older adults surveyed reported spending time outdoors to interact with neighbors, walk, and bike during the pandemic. Those without access to outdoor spaces were more likely to report feelings of loneliness and isolation. Walkability level affected participants’ and their neighbors’ abilities to remain active and see people “out and about” during pandemic restrictions. These results highlight the importance of the built environment in shaping older adults’ levels of physical and social activity in their local communities (Hino & Asami, 2021; Suzuki et al., 2020).

Social environments also affected participants’ perspectives and experiences. Studies demonstrate that community social support systems significantly reduced the risk of poor mental health and were a source of joy and comfort for older adults during the pandemic (Jia et al., 2021; Whitehead & Torossian, 2021). Strong preexisting social cohesion, support, and communication systems helped our study participants feel less isolated and lonely. Many also noted highly charged neighborhood political environments, such as the politicization of public health adherence. The presidential election and racial justice movement affected neighborhood interpersonal engagement and levels of support. Those living in neighborhoods with higher COVID-19 case rates or misinformation about public health guidelines more often reported isolation, disconnectedness, and overall neighborhood change. These results affirm research findings that people living in “infected communities” reported greater psychological distress than those in “uninfected” neighborhoods (Chen et al., 2021).

## Strengths and Limitations

The study launched during a pandemic and did not capture people who may have been too sick to participate, such as those who were hospitalized with COVID-19 or other health conditions (Kobayashi et al., 2021). The data analyzed were collected during Summer 2020 and may not capture the relationships between older adults and their neighborhoods during other seasons throughout the pandemic. Men, racial/ethnic minority groups, Spanish speakers, and those with high school education or less were underrepresented relative to the general population, while Michigan residents were overrepresented given our sampling strategy. However, we

used population-representative quotas to correct the representation within this analysis to match the U.S. general population aged 55 years or older as closely as possible. Our results were derived from a single open-ended survey question within the larger COVID-19 Coping Study. This format limited in-depth, case-oriented analysis. Response richness was limited by the online survey format because we could not probe participants for further inquiry, unlike purely qualitative study methodologies such as interviews or focus groups.

This study's strengths include its timeliness, with data collection occurring during a period of immense societal upheaval with rising COVID-19 case and mortality rates; fluctuating state and local lockdowns and mask mandates; social movements such as Black Lives Matter; and the highly politicized lead up to the 2020 presidential election (Hardy, 2020). The wide age range, large sample size, and national distribution of participants incorporate a breadth of aging experiences, perspectives, and geographies.

## Conclusion

The role of neighborhoods in shaping later-life health and well-being has expanded since the COVID-19 pandemic onset. Where older adults live critically influences their abilities to feel safe and supported and be physically and socially active. Our findings may inform policymaking to support the health and well-being of older adults since the pandemic onset and during future public health crises. Health care providers and public health officials need to account for personal living situations and neighborhood infrastructure in their recommendations. Such efforts can help strengthen opportunities to connect vulnerable aging populations to essential resources and services, deliver clear public health messaging, invest in more equitable infrastructure to encourage regular physical and social activity, and provide programming to enhance social cohesion (Nanda et al., 2021).

It is important to identify and address the pandemic's long-term implications for aging in place, such as how older adults can safely inhabit public neighborhood spaces, adjust to being in crowded areas without feeling anxious, and return to "the new normal" of daily civic life (Monahan et al., 2020). Future gerontological research may focus on how to bolster a sense of recovery and cohesion, both individually and collectively, among older adults and their communities. Understanding how person-place relationships changed during the pandemic can influence community- to national-level policies (Weil, 2020). Evidence-based investment in neighborhood and community infrastructure may improve the quality of later life. Including the perspectives of older adults themselves in planning and delivery can help capture the pandemic's full impact on aging in place to support physical, mental, and social health among diverse aging Americans.

## Supplementary Material

Supplementary data are available at *The Gerontologist* online.

## Funding

This work was supported by the Michigan Institute for Clinical & Health Research Postdoctoral Translational Scholar Program (UL1 TR002240-02 to J. M. Finlay) and National Institute on Aging Ruth L. Kirschstein National Research Service Award Individual Postdoctoral Fellowship (F32 AG064815-01 to J. M. Finlay).

## Conflict of Interest

None declared.

## Acknowledgments

We are thankful to the COVID-19 Coping Study participants, who took time out of their lives to share their experiences and perspectives with us. Thank you to Brendan O'Shea for helping to prepare the study data and to the editor and anonymous reviewers for their constructive feedback on earlier versions of this manuscript.

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