2021

Well-being of Japanese Older Adults in the COVID-19

ILC-Japan

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Foreword

International Longevity Center-Japan

The COVID-19 pandemic poses a considerable physical risk to older adults through infections. The pandemic, however, can also have significant effects on their quality of life and well-being. Although various measures have been put in place to address its risks, they do not necessarily take the voices of older adults into consideration. In order to understand their views on different aspects of the pandemic, ILC-Japan conducted interviews with various groups of older adults in Japan, asking them what the pandemic meant to them and how it was affecting their lives. Through these interviews, we aim to explore the ways older adults can protect themselves and pursue well-being based on their viewpoint. Another goal of this study is to make international comparisons on this issue. ILC offices in other countries have also been conducting similar interviews. By comparing their data with the results in Japan, we also aim to highlight the significance of Japanese pandemic measures for older adults from an international perspective.

This study was approved on June 18, 2020, by the Foundation of Social Development for Senior Citizens Research Ethics Review Committee (Approval number: 2020001), chaired by Dr. Hiroshi Shibata (emeritus professor, J. F. Oberlin University). The actual interviews were conducted by the following research team members in June and July 2020.

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Dr. Sawaoka, a member of the research committee and a councilor of the Japan Socio-Gerontological Society, provided us with an opportunity to present the results of this study in a special edition of the Society's research journal *Japanese Journal of Gerontology* (vol. 42-4) under the title, *Special Feature: Well-being under the New Normal in the Post-COVID Era*. It is scheduled

to be published in 2021. The present report is a summary of several articles in this journal. This special edition begins with an introductory statement by Dr. Sawaoka, raising a question as follows: “Older adults are believed to face higher risk of adverse effects posed by the COVID-19 pandemic, including anxiety as well as diminishing independence and cognitive functioning due to home confinement. In such challenging circumstances, how can they build the ‘new normal,’ aiming to prevent infections while also improving well-being?” Then, Ogami from ILC-Japan summarizes the impact of the COVID-19 pandemic on and resilience of older adults in various countries. In his summary, Ogami introduces the results of the interviews with older adults conducted by Leiden Academy (ILC-Netherland) in its *Wij & corona* (Us & corona) research project, as well as studies and statistics published by European institutions.

Following the broad question and international context, three articles are presented on our study in Japan. Dr. Watanabe compares the responses between urban and rural older adults, Dr. Matsuoka analyzes data on older adults in an urban apartment complex, and Dr. Nakashima examines the mental and physical effects of the pandemic. The journal is published in Japanese, and the present report is a summary of these three articles on the study in Japan, translated into English. Before the summary of the three articles, an overview of the situation in Japan is also included in this report to help international readers to understand the context.

ILC-Japan is currently conducting the second round of the interviews and will continue to follow up on the situation.

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Summary

Introduction

In Japan, people have been strongly recommended to avoid the *san-mitsu* (three Cs: confined and enclosed spaces, crowded places, and close-contact settings) to prevent the spread of COVID-19 infections since May 4, 2020, when then Prime Minister Shinzo Abe extended a state of emergency. When the emergency was initially declared in early April, restrictions on social life were generally accepted as a temporary inconvenience. This extension, however, transformed the nature of these restrictions to the "new normal" with no end in sight, casting a dark shadow over people's lives.

Young and working-age people are finding their own new normal, though it is not the same as the pre-COVID time, along with the gradual reopening of schools and economic activities. Meanwhile, many people are still confined at home for various reasons, including the fear of this seemingly endless pandemic and almost excessive self-restraint in social life, resulting in serious social problems such as a sharp increase in suicides among young females.

Among older adults, known to be at higher risk of COVID-19 infections, many go under an anxiety spiral, cannot go out because their families stop them, and experience declines in physical and cognitive functioning. These problems are not limited to those who had been frail or isolated since before the pandemic. Active seniors also share the same problems. A growing number of welfare and health professionals are concerned that older adults can face serious challenges, including depressive symptoms and diminishing independence, even if they do not contract the virus. Particularly in urban areas, where the situation is more serious, it is difficult to resume community-based activities for older adults.

People have reacted to the sudden appearance of the phrase "new normal" differently. Some feel that their pre-COVID lifestyles and values are denied., while others feel that they are expected to rebuild their lives in a completely different manner. Although the number of COVID-19 cases has been relatively low in Japan compared with European countries and the United States, situations are significantly different among communities within the country. While urban areas struggle to handle crisis situations, people in rural areas are leading almost normal lives. In this report, we would like to introduce how older adults in different Japanese communities adapted to the new normal differently based on their own words.

The report is prepared as part of the COVID-19 project by International Longevity Center (ILC) Global Alliance and the first report from Japan. It is based on interviews with 35 older adults living in urban and rural areas of Japan from late June to mid-July, 2020, shortly after the first wave of COVID-19 infections (March to May, 2020).

As of late February 2021, Japan went through the second wave of infections (July to September, 2020) and has been in the third wave since December 2020. Japan is far behind other countries in terms of vaccination schedule, and there is no end in sight to the COVID-19 measures. In order to examine the long-term effects of these measures, we are conducting follow-up interviews from late February to mid-March and planning to present an updated report in June 2021. The present report consists of background information on the pandemic in Japan, methodology of the study, and detailed analyses on the following three themes.

Reorganization of daily lives and social relationships among older adults in the COVID-19 pandemic

The COVID-19 pandemic has serious effects on various aspects of our society, including comprehensive community care systems and community support programs that have emphasized the importance of community-based relationships. This section discusses how older adults' lives changed since the beginning of the coronavirus.

While almost all respondents reported that the COVID-19 pandemic had changed their daily lives, there were some regional differences in terms of daily activities, including shopping and hospital visits. People in rural areas tended to maintain their daily lives through farming. In both urban and rural areas, the respondents also started new activities based on the existing relationships with their communities, such as making masks for other people, trying new volunteer activities, and using ICT.

Changes since the first wave of COVID-19 infections and community-led activities in a social housing development

A social housing development B, located in City A of Tokyo, consists of 3,243 households. Of its 5,274 residents, 56.8% are older adults (as of October 2020). There is a gathering program led by residents of this social housing under the national long-term care insurance scheme, but its activities were suspended during the first wave of COVID-19 infections. We conducted semi-structured interviews with 8 users and 9 volunteers of the program during the suspension. This section aims to examine how these residents coped with this unprecedented situation through comparisons between users and volunteers, and how their mutual-support activities changed through the pandemic.

The suspension of all the activities had significant physical and mental effects on both the users and volunteers. However, the volunteers particularly demonstrated resilience by exploring the new normal in their own ways. Since the suspension of group gatherings, these volunteers started new activities led by voluntarily without support from local/central government. They also strengthened a sense of solidarity by using a social networking application Group LINE, reexamined the meaning of volunteering, and realized something important in their everyday life. The results suggest the enhancement of community-based mutual support through challenges posed by the COVID-19 pandemic.

Mental/physical changes and coping strategies among older adults in the COVID-19 pandemic

Based on the voices of 35 older adults, this section examines what mental and physical changes they felt after the first wave of COVID-19 infections, as well as how they coped with these changes and maintained their health.

The results confirmed anxiety, loss of energy, and stress felt by the respondents in the suddenly restricted life, including cancellation of activities, strong advice to avoid the *san-mitsu*, and limitations on interactions with other people. Some respondents felt physical effects, such as weakening of lower body, fatigue, and loss of physical strength. However, only a few respondents experienced a decline in physical activities in this study. Many took creative measures to stay physically active while avoiding crowds to prevent infections, mainly by taking a walk in the early morning and doing radio calisthenics.

Background: Measures to Prevent and Control COVID-19 Infections in Japan

As in other countries, the Japanese government has been taking various measures to prevent and control COVID-19 infections as a critical risk management issue, aiming to protect the lives of its people.

These measures mainly focus on suppressing COVID-19 cases and maintaining the health care delivery system. Policies on suppression include the promotion of the new normal and measures against clusters of cases. The new normal in Japan, recommended on May 1, 2020, by the Expert Meeting on the Novel Coronavirus Disease Control, consists of: basic measures to prevent infections in everyday life (washing and disinfecting hands, social distancing, keeping rooms well ventilated, wearing a mask, and avoiding the *san-mitsu*), measures to take in specific situations (e.g., shopping, entertainment, sports, public transport, dining, and attending events), and new working styles (encouraging teleworking, online meetings, and staggered working hours). In particular, *san-mitsu* (three Cs: confined and enclosed spaces, crowed places, and close-contact settings) was named the 2020 top buzzword in the country. These key points of the new normal are based on the recognition that we may face another surge even if the number of cases declines temporarily. These recommendations therefore urge people to transform their lifestyles to prevent the spread of infections in the longer term.

The other measure on suppression is a cluster-based approach. It aims to prevent the spread of infections through contact tracing, mainly with close contacts, when COVID-19 cases are found in small groups. This approach has been quite effective in non-urban areas, preventing an increase in cases. In urban areas, however, this approach has not been able to handle a drastic increase in infections particularly since November 2020. In Tokyo and the neighboring prefecture of Kanagawa, contact tracing has been nearly impossible as public health offices, which play a main role in this task, are overwhelmed by the situation.

As for the efforts to ensure health care delivery, Japan is behind other countries. Despite a relatively low number of COVID-19 cases, the country's health care system was already overwhelmed by December 2020, mainly in urban areas where infections spread widely. In Japan, short-term public control is difficult as the country's health care system is characterized by universal coverage, free access, and private hospitals accounting for the majority (approximately 70% of the total). Further enhancement of the health care delivery system is therefore a pressing issue in Japan.

While Japan still has some problems particularly with its health care delivery

system, the country's measures against COVID-19 have shown effectiveness to a certain extent. The following summarizes three main characteristics of Japanese approaches based on the measures taken over the last year.

First, the numbers of COVID-19 cases and deaths have been relatively low in Japan, as shown in Figure 1 (positive cases) and Figure 2 (deaths) on weekly averages per million people. As of February 16, 2021, there have been 413,304 cases and 7,013 deaths. While both the cases and deaths are low in Japan compared with other countries, it should be noted that these figures are among the highest in East Asia. It is still unclear why Japan has low levels of infection and death. Further research will be needed to examine the reasons for these phenomena in Japan despite the lack of strict infection control measures, as mentioned below.

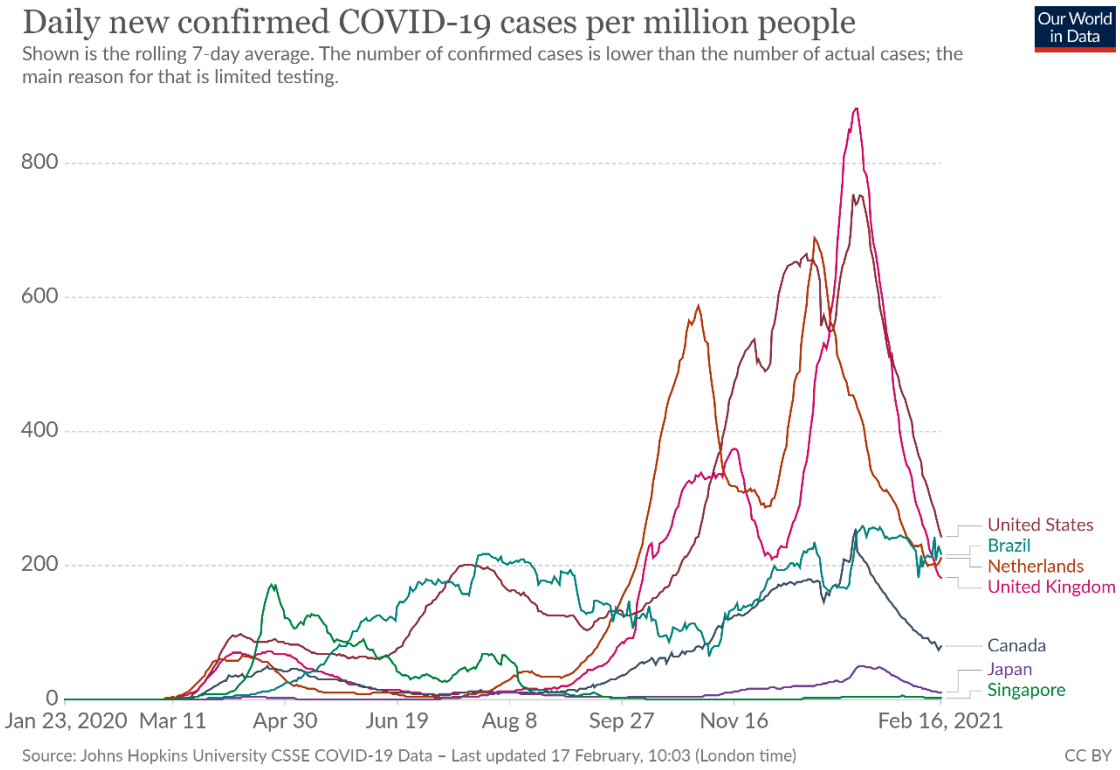
Second, Japan's national infection control measures have been quite loose. Although the number of infections is relatively low in the country, it is not necessarily because of strict measures. Japan does not have a law that can enforce a lockdown, limiting people's movement and requiring closures of businesses in such industries as restaurant and tourism. What the country has mainly done are raising public awareness of infection prevention, enhancing the health care delivery system, and responding to clusters of cases. In terms of restrictions on people's movement and businesses, governments have stayed on course with their "requests." In other words, they have expected people to voluntarily change their behavior to prevent infections.

This unique approach is clearly reflected in government stringency. Figure 3, from Coronavirus Government Response Tracker developed by the University of Oxford, presents levels of stringency in different countries regarding measures in response to the COVID-19 pandemic based on nine indicators (school closures, business closures, cancellation of public events, limitations on gatherings, closures of public transport, stay-at-home requirements, public information campaigns, restrictions on movement within the country, and restrictions on international travel). It clearly shows how loose Japanese approaches are. Unlike European countries, Japan has not imposed a strict lockdown. While Singapore, Taiwan, and China track people's movements with ICT, focusing more on controlling people's behavior over privacy, Japan has not taken that route either. While Japanese measures are not significantly different from those of European and other developed countries, Japan does have particularly looser policies than others.

As for facilities used by people at higher risk, such as medical institutions for patients with underlying conditions and care facilities for older adults, although the governments have provided them with some material and financial support, they have

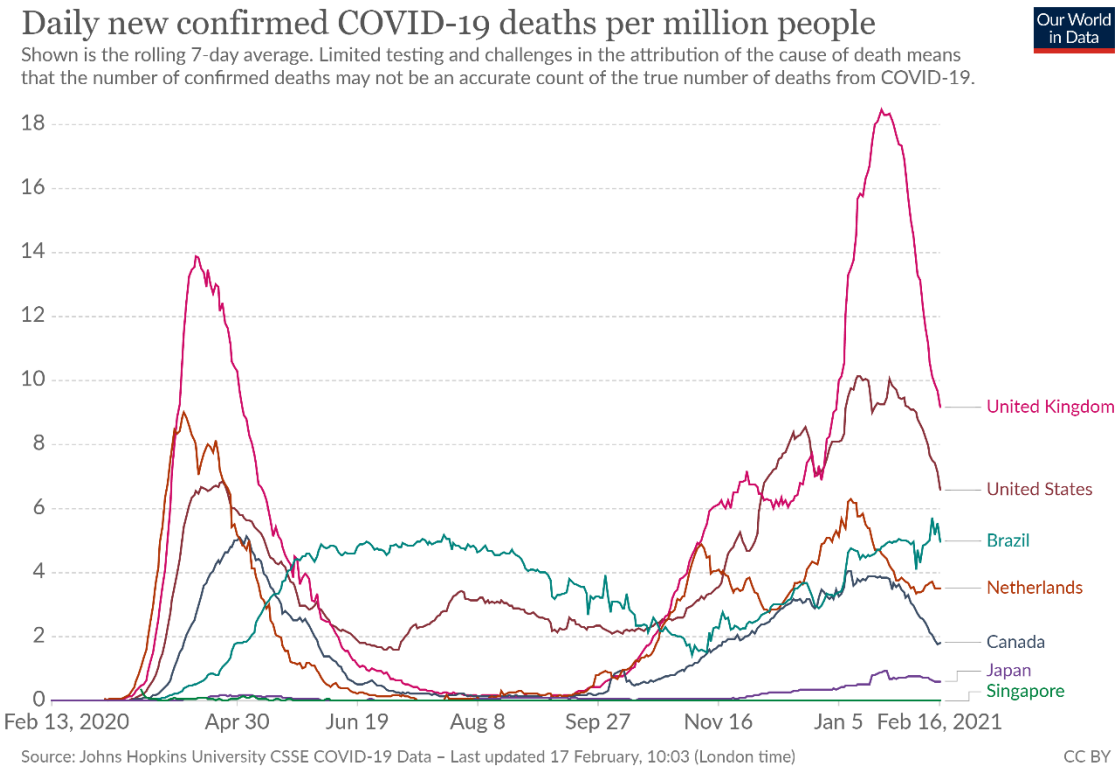
gone as far as requesting their efforts when it comes to facility closures.

Third, Japan has tried to take both infection control and economic measures at the same time. Since Japan had relatively few infection cases, the national government started implementing programs to encourage people's movement and consumption in July 2020, when the first wave of infections was brought under control. Examples include the Go To Travel campaign, which started in late July to support the tourism industry, and the Go To Eat campaign, which started in October to help the restaurant industry. While it is not known whether these economic policies had direct effects or not, Japan faced the second wave of infections in the summer, mainly in urban areas. Then, since November 2020, the country has been struggling with the third wave with significantly more cases. These economic policies, which some people describe as "stepping on the gas and brake pedals at the same time," seem problematic as they failed to share recognition on the importance of COVID-19 measures.



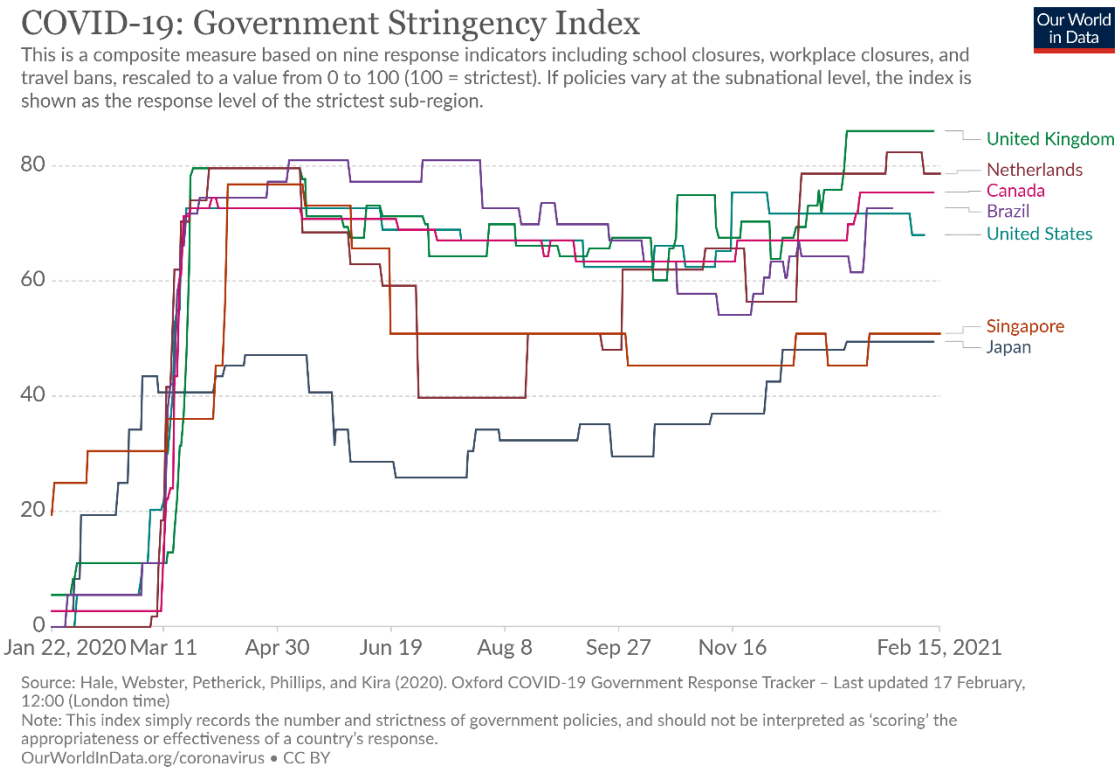
Source: Our Word in Data, https://ourworldindata.org/coronavirus-data-explorer

Figure 1. Daily new confirmed COVID-19 cases per million people (as of February 16, 2021)



Source: Our Word in Data, https://ourworldindata.org/coronavirus-data-explorer

Fig 2. Daily new confirmed COVID-19 deaths per million people (as of February 16, 2021)



Source: University of Oxford, "Coronavirus Government Response Tracker" https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker

Figure 3. The Oxford COVID-19 Government Response Tracker (as of February 15, 2021)

The First-Round Interviews: Overview and Methodology

The first-round interviews were conducted after the first wave of COVID-19 infections in Japan. Participants were 35 older adults aged 65 or over living in three prefectures: Tokyo, Kanagawa (south of Tokyo), and Yamaguchi (western Japan). Among them, seven males and 20 females were the members of exercise groups in their communities. The other eight participants, all males, were the members of retirees' group in an urban area. We used snowball sampling to identify these interviewees, with the help of leaders of these groups. Semi-structured interviews were conducted between June 24 and July 14, 2020, either over the phone (n=32), via Zoom (n=1), or in person (n=2). Our interviews mainly consisted of three questions on the participants' lives since around the first state of emergency declaration: "What changes did they experience?", "What were some challenges of the pandemic?" and "Have you anything new/good experiences as a result of this pandemic experience?"

Before the interviews, we requested participation through the community group leaders and arranged the schedules. Each interview took approximately 30 minutes and was recorded with participants' consent. The study was conducted with the approval of the Foundation of Social Development for Senior Citizens Research Ethics Review Committee. All participants' names are pseudonyms or alphabets for privacy protection. The interviewees consisted of 15 (42.9%) males and 20 (57.1%) females. Their mean age was 78.24 (SD: 6.66, except for one participant who only identified their age as "late 70s"). Among the interviewees, 19 (54.3%) lived in Tokyo, 6 (17.1%) in Kanagawa, and 10 (28.6%) in Yamaguchi. Ten (28.6%) participants lived alone, 17 (48.6%) lived with a spouse, and 8 (22.9%) lived in other types of household. Sixteen participants lived in a detached house while 18 lived in an apartment complex. One person lived in senior housing. All but one participants owned the place.

Looking at the COVID-19 statistics in each prefecture, as of June 24, 2020, when we started the interviews, Tokyo had a total of 5,894 cases and 325 deaths while Kanagawa had 1,436 cases and 94 deaths. On the other hand, Yamaguchi only had a total of 37 cases and no deaths. In the municipality within Yamaguchi where we conducted the interviews, there had been a few COVID-19 cases. It should be noted, therefore, that older adults in Yamaguchi seemed to have significantly different perceptions of the pandemic and its risk.

Reorganizing Daily Lives of Older Adults and Social Relationships in the Coronavirus Disaster

Daisuke Watanabe

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The COVID-19 pandemic has been transforming our society, and measures have been put in place to address the invisible and seemingly endless infections. Meanwhile, however, everyone including older adults has also been facing the various effects of these measures, including physical, mental, economic, and social. According to the "new normal," people must make further efforts to make a habit of taking measures to avoid infections through droplets, touching, and close-range conversations. This new lifestyle also affects comprehensive community care systems and community support programs that have emphasized the importance of community-based relationships. What about the effects on older adults themselves who have been a significant part of these systems and programs? How did they experience changes in the pandemic and how did they reorganize their daily lives?

This section describes the way older adults restructured their daily lives as they spent most of the time at home, comparing urban and rural respondents based on the interviews conducted after the first wave of infections. The spread of COVID-19 infections is referred to as the "coronavirus disaster" in this section, aiming to emphasize its nature as disaster with significant effects on the daily lives of all generations, including older adults.

1. Did Older People's Daily Lives Change in the Coronavirus Disaster ?

1-1) Changes in daily lives: urban areas

When the respondents talked about their daily lives, they often mentioned the cancellation of the activities they had enjoyed during the coronavirus disaster. One example is a comment by Ms. Hiroko (in her late 70s), an apartment resident living alone in Tokyo.

> Ms. Hiroko: "I used to go to local club activities almost every day, taking classes like music and handicraft. But all of them were suspended. Without any preparations, every class was closed all at once in March. I lost all the places to go to, and I was stuck at home. So, I was really worried around March, wondering what would happen then…. Although I had a lot of free time, I couldn't do anything in March because I was too worried."

Being a long-time resident of the apartment complex, she had been active in various groups. In addition to the handicraft class mentioned above, she had also attended several exercise classes and helped with a local senior citizens club. However, all of these activities were cancelled. Since she lived alone, she stated, "I spent days without any conversation at all. I didn't talk with anyone." She spent the entire month "feeling stuck at home."

Other respondents also had similar changes in daily lives, including, "I watch TV most of the time now" (Ms. Sumiko, early 80s) and "I've been lazy these days since we don't have local leaders' meetings" (Mr. Tsukasa, early 80s). Many informants pointed out this sudden slowdown of daily lives. Since most of them had been active before the pandemic, they were particularly confused about the loss of their normal lives outside their homes and an uncertain future.

1-2) Changes in daily lives: a rural area

As in the urban areas, respondents in the rural area of Yamaguchi Prefecture also mentioned the cancellation of the exercise program in their community. However, rural respondents still had other things to do. A good example is farming.

> Ms. Ume (late 80s): "I watch TV at home most of the time. Other than that, I just enjoy growing things in a vegetable garden near my house."

When the interview was conducted, she was growing vegetables such as green beans, corns, *edamame* soybeans, and eggplants in a vegetable garden (approximately $10m^2$) owned by her older sister who had passed away. She liked the activity, stating, "I really enjoy giving the vegetables to my children and grandchildren." This activity had not changed since before the coronavirus disaster.

Meanwhile, rural respondents tended to change their behavior by reducing the frequency of shopping and hospital visits. For example, many of them had their children living close by go shopping for them, thereby avoiding the use of public transport and trips to supermarkets far from their houses.

Due to school closures and an increasing number of telecommuters in urban areas, some rural respondents had their family members from urban areas stay at their places. One of them, Ms. Akiyo (late 70s), had her granddaughter temporarily stay at her house since the university she attended in Tokyo went completely online in April.

> Ms. Akiyo: "My daughter brought her daughter to my place, planning to have her stay on the second floor of this house. But since my husband has an underlying health condition, he

refused to let her stay…. Well, I took her to the second floor anyway. I brought meals to her, without letting him know. She hid there for about a week, keeping a mask on."

When Ms. Akiyo took her granddaughter, she was opposed by her husband who had an underlying health condition and used a care facility. In the end, she hid the granddaughter on the second floor without letting the husband know. Since it was a secret, the granddaughter could not go outside at all for a week. Living in a small rural area, Ms. Akiyo also needed to pay attention to her neighbors, making sure they never saw the granddaughter.

As described above, while the respondents in both urban and rural areas experienced changes in daily lives, there were some regional differences.

2. Creation of New Roles and Social Support

Social roles are formed based on social relationships. In the coronavirus disaster, people faced difficulties in maintaining regular social relationships and finding alternative approaches. Consequently, many respondents mentioned role loss during the interviews, and "cleaning a house" was often chosen as a temporary measure to find the new normal.

However, since cleaning and decluttering were not what they could keep doing in the prolonged coronavirus disaster, they also started finding new roles based on their previous experiences or trying something new. The following presents three examples of such initiatives: interactions through mask-making, new volunteering in their communities, and online communication using ICT.

2-1) Interactions through mask-making

Almost all of the respondents took thorough measures to prevent infections by wearing masks, washing hands, and using sanitizer. Masks had been in short supply until around May, 2020, and many respondents mentioned the difficulty in finding them. Nevertheless, all of them were able to find masks one way or another. Many of them had masks in stock as they had used them regularly even before the pandemic, for a pollen allergy and hospital visits for example. It should be noted, however, that masks served as one of the communication tools as older adults gave and received masks to and from neighbors and friends. Such communication through masks was common both in urban and rural areas, mainly among women as they had more extensive sewing experience. It lasted at least until around July, when masks finally became available in the market again.

2-2) New volunteer activities

Interactions through masks took place beyond their families and relatives; they were often seen at a

community level as well. Such activities, turning the existing community-based relationships into resources, may give the impression that these older adults kept interacting with friends even in the coronavirus disaster. However, many respondents reported otherwise, stating that their interactions with friends had rather declined.

Ms. Tome (late 70s), an apartment resident, began disinfecting the building in March, when people started emphasizing the importance of disinfection.

Ms. Tome: "Well, I live in an apartment complex, and the residents' association doesn't disinfect the building. So, four volunteers, including myself, disinfected the elevator buttons from March to May.… We volunteered, four of us."

Interviewer: "Wow. Did you also buy disinfectant?"

Ms. Tome: "We bought disinfectant ourselves… But later, the residents' association started buying it so that we could use it. We made sure we wore rubber grabs and a face mask. These items, we bought on our own."

While Ms. Tome was an influential person in the neighborhood association, she did not hold any official position when the interview was conducted. She did participate in several activities, such as volunteering at the exercise program. Since these activities were cancelled, she contacted other members of the volunteer group in the neighborhood and started disinfecting the building on their own. While the coronavirus disaster made interpersonal communication extremely challenging, as shown in this example, people contacted each other and found a new role in a creative manner. The existing relationships and trust seemed to make it possible.

It would have been difficult for just one person to continue such service. The key point of this example is a team work that enabled the activity to become a new routine.

2-3) New communication style using ICT

When asked about new things they were able to start in the coronavirus disaster, several interviewees talked about their new experiences with ICT, including LINE (a social networking application) and Zoom.

For example, Mr. Hajime (late 60s) in Tokyo started using LINE in the wake of the disaster. "I had never been interested in (LINE or Twitter) at all. I used to make fun of them." Since the disaster began, however, "My family told us to start because I was the only one not using it. I didn't want to be left out in the family." He started learning how to use it, with his wife as a teacher.

Around the beginning the coronavirus disaster, many respondents in both urban and rural areas started using communication applications, including LINE, for their children and grandchildren. However, LINE is not sufficient for communication in a larger group while using videos. Thanks to

the leadership of local volunteer groups, some respondents started exploring new ways of interactions via Zoom while staying at home during the disaster.

These examples suggest that the coronavirus disaster provided opportunities for older adults, many of whom had been reluctant to use ICT, to try new communication channels, which may also have strengthened their existing relationships. It should be noted, however, that these new communication channels did not necessarily create new relationships. Also, the support by people surrounding these older adults was the one that made the use of ICT possible.

3. Beyond the Disaster Utopia

The coronavirus disaster forced the cancellation of numerous activities, making people stay at home most of the time. This section introduced how older adults tried to restructure their lives in this disaster based mainly on their narratives.

Solnit (2009) named extraordinary communities and mutual aid arising in disasters the “disaster utopia.” Then, did the coronavirus disaster bring a disaster utopia? My answer is no. The disaster of COVID-19 has been lasting for a long period of time. The disaster has hit the entire world instead of specific areas, making it difficult to build supporter-recipient relationships. Above all, the mutual aid introduced in this section is not a temporary utopia but rather built upon the existing mutual help. The responses to the coronavirus disaster were not based on temporary enthusiasm. Hence, this disaster may clearly reflect the richness of existing community support resources already built by older adults. In this sense, it is critical to foster local community resources even before the infection control measures take place, just like strategies to prevent and control disasters. Further efforts should be made to develop and help mutual support systems in which older adults can demonstrate their resilience and go beyond “supporter-recipient” relationships in their communities.

Reference

Solnit, R. (2009). A paradise built in hell: The extraordinary communities that arise in disaster. The Viking Press, New York.

Changes Since the First Wave of COVID-19 Infections and Community-Led Activities in a Social Housing Development

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A social housing development B, located in City A of Tokyo, consists of 3,243 households. With older residents accounting for 56.8% of the 5,274 residents (as of October 2020), this apartment complex is considered what is called an urban *genkai shuraku*, meaning a marginal community on the verge of extinction due to the extreme population aging. Those in their 70s constitute the largest age group there, with very few younger residents. In other words, the demographic structure of this apartment complex looks like Japanese society in and after the year 2040.

At the apartment complex B, a weekly gathering program called Café C is held since May 2018, led by local residents as frailty prevention. Every Saturday morning, residents with mild disabilities gather at the café, exercise for approximately 40 minutes and enjoy recreational activities such as talking, singing, and quizzes. The program usually has 15 participants and 10 volunteers supporting its activities.

The café had been in operation for almost two years when the COVID-19 pandemic hit the country. Its gathering program needed to be suspended for about seven months, from March to September, 2020. During the suspension, the program volunteers started making its newsletter and distributing it to the participants in the apartment complex. Using the newsletter, these volunteers kept the participants updated and connected by taking pictures of the apartment complex, introducing themselves, and writing stories about the participants they met in the neighborhood. They made 10 issues in the seven months.

This section introduces how the participants and volunteers of Café C experienced the COVID-19 pandemic in the context of community-led activities in an urban housing complex.

1. COVID-19 Experiences: Participants of Café C

1-1) Painful/difficult COVID-19 experiences

Many participants had been ***quite active*** before the pandemic, going out a few times a week. The spread of COVID-19 infections, however, led to the ***suspension of all the activities*** they had participated in, which also meant the ***suspension of all the interactions***. The respondents described such experiences as ***difficult/hard***; one participant said it was as hard as the war time. For many of them, COVID-19 could be a

serious health threat as they were at high ***risk of severe illness*** and/or afraid of death from the virus. Meanwhile, the participants tended to spent more time ***watching TV*** while also eating snacks, resulting in ***weight gain***.

1-2) Resilience and the "new normal"

The participants engaged in ***light physical activities***, such as exercising at home and taking a walk in the neighborhood, thinking that they needed to do something to change the situation. Some participants demonstrated resilience by using their free time effectively, such as cleaning their houses. In the meantime, whey also took ***thorough measures to prevent COVID-19 infections*** while also ***receiving support from family members***.

1-3) Learning from COVID-19

Some participants demonstrated their resilience by making masks for other people. Since they liked sewing, the volunteer representative of Café C asked them to make some. Volunteers collected these masks and distributed them to other members of the café. Another participant sent postcards to her friends when she could not meet them in person, with messages of encouragement. These examples show that the COVID-19 experiences led these participants to ***be kind to others and be positive***. It was also an opportunity for their ***personal growth***, helping them realize that people cannot live alone. It should be noted, however, that most of the participants had had mild disabilities since before the pandemic, and some of them experienced significant physical effects, including the weakening of lower body, loss of physical strength, and prolonged physical symptoms such as slipped disks and shingles.

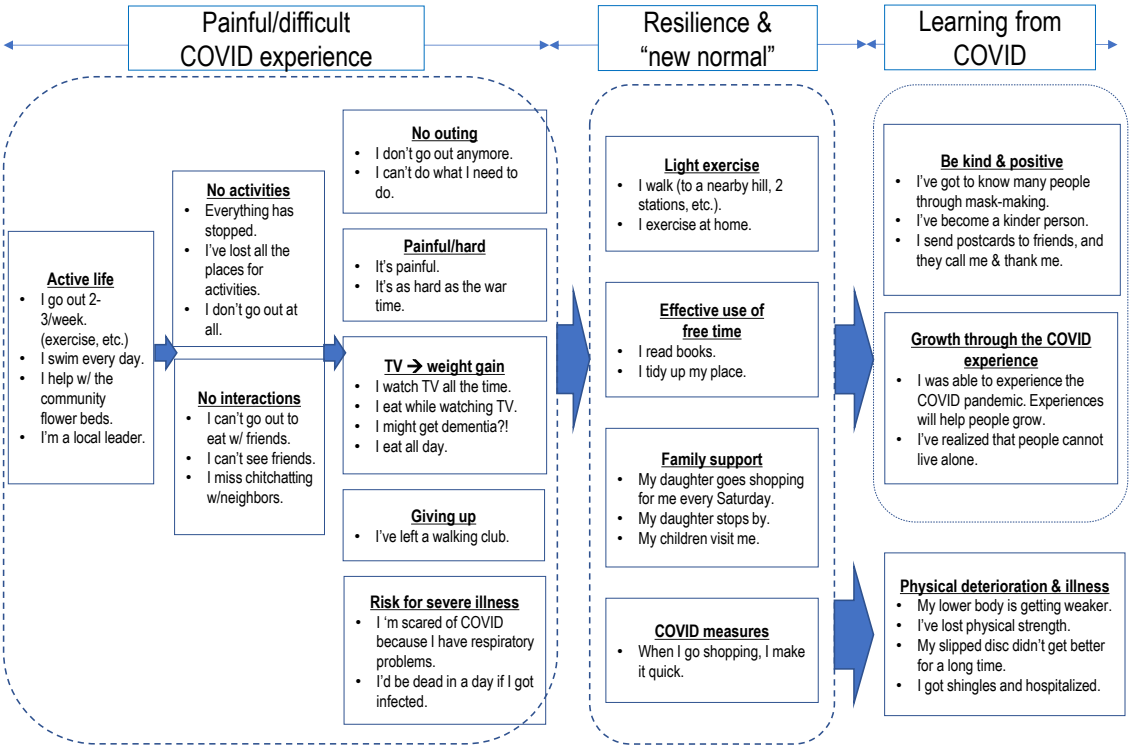

Figure 1: Stories of Café C participants

2. COVID-19 Experiences: Volunteers of Café C

2-1) My life has completely changed!

Most of the nine volunteers we interviewed had been ***out almost every day*** before the pandemic. In addition to the volunteering at Café C, they had also engaged in other community roles (e.g., neighborhood association), hobbies, and health maintenance (e.g., going to a gym and pool). These lifestyles were completely changed by the COVID-19 pandemic. Every place for activities was closed, and ***everything was cancelled***. Some volunteers described the lives in the pandemic as "***nesting***." Since their pre-COVID lives had mainly taken place outside, some volunteers felt that they ***had no places for themselves at home***.

2-2) Resilience and the "new normal"

These volunteers demonstrated resilience in a variety of ways in order to adapt to the drastic changes in their lives. Some of them started getting up early and ***exercising***, while others made effective use of extra free time and found ***new ways to enjoy their lives*** by cooking from scratch, reading in a park, and watching movies at home. No matter what they did, they always took ***thorough measures to prevent infections***.

2-3) New development & layers through COVID-19

When the gatherings of Café C were suspended, the volunteers strengthened ***a sense of solidarity*** with each other while learning to use a variety of ICT. For example, they started using a social networking application Group LINE, in which they not only communicated on program management but also shared things not related to the volunteering, such as beautiful videos, to keep each other's spirits up. They also started using Zoom, with the help of young college students, to have meetings and join music events.

Within the apartment complex B, there is a place serving as a community infirmary, run by a private entity. As the volunteers heard an increasing number of concerns and problems from the residents during the pandemic, they often referred these people to the infirmary, which resulted in ***collaboration with professionals***. The volunteers also expressed their ***hope for the restart of activities***. In addition, the COVID-19 experiences made them ***realize what is truly important***, ***appreciate being appreciated***, and deeply reexamine the meaning of volunteering.

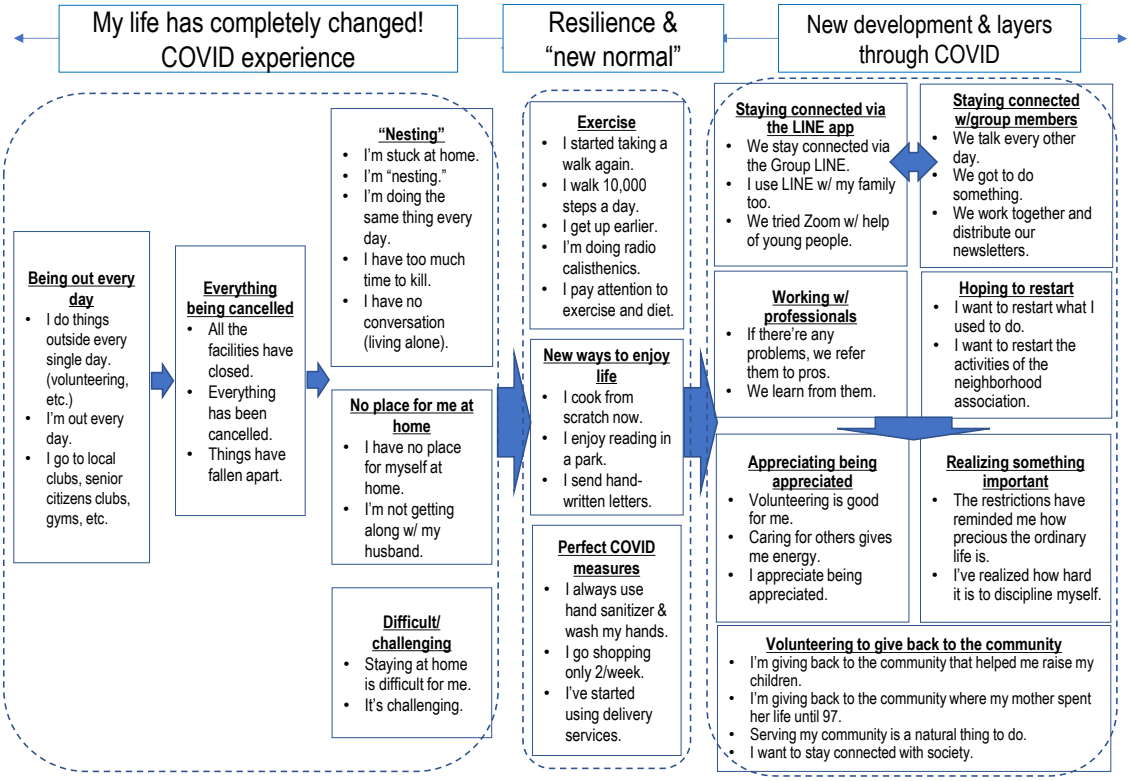

Figure 2: Stories of Café C volunteers

3. COVID-19 and Community-Led Activities

Both the participants and volunteers of Café C had been out frequently before the pandemic started, engaging in various activities including hobbies, neighborhood associations, and volunteering. The pandemic stopped all of these and transformed their lives. Despite numerous challenges, however, these interviewees demonstrated resilience and found their new normal.

Café C is a community-based gathering program at the apartment complex B, but its activities were suspended in the COVID-19 pandemic. Its volunteer group decided that they shouldn't stay quite doing nothing just because the gatherings were suspended. Under the leadership of the group representative, these volunteers started making its newsletter for residents. Later, a group member proposed that the volunteers could make phone calls to residents to stay connected because some of them lived alone. They started the phone program in August. A volunteer also found that some program participants were good at sewing. The group decided to ask them to make masks and distribute them to other residents. All these ideas were shared through the social networking application LINE. The residents voluntarily proposed, discussed, decided, and ran all of these activities rather than merely participating in programs developed by the government. Hence, Café C should be considered a community-led program, which goes a step further than a community-based one.

The resilience and community-led activities of Café C are built upon the residents' accumulated experiences and relationships over a long time. This study has confirmed that such an initiative serves as an asset of the apartment complex B.

Mental/Physical Changes and Coping Strategies among Older Adults in the COVID-19 Pandemic

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The COVID-19 pandemic has resulted in prolonged restrictions on people's lives, such as going out, interacting with others, and participating in society. Such restrictions are projected to increase the risks of depression, dementia, need for care, physical deterioration, and immature death among older adults. In order to understand how changes took place among older adults in the pandemic, including their daily lives and mental/physical health, the voices of older adults themselves should provide valuable insight. This section therefore analyzes the mental/physical changes experienced by older adults, using our interview data collected shortly after the first wave of infections. The responses were coded, based on which categories and *subcategories* were created.

1. Mental/Physical Changes in the COVID-19 Pandemic (Table 1)

Regarding the respondents' mental health, while only a few of them *felt no particular changes*, many *took it hard and had anxiety* as they felt stuck at home. Some respondents *felt down and loss of energy*. They were also *stressed out* because they could not go out and/or meet other people. Even if the respondents themselves did not feel any changes, some of them *found other people having depressive symptoms and anxiety*, suggesting the extensive psychological impact of COVID-19 on older adults. For example, a female respondent (Ms. L) spent a month away from her apartment to stay with her daughter's family in a neighboring prefecture because the daughter was concerned about the mother living alone. When Ms. L came back to the apartment, she found a significant physical decline in her elderly neighbors. She also heard about a growing number of people with "COVID depression." Facing these effects of COVID-19 made Ms. L feel determined to stay strong and "beat COVID-19."

Turning to their physical health, as in mental health, a few respondents felt *no particular changes in physical conditions or strength*. In some cases, respondents felt *a slight improvement of their physical health* because their lives became less physically demanding or they exercised more during the pandemic. However, the most common response was physical decline, such as *having weaker legs, feeling tired, and losing physical strength*. In particular, they felt a decline in their ability to walk, including lower-body strength and walking speed. Some respondents also felt the *physical effects of routine changes*. They spent more time at home, watching TV for longer hours while

also having snacks, which resulted in *weight gain* ("putting on COVID weight"). Meanwhile, other respondents *lost appetite* because they were not using brain as much or due to invisible stress. Several interviewees were also *at high risk of severe illness* from the virus because of their underlying health conditions.

Table 1. Changes in Physical and Mental Health

Category	Subcategory	Code
Mental health	Feeling no particular changes in mental status	・ Not feeling any changes in terms of mental health
	Suffering and feeling anxious	・ Feeling anxious and stuck at home ・ Feeling that the COVID pandemic is as mentally hard as the war experience
	Feeling stressed out	・ Getting stressed out due to the home confinement ・ Feeling stressed ・ Finding the home confinement difficult
	Feeling down and losing energy	・ Gradually losing mental energy ・ Gradually feeling down and dull due to the loss of places for activities
	Seeing other people getting depressed and anxious	・ Seeing neighbors getting COVID depression ・ Hearing from neighbors over the phone that they are too scared to go to hospitals but also worried about not seeing doctors
Physical health	Feeling no particular changes in physical conditions/strength	・ Not feeling any changes in terms of physical strength ・ Feeling no changes in physical health
	Slightly improving physical health	・ Feeling that the life is less physically demanding since the suspension of all the activities ・ Exercising more and feeling a little healthier
	Having underlying conditions	・ Having bronchial asthma and being told by the family doctor to be very careful because of the high risk for severe illness ・ Being at high risk because of diabetes
	Weakening lower body, feeling tired, losing physical strength	・ Feeling that the body is becoming more painful and stiff due to a sedentary lifestyle ・ Walking more slowly with the weakening lower body ・ Realizing the loss of physical strength in April (when the person went shopping)
	Facing physical effects of routine changes	・ Having a problem with a nervous system due to unsuccessful self-health management ・ Being physically affected by routine changes and inability to make any plan
	Gaining weight during the COVID pandemic	・ Spending more time watching TV and eating, resulting in weight gain ・ Gaining weight due to the closure of gyms
	Losing appetite	・ Not using brain as much since the activities stopped, resulting in a loss of appetite and inability to enjoy food ・ Losing appetite in a strange way, while feeling no particular changes in everyday life, probably because of invisible stress

2. Activities to Maintain Health (Table 2)

While the respondents tended to feel negative changes in their mental/physical health, they also started a variety of innovative and new activities to maintain their health. Most of the interviewees experienced the suspension of the activities they had enjoyed due to the pandemic. Their approaches to this change can be categorized mainly into two methods: exploring new alternatives and trying to keep a daily routine. Those who did not take any particular measures tended to feel no major changes but report a decline in physical activities.

Under the category "exploring new alternatives," many respondents started *taking a walk while avoiding crowds* by doing it early in the morning. The interviewees reported a wide variety of other innovative ways as well. For example, Ms. O found a new routine, getting up before 6 a.m. and *doing radio calisthenics* at home. Ms. P found a new way to enjoy life by participating in an *exercise program via Zoom*, with the help of college students who had been helping the community-based preventive exercise group which she was a member of. A few respondents from the same group tried stretching and other exercise at home, using the menu introduced in the *newsletter made by the group*. Other respondents who had been physically active *refined their existing/old exercise routines*. Meanwhile, some respondents found it *difficult to do exercise alone* no matter what they tried.

As for "trying to keep a daily routine," the respondents seemed to stay as active as possible and keep their daily routines as much as they could in everyday life, except for interactions with others. Quite a few respondents had had a habit of walking regularly since before the pandemic, and they *continued to take a walk to keep a daily routine* even during the state of emergency in order to maintain their health. Some interviewees *continued to do radio calisthenics every day* in a park with friends regardless of the pandemic. Mr. W, who teaches aerobic exercise every week as a volunteer, *prepared for the reopening of the activity by* going over the exercise routine at home once or twice a week, making sure he could teach properly once the program restarted. After the state of emergency was lifted in late May, several respondents *started using gyms again*. Yet, they chose off-peak hours to avoid crowds.

Those who felt no major changes but reported a decline in physical activities tended to *be inactive to begin with but become even less active in the pandemic*.

Table 2. Activities to Maintain Health

Category	Subcategory	Code
Exploring new alternatives	Taking a walk (while carefully choosing the time)	・ Taking a walk while carefully choosing the time (e.g., less crowded, not too warm) ・ Getting up at 5 a.m. and taking a walk around a hill in the neighborhood for about an hour, thinking that few people would be out there early in the morning ・ Taking a walk to stores 2 stations away with the daughter when the weather is good
	Starting radio calisthenics	・ Coming up with the idea to start radio calisthenics, leading to the new routine of getting up by 6 a.m., going to the balcony to get some fresh air, and doing radio calisthenics ・ Doing radio calisthenics and taking a walk every morning
	Exercising even for a few minutes to stay healthy	・ Going outside at least once every hour, even for 5 or 6 minutes, during a TV commercial break ・ Working on an exercise ball at home once or twice a day when walking outside is not an option
	Exercising while using Zoom and the exercise group newsletters	・ Trying different kinds of exercise, introduced in the exercise group newsletters, with wife at home ・ Exercising via Zoom with the exercise group members
	Refining existing/old exercise routines	・ Riding a bike for a half day to see how the old favorite cycling route has changed ・ Running about 350km a month, using the free time created by the reduced workload as a welfare commissioner (a former marathon runner)
	Having difficulty doing exercise alone	・ Trying to do radio calisthenics and stretching but realizing that it would take a strong will to do exercise alone at home ・ Trying to exercise at home in the beginning, remembering the things learned at the exercise group, but gradually becoming lazy
Trying to keep a daily routine	Continuing to take a walk to keep a daily routine	・ Standing near the bridge as a crossing guard and walking 7,000 steps a day to keep a daily routine ・ Taking a walk for an hour every day, usually the same route, with or without the COVID pandemic
	Doing radio calisthenics every day	・ Doing radio calisthenics in the park regardless of the COVID pandemic ・ Continuing to do radio calisthenics every day even during the COVID pandemic
	Preparing for the reopening of activities	・ Going over the exercise routine at home once or twice a week to prepare for the reopening of the program (volunteer aerobic exercise instructor)
	Using gyms again	・ Going to a gym, which reopened in June, around lunch time to avoid crowds ・ Going back to a gym but finding it difficult to run with a mask on
No major change but less active	Not active to start with but even less active since the COVID pandemic	・ Not taking a walk because of the problems with legs/lower back ・ Doing less and less while not feeling that the lifestyle has changed much

3. Discussion

Many, although not all, interviewees reported mental and/or physical changes in the pandemic. In particular, they tended to feel anxiety, loss of energy, and stress as they faced sudden restrictions in their activities and interactions. Several respondents also felt physical effects of the pandemic that could be considered mild frailty, such as having weaker legs, feeling tired, and losing physical strength.

Nevertheless, none of them had significant deterioration of mental or physical functioning thanks to their own efforts, family support, as well as relationships with their friends and communities. While recognizing their own mental and physical changes, many older adults demonstrated resilience and explored their own ways to stay healthy. Some research points out that resilience tends to increase with age, which seems to imply that older adults are better able to recover and maintain their status through experiences.

However, it was difficult for them to keep exercising alone. Their existing networks, including the newsletter from the local exercise program and people who had been involved in their lives, provided significant support in addressing this challenge.

APPENDIX

Timeline of the COVID-19 pandemic in Japan

Date	Event/response
2020	
1/6	Pneumonia cases of unknown cause are detected in Wuhan City, Hubei Province of China.
1/15	The first case of COVID-19 is confirmed in Japan.
1/28	The Cabinet Office designates COVID-19 as an infectious disease under the Infectious Disease Control Act.
1/30	The World Health Organization (WHO) declares the COVID-19 outbreak a public health emergency of international concern.
2/1	Japan bars foreign nationals who visited China's Hubei Province from entering the country.
2/3	The Diamond Princess cruise ship, with positive cases of COVID-19, anchors at the Yokohama port, having passengers and crew members quarantined until February 19.
2/13	Japan's first COVID-19 death is confirmed (in Kanagawa Prefecture).
2/26	The national government requests cancellation of large-scale events.
2/27	Prime Minister Shinzo Abe calls for the closure of all Japanese elementary, junior high, and high schools (from March 2 to the end of spring vacations, which usually conclude in early April).
3/13	The parliament enacts the coronavirus special measures law.
3/24	The Tokyo 2020 Olympic and Paralympic Games are postponed to 2021.
3/25	The Tokyo Metropolitan Government calls on its residents to refrain from unnecessary outing during weekends.
4/7	A state of emergency is declared in seven prefectures.
4/16	The state of emergency is expanded nationwide, with 13 prefectures designated for tighter measures.
5/14	The state of emergency is lifted in 39 of the 47 prefectures.
5/25	The state of emergency is lifted in all prefectures.
6/19	The national government lifts its requests for voluntary restrictions on crossing prefectural borders nationwide.
7/2	Tokyo records 107 new COVID-19 cases. (The number hits a record high on July 23.)
7/22	The national government launches the Go To Travel campaign (except for

	Tokyo) to support the tourism industry. The country confirms a record high of over 795 new cases per day.
8/17	The Cabinet Office announces that Japan's economy in the April-June period shrank at an annualized rate of 27.8 percent in real terms.
8/28	The national government announces its new policies on COVID-19 measures (e.g., ensuring health care delivery, enhancing a testing system).
11/7	The government of Hokkaido requested bars and restaurants in its largest entertainment district to shorten their business hours in response to a sharp increase in COVID-19 cases.
11/10	A government panel of COVID-19 experts releases an emergency proposal, warning of surge in infections.
11/18	Japan and Tokyo reported record-high new cases. Tokyo raises its virus alert to the highest level.
11/25	The Minister of Economy, Trade, and Industry announces the reinforcement of measures against COVID-19, with an intention to call on restaurants and other related businesses to voluntarily scale down operations.
12/3	The government of Osaka issues a medical state of emergency due to a sharp increase in severely ill COVID-19 patients.
12/14	The national government decides to suspend its Go To Travel campaign (starting in December 28 nationwide, while several municipalities starting earlier).
12/25	Japan confirms its first cases of a new strain of COVID-19.
12/26	Japan bans new entry of foreign nationals from all countries and regions.
12/27	The country's health care system becomes overwhelmed, with insufficient available hospital beds. (Seven prefectures in an extremely severe situation raise the prefectural COVID-19 alert to the highest level on a four-tier system.)
2021	
1/7	The second state of emergency is declared in Tokyo and three other prefectures (and expanded to a total of 11 prefectures on January 13).
1/13	Japan bans the entry of all nonresident foreign travelers, responding to a rapid increase in cases of new COVID-19 strains in other countries.
2/3	Japan revises the coronavirus special measures law (introducing penalties for noncompliant businesses and people).
2/15	COVID-19 vaccinations start for some medical workers.

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