THE IMPACT OF COVID-19 ON OLDER POPULATIONS: HOW WE FAILED OUR ELDERS AND WHAT WE CAN LEARN FROM THESE FAILURES

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ABSTRACT

• COVID-19 has had a devastating impact on older populations worldwide. Highly infectious with a long asymptomatic transmission period, this virus is a classic example of the impact a pandemic can have on an unprepared population.

• Unlike the SARS-AVIAN influenza incident in 2003, local, national, and international interdiction failed to control this virus’s spread across borders. It was immediately apparent that the risk for severe illness from COVID-19 increases with age. Even as older adults facing the highest risk, we saw an ongoing series of missteps introduced this pandemic into vulnerable clusters of older residential facilities.

• This presentation will provide an overview of why COVID-19 represents a specific risk to older populations. The spread of the disease occurred among older ages, resulting in indefensible rates of mortality and morbidity among these age groups.

• The presentation will discuss how lack of planning, inadequate border control, low rates of testing, and failure of political will contributed to the severity of this crisis. The presentation will conclude with a discussion of lessons learned, emerging resources, and policy opportunities to address this ongoing health challenge among older adults worldwide.
About Us

The National Archive of Computerized Data on Aging (NACDA), located within ICPSR, is funded by the National Institute on Aging. NACDA's mission is to advance research on aging by helping researchers to profit from the under-exploited potential of a broad range of datasets. NACDA acquires and preserves data relevant to gerontological research, processing as needed to promote effective research use, disseminates them to researchers, and facilitates their use. By preserving and making available the largest library of electronic data on aging in the United States, NACDA offers opportunities for secondary analysis on major issues of scientific and policy relevance.

The NACDA staff represents a team of professional researchers, archivists, and technicians who work together to obtain, process, distribute, and promote data relevant to aging research.
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- Barry Radler, Ph.D. - Researcher, Institute on Aging at the University of Wisconsin-Madison
- George Rebok, Ph.D. - Professor, Johns Hopkins University
GLOBAL DEATHS DUE TO VARIOUS CAUSES AND COVID-19 2020

https://public.flourish.studio/visualisation/3896243/

1/1/2020
Total: 30,115
How the Pandemic Defeated America

A virus has brought the world's most powerful country to its knees.

Story by Ed Yong
UNITED STATES

- The truth is that people in power knew back in March of 2020 that COVID-19 was almost uniquely lethal to the elderly. Less than 1% of the nation’s population live in nursing homes and other long-term care facilities, but over 40% of all COVID deaths have occurred there.
The pandemic exposed a painful truth: America doesn’t care about old people

We speak of the elderly as expendable, then fail to protect them.
Sweden failed to protect elderly in COVID pandemic, commission finds

By Johan Ahlander, Niklas Pollard

STOCKHOLM (Reuters) - Systemic shortcomings in Sweden's elderly care coupled with inadequate measures from the government and agencies contributed to the country's high death toll in nursing homes, an initial report by an official commission said on Tuesday.
Italy: Violations of the human rights of older residents of care homes during COVID-19 pandemic

18 December 2020, 16:16 UTC

A report by Amnesty International Italia examines the impact of decisions taken and practices adopted by the authorities in responding to the pandemic in care homes in three Italian regions. Notably, those included failing to ensure the right to life, to health and to non-discrimination for older people in care homes.

Abandoned: highlighting human rights violations in care homes in Italy during the COVID-19 pandemic looks at the impact of the Covid pandemic on the human rights of older people in care homes in the Italian regions of Lombardy, Emilia-Romagna and Veneto. It highlights the shortcomings of Italian institutions at the national, regional and local level in adopting timely measures to protect the life and dignity of older people in care homes during the COVID-19 health emergency. The delay or failure in adopting adequate measures often resulted in the violation of the right to life, to health and to non-discrimination of older care home residents and workers.

“Decisions taken and practices adopted by authorities at all levels resulted in or contributed to violations of the human rights of older residents of care homes - notably their right to life”
UK: Older people in care homes abandoned to die amid government failures during COVID-19 pandemic

4 October 2020, 10:24 UTC

- Key failings included decisions to discharge thousands of untested hospital patients into care homes and imposition of blanket DNARs
- Care home managers and staff say they were left without guidance, PPE or access to testing
- Amnesty calls for a full independent public inquiry to commence immediately, and for the revision of current restrictive visiting guidelines

A series of “shockingly irresponsible” Government decisions put tens of thousands of older people’s lives at risk and led to multiple violations of care home residents’ human rights, said Amnesty International today, following an investigation by the human rights group’s Crisis Response team.

Amnesty’s 50-page report - As If Expendable: The UK Government’s Failure to Protect Older People in Care Homes during the COVID-19 Pandemic - shows that care home residents were effectively abandoned in the early stages of the pandemic.
Canada’s approach appeared to be decentralized, uncoordinated, and slow, and it focused on educating citizens and enhancing social and human capital (the “human-driven” approach).
‘MOST DANGEROUS PLACE:’
BRAZIL COVID CRISIS OUT OF CONTROL
Belgian authorities were accused of “abandoning” thousands of elderly people who died in nursing homes during the coronavirus pandemic and did not seek hospital treatment for many who were infected, violating their human rights. During the first wave of the pandemic last spring, the European nation recorded a majority of its COVID-19-related deaths in nursing homes.
In an effort to slow down the course of the epidemic, Hungary applied mitigation measures such as promoting social distancing and staying home, in order to reduce the transmission rate and shield the most susceptible elderly population, thereby preventing an over-burden to the health system. Despite this, nursing homes played an important role as major clustering hotspots during the epidemic.
Street fight breaks out in Japan’s second-largest city between shoppers wanting to buy masks【Vid】

Casey Baseel  Feb 26, 2020

Coronavirus-sparked shortage leads to early-morning violence.

Shoppers in Japan can purchase some pretty cool stuff, like sliced mayonnaise and chocolate or individual-sized, essentially portable rice cookers. But one thing that’s extremely hard to get your hands on right now? Masks.

The coronavirus outbreak has caused skyrocketing demand for masks, which are already big sellers at this time of year for regular cold and hay fever-prevention reasons. So while in other years masks have been readily available at just about every pharmacy and convenience store in Japan, these days supplies sell out just about as soon as they hit shelves.

As a result, when word gets out that a store does have a shipment of masks coming in, sometimes there’s a line of people camped out just outside the store’s entrance prior to its opening. That’s what was going on on the morning of February 25 at a branch of the Matsumoto Kiyoshi drug store chain in Yokohama’s Isezakicho neighborhood, where a fist fight broke out between a number of people aiming to buy masks.
A customer visited a 7-Eleven convenience store in Japan the other day and found a box of masks retailing for an exorbitant price, they immediately snapped a photo and shared it online.

The photo shows a box of 60 face masks selling for the incredibly high price of 16,900 yen (US$159.55) before tax.

Commenters have pointed out that these masks used to retail for roughly 600 yen before the shortage, meaning this 7-Eleven was standing to make a 30-fold profit on the original retail price tag.
The failures occurred on multiple levels:

- Governmental
- Medical
- Administrative
- Social
GOVERNMENTAL FAILURE
PUPPET THEATER

• IN HIS FIRST SPEECH AFTER HIS HOSPITALIZATION FOR COVID-19, PRESIDENT DONALD TRUMP STOOD ON A WHITE HOUSE BALCONY ON OCTOBER 10 AND MADE A GRAND DECLARATION ABOUT THE CORONAVIRUS: “IT’S GOING TO DISAPPEAR. IT IS DISAPPEARING.”

• HIS WORDS MIGHT HAVE SOUNDED MORE DRAMATIC HAD HE NOT BEEN SAYING THE SAME THING FOR EIGHT MONTHS.
INTERNATIONAL RESISTANCE

Jair Bolsonaro, Brazil’s ‘Captain Corona’, bets on virus denial.

President John Magufuli claims, without evidence, that vaccines against COVID-19 are ‘dangerous’.
DECENTRALIZED RESPONSE

• The rapid spread of novel coronavirus disease 2019 (COVID-19) across the United States has been met with a decentralized and piecemeal response led primarily by governors, mayors, and local health departments. This disjointed response is no accident as the division of power between a national government and states represents a fundamental feature of public health authority in the United States.

• Consequently, the public health response to coronavirus depended on your ZIP code.

• As a global pandemic has no respect for geographic boundaries, this exposed the weaknesses of this piecemeal approach in the face of a crisis.
DECENTRALIZED RESPONSE

• THERE WAS A LACK OF COORDINATION BETWEEN NATIONAL AND INTERNATIONAL RESPONSES WHERE EVERY NATION TOOK AN INDIVIDUALIZED APPROACH TO ADDRESSING THE PANDEMIC

• WHO AND NATIONAL HEALTH ORGANIZATIONS SUCH AS CDC IN THE UNITED STATES OFTEN TOOK CONTRADICTORY MEASURES, RECOMMENDATIONS AND INTERVENTIONS

• LACKING A GLOBAL EFFORT THE DISEASE MIGRATED FREELY FROM COUNTRY TO COUNTRY, INCREASING INFECTION RATES, MORTALITY, AND INSURING A LASTING IMPACT ON WORLD POPULATIONS FOR YEARS TO COME
SCANDALS AND POOR POLICY

New York Sent Recovering Coronavirus Patients to Nursing Homes: ‘It Was a Fatal Error’

The state reversed its policy after mounting criticism and deaths. The mandate is part of broader scrutiny of weaknesses at long-term care facilities that have made them hot spots for Covid-19.

Governor Cuomo admits to withholding nursing home deaths

Governor Andrew M. Cuomo
MEDICAL FAILURE
EPIDEMIOLOGICAL MODEL OF INFECTION: NEW VARIANT COMBINED WITH ISOLATION

SMALLPOX AMONG AMERICAN INDIANS

MEASLES AMONG NATIVE HAWAIILIANS
SHORTAGES

• SHORTAGES OF BASIC SUPPLIES
• PPE- MASKS AND SHIELDS
• RESPIRATORS
• SWABS
• PROTECTIVE GEAR
• DISINFECTANTS
• EVERYTHING ELSE

Contributing factors to personal protective equipment shortages during the COVID-19 pandemic

Jennifer Cohen,a,b,* and Yana van der Meulen Rodgers,c

Abstract

This study investigates the forces that contributed to severe shortages in personal protective equipment in the US during the COVID-19 crisis. Problems from a dysfunctional costing model in hospital operating systems were magnified by a very large demand shock triggered by acute need in healthcare and panicked marketplace behavior that depleted domestic PPE inventories. The lack of effective action on the part of the federal government to maintain and distribute domestic inventories, as well as severe disruptions to the PPE global supply chain, amplified the problem. Analysis of trade data shows that the US is the world’s largest importer of face masks, eye protection, and medical gloves, making it highly vulnerable to disruptions in exports of medical supplies. We conclude that market prices are not appropriate mechanisms for rationing inputs to health because health is a public good. Removing the profit motive for purchasing PPE in hospital costing models, strengthening government capacity to maintain and distribute stockpiles, developing and enforcing regulations, and pursuing strategic industrial policy to reduce US dependence on imported PPE will help to better protect healthcare workers with adequate supplies of PPE.

Keywords: Personal protective equipment, COVID-19, Coronaviruses, N95, Gloves, PPE, Nurses, Supply chain, Shortage, Public good
• One day last March, my 74-year-old neighbor in New York City, Gail Lennstrom, called me in distress. Italy’s health care system had been forced to triage patients with coronavirus disease 2019 (COVID-19) with some receiving little, if any, care.

• Washington state was becoming the epicenter for US cases, and media reports noted that state officials were discussing triage scenarios.

• Lennstrom was scared. “I don’t fear death,” she told me. “I am terrified of dying alone, unable to breathe.”
INSTITUTIONAL FAILURE
Opinion

This Is Why Nursing Homes Failed So Badly

In the U.S., long-term care facilities account for 5 percent of all coronavirus cases and almost 40 percent of total deaths.
WHAT WENT WRONG?

• FAILURE TO ENSURE APPROPRIATE QUARANTINE PRECAUTIONS FOR COVID-19 POSITIVE AND PRESUMPTIVE POSITIVE FACILITY RESIDENTS;

• FAILURE TO PROPERLY USE PERSONAL PROTECTIVE EQUIPMENT TO PREVENT TRANSMISSION OF THE VIRUS;

• FAILURE TO POST TRANSMISSION-BASED PRECAUTION SIGNAGE TO IDENTIFY COVID-19 POSITIVE AND PRESUMPTIVE POSITIVE RESIDENTS;

• FAILURE TO MAINTAIN SOCIAL DISTANCING AND MASKING BETWEEN RESIDENTS WITH A PRESUMPTIVE POSITIVE DIAGNOSIS AND RESIDENTS WHO WERE COVID-19 NEGATIVE;

• FAILURE TO COMPLETE INFECTION CONTROL SURVEILLANCE AND ANALYSIS INCLUDING FACILITY EMPLOYEE INFECTIONS TO PREVENT THE POTENTIAL TRANSMISSION OF THE VIRUS.
ELDER ABUSE

LACK OF ACTIVE SUPERVISION AND INABILITY TO ADVOCATE FOR ELDERS INCREASES THE RISK OF ABUSE, SUBSTANDARD CARE AND BOTH PHYSICAL AND EMOTIONAL VIOLENCE
"When we look back on this in the years to come, we may ask whether it was a good idea to blockade older adults in their nursing-home rooms for eight, nine, 10 months out of the year, without letting them have access to their families," David Grabowski, a professor of health-care policy at Harvard Medical School, told me.

"I think we’re going to look back and say, What the hell were we doing?"

What we were doing was failing to save seniors’ lives or maintain their livelihoods.
SOCIAL FAILURE
Failure to Thrive: Experts Say Social Isolation Likely Contributing to Elderly Deaths

BY CAIT MOVEY | FLORIDA
PUBLISHED 6:57 PM ET OCT. 13, 2020

The elderly, particularly those in long-term care, have proven extremely vulnerable throughout the pandemic. But experts say well-intentioned measures to keep them safe are also taking a toll.

What You Need To Know

- Decline among older people in isolation is called “adult failure to thrive.”
- Experts have warned for years about the dangers of social isolation.
- COVID-19 put the issue into focus.

John Thombleson was an Army vet and an FSU graduate who spent more than 30 years as a principal in the Duval County School District. But, most importantly, his daughter tells Spectrum News he was a wonderful father.

That’s why, in his later years, she visited her father at his nursing home every day.

“He loved hugs,” Jenny Reid said. “He loved embraces.”

The need for human touch was something Reid said her father missed dearly during the nursing home lockdown, an extremely difficult time compounded even further by the loss of Thombleson’s wife of 70 years the month before. Instead of grieving with family, Reid said her father was alone, and within weeks, his health began to rapidly decline.
The hidden Covid-19 health crisis: Elderly people are dying from isolation

The lockdowns and visitor restrictions meant to protect nursing home residents from the coronavirus can also threaten their lives.

Failure to Thrive: Experts Say Social Isolation Likely Contributing to Elderly Deaths

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WHAT DO WE DO NOW?
WE ARE VACCINATING OUR ELDERS

HTTPS://CDN.FLIPBOARD.COM/FLIP.IT/864F202C73:EF64056753:0/ORIGINAL.MP4
FAMILIES ARE REUNITING

HTTPS://YOUTUBE.RNN2EOAR6PW
NEW GUIDANCE IS EMERGING

The situation of older people in need of long-term care has remained invisible in many countries where data on COVID-19 are not reported by age, or when deaths in care homes were not initially included in statistics. The lack of data is a reflection of the structural ageism in our societies. UNECE guidance for the inclusion of older people living in institutions in national social statistics, published in 2020, can help countries to address key data gaps. Despite the vulnerability of older persons needing long-term care, they were overlooked in initial pandemic responses in most countries, which instead focused on hospitals. This collective failure across the region reflects a number of systemic problems related to long-term care systems that have long been known but were not sufficiently addressed, and that the pandemic has brought painfully to attention. These challenges need to be urgently addressed.
## WE ARE LEARNING FROM THE SUCCESSFUL RESPONSES TO COVID-19

<table>
<thead>
<tr>
<th>Country</th>
<th>Overall strategy</th>
<th>Knowledge of infection status</th>
<th>Community engagement</th>
<th>Public-health capacity</th>
<th>Health-system capacity</th>
<th>Measures for border control</th>
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<tbody>
<tr>
<td>New Zealand</td>
<td>Four-level alert system</td>
<td>No publicly specified indicator</td>
<td>Social bubble approach allowed gradual expansion of small and exclusive social groups; no physical distancing required at alert level one; mask wearing on public transport mandated in August</td>
<td>Testing capacity increased from 1 500 PCR tests per day in March to 3 700 tests per day in April with plans to reach 5 000 capacity; manual and app-based tracing being done</td>
<td>Some expansion of ICU capacity and number of staff trained to use ICU equipment; ICU bed capacity of 358 (71.6 ICU beds per million) and ventilator capacity of 334 (66.8 million ventilators per million)</td>
<td>Border closed to most visitors; all arrivals are tested and quarantined for 14 days</td>
</tr>
<tr>
<td>Taiwan</td>
<td>Three-level approach</td>
<td>No publicly specified indicator</td>
<td>1.5 m physical distancing in indoor settings, reduced to 1 m when outdoors and face mask required in high-risk settings</td>
<td>Daily PCR testing capacity increased from 1 300 in February to 7 166 per day in July; manual and electronic tracing systems in use</td>
<td>Real-time monitoring of ICU capacity, ventilators and patient ward numbers by hospital maintained and continually monitored; ICU bed capacity of 7 090 (308.3 ICU beds per million) and ventilator capacity of 9 932 (431.8 million ventilators per million)</td>
<td>All arrivals must submit a health declaration form, capturing details of travel history and any disease symptoms, testing, and 14-day home quarantine</td>
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SHORT TERM REINFECTION RATES REMAIN LOW

The takeaway point of this is that being infected with SARS-CoV-2 in the spring certainly reduces your chance of being infected with SARS-CoV-2 in the fall. And also that it isn't 100% -- that's the other point that they want to make, which makes them stress the importance of vaccination to people who've previously been infected.

Vinay Prasad, MD, MPH, breaks down new data from Denmark in The Lancet, which found that a first infection with SARS-CoV-2 offered 80.5% protection (95% CI 75.4%-84.5%) against a second infection, as seen from millions of PCR tests during the country’s first and second surges.
LONG TERM REINFECTION RATES ARE UNKNOWN

“THERE’S A HINT THAT THERE COULD BE SARS-COV-2 REINFECTIONS IN THE FUTURE, WHETHER THAT’S BECAUSE ENOUGH TIME IS PASSED THAT YOUR IMMUNITY HAS DROPPED OFF OR THAT THE VIRUS HAS CHANGED ENOUGH THAT IT CAN ESCAPE YOUR IMMUNE SYSTEM,” FIRST AUTHOR JOSHUA PETRIE, RESEARCH ASSISTANT PROFESSOR IN THE U-M DEPARTMENT OF EPIDEMIOLOGY, SAID IN RELEASE.
The first and second waves of the COVID-19 pandemic in Africa: a cross-sectional study

Stephanie J Salyer, DACVPM, Justin Maeda, MD, Senga Sembuche, MSc, Yenew Kebede, MD, Akhona Tshangela, MPH, Mohamed Moussaif, MD, et al.

Published: March 24, 2021 • DOI: https://doi.org/10.1016/S0140-6736(21)00632-2

Summary

Background

Although the first wave of the COVID-19 pandemic progressed more slowly in Africa than the rest of the world, by December, 2020, the second wave appeared to be much more aggressive with many more cases. To date, the pandemic situation in all 55 African Union (AU) Member States has not been comprehensively reviewed. We aimed to evaluate reported COVID-19 epidemiology data to better understand the pandemic’s progression in Africa.
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