



## The Non-Negotiables for Older Adults: Five Essential Truths In the Fight Against COVID-19

### The Testing Gap

**Older adults and aging services providers, like nursing homes, assisted living and home health services, have not had predictable access to rapid-results testing—and the results of this shortage have been devastating.**

- Leading private sector test providers and independent experts are confirming that [delays and even stoppages in coronavirus testing are spreading](#), even as the virus surges. **“This is very bad,”** warned Harvard epidemiology professor Michael Mina. Adds Johns Hopkins emergency-medicine professor Lauren Sauer: “I think we all fear significant access issues and supply-chain disruptions in the near future.”
- “We basically **need a Manhattan Project for testing**,” Johns Hopkins emergency-medicine professor Lauren Sauer [said](#). “A nationwide, systematic strategy with a clear agency lead is desperately needed. But it’s not happening and I think we all fear significant access issues and supply-chain disruptions in the near future.”
- In fact, [“nursing homes offer a potential opportunity](#) to contain the virus in a targeted way that benefits those who live in them, those who work in them, and everyone else. **If we focus our efforts on testing all nursing home residents and workers, we may be able to drive down transmission rates in ways that have eluded us so far,**” says Donald H. Taylor Jr., professor of public policy in Duke University’s Sanford School of Public Policy.

### The PPE Gap

**There have been frequent shortages and inadequate deliveries of personal protective equipment (PPE) for care providers who serve older Americans – in part because these providers are not on the same priority tier as hospitals.**

- As the [Journal of the American Medical Association](#) writes, “With the nation’s goodwill directed at hospitals during...the pandemic, **nursing homes became caught in a critical catch-22**. Their initial pleas for personal protective equipment (PPE), diagnostic tests, and staffing support went largely ignored. Months into the crisis, as some facilities still scrounged for supplies and staff, the federal government announced phased guidance for reopening nursing homes that hinges on the very resources they don’t have.”
- Some FEMA shipments have [contained](#) “flimsy surgical masks or cloth face coverings that are explicitly not intended for medical use. Others are missing items or have far less than the full week’s worth of protective equipment the government promised to send. Instead of proper medical gowns, many packages hold large blue plastic ponchos.” **“It’s like putting a trash bag on,”** said Pamela Black, administrator of Enterprise Estates Nursing Center in Enterprise, Kan.
- And as the need for PPE has grown around the country, government documents [reveal](#) that **the federal government ran out of free face masks** to distribute last month—without informing the public.

## The Funding Gap

Congress has yet to allocate adequate funding to help the most vulnerable people on the front lines of the most severe pandemic in a generation. Aging services providers across the continuum of care have been left to fend for themselves as older Americans die at unconscionable rates. A dedicated fund for aging services—and a package of assistance, loans, and administrative relief—are needed immediately to avert further crisis.

- For nursing homes [post-COVID](#), “There never will come a time when we will return to the old normal,” says Robert Kramer, president of the consulting firm Nexus Insights and a long-time observer of nursing home finances. “**Operators are being crushed by higher costs and shrinking revenues**,” in addition to balancing safety and the risks of **social isolation, marketing challenges, and legal liability**. A resident at one nursing home summarized the experience of the lockdown and uncertainty as **being on “death row.”**
- In response to the myriad challenges, 87 members of the House of Representatives sent a [letter](#) to Secretary of Health and Human Services (HHS) Alex Azar, as well as to Seema Verma, the administrator of the Centers for Medicare and Medicaid Services, which regulates nursing homes. The letter asks those agencies to direct states—which have received \$6.25 billion for increased testing—to **give priority to long-term care facilities**.
- Another [letter](#) by LeadingAge asks Congressional leadership “to focus additional attention and resources on COVID-19 testing in all settings that serve and care for older people,” including **\$10 billion to cover testing aging services employees**, as well as ancillary costs of acquiring and administering tests and, as needed, repeated testing.

## The Risks of Reopening

The mishmash of early state reopenings and back-tracking we see today is contributing to surges in infection across the country—neglecting to prioritize the people who remain unquestionably at highest risk and extremely vulnerable to COVID-19: older Americans.

- [According to a New York Times database](#), as of June, “more than two million people [had] contracted the virus...and every day, about 21,100 new known cases [were] reported...About 800 people die[d] from it each day. Those figures...both dropped significantly since peaking in April.” But, [as states began to reopen](#), “the daily number of new coronavirus cases was climbing in 22 states, **shifting course from what had been downward trajectories** in many of those places.”
- “[We’re going in the wrong direction](#),” Dr. Anthony Fauci, director of the National Institute for Infectious Diseases warned, adding that the rate of new infections could swiftly double to 100,000 a day. “When you have an outbreak in one part of the country, even though in other parts of the country they are doing well, [they are vulnerable](#).”
- According to the Journal of the American Medical Association, “It’s also expected that more workers will contract the illness as communities reopen, and [more nursing home outbreaks are likely to follow](#).”

## The Threat to Care Workers

Nursing homes, assisted living, affordable housing, community-based care, and other aging service providers are bearing the [majority of COVID-19's lethal impact](#) yet their frontline workers have continued on for months without recognition for their heroism and compensation for their extraordinary efforts serving older Americans.

- In nursing homes, “[care is the work that makes all other work happen](#), especially **now**,” says Stephen Campbell, data and policy analyst at PHI National, a nonprofit research and consulting firm that aims to improve the quality of direct care jobs.
- These care workers are particularly dedicated in the face of their high risk, fast paced, low pay reality. As one nursing assistant at a nursing home in Utah put it: “[We get up and we run](#) and we run and we run. **We don’t stop. We don’t take breaks, we don’t get lunch. We pull 12 hour shifts**—12 on and 12 off, we just go, go, go, then the shift ends and we go and crash. Rinse and repeat. That’s just how it is. We just don’t have enough staff in order to do this.”
- Existing personnel shortages will be exacerbated if large numbers of nursing assistants or other staff test positive and must be quarantined. “We’re hearing **very, very critical staffing shortages** that are occurring right now,” Lori Smetanka, JD, executive director of the advocacy group National Consumer Voice for Quality Long-Term Care, [said](#). “We have serious concerns about what’s happening with a number of residents across the country.”

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