Improving and fostering research on long-term care for older adults in a post-pandemic world

Melhorando e promovendo pesquisas sobre cuidados de longa duração para idosos em um mundo pós-pandemia

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With increasing life expectancy, the number and proportion of older persons grow at an accelerated pace in most countries, and with them so does the risk of chronic diseases and age-related disabilities. According to the Pan American Health Organization (PAHO), the need for long-term care (LTC) will triple in the Americas over the next 3 decades, from approximately 8 million people today to between 27 million and 30 million by 2050.1

The availability of formal LTC services to support those in need of assistance, however, is very low worldwide — only 5.6% of older persons are covered by legislation that provides coverage for all, and about 48% of older persons do not have access to any formal provision of LTC services.2 Worldwide, LTC is mostly provided as either inpatient care (in LTC facilities [LTCFs] or geriatric wards) or home care. Although there is relative agreement that aging and provision of LTC should preferably occur at home, formal provision of care is less comprehensive in most low- and middle-income countries (LMICs), relying to a greater extent on (unpaid) family members.3-5 Indeed, encouraging home-based care should be a fundamental principle for improving LTC for older adults and fostering public policies for the sector. Not only does the large majority of its recipients want care in the home and the community,6 but the care provided in LTCFs is more expensive — it accounts for approximately 80% of all LTC spending in the Netherlands, and above 70% in Switzerland, Slovenia, and France.4

However, for a growing proportion of frail older adults living with more severe cognitive and functional impairments, community-based home care may be perceived as unsustainable due to the increase in the complexity of care. Unfortunately, in addition to the fact that LTC policies are uncommon in most LMICs, these countries still face high poverty and inequality rates, low social coverage protection, and immature institutional development. Therefore, living in LTCFs should not be a neglected option, because there will probably be an increase in the frailest and vulnerable population groups.

There is considerable variation in how care delivery is structured in LTCFs worldwide, leading to high variability in the quality of care. Although there has been substantial and growing interest in quality improvement across many countries, it remains vaguely reported, hampering the work to understand or synthesize it.

In this Special Call for research on LTC for older adults published by Geriatrics, Gerontology and Aging (GGA), readers will find an audit tool aimed to help LTCFs measure the prevalence of common care issues, called the International Prevalence Measurement of Care Problems in Care Homes (Landelijke Prevalentiemeting Zorgkwaliteit, or LPZ for short, in Dutch).7 Routinely reviewing LPZ data has allowed Dutch LTCFs to improve the care they deliver,8 and now the tool is being used in Austria, Turkey, England, and Switzerland.

This Special Call would not be sufficiently comprehensive if it failed to address significant issues such as the COVID-19

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pandemic. Largely “invisible” in many countries, LTCFs have entered the public consciousness during the pandemic in a way they never have before. Although most people with COVID-19 survive, fatality rates have been higher in the older population and exceptionally high among older LTCF residents. The estimated age-specific infection fatality rate gradually increases from 1.4% at age 65 to 15% at age 85, with an average rate of COVID-19 deaths of about 500 per million people in the latter age group.

An epidemiological survey described by Nereida et al. found a higher seroprevalence of SARS-CoV-2 among LTCF workers than among residents, even without the adoption of systematic screening of symptoms before each work shift. On the other hand, in a sample of 175 LTCFs monitored by the Intersectoral Monitoring Commission of Long-Term Care Facilities (Bahia, Brazil), COVID-19 incidence was 30.7% for residents and 19.9% for LTCF workers. The mortality rate in the former group was 3.6%, while fatality was 11.6%. Lucas et al., using the registers of the Brazilian National System of Notifiable Diseases, monitored the epidemiological characteristics of Influenza-like illness cases and outbreaks among older people living in LTCFs in the State of Sao Paulo (Brazil) between January 2020 and June 2021. They found a total of 1018 confirmed outbreaks, involving 6110 cases (71.7% were confirmed for COVID-19) and 1240 deaths in older people.

An important paper authored by Lloyd-Sherlock et al. summarized key elements of a novel policy framework (CIAT Framework) drawn to support government responses to COVID-19 in LTCFs in LMICs. Its 4 steps entail policies to coordinate, identify, assess, and target support that can be applied easily and immediately to mitigate the impact of the COVID-19 pandemic in LTCFs.

An interesting ecological study conducted by Duarte et al. in Bahia (Brazil) described how limited the access of LTCF residents to essential health services is, including existence of a reference health team, public health care team accompaniment at LTCFs before and during the pandemic, presence of health professionals in the workforce, and using/contracting a supplementary health insurance.

Frailty was previously found to be an independent predictor of mortality among older patients, including those with COVID-19. In an initial assessment of a Brazilian prospective cohort study, authors found that 19.6% of LTCF residents died after a 1-year follow-up and that survival was associated with frailty (p = 0.035) and dependence in activities of daily living (p = 0.042).

Estimates from the Organization for Economic Cooperation and Development (OECD) show that in 32 selected countries, on average, 1.5% of gross domestic product (about USD 760 per capita) was spent on LTC services in 2018, suggesting that many countries already allocate a substantial share of their economies for those people dependent on others for activities of daily living.

While some Latin American countries, such as Chile, Uruguay, Mexico, and Costa Rica, are making progress toward implementing national LTC policies and supporting people living with severe functional dependence, countries such as Brazil still transfer the entire burden of this care exclusively to families. A series of 3 papers published in this Special Call spreads the hope that the mobilization of organized society, researchers, political leaders, and other stakeholders can be the starting point for the development of these policies.

A paper previously published in GGA produced a public consciousness organized by the House of Representatives’ External Commission for Combating COVID-19. As a result, on April 8, 2020, several older adults’ human rights groups organized to seek rapid actions against the social and health threats of COVID-19 to Brazilian LTCFs. This gave rise to the establishment of the National Front for Strengthening LTCFs (Frente Nacional de Fortalecimento à ILPI – FN-ILPI). While the first paper of the series describes the successful actions and initiatives of FN-ILPI in fighting the COVID-19 pandemic and in defending the interests and demands of Brazilian LTCFs, the second focuses on the methodological approach adopted to build a Brazilian database of LTCFs. Finally, the third paper maps the estimated number and geospatial distribution of Brazilian LTCFs, highlighting that, compared to the 2010 last (and only) census in the sector, authors found an increase of 146% (from 3548 to 7029 facilities). Nonetheless, 64% of the 5570 Brazilian municipalities do not have any LTCFs for older people.

However, improving and fostering research on LTC for older adults in a post-pandemic world will require international efforts and collaboration. Disseminating successful experiences can achieve meaningful results. Finding common data elements that can measure the improvement in quality-of-care provision in international comparative studies is highly desirable. Establishing a research priorities plan for the sector should include making efforts to reduce ageism in health care systems, training and improving the workforce abilities and retention, addressing the challenges of implementing structural changes and policies for the LTC sector, and discussing funding options.

Finally, as described in the guest editorial written by PAHO Headquarters for this Special Call, “The United Nations Decade of Healthy Aging 2021-2030 has the promise and potential to generate transformative change in LTC systems over the next ten years by bringing awareness to gaps in LTC, providing...
countries with the tools and resources to address these gaps, and encouraging multisectoral collaboration to strengthen national and regional efforts in healthy aging."

Improving and fostering research on the LTC sector can be more than just a possibly tangible goal: it can be a concrete and lasting result.

REFERENCES


CONFLICTS OF INTEREST

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