Aging in a Perilous Time

What has COVID taught us about aging? Will our learnings make the next public health crisis easier on our most fragile citizens?

By Shirley Wilfong-Pritchard
Illustration by Katy Lemay

By November 2022, more than 5,000 Albertans had died of COVID-19, with people aged 60 and older accounting for 90 per cent of the deaths. In long-term care and retirement homes, Canada had the worst record for COVID-19 deaths among wealthy countries during the first year of the pandemic. More than 80 per cent of deaths occurred in these facilities, according to the Canadian Institute for Health Information. And more people suffered the indirect impacts of COVID-19 such as depression and anxiety, food insecurity, loneliness and social isolation, according to the National Institute on Ageing.

Sherry Dahlke says these statistics can tell us a lot about aging. She is a Faculty of Nursing associate professor and researcher whose work is focused on ageism in the nursing care of older people. She says the pandemic didn't teach us anything we didn't already know. But it has highlighted that ageism is prevalent in our society. "In Canada, we think we have this wonderful system, but we are not immune from ageism," Dahlke says. "And we are not putting the resources into care of older people."

Jordana Salma, '09 MN, '17 PhD, is a researcher and assistant professor in the Faculty of Nursing. Her work involves improving health and well-being for racialized Canadians and older immigrant adults. She agrees that ageism has certainly played a role in exposing gaps in care across the board for older adults, but she says that how it intersects with racism and sexism needs to be part of the conversation. "Older adults from racialized communities remain on the margins and their experiences aren't well articulated or understood. The consequence of that is their needs aren't well understood."

Consequences of Ageism

The response to the COVID-19 pandemic has shown the ubiquity of ageism and the stereotypes that accompany it, according to the World Health Organization's global report on ageism. "In some contexts, age has been used as the sole criterion for access to medical care, life-saving therapies and for physical isolation," the report says.

Contributing to ageism is the myth that older people stop being productive after they retire. But in reality, Dahlke explains, at least 40 per cent of seniors volunteer in the community and many continue to work, freelance, pay taxes and contribute to their families, often financially.

Salma agrees. "Throughout the pandemic, older adults from immigrant communities volunteered locally and sent financial support internationally. They gave advice and information to family abroad, and provided emotional support." She adds, "The narrative of victimization is a false one, and we need to be careful when we identify needs and gaps in services, not to paint that as people being without agency because they do have a lot of agency."

Health-care providers aren't immune to ageism. In acute care, Dahlke explains, older people are expected to fit into a system that was designed for an acute illness, where the patient can be treated and discharged. In this model, older patients can be seen as "bed blockers" and moved into long-term care facilities. "I hope that COVID has shown us that we need to rethink care models for older people and look at meeting their needs rather than expecting them to fit into our systems and processes," she says.

If an older person believes that it's normal to have pain, or be incontinent, forgetful or immobile because of their age, they're less likely to seek medical advice, and less likely to treat illness in the early stages. By the time they visit a doctor, things may have progressed to the point that treatment options are more complicated — and expensive. And that's what doctors see — older people with complicated conditions, reinforcing the idea that seniors are fragile. "It's important that health-care providers have a more accurate idea of aging. If only seven per cent of older people have dementia, and I'm seeing confusion, it's not likely dementia, but a symptom of an acute illness," Dahlke says.

How Long-term Care Fits In

Dahlke stresses the fact that seniors in care are still members of the community and that connections to life outside the facility are crucial for maintaining mental and emotional health.

Without them, she says, people tend to deteriorate fairly quickly. She talks about how an independent 92-year-old woman who recently moved into an assisted-living complex described feeling as though she were no longer somebody — that she was expected to join the "walking dead." She complained that the facility's social programming offered nothing current, nothing to engage the mind. It took a lot of persistence for her concerns to be taken seriously. But Dahlke says she continues to see people entering care who, within a few months, become disengaged and depressed.

Making Things Better With Education

Tackling ageism in the next generation of nursing professionals is one approach to ensuring better outcomes for seniors in the future. Nursing students have textbooks on maternity, but not usually on geriatric nursing. What they learn about older people has generally been on the job, when they face health conditions in the elderly. The problem? This way of learning about aging contributes to the notion that age equals decrepitude.

But Dahlke is trying to combat this lack of understanding by developing learning activities for student nurses to give them a more complete picture of older people. "I've had one student come up to me and say it's changed the way they think about aging," says Dahlke.

The activities Dahlke has developed include: communicating with seniors; distinguishing between and planning care for delirium, dementia and depression; understanding continence and mobility and challenging common assumptions about them.

Salma also includes elements of aging in her teaching, talking with her students about how older adults coped during the pandemic, how access to resources determined their outcomes and what supports are needed for them to recover. As she points out, "We've had a lot of deconditioning happening, where people became less connected, where their chronic illnesses were less managed."

In her research, Salma and her students examine life transitions that have affected racialized older adults during the pandemic — such as losing a spouse, losing family members abroad, or having a change in health status. They discuss how to support the needs of those most at risk.

Tapping the Font of Knowledge

It's important to recognize that older adults in our communities have life experience and wisdom, and need to be engaged to contribute. "We want to include older adults in our spaces, and we want to target ageism actively," Salma says. This includes recognizing the supports they need to engage in life.

Part of Salma's work is helping an advisory committee that includes active older adults from the Muslim community. She drives participants to the university to help remove barriers to participation. "It's not easy for an 80-year-old with mobility challenges to get to campus," she says. The seniors listen to student presentations and give counsel. She says it's empowering for them to claim academic spaces where they wouldn't normally feel at home.

Living Well and Aging Well

The pandemic laid bare the fact that living in an institution isn't healthy for older adults. To ensure older adults age well in their community, they need a broad co-ordination of services, including barrier-free housing in a safe neighbourhood, a healthy diet, physical and mental activity, accessible transportation and opportunities to socialize. And some newly arrived older adults may face language and cultural barriers plus additional needs related to migration and settlement that require the co-ordination of immigrant and refugee services.

Salma adds that providing services in inclusive spaces would benefit older immigrants who have lived in Canada a long time but may still struggle with feelings of social exclusion and who find it difficult to counter stressors as they age. "They might be fluent in English, but when we grow older, we want to connect with home and the things that are most meaningful in our life. And some of that is language and food. If I enter a space where none of that is available to me, then I just won't go there," she says.

The Future of Care

With the population of seniors 85 and older expected to triple by 2046, the Canadian Nurses Association is calling for a cohesive, pan-Canadian approach to long-term care that guarantees quality of care, no matter where it is delivered.

Dahlke explains that the workers caring for seniors in congregate housing are often vulnerable themselves, with part-time, low-paying jobs and inadequate training. At the beginning of the pandemic, staff who were sick came to work as they had no sick leave and couldn't afford to lose a day's pay. The lack of vaccines and protective equipment helped the spread of the disease. Trained staff with appropriate equipment and time to care for each person are critical to avoiding disaster in the future.

Salma hopes that in the next major health crisis, whether it's related to COVID-19 or something else, we will react quicker.

"How can we envision alternative ways of aging well in our communities?" Salma asks. "It's a huge part of what is going to come out of this. And for that, I'm optimistic because our governments realize this, and our grassroots communities realize it. And when we have a common understanding, that is when we will see action and change."