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Ashley N. Soles
asoles@emich.edu

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Dr. Yvette Colón, Mentor

ABSTRACT

Human beings need to have social interaction to be able to survive. Social and emotional isolation affects not only mental health but physical health as well (Coyle & Dugan, 2012). Recent research reported that "the prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations: 22-42% for the care population compared with 10% for the community population" (Victor, 2012, p. 637). The Centers for Disease Control [CDC] (2020a) reported that "80% of deaths associated with COVID-19 were among adults aged ≥65 years" (para. 1). This paper examines what older adults are experiencing in long-term facilities during the COVID-19 pandemic and how it is affecting them. Additionally, it discusses how seniors of color are affected differently by the pandemic and how racism and anxiety are correlated in this situation. This paper offers possible solutions for long-term care facilities in order to improve the quality of life for all residents and staff.

INTRODUCTION

Older adults living in long-term care facilities need more people to advocate for them. In the words of Chu et al., "We must not value incautiously *quantity* of life over *quality* of life" (2020, p. 2457). The isolation older people experience due to the loss of family, friends, and/or a spouse is challenging. It is even more challenging when they live in a long-term care facility, and a global pandemic prevents them from leaving their room, leading them to experience mental illness. Long-term care facilities became hotspots for COVID-19 transmission due to the health challenges of this population, the response time needed for their treatment, and the facilities' differing responses to the pandemic.

Older adults comprise one of the most vulnerable populations because many have underlying physical or mental health conditions (Van Houtven et al., 2020). Elderly adults with mental illnesses, such as Alz-

heimer's disease or dementia, are more likely to experience some degree of depression or anxiety (Gallagher et al., 2018), and both conditions can worsen in situations of isolation (El Haj et al., 2020).

Older adults of color may experience additional obstacles when living in a long-term care facility during a pandemic. Low-income elderly people of color may experience difficulties in obtaining adequate health insurance to cover preventative care and the proper medication for their health conditions (Rhee et al., 2019). Many low-wage people of color are employed in jobs that were considered "essential" during the pandemic (Clay & Rogus, 2021), resulting in their elderly family members experiencing a greater risk of exposure to the virus. Those working in long-term care facilities were also more likely to work at high risk locations, putting both long-term care residents and their caregivers at risk for exposure to the virus.

The growing seriousness posed by the COVID-19 virus became public when, on January 30, 2020, the World Health Organization (WHO) announced that the COVID-19 outbreak was a "Public Health Emergency of International Concern" (WHO, 2020a, p. 1). This illness affected the respiratory system and was initially most fatal to adults over the age of 60, making residents of long-term care facilities one of the most at-risk populations. Strict disease prevention and control guidelines were developed by WHO to protect both employees and residents in long-term care settings, including educating residents about COVID-19 so they could take precautions against infection and train staff members to prevent the spread of the virus (WHOa, 2020). One of the most heavily emphasized precautions was simply washing one's hands with soap and water often. Proper hand washing was shown to be an effective preventative measure against COVID-19 infection. WHO (2020a) stated that every entry and exit in long-term care facilities should offer hand sanitizer of at least 60% alcohol by volume as a measure of prevention and control. Visual reminders about hand sanitation in the form of posters and signs were to be posted throughout the facilities. WHO would also work to promote the effective distribution of COVID-19 vaccines when they became available.

LITERATURE REVIEW

Protocols to Address Elder Safety During the COVID-19 Pandemic

Older adults were the most affected population early in the COVID-19 pandemic, and long-term care facilities quickly responded with rules and regulations to address the spread of the virus. Thirty-one percent (31%) of Michigan's nursing homes, for example, made institutional changes within a week of WHO's announcement; only 2% did not respond at all (Jones et al., 2020). To reduce the spread, physical precautions, such as limiting visitors, were put into place. Group activities were canceled unless they could be carried out within the social distance guidelines of keeping residents two meters (six feet) apart, and meals were scheduled in a manner to limit the number of people in the dining area. If social distancing was impossible, residents were to receive meals in their rooms (WHO, 2020a). The protocols also prohibited hugging or any unnecessary physical contact with residents. Residents were permitted to receive only one visitor at a time, though as the pandemic worsened, often no visitors were allowed, even when residents were critically ill (WHO, 2020a). These protocols resulted in a striking increase in the amount of time the residents spent alone in their room, only interacting with the staff who were assigned to them.

WHO also required strict screening measures for visitors to long-term care facilities. Screening included checking visitors for an elevated temperature or other symptoms of the virus and interviews conducted to determine whether the resident or a caretaker had been ill (WHO, 2020a). During the early weeks of the pandemic, visitors were permitted brief visits with the terminally ill, but stricter measures were soon enacted to allow visitors to see their loved ones for the last time through a window. To prevent isolation, phone and video calls were encouraged, as well as setting up glass or plastic barriers that visitors and residents designed to offer some protection to staff, residents, and their visitors (WHO, 2020b).

A Dutch research team was one of the first to recommend that visitors be permitted to return to long-term care facilities during COVID-19 (Verbeek et al., 2020). Their study examined the impact that isolation had on the residents, especially ones diagnosed with dementia who might have been more vulnerable to COVID-19 infection. Although the world is moving to online communication, many residents

either do not have access to computers or do not benefit from a phone call from family and friends as their only means of socializing (Verbeek et al., 2020). Visitors received an electronic questionnaire to make sure that they did not have or were not experiencing symptoms of COVID-19 at the time of their arrival or prior to entering the building. Once visitors were allowed into the facility, there were physical precautions put into place to ensure the safety of residents and the visitors per WHO requirements (WHO, 2020a). These physical precautions included making sure that there was a distance of 1.8 meters, or six feet, between residents, as well as making sure each individual was wearing a mask. Staff observed the resident and visitor both during and after the visit to ensure that, if exposure to the virus occurred, it would be ascertained quickly (Verbeek et al., 2020).

Every nursing home that participated in the experiment provided an electronic questionnaire to the visitors. Ninety-two percent (92%) of those who received surveys responded, making it possible for 954 residents to receive a visitor in person (Verbeek et al., 2020). When visitors entered the building, they were screened again. The majority of the residents who were permitted to receive a visitor stayed in their private room for the duration of the visit. One of the long-term care facilities offered residents and their guests the option of spending time together outside where they were able to take a walk on the grounds. Verbeek et al. found that their residents benefitted from the experience of being able to visit friends or family in person without risking their health. There were also no additional cases of COVID-19 infection in residents or their family members from these visits. Although the process of finding eligible applicants was lengthy, in the end, it showed that no negative outcomes came from resident contact with visitors (Verbeek et al., 2020). The data showed that, with proper precautions, visitation could occur without spreading COVID-19 infections. Residents benefitted from socializing in-person with a loved one. Some were able to enjoy a visit in the open air. The visitor screening was complicated and time-consuming, but it led to effective outcomes.

Loneliness as a Factor in Elder Care during COVID-19

In 2012, Victor wrote that "The prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations: 22-42% for the care population compared with 10% for the community population" (p. 637). This suggested that, although the protocols put into place for the protection of older adults

are there for precautionary reasons, these protocols can be devastating to their health in other ways. Losing the opportunity to attend activities or eat with others resulted in elderly residents experiencing a sense of isolation. In many cases, older adults have already dealt with the loss of life, friends, partners, and family members. Adjusting to the environment of a long-term care facility poses additional challenges, especially when the resident had a socially active and independent life before. Group therapy sessions were proven to help prevent older adults from experiencing this severe loneliness up to 25% (Quan et al., 2019), however, the enforced isolation caused by COVID-19 rendered such sessions impossible.

Guidelines for Addressing Isolation Experienced by the Elderly

New tools have been developed so that staff at long-term care facilities are able to detect the negative effects of patient isolation sooner. "Because providers seldom ask about these experiences, having tools that can be easily and quickly administered to determine if the older adult is lonely or socially isolated is critical" (Berg-Weger & Morley, 2020, p. 456). Surveys, as well as visually monitoring residents, can ensure older adults do not feel isolated. By monitoring body language, caretakers can look for changes in a person's normal behavior (Shankar et al., 2011).

COVID-19-related restrictions employed in residential care facilities for older adults worsened anxiety within the community (El Haj et al., 2020). Social isolation has a negative effect on mental and physical health and can lead to residents experiencing mental illnesses such as depression or severe anxiety. If the older adult already had an underlying mental illness, such as dementia, COVID-19-related isolation may cause worsened anxiety and depression (El Haj et al., 2020). Those with Alzheimer's disease were reported to be 50% more likely to have experienced depression before the pandemic; addressing their emotional needs was critical to prevent them from developing a more severe mental illness.

Amieva et al. (2020) studied families' responses to the fragility and resilience of their elderly relatives and reported that family members shared anxiety about their relatives' responses to isolation. The study confirmed a commonly held belief that, when older adults age, they become fragile and weak, but it also reported an increase in awareness of the problem of loneliness and isolation among older adults (Amieva et al., 2020). In long-term care communities, strict isolation resulted in closer monitoring of residents by staff, offering opportunities for greater recognition of and response to escalating emotional or behavioral problems (Crumb et al., 2020).

People of Color and COVID-19

More than 15% of older adults who reside in long-term care facilities are people of color, and the number is growing (Statista, 2018). The Centers for Disease Control and Prevention reported that Latino, African American, and Native American communities were disproportionately affected by COVID-19 (Centers for Disease Control [CDC], 2021b). Early in the pandemic, the CDC (2020) found that "80% of deaths associated with COVID-19 were among adults aged ≥65 years" (para. 1). Often, elderly people of color had a difficult time getting the healthcare they required (Ebor et al., 2020). Ebor et al. (2020) suggested that if the elderly were unable to go to necessary appointments in person, telehealth should be offered. Older adults could attend classes to learn how to use computer and phone applications designed for telehealth. When implemented properly, telehealth proved to be very effective, especially in the state of Michigan (Whitten et al., 2001). Unfortunately, access to the internet and the use of mobile devices is often difficult for the elderly, especially those from lower socioeconomic backgrounds who might not have access to such technology. During the COVID-19 pandemic, many healthcare services required the use of internet sites for scheduling medical appointments, communicating with doctors, and registering to receive a vaccine (Browning, 2021). Recognition of these problems led the Biden Administration to set aside $100 million in grant funding to be awarded to agencies that expanded access to COVID-19 services to older adults and people with disabilities (U.S. Department of Health and Human Services, 2021).

People of color were statistically highly likely to be working in healthcare, according to the U.S. Bureau of Labor Statistics (2019), resulting in many residents of long-term facilities coming into close contact with "essential workers" who experienced higher personal risks of infection in their private life. This posed an additional threat to elderly residents. People of color were also less likely to agree to be vaccinated against COVID-19, leading to additional infections and death in communities of color (Bogart et al., 2021).

RECOMMENDATIONS

The Geriatric Workforce Enhancement Program (GWEP) has been advocating the needs of older adults in helping make sure that they are able to adjust to the world's move to a digital space in response to the pandemic (Berg-Weger & Morley, 2020). GWEP created test groups with older adults, which met over video calls to engage in joint activities,

such as physical exercise and therapeutic writing. These activities were designed to promote participant engagement while teaching participants how to use new technologies (Berg-Weger & Morley, 2020).

Serrano et al. (2004) found that therapeutic writing was a particularly useful form of engagement in elder care. Writing and sharing personal thoughts and feelings was shown to be empowering both for the writer as well as for those who listened (2004). Group writing can bring people the social satisfaction that they desire and combat feelings of isolation (Berg-Weger & Morley, 2020) in two specific ways: first, they are assured that their voices are being heard, and second, they may be provided the opportunity to learn the newer technologies through the use of computers. It was particularly important that older adults learn how to use technologies that became critical to communication during the pandemic (Zamir et al., 2018), including applications such as Skype, Zoom, and Facetime. Electronic communication permitted long-term residents to "see" their family and friends and also to maintain contact with people of similar age who might have been experiencing isolation.

Numerous interactions between staff and residents are also beneficial to residents. Creating questionnaires, such as simple wellness surveys, can provide caregivers insights into residents' needs and counteract their sense that they are very alone (Berg-Weger & Morley, 2020). Data gleaned from such surveys may contribute to other research, leading to additional recommendations for elder care (Whitehead & Torossian, 2020).

Long-term care facilities should strive to let families visit their loved one or friend before death. While all COVID-19 screenings and regulations regarding face coverings should be respected, permitting patient visits, when possible, will assist survivors with the grieving process (CDC, 2020b).

Much more research needs to be done on the experiences of older adults in long-term residential facilities and particularly on the lives of people of color who live and work in these environments. The COVID-19 pandemic has created many challenges for these populations but also provided opportunities to make positive changes in the operation and treatment of residents.

CONCLUSION

Older adults need more advocating for them when it comes to experiencing loneliness during this pandemic, especially those who live in a long-term care facility. The World Health Organization (2020) suggested

strict guidelines to support resident safety, but ultimately that made it difficult for older adults to enjoy the necessary socialization to maintain their mental health and not feel isolated. Additional research on elder experiences in residential care may assist caregivers in providing optimal support for their residents.

Research targeting older adults of color who live and work in long-term care facilities should target the specific cultural differences that may play a role in the quality of life and work experiences. Group therapy opportunities, using technology if social distancing is required, has proven to be the most effective group activity for older adults according to The Geriatric Workforce Enhancement Program (Berg-Weger & Morley, 2020). Training in the use of technology will also promote contact with the outside world when visitors are not allowed. Group writing has also been used to combat isolation by allowing residents to share their life experiences with an interested audience of their peers (2020). Improving daily life for older individuals in long-term residences may improve their life expectancy, both during the COVID-19 pandemic and beyond.

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