

BRIEFING ON THE IMPACT OF COVID-19 ON SENIORS

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Introduction

The COVID-19 pandemic has caused unparalleled social disruption and exposed many systemic health-care gaps across the globe. In Canada, these problems have significantly impacted vulnerable populations, especially older adults.

The pandemic has had a terrifying and significant impact on the health, well-being and quality of life of Canada's older adults. This impact has been most notable in long-term care (LTC) homes, where the pandemic has had devastating effects. Older adults everywhere have experienced loneliness and isolation from their families and loved ones, which have significantly impacted their mental health.

While the effects of the pandemic on older adults were amplified by systemic health-care gaps, these problems existed and were well known long before COVID-19. The increasing volume, complexity and pace of care that shifted from hospitals to LTC homes and other settings in recent decades, including home care and community care, have coincided with pressure to cut costs and a related reduction in the proportion of regulated, professional health-care workers tending to older adults.

Improving the lives of older adults and meeting their long-term needs will require comprehensive changes. We need to examine how our country cares for older adults, including rethinking and reimagining how our institutions function and are built. This involves determining the supports older adults need to stay in their homes and communities longer; the expectations for LTC, end-of-life care, home care and community care; and the staffing levels necessary to provide safe, high-quality care.

The public ranks nurses as one of the most respected profession in Canada.¹ Eighty-three per cent of Canadians believe that including nurses in policy development is a very high priority.² Policy-makers need to listen to the perspective of nurses to help inform the much-needed transformation of Canada's health-care system.

The Canadian Nurses Association (CNA) is the national and global professional voice for the Canadian nursing profession. We represent all categories of regulated and retired nurses in all 13 provinces and territories. We advance the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.



CNA appreciates the opportunity to submit a written brief to the committee's study on the impact of COVID-19 on seniors in Canada. CNA consulted with nursing expert groups to develop our submission and the recommendations included in this brief. We are thankful for and appreciate the participation of our key informants, including CNA's LTC task force, the Canadian Palliative Care Nursing Association and the Canadian Gerontological Nursing Association.

Impact of COVID-19 on seniors

Long-term care homes

Canada has witnessed the staggering effects that COVID-19 has had on our health-care system, particularly in LTC homes. Our country has experienced the worst outcome in the world when it comes to the impact of COVID-19 in LTC homes. During the first wave of the pandemic, residents in LTC homes represented 20% of all COVID-19 cases. However, they also represented 80% of all deaths, whereas the remaining OECD countries averaged 42%.³ Now, with over 54,000 cases and over 15,000 deaths in LTC homes, residents represent 60% of deaths and 6% of all cases.⁴ Despite recent improvements compared with the first wave (largely due to COVID-19 vaccinations), LTC homes continue to face the same challenges, and older adults living in these settings remain vulnerable.

Staffing and workforce issues in LTC homes continue to be critical problems that require immediate action to recruit and retain skilled staff and ensure robust, optimized conditions. The pandemic has laid bare Canada's lack of preparation for managing infectious diseases anywhere, least of all in LTC homes. In these settings, nurses shared with CNA that the pandemic has further exposed a crippling lack of leadership; critical staffing shortages; and insufficient funding, standards, basic equipment and safety supplies (especially personal protective equipment). There is simply not enough staff, and many of the unregulated care providers who do the bulk of the work lack proper training and support.

The systemic problems amplified by the pandemic had a substantial impact on the health and well-being of Canada's older adults living in LTC homes. Many died needlessly due to historically poor conditions in these homes — some as basic as a lack of cool air during heat waves. Older adults who survived experienced terrible conditions and endured great suffering. Moreover, CNA heard that nurses and unregulated care providers experienced significant emotional trauma in attempting to care for older adults in these settings. They had to deal with multiple deaths, loneliness, and family members' grief, not to mention dealing with their own vulnerability working in COVID-19 hot spots.

Nurses also highlighted the importance of integrating the palliative approach to care in LTC homes and enabling older adults to have access to a palliative care specialist. COVID-19 has exposed how ensuring that LTC homes are organized according to best practices and competencies in palliative care is essential to provide better models of care to older adults in these settings.



Public health measures

While public health restrictions are essential to contain the spread of COVID-19, CNA heard from nurses about the ways public health measures had a significant impact on the quality of life of older adults. Nurses indicated that socially isolated older adults had fewer family and support services, which led to high degrees of loneliness, decreased access to primary care and difficulty in managing chronic conditions. Nurses indicated that the lack of support led to increased frailty, increased potential for falls and accidents, exacerbation of health conditions, decreased cognitive functioning and overall decreases in general health.

Because of public health measures, older adults in LTC received less medical care during the first wave of COVID-19 than before the pandemic.⁵ Patients were transferred less to hospitals for the treatment of chronic conditions and received fewer visits from physicians. Public health restrictions had a significant impact on the mental health and overall well-being of older adults in LTC.

Older adults may require constant support from their families or others to provide care, transport them to medical appointments and advocate for them in decisions about their health. Support networks therefore need to be in close contact with older adults to understand what is happening with their health and provide meaningful input to goals-of-care discussions. When older adults are isolated from their families and support persons, it is challenging to establish the appropriate care strategy that is in the older adult's best interest.

From a mental health perspective, nurses also asserted that public health measures (visitor restrictions, social gathering limitations, etc.), had both positive and negative impacts on older adults. For example, because of visitor restrictions, many older adults became more familiar with the virtual world. With significant assistance from staff, many residents of LTC homes were able to connect with family and friends via Zoom or Skype, including loved ones who are far away. Before the pandemic, this was not common. Nurses believe that connecting older adults visually with their loved ones helped reduce their overall anxiety and promote mental well-being during lockdown periods. However, nurses emphasized that although residents at first responded well to public health measures, over time they became increasingly saddened and disheartened.

Many older adults reported feeling left out of the decision-making process. While residents understood the need to protect others, they indicated that if they had to choose between months of isolation or taking considerable risk to see their loved ones, they would pick the latter. This is substantiated by a report from British Columbia's Office of the Seniors Advocate,⁶ which suggests that older adults near the end of life are more fearful of dying alone than of contracting COVID-19.

Rural and remote areas

The pandemic has greatly transitioned the globe to the online world, with schools, businesses and many operations becoming increasingly more virtual. However, that is not necessarily the reality in rural and remote areas in Canada. According to the CRTC, 87.4% of Canadians have access to broadband internet, compared with 45.6% of those living in rural areas. This shows how underserved rural and remote areas in Canada are with regard to high-speed internet.⁷

CNA heard from nurses about older adults living in rural and remote areas who have been impacted differently from those living in urban areas. The main issue revolves around access to adequate high-speed internet. Nurses emphasized that older adults living in rural and remote areas have poorer access to digital services and may experience severe challenges in accessing virtual health-care services, participating in online social groups, and even ordering their groceries online. These challenges can pose significant risks to the overall well-being and health of older adults.

Recommendations

Improving the lives of older people will require sweeping changes. One of the first steps will be examining how care is provided for older adults given the COVID-19 crisis. CNA strongly believes that if certain measures and adequate support mechanisms had been in place, much of the suffering endured by older adults and most deaths in LTC could have been prevented.

With no pan-Canadian standards for LTC currently in place, there are wide variations across Canada in the availability and quality of service delivered to older adults. Pan-Canadian standards for LTC that encompass equal access and consistent quality will help deliver better care, safely, in home, community, and institutional settings, with proper accountability measures.

Furthermore, to provide adequate care for older people in Canada and enable them to age in their homes and communities, it is critical that federal health transfers meet the needs of Canada's aging population. Before the pandemic, it was estimated that population aging would drive 20% of increases in health-care spending over the next 10 years, which amounts to an additional \$93 billion.⁸ A recent study showed that, due to population aging, the increase in demand for LTC and home care is projected to result in the total cost of care rising from \$29.7 billion in 2019 to \$58.5 billion in 2031. The cumulative cost of providing this care over 2021 to 2031 is estimated at \$490.6 billion.⁹ More funding to meet the needs of older adults would enhance the ability of provinces and territories to invest in LTC, palliative care, end-of-life care, community care and home care.

CNA recommends that the federal government:

- Work with the provinces and territories to improve the models of care in LTC and **lead the development of pan-Canadian standards** for equal access; consistent quality; and necessary staffing, training and protocols for the LTC sector while tying new and targeted federal funding to these standards.
- **Establish a national seniors strategy** that encompasses the full continuum of health and social care and provides much-needed coordination between governments to improve the systems of care for older adults.
- Work with research agencies to **fund practice-based research that supports immediate LTC reform.**
- **Ensure that an adequate supply of personal protective equipment** for health-care workers is maintained to help mitigate the impacts of any future pandemics.
- Invest \$21.1 billion over 10 years to **implement a demographic top-up to the Canada Health Transfer** that will meet the needs of Canada's aging population.
- **Accelerate the expansion of broadband internet** across Canada, with a focus on rural and remote areas, and help jurisdictions **expand the use of virtual care technologies.**

Conclusion

The benefits of redesigning how we provide care for older adults (Canada's largest growing demographic) will go beyond improving their lives and health. A good LTC system, in tandem with effective, well-organized community and home care, will ease pressure on the acute care system and eliminate many of the gaps in the continuum of care, which too often result in previously independent older adults being admitted to hospitals or LTC.

Endnotes

¹ <http://canadasmostrespected.com/Professions/>

² Nanos Research, RDD dual frame hybrid telephone and online random survey, December 27th to 30th

³ Canadian Institute for Health Information. Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries? Ottawa, ON: CIHI; 2020.

<https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5f071dda1fbff833fe105111/1594301915196/covid-19-rapid-response-long-term-care-snapshot-en.pdf>

⁴ <https://ltc-covid19-tracker.ca/>

⁵ <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/605ccc07515dd669a9c81ae5/1616694280553/impact-covid-19-long-term-care-canada-first-6-months-report-en.pdf>

⁶ <https://www.seniorsadvocatebc.ca/osa-reports/staying-apart-to-stay-safe-survey/>

⁷ [Broadband Fund: Closing the Digital Divide in Canada | CRTC](#)

⁸ Conference Board of Canada. (2018). Meeting the Care Needs of Canada's Aging Population.

<https://www.cma.ca/sites/default/files/pdf/Media-Releases/Conference%20Board%20of%20Canada%20-%20Meeting%20the%20Care%20Needs%20of%20Canada's%20Aging%20Population.PDF>

⁹ Canadian Medical Association, Canada's elder care crisis: Addressing the doubling demand.

<https://www.cma.ca/sites/default/files/pdf/health-advocacy/activity/CMA-LTC-Deloitte-Report-EN.pdf>

