

Dear Colleague

COVID-19 Updates

New York City Department of Health and Mental Hygiene

Older Adult Care During COVID-19

August 30 – September 5, 2020



Disaster relief: Waiting for Red Cross garden seed in Cleveland, Mississippi, 1930-1931.
Lewis Wickes Hine. [Image courtesy of Library of Congress.](#)

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Share Your Feedback!

Take an anonymous three-minute survey to help us make this COVID-19 newsletter more useful for NYC health care providers.

To access the survey, visit bit.ly/3j2D28a.

COVID-19 Information and Guidance

Updated information is available on the New York City (NYC) Health Department's [COVID-19](#) web pages.

- [Information for Providers](#): Recent health alerts, testing information, provider webinars and clinical guidance
- [Resources for Health Care Facilities](#): Guidance for inpatient, outpatient and long-term care and other settings
- [COVID-19 Data](#): Daily updates of recent and overall data on test results (both diagnostic and antibody), cases, hospitalizations and deaths by ZIP code of residence, borough, age, sex, race/ethnicity and neighborhood poverty

Stay Up to Date

- Sign up to receive [NYC Health Alerts](#).
- Join the [City Health Information network](#) to receive this newsletter by email.
- Register for NYC Health Department [COVID-19 Provider Webinars](#).

Supporting Older Adults During COVID-19

Older adults in NYC are at high risk for morbidity and mortality due to COVID-19. Although New Yorkers aged 65 years and older make up about 15% of the population in NYC ([NYC Department of City Planning 2019](#)), they represent 23% of COVID-19 cases, 49% of COVID-19 hospitalizations, and 74% of laboratory-confirmed COVID-19 deaths ([NYC data](#) as of August 27, 2020). Most older New Yorkers live in a home setting, not in a care facility; 32% live alone ([Ruggles 2018](#)), and many have limited social support. The NYC Health Department offers information and resources specifically for [older patients living in a home setting](#).

Older adults' increased COVID-19 risk can be compounded by the presence of chronic diseases that are associated with more severe COVID-19 illness and health inequities. Health inequities are the differences in health outcomes and opportunities some groups have to achieve optimal health. These inequities are rooted in social and structural injustices that are avoidable and unfair, and center around race, ethnicity, immigration status and poverty. Underlying health conditions predominantly affect older adults, and their impact is disproportionate in Black and Latino/a communities ([NYC data 2017](#)). In some neighborhoods, institutionalized systems of racism and other forms of oppression limit access to medical care, create food deserts, and exacerbate poor air quality and other environmental conditions ([Colen 2018](#); [Gordon 2011](#); [Sexton 1993](#); [Purnell 2016](#)). These environmental and health factors place Black and Latino/a

New Yorkers, especially older adults, at greater risk of adverse outcomes from COVID-19 and other health concerns.

Health care providers can support older adults to stay healthy by optimizing care of underlying conditions and providing patient education and referral to support services.

Counsel Patients on COVID-19 Prevention and Care

Encourage patients to maintain routine COVID-19 precautions such as staying home if sick, physical distancing, using face coverings when outside of their homes and washing their hands frequently with soap and water. People aged 65 years and older, especially those with an underlying condition should stay home as much as they can and shop during hours designated for older adults or ask others who are not sick and are at lower risk for severe COVID-19 to run essential errands. Advise older adults to work and socialize remotely, when possible, or to meet others outdoors, limit the number of people they see, keep their distance from others, and wear a face covering.

Inform older patients and their caregivers

- how best to reach you and other health care providers, including via phone and telehealth portals;
- how to recognize [symptoms of COVID-19](#), including atypical symptoms in older adults such as confusion, disorientation and falls;
- to immediately contact their primary care provider if they have COVID-19 symptoms or if their symptoms worsen;
- to contact their primary care provider if any of their chronic conditions worsen;
- to immediately call **911** or visit the nearest emergency room if they exhibit severe symptoms, including difficulty breathing, signs of stroke or heart attack, or newly altered mental status.

Help Patients Prepare for COVID-19

Educate patients on how to prepare in case they, or a household member, fall ill with COVID-19. Advise patients on:

1. Medications and Medical Supplies

- Maintain a complete list of prescription and non-prescription medications and dosages, as well as all contact information for their health care providers.

- Maintain a 90-day supply of all necessary prescription medications. Contact prescribing providers for reauthorization of prescriptions a month prior to expiration. Patients who get medications by mail should request a refill at least one week before any medication runs out.
- Keep at home a thermometer and a supply of non-prescription medications that are safe for older adults, like acetaminophen.
- Consider obtaining a pulse oximeter. Pulse oximeters can detect low oxygen levels in the blood, which can be an early warning sign of COVID-19. Pulse oximeters are widely available from pharmacies or online.

2. Caregiver Preparedness

- Have caregiving plans in place if the patient is a caregiver for a child, another adult or a pet, in case of hospitalization.
- Establish in writing the patient's preferences for medical care and a health care proxy, in case they are unable to speak for themselves. See [New York State resources and forms](#).
- Use the Centers for Disease Control and Prevention's [Being Prepared in the Time of COVID-19](#) tool to establish a health care proxy and advance medical directives.

3. Pharmacy Delivery Services

- Visit [COVID-19 Community Services](#) to locate pharmacies by ZIP code, including information about any designated hours for older adults and if they offer delivery.
- Use a mail-order pharmacy or a pharmacy that offers home delivery.
- Arrange for home delivery of medical supplies such as canes, walkers, catheters and respiratory supplies.

4. Free COVID-19 Isolation and Quarantine Hotel Program

- Be aware that they can stay in a free hotel room if they have COVID-19 and are unable to safely separate from others in their household. Patients and providers can call the [COVID-19 Hotel Program](#) at 844-692-4692 to begin the screening process.

Ensure Patients Maintain Care to Stay Well

1. Routine Medical Care and Follow-Up Visits

- Counsel patients that it is safe to receive in-person clinical care as long as they maintain physical distance from others, wear a face covering, and frequently wash their hands with soap and water or use an alcohol-based hand sanitizer.
- When possible, use telehealth visits for patients whose health conditions are well managed but schedule in-person services when necessary.

- Conduct routine dental and vision care and maintain up-to-date prescriptions for glasses or contact lenses.
- To ease their concerns, communicate with patients about the infection control measures your practice has implemented, such as increased cleaning and disinfection practices, staggered in-person appointments and designated office hours for those at high risk for severe illness.

2. Transportation Services for Older Adults

Share resources for safe transportation to a health care provider or a local testing site.

- [Aging Connect](#) (212-244-6469) connects patients aged 60 years and older to resources for transportation for essential medical or social services appointments.
- Health insurers can inform patients about coverage and arrange transportation for non-emergency medical care.
- The transportation manager at [Medical Answering Services](#) (844-666-6270) can assist patients enrolled in Medicaid.

3. Vaccinations

Ensure patients receive all routinely [recommended vaccines](#), including:

- Influenza vaccine
 - For adults aged 65 years and older, use high-dose or adjuvanted vaccine if available.
- Pneumococcal vaccine
 - For adults aged 65 years and older, use pneumococcal polysaccharide 23-valent vaccine.
 - For patients with [certain underlying medical conditions](#), use pneumococcal conjugate vaccine.
- Herpes zoster vaccine (Shingrix)

Patients are more likely to receive needed vaccines when a provider recommends them.

- Check the [Citywide Immunization Registry](#) to see if a patient has already had needed vaccines and add new vaccinations to the Registry with the patient's consent.
- To further improve vaccine coverage, use non-patient specific standing orders, prompts in the electronic medical record and reminder-recall systems.
- If patients are not coming in for an in-person visit, or if vaccines are out of stock, refer patients to vaccination services such as those at pharmacies.

4. Management of Chronic Health Conditions

Many older adults have chronic health conditions such as [heart disease](#), [obesity](#) or [diabetes](#) that can place them at greater risk of severe COVID-19 and that are a leading ordinary cause of morbidity and mortality.

- Support patients to optimize their hypertension and diabetes management in consultation with their other health care providers.
- Counsel patients on how to measure and monitor their [blood pressure](#), [manage their medications](#), and institute lifestyle changes, including [improved diet](#) and increased [physical activity](#).

5. Behavioral Health

- During this stressful time, it is important to ask patients about new or worsening behavioral health challenges, including depression, anxiety, grief, loss, self-harm and suicidal thoughts, substance use, loneliness and social isolation.
- Counsel patients on the importance of maintaining routine care or connecting with a behavioral health provider for new or worsening concerns.
- Routinely screen older adults for mental health and substance use disorders.
- For more information on how to recognize and address behavioral health concerns, see this [Dear Colleague COVID-19 Update](#).
- Resources for patients include:
 - [NYC Well](#), which provides free brief counseling and support and referrals to mental health or substance use providers, and is available 24/7 in over 200 languages, by calling 888-NYC-WELL (888-692-9355), texting “WELL” to 65173, or via chat at nyc.gov/nycwell
 - Information on [using telehealth to receive behavioral health services during COVID-19](#)
 - [Aging Connect](#) (212-244-6469) for free recurring social check-in calls from a volunteer

Help Patients Stay Safe at Home

Address with older patients how to prevent falls and heat-related illness. Ask patients about their social service needs and share information on needed support services.

1. Injury and Heat-related Illness Prevention

Falls are a leading cause of injury-related death and hospitalization for older adults, and nearly half of falls happen at home ([NYC Health Department 2014](#)). Although falls are common with older age, there are steps that patients can take to prevent them.

- Visit nyc.gov/health/preventfalls for provider [screening tools](#) and a patient [Home Safety Checklist](#).
- Staying home on hot summer days to avoid COVID-19 exposure can increase risk of [heat-related illness](#) for patients who lack air conditioning or are reluctant to use it due to financial concerns. [NYC Health Alert #25](#) provides information to share with patients, including cooling assistance from the [Home Energy Assistance Program \(HEAP\)](#).

2. Social Services

Ask patients about any social service needs and provide referrals and resources.

- [COVID-19 resources for older adults](#) include resources for food and emergency meal delivery, elder abuse or intimate partner violence, and assistance with finances, housing or utilities.
- [Get Food NYC](#) provides emergency food distribution and grocery delivery services.
- [COVID-19 Community Services](#) offers resources by ZIP code on primary care, pharmacies, grocery stores and food pantries, and financial or housing help.
- [NYC Human Resources Administration](#) provides food support via the Supplemental Nutrition Assistance Program (SNAP) and cash assistance. Enroll through the website, ACCESS HRA mobile app or by calling **311**.

Tell Patients about Travel Restrictions

Patients should review this list of [states with significant community spread](#) of COVID-19 before making travel plans. Anyone who travels to one of these states must quarantine for 14 days when entering or returning to New York, New Jersey or Connecticut; people coming to New York must complete the [New York State Traveler Health Form](#).

- Patients who do travel should tell their health care provider if they develop symptoms of COVID-19 and arrange to have at home sufficient supplies of food, medicines and other essentials to last through quarantine.

Advance Health Equity

Take [steps to address inequities in care during COVID-19](#). Provide nonjudgmental care while considering socioeconomic and demographic factors that can affect a patient's overall health and well-being. Work to [reduce the impact of implicit bias](#) (the unconscious attitudes that can affect our decisions in an unintentional way) that can undermine patient care, especially for Black and Latino/a patients ([FitzGerald 2017](#)).

[IMAGE:NYC, Interactive Map of Aging](#) allows visualization of local data on NYC's current and projected population aged 65 years and older with overlays of available resources, services and amenities. IMAGE:NYC enables users to understand and analyze spatial and sociodemographic patterns and trends to inform funding, planning, advocacy and direct services.

Selected Publications

Greer S, Adams L, Toprani A, et al. [Health of Older Adults in New York City](#). NYC Health Department. 2019;1-32.

A comprehensive summary of the health of NYC's older adults, including data on the health and well-being of older New Yorkers and efforts to make NYC a place where everyone has the opportunity to age with health and dignity.

Armitage R, Nellums LB. [COVID-19 and the consequences of isolating the elderly](#). *Lancet Public Health*. 2020;5(5):e256.

Discusses COVID-19-related social isolation among older adults as a serious public health concern, and describes interventions including more frequent telephone contact with family and friends, volunteers or health care professionals; peer support through community outreach projects; and online cognitive-behavioral therapies.

Plagg B, Engl A, Piccoliori G, Eisendlea K. [Prolonged social isolation of the elderly during COVID-19: between benefit and damage](#). *Arch Gerontol Geriatr*. 2020;89:104086.

Risk assessments must consider medium and long-term adverse effects of prolonged isolation among older adults.

Mesa Vieira C, Franco OH, Gómez Restrepo C, Abel T. [COVID-19: the forgotten priorities of the pandemic](#). *Maturitas*. 2020;136:38-41.

Explores the impact of COVID-19 and prevention measures on the well-being of vulnerable populations, including older adults who may have previously been isolated due to limited social activity. Technological solutions may leave out many older adults.

Hoffman GJ, Webster NJ, Bynum JPW. [A framework for aging-friendly services and supports in the age of COVID-19](#). *J Aging Soc Policy*. 2020;32(4-5):450-459.

Effects of COVID-19 include social isolation, disappearance of services and supports, and reduced access to medical care. Solutions include in-home primary medical care and post-acute care services, widespread dissemination of technological equipment, and increased intergenerational programming.

Cahan EM, Fuller T, Shah NR. [Protecting healthcare's family caregivers amidst the COVID-19 pandemic](#). *Health Affairs Blog*. Published online April 24, 2020.

Outlines steps the health care system can take to protect in-home family caregivers who have elevated risk of contracting COVID-19 but may not be well-equipped to follow barrier precautions. Older caregivers and those with underlying conditions are at high risk and may also face financial strain from out-of-pocket costs and foregone earnings.

Angel JL, Mudrazija S. [Local government efforts to mitigate the novel coronavirus pandemic among older adults](#). *J Aging Soc Policy*. 2020;32(4-5):439-449.

Describes the local government's response in Austin, Texas, to support older adults living in the community.

Chase J. [Caring for frail older adults during COVID-19: integrating public health ethics into clinical practice](#). *J Am Geriatr Soc*. 2020;68(8):1666-1670.

Advance care planning discussions should include information regarding the poor outcomes observed in frail older adults who are critically ill with COVID-19. Clinicians should proactively engage patients and their proxies in advance care planning discussions, rather than waiting until the patient is severely ill.

Steinman MA, Perry L, Perissinotto CM. [Meeting the care needs of older adults isolated at home during the COVID-19 pandemic](#). *JAMA Intern Med*. 2020;180(6):819-820.

Older adults with medical, cognitive or social frailty have less reserve to compensate when their homeostasis is threatened and may be vulnerable to rapid declines during social isolation. Clinicians should inquire about unmet social or functional needs and provide appropriate resources.