

Impact of COVID-19 on Elder Care Services

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The Challenges

- **Old Age Homes**
 - Group living environment
 - Residents are usually very frail, with multiple medical conditions than need frequent medical attention.
 - Lessons from SARS in 2003:
 - The chance of infection is 5 times higher than the general public.
 - Once infected, they were more likely to be admitted to intensive care unit and more likely to be put on mechanical ventilator.
 - About 79% of those infected were killed by the SARS virus.
 - 81% infected residents acquired the SARS in hospitals.
 - Lessons from western countries during COVID-19: 40-80% of people killed were old nursing home residents.



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COVID-19 and Long-Term Care Policy for Older People in Hong Kong

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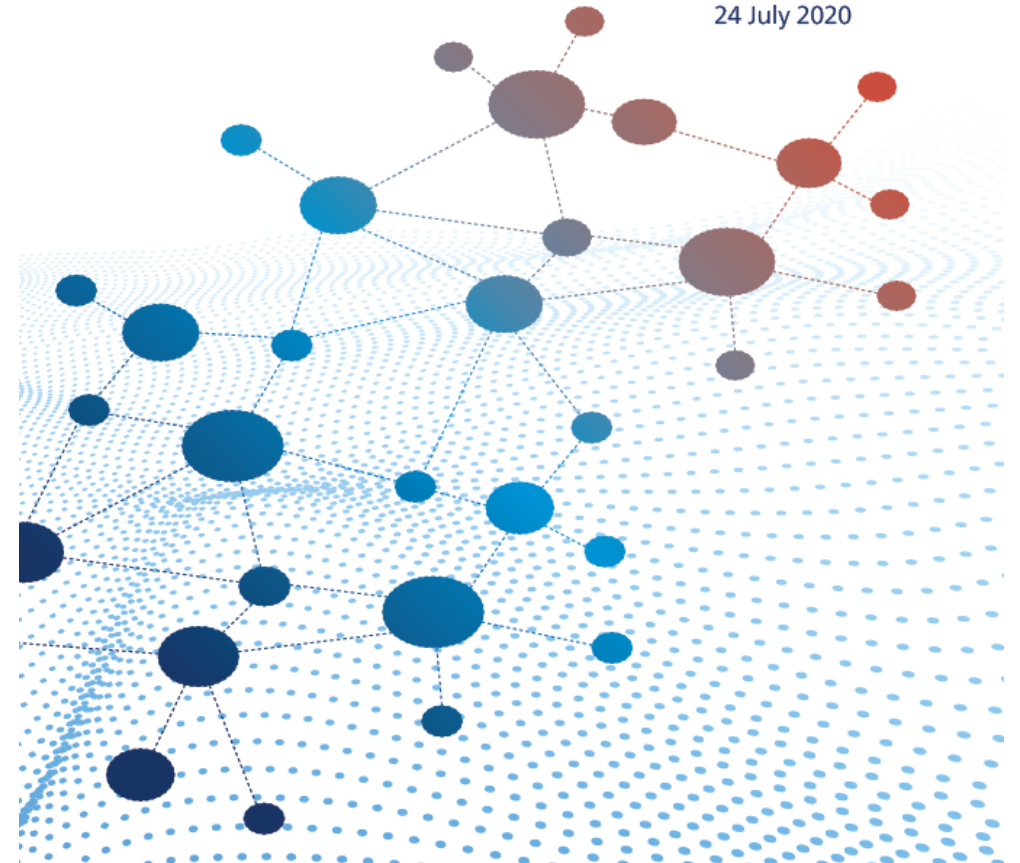
The Challenges

- Prevention is important
 - Stopped all visitations.
 - Stopped non-essential medical appointment.
 - Strict hygiene practice (face mask; hand hygiene practice, etc.)
 - Social isolation.
- Challenges:
 - Person with dementia deteriorated with social isolation and lack of stimulating activities.
 - End of live care in care home.
 - Staff shortage.

Preventing and managing COVID-19 across long-term care services

Policy brief

24 July 2020



Recommendations from the WHO












Welfare Policy responses to COVID-19

Social services administration responses toward COVID-19

Direct social care responses

System reform on better medical-social collaboration

Eleven policy objectives to mitigate the impact of COVID-19 across long-term care

-  1. Include long-term care in all phases of the national response to the COVID-19 pandemic.
-  2. Mobilize adequate funding for long-term care to respond to and recover from the COVID-19 pandemic.
-  3. Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care and ensure efficient information channelling between health and long-term care systems to optimize responses.
-  4. Secure staff and resources, including adequate health workforce and health products, to respond to the COVID-19 pandemic and deliver quality long-term care services.
-  5. Ensure the continuum and continuity of essential services for people receiving long-term care, including promotion, prevention, treatment, rehabilitation and palliation.
-  6. Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases.
-  7. Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services.
-  8. Provide support for family and voluntary caregivers.
-  9. Prioritize the psychosocial well-being of people receiving and providing long-term care services.
-  10. Ensure a smooth transition to the recovery phase.
-  11. Initiate steps for transformation of health and long-term care systems to appropriately integrate and ensure continuous, effective governance of long-term care services.

Welfare Challenges and responses

We need to work with our government to initiate and implement these recommendations

In the midst of the public health crisis, the voices of the disadvantaged are usually being ignored. We need to make sure their voices are being heard.

The government cannot do it alone. We need a strong private-public-philanthropic partnership.

Local initiative: Online CST training for people with dementia

- Because of social distancing and closure of adult day care center, people with dementia were not able to receive regular training they needed.
- Some NGOs started online version of Cognitive Stimulating Therapy - an evidence based nonpharmacological intervention for people with dementia recommended by the NICE guideline of the UK.

Challenges:

- Low digital literacy among older people
- Lack of equipment

Potential solutions:

- E-buddy system
- Donation of equipment by charities.



Older people are more resilient than expected

- From February 8th to July 24th, 2020, 15 NGOs in 10 districts have screened 3,446 older adults in the community

N (%) / mean (SD)	All subjects (n=3,446)	DECC (n= 2950)	ICCMW (n= 496)
Age, years	72.3 (9.4)	77.4 (8.9)	70.9 (9.1)
Gender, female	2441 (70.8%)	2047 (70.0%)	394 (79.4%)
PHQ2	0.76 (1.23)	0.62 (1.09)	1.57 (1.62)
PHQ2_depression	271 (8%)	164 (6%)	107 (22%)

- Among those responded to PHQ2, 271 (8%) showed depressive symptoms, not higher percentage of depression than normal times, suggesting that older adults may have high resilience in times of Covid-19
- Divided by service centers, ICCMW members showed significantly higher percentage of depression (N=107, 22%) than DECC members (N=164, 6%)

Two stylized virus icons with spikes and internal dots, one smaller than the other, located in the top right corner of the slide.

Thank You

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A stylized DNA double helix structure, rendered in a light blue color, located in the bottom right corner of the slide.