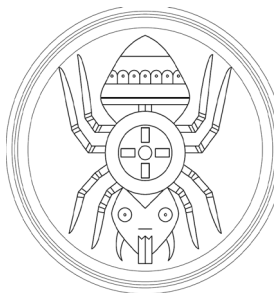




# Caring for Elders Through the Time of COVID-19

Blythe S. Winchester, MD, MPH, CMD



# Caring

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Group Harmony**

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Spirituality**

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Strong Individual Character**

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Sense of Place**

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Honoring the Past**

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Educating the Children**

*ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ ᎠᎵᎠᎠᎠ*

**Sense of Humor**



# Objectives

- Summarize the differences between elders vs. younger patients and their capacity to respond and recover from infections.
- Incorporate key concepts of individualizing caring for elders and other vulnerable patients into clinical practice.
- Continue to help people with diabetes stay healthy and prepared in a time of potential illness or emergency as a result of COVID-19.
- Provide the most up to date education and support for clients and their families to reduce risk of contracting COVID-19 by following CDC guidance. Source is CDC unless otherwise noted.

I have nothing to disclose.



# COVID-19

- **Eight out of 10 deaths** reported in the U.S. have been in adults 65 years old and older.
- People who live in a nursing home or long-term care (LTC) facility are within a high-risk category
  - Cognitive limitations
  - Residential/close quarters
  - Pre-existing conditions, including frailty
  - Trouble with adhering to safety measures



# Deaths

Percent of Adults with Confirmed COVID-19 Reported in the U.S

	<b>Adults 65–84</b>	<b>Adults 85+</b>
<b>Hospitalizations</b>	31%–59%	31%–70%
<b>Admission to Intensive Care</b>	11%–31%	6%–29%
<b>Deaths</b>	4%–11%	10%–27%

# Other Risks



People of any age with underlying health conditions:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- Those who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Severe obesity (body mass index [BMI] of 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease



# A Word on Response/Action

- Negative press on LTC facilities, tribes, elders
- Social determinants:
  - funding, care access, others that will be mentioned here were already factors in care of American Indians/Alaska Natives (AI/AN) populations and elders in general
- Under increased pressure and illness outbreak, these factors are amplified
- In LTCs, pre-existing issues with staffing, low pay, resources, for-profit skews
- **Not** having geriatricians “at the table”
- Lack of access to testing, PPE, reporting



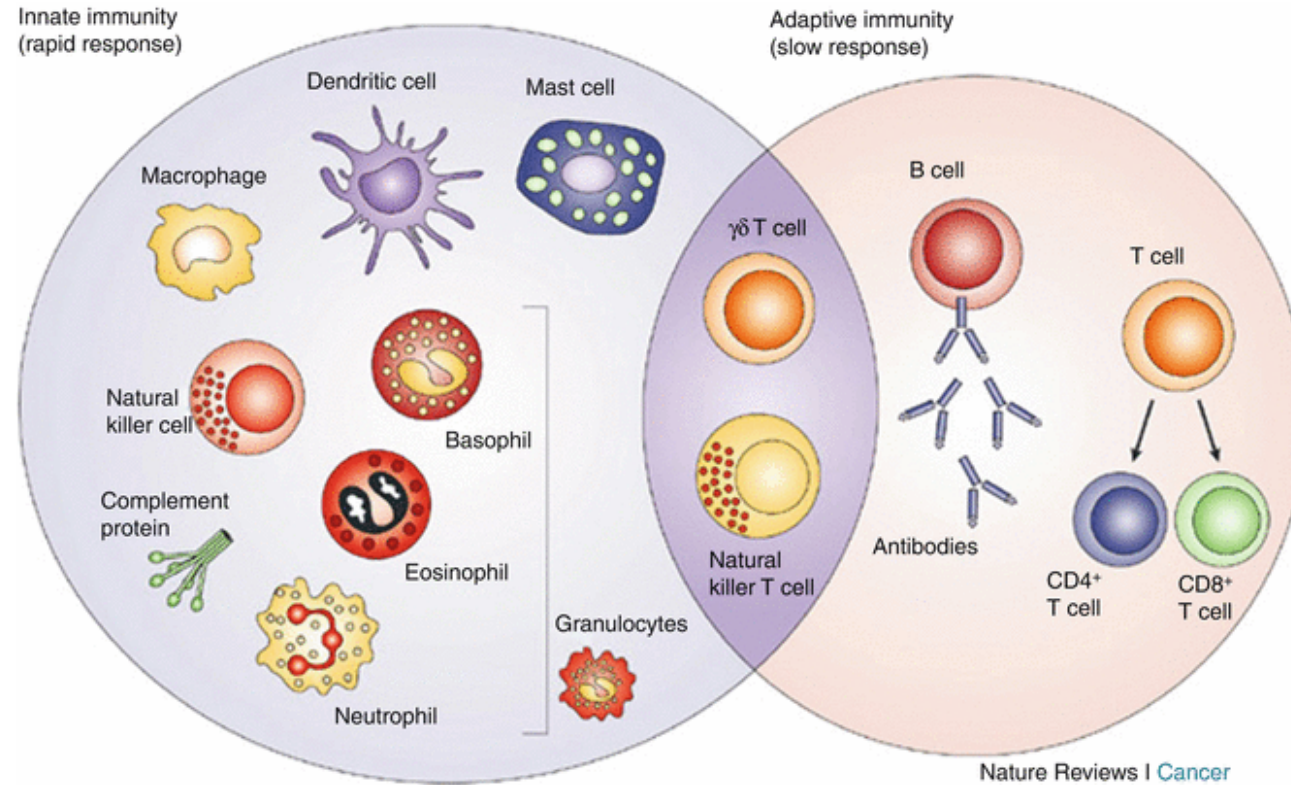
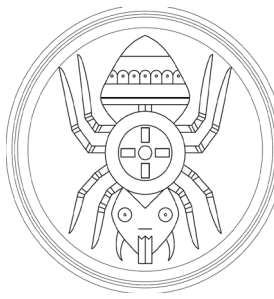
# “The New York Times” Opinion

- “Nursing Homes Were a Disaster Waiting to Happen”
  - By Richard Mollot
- <https://www.nytimes.com/2020/04/28/opinion/coronavirus-nursing-homes.html>

The screenshot shows the top portion of a New York Times article. At the top right, the "The New York Times" logo is visible. Below it, the word "Opinion" is centered. The main title of the article is "Nursing Homes Were a Disaster Waiting to Happen" in a large, bold, serif font. Underneath the title is a short introductory paragraph: "Long before Covid-19, poor care and lax standards were widespread and well known." Below this is the author's name, "By Richard Mollot", followed by a small bio: "Mr. Mollot is the executive director of the Long Term Care Community Coalition." The date "April 28, 2020" is at the bottom left of the text area. To the right of the date are social media sharing icons for Facebook, Twitter, YouTube, and a bookmark icon. Below the text is a large, dark, blurry photograph of what appears to be an interior space, possibly a hallway or a room in a nursing home, with some light reflecting off surfaces.



# Immune Response



- **Innate immunity** is something already present **in the** body. **Adaptive immunity** is created in response to exposure to a foreign substance
- B and T cells are made in the thymus and bone marrow then travel to secondary lymphoid tissues like the spleen



# Immune System and Aging (1)

- **Vaccine response not as effective:**
  - T cells attack “bad” cells, and they remember those bad cells so the next time they see them they attack them even better
  - With aging, you make fewer T cells—most vaccines require new ones to work
- Shingles vaccine is an exception! Which is why it works well for older people.



# Immune System and Aging (2)

- **More likely to get sick:**
  - You have fewer immune cells and they do not communicate as well, which leads to a slower response
- **Slower recovery from injuries, infection, and illness:**
  - Fewer immune system cells means slower healing









# Frailty

- Low grip strength
- Low energy
- Slowed walking speed
- Low physical activity
- Unintentional weight loss
- Prevalence of frailty, community-dwelling 65 years and older is approximately 10%
- Can range widely from 4.0%–59.1% depending on the frailty criteria used

# Clinical Frailty Scale



**Clinical Frailty Scale**

 <p><b>1 Very Fit</b> – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p>	 <p><b>7 Severely Frail</b> – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).</p>
 <p><b>2 Well</b> – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p>	 <p><b>8 Very Severely Frail</b> – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p>
 <p><b>3 Managing Well</b> – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p>	 <p><b>9 Terminally Ill</b> – Approaching the end of life. This category applies to people with a life expectancy &lt;6 months, who are not otherwise evidently frail.</p>
 <p><b>4 Vulnerable</b> – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.</p>	
 <p><b>5 Mildly Frail</b> – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p>	
 <p><b>6 Moderately Frail</b> – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	

**Scoring frailty in people with dementia**

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.



# Person-Centered Care (PCC)

- Places a high value on the person
- At the same time, acknowledges the importance of the care partners
- It regards people as unique individuals deserving of understanding and respect, with opportunities to engage/participate in positive interactions and experience well-being in their lives

# What Do You Need to Know to Provide PCC?



A holistic assessment of one's abilities and background is necessary to provide care and assistance that is tailored to the person's needs.

A holistic assessment includes understanding one's:

- Cognitive health
- Physical health
- Physical functioning
- Behavioral status
- Sensory capabilities
- Decision-making capacity
- Communication abilities
- Personal background
- Cultural preferences
- Spiritual needs and preferences



# Core Principles (1)

- Be attuned to the needs, stress, and grief levels of families
- Include family and friends as valued members of the care team
  - They can help maintain some normalcy
  - They can help you know likes, dislikes, prior ways
- Collaborate with families and involve them





# Core Principles (2)

- Strive for greater role flexibility to give a person the best day possible—sleep patterns, meals, activities
- Create an accessible environment that promotes one's enjoyment of each moment and each day
  - Make opportunities possible for spontaneity, flexibility, and choices in how a person's day unfolds



# Core Principles (3)

- Make meaningful activities and experiences possible
  - Wide range of interests and activities that are personally meaningful, stimulating and enjoyable, and respect one's interests, preferences, and abilities

# Care Plan: Completed By Person or Caregiver



- Care plans can reduce emergency room visits, hospitalizations, and improve overall medical management for people with a chronic health condition, like Alzheimer's disease, resulting in better quality of life for all care recipients.
- Health conditions
- Medications
- Healthcare providers
- Emergency contacts
- Caregiver resources
  - Care plans can provide supportive resources for caregivers to continue leading a healthy lives
- <https://www.cdc.gov/aging/publications/features/caregivers-month.html>



# Challenges During COVID-19

- Eating/intake:
  - Food security, including supplements
  - Socialization during eating, title VI programs
  - Isolation, mood-affecting eating
  - Eating more/eating less? Quality of foods
- Medications:
  - Ability to obtain, get meds for longer period
  - Family/caregiver able to supervise



# Challenges (2)

- Mood
  - Lack of activity
  - Lack of socialization
  - Concern/worry about self, family
  - Disruption of routines
- Exercise
  - Inability to get to gym, usual place for exercise
  - Decrease in in-home physical therapy (PT), outpatient PT



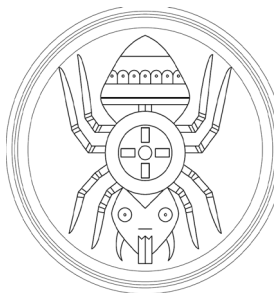
# Challenges (3)

- Other aspects of care
  - Access to specialty visits
  - Ability to get labs, X-rays
  - Maintenance: dental, eye clinics
  - Caregiver stress, increased demand—senior centers, adult day centers closed



# Elder Abuse

- Social distancing can create dependency
- Social distancing can lead to isolation—strong predictor of abuse
- Frailty and limitations in physical, emotional, cognitive, and financial aspects
- Trusted other who provides caregiving. Perpetrators often close to the person
- Inherent ageism in societies



# Elder Abuse in the COVID-19 Era



- Abuse Invention/Prevention Model (AIM). AIM describes three core intersecting considerations in elder abuse:
  - (1) the vulnerable older adult,
  - (2) the trusted other, and
  - (3) the context in which the abuse occurs.
- Tailored approaches that consider each of these can be developed to mitigate risks for elder abuse in the coronavirus disease 2019 (COVID-19) era.
- Han, S. Duke, and Laura Mosqueda. “ELDER ABUSE IN THE COVID-19 ERA.” Wiley Online Library. John Wiley & Sons, Ltd, April 27, 2020.  
<https://onlinelibrary.wiley.com/doi/10.1111/jgs.16496>





# Mitigation

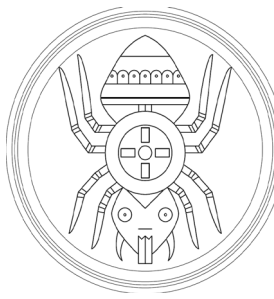
- Increased communication
- Advocates/volunteers
- Local resources-spiritual/religious groups
- Examples




# Strengths (1)

- Cultural aspects
  - Community strength, development of culturally appropriate education materials
- Understanding of the seriousness of COVID-19 and adherence to measures
- Access to gardens in some areas, more outdoor activities
- Online/virtual healing, powwow, activities
- ACP completion

# Strengths (2)



## EASY STEPS TO BE A WARRIOR



WET YOUR HANDS WITH CLEAN RUNNING WATER WARM OR COLD TURN OFF THE TAP AND APPLY SOAP.




LATHER YOUR HANDS BY RUBBING THEM TOGETHER WITH THE SOAP.



LATHER THE BACKS OF YOUR HANDS BETWEEN YOUR FINGERS AND UNDER YOUR NAILS.



USE HAND SANITIZER WHEN YOU CAN'T USE SOAP AND WATER




 **nativewellness** ...

## NATIVE WELLNESS POWER HOUR

FACEBOOK LIVE

FRIDAY, APRIL 24, 2020  
8:00 PM PACIFIC/9:00 PM MOUNTAIN  
10:00 PM CENTRAL/11:00 PM EASTERN



# LATE NIGHT

The Native Wellness Power Hour Late Night is brought to you by NWI as our contribution to bringing wellness and healing during this pandemic. It's intended to bring a smile, uplift you and take you into the weekend feeling good!

**FEATURING**

COVID-19: A Personal Experience  
Shawnee Bearcub

Special Guest  
Nikki Pitre


Special Musical Guests  
Supaman  
Tony Louie

Special Special Guest  
Gramma


Hosted by  
LoVina Louie





SHAWNEE BEARCUB




NIKKI PITRE



SUPAMAN

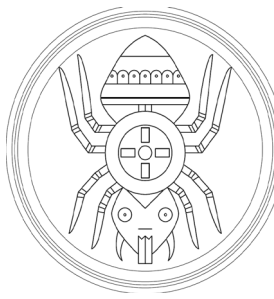


TONY LOUIE



Check out our YouTube channel or [www.NativeWellness.com](http://www.NativeWellness.com) to view past weeks videos.

# Strengths (3)



**CHECK ON YOUR PEOPLE,  
ELDERS ESPECIALLY. WE  
NEED COMPASSION &  
GENEROSITY JUST AS MUCH  
AS CLEAN HANDS AND  
TOILET PAPER.**



**@THRIVEUNLTD**  
**#WEARETHENEWTRADITION**

 **associndianaffairs**

JOIN TOGETHER  
In these challenging times



**#ShareHealing**

**Every Friday**  
**5:00 pm Eastern**

20 minutes united  
in spirit

**This week:**  
join to send healing thoughts to  
**Health Care Workers & Healers**





# Strengths (4)

**ILLUMINATIVE PRESENTS** 1/4



**NATIVE AMERICANS  
& COVID-19  
TOWN HALL**

with  
**Rep. Deb Haaland  
Rep. Sharice Davids  
and Lt. Gov. Peggy  
Flanagan**





U.N.I.T.E.

# Uniting Nursing Homes In Tribal Excellence

- <https://unitenatives.org/>





# Risk Reduction

- Stay home.
- Wash hands.
- Physical distancing.
- Stock up on supplies.
- Clean and disinfect frequently touched surfaces.
- Avoid all cruise travel and non-essential air travel.
- Call your healthcare professional if you have concerns about COVID-19 and your underlying condition or if you are sick.
- Wear a mask in public and/or crowded areas.



# CDC Education

- Running essential errands
  - groceries, getting gas, take-out, banking, doctor visits

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/essential-goods-services.html>





# Questions?

- [Blythe.winchester@cherokeehospital.org](mailto:Blythe.winchester@cherokeehospital.org)

