Rachel Savage Webinar

Good afternoon everyone, and welcome to today's webinar, which is titled Exploring the Impact of COVID-19 on Older Adults who are Canadian. The webinar will be presented by Dr. Rachel Savage, whom we are very grateful to have with us today, and who I will introduce momentarily.

My name is Joanne Murphy. I'm chair of the board of directors for the RTOERO foundation, and I'm very excited to be hosting the webinar today. The mission of the RTO Foundation is to foster respect, self-determination, better healthcare, and social connection for older adults in Canada.

Through our annual grant program, we fund three key areas related to aging:

Research to better understand and address the complex needs of older adults, post-secondary training in the field of geriatrics and gerontology, and innovative projects that promote social engagement.

We issue Canada-wide proposals at least once a year.

Okay, onto today's presentation.

Thanks to everyone who took time out of your day to join us.

I just want to run through a few quick instructions and other things to know before we begin, so that we can make sure the experience for everyone in attendance is smooth.

So, first a few quick housekeeping points to make.

For everyone who's logged in, you should be seeing the opening slide of the presentation on your screen, and we will begin with the presentation in a minute or two.

If you are having trouble hearing, please first try turning up your speakers or headphones.

Please also note that all of your microphones have been muted and your cameras are off.

This means we cannot hear you and we can't see you.

But you should be seeing and hearing Dr. Savage and myself.

If you look at the bottom of your screen, you'll see a button marked "Chat."

If you are having any technical issues with the webinar, you can use the Chat box to let us know, and we'll do our best to help resolve issues as we go. The presentation will take about 20 to 40 minutes, and then we should have time for questions.

So, when we get to the question and discussion section of the presentation, we will ask you to type your questions in the Q&A, which you can do by hitting the Q&A button, which you'll see also at the bottom middle of your screen near the Chat button. This is important.

Please make sure you ask questions by hitting the Q&A button and not the Chat button.

Finally, before we get started, I want to mention that we are recording this webinar and we will make the recording available on the RTOERO Foundation site within a week or so.

Okay, so let's get the webinar started.

I'm very pleased to be joined today by Dr. Rachel Savage.

Doctor Savage received her epide... Her Master of Science in Epidemiology from the internationally renowned London School of Hygiene and Tropical Medicine, and a PhD in epidemiology from the Dalai Lama School of Public Health at the University of Toronto.

She has over 10 years of local and provincial public health experience and a proven track record in conducting impactful, applied, and collaborative public health research.

Her research aims to improve the health of older adults, immigrants, and women.

Dr. Savage is the principal investigator of a national study funded by the Canadian Institute of Health Research, that explores how loneliness and social isolation affects how older adults use the healthcare system. She is also a collaborator on a trans-national initiative to explore medication safety in older women and men.

Dr. Savage has over 35 publications, many published in high-impact journals, including the New England Journal of Medicine, Jama International Internal Medicine, and the Canadian Medical Association Journal.

Her research is supported by a Canadian Institute of Health research postdoctoral fellowship.

Dr. Savage, thank you so much for joining us today, and I will now turn the presentation over to you.

Thank you so much, Joanne. I hope my volume is okay. If it isn't, please write a little comment in the chat box, and I can adjust accordingly. So I'm really pleased today to share results from a survey that we conducted in collaboration with RTOERO early in the pandemic. As Joanne has mentioned, I'm a PhD trained public health researcher, and I specialize in epidemiology.

So that's the study of how diseases are distributed in populations.

I'm a research trainee with Dr. Rochon's aging health research team at Women's College Hospital. Our team is committed to conducting research that improves the health and well-being of older adults.

So, I thought just to give you a brief outline for our time together today, I wanted to share some of our engagement activities to date, to give you a flavour of some of the things that we've partnered to work on together.

And then also set the stage for how the research I'm presenting today actually came to be. So how and why we decided to do this study.

And then I'll walk you through how we collaboratively implemented a rapid online survey to members, and, of course, spend some time sharing those results with you and discussing some of our next steps to better support older adults throughout the COVID-19 pandemic.

So, as many of you know, the RTOERO chair in geriatric medicine held at the University of Toronto is held by Dr. Paula Rochon who is also the VP of research at Women's College Hospital. So her and her team have engaged in a number of activities with RTO that predate my joining of the team, but I thought I would just share some of the activities we've worked on together since I've joined the team over the past two and a half years.

One of the first things that I was tasked to work on when I started my postdoctoral fellowship, was conducting a series of focus groups with members to look at self-perceptions and societal perceptions of aging, and as well as priorities for aging health research.

And I presented those results back to the members and we have a publication that's currently under review that we'll share more broadly when we're able to. But out of those focus groups, we identified the importance of loneliness and social isolation as a priority for aging, and addressing it to have longer, healthier, more fulfilling lives.

And so, we worked together with the RTOERO on a proposal to the Canadian Institute of Health Research to look at the impact of loneliness on how older adults use healthcare services.

And that funding was awarded in April of 2019.

So we're working on that project together, which I'm really thrilled about. And also, we have some funded research in collaboration to look at medication safety, specifically prescribing cascades that Dr. Rochon leads.

We've also been working together to raise the profile of a lot of important issues that are relevant to older adults.

So, things like loneliness, ageism, caregiving, and we've been doing that in a number of ways, including editorials in national newspapers, like the Globe and Mail and Toronto Star, publishing in high-impact medical journals, and also sharing through social media and through other media, like podcasts, on these issues.

As Joanne had mentioned, trainees are a really important part of that endowed chair position, and I'm one of the trainees, and really grateful for the support of the RTO in my work.

And trainees are involved in a lot of the research and all the research that we do throughout the whole research process.

So, when I'm sharing some of the results today, we already have another undergraduate student who's going to be analyzing some more data that we collected as part of the survey to delve into some other issues as they relate to technology use.

So, it's really great to see all the numerous ways that we've been able to work together as partners already thus far.

So, even though we had a lot of these platforms, research platforms, in place, we were kind of, you know, hit with the unexpected arrival of a global pandemic, and thinking on our feet and quickly about how we could best support older adults through this. So, we knew in early 2020 that we needed data, and we needed it quickly, to understand how older Canadians were faring, and some of their unmet needs.

And we really needed a different approach to get that data in a timely manner.

A lot of our existing research platforms are, you know, require kind of lengthy processes around linking existing data.

They weren't really going to help us answer the questions that we had, and that needed to be answered quickly.

So, why was it important, you know, to understand how older Canadians were being impacted by the pandemic?

I mean, I think now that question seems obvious, but at the time, going back to March 2020, you know, there were a lot of things that were known, but more so a lot of unknowns at that time. So I'm going to take you back to that time and just briefly summarize what was known and unknown at that time.

So, we had had several events that had already occurred in the province of Ontario and across Canada at that point.

We had some reported cases, we had deaths that were reported related to COVID-19.

And by mid-March, most regions had implemented physical distancing measures and declared states of emergencies to support some of those measures and their enforcement.

Soon after that, we started to learn about COVID-19 moving through long-term care homes, and seeing an increase in the number of deaths and residents affected.

And then towards the end of the month, we saw a peak in cases and deaths, and fortunately, those numbers started to decline towards the end of the month.

So, what we knew at that time from a lot of study-- regions, excuse me, that were impacted more significantly and earlier than our country, was that increasing age was one of the most significant risk factors for severe illness and death related to COVID-19.

There were... this slide shows a picture of the situation in Italy published in mid-March, showing that the case fatality rate escalates with increasing age group.

So by reaching the age group of those that were 90 years of age and older, there was a case fatality rate of close to 25 percent. So almost 1 in 4.

There were and still are a number of hypotheses for why age is such an important risk factor for severe outcomes.

One of which is, you know, there are greater comorbidities as we age, many of which are linked to these poor health outcomes for COVID-19. There's also the issue of the medications that individuals take related to these comorbidities, and then, of course, as we age, so do our immune systems, and that places us at greater risk for poor health outcomes.

So, we knew about the issue of increasing age as a risk factor.

There were also a lot of concerns about the collateral, or effect of the measures that were being put in place to protect older adults, and you know, the health of all Canadians really.

And that was, "What are the mental health consequences of us being confined to our homes and encouraged to stay at home?"

And we had a lot of those concerns because of looking back to previous outbreaks and global pandemics.

SARS is a really great example of an event that helped further our understanding of the effects of quarantine induce social isolation.

A lot of the research from that time showed that those that were under quarantine reported increases in loneliness, anxiety, and depression.

So that was certainly a concern when the measures were put in place. And it was particularly a concern for older adults who are already at higher risk for social isolation and loneliness due to a number of age-related precipitating events.

So things unfortunately, like losing a spouse, becoming retired, or, you know, having to move residence all can place people at greater risk of experiencing isolation and loneliness.

So there were concerns that the physical distancing measures may intensify these feelings of loneliness, particularly for older adults.

So, we knew those two things, what was unknown was actually how older adults were being personally impacted by the pandemic in terms of, you know, the mental health outcomes resulting from the measures that were really put in place to protect them. So, we knew there were quite a few emergent studies that were showing what the impacts were on kind of, a broader population level, but many of them underrepresented older adults for reasons that I'll describe in the next slide.

Many didn't actually look at mental health outcomes. They were more kind of concerned with, you know, day-to-day disruptions to people's routines, and they didn't explore sex differences, so whether men and women were being impacted differently.

And I hope by the end of this presentation, I'll have convinced you of why that's important.

So with that in mind, our goal was to collaborate with the RTOERO to assess how the COVID-19 pandemic was affecting older adults living in the community in Canada. And again, just to situate this research, it all took place about seven weeks into the physical distancing measures during the first wave of the pandemic.

So, as I just mentioned, much of the emergent research was really under-representing older adults, and that's because of the, you know, the methods that are available to researchers to study issues rapidly.

And that means that a lot of the studies at the time were collecting data online, using either social media platforms or online survey platforms.

And you can imagine in general, there are fewer older adults who are active online than younger adults. So they were actually, their views weren't being well represented in this research.

And that's where we thought, "We have such an amazing opportunity to study these impacts in the RTOERO population, because many of you are very active online."

This presented what we thought was a great opportunity to again work together to collect information that would not only support the RTO in helping and assisting their members, but I think the broader group of older Canadians as well. So we reached out to Jim at the very beginning of April, and he was very enthusiastic about the idea of us working together on this.

So we designed a protocol together for this research, and drafted a questionnaire in collaboration, and then submitted that for ethics approval at Women's College Hospital.

Once we received that, the RTO leadership sent out a link via email to the survey for members for whom we had valid email addresses for, so that was about 62,000 of the more than 80,000 members.

And the survey was open for two weeks.

So, between May 6th and May 20th.

The questions examined, you know, the impact of COVID-19 on daily life, loneliness, the use of digital technologies for social connectivity.

And we collected some socio-demographic information as well, so we could describe who was responding to the survey.

We analyzed the data as quickly as we could, and presented preliminary findings on June 4th to the RTO leadership team.

So you can see all of this happened, you know, in a span of two months, which might sound long, but that's actually very fast in the research world, to get things up and running from, you know, an idea to some preliminary results.

So this slide is a flowchart of the participants in our study.

And you can see we started off inviting about 62,000 members to participate, and after we excluded those who did not provide consent, who started but didn't complete the survey, or who only answered one question, and then submitted the survey, we were left with 4,879 participants that we included in the analysis.

So, that was a completion and rate of about 89% which was fantastic to see.

As is reflective of the RTO membership in general, most of the respondents were women.

So 71%, responding in English at 98%, and between the ages of 65 and 79 years at 67%.

Overall, in the sample, 30% of respondents reported living alone.

When we look at that based on male versus female respondents, about one-fifth of men were living alone, and over a third of women were reporting living alone.

Respondents were predominantly white, and in good self-reported health, and living in urban locations.

One of the first questions we asked respondents was how the pandemic, if at all, had affected or disrupted their daily routine.

And so we started with a statement that, "The COVID-19 pandemic has changed

my daily routine."

And you'll see on the slide that over or about two-thirds, 66% responded that they strongly agreed with that statement.

So many of you were reporting a disruption to your daily routine.

And when we asked about how you were spending your time now, there were a lot of interesting results.

So, of course, as we would expect people were spending more time online, on the Internet and social media.

So 75% of women compared to 70% of men reporting that.

Going on walks. Again, it was springtime, we were starting to get back to being active outside.

More time watching TV, 60% of women and 58% of men reported that.

And then this is where there's a little bit more discrepancy between men and women, so 58% of women reported talking more with friends and family compared to just 39% of men. And then, also similar proportions spending more time in the kitchen. You might recall there was a renewed interest in stress-baking and bread-baking that happened at the beginning of the pandemic.

So, while the physical distancing measures have led to a number of challenges with respect to daily living, there have been some silver linings too, that have been discussed in the literature, and you know, just anecdotally as well.

And we wanted to hear from members about both of those sides. And so this figure shows the proportion of respondents reporting something as a challenge versus as a silver lining, and where there's a female icon on top, it means women significantly reported higher levels than men, and if there's a male icon, it's the opposite.

And when there's no icon, it means men and women reported them in similar proportions.

So these bars represent just the overall proportion.

You can see that one of the biggest challenges, you know, seven weeks into the pandemic with a lot of the distancing measures in place, were actually getting supplies.

And by supplies, we mean things like toilet paper, hand sanitizer, cleaning products, bleach. Some of you might recall how tough obtaining some of those things were in April and late March.

There were also, you know, challenges related to getting groceries.

A lot of planned health treatments that were disrupted, rescheduled, postponed indefinitely.

Healthcare access, there were also some challenges around. Particularly for males.

So about 23% reported that as a key challenge, compared to 20% of women.

And then thankfully, there were about a quarter of you that said, "I haven't

experienced any challenges. Things seem to be going okay for me." Which is good to see.

In terms of silver linings, the overwhelming positive impact of the physical distancing measures that was reported by members was a slower pace of life. So 55% of women reported this compared to 48% of men.

And one respondent, I'll just include, entered a free text comment below this question saying, "I have more time to spend with my husband and grandchildren online. I never heard from them before, because they were too busy."

So I think it's something that's impacted all age groups, newfound time to slow down and connect with the people that we really care about, so that's certainly a positive.

There was also a reported greater connection with and among spouses.

Particularly I was surprised and interested to see men reported that in higher proportions than women. So 45 % of men said, "I feel closer to my partner now."

And 41% of women.

I'll be interested to see if that's changed at all now that we're about nine months in.

Maybe we can talk about that in the Q&A section at the end.

Another silver lining was that people had reported a growing respect and understanding of the needs of older adults, something that was evidenced by, you know, having dedicated hours, priority hours for shopping, for example.

And women in particular reported that at a higher frequency than men. There was also renewed sense of community belonging.

And then unfortunately, there were about I think 16% of you that said, "I really didn't experience any silver linings. Like, I really feel like this has been more of a negative experience for me."

So, we did ask, as well as how you'd been impacted, what some of your concerns were related to the pandemic.

Overall, there were 80% of you that said you were either extremely or very concerned about the pandemic, and these were your top reported concerns.

Probably doesn't come as a surprise that most often you were concerned about a loved one getting COVID-19. So more than two-thirds of you reported that.

And just behind that was yourselves getting sick with COVID-19.

Women especially, but also men were concerned about the economic fallout and consequences of the pandemic and impacts to retirement savings, etcetera.

So that was reported by about 20% of you.

There were concerns as well about an overloaded health system, particularly among men who are in the more dark blue shaded bars.

And then, of course, you know, the work and education of your children and grandchildren, and the disruption that these measures had caused for those that were close to you.

I also wanted to point out that about 20% of female respondents and 10% of male respondents were concerned about loneliness, anxiety, and depression. So that was something that was top of mind for many of you, and also for us. So the next slide

I'm going to go into some of our findings in a little bit more depth about loneliness.

So, we asked how lonely, if you had experienced any feelings of loneliness in the previous week, and we found that 49% of female respondents said, "Yes, I felt lonely at least some of the time in the past week." So that's, you know, half of all women who responded to this survey had felt lonely at some point.

And then there were 28% of men who reported the same.

So, about a 20% difference between the sexes. The lighter shading, the lighter blue shading in the bar represents those who said, "I felt lonely almost every day, if not every day." And that was 9% of women and 6% of men. So those are people that are really feeling the effects, you know, daily of this a lot of the isolation measures.

We did ask about strategies you were using to alleviate loneliness and connecting with a friend and family member was at the top of the list, which was great to see, as was getting fresh air.

And then other things like, you know, having a pet and reading, and, you know, connecting through virtual clubs, and things like that.

So, we've actually submitted a publication that's currently under review, that has examined the issue of loneliness in a lot more depth.

Particularly, who was at higher risk or odds for being lonely and who was less likely to be lonely.

And so, when we have those results, we will be, of course, sharing them with you, but this is just a high-level summary of them.

So, we found that women were more likely to report being lonely than men were, irrespective of whether they were living alone or in a household with others.

Living alone was also a very important risk factor for loneliness.

So those were the two major ones. Beyond that, being of a younger age. So even within a group of older adults, there's a lot of differences across the age group. So, younger people being more likely to be lonely than the older adults.

Those in poor health, receiving care, and also being caregivers put people at increased likelihood for loneliness.

A lot of these risk factors have been already identified in the literature, so these results weren't very surprising to us.

But what we did find was there were some certain risk factors that were unique to our times to this current pandemic that increase the likelihood of being lonely.

So, your level of concern had an important effect. So, those that were highly concerned about the pandemic were more likely to be lonely. Those who hadn't experienced any silver linings or positive effects of the physical distancing measures were also more likely to be lonely.

And those that had experienced, you know, major disruptions to their daily routine were also more likely to experience loneliness.

But there was good news. We did identify some factors that were protective, or made people less likely to be lonely.

And the one that was, you know, had the biggest effect was communicating often with friends and family.

So those that communicated often had about half the odds of loneliness of becoming lonely compared to those who didn't have that frequent communication.

So that's a really important finding, and it tells us what we need to do to help protect people who are feeling the effects of loneliness and feeling lonely.

Those who were receiving offers of assistance were also less likely to be lonely.

So that's probably a surrogate measure for having a broader support system.

And then also those of non-white ethnicity were also less likely to be lonely, perhaps because of cultural differences, and again, social support networks, and, you know, how people live in inter-generational households, and things like that.

So moving more towards some of the last questions we asked in the survey, were moving from the individual impacts of the pandemic to thinking more at a societal level of some of the needs of older adults. So we asked, "In your view, what was the most pressing needs of older adults during the COVID-19 pandemic?"

Again, keep in mind, this was early in the spring.

The top need identified by 64% of you was that policies and procedures are needed to ensure the safety of older adults in long-term care.

And I'm sure given what's going on right now in this second surge, I'm sure most of you still feel that way, but we can maybe discuss whether you think some of the needs have changed throughout the course of the pandemic.

Again, you know, accessible healthcare was high on the list.

For more marginalized older adults, it was recognized, it was really important to be providing support to help people meet their basic needs, in terms of food, and shelter, and safety.

There was a need also identified, to support caregivers through this time.

And social connection again, was really viewed as an important priority both for those in long-term care who are isolated from a lot of their caregiving supports and loved ones, but also more broadly just for older Canadians in general.

There was an interest in a need identified for social connection.

And then lastly, some more generic mental health and physical health supports.

So, we did want to ask about ageism, given that the pandemic has in many ways served to reinforce this idea that older adults are, you know, frail and vulnerable.

I'm sure most of you are aware what ageism is, but for those that aren't, it stereo-typing or discrimination against individuals or groups of individuals on the basis of their age.

And I think it's really been highlighted throughout the pandemicand some of the action or non-action that our government has taken to supportolder adults and thosein long-term care in particular.

So we listed four statements, and askedwhether or not you agreed with them.

The first statement was that I had witnessed,or I have witnessed ageism in the daily news and popular culture.

A third of you reported that you didagree with that statement.

The next statement was, "The level of respectfor older adults in society has decreased during the pandemic." And about a quarter of you supported or agreed with that statement.

We included a statement that the government and policy-makers care about the health and well-being of older adults, and it was really encouraging to see that about two-thirds of you agreed with that.

That shows that you feel like you're being valued by decision-makers.

And then the last statement was, "I've received offers of assistance from my community to help with daily living during the stay-at-home measures."

And 40% of you reported that you had, so that's really great to see that many of you had some offers of assistance and support if you needed it.

I did want to share this one poignant statement.

It was included as a free text response underneath this question by a respondent, and I'm sure it reflects the opinions of many.

So this respondent wrote, "There seems to be an attitude made more evident during this crisis that seniors are expendable, that the higher mortality rate for seniors diminishes the importance of the infection."

We're going to be looking in a lot more depth at some of the free text and qualitative statements you made, because they're really helpful to us, and very revealing about, you know, how things have impacted you at more of a personal level.

But I really think it's important for us to show things like this to highlight how our response to this pandemic at a societal level either values or devalues the lives of older adults and recognition, I think, of the harms created by ageism, is a really important first step towards more equitable responses that really promote the health, and well-being, and value of all Canadians.

So just some concluding remarks before we open up for question and answer.

You know, I think, I hope that I've been able to show that members of the RTOERO have been deeply affected in a number of ways as a result of this pandemic, and that although men and women experienced a lot of similar concerns, and were affected in similar ways, there were some important differences in how in what they were experiencing, and how they were coping with the effects of what they were experiencing.

And this is a really important finding, because it points to the need for more tailored strategies as we think about how we best support older adults as we continue throughout this pandemic.

This is maybe, you know, I think everyone knows this, but I always think it's really important to say that social support is just one of the most important ways that we can support each other, and your colleagues, and members throughout this pandemic, especially those who are living alone. So whatever we can be doing to reach out to people that we know that might be isolated is just really important right now.

Some other considerations and things to think about in supporting our own mental health as we move through this.

These are some recommendations from The WHO, The World Health Organization that were specifically geared to older adults and to protect mental health and support mental health.

The first is the importance of maintaining a routine or creating a new one.

So, when the days all blur together, it's important to have a bit of structure in your day. That includes the things that we need to do, like chores, and cleaning, and work.

But also includes things that we like and enjoy doing, so hobbies, regular exercise, you know, connecting with friends and family.

Supporting our mental health is really... relies on keeping in contact with friends, family, and neighbours, both online and offline.

So that's a really important practice to continue with.

And then this is something I have to remind myself as well, but to limit my news consumption.

So to be seeking out reputable sources and minimizing how much time you spend on those sources, like the web pages, and in reading the newspaper.

You know, the more you consume, the more it can feel overwhelming, and helpless, and depressing, and so kind of trying to stay on top of things, but not become too sucked in I think is a very important thing to keep in mind as we continue to move through this.

So some next steps for this research include that peer-reviewed publication on loneliness during the pandemic. So that's currently under review.

We have it submitted to a journal where it will be open access, that means freely available to all, if it gets accepted.

So I'm hoping in the coming weeks, we'll have a link that we're able to share with members, and you can read the results in more detail, and maybe we can do an updated presentation at that time.

And, of course, share the results through options and venues like the RTOERO newsletter, and also The Women's College newsletter.

So, we did ask a lot of questions in the survey about the use of digital technologies to support and enhance social connectivity, and efforts to remain connected.

I didn't present them today, because we have an undergraduate student who is actually going to be examining that and a lot more depth as part of her fourth year research project. So she's going to be looking at online interventions and the use of technology for loneliness during the pandemic. So hopefully, we'll all hear from her in the coming months, and she can present on her findings.

I also just wanted lastly to include a slide of some resources that I've come across over the past few months that I feel personally have been really helpful.

There's the senior safety line, if you're experiencing isolation, anxiety, depression, or elder abuse.

We heard on the survey that a lot of people were hoping to get more tech support, and I'm right there with you.

I think we all need help when we're starting to learn new technology.

So actually, there's this really great organization called TechServ, that was started at the beginning of the pandemic in April, that that's their whole mission, to help older adults navigate technology.

And so I've put their website there, if you're interested in checking that out.

And then, of course, there's a number of government and community-based programs that are all summarized on the 211 COVID-19 platform.

So in closing, just my sincerest thanks to everyone who responded to the survey. It's been so helpful.

And I hope this was interesting for you to hear today, the results of that survey.

I also want to acknowledge and send a special thank you to the team here at Women's College, so Dr. Andrea Lawson, Joyce Li, Wei Wu, and of course, Dr. Rochon for their assistance in moving this project through to fruition.

I was actually on maternity leave for much of this work, so it really honestly would not have been possible without them, and then as well to Jim, Joanne, and the leadership at RTO who really supported us and made a lot of this possible as well, it was a pleasure to work together again on another exciting research project.

So, I think with that I'll open the floor for questions. Thanks very much for your time.

- Thank you so much, Rachel.

This has been so interesting, and I'm sure that our participants have found it interesting too, because there are quite a few questions.

One of the first ones I have here, you did address it a bit.

"Younger people move and more and more seem to be showing a greater lack of concern as the months pass.

There seems to be a malaise around the extra health risk to seniors faced with COVID.

Are we making too much of it?

Are we pandemic weary? I get more rolling eyes thrown my way when I refuse get-togethers, and keep to my small social bubble."

- Yeah, I think that's a really important question and comment.

Certainly, we've been hearing a lot about this COVID fatigue, people just kind of, you know, they're over it.

We've already been making a lot of personal sacrifices for quite some time.

But I would say you're not overreacting, and it's more important than ever that we continue to follow the guidance of public health in, you know, as much as possible, sticking within our household or to our essential supports, and minimizing our activity in the community.

With everything that we're hearing about long-term care right now, it's important to keep in mind that the single most important way that we can prevent cases and deaths in long-term care is to keep community transmission low.

And really, the only way that we can do that is by really minimizing our actual physical social contacts.

So I think it's important for us to decline those invitations, and try to move them online if possible, or distance porch visits, and things like that. So we're really needing to remain diligent, and it's hard because I think we're all kind of exhausted at this point, but it's really more important now than ever.

- Thank you. That question was from Barb.

I have another one from Judith.

"What can be done to address the serious problem of ageism in the hospital setting?"

- Ageism, it's a very important issue.

I would encourage you yesterday, I think it was on CBC, on The Current with Matt Galloway, Samir Sinha was being interviewed along with some others about what was happening in long-term care.

And I think people keep asking the question of, you know, how is this happening?

How have we let this happen? How have governments allowed this to happen? And it really comes down to what we prioritize and value, and his response was really structural ageism, we're simply not

valuing the lives of older people in our policies, in the way that we've designed our communities, and the places that house a lot of older adults.

So I think one of the biggest ways that have been shown in the literature to address ageism is through educational programs, and through programs that bring younger and older people together, so intergenerational programs, there's a lot of them happening right now in terms of Home Sharing programs.

We just need to be facilitating those connections. I think that's the greatest way to build empathy and to make people more aware of all of our own individual struggles.

And I think it's important for us to speak out about the issue when we see that it's happening, and to advocate for older adults and their consideration in, not just health policies, but really, all policies that are relevant to us as Canadians.

- Thank you very much, Judith, for the question.

Here's another question from an anonymous attendee:

"To what extent does contacting COVID-19 affect a person's already underlying health conditions, and what percentage of the elderly community actually die purely or COVID?"

- Oh, those are great questions, and probably a bit better suited for a medical doctor, which I am not.

One of the things that has been getting a lot of attention lately in the media is how Canada is leading the way in terms of comparisons to OECD, countries in terms of the proportion of deaths that have been occurring in long-term care.

So that's not something we really want to be happening, or should feel happy about, that it has happened, so that I think it's 78% of deaths up until about the summer months.

COVID related deaths in Canada happen to those living in long-term care compared to about 47%, I believe, in other comparable countries.

So, you know, that just shows that a lot of the deaths are being concentrated in long-term care.

So those that are a bit more vulnerable because of their health, and also because of the external environment and surroundings.

So there are the Public Health Agency of Canada and also Public Health Ontario have daily dashboards that report the proportion of deaths by age group.

So I would encourage you to seek that out, if you're looking for more granular data on death rates in older adults.

- Thank you. This question is from David.

Where are all these ideas and facts going to be used?

- That's a great question.

So I think we're still working through the process and discussing next steps for how we want to share this, the results of this survey more broadly with decision-makers.

So within our team, we have a lot of connections with policymakers in the Ministry of Health and long-term care.

We have various public health representatives on a lot of our research studies, so including the project that I've discussed about looking at loneliness and its effects on how people use healthcare systems. So I think some of the next steps will be sharing our findings with those audiences, and having a discussion about some strategies that can be used to minimize some of the harms that people are experiencing.

I will just say when it comes to loneliness, you know, the intervention side is one of the most under-researched areas. So we know a lot, and we're learning a lot more about what puts people at risk for loneliness.

What we don't have a good understanding of is what is effective in treating people's loneliness.

So, helping them not to feel lonely anymore.

One thing that's shown a lot of promise, and is being currently evaluated right now in Ontario through a pilot program, is social prescribing, so, you know, family physicians are really well positioned to see and identify loneliness in their patients, and it may be in the future, that if doctors identified lonely patients, they then prescribe them, not a pill, but an activity, or something else that they might be able to do within their community that can increase social interactions and their quality of life.

So I think that's something that holds a lot of promise, but still needs further research and evaluation.

- Thank you. Here's the question from Joy.

"Did your study look into challenges older adults have around digital access, especially when it comes to accessing service?"

- Yeah, that's a great question.

So, we asked people about, you know, whether they had a good, reliable Internet connection, what devices they were using to connect to the Internet, and what platforms people are using, social media platforms, and also apps for connecting, like, through chats, and stuff like that.

So, we have some information on that.

The problem is everyone that responded to our survey are people that, you know, had an Internet connection, or were able to access one to respond to the survey online.

So, I think one of the limitations of our work is we're not really tuned into the needs of probably perhaps the most vulnerable older adults, who may not have an Internet connection, or access to a lot of these virtual technologies.

So, there's work that needs to be under gone in that community to understand what those needs are.

There are some recent publications in the journal Jama Internal Medicine that I can probably share after this talk, that show that quite a high proportion of older adults aren't actually well-equipped to handle

virtual care. So, you know, using online technology to receive healthcare, at least in the US, and we would expect similar things here.

There was a recent government announcement about trying to improve Internet access for Canadians in rural and more remote regions, but that's going to take years to come to fruition.

So we need to be thinking about that's why I always stress these virtual platforms are great, but we also can't ignore our old standbys dropping by, calling people on the phone, and writing letters and things like that, to help people feel visible and connected.

- This question is from Lorraine.

"Did or will any of your research include the stress of being a caregiver to an older adult?"

- Yes, and that's something I think we'll maybe set aside some time to discuss at a future webinar. We had a whole series of questions about caregiving, but just to be brief today, I didn't include the results.

But there's a lot of interest in our team, especially by one of my colleagues, Dr. Nathan Stall, about the needs of caregivers.

And so, that's something we plan to analyze and share in the coming days.

- Question is from Judith.

"COVID screening also reflects ageism as you are asked whether you are experiencing delirium or falling more frequently if you are 70 years of age or older. Why is this part of the screening, as people under 70 can also have these symptoms?"

- Yeah, that's a great question.

From my understanding, those questions are included because particularly in older adults, the presentation of COVID can be very atypical. So in younger adults, you may have a higher proportion with sort of, these classic symptoms of fever, cough, etcetera, that just aren't really being presented in older adults.

So I think that's why there's that specific set of questions.

It must have been in been informed by the epidemiology.

So, looking at, you know, the symptoms that various cases were presenting with, and then choice to include those to better possibly identify and screen for people who may have COVID in older adults that may have these atypical presentations.

- Okay. Well, I want to make sure that I thank Rachel, Dr. Savage, for being with us today.

Your passion for this is so evident in everything you say and in all the answers you gave.

I just commend you for what you're doing, and I know I speak for everyone when we say we appreciate what you're doing, and keep doing it.

Thank you so much, Rachel. And just for our viewers, remember that it's through your generous support that we are able to continue with our work at the foundation.

Our work includes the grant program that supports research and community initiatives to make a better future for older adults.

If you'd like to support us, you can go online and Google RTOERO Foundation, or you can call (416)-962-9463, extension 271.

Thank you again everyone for taking part.

Sorry we couldn't get to all your questions.

Please everyone, stay safe and healthy.

Until next time. Goodbye. Thank you, Rachel.

Bye, thank you.