Re-Thinking Everything – Aging Policy Reform in the Time of COVID

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Re-Thinking

- Truly, everything
- Re-Thinking Data
- Re-Thinking Social Isolation
- Re-Thinking Long-Term Care
- Re-Thinking Technology
- Barriers and Opportunities

Re-Thinking Data

- How old are you?
- Please drop this into the chat

We Must Disaggregate Old Age

- 65+ is not an age
- The purpose of the 65+ grouping
- 65, 75, 85, 95, 105 – are different
- Is it ageist to group 65 to 105 year-olds together?
- Age aggregation masks differences in life and needs
- They're all "old" is inaccurate

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Provisional Death Counts for Coronavirus Disease (COVID-19)

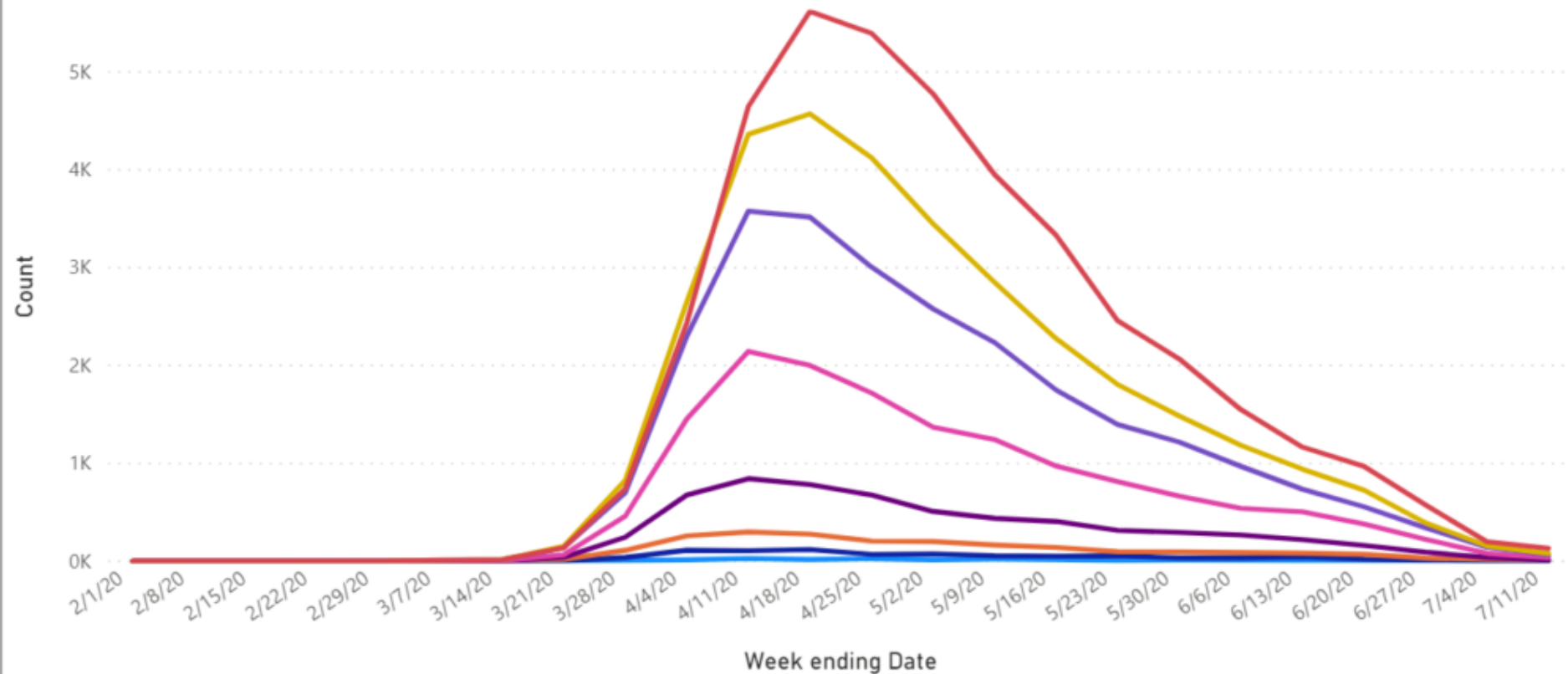| Select Sex	Select Measure	Reporting Period
All sex	COVID-19 Deaths	Week ending 2/1/2020 through 7/11/2020

Provisional Death Counts, by Week Ending Date and Age Group

Age Group ● 0-24 years ● 25-34 years ● 35-44 years ● 45-54 years ● 55-64 years ● 65-74 years ● 75-84 years ● 85 years and over

NOTE: Provisional death counts are based on death certificate data received and coded by the National Center for Health Statistics as of the date of analysis and do not represent all deaths that occurred in that period.
SOURCE: NCHS, National Vital Statistics System. Estimates are based on provisional data.

Age-Difference Matters

- Dementia and cognitive decline
- Chronic conditions
- Vision and hearing
- Need for ADL and IADL assistance
- Driving retirement
- Overall health

We Must Lead This Change

- Ask questions and challenge a 65+ grouping
- Seek disaggregated data
- Talk about the differences between age groups
- Understand ageism in this context
- Look specifically at the oldest old
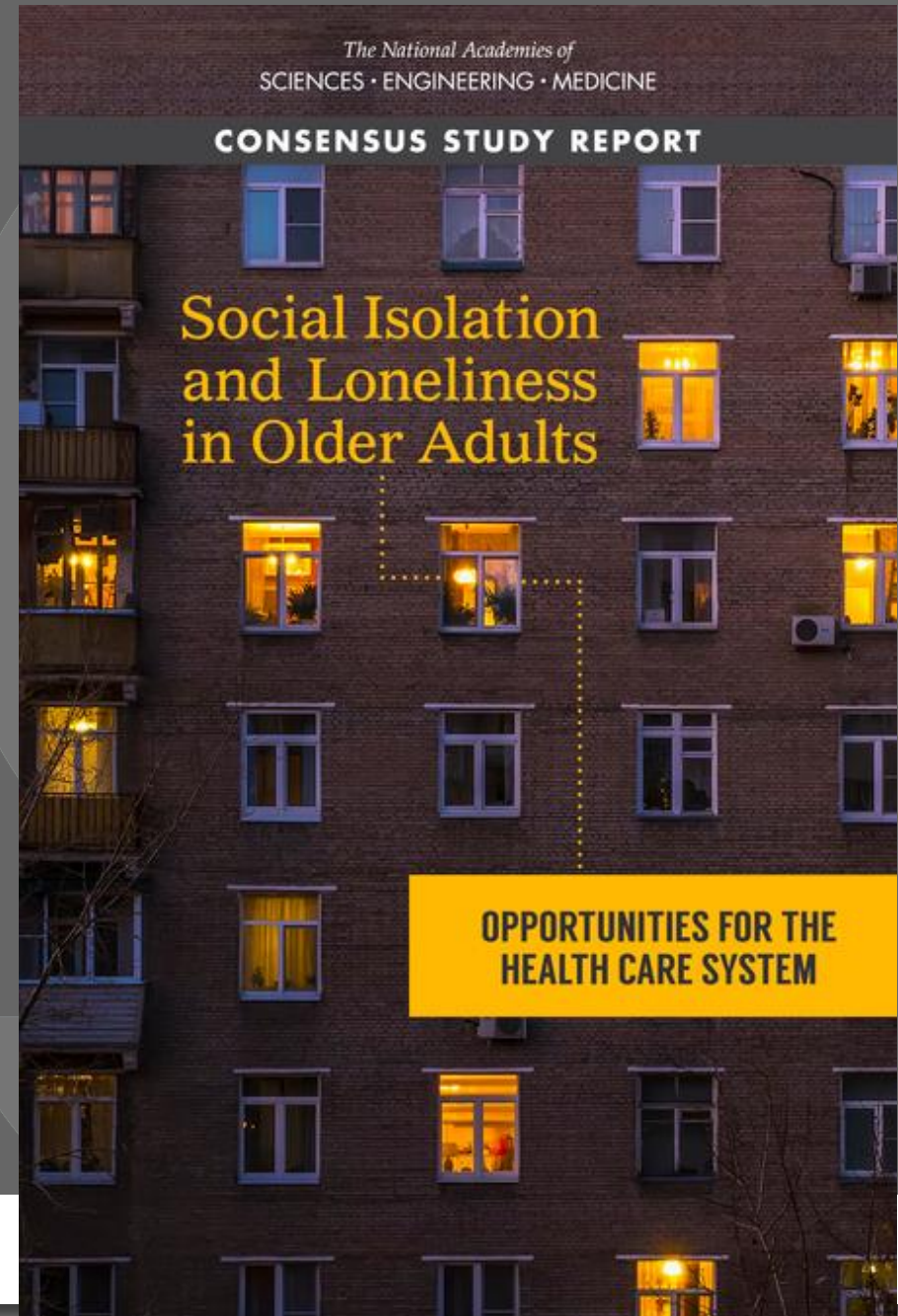- Aggregated data impacts program design & cost

Question 1:

- Do you do outreach and programming for the oldest old?
- Yes
- No
- I don't know

Re-Thinking Social Isolation

- Social isolation: the objective state of having few social relationships
- Loneliness: a subjective feeling of being isolated
- 24% of community-dwelling adults age 65+ considered socially isolated
- 43% of adults age 60+ report feeling lonely

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

Social Isolation and Loneliness in Older Adults

OPPORTUNITIES FOR THE HEALTH CARE SYSTEM

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Risk Factors

- Living alone
- Loss of family or friends
- Chronic illness
- Sensory impairments
- Social isolation and loneliness may be episodic or chronic

Social Isolation by Design

- Stay home, stay safe
- Major impact on older people
- People with cognitive impairment
- People with mental health conditions
- People living alone
- People with no broadband access

Fear and Reality

- Dying alone
- No hospital visitors
- Quarantine and separation when ill
- Nursing homes and assisted living
- Loss of precious time
- Loss of family and touch

Priorities Right Now

- Connection and reconnection
- Virtual visits are helpful but insufficient
- Trauma and resilience
- Facilitation and barriers
- Vision loss and hearing loss
- In-person, innovative and safe

Question 2: How does your current social Isolation-related work compare to before COVID

- Significant increase
- Modest increase
- No change
- Decrease

Re-Thinking Long-Term Care

- A pause for nursing home residents, families, and staff
- Worldwide
- Disparate impact on people of color
- A perfect storm of problems
- Underlying issues apparent for a long time
- Structural change will be hard

What Would Help in the Future

- Increased staffing
- Better staff pay
- Improved infection control
- Private rooms
- Smaller buildings
- Other long-term care choices

The New Family Separation

- Inability of nursing home residents to receive visitors
- Short-term solution for a long-term problem
- Family visitors are essential
- Residents have the right to have visitors
- Need more focus on actual risk presented
- Point-of-care testing may help

Care Reform and Payment Reform

- We cannot improve care without addressing financing
- Medicaid is the single largest payer for nursing home care
- State budgets are in trouble
- Medicare has no long-term care benefit
- Can the specter of these deaths help advance financing reform
- Federal regulation of the business entities

Question 3: Do you have a loved one in a Nursing home?

- Yes
- No
- No, but did recently

Re-Thinking Technology

- Changes to Medicare telehealth benefit will remain
- People with cognitive, hearing, vision impairment
- Need for facilitation
- Broadband access is an aging issue
- New opportunities for remote caregivers
- Protecting choice for in-person visits

Learning

- Older people have differing degrees of comfort
- Need to know/learn hardware and software
- Economic barriers and access
- Gateway to community
- Promising training programs exist
- Ageism and self-defeat – I have seen both

What do Old People do All Day?

- Television is technology
- Cannot leave behind this media
- Source of companionship and information
- We must advance innovation here too
- Televisions as interactive platforms
- Drop in chat: Television ideas and comments

Re-Thinking: Barriers

- Ageism
- Lack of activism by older people
- Low expectations of old people and old age
- Us vs. them thinking
- Financing

Re-Thinking: Opportunities

- More years of healthy old age
- Innovations and technology
- People outside of traditional field of aging
- New partners
- Community – this is where you shine MCOA
- Your existence makes life better

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