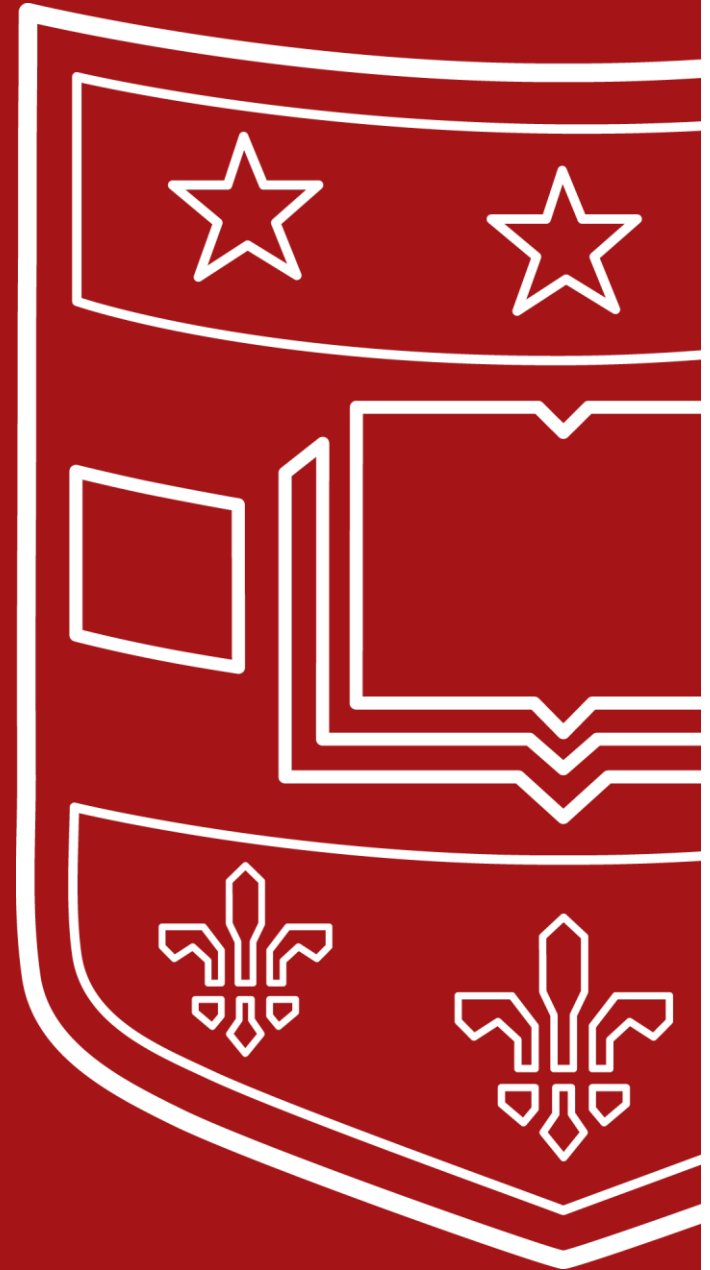


THE CORONAVIRUS: WHAT AGE HAS TO DO WITH IT

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OVERVIEW

1. Older adults and coronavirus vulnerability
2. Ageist reactions and perspectives
3. A disproportionate burden – social disconnection
4. Resisting ageism and increasing intergenerational solidarity
5. Looking ahead to recovery



CAVEAT: EMERGING DATA

- Early data from a rapidly changing situation
- Data have yet to stabilize and numbers will change as more information is collected
- We need more time for numbers to be accurate and comprehensive
- Some materials in this presentation is sourced from newspapers, blogs, discussion boards; they reflect perspectives and opinions



COVID-19 IN THE U.S. BY AGE

- Adults 65 and older accounted for:
 - 31% of confirmed cases
 - 45% of hospitalizations
 - 53% of ICU admissions
 - 80% of deaths
- 38% of hospitalizations were among adults aged 20-54
- Nearly half (48%) of all ICU admissions were in adults younger than 65



DATA BY AGE IN CHINA

TABLE 1. Patients, deaths, and case fatality rates, as well as observed time and mortality for n=44,672 confirmed COVID-19 cases in Mainland China as of February 11, 2020.

Baseline Characteristics	Confirmed Cases, N (%)	Deaths, N (%)
Overall	44,672	1,023
Age, years		
0–9	416 (0.9)	–
10–19	549 (1.2)	1 (0.1)
20–29	3,619 (8.1)	7 (0.7)
30–39	7,600 (17.0)	18 (1.8)
40–49	8,571 (19.2)	38 (3.7)
50–59	10,008 (22.4)	130 (12.7)
60–69	8,583 (19.2)	309 (30.2)
70–79	3,918 (8.8)	312 (30.5)
≥80	1,408 (3.2)	208 (20.3)

Initial data from Mainland China show that 31% of confirmed cases and 81% of deaths were in people over the age of 60.

CASE FATALITY RATES BY AGE GROUP IN ITALY



Age, y	Deaths, No. (% of total)	Case-fatality rate, %
0-9	0	0
10-19	0	0
20-29	0	0
30-39	4 (0.25)	0.3
40-49	10 (0.62)	0.4
50-59	43 (2.65)	1.0
60-69	139 (8.55)	3.5
70-79	578 (35.57)	12.5
80-89	694 (42.71)	19.7
≥90	156 (9.6)	22.7
Not reported	1 (0.06)	0.6
Total	1625 (100)	7.2



OLDER ADULTS AT INCREASED RISK

Older adults are disproportionately affected by the coronavirus because they are more likely to experience these health risk factors:

- Chronic health conditions
- Compromised immune systems

They are also more likely to live in residential settings like nursing homes and independent living complexes.

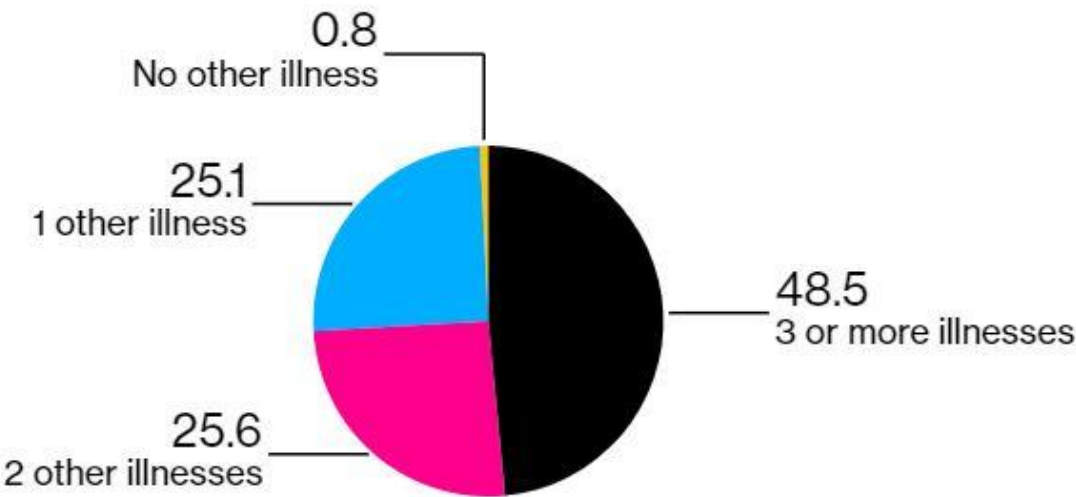
- COVID-19 can spread quickly in residential settings because people live in close proximity to each other.
- Many older adults in long-term care facilities are reliant on others for ADLs and hygienic care. Poor attention to hygiene can lead to virus transmission.

DEATH RATES BY PRE-EXISTING CONDITION



A study from Italy indicated that the patients who died from COVID-19 were more likely to have had at least one comorbid condition.

Italy Coronavirus Deaths
By prior illnesses (%)



Source: ISS Italy National Health Institute, March 17 sample

More than 99% of Italy’s coronavirus fatalities were people who suffered from previous medical conditions, according to a study by the country’s national health authority.

More than 75% had high blood pressure, about 35% had diabetes and a third suffered from heart disease.

March 18, 2020, Bloomberg

Ninety-five percent of New York City’s almost 200 deaths from the new coronavirus had underlying health conditions, almost half were under the age of 75.

March 25, 2020, Bloomberg



BOTTOM LINE

IT IS NOT AGE PER SE.....

BUT age is associated with weaker immune systems, more chronic health conditions, and living in residential settings.

CHRONOLOGICAL AGE is not an indicator in and of itself.

“I’ve been telling people, this is about how healthy you are, not how old you are.”

- Dr. William Dale, Director of the Center for Cancer and Aging Research at City of Hope

“Age and your condition in life will really drive your susceptibility. You may be in your 40s, but if you have these chronic health conditions, you're going to be more susceptible, just like you see with flu.”

- Immunologist Vineet Menachery, University of Texas Medical Branch

HISTORY REPEATS ITSELF: LESSONS FROM THE PAST



They Survived the Spanish Flu, the Depression and the Holocaust

Two extraordinary women — one 101, the other 95 — lived through the worst of the 20th century. They have some advice for you.

The New York Times, March 28, 2020

'Be careful': Spain's last 1918 flu survivor offers warning on coronavirus

The Guardian, March 22, 2020



TIME, March 27, 2020

RESILIENCE TODAY: 1918 FLU SURVIVORS



- José Ameal Peña, 105 years old, living in Spain (also survived COVID-19)
- Mr. P, 101 years old, living in Italy (also survived COVID-19)
 - *“A hope for the future finds itself in the body of a person over a century old, as the sad chronicles of these weeks mechanically tell every day of a virus that is raging especially on the elderly. Yet, Mr. P. made it. The family brought him home yesterday evening, to teach us that even at 101-years-old, the future has yet to be written.”*
- Hilda Churchill, 108 years old, lived in the UK (died March 28, 2020)

AGEISM & COVID-19



Did U.S. Response To COVID-19 Lag Due To Age Discrimination?

March 13, 2020, Forbes

BoomerRemover

Covid-19 Is Becoming the Disease That Divides Us: By Race, Class and Age

Slurs against Asian Americans. Jokes about baby boomers dying. And blue-collar workers' plight is nothing like the "work from home" lifestyle.

March 21, 2020, Bloomberg News

'Covid-19 Kills Only Old People.' Only?

Why are we OK with old people dying?

March 22, 2020, New York Times

AGEISM & COVID-19



Ageism Is Making the Pandemic Worse

The disregard for the elderly that's woven into American culture is hurting everyone.

- Special clinical protocols overlook one population – older adults.
 - Older Adults are lumped in with all adults
 - Evidence shows drugs and disease behave differently in older bodies.
- *“When the affected population is elders, the problem is especially bad: As we’ve already seen with the current crisis, many people say that elders are dying anyway and tend to blame old age itself for their deaths—not a flawed system.”*
-Louise Aronson

*“Americans have created a **culture so ageist** that some people may prioritize not being perceived as “old” over their considerable physiologically and immunologically established risk of getting sick and dying from coronavirus.”* – Louise Aronson

ATTRIBUTING VULNERABILITY TO AGE PUTS YOUNGER PEOPLE AT RISK



Gov. Larry Hogan said that a significant number of Maryland's 423 confirmed cases are people in their 40s. In one case, an infant acquired the disease.

"While COVID-19 still appears to be more deadly to older citizens over 60, 217 individuals with the virus in Maryland are between the ages of 20 and 50," Hogan said. "And we have children as young as 10 months old who have the virus here in Maryland."

San Francisco confirms first COVID-19 death; man in 40s with underlying health conditions

This latest death comes after Gov. Gavin Newsom announced that of the 2,102 positive COVID-19 cases in California, 50% of them are between the ages of 18 and 49.

March 25, 2020, Fox 2 KTVU

YOUNGER PEOPLE ARE LESS MOTIVATED TO FOLLOW THE GUIDELINES: THIS ISN'T ABOUT THEM



Please, Don't Go Out to Brunch Today

Gathering in groups right now is selfish and puts the lives of others at risk.

It will speed up the spread of the virus, increasing the suffering for older and more vulnerable people and for the medical workers who will be caring for them. Though the virus appears dramatically less fatal for those under 50, younger, healthier people can still contract the virus, not show symptoms and infect at-risk populations.

March 14, 2020, The New York Times

Practicing social distancing ensures that each and every one of us are protecting each other.
—Dr. Deborah Birx

March 20, 2020, CNN

“The idea is simple, if low-risk people don’t socially distance, then the entire containment process is not effective. ...it’s more likely that a low-risk individual will expose a high-risk individual to the virus.”

March 14, 2020, The New York Times

RATIONING CARE



- The Italian College of Anesthesia, Analgesia, Resuscitation and Intensive Care published guidelines for healthcare professionals working in resource-scarce settings:

“They suggest that ‘the allocation criteria need to guarantee that those patients with the highest chance of therapeutic success will retain access to intensive care...it may become necessary to establish an age limit for access to intensive care.’ Those who are too old to have a high likelihood of recovery, or who have too low a number of “life-years” left even if they should survive, would be left to die.”

March 11, 2020, The Atlantic

- *“Faced with more critically ill COVID-19 patients than equipment to treat them, New York hospitals are mapping out how they can ration care and equipment in order to save the greatest number of patients possible...Large groups of hospitals are also consulting with medical ethicists to figure out how to set priorities that would allow them to make near-impossible choices between patients suffering the same disease but with dramatically different chances of survival, based on age, medical histories and underlying conditions.”*

March 23, 2020, ABC News

WHAT DO OLDER ADULTS SAY ABOUT SACRIFICING THEIR LIVES?



“I am 69, in excellent health, and I have absolutely no intention of “stepping aside” for someone younger. My grandmother lived to be 98, my mother 96. That means I have possibly another third of my life yet to live. What is happening to all of us that we are willing to toss those of us who are older aside in a crisis?”

-Reader of NYT article by L. Aronson

“I’m 65, and in good health. I walk miles a day. Lift, row, bike. I am financially secure, travel, and live a great life. But if I could be guaranteed that my death would absolutely protect my children and grandchildren, I’d agree to go tomorrow. That’s the unspoken agreement. That’s the deal. The problem is, in this case there are no guarantees.”

-Reader of NYT article by L. Aronson

“No one reached out to me and said, 'As a senior citizen, are you willing to take a chance on your survival in exchange for keeping the America that America loves for its children and grandchildren?' And if that is the exchange, I'm all in.”

-Governor Patrick, Texas.

THERE IS NO ONE ANSWER.



TRIAGE FOR CARE: AGE-NEUTRAL

- Alarming ethics statements have *“promoted triage to critical care on the basis of life expectancy rather than survival expectancy - on this metric the poor, ethnic minorities, the homeless and those with mental illness would be enjoined in the prejudicial and unwarranted discrimination against older people.”*
- *“And it should not escape notice that the chief U.S. scientific authority on coronavirus, ubiquitous on TV nowadays, is 79 years old”* (referring to Dr. Fauci).

Statements above attributed to:
Desmond O'Neill, Professor, Trinity College-Dublin
David Ekardt, University of Kansas



DISPROPORTIONATE BURDEN

Decreasing the spread of the virus means increasing the risk of social isolation.

Social isolation is associated with numerous health risks in older adults including **poor physical and mental health outcomes**. Social isolation is also associated with a **29% increased risk of mortality**.

While social isolation negatively impacts the health of everyone, evidence indicates that being isolated becomes more common with age. This means older adults are more likely to be impacted.



DISPROPORTIONATE BURDEN

- Social distancing is hard for everyone.
- However, older adults are at increased risk of social isolation because they:
 - May have lost their partners and friends
 - May not have work connections, due to retirement
 - Are more likely to have limited transportation options
 - Are more likely to live alone

RESISTING AGEISM



- *“What other demographic would be represented so crudely without some serious blowback?”*
- *“What the lists say is that **age tells us nothing** about a person's compassion, wisdom, resilience, battling heart... And that those lost to us through Covid-19 represent a great deal more than a label.”*
 - Kathy Sheridan
March 25, 2020, The Irish Times
- *“If anything is going to hurt the world, it is moral decay. And not taking the death of the elderly or the senior citizens as a serious issue is moral decay.”*
 - Tedros Adhanom Ghebreyesus
Director-General of the World Health Organization
March, 2020



CONFRONTING AGE STEREOTYPING

- Connect individual action (social distancing, washing hands, etc.) to the common good

“When we wash our hands and keep our distance, we protect everyone in our community.”

- Be descriptive about the risks, beyond old age

“There are lots of people at increased risk: children out of school who don’t have regular meals; restaurant workers without a paycheck; health care workers on the front lines, people living alone who are experiencing isolation and anxiety; people with underlying health conditions.

What can we do to ensure that all of us are as safe and well as we can be?”

HOW CAN WE FOSTER A CULTURE OF INTERGENERATIONAL SOLIDARITY?



Retired health workers urged to return as US coronavirus cases set to spike

In New York 1,000 responded in one day, with many of the current health workforce expected to fall ill amid the pandemic

March 25, 2020, The Guardian

This student created a network of 'shopping angels' to help the elderly get groceries during the coronavirus pandemic

March 17, 2020, CNN

LOOKING AHEAD TO RECOVERY



- Set-back to efforts to confront the image of old age as a state of frailty, vulnerability, primarily in need of compassion.
- Impact of economic shut down on employment and reemployment of older workers (who will face age discrimination)
- Effects of stock market decline to retirement savings
- Erosion of usual care and community services in time of crisis
- Longer-term effects of social isolation
- Lasting health problems/morbidity following COVID-19 illness
- Ramifications of disruption to routine health care in this crisis period

LOOKING AHEAD TO RECOVERY: POSSIBLE POSITIVE OUTCOMES



- Increased virtual contact may strengthen family relationships
 - Vivek, the former surgeon general, says “to compensate for the reduction in in-person social interaction, we must ramp up our virtual communication and ensure we are not losing touch with friends and family.” Video conferences and phone calls, he said, are “more rich than texting or emailing alone.”
- Increased efforts to reduce social isolation among older adults will hopefully continue
- Society will be more attuned to advance care planning
- People who haven’t used on-line platforms will be more ready for telemedicine and working from home
- Greater appreciation of good things in life

ON-LINE RESOURCES PROVIDE INFORMATION AND ADVICE SPECIFICALLY FOR OLDER ADULTS



Stress and Coping



Since older adults are at higher risk for severe illness from COVID-19 you may experience increased stress during the pandemic.

- Take breaks from watching, reading, or listening to news stories and social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Connect with others. Talk with people you trust about your concerns and how you are feeling. Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

Call the City of St. Louis Department
of Health with COVID-19 questions
(314) 657-1499

source:<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications/older-adults.html>



WHAT ARE YOUR REACTIONS
AND THOUGHTS?