The Fight of Their Lives  
The Struggle to Protect Older Americans from COVID  
with Nursing Homes On the Front Lines

America’s system of care and services for older adults—including nursing homes and many other providers—has been chronically neglected and under-funded for generations. Despite this, dedicated aging services providers have worked tirelessly throughout the pandemic to deliver quality care, protect lives, and support the wellbeing of older Americans.

When COVID-19 struck, millions of older adults and their care providers were left largely alone in the struggle to fight the greatest public health challenge in a century. Eighty percent of COVID deaths have been among people 65 or older, but in the early months policymakers repeatedly failed to prioritize resources to aging services—leading to deadly consequences and persistent challenges.

Without the tools to combat the virus quickly, nursing home residents faced devastating danger and isolation, while providers worked overtime to deliver quality, person-centered care under pandemic conditions. A LeadingAge 2020-21 timeline analysis shows how COVID-19 raged among older Americans and workers in nursing homes, as the federal government responded to pleas for more assistance with limited and patchwork support.

Nursing homes and older adults in other care settings have finally been placed at the front of the line with hospitals for vaccine prioritization, and clinics are underway. But the tragic first months of the pandemic left a destructive and deadly mark, pushing America’s nursing home system—already long-neglected by policy leaders—toward collapse. The fight is not yet over—and every sector of society has a role to play.

- **Congress** must adopt legislation that provides urgent relief in the form of more vaccines, regular and rapid testing, access to affordable and abundant PPE, additional staffing support and robust funding necessary to provide 24/7 health care to the most vulnerable Americans.
- **The new Administration** must work with governors to limit community spread of the virus – the critical factor in nursing home infection, and also deliver desperately needed COVID supplies and resources for providers. Federal regulators must also use the lessons learned from the crisis to build an evidence-based and collaborative process for regulatory enforcement moving forward.
- **States and communities** must continue prioritizing older adults for vaccines, and cut community spread through proper practices for masks and social distancing.
- **Nursing homes and other providers** must continue to share information and best practices, better understand current pandemic challenges, promote trust and transparency and continue to strengthen their practices for providing quality care in the face of an ongoing emergency.
- **Our society and its leaders** must commit to rethinking nursing homes: who they serve, how they serve, and how they are paid, regulated and staffed. Together, nursing homes, government leaders and other stakeholders must reimagine the future for these critical care providers for older Americans and their families.

Confronting the Deadliest Threat to Older Americans in a Century
COVID Has Taken Deadly Aim at Older Americans: The COVID threat has exploded for a year, to the point where it is now the leading cause of death in the United States, more than 400,000 by the end of January 2021. COVID’s prime target has been older Americans: four of every five deaths have been among people 65 and over. Depression and anxiety has doubled among adults ages 65 and older.

Nursing Homes Are Only as Safe as Their Communities: Without proper public safety mandates, including practices for masks and social distancing, nursing homes are highly vulnerable. “Trying to protect nursing home residents without controlling community spread is a losing battle,” says University of Chicago professor Tamara Konetzka. “The strongest predictor of whether or not we’ll see cases in [a particular setting] is community spread,” says Harvard Medical School professor David Grabowski.

COVID is Pushing the Nursing Home Infrastructure to the Brink of Collapse

Financial Strain & Unsustainable Costs Among Providers: Nursing homes continue to face exponential increases in expenses from testing, PPE, staffing, cleaning and other ongoing costs, while revenues to cover these unprecedented needs have fallen substantially for many. Nursing homes and assisted living providers across the country are reporting operating losses of several hundred thousand dollars a month or more. Last summer, Florida aging services providers reported COVID-19-related increases were driving operating losses from $100,000/month to $3 million/month.

Complex & Broken System of Funding is Taking a Hit: For most nursing homes in the U.S. revenue comes from three sources: 1) Medicare, 2) Medicaid, and 3) private pay (see snapshot of the model here). “To stay afloat, nursing homes must take enough high-revenue short-stay Medicare patients to offset the low-revenue Medicaid residents. Otherwise,” write Harvard’s Michael Barnett and David Grabowski, “they will go out of business.” Extraordinary and continued pandemic-related expenses for critical supplies, coupled with census declines and reduced revenues, are pushing providers to the edge.

Closures May be Imminent: Two-thirds of nursing homes say they won’t make it another year given their current operating pace due to increased COVID costs. “We looked at the financial costs, along with staffing, PPE and testing costs. The numbers were starting not to add up,” said Executive Director Sean Beloud as he announced the closure of St. John’s Retirement Village in Woodland, CA.

Chronic Neglect & Underfunding Left Providers Largely on their Own

PPE Shortages & Price Spikes: Nursing homes have been left largely on their own to acquire all types of PPE, including gloves, gowns, masks and eye protection. A national index shows that even now, nearly a year into the pandemic, “our country is facing a PPE crisis.” Some providers report spending a year’s worth of their PPE budget in one month alone, with the cost of many PPE products 4-8 times more expensive than before COVID-19. For the first half of the pandemic, some care workers resorted to wearing trash bags for protection; one nursing home relied on someone known as “Parking Lot Guy”, referring to him as their best source for PPE.

Patchwork Approach to Testing, Supplies and Funding: For nearly a year, providers have struggled without a coordinated national testing strategy. Nursing homes were left to locate and pay for much of their testing-related resources and activities, including test supplies and extra PPE, shipping samples to labs, and hiring or training staff to perform the tests. Last summer, Pam Koester, CEO of Arizona LeadingAge said, "Our members are spending... over $600,000 on testing out of their own..."
pockets. This is not sustainable." With no end to the pandemic in sight and testing requirements that shift based on community spread, nursing homes need a national, fully funded approach to testing.

**Staffing Costs, Shortages for Dangerous Jobs:** As the pandemic exploded, staff stress, costs and shortages have multiplied. By December 2020, more than 1 in 5 nursing homes reported staff shortages. (A Arizona LeadingAge executive noted: “Every one of our members is short on staffing.)

Many staff are working **70-plus hours a week.** Stress and other pandemic-related issues are fueling increased turnover. Nine out of 10 nursing homes report having to hire additional staff and/or pay overtime for what has become the most dangerous job in America. Some nursing homes reported price gouging from staffing services agencies.

**Fighting Social Isolation:** When the virus led to visitor bans or restrictions, nursing homes brought resources, creativity, and energy to keep residents—at various levels of physical and cognitive health—feeling connected. Technology-focused initiatives (FaceTime, Zoom, webinars for residents and families) helped to stave off the potentially life-threatening impact of social isolation while keeping a deadly virus at bay. Other research-endorsed solutions that promoted engagement include drive-in visits, matching residents with staff "buddies," raising money to upgrade communications for residents, and connecting residents with high school graduates to share wisdom and work on joint art projects.

**Vaccinating Older Adults Who Are Most Vulnerable to COVID**

**Getting Vaccines to Nursing Homes:** Vaccinations are well-underway in nursing homes, largely through the Federal Pharmacy Partnership Program, and LeadingAge continues to problem solve in real time to ensure this complicated undertaking is successful. Many nursing home residents have been vaccinated, but long as supply is limited, distribution systems must maximize access for priority populations like older adults.

**The Reality of Vaccine Hesitancy:** Millions of Americans, including workers in every part of the health care sector, have been at least initially “vaccine hesitant." Care workers in nursing homes include many people of color, so it’s critical to acknowledge the experience of Black people with systemic racism and disparities in the health care community, and recognize the newness of the vaccines and fear of side effects. Because these historic reasons for vaccine hesitancy are varied, each concern must be understood and addressed. Confidence is growing among nursing home providers that follow-up clinics will increase the number of staff vaccinations.

**Prioritizing Vaccine Education:** The entire healthcare community is working to encourage older adults and frontline workers, who have been risking their lives every day for almost a year to protect older Americans from COVID, to take the vaccine. Nursing homes and other aging services providers are educating residents, families and employees about the benefits of vaccination. Federal, state and local governments, along with organizations across the country, are working hard to get the word out about vaccine safety —and coordinated public education efforts must be stepped up.

**Strengthening, Reforming and Reimagining Nursing Homes**

**Government Support:** Aging services providers are urging Congress to adopt comprehensive legislation that provides urgent relief for older Americans and their care providers in nursing homes and all other settings—including at home and in the community.

- **Testing and PPE to Track and Limit the Spread of the Virus:** A fully funded, coordinated national testing program that covers all recipients (regardless of where they live) and providers
of aging services. Ensuring that PPE manufacturing keeps up with need, that PPE in the national and state stockpiles is distributed, and that funds are provided to pay for PPE.

- **Support for Overworked Care Staff**: Targeted funds to increase worker wages for frontline staff in nursing homes and all other aging services settings, including personal care aides, LPNs, and RNs.

- **Fund Pandemic-related Costs**: Support for loan and grant programs, such as more Paycheck Protection Funds, and more Provider Relief Funds—with requirements for transparency in administration. A continued moratorium on Medicare sequestration. Additional funding for states with requirements that they spend a set percentage on aging services, and for now-shuttered adult day and other Home and Community Based Services that serve more older adults and provide respite to family members caring for them.

- **Supporting Older Americans Living in Affordable Housing**: Funding for services, staffing, cleaning and disinfecting, service coordination, and wireless internet to help the more than 2.2 million older adults who live in federally subsidized apartment buildings, which need help beyond rental assistance to survive the pandemic.

**Strengthening & Reimagining Nursing Homes**: The COVID crisis is exacerbating many long-term systemic problems in how nursing homes are staffed and funded. Nursing homes of the future must be driven by person-centered care, excellence in quality, qualified staff, and a physical setting that reinforces the dignity and well-being of the residents.

- **A 21st Century Approach**: To make this future a reality, our society and its leaders must commit to rethinking and reimagining nursing homes in 21st century terms: who they serve, how they serve, how they are paid, regulated and staffed. LeadingAge is committed to working in coalition with nursing homes, government leaders and other stakeholders to take action—to acknowledge systemic problems and build solutions to fix them.

- **Policy Commitments**: Policymakers must deliver the resources needed to support and sustain that transformation. Aging services providers should no longer be the stepchild in our healthcare system; they play a unique and essential role that must be recognized and supported.

**Ensuring Quality Care by Upholding High Standards**: Every nursing home in the country should be a place where any of us would be willing to live or have a family member stay when needed. Enforcement systems should punish harmful practices and hold bad actors accountable, but also must use collaborative approaches to improve care. Nursing homes are committed to improving the quality of care for older adults.

**ADDRESSING THE FULL AGING SERVICES CONTINUUM**

Although challenges in nursing homes have received significant attention during the pandemic, critical attention must be paid to the many other settings in which older adults live and may receive services and support—including assisted living, independent living, life plan communities, federally-assisted independent senior living, home health care, non-medical home care, all-inclusive care programs (PACE), adult day services, and senior centers.

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