Age Related Inequalities and Covid19

GPNI Webinar

Thursday 13th May 2021

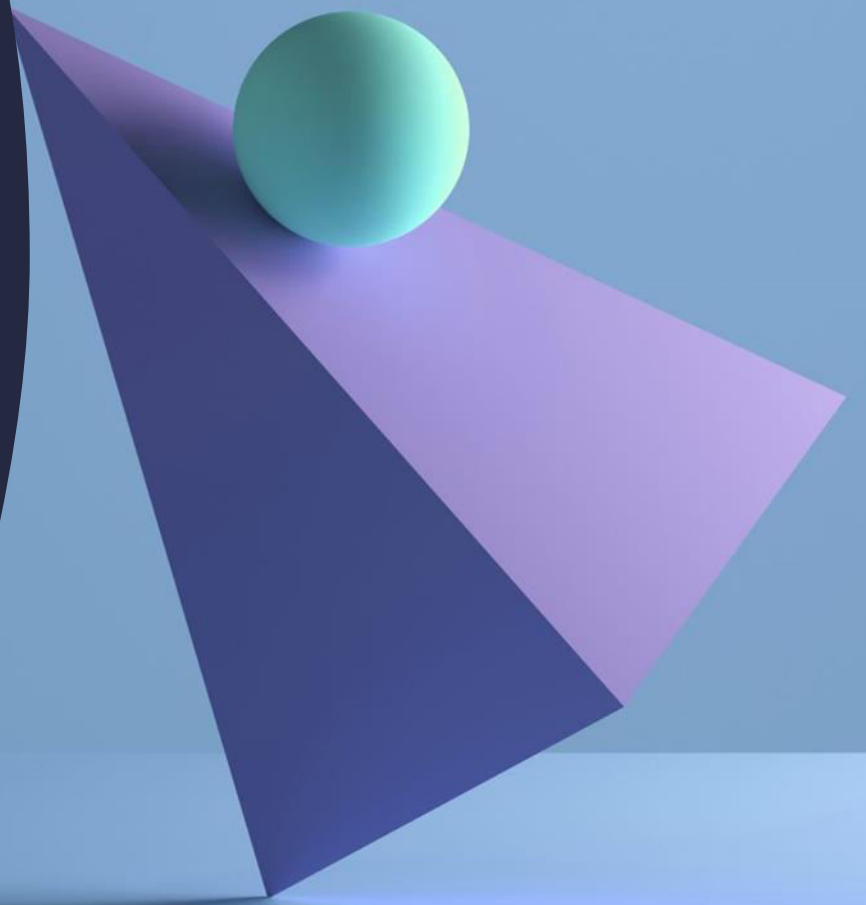
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Covid19- A Shameful Time for Change?

- More than 95% of the people dying from the virus in Europe were 65 years and older (Human Rights Watch, 2020).
- Globally, older people are the most at risk of getting the virus and dying from the it. Although age is a significant contributor, it is its interaction with other factors, chronic conditions, poverty, and race that makes it a strong determinant (Cox,2020).
- Many of the inequities we are seeing through this pandemic have long been present in our communities, institutions, and society.
- Often complex problems resulting from systemic bias and discrimination, including ageism and racism and their intersectionality, that are present at the micro, mezzo, and macro levels.
- The lack of recognition, definition and implementation of human rights for older people is - paradoxically - aided and abetted by ageism (Duffy, 2016).

Covid19 and Older People Overview

- COVID-19 has either exacerbated already existing or created new inequalities in relation to older people.
- The pandemic has shone a spotlight on older adults, including our family members and friends and possibly ourselves, face an increased risk at this time (Centers for Disease Control and Prevention, 2020).
- Despite this increased risk, older people, just like people of any age, want to remain active and engaged in their families, communities, and paid work.
- A number of significant strains over the past decade have impacted on care provision; cuts to social care budgets imposed by austerity measures, increasing numbers of older people with complex and unmet needs, and long-term under-investment in staff pay, training, and retention (Kusmaul,2020).
- Institutional and structural ageism undermine both the nature and delivery of rights for older people and reframes mandatory rights as optional, specifically in times of crisis (Anand et al., 2013).

Impact of COVID-19 on Community Dwelling Older People

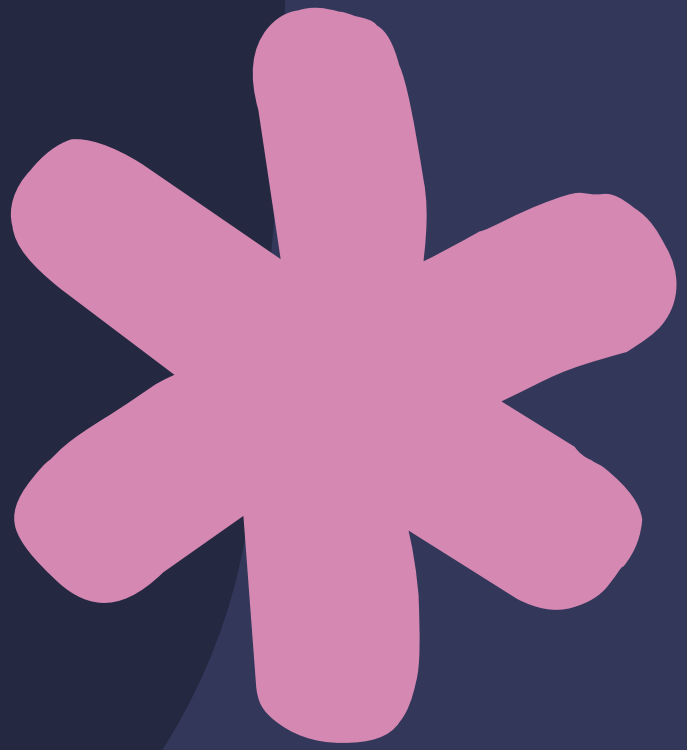
- **Impact on Mental Health:** social isolation, negative emotions, depression, anxiety and suicidal ideation (Brennan et al.2020;ALONE/TILDA,2020)
- **Impact on Physical Health**: chronic illnesses such as COPD and diabetes having greater impact on quality of life during cocooning than previously. Increase in older people putting off medical treatment or examination, including after falls.(ALONE/TILDA,2020)
- **Impact of Cessation of Services and Supports.**
- **Impact on Carers:** cancellation or postponement of medical appointments, a marked decline in dementia symptoms coupled with an increase in responsive behaviours, the loss of routine for the person for whom they care and boredom and anxiety. Crisis and burnout (ASI,2020)
- **Impact of Digital Exclusion:** lower levels of digital literacy, living in areas with poor connectivity, or simply not having access to the technology required to connect (Pentaris et al.2020)
- **Increased domestic abuse/violence/safeguarding issues** (SCIE,2020)

Knock-on Impacts

- Covid-19- frailty associated with earlier death, longer time in hospital, and increasing frailty all associated with increasing rates of mortality.
- Communication issues -few health systems recognised the need for transparent masks and hearing or vision aids to support effective communication, prevent delirium, and enable participation in care planning (O'Hanlon et al.,2021).
- Restrictions in visiting - disproportionate effect on older patients with underlying cognitive impairment. May have contributed to observed increased prescription of chemical sedation (O'Hanlon et al.2021).
- Provision of family and paid caregiving, whether funded by the state or privately, was affected during the pandemic and led to difficulty providing for care needs (Reckry, 2020).

Covd19 and Older People in Care Homes/Nursing Homes

- WHO estimates that older people in care homes represent 50% of all Covid-19 related deaths in Europe and describes the situation as '*an unimaginable tragedy*'.
- While advanced age, and its associated health-related comorbidities, is linked to a higher mortality risk from COVID-19 this, of itself, does not explain the high rate of death, and serious harms, experienced by older care home residents across Europe.
- Pandemic has served to expose great inequality in human rights protection of older people; inequality of access to protection from neglect, access to treatment to sustain life, and exposure to preventable death and harm (BASW,2020)
- Prioritisation of acute care over health and social care (response, testing, PPE equipment, staffing)



Older People's Deaths in Care Homes: March-June 2020

(Anand et al.2021)

Country	Number of deaths in care homes: March-August 20 (total number of older people in care homes in brackets)	Number of care home deaths as a percentage of the overall number of deaths
Finland	147 (50,298)	45%
Ireland	1,500 (16,007)	63%
Spain	20,649* (333,920)	68%
Sweden	2,714 (82,217)	47%
United Kingdom (& Northern Ireland)	35,500 (477,100)	41%

Impact on Older People in Care Homes

- Care home residents viewed and treated through **a lens of frailty, clinical status, or physical vulnerability** (Mc Garry et al.2020).
- **Denial of face-to-face contact** with family members
- Older residents who **died alone** without the comfort and support of their family and friends and whose wishes regarding their preferred death were not accommodated- disenfranchised grief.
- **GPs not being able to visit care homes** and care homes being discouraged ,or sometimes **unable, to send residents to hospital for treatment for non -virus related health conditions** (O'Dowd, 2020).
- The failure to recognise and respond to the broader practical, emotional and social needs of residents during Covid19, their sense of well-being and sense of connection to their loved ones and local communities (Mc Garry et al.,2020).
- To date there has been no demonstration of public mourning for the loss of so many older people nor condolences to families across countries- diminishing of dignity of life

Connect to Protect

- RRR of the impact of visitor exclusion found that residents experienced higher levels of depression, anxiety, isolation and loneliness (Comas- Herrara et al., 2020; Valayudhan et al., 2020).
- Intersecting impact of self-isolation, staff shortages, curtailed visits from family and friends, the constant presence of death and fear about becoming ill has been seriously damaging to mental health (Milne, 2020).
- Visitor bans severely negatively impacted the mood and behaviour of residents+ significant increase in psychotropic medication use. Feelings of guilt, fear, worry and isolation in residents' families (Low et al.2020; Levere et al.2021).
- Many residents with dementia are becoming withdrawn and depressed; don't understand why loved ones are no longer visiting, feel abandoned and losing cognitive and motor skills, including fundamental skills such as the ability to speak, eat or drink.
- Some families have described their relative with dementia as 'disappearing' (Alzheimer UK,2020)
- For residents with dementia, the absence of a loved one's regular visit to a care home or nursing home may mean a life not worth living (Cahill,2021 in press)
- Irish practitioners have highlighted the loss of residents' sense of 'connection' to their families, communities; this connectivity is an especially important dimension of Irish culture (Brennan et al., 2020)

Considerations for Policy and Practice

The pandemic has laid bare systemic and societal ageism across countries, as evidenced by de-prioritizing of health resources for older people in care and the initial lack of outcry about the restrictive measures put in place.

Ironic that whilst there is widespread recognition that older age and ill health are risk factors for Covid-19, care home residents were directly and indirectly discriminated against in most European countries' planning and response to the pandemic (Xiaonan and Hong, 2020).

Ironically, the pandemic may, in the long term, be instrumental in rethinking older people's rights, and creating new model of care across Europe.

We must move beyond the counting of cases and deaths to acknowledging the lived experiences of older people affected by COVID-19.

Elder abuse is when a "trusted other" (… your country, the people in charge of the place where you live, your healthcare system) neglect your needs, or fail to act in ways that cause you harm or distress…' (Aronson,2020).

Concluding Thoughts

- Covid-19 has underscored the ways that **age discrimination, race and poverty interact** to compound the impact of lifetimes of social injustices on older adults (Cox,2019)
- `…UK government, national agencies and local level bodies have taken decisions and adopted policies during the pandemic that have directly violated the human rights of older residents in care homes'(Amnesty International,2020)
- Specific United Nations conventions relating to rights for children, disabled people and women, no specific convention yet exists for older people, (Age International and Age UK, 2015).
- Promote **autonomy, self-determination** and **human rights** of older people
- Challenge **ageist, discriminatory policies** and **homogenization**
- Issues of social isolation and increased reliance on neighborhood ties reiterate that importance of **Community work.** Addressing isolation and mobilizing neighborhood and local support requires building strong relationships with local services, groups and communities.
- Fostering **intergenerational solidarity**
- **Collective advocacy** through professional associations and third sector/NGO's

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