

AHWIN PAPERS

Lessons For Aging-Related Policy

key takeaways

Infection-control systems in long-term care facilities must be improved to prevent the type of spread and high fatality rates seen in US nursing homes.

Clear, evidence-based regulations and guidance, combined with enforcement measures both prior to and during pandemics are critical to a successful response.

The role of informal caregivers and their impact on the safety and security of older people must be recognized and addressed in pandemic responses.

Measures to encourage the adoption of technology to prevent social isolation should be implemented well before social isolation is mandated.

Ongoing social awareness campaigns and intergenerational initiatives are needed to combat ageism.

Responding to the Needs of Older Persons During a Pandemic – Lessons from COVID-19

The novel coronavirus has one notable similarity to many other diseases: it is ageist. While people of all ages are susceptible to COVID-19, it is particularly lethal for those 60 and above, as age-related comorbidities such as heart disease and diabetes make this population susceptible to the virus. What lessons can we learn from the actions taken to date in various countries—both the successes and failures—that might improve our ability to protect our older populations when the next pandemic strikes?

OVERVIEW

On May 29, 2020, the Japan Center for International Exchange and the Economic Research Institute for ASEAN and East Asia (ERIA) hosted a webinar with experts from the United States, Japan, and Malaysia. The event, held under the auspices of the Asia Health and Wellbeing Initiative (AHWIN), explored the panelists' perspectives on how the COVID-19 pandemic has impacted older people in the United States and Asia and their thoughts on what policies have been effective in tackling the various challenges that have arisen. This report compiles and expands upon a number of the points raised during that webinar.

Webinar | Responding to the Needs of Older People during the COVID-19 Pandemic – Sharing Lessons Learned

May 28 (US)/May 29 (Asia)

PANELISTS

Ina Jaffe, *Correspondent, National Public Radio (NPR)*

Reiko Hayashi, *Deputy Director-General, National Institute of Population and Social Security Research, Japan*

Mohd Rohaizat Hassan, *Associate Professor, Department of Community Health, National University of Malaysia*

OPENING REMARKS

Osuke Komazawa, *Special Advisor on Healthcare & Long Term Care Policy, ERIA*

MODERATOR

James Gannon, *Executive Director, JCIE/USA*

COVID-19 has affected the panelists' respective countries with varying degrees of severity. As of June 1, 2020, the United States had more than 1.8 million confirmed cases and 105,000 deaths, while Japan had nearly 16,800 cases and 900 deaths and Malaysia had fewer than 8,000 confirmed cases and only 115 deaths.¹ In all three countries, however, the disease has been particularly serious for older people. Fatality rates for COVID-19 are much higher in populations over the age of 60, and in fact, the World Health Organization estimates that the fatality rate for those 80 and older was five times higher than other populations.²

In addition to the risks to physical health, the pandemic carries serious mental health risks for the elderly due to the impact of prolonged social isolation. An oft-quoted study by Cigna found that the impact of loneliness on mortality is equivalent to smoking 15

cigarettes a day,³ and so the strain of being unable to spend time with family members—or even with other residents in a care facility—has had mental as well as physical repercussions.

The impact of the disease on caregivers has also been severe. In facilities where families often assist in feeding or caring for their loved one, that additional set of hands has disappeared, placing an added burden on nurses and caregivers. And for families that rely on daycare or other social welfare services to care for their older relatives during the day, the sudden closure of such services has created additional work for them.

RECOMMENDATIONS

Although the experiences in the three countries represented on the panel have differed, below are some of the key policy responses to these shared challenges that were raised during their discussion. While the content reflects the comments of the presenters, the recommendations are solely the responsibility of the authors.

1. Improving Infection Control in Long-Term Care Facilities

In the United States, one of the most devastating impacts of COVID-19 has been the way it has swept through nursing homes and other long-term care facilities, taking the lives of both residents and caregivers. Ms. Ina Jaffe, one of the leading journalists focused on aging in America, described how the pandemic has revealed fundamental weaknesses in the long-term care sector, particularly with regard to the poor infection control measures in these facilities.

This situation has been exacerbated by inadequate supplies of masks and other personal protective equipment (PPE) for care workers, insufficient training on proper sanitary practices and infection protocol, and systems that rotate staff among multiple long-term care facilities, spreading the dis-

ease further. The workers providing most of the hands-on care in these facilities tend to be poorly paid, sometimes compelling them to hold multiple jobs at different facilities as well, so elevating their socioeconomic status and providing them with ongoing training in infection control are important aspects of preparing the eldercare system for future outbreaks.

Within Asia, the number of older people in long-term care facilities varies greatly, with a larger number of facilities in Japan compared to Malaysia or Indonesia, for example. While greater preparedness has yielded better outcomes than in the United States, it is clear that more work still needs to be done to ensure the safety of the older people who live in these facilities. Ms. Jaffe pointed out that one strategy that seems to have proved effective in curbing the spread of the virus through nursing homes has been the concept of “cohorting,” or physically separating people who have been exposed to COVID-19 from other residents. This includes making sure that the care workers for each cohort do not come into contact with each other.

- Provide ongoing infection control training for staff of long-term care facilities
- Ensure greater oversight and enforce penalties for failure to uphold infection control standards
- Improve compensation for caregivers
- Utilize “cohorting” to prevent spread of infection within facilities

2. Offering Clear Evidence-Based Guidance

Clear regulations and guidance are important to protect vulnerable populations during pandemics. One example of a failure that Ms. Jaffe raised has been that, during the initial phase of the outbreak in New York, long-term care facilities were required to take COVID-19 patients who had been discharged from overwhelmed hospitals but were not given any guidelines on how to do this safely. In fact, facilities

were specifically prohibited from testing patients before they were admitted, making it impossible to implement the kind of “cohorting” strategy detailed above. It was eventually realized that this lack of clear guidelines was putting people at risk and the policy was updated to include more information about which nursing homes should be admitting COVID-19 patients and when it was safe to do so.

The current outbreak has shown that measures to deal with pandemics are much more effective if they are required rather than suggested. Ms. Jaffe emphasized that much of the early US response involved suggestions rather than clear rules and regulations, and these were often not implemented or were implemented haphazardly. The guidance issued by the Centers for Disease Control (CDC) is not binding, and more concrete directives from state or local governments often lacked enforcement mechanisms. For example, care workers who are under stress, dealing with a larger number of patients than usual due to staff shortages, and facing a lack of personal protective equipment (PPE) may not be following infection control precautions, and there is a lower chance that the facilities will move quickly and decisively to remedy the situation if infection control measures are just recommendations or are rarely enforced.

Dr. Reiko Hayashi, deputy director-general of Japan’s National Institute of Population and Social Security Research, emphasized the importance of using data to make sure that our understanding of the pandemic is accurate and not based on anecdotal information. She gave the example of news coverage of suicide cases in Japan leading people to believe that suicide rates had risen due to COVID-19. However, statistics released by the police agency shortly afterwards demonstrated suicide numbers had actually decreased since last year. Collecting data on the impact of the pandemic will play an important role in creating evidence-based guidance that takes the bigger picture into account.

- Create a clear process for providing information on regulations and guidance to hospitals, long-term care facilities, and caregivers
- Ensure that directives and guidance are consistent across branches and levels of government and that information is delivered appropriately
- Create enforcement mechanisms to ensure guidance is followed
- Collect good data on the impacts of the pandemic to provide evidence-based guidance for future outbreaks

3. Recognizing the Importance of Informal Caregiving

All three speakers pointed out that informal caregivers provide a significant portion of the care that older people receive, and any response to the pandemic will therefore need to address their work as well. Dr. Mohd Rohaizat Hassan of the National University of Malaysia noted that this will be vital in countries like Malaysia, where most older adults are not in long-term care facilities and rely directly on familial support networks for the care they need. However, as Ms. Jaffe mentioned, even for those in nursing homes, families provide a large amount of direct care by making sure their older relatives are eating and drinking enough and socializing with them.

In some cases, older people will have less access to informal care as a result of social distancing measures or measures such as Malaysia’s Movement Control Orders (MCOs). In other cases, informal caregivers may be placed under increased stress as other care services become unavailable. Dr. Hayashi pointed out that in Japan, many older people who are not in long-term care facilities still receive a variety of services both in home and in the community, for example at day-care facilities. As many of those services are discontinued, family and other informal caregivers must fill these gaps and may start

to feel increasing amounts of stress themselves. This role, similar to that of caregiving for young children, is played disproportionately by women, regardless of their employment status. The United States and Japan both offered payments to all residents as part of their economic stimulus packages, which may help offset some of the economic burden, but further measures are needed to support these caregivers.

- Recognize the significant contribution of informal caregivers to the economy
- Analyze the impact of the stimulus payments to citizens on easing the burden placed on informal caregivers
- Develop innovative support mechanisms for informal caregivers before the next pandemic occurs

4. Using Technology and Innovation to Prevent Social Isolation

Technology is playing a key role in mitigating the negative impact of social isolation as a result of social distancing or other “lockdown” measures. Although new technologies can be challenging for older persons to adopt, it is possible to leverage existing communications platforms to keep older people connected. According to Dr. Hayashi and Dr. Hassan, in Malaysia and Japan, where there is already widespread use of smartphones, there has been success in making use of apps such as WhatsApp and Line to stay in touch with older relatives. Dr. Hassan explained that to encourage such connectivity, Malaysia has taken a multisectoral approach to the issue: the government has provided funding to telecommunications companies, enabling them to offer 1GB of free data to all of their customers, which has helped older people in particular stay connected.

Policies to encourage the uptake of new technology will be critical to ensure that older people are comfortable incorporating new technologies into their routines. Ms. Jaffe pointed out that many of

the successful training programs for older people to date have been so-called “high-tech and high-touch,” requiring in-person interaction, and thus it is important to provide that training before a lockdown occurs. Moreover, the development of easier-to-use products and applications can make that learning curve easier.

- Promote the creation and diffusion of affordable, senior-friendly technologies that can encourage greater social engagement among older people
- Support ongoing, community-or facility-based technology training programs for older people to encourage greater engagement with others
- Encourage the adoption of communication and other technologies in long-term care facilities to facilitate alternate activities for older people during periods of social isolation

5. Additional Considerations

Ms. Jaffe concluded the discussion by pointing out that the pandemic has brought the issue of ageism into full view. Many ageist opinions have been expressed during this outbreak, and it is important to repeatedly stress, as did UN Secretary-General Guterres in his recent statement, that “no person young or old is expendable.” We must take this opportunity to confront these attitudes and to show that the experiences and opinions of older adults are to be valued and respected.

As Dr. Osuke Komazawa from ERIA pointed out in his welcoming remarks, the basic measures to prevent the spread of COVID-19 are the same for both older and younger generations, and thus we must tackle ageism if we are to promote the kind of cross-generational cooperation that is vital to mitigating the spread of COVID-19 through both older and younger populations.

As panelists looked to the future, it was noted that we do not yet have a full understanding of what the long-term impacts of the COVID-19 pandemic might be. The psychosocial impact of this extraordinary situation could have substantial ramifications in the years to come and will bear careful study.

And finally, the impact of age-related comorbidities on outcomes is another point that requires continued study, but findings to date would seem to indicate yet again that the promotion of healthy aging—starting well before we reach our sixties—is a key element of any public health and welfare strategy, as well as city planning strategies.

- Combat ageism through social awareness campaigns
- Promote cross-generational cooperation to implement measures to limit disease transmission
- Conduct research on the psychosocial impact of the pandemic on older people and caregivers
- Place priority on measures to promote healthy aging when developing public health and welfare strategies as well as city planning strategies

NOTES

1. Johns Hopkins University & Medicine, Coronavirus Resource Center, <https://coronavirus.jhu.edu/data/mortality>. The US case fatality rate was 5.8% and there were 32.14 deaths per 100K population, Japan had a 5.4% case fatality rate and 0.71 deaths/100K, and Malaysia had a 1.5% rate and 0.36 deaths/100K.
2. World Health Organization, “COVID-19 Strategy Update, 14 April 2020”, <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>
3. Cigna, 2018 Cigna U.S. Loneliness Index, <https://www.cigna.com/assets/docs/newsroom/loneliness-survey-2018-full-report.pdf>

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This report was compiled by Kim Ashizawa and Stephen McHugh of JCIE/USA based on discussions at the May 29 webinar, as well as other analysis.

