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Democracy Dies in Darkness

Coronavirus

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After covid-19, aging in America may never be the same

By **Michele L. Norris**

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In the aftermath of the pandemic, aging in America may never be the same. The spiraling death toll in the nation's patchwork of nursing home facilities has revealed just how broken the system already was — **understaffed, unevenly regulated and economically challenged**. And it has underscored the urgency of reexamining and improving the prevailing model of senior care.

More than **10,000 residents** and **staff have died** from covid-19 infections in long-term care facilities across the United States, according to an [analysis of state data](#) by the Kaiser Family Foundation. The actual death toll among nursing home residents is certainly higher because not all states release data. We will soon get a clearer picture with [new federal rules](#) that require weekly disclosure of [coronavirus](#) cases and a commitment to alert patients and families within 12 hours if a resident in a facility has tested positive.

As it is, these numbers are already staggering. **Nursing home deaths account for more than 50 percent of all covid-19 deaths in six states:** Colorado, Delaware, Massachusetts, Oregon, Pennsylvania and Utah. They represent [one-fifth](#) of deaths

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“It really is hard to overstate this nightmare,” said Tricia Neuman, a senior vice president with the Kaiser Family Foundation.

The elderly who live in such facilities, often with underlying health problems, are particularly vulnerable. But the rash of deaths has also revealed **dangerous structural frailties** in long-term care institutions.

More than half a million residents live in nursing homes rated “average” or “below average” by the federal government, about one-third of the overall population. The Post found that **40 percent** of the more than 650 nursing homes that have reported cases of the coronavirus had been cited more than once for violating federal infection-control standards — procedures such as **washing hands and wearing protective equipment**.

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The 1987 Nursing Home Reform Act and Obama administration rules created a framework of tougher laws and stiffer penalties for quality of care, focusing on inspection control. But the Trump administration began reducing fines last year and called for relaxing rules that required all nursing homes to keep infection specialists on staff on at least a part-time basis. The timing could not have been worse.

Even before the virus hit, labor standards and demographic trends were on a dangerous collision course. An army of 600,000 nursing assistants forms the backbone of the assisted-living model, earning a median annual income of \$22,200. Nine out of 10 are women, half have no formal education beyond high school, and 1 in 5 were born outside the United States.

Because of the physical nature of nursing assistants' work — repeated turning, lifting and transporting of patients — their likelihood of injury is three times greater than that for the general population. Not surprisingly, staffing shortages and rapid turnover are endemic.

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Meanwhile, as baby boomers age, the elderly population in America is set to double over the next 20 years, from 48 million to 88 million by 2050. Federal, state and local governments are unprepared for that deluge. Families and seniors often lack adequate savings to pay for institutional care.

And nursing homes around the country were stretched thin before the wave of coronavirus tragedies, arguing that Medicaid and Medicare reimbursement rates did not keep up with their mounting costs. An economic model that already had paltry profit margins will wobble or collapse in an industry that was expected to generate 680,000 new jobs between 2016 and 2026.

One alternative is supporting in-home care for seniors to age in place, undergirded by technology that can virtually detect falls, provide companionship through robotics, monitor the frequency of sleeping and toilet visits, or even check how often the fridge door is opened. The pandemic should prompt us to explore these alternatives, or options for generational living where grandparents reside with younger generations, contributing to the mortgage and pitching in with child care.

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But not everyone can afford or manage such arrangements. The pandemic should prompt us to reexamine the model of for-profit long-term care facilities that account for 70 percent of nursing homes and tend to have lower ratings and higher tallies of infraction.

Nursing homes deserve our prayers more than our condemnation. An industry group says that only one-third of the 15,000 nursing homes in the United States have easy access to covid-19 tests. As with health-care workers at hospitals, the assistants, orderlies, food service workers and medical staff in nursing homes deserve our deepest thanks. They show up for work every day knowing that they are walking straight toward danger.

But examination and real reform are necessary for the people who live there, and the millions heading in that direction, to receive the care they deserve. There will most certainly be a national commission to examine the U.S. response to this pandemic. It should include a robust investigation of nursing home deaths — and the underlying structure that left so many vulnerable.

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As I write this, I can't help but think of all of the senior citizens living in the petri dishes of potential infection that are nursing homes right now, waving to family members through windows and learning that friends down the hall are gone. They are trapped in the epicenter of the pandemic, weathering a fate that no one deserves. We owe it to them to ensure this is never repeated.

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