Older Adults and COVID-19: Implications for Aging Policy and Practice

Friday, February 19 at 2:00 to 4:30 p.m. EST
WELCOME!

Teresa Ghilarducci, PhD

Department of Economics
Schwartz Center for Economic Policy Analysis
New School for Social Research

Ghilarducci (teresa.ghilarducci@newschool.edu)
Agenda

• Project Background/Overview

• Author Presentations
  ➢ Delivering and Financing LTSS in the U.S.
  ➢ LTSS in Other Contexts
  ➢ High Risk Older Adults in Communities
  ➢ Families and Caregivers of Older Adults
  ➢ Local and Community Responses
  ➢ Economic Risks to Older Workers and Retirees
  ➢ Documenting and Combating Ageism

• The Path Forward

Ghilarducci (teresa.ghilarducci@newschool.edu)
Project Background/Overview

Edward Alan Miller, PhD, MPA

Department of Gerontology and Gerontology Institute
John W. McCormack Graduate School of Policy & Global Studies
University of Massachusetts Boston

Miller (edward.miller@umb.edu)
Objectives of the Special Issue/Book

- Older adults disproportionately impacted by COVID-19

- Adverse health and economic effects of mitigation actions
  - Increased social isolation, economic risk and ageism

- Objectives of the special issue:
  - To elucidate the pandemic’s effects on older adults and their families, caregivers, and communities
  - To propose policies and strategies for protecting and improving the lives of older people, both during and after the pandemic

Miller (edward.miller@umb.edu)
Shout Out to Contributors & Reviewers

• Professional Demands
  ➢ On-the-fly switch to remote teaching/advising
  ➢ Impediments to conducting research
  ➢ ZOOM meetings (lots of ZOOM meetings)
  ➢ COVID-19-related grant/journal calls

• Personal Demands
  ➢ Negotiating new work/living arrangements
  ➢ Not seeing family and friends
  ➢ School/childcare closures, schooling children at home
  ➢ Staying connected and caring for older relatives

Miller (edward.miller@umb.edu)
Protecting and Improving the Lives of Older Adults in the COVID-19 Era

Edward Alan Miller, PhD, MPA

Professor, Department of Gerontology, and Fellow, Gerontology Institute, John W. McCormack Graduate School of Policy Studies, University of Massachusetts Boston, Boston, Massachusetts, USA; Adjunct Professor, Department of Health Services, Policy and Practice, School of Public Health, Brown University, Providence, Rhode Island, USA.

ABSTRACT

The COVID-19 pandemic has impacted the lives of people throughout the world, either directly, due to exposure to the virus, or indirectly, due to measures taken to mitigate the virus' effects. Older adults have been particularly hard hit, dying in disproportionately higher numbers, especially in long-term care facilities. Local, regional, and national government actions taken to mitigate the spread of COVID-19 have thus served, in part, to shield older adults from the virus, though not without adverse side effects, including increased social isolation, enhanced economic risk, revealed ageism, delayed medical treatment, and challenges getting basic needs met. This special issue of the Journal of Aging & Social Policy explores the myriad ways in which the COVID-19 pandemic has affected older adults and their families, caregivers, and communities. It proposes policies and strategies for protecting and improving the lives of older people during the pandemic. It draws lessons for aging policy and practice more generally, given underlying challenges brought to the fore by government, providers, community, and individual responses to the pandemic.

ARTICLE HISTORY

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KEYWORDS

COVID-19; public policy; long term care; nursing homes; caregiving; bereavement; transitions; economic security; ageism; disparities

OLDER ADULTS AND COVID-19

IMPLICATIONS FOR AGING POLICY AND PRACTICE

Edited by

Edward Alan Miller
DELIVERING LONG-TERM SERVICES AND SUPPORTS IN THE U.S.
“We are Alone in This Battle”: A Framework for a Coordinated Response to Covid-19 in Nursing Homes

Liza L. Behrens, PhD, RN
Mary D. Naylor, PhD, RN, FAAN

_NewCourtland Center for Transitions and Health_
_University of Pennsylvania School of Nursing_

Behrens (lbehrens@nursing.upenn.edu)
COVID-19 - It’s a Crisis Situation

• Challenging needs of residents
• Increased reporting demands from multiple agencies
• Resource shortages
• Nursing home leaders report abandonment

“We are alone in this battle”  
(J. Duffey, Personal Communication, April 2020)

Behrens (lbehrens@nursing.upenn.edu)
Operational Framework to Guide Decision-Making During COVID-19 Pandemic

Figure 1. Operational framework to guide decision making during COVID-19 pandemic. PPE=personal protective equipment, RN=registered nurse, DOH=department of health, COVID=COVID-19 or coronavirus. Adapted from, “Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2” (Berlinger et al., 2020).

Behrens (lbehrens@nursing.upenn.edu)
## Opportunities to Coordinate Crisis Management

<table>
<thead>
<tr>
<th>Standardize</th>
<th>Standardize mechanisms for routine communication around operations at local, state, federal levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill Gaps</td>
<td>Fill immediate gaps in essential resources to NHs in “Contingency” or “Crisis” stages</td>
</tr>
<tr>
<td>Provide</td>
<td>Provide emergency support for NHs in “Catastrophic” stages</td>
</tr>
<tr>
<td>Enact</td>
<td>Enact legislation to provide external support to NHs in “Contingency” or “Crisis”</td>
</tr>
<tr>
<td>Assure</td>
<td>Assure transparent public reporting of responses by local, state, federal agencies to NHs in “Contingency” or “Crisis” stages</td>
</tr>
</tbody>
</table>

Behrens (lbehrens@nursing.upenn.edu)
Thank You

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@LizaBehrens @PennNCTH
Research Paper Overview

• Current barriers to equitable care experiences in LTSS:
  ➢ Nursing homes (NHs)
  ➢ Home and community-based services (HCBS)

• Protecting LTSS workers

• Recommendations

Akosionu (akosi001@umn.edu)
Racial Disparities in LTSS and COVID-19

Existing barriers historically minoritized and marginalized aging populations have faced over their life course.

• Nursing home settings:
  ➢ Unequal access to care/services
  ➢ Disparities in quality of care/services and quality of life

• HCBS users:
  ➢ Low care quality score for providers serving a higher proportion of Indigenous persons
  ➢ Black recipients have higher rates of avoidable hospitalizations.

• LTSS care workforce challenges:
  ➢ Undercompensated long-term care staff (direct care workers)
    ▪ Direct care staff who are Black, Latino, immigrant, women
    ▪ Low-income families
  • Increased workplace related stress and staff shortage

Akosionu (akosi001@umn.edu)
Conclusion and Recommendations

- Prioritize COVID-19 testing and PPE
- Wages & benefits
- Anti-racist policies & programs
- Health and social justice

Akosionu (akosi001@umn.edu)
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The Unique Challenges Faced by Assisted Living Communities to Meet Federal Guidelines for COVID-19

Debra Dobbs, PhD, FGSA
Lindsay Peterson, PhD
Kathryn Hyer, PhD, FGSA

School of Aging Studies, University of South Florida

Dobbs (ddobbs@usf.edu)
5% of all deaths in Long-term Care


Dobbs (ddobbs@usf.edu)
Challenges for AL Communities

- Restrictions of family visitation
- Use of third-party providers as essential workers
- Staffing guidelines
- Transfer policies
  - Rural AL Hospitalizations particularly challenging

Source for picture: NBCNews5, Dallas Fort Worth, August, 8, 2020.

Dobbs (ddobbs@usf.edu)
Recommendations

• Family Visits
  • AL providers incorporate digital technology to maintain family and resident communication.

• Home Health Workers
  • States adopt protocols to limit #ALs visited in 14-day period.

• Staff Shortages
  • Infection control program and staff education.
  • Appeal to federal government for hazard pay for workers.
  • Extend the personal care attendant program to AL.

• Transfer Policies
  • Update infection control and pandemic preparedness plan.
  • Rural ALs coordinate with nursing homes.

THANK YOU

Questions contact Debra Dobbs

ddobbs@usf.edu
FINANCING LONG-TERM SERVICES AND SUPPORTS IN THE U.S.
Emergency Flexibility for States to Increase and Maintain Medicaid Eligibility for LTSS under COVID-19

Lynn A. Blewett, MA, PhD
Robert Hest, MPP

State Health Access Data Assistance Center (SHADAC), School of Public Health, University of Minnesota, Minneapolis, Minnesota, USA

Hest (hestx005@umn.edu)
Medicaid LTSS Eligibility Is Restrictive and Complicated

Financial Eligibility
- Income
- Assets
- Home Equity

Level of Need
- Activities of Daily Living
- Cognitive Impairment
- Medically Needy

Hest (hestx005@umn.edu)
COVID-19 Response, Focused on Eligibility

**Goal:** Increase take-up and ensure continuous enrollment by:

1. increasing program generosity;
2. streamlining enrollment and eligibility processes

**Existing Authorities:**
- State Plan Amendments
- Section 1115 Waivers

**New Authorities:**
- Section 1135 Waivers
- Section 1915(c) Appendix K Waivers

Hest (hestx005@umn.edu)
Medicaid Is Critical, Even When State Budgets Are Tight

- Medicaid is targeted for cuts when states balance budgets
- Enhanced FMAP
- Critical that states maintain eligibility and flexibility in a crisis
- COVID crisis is opportunity for states to simplify and streamline eligibility to better serve older adults

NASBO State Expenditure Report: FY2018–2020

Hest (hestx005@umn.edu)
Thank You!

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Hest (hestx005@umn.edu)
COVID-19 and the Future of Long-Term Care: The Urgency of Enhanced Federal Financing

Judy Feder, PhD

McCourt School of Public Policy
Georgetown University

Feder (federj@georgetown.edu)
The Problem

• Medicaid is the nation’s safety net for long-term care.

• But access to Medicaid long-term care benefits—especially at home, where most people want to stay—varies significantly across states:
  ➢ Over burdening family-caregivers
  ➢ Harming people who receive insufficient care.

• The shutdowns aimed at stemming COVID-19 threaten states’ fiscal capacity to support long-term care along with other Medicaid services.

Feder (federj@georgetown.edu)
• **The Solution**

• Adequate care requires enhanced federal financing.

• A short-term boost in the federal match rate for all Medicaid services can mitigate the COVID-19 threat.

• **But** a permanent increase in federal funding for long-term care is essential to meet the needs of an aging population.
  
  ➢ Index federal match rates to a state’s “age”
  ➢ Fully federalize funding for home and community-based care
LONG-TERM SERVICES AND SUPPORTS IN OTHER CONTEXTS
COVID-19 and Long-Term Care in Canada

Patrik Marier, PhD¹
Daniel Béland, PhD²

¹Department of Political Science, Concordia University, Center for Research and Expertise in Social Gerontology (CREGÉS), FRQSC Team Aging, Social Exclusion, and Solidarity (VIES)

²Department of Political Science, McGill University, McGill Institute for the Study of Canada

Marier (patrik.marier@concordia.ca)
Health Care and Long-Term Care in Canada

- Health care is a **provincial responsibility** in Canada
  - 13 different systems (10 provinces, 3 territories).

- There is a **federal transfer program** that comes with provincial obligations outlined in the Canada Health Act.
  - Federal government covered 35% of health care costs in the 1970s, but provide 23% today.

- In most provinces, health ministries are responsible for long-term care policies (New Brunswick is a notable exception).

- Municipalities play a marginal role in LTC

Marier (patrik.marier@concordia.ca)
Long-Term Care (LTC) – A Policy Area at the Margins

- An “extended service” in the Canada Health Act.
  - Contrary to hospital and medical care, there are no provincial obligations.
  - LTC ignored in major health care commissions (CHA, 2009).

- Policy Feedback – Hospital centered model.
  - LTC occupies a marginal place in a curative model (health reform).
  - LTC problems framed as an alternate level of care issue.

- Multiple provincial assessments have revealed most notably:
  - Lack of resources to fulfill the requirements of LTC programs.
  - Staff shortages.
  - Informal caregivers must manage unrealistic expectations.

- Budget cuts to long term care in the aftermath of the 2008 economic crisis
  - Quebec – the number of nursing home beds per older adult (65+) shrunk by 17% between 2010 and 2017.

- Canada does not rank favorably in international comparisons.

Marier (patrik.marier@concordia.ca)
COVID-19 and Long-Term Care

- **Strategy initially focused on intensive care units in hospitals while neglecting nursing homes (Borgès da Silva, 2020)**
  - Restricted access to proper protective equipment in nursing homes.
  - Quebec restricted the movement of nursing home residents to hospitals.
    - Change in leadership within the Ministry of Health.
    - Better concerted efforts within - and across - nursing homes to separate patients into three specific COVID-19 zones (cold, lukewarm, and hot).
- Nursing Home Managers.
- Nursing Home directives updated on Oct. 28, 2020
  - Introduce the concept of “social bubbles” to facilitate more social exchanges, including daily activities such as lunch, among small groups of residents.
  - ”Social bubbles” can only be deployed in cold zones.
  - Aim to improve the capacity to welcome caregivers (with restrictions).

Marier (patrik.marier@concordia.ca)
COVID-19 Related Deaths

1.2b - Taux cumulatif de mortalité selon la province (pour 1 000 000)

Les comparaisons provinciales doivent être interprétées avec prudence puisque la méthode d’enregistrement des décès peut différer d’une province à l’autre.

<table>
<thead>
<tr>
<th>Province</th>
<th>Taux cumulatif de mortalité (pour 1 000 000)</th>
</tr>
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<tbody>
<tr>
<td>Québec</td>
<td>1 188</td>
</tr>
<tr>
<td>Manitoba</td>
<td>628</td>
</tr>
<tr>
<td>Canada</td>
<td>557</td>
</tr>
<tr>
<td>Ontario</td>
<td>450</td>
</tr>
<tr>
<td>Alberta</td>
<td>398</td>
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<tr>
<td>Saskatchewan</td>
<td>297</td>
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<tr>
<td>Colombie-Britannique</td>
<td>250</td>
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<tr>
<td>Nouvelle-Écosse</td>
<td>66</td>
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<tr>
<td>Nouveau-Brunswick</td>
<td>28</td>
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<tr>
<td>Terre-Neuve-et-Labrador</td>
<td>8</td>
</tr>
<tr>
<td>Île-du-Prince-Édouard</td>
<td>0</td>
</tr>
</tbody>
</table>

Marier (patrik.marier@concordia.ca)
COVID-19 Deaths per Residence in Quebec

Marier (patrik.marier@concordia.ca)
Conclusion

COVID-19 has laid bare important underlying issues in the field of long-term care.

The ongoing crisis represents a “focusing event” where long-term care is atop political agendas (Béland and Marier, 2020).

- Increasing calls for federal standards – mostly from Ontario
- Strong pressures to move away from the private sector – “Deprivatisation” (NDP)

... but at the same time, the spotlight has moved away from home care.

Marier (patrik.marier@concordia.ca)
Thank you!

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The Centre for Research and Expertise in Social Gerontology (CREGÉS)

The CREGÉS brings together researchers, practitioners-researchers, students and collaborators from different practice environments around the same mission: to improve services and professional practices aimed at older adults. This mission is based on the development of social research, the development, testing and validation of Leading-edge practices, the social services and health intervention and technology assessment unit (ÉTMISS) and on teaching and knowledge transfer activities.

- 22 University Researchers
  - 7 Universities
  - 15 social sciences/humanities disciplines.
- 4 Researcher Practitioners
- 8 collaborators from practice settings
- 68 students
- Currently over 20 employees (5 ministerial mandates)

Marier (patrik.marier@concordia.ca)
COVID-19: Implications for the Support of People with Social Care Needs in England

Adelina Comas-Herrera, MSc\textsuperscript{1}.
Jose-Luis Fernandez, Ruth Hancock, Chris Hatton, Martin Knapp, David McDaid, Juliette Malley, Gerald Wistow, Raphael Wittenberg

\textsuperscript{1}Care Policy and Evaluation Centre
London School of Economics and Political Science

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Acknowledgements

• I would like to thank my co-authors, all contributors to LTCcovid.org, ILPN and CPEC-LSE. Any errors, omission and views expressed are my responsibility.

• Ongoing work in this area funded by: National Institute for Health Research (NIHR), Policy Research Programme (PRP) - Recovery, Renewal, Reset: Research to inform policy responses to COVID-19 in the health and social care systems. Grant number: NIHR202333

• No known conflicts of interest

Comas-Herrera (a.comas@lse.ac.uk)
Perspective, *from the Beginning* of the Pandemic, on the Challenge Posed by COVID-19 for Social Care Services in England

- Increased risk of death and deteriorating physical and mental health
- Reductions in ability of staff and unpaid carers to provide care
- Threats to care availability and quality
- Need for well-coordinated responses across central & local government, health and voluntary sector

Comas-Herrera (a.comas@lse.ac.uk) https://www.tandfonline.com/doi/full/10.1080/08959420.2020.1759759
What Has Actually Happened with Regards COVID-19 and Social Care in England

• Very severe impacts among social care population:
  - Approximately 7% of all care home residents died with COVID-19
  - Increased deaths: people receiving care at home, social care staff, people with learning disabilities and dementia
  - Health and wellbeing impacts, and, for unpaid carers, of financial impacts

• 1st wave: initial response almost entirely focused on the health system, despite prior fragility of social care sector

• 2nd wave: improvement in guidance, PPE and testing (although testing remained problematic) and huge concerns over visiting policies

• Current situation:
  - Hope from vaccination (completed for care home residents, good progress among staff)
  - Concern about financial implications for providers and local authorities

Comas-Herrera (a.comas@lse.ac.uk)

An Opportunity to Address Long-Standing Problems?

• Fragmentation of responsibilities

• Funding and workforce pressures

• Unequal relationship between the health and social care systems

• Invisibility of working age adults with disabilities and unpaid carers in the system

• *Old-fashioned attitudes to care and models of care*

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Comas-Herrera (a.comas@lse.ac.uk)
HIGH RISK OLDER ADULTS IN COMMUNITIES
Who Are the Most At-Risk Older Adults in the COVID-19 Era? It’s Not Just Those in Nursing Homes

Marc A. Cohen, PhD\textsuperscript{1,2}
Jane L. Tavares, PhD\textsuperscript{1}

\textsuperscript{1}LeadingAge LTSS Center, University of Massachusetts Boston
\textsuperscript{2}Center for Consumer Engagement in Health Innovation, Community Catalyst \textsuperscript{1}

Tavares (jltavares@gmail.com)
Introduction

• Much has been written about the terrible toll of the COVID-19 pandemic on the 1.3 million vulnerable older adults in nursing homes & senior housing facilities.

• About 7 million older adults (65+) living in the community currently suffer from respiratory illnesses & would also be classified as extremely vulnerable to COVID-19.

• We utilized the 2016 wave of the Health and Retirement Study to examine risk factors among community dwelling older adults (65+) with respiratory illnesses in order to inform strategies for protecting this population.

Tavares (jltavares@gmail.com)
Individuals Age 65+ Over with & without Respiratory Issues by Selected Socio-Demographic Characteristics

- Unmarried: 58% Lung Disease/Respiratory Problems, 48% No Respiratory Issues
- Living Alone: 33% Lung Disease/Respiratory Problems, 25% No Respiratory Issues
- Below the Federal Poverty Line: 12% Lung Disease/Respiratory Problems, 9% No Respiratory Issues
- Poor/Fair Self-rated Health: 56% Lung Disease/Respiratory Problems, 29% No Respiratory Issues
- Depression: 32% Lung Disease/Respiratory Problems, 17% No Respiratory Issues
- Have LTSS needs: 34% Lung Disease/Respiratory Problems, 21% No Respiratory Issues
- Have 4 or more Chronic Conditions: 70% Lung Disease/Respiratory Problems, 24% No Respiratory Issues

Tavares (jltavares@gmail.com)
Key Points

• Seniors living in the community with respiratory illnesses are particularly vulnerable to COVID-19.

• This population suffers from multiple health & social risks and if exposed to the virus, are likely to face very high mortality rates.

• Current approaches for protecting this population are inadequate and may exacerbate the risks faced.

• What is needed is a focus on improved testing, better assessment, increased social supports, assurance that basic needs are being met, and protection for home care workers.

Tavares (jltavares@gmail.com)
Meeting the Transitional Care Needs of Older Adults with COVID-19

Mary D. Naylor, PhD, RN, FAAN
Karen B. Hirschman, PhD, MSW
Kathleen McCauley, PhD, RN, FAAN, FAHA

NewCourtland Center for Transitions and Health
University of Pennsylvania School of Nursing

McCauley (kmccaule@nursing.upenn.edu)
Transitional Care Model

APRN led, team-based

Screening
Establishing/Maintaining Relationships
Engaging Older Adults & Caregivers
Educating/Promoting Self-Management
Managing Symptoms
Promoting Continuity
Collaborating
Fostering Coordination

www.nursing.upenn.edu/ncth/
McCauley (kmccaule@nursing.upenn.edu)
The Path Forward

- Apply an evidence-based framework
- Rapid employment/redeployment of health team members
- PSA: Advanced Care Planning
- Re-imagine family caregiver supports
- Virtual technology, learning tools
- CARE Act

McCauley (kmccaule@nursing.upenn.edu)
Thank You!

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The Unique Impact of COVID-19 on Older Adults in Rural Areas

Carrie Henning-Smith, PhD, MPH, MSW

University of Minnesota School of Public Health
University of Minnesota Rural Health Research Center

Henning-Smith (henn0329@umn.edu)
COVID-19 in Rural Areas

• Started in U.S. as urban issue
• By mid-summer 2020, higher case and death rates in rural areas
• Multiple risk factors in rural areas making COVID-19 more volatile

Henning-Smith (henn0329@umn.edu)
Risk Factors for Rural Older Adults

• Compared with urban areas, rural areas have:
  • Older populations, on average
  • More underlying health conditions
  • Fewer economic resources
  • Limited broadband Internet and connectivity
  • Heightened barriers to accessing health care

Henning-Smith (henn0329@umn.edu)
“You’ve Seen One Rural Area: You’ve Seen One Rural Area”

• Rural areas = majority of land in U.S.

• Diversity in age structure, risk factors, race, ethnicity and community resources across rural places

Source: Zahnd et al. (2021)

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Thank You!

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Henning-Smith (henn0329@umn.edu)
FAMILIES AND CAREGIVERS OF OLDER ADULTS
The Demographics and Economics of Direct Care Staff Highlight Their Vulnerabilities Amidst the COVID-19 Pandemic

Beth Almeida, MA¹
Marc A. Cohen, PhD²
Robyn I. Stone, PhD²
Christian E. Weller, PhD³

¹Independent Consultant
²Co-Director, LeadingAge LTSS Center @UMass Boston
³Professor, McCormack Graduate School, UMass Boston
Key Findings

• An estimated 3.5 million direct care professionals work mainly in people’s homes.

• Direct care professionals have substantial qualifications to perform their work.

• Almost half of all direct care professionals earn less than a living wage.

• Often, direct care professionals have no or only inadequate health insurance.

• More than half are parents, so contracting an infection puts their families at risk.

Cohen (Marc.Cohen@umb.edu)
Figure 1: Selected Economic Characteristics of Home Care Aides

- At Least Some College: 47%
- Has Professional License/certification: 37%
- Hourly Earnings below Living Wage: 48%
- No health insurance in 2018: 14%
- Receives public assistance: 43%
- Children Get school lunches: 25%

Cohen (Marc.Cohen@umb.edu)
Figure 2: Measures of Economic Status of Health Aides

- Share working fewer than 30 hours per week: 26.4%
- Share of working poor: 9.1%
- Share living in poverty: 12.6%
- Share without health insurance: 14.2%
- Share with children: 47.9%
- Share of single mothers: 23.9%
- Share 55 years and older: 26.5%
- Share receiving cash benefit income: 11.1%
- Share with some public assistance: 27.8%

Cohen (Marc.Cohen@umb.edu)
Figure 3: Financial Fragility of Health Aides

- Share who skipped health care: 37%
- Share who had unexpected health care expenses: 19%
- Share who could come up with $400 in emergency: 37%
- Share who couldn't pay all bills: 29%
- Share with medical debt due to unexp. Health care exp.: 71%

Cohen (Marc.Cohen@umb.edu)
Conclusion

• Caregivers of our most vulnerable are themselves facing untenable risks.

• This financially exposed workforce will not be able to meet the growing need presented by the current pandemic unless:
  - Adequate training in how to deal with the virus;
  - Providing the equipment necessary to protect against it;
  - Paying higher wages;
  - Providing health insurance; and
  - Ensuring other specific wrap-around services to meet direct care staff’s own health care, childcare, and other financial challenges.

• Without addressing these issues, the result could be a greater spread of the virus itself, increased burdens on our acute care hospital system, and more lives lost.

Cohen (Marc.Cohen@umb.edu)
Amid the COVID-19 Pandemic, Meaningful Communication between Family Caregivers and Residents of Long-Term Care Facilities is Imperative

Edem Hado, MPH
Lynn Friss Feinberg, MSW

AARP Public Policy Institute
Family Caregivers & Residents of Long-Term Care Facilities

“For many vulnerable older adults residing in nursing homes or assisted living facilities, family and friend involvement and connectivity are crucial factors that enable them to reside in a facility setting. As the older adult’s care coordinator and primary advocate, family caregivers oftentimes become the “eyes and ears” for the concerns and safety of the care recipient with complex care needs...”

Amid the Covid-19 Pandemic, Meaningful Communication between Family Caregivers and Residents of Long-Term Care Facilities is Imperative

Hado (shado@aarp.org)
Key Takeaways

• Older adults in long-term care facilities are at greater risk for severe illness or death from COVID-19
• Family caregivers are the most trusted allies and care coordinators for residents of long-term care facilities
• Recent federal guidelines restricts family visitation in nursing homes, leading to greater isolation among residents.
• Lack of physical visitation should not inhibit ongoing family communication and engagement especially during the COVID-19 crisis.
• Federal government, state and local leaders, and long-term care facilities can take specific actions to enable meaningful communications between residents of long-term care facilities and families

Proactive Solutions
1. Strengthen nursing home-family caregiver communications channels
2. Activate family councils
3. Mobilize students and trainees

Hado (shado@aarp.org)
COVID-19 outbreak in SNF
King County, Washington
(Feb. 2020)

CMS: Guidance for COVID-19 Infection Control & Prevention in Nursing Homes, including guidelines on visitation
(Mar. 2020)

CMS: Nursing Home Reopening Recommendations, including guidance on visitation
(May 2020)

CMS: FQA on Nursing Home Visitation
(June 2020)

CMS: Revised Guidance for Safe Visitation in Nursing Homes
(Sept. 2020)

CMS: Coronavirus Commission for Safety & Quality in Nursing Homes - Emphasis on importance of visitation
(Sept. 2020)

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Thank You!

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Hado (shado@aarp.org)
Intergenerational Relationships, Family Caregiving Policy, and COVID-19 in the United States

Jeffrey E. Stokes¹
Sarah E. Patterson²

University of Massachusetts Boston¹
University of Michigan²

Patterson (sapatter@umich.edu)
Intergenerational Family Caregiving

• Intergenerational family care ("sandwiched" care) is most common among working age adults

• “In my heart of hearts, I still believe this is the better way to go,” she said. “I just don’t know if I can handle it.”

Source: Ekaterina Shakarova Unsplash

Patterson (sapatter@umich.edu)
COVID-19

• Dual roles of working and caregiving increase risk
  ➢ Caregivers returning to work fear being infected
  ➢ Older adults living with a person of working age have elevated risk
    ▪ Other work is inconclusive

• Risk of exposure through work in unequally distributed
  ➢ Black & Hispanic workers are less likely to be working from home
  ➢ Low-wage workers are most likely to be exposed to COVID & layoffs

Patterson (sapatter@umich.edu)
Policies and Supports

• Social policies that focus on individuals hazardizing risks maximize inequalities

• U.S. policies lag behind other nations, & when available, many are limited & state-specific

• States that have implemented paid leave (i.e. California) have seen positive results for both working caregivers & older adults

Patterson (sapatter@umich.edu)
Policies aimed at families and caregivers can affect the health, employment, and the general well-being of the nation.

Thank You!

@sattersearch
@JeffreyEStokes
Bereavement in the Time of Coronavirus: Unprecedented Challenges Demand Novel Interventions

Deborah Carr¹
Kathrin Boerner²
Sara Moorman³

¹Boston University
²University of Massachusetts Boston
³Boston College

Carr (carrds@bu.edu)
Key Themes

COVID-19 deaths exemplify “bad” deaths: discomfort, difficulty breathing, social isolation, and treatments discordant with one’s wishes.

“Bad deaths” are especially distressing because they violate cultural expectations for a peaceful death and involve awareness of a loved one’s suffering.

Distress associated with bereavement is compounded by older adults’ social isolation, co-occurring stressors, and loss of face-to-face mourning rituals.

Carr (carrds@bu.edu)
COVID-19 Bereavement Is Stratified and Far-Reaching

Source: Verdery et al. (2020) *PNAS*

Carr (carrds@bu.edu)
Implications for Policy & Practice

• Virtual memorial services, telephone support groups, and other innovations may provide short-term support for survivors of COVID-19 deaths.

• National efforts to promote advance care planning may help dying patients to receive care concordant with their wishes.

• Programs targeting the grief of older bereaved persons must take into account their distinctive needs, preferences, and anxieties.

Carr (carrds@bu.edu)
Thank You!

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LOCAL AND COMMUNITY RESPONSES
Fast-track Innovation: Area Agencies on Aging Respond to the COVID-19 Pandemic

Traci L. Wilson¹
Marisa Scala-Foley²
Suzanne R. Kunkel³
Amanda L. Brewster⁴

¹National Association of Area Agencies on Aging (n4a)
²Aging and Disability Business Institute (n4a)
³Scripps Gerontology Center, Miami University
⁴Berkeley School of Public Health

Wilson (twilson@n4a.org)
Area Agencies on Aging
COVID-19 Response

• AAAs quickly responded by offering innovative service provision and delivery during the early stages of the pandemic

• AAAs leveraged expertise in community needs assessment and planning, supplemented by federal relief

• AAAs are often hubs for cross-sectoral partnerships in their communities

• AAAs are a key partner to ensure continuity of care in a transformed health system.

Wilson (twilson@n4a.org)
Developments

• Expanded CMS flexibilities for Hospital-at-Home

• COVID-19 Vaccination of older adults – AAA Role:
  ➢ Outreach and education
  ➢ Securing appointments
  ➢ Facilitating the appointment
  ➢ Hosting clinics in age-friendly locations

• Addressing racial and socio-economic disparities

Wilson (twilson@n4a.org)
What’s Needed? Continuation of:

• Funding from multiple sources
  ➢ $1.44 billion proposed for OAA programs in emergency supplemental funding in next COVID-19 relief bill
  ➢ Formal partnerships/contracts

• Flexibilities
Thank You!

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Wilson (twilson@n4a.org)
When Going Digital Becomes a Necessity: Ensuring Older Adults’ Needs for Information, Services, and Social Inclusion During COVID-19

Bo Xie
Neil Charness
Karen Fingerman
Jeffrey Kaye
Miyong T. Kim
Anjum Khurshid

1 The University of Texas at Austin; 2 Florida State University;
3 Oregon Health & Science University and Portland Veterans Affairs Medical Center

Xie (boxie@utexas.edu)
Older Adults Are in **Triple Jeopardy** during COVID-19

1. Develop serious conditions;

2. Social isolation;

3. Less access to digital information or services.

Xie (boxie@utexas.edu)
Take-away Messages

• Older adults require special attention

• Going digital alone is insufficient

• Coupling online and offline strategies

• Rapid, well-coordinated implementation is key

Xie (boxie@utexas.edu)
Thank you!

Bo Xie 谢波, Ph.D.
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ECONOMIC RISKS TO OLDER WORKERS AND RETIREES
Older Workers on the COVID-19 Frontlines Without Paid Sick Leave

Teresa Ghilarducci, PhD\textsuperscript{1,2}
Aida Farmand, MA\textsuperscript{1}

\textsuperscript{1}Department of Economics
\textsuperscript{2}Schwartz Center for Economic Policy Analysis
New School for Social Research

Farmand (farma119@newschool.edu)
Why Focus on Older Workers?

• Research shows that older individuals are more vulnerable to illness and to the deadly and debilitating effects of COVID-19

• Older workers are a sizable and growing section of the labor market
  ➢ Between 2000 and 2019, over 21 million jobs were added to the U.S. economy. Of these, more than 18 million were jobs filled by older workers
  ➢ BLS projections show out of 6 million jobs expected to be added to the economy by 2029, 4.4 million will be filled by older workers

Farmand (farma119@newschool.edu)
Many Frontline Workers Do Not Have Paid Sick Leave

<table>
<thead>
<tr>
<th>Select Frontline Occupations</th>
<th>Number of Older Workers (Age 50 and Over)</th>
<th>Share of Older Workers (Age 50 and Over)</th>
<th>Share of Older Workers without Paid Sick Leave</th>
<th>Share of Younger Workers (Age 18-49) without Paid Sick Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Support Occupations</td>
<td>1,088,156</td>
<td>29%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Building and Grounds Cleaning and Maintenance</td>
<td>2,107,540</td>
<td>42%</td>
<td>58%</td>
<td>65%</td>
</tr>
<tr>
<td>Occupations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation and Material Moving Occupations</td>
<td>3,294,852</td>
<td>34%</td>
<td>52%</td>
<td>50%</td>
</tr>
<tr>
<td>Total Employed</td>
<td>51,393,546</td>
<td>33%</td>
<td>40%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Source: Author’s calculations from CDC 2018 National Health Interview Survey (NHIS)
Notes: Sample includes individuals who reported being employed (18 years and older). Access to paid sick leave rates are calculated for employed individuals who responded yes or no to the following question: “Do you have paid sick leave on your main job or business?”

Farmand (farma119@newschool.edu)
Key Takeaways

• Older workers are disproportionately represented in care and other service professions on the frontlines of responding to COVID-19 and over one-fourth provide unpaid eldercare.

• 40% of older workers do not have access to paid sick leave.

• In the absence of unions (Only 13 percent of older workers were union members in 2019) federal legislation should mandate paid sick leave for all workers for public health improvement.

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Thank You!

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Farmand (farma119@newschool.edu)
Differential Exposure to Risk

1. Geographic context

2. Infection patterns

3. Interaction between (1) and (2)
Metropolitan Percent of Older Adults Living Below the Elder Index (Singles, 2020)

Li (yang.li002@umb.edu)
Overlap between Economic Risks and Infection Patterns (May 2020)

- Lowest 1/3 of counties by COVID-19 prevalence:
  - 3% for Lowest quintile
  - 3% for 2nd quintile
  - 2% for 3rd quintile
  - 3% for 4th quintile
  - 9% for Highest quintile

- Middle 1/3 of counties by COVID-19 prevalence:
  - 3% for Lowest quintile
  - 5% for 2nd quintile
  - 7% for 3rd quintile
  - 9% for 4th quintile
  - 11% for Highest quintile

- Highest 1/3 of counties by COVID-19 prevalence:
  - 2% for Lowest quintile
  - 3% for 2nd quintile
  - 7% for 3rd quintile
  - 8% for 4th quintile
  - 11% for Highest quintile

- Li (yang.li002@umb.edu)
Thank You!

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Anna-Marie Tabor, JD

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Gerontology Institute
John W. McCormack Graduate School of Policy & Global Studies
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Tabor (annamarie.tabor@umb.edu)
The $100 Billion Lost Pension Problem

• Status of Pensions in the U.S. today:
  ➢ Defined benefit plans
  ➢ Defined contribution plans

• Many retirees are counting on retirement money saved in jobs they worked in long ago
  ➢ They may have lost contact with the company holding their money.
  ➢ The company itself may have changed hands, or no longer exist

• U.S. system is decentralized, and there is no one place to go to find an account

Tabor (annamarie.tabor@umb.edu)
Retirees Cannot Locate the Entity with Their Money

“We expect that the economic disruption caused by the outbreak could result in large numbers of workers losing contact with their employers and plans.”


Why are accounts so hard to find?

- Corporate mergers and acquisitions
- Bankruptcies
- Plan terminations (over 1700 in 2019 alone)
- Involuntary pay-outs and transfers for small balance accounts
- Affects both defined benefit and defined contribution accounts

Tabor (annamarie.tabor@umb.edu)
Updates on Proposed Solutions

1. Enhanced disclosures
   - Jan. 2021 Department of Labor Guidance advises pension plans to enhance communications

2. Retirement Savings Lost & Found
   - Included in the Secure 2.0 Act, introduced Oct. 2020
   - Would consolidate existing government data, and make data available to workers and retirees in real time

3. Review impact of new e-disclosure rules for retirement accounts
   - New rule finalized May 2020
The Pension Action Center at UMass Boston provides free pension assistance to workers and retirees in New England and Illinois

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Tabor (annamarie.tabor@umb.edu)
DOCUMENTING AND
COMBATING AGEISM
The COVID-19 Pandemic Exposes Limited Understanding of Ageism

Laurinda Reynolds, MA

Ageism First Aid, Gerontological Society of America
American River College

Reynolds (reynoll@arc.losrios.edu)
Limited Understanding of Ageism

- The word Ageism was coined with a statement (Butler, 1969)
- The statement was adopted as a definition
- Operational definitions of Ageism (complex, but incomplete)
- Ageism existed before the word Ageism (Ng et al., 2015)
- Post-medicalization research focus on problems
- Negativity bias interference and generalization

Reynolds (reynoll@arc.losrios.edu)
Ageism Defined

Ageism is a modern biopsychosocial phenomenon that cultivates negative subconscious attitudes (implicit bias) about aging and older people within individuals, groups, and society, while cultivating positive implicit bias for being younger and youthful.

• Some examples of the biopsychosocial effects of Ageism
  ➢ Rudeness
  ➢ Value imposition
  ➢ Prejudice
  ➢ Discrimination
  ➢ Abuse, neglect, and exploitation
Illustration of Ageism

• Messaging to the Public about COVID Risk
  ➢ Use of the term Elderly (benevolent ageism)
  ➢ Age alone versus health conditions
  ➢ Ageism influenced intervention accessibility
    ▪ Now data supports the denial of interventions

• Intrapersonal and political ageism (Dan Patrick, TX Lt. Governor)
  ➢ Internalization: Beliefs about the value of older lives
  ➢ Externalization: Imposing his belief on other older people
  ➢ Rationalization: False assumptions about older people

Reynolds (reynoll@arc.losrios.edu)
Elder Justice Act

• Focuses on the micro:
  ➢ How individuals mistreat older people
  ➢ Example: Prevents fiduciaries from withholding care to preserve an older client’s assets, simply for the sake of the beneficiaries.

• Expand the focus to the macro:
  ➢ How society marginalizes and mistreats older people
  ➢ Example: To prevent the political sanctioning of increasing the risk to older people to preserve local economies and the denial of care to older people based on age during a pandemic.

Reynolds (reynoll@arc.losrios.edu)
Reframing Aging
Ageism First Aid (AFA)
Age Friendly Universities (AFU)

Thank you for your attention

Reynolds (reynoll@arc.losrios.edu)
Not Only Virus Spread: The Diffusion of Ageism during the Outbreak of COVID-19

Federica Prevital, MSc
Laura D. Allen, BS
Maria Varlamova, MSc

1Social Sciences and Gerontology Research Centre, Tampere University, Finland
2Louis and Gabi Weisfeld School of Social Work, Bar-Ilan University, Israel
3Institute of the Sociology, Jagiellonian University, Poland

Previtali (Federica.previtali@tuni.fi)
Ageism during COVID-19

• New impetus to the development of ageism, which was the most widespread “-ism” even before

• Ageism influences policy-making:
  ➢ Use of chronological age in policy: social isolation, special regulations, triage
  ➢ Human rights violation: intensive care, compulsory cocooning

• Ageism in the media discussion:
  ➢ “Culling elderly dependents”
  ➢ #BoomerRemover
  ➢ Economy vs those olders

Previtali (Federica.previtali@tuni.fi)
The Effect of Ageism during COVID-19

- Denial of older adults’ contribution to society
- Homogenization of older adults (e.g.: 65+ categorization)
  - Reduce policies’ ability to address the needs and diversity of target population
- Overlook of inequalities (minority, intersectionality)
- Worrying condition in nursing homes
- Increase in negative age self-stereotypes
- Upturn of intergenerational anger
- Fast digitalization of key services and labour market, without support measures
- But…positive spontaneous intergenerational support, extreme effort of care and social system!

Previtali (Federica.previtali@tuni.fi)
COVID-19 related research outcomes:
• Blog posts
• Scientific Publication
• Webinar series
• Online training materials

CONNECT WITH US:
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This project has received funding from the European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 764632.
THE PATH FORWARD
Recovering from the COVID-19 Pandemic: A Focus on Older Adults

Nancy Morrow-Howell, MSW, PhD
Natalie Galucia, MSW
Emma Swinford, MSW, MPH

Harvey A. Friedman Center of Aging
Washington University in St. Louis

Morrow-Howell (morrow-howell@wustl.edu)
Challenges to Address

**Economic Setbacks**
- Harder time reentering the workforce
- Lost income and retirement savings

**Health and Wellbeing Effects**
- Disruption in usual services
- Lasting emotional effects from increased isolation and anxiety
- Long term health vulnerabilities after COVID-19

**Ageism, Racism, and Classism**
- Reinforced internal and external ageism
- Disproportionate impact on people of color and lower SES

Morrow-Howell (morrow-howell@wustl.edu)
Opportunities to Seize

**Increased Connectivity**
- Improved technology skills/increased experience using online platforms
- Familial and intergenerational connections grown stronger

**Improved Quality of Life**
- Renewed energy to combat social isolation
- More respect for self-care and time management (retirement planning)
- Increased awareness about the importance of advance directives/other legal documents

**Expanded Workforce Specializing in Aging**
- Potential upswing in interest among professionals across disciplines to work with older adults and issues of public health

Morrow-Howell (morrow-howell@wustl.edu)
Going Forward

The challenges are not new; but there may be renewed energy due to increased awareness about what isn’t working, what is at stake, and what might be improved.

Perhaps the spotlight thrown on the inequalities experienced by disadvantaged people will bring a stronger commitment to working toward social justice and health equity.

We must recommit to productive aging policies and programs because age-stereotyping and the protective stance toward older adults may endure well past the pandemic.

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Thank You!

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Morrow-Howell (morrow-howell@wustl.edu)
Questions & Discussion about Next Steps
THANK YOU!
Connect with JASP on Social Media

• **Twitter**: @agingpolicy
  • [https://twitter.com/AgingPolicy](https://twitter.com/AgingPolicy)

• **Facebook**: @JofASP
  • [https://www.facebook.com/JofASP/](https://www.facebook.com/JofASP/)

• **LinkedIn**
  • [https://www.linkedin.com/groups/5164994](https://www.linkedin.com/groups/5164994)
If you have any questions about the journal, please contact us at: AgingJournal@gmail.com

http://www.tandfonline.com/toc/wasp20/current