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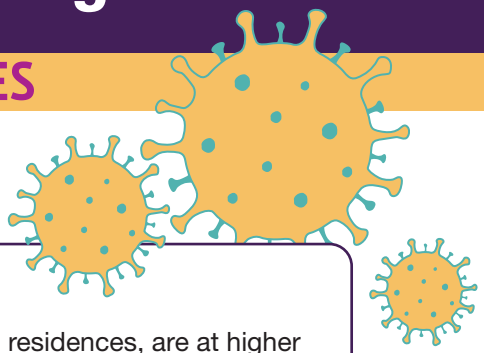
Social Isolation of Residents in Long-term Care & Assisted Living

EXAMINING THE SOCIETAL CONSEQUENCES OF THE COVID-19 PANDEMIC



Key Findings:

- Residents of care homes, including long-term care and assisted living residences, are at higher risk of serious illness, complications, and death due to COVID-19.
- Infection prevention measures in long-term care and assisted living residences have included restrictions on visitors, social gatherings, and activities. These measures have led to increased social isolation and decreased physical health, mental health, and quality of life for residents.
- When limited visits were allowed to resume, 61% of family members reported that their loved ones in care homes seemed worse than when they had last seen them, in terms of reduced cognitive function (58%), mood and emotional well-being (58%), and/or physical function (46%).

Situation

Since March 2020, COVID-19 response measures have included restrictions to visitors, social events, and other activities at long-term care (LTC)[a,1] and assisted living (AL)[b,2] facilities to help protect those at higher risk of serious illness and death from COVID-19.[3] Restrictions have protected many residents from contracting COVID-19, but have also increased social isolation and negatively impacted their mental and physical health and well-being.[4]

Background

LTC and AL residents are at higher risk of serious illness, complications, and death due to COVID-19 due to their older age, physical frailty, and/or chronic illness(es).[5,6] Residents often need help with personal care, and close physical contact with care aides who assist multiple residents increases the chance of COVID-19 infection and spread.[7]

Several changes were made to help prevent COVID-19 infections and protect these high risk residents from illness and death in BC's LTC and AL facilities (referred to collectively in this report as "care homes"). From March to June 2020, only essential visits were allowed.[c,3,8] After June 30, 2020, care homes had to develop safety protocols to allow limited family/social visits (one designated visitor per resident).[8] Many health authority

a LTC facilities provide 24-hour professional supervision and care for people who have complex care needs and can no longer be cared for in their own homes or in an AL residence.

b AL facilities provide housing, hospitality services, and personal care services for adults who can live independently and make decisions on their own behalf but require a supportive environment due to physical and functional health challenges. AL facilities can range from a unit in a high rise apartment complex to a private home.

c Essential visits include visits for critical illness, end-of-life, essential personal care/assistance, and decision-making. Health authority or facility staff are responsible for determining whether or not a visit is essential.

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programs were discontinued, including adult day programs, respite services, and outings.[8] Care home operators cancelled group entertainment, group meals, and social events. The restrictions affected approximately 560 LTC and AL homes with approximately 40,000 beds.[9]

Social support from one's spouse, friends, and family has a positive effect on care home residents' health and well-being, and is a resource to help cope with stressful life events.[10] Secure social connections are linked with better mental health. Social isolation or disconnection is linked with worse anxiety, depression, and stress;[11] poor mood and sleep;[12] and decreased cognition and coping abilities.[13] Feelings of loneliness are linked with increased cortisol (a stress hormone), decreased immunity and increased body weight.[14] Social isolation was an issue for some care home residents before the COVID-19 pandemic. The restricted visits and canceled social activities have resulted in or exacerbated isolation and loneliness for many residents.[4,15] About 64 per cent of BC LTC residents have dementia, and almost half of these have severe cognitive impairment.[16] The changes were particularly stressful for these residents, as dementia makes it more difficult to adapt to new routines and unfamiliar people.[17,18,19]

Across Canada, as of May 25, 2020, 81 per cent of COVID-19 deaths had occurred among residents of LTC sector facilities.[d,20] As of June 1, 2020, the estimated case fatality rate among LTC sector residents with COVID-19 (that is, the proportion of residents with the virus who died) ranged from 20 per cent in Alberta to 42 per cent in Quebec.[e,21] In BC, the estimated case fatality rate was 32 per cent.[21]

From the start of the pandemic until October 24, 2020, there were 111 COVID-19 outbreaks[f] in BC health care facilities;[g] 93 of these were in LTC or AL facilities.[9,22] As of November 2, 2020, 866 residents and staff had been infected through care homes. This represented almost 90 per cent of all healthcare-associated COVID-19 infections, and 6.4 per cent of all COVID-19 infections reported in BC.[9,22]

On April 1, 2021, new visitor guidelines for BC LTC and AL facilities came into effect, including relaxation of many of the previous visitor restrictions. For example, there are no longer limits to the duration or frequency of visits. LTC and AL residents are no longer limited to a single designated family/social visitor, and may have up to two adults and one child visit indoors at the same time. Outdoor visits with larger numbers are also possible, as long as they align with public health guidelines.[23]

Equity Considerations

Although physical distancing and increased social isolation affect all residents living in care homes, some have been more severely impacted.

- Residents who have greater frailty, require more complex care, suffer from cognitive decline, have fewer financial resources, and have less family support may experience greater physical and mental health impacts.
- Measures may exacerbate pre-existing mental illness for residents experiencing isolation and loneliness.
- Residents with poorer health, cognitive decline, lower income or education, or less familiarity with technology have more difficulty accessing Internet-based resources, such as virtual visits and activities.[24]
- Residents in smaller or more crowded care homes may have more limited outdoor or communal spaces for physically distanced visits.

d The source document from the Canadian Institute for Health Information defines the "LTC sector" as including "both residential facilities with 24-hour nursing care and facilities with fewer services, such as retirement homes and assisted-living facilities."

e Note that this is among six provinces only: as of June 1, 2020, no resident infections had been reported in New Brunswick, Prince Edward Island, or any of the territories, and there had been too few cases reported in Manitoba, Newfoundland and Labrador, and Saskatchewan to provide meaningful estimates for those provinces.

f A COVID-19 outbreak in a BC care facility is declared when one or more residents or staff have a laboratory-confirmed COVID-19 diagnosis.

g Care facilities include community care and acute care facilities. Community care includes LTC, AL, group homes (community living), independent living, and other residential facilities.

The First Nations Health Authority's Statement on the Societal Consequences of BC's COVID-19 Response

COVID-19 and the public health measures taken to respond to it have reinforced existing inequities and discrimination present in BC's health and wellness system. First Nations people in BC have been disproportionately affected by COVID-19. Data show that First Nations people in BC have tested positive for COVID-19 at a higher rate than other residents, have had lower median ages of hospitalization and have higher rates of admission to intensive care units and death from the virus. The impact of COVID-19 on social determinants such as housing, food security, education, and geography has had ripple effects on the health and wellness of First Nations in BC. This is evident in the significant increase in toxic drug deaths during the pandemic and the elevated rates of anxiety, depression, and grief experienced by many First Nations people, which is further layered with intergenerational trauma and loss from past pandemics. Despite these challenges, First Nations people in BC have responded to the pandemic with strength and resilience that is grounded in culture and community. Families have found new ways to connect, support their communities and keep each other well. The First Nations Health Authority (FNHA) has worked quickly to expand virtual services, and proudly served as a partner to First Nations communities in BC to advance community priorities and ensure support and services have been available throughout the pandemic. The FNHA's full statement on the societal consequences of BC's COVID-19 response can be found at: www.fnha.ca/Documents/FNHA-COVID-19-Statement.pdf.

Findings

The BC Office of the Seniors Advocate report, *Staying Apart to Stay Safe: The Impact of Visit Restrictions on Long-Term Care and Assisted Living Survey*,[9] is based on a survey of BC care home residents and family members. The survey was conducted between August 26 and September 30, 2020, and found the following:

- At the time of the survey, only 25 per cent of families visited several times a week—less than half as many as before the pandemic (55 per cent). During the pandemic, one in three visits was 30 minutes or less, whereas before the pandemic only 4 per cent of visits were 30 minutes or less.[9]
- When family visits increased, 61 per cent of visitors reported that their family members in care facilities had worsened cognitive function (58 per cent), mood and emotional wellbeing (58 per cent), and/or physical functioning (46 per cent) since the restrictions began.[9]
- Only 40 per cent of LTC residents had access to a personal phone, and almost three-quarters of the residents required help to make a telephone or video call.[9]

Indigenous Peoples and Reconciliation

For many Indigenous (First Nations, Métis, and Inuit) people and communities, Elders hold a special place as knowledge keepers and teachers of cultural practices. Physical barriers and restrictions to visiting Elders and others in LTC and AL facilities protected residents from COVID-19 but disrupted family and community connectedness. Policies that limit residents' self-determination in institutional settings may resurface traumas previously inflicted on Indigenous people who survived residential school. Indigenous Peoples must be engaged to inform institutional policies.

A scan of provincial news media conducted before the restrictions were eased revealed six main themes related to social isolation of seniors in care homes:

1. *Some care home residents were not receiving adequate levels of care.*

The pandemic revealed pre-existing issues in many care homes, where there were gaps in capacity for resident care. Before the visitor restrictions came into force, the contributions of family caregivers allowed care home staff more time to focus on other residents. The removal of family caregivers revealed the inability of some facilities to provide adequate levels of care to all residents—particularly those with issues such as dementia.[19] This was worsened by increased demands on staff due to COVID-19 restrictions, protocols, outbreaks, and staff shortages—including restricting staff to working at a single LTC/AL facility[25] and the added workload of monitoring virtual and in-person family visits.[18] It has become increasingly clear that the mental, emotional, and physical supports provided by family caregivers are an essential part of the caregiving continuum, and a critical supplement to services provided by care home staff.

2. *Families felt frustrated and helpless.*

Family members felt frustrated and helpless when COVID-19 restrictions prevented them from providing the usual mental and physical supports to loved ones in care homes. In some cases, care homes did not approve family caregivers as "essential visitors," so they were unable to provide care, even when their family member's health was in decline.[19,26,27] Although visiting restrictions were eased slightly in June 2020, the ability for family members to provide direct care was still limited.[28] Some family caregivers demanded further changes to the visitor policy and more opportunities to care for their loved ones.[26,28]

3. *Social isolation is particularly challenging for seniors with dementia.*

COVID-19 response measures such as visitor restrictions reduced important social and family support and connections for residents with dementia, and substantially reduced their quality of life.[17] Technological options such as virtual visits (e.g., video chat) often do not benefit seniors with dementia, and may even increase their confusion or delirium.[29]

4. *Families and care homes are making extra efforts to keep residents connected to loved ones.*

Friends, family members, and care home staff are finding safe and sometimes creative alternatives to traditional visits. These include telephone and virtual (online) visits,[19,30] and visiting or playing music from outside the resident's window.[18,31,32,33]

5. *Mental health and quality of life have decreased for many seniors.*

Many seniors have experienced increased loneliness, depression, and anxiety during the pandemic.[34] The reductions in family visits, social support, and levels of care, as well as disruption to routines, have contributed to reduced quality of life and mental health for care home residents.[18,34] Some couples were separated and unable to see each other for many weeks because one spouse was living in LTC or AL.[19] Familiarity and feelings of connectedness help residents, especially those with dementia, to make sense of the world around them.[19,26,27] The appearance of staff and visitors in masks and other personal protective equipment has been alarming to many residents, and can also add to feelings of isolation.[17]

6. *Many seniors experienced deterioration of their physical health.*

For many residents reduced visits and activities led to more sitting or laying down. Decreased physical activity can decrease one's ability to perform basic daily tasks and increase the risk of falling.[35] Due to social isolation, fewer group activities, and lack of attention and care normally provided by family caregivers, many LTC residents lost weight, experienced mood swings, and were more likely to fall.[19,26]

Actions Initiated or Planned to Address Unintended Consequence

This list provides examples of actions taken or initiated and is not a comprehensive list. Readers are encouraged to visit the websites of ministries involved in this work to find the latest information.

- ***BC Ministry of Health*** (BC MoH):
  - In March 2020, the work of the COVID-19 Seniors Working Group co-chaired by the BC MoH and BC Seniors Advocate led to increased funding for the bc211 information and referral service. The funding expands bc211 services to the entire province and helps connect volunteers with seniors who require assistance with basic needs like grocery shopping.[36]
  - In June 2020, the BC MoH allocated $160 million to increase staffing and ensure adequate infection prevention and control measures for safer care home visits.[37]
  - In January 2021, the BC MoH and BC Centre for Disease Control developed guidelines for safer LTC and AL visits during COVID-19.[38]
- ***BC Ministry of Mental Health and Addictions*** (BC MMHA): In June 2020, the BC MMHA committed $5 million for virtual mental health supports for targeted populations, including isolated seniors. Programs will include skill-building tools, virtual counselling services, peer support, and system navigation for managing stress during COVID-19.[39] The 2021 provincial budget contained additional funding to expand mental health supports, including $61 million over three years to improve access and quality of mental health services.[41]
- ***BC Care Providers Association*** (BCCPA): In April 2020, BCCPA and the BC MoH launched EquipCare BC, a $10 million program providing funding to LTC and AL facilities for enhanced safety and infection control equipment and supplies.[40] In addition, the BC MoH engages with BCCPA to promote services and policy alignment when delivering seniors' services during the COVID-19 pandemic.
- ***Alzheimer Society BC and other senior-centred non-profit societies:*** These societies provide COVID-19 information and support to individuals, families, and caregivers to help them cope with isolation, and provide alternative ways for staying connected.
- ***Current research underway in BC:*** Dr. Farinaz Havaei (UBC) is conducting an evaluation study of rapid redesign and resource deployment in LTC facilities during COVID-19.

Considerations for Further Action

This section provides considerations for action based on the findings of this report. These are not formal recommendations, but rather ideas to consider when shaping recommendations and actions related to this topic.

1. Through ongoing stakeholder consultation, monitoring, and research, continue to gain understanding of the short- and long-term impacts of social isolation due to COVID-19 measures on the health of seniors and other residents living in LTC and AL facilities.
2. Consult stakeholders to balance the risks of COVID-19 and other mental and physical health needs of seniors during the pandemic and as BC recovers from the pandemic, including public health, health professionals, seniors' advocates, patients, families, and other caregivers.
3. Increase access to user-friendly technologies that support virtual connection of seniors with their family, friends, and communities inside and outside of care homes.
4. Support LTC and AL operators to innovate and develop new ways to increase social connectedness. A survey of LTC service providers in Interior Health found some preferred strategies, such as hallway activities (residents participate in games or social activities from their doorways), one-on-one activities with recreational staff, and contactless care package delivery systems.

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