Chapter 11

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

(Reported July 2021)

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.

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% 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% 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% in Alberta to 42% in Quebec. d.21 In BC, the estimated case fatality rate was 32%. d.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% of all health-care-associated COVID-19 infections, and 6.4% 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.

¹ 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.

⁹ Care facilities include community care and acute care facilities. Community care includes LTC, AL, group homes (community living), independent living, and other residential facilities.

Truth and Reconciliation: Elders and Cultural Connectedness

For many Indigenous 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.

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% of families visited several times a week—less than half as many as before the pandemic (55%). During the pandemic, one in three visits was 30 minutes or less, whereas before the pandemic only 4% of visits were 30 minutes or less.⁹
- When family visits increased, 61% of visitors reported that their family members in care facilities had worsened cognitive function (58%), mood and emotional wellbeing (58%), and/or physical functioning (46%) since the restrictions began.⁹
- Only 40% 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

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 facility²⁵ and the added workload of monitoring virtual and in-person family visits.18 lt 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. 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 skillbuilding 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 seniorcentred 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.

- 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.
- 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.
- 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.

References

- 1 BC Ministry of Health. Long-term care services [Internet]. Victoria, BC: BC Ministry of Health; [cited 2021 Apr 27]. Available from: https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/long-term-care-services.
- 2 BC Ministry of Health. Assisted living [Internet]. Victoria, BC: BC Ministry of Health; [cited 2021 Apr 27]. Available from: https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/assisted-living.
- 3 BC Ministry of Health. Policy communique: infection prevention and control for novel coronavirus (COVID-19). Victoria, BC: BC Ministry of Health; 2020 May 19 [cited 2020 Dec 15]. Available from: http://docs.openinfo.gov.bc.ca/Response Package HTH-2020-02184.pdf.
- 4 Li HO-Y, Huynh D. Long-term social distancing during COVID-19: a social isolation crisis among seniors? CMAJ. 2020;192(21):E588.
- 5 Michels G, Heppner H-J. Prioritization of geriatric patients in care homes and residential homes in the context of the COVID pandemic: Corona-Pandemie 2020. MMW Fortschr Med. 2020;162(9):48–51.
- 6 Stall NM, Wu W, Lapointe-Shaw L, Fisman DN, Giannakeas V, Hillmer MP, et al. Sex- and age-specific differences in COVID-19 testing, cases and outcomes: a population-wide study in Ontario, Canada. J Am Geriatr Soc. 2020 Oct;68(10):2188-2191.
- 7 Munanga A. Critical infection control adaptations to survive COVID-19 in retirement communities. J Gerontol Nurs. 2020;46(6):3–5.
- 8 BC Centre for Disease Control, BC Ministry of Health. Infection prevention and control requirements for COVID-19 in long term care and seniors' assisted living. Vancouver, BC: BC Centre for Disease Control; 2020 Jun 30 [cited 2020 Dec 01]. Available from: http://www.bccdc.ca/Health-Info-Site/Documents/COVID19 LongTermCareAssistedLiving.pdf.
- 9 Office of the Seniors Advocate. Staying apart to stay safe: the impact of visit restrictions on long-term care and assisted living survey. Victoria, BC: Office of the Seniors Advocate; 2020 [cited 2020 Dec 03]. Available from: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2020/11/StayingApartToStaySafe-Report.pdf.
- **10** Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. Psychol Bull. 1985;98(2):310–57.
- 11 Santini ZI, Jose PE, York Cornwell E, Koyanagi A, Nielsen L, Hinrichsen C, et al. Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. Lancet Public Health. 2020;5(1):e62–70.
- **12** Cacioppo JT, Hawkley LC. Perceived social isolation and cognition. Trends Cogn Sci. 2009;13(10):447–54.

- 13 Steptoe A, Owen N, Kunz-Ebrecht SR, Brydon L. Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women. Psychoneuroendocrinology. 2004;29(5):593–611.
- 14 Cacioppo JT, Hawkley LC, Crawford LE, Ernst JM, Burleson MH, Kowalewski RB, et al. Loneliness and health: potential mechanisms. Psychosom Med. 2002;64(3):407–17.
- **15** Cacioppo JT, Cacioppo S. The growing problem of loneliness. Lancet Public Health. 2018;391(10119):426.
- 16 Office of the Seniors Advocate. British Columbia long-term care facilities quick fact directory. Victoria, BC: Office of the Seniors Advocate; 2019 [cited 2020 Dec 03]. Available from: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/09/QuickFacts2019-Summary.pdf.
- 17 Halek M, Reuther S, Schmidt J. Challenges of COVID-19 for nursing care in nursing homes. MMW Fortschr Med. 2020;162(9):51–4.
- 18 Van Emmerik K. Coronavirus: 'isolation' toll growing on Okanagan care-home residents [Internet]. Global News. 2020 Apr 14 [cited 2020 Nov 24]. Available from: https://globalnews.ca/news/6819138/coronavirus-isolation-toll-okanagan-care-home-residents/.
- 19 Bramham D. Care and respect for those with dementia is needed now more than ever. Vancouver Sun. 2020 Jun 30 [cited 2020 Nov 24]. Available from: https://vancouversun.com/news/daphne-bramham-care-and-respect-for-those-with-dementia-is-needed-more-now-than-ever?fbclid=lwAR1gt1FR Sdei6VBiiaKBIsVzojiisTdLprockJFVfe6_bKpcTHX4LrZO2jE.
- 20 Canadian Institute for Health Information. Pandemic experience in the long-term care sector—how does Canada compare with other countries? Ottawa, ON: Canadian Institute for Health Information; 2020 Jun [cited 2020 Dec 03]. Available from: https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf.
- 21 Hsu AT, Lane N, Sinha SK, Dunning J, Dhuper M, Kahiel Z, et al. Understanding the impact of COVID-19 on residents of Canada's long-term care homes—ongoing challenges and policy responses. LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE; 2020 [updated 2020 June 04, cited 2020 Oct 27]. Available from: https://tccovid.org/wp-content/uploads/2020/06/LTCcovid-country-reports Canada June-4-2020.pdf.
- 22 BC Centre for Disease Control. British Columbia weekly COVID-19 surveillance report, week 73: October 18 October 24, 2020. Vancouver, BC: BC Centre for Disease Control; 2020 Oct [cited 2020 Dec 03]. Available from: http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/Week_43_BC_COVID_19_Situation_Report.pdf.
- 23 BC Ministry of Health. Ministry of Health—overview of visitors in long-term care and seniors' assisted living. Victoria, BC: BC Ministry of Health; 2021 Apr 01 [cited 2021 Apr 27]. Available from: http://www.bccdc.ca/Health-Info-Site/Documents/Visitors_Long-Term_Care_Seniors_Assisted_Living.pdf.

- 24 Chen Y-RR, Schulz PJ. The effect of information communication technology interventions on reducing social isolation in the elderly: a systematic review. J Med Internet Res. 2016;18(1):e18.
- 25 BC Ministry of Health. Order of the Provincial Health Office: Facility Staff Assignment Order. Victoria, BC: Office of the Provincial Health Officer; 2020 Apr 15 [cited 2020 Dec 01]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-long-term-care-facility-staff-assignment.pdf.
- 26 Lawrence A. 'He's so sad': loved ones rally for increased visitation at long-term care homes. CHEK News. 2020 Sep 30 [cited 2020 Nov 24]. Available from: https://www.cheknews.ca/loved-ones-rally-increased-visitation-long-term-care-homes-705546/.
- 27 'They want their families:' Nanaimo residents plead to visit COVID-19 closed care homes. CHEK News. 2020 Jun 21 [cited 2020 Nov 24]. Available from: https://www.cheknews.ca/theywant-their-families-nanaimo-residents-plead-to-visit-covid-19-closed-care-homes-677288/.
- 28 B.C. families demand changes to rules so they can see loved ones in long-term care more often. CBC News. 2020 Sep 30 [cited 2020 Nov 27]. Available from: https://www.cbc.ca/news/canada/british-columbia/ltc-rally-september-29-1.5744153.
- **29** Trabucchi M, De Leo D. Nursing homes or besieged castles: COVID-19 in northern Italy. Lancet Psychiatry. 2020;7(5):387–8.
- **30** Controlled in-person visits to B.C. care homes could be allowed in the coming weeks. CHEK News. 2020 Jun 23 [cited 2020 Nov 25]. Available from: https://www.cheknews.ca/controlled-in-person-visits-to-b-c-care-homes-could-be-allowed-in-the-coming-weeks-677705/.
- 31 Devlin M. Soprano serenades opera fan outside Victoria care home. Times-Colonist. 2020 Oct 20 [cited 2020 Nov 24]; Available from: https://www.timescolonist.com/news/local/soprano-serenades-opera-fan-outside-victoria-care-home-1.24223435.
- 32 Little S. Their dads are quarantined with Coronavirus in B.C. care homes. This is their message. Global News. 2020 Mar 25 [updated 2020 Mar 27, cited 2020 Nov 24]. Available from: https://globalnews.ca/news/6726805/bc-parents-with-coronavirus-in-seniors-homes/.
- 33 Johnston J. Visits are happening again at long-term care homes in B.C. This is what they look like. CBC News. 2020 Aug 17 [cited 2020 Nov 24]. Available from: https://www.cbc.ca/news/canada/british-columbia/long-term-care-home-visits-covid-19-1.5687276.
- 34 Daughter of man at Lynn Valley Care Centre says loneliness is a big issue. Global News. 2020 Mar 18 [cited 2020 Nov 24]. Available from: https://globalnews.ca/news/6696963/daughter-of-man-at-lynn-valley-care-centre-says-loneliness-is-a-big-issue/.

- **35** de Rezende LFM, Rey-López JP, Matsudo VKR, do Carmo Luiz O. Sedentary behavior and health outcomes among older adults: a systematic review. BMC Public Health. 2014;14(1):333.
- **36** BC Ministry of Health. Safe seniors, strong communities during COVID-19 [news release]. Victoria, BC: BC Ministry of Health; 2020 Mar 26 [cited 2020 Aug 28]. Available from: https://news.gov.bc.ca/releases/2020HLTH0109-000570.
- 37 BC Ministry of Health. Investments mean safer visits at long-term care, seniors' facilities [news release]. Victoria, BC: BC Ministry of Health; 2020 Jun 30 [cited 2020 Aug 28]. Available from: https://news.gov.bc.ca/releases/2020HLTH0211-001207.
- **38** BC Ministry of Health. Ministry of Health—overview of visitors in long-term care and seniors' assisted living. Victoria, BC: BC Ministry of Health; 2021 Jan 07 [cited 2021 Feb 24]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-guidance-visitors-care-assisted.pdf.
- 39 Government of British Columbia. Virtual mental health supports during COVID-19 [Internet]. Victoria, BC: Government of British Columbia; 2020 Jun 30 [cited 2020 Aug 21]. Available from: https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/virtual-supports-covid-19.
- **40** BC Ministry of Health and the BC Care Providers Association. Enhancing infection prevention, control in seniors' care homes [news release]. Victoria, BC: BC Ministry of Health and the BC Care Providers Association; 2020 Apr 03 [cited 2021 Apr 27]. Available from: https://news.gov.bc.ca/releases/2020HLTH0121-000628.
- 41 Government of British Columbia. Budget 2021: Better health and mental health care [backgrounder]. Victoria, BC: Government of British Columbia; 2021 Apr 20 [cited 2022 Feb 7]. Available from: https://www.bcbudget.gov.bc.ca/2021/pdf/2021_Backgrounder_2_HealthandMentalHealth.pdf.