Sustainable Aging:

fighting against Covid-19 in Brazilian long-term care institutions for older adults



Sustainable Aging

fighting against Covid-19

Execution



Partnership







We are a non-profit institution that, through a network of volunteers from health professionals, promotes social inclusion and access to health for people in situations of social vulnerability, who are generally assisted by social organizations in the third sector.

We operate with a focus on primary healthcare in 30 specialties and our actions include consultations, exams, joint efforts and lectures on health, glasses donation and population mapping of the benefited organizations.

Our goal is to reduce the gaps in the public health system by offering humanized care, and seeking to make the population aware of the importance of self-care.



Mission

To facilitate and engage a volunteer network that acts in a humanized way, promoting social inclusion through access to health.

Vision

Integrate the public and private health systems and optimize the rational use of resources for the access to the health services by the population.

Core Values

Credibility, Solidarity, Humanization, Innovation, Networking, Patient-centered

Our Operation

Our focus is to work in primary health care (low complexity), with medical care and exams by appointment in doctors' offices and laboratories



Consultations with Doctors
In the offices of volunteers
and in joint efforts



ExamsLaboratory and imaging exams



Heath Task ForcesIn diverse areas



Health Education
Lectures, video classes, booklets



Population mappingHealth promotion tool



Donation of glassesFor children up to 11 years

Voluntary Network

We connect healthcare professionals and companies that help us provide hours of care for those who cannot afford

We have more than

2,225

volunteers

Together, we provide assistance in 30 different specialties

for those assisted by NGOs associated with our Institute

We benefited/impacted more than 120 thousand people

living in social vulnerability in São Paulo city

Covid 19 in São Paulo

What are the main challenges the coronavirus pandemic created for the older adults in São Paulo city (Brazil) and and made us act quickly?



- In Brazil, more than 80% of older adults depend exclusively on the National Health Service (or SUS) for their healthcare
- This percentage is even higher among Afro-Brazilians and the poor
- The SUS (Brazilian public health system) has suffered severe budget cuts for years, and even before the pandemic, much of its equipment was already on the verge of collapse due to excess demand
- The inequality is striking and the Covid-19 crisis did not create the country's ills, Covid-19 has not forged inequalities in Brazil it has simply brought them into the open.

(Kalache, et al., 2020)

The profile of the Covid 19 pandemic in Brazil differs from that of other countries:

- It is even more age based, as economic choices determine the exclusion of older people from health services
- It is elitist, as the poorest Brazilians are deprived of access to diagnosis and treatment, wherever they live
- It affects women more, through the greater risks faced by the most exposed health professionals, the prevalence of informal work amongst women, their role as providers of food and care for their families, and increased domestic violence
- It is much "darker", as among the poorest of the poor are Afro-Brazilians. Questions of race and ethnicity are imperative including indigenous populations, immigrants and nomadic peoples
- It brings more suffering, given the complete lack of palliative care in the public network.

(Kalache, et al., 2020)



COVID-19 is only adding to the woes of older people in Brazil

- structural disadvantages in Brazil become amplified for its poorer, older population and the pandemic is only making this worse
- ageism in normal times produces negative health outcomes. Today, these are even more pronounced
- to become truly resilient to this virus and its impacts, Brazil must better recognize the value and dignity of people at every stage of their lives

Brazil is a global epicenter of the COVID-19 pandemic. As of 25 October, 156,000 Brazilians have died from this disease Using the International Classification of Diseases (ICD) model, the coronavirus is now the top cause of death in the country

(Kalache, et al., 2020 – World Economic Forum)



COVID-19 is only adding to the woes of older people in Brazil

- These structural disadvantages, which frame the lives of so many younger Brazilians, inevitably produce an amplified effect in later life a cumulative inequality that has greatly compounded the vulnerability of older Brazilians on multiple fronts
- Race, gender and sexuality are powerful contributing factors
- Older age for many Brazilians arrives on top of a life history of health, food and welfare insecurity
- The capacity of the Brazilian national health service (SUS), on which 83% of older adults rely (that proportion is even higher for Afro-Brazilians), was already significantly eroded

(Kalache, et al., 2020 – World Economic Forum)

Concern with the older population in Brazil

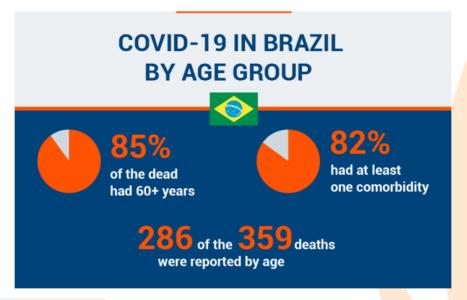
- 29.9 million older adults in 2020 and a forecast of 72.4 million in 2100
- Data on COVID-19 indicates a higher mortality rate among people aged 80 and older, where:
 - 14.8% of those infected died, compared to 8.0% among individuals aged 70 to 79 years old, and to 8.8% among those from 60 to 69: a rate 3.82 times higher than the general mean, reinforcing apprehensions with the older population

(Hammerschmidt & Santana, 2020)

Another concern involves the institutionalized older population (in LTCFs)

- Preliminary studies indicate that, in these cases, infection by Covid-19 is high, with a suggested mortality rate greater than 15% for individuals over 80 year old
- This context is considered of **high risk for infection**, as it involves predominantly older adults, many of them with chronic comorbidities and difficulties in performing daily activities; frequent contact with caregivers, professionals, and visitors; and coexistence in clustered places

(Hammerschmidt & Santana, 2020)



| comorbidity | number of cases | | |
|------------------------|-----------------|--|--|
| Comorbiuity | number of cases | | |
| cardiopathy | 642 | | |
| diabetes | 114 | | |
| pneumopathy | 45 | | |
| neurological disorders | 30 | | |
| kidney failure | 22 | | |
| immunodeficiency | 20 | | |
| obesity | 16 | | |
| blood disorders | 7 | | |
| asthma | 7 | | |
| liver disease | 5 | | |
| postpartum period | 2 | | |
| down syndrome | 1 | | |

| age group | | |
|-----------|-----------------------------|--|
| dead | % | |
| 0 | 0% | |
| 1 | 0.3% | |
| 13 | 3.9% | |
| 30 | 7.0% | |
| 242 | 89% | |
| 286 | 100% | |
| | dead 0 1 13 30 242 | |

In Brazil, as of June 18th, 2020 more than 70% of Covid deaths were amongst people above 60 years of age⁽⁴⁾





Older adults in LTCFs in São Paulo are the main target of Covid-19 infection

There are currently

13.807 older adults being attended living in 611 long-term care facilities for older adults (LTCF) in Sao Paulo city⁽²⁾

24,500 COVID-19 deaths

are estimated for older adults living in long-term care institutions or facilities (LTCF) in Sao Paulo state⁽¹⁾

almost half (44.7%) of COVID-19 deaths

will take place among older adults who live in care homes in São

Paulo⁽¹⁾

(Sources: (1) Machado, Carla Jorge, Pereira, Claudia Cristina de Aguiar, Viana, Bernardo de Mattos, Oliveira, Graziella Lage, Melo, Daniel Carvalho, Carvalho, Jád<mark>er Freitas Maciel Garcia de, Moraes, Flávia Lanna de, & Moraes, Edgar Nunes de. (2020). Estimates of the impact of COVID-19 on mortality of institutionalized elderly in Brazil. Ciência & Saúde Coletiva, 25(9), 3437-3444. Epub August 28, 2020.https://dx.doi.org/10.1590/1413-81232020259.14552020)</mark>

(2) Public Ministry of The State of Sao Paulo, 2019. Report On Elderly Care in the State Of São Paulo (by Municipalities, Public Prosecutor's Offices and Regional Areas) 2019 Table of statistical data of the MPSP Elderly Care Entities – 2019. Acessed 9th November 2020. Available at: http://www.mpsp.mp.br/portal/page/portal/CAO_Idoso/Plano%20Anual%20Idoso%202019.pdf)

Older adults in LTCFs in São Paulo are the main target of Covid-19 infection

There is a **strong impact of COVID-19** on the older adults living in long-term care facilities in São Paulo, the most affected **State**⁽¹⁾

São Paulo state was the most affected Brazilian state

for older adults living in long-term care institutions(1)

(Sources: (1) Machado, Carla Jorge, Pereira, Claudia Cristina de Aguiar, Viana, Bernardo de Mattos, Oliveira, Graziella Lage, Melo, Daniel Carvalho, Carvalho, Jáder Freitas Maciel Garcia de, Moraes, Flávia Lanna de, & Moraes, Edgar Nunes de. (2020). Estimates of the impact of COVID-19 on mortality of institutionalized elderly in Brazil. Ciência & Saúde Coletiva, 25(9), 3437-3444. Epub August 28, 2020. https://dx.doi.org/10.1590/1413-81232020259.14552020)

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Older adults in LTCFs in São Paulo are the main target of Covid-19 infection, with high mortality rates

rate of transmissibility is higher than 60%

with high mortality once the virus is introduced in the LTCFs institutions (3)

old adults in LTCFs have high mortality rates

high multiple risks as they have chronic diseases – such as hypertension, diabetes mellitus and cardiovascular diseases – in addition to the decline of immune function commonly observed in older adults⁽³⁾

old adults in LTCFs live in a collective environment with other frail older adults and a significant number of employees who travel in other risk environments, such as hospitals and other health services, other LTCFs, and public transport⁽³⁾

Older adults in LTCFs in São Paulo are the main target of Covid-19 infection

philanthropic and particular LTCFs have no resources to fight against the pandemic

their resource and funding sources (charity events)

have drained up

donations decreased very much

and because of the needed isolation, it became impossible to hold charity events to generate funds, such as bazaars; most of their sources of funding were eliminated

Older adults in LTCFs in São Paulo are the main target of Covid-19 infection

one of the biggest challenges of private and philanthropic LTCFs in Brazil in this pandemic is that they are linked to social assistance, not to health, because they are social assistance entities, not linked to the health departments:

this prevents them from receiving resources from the health departments or from hiring medical teams

Older adults in LTCFs in the outskirts of São and the Covid-19 infection

older adults living in the outskirts will be the main victims of the new coronavirus in Sao Paulo and Brazil

- they have very little information
- they live in overcrowded environments and unable to follow recommendations such as buying gel alcohol, stocking food or working from home
- there is a lack of basic sanitation
- there are limitations of health equipment
- there are precarious housing conditions: one or two rooms, with poor ventilation and extremely hot, often shared by a large number of family members locations with very high demographic density due to small urban plots that also have high household density, where keeping distance from other people is not easy
- the communication about prevention (narrative, language, means) does not reach a significant number of people
- there are historical inequalities

What responses did we, Horas da Vida Institute, offer to protect and care of our older adults living in long-term care institutions for the older adults (LTCFs)?

How did we, Horas da Vida Institute, protect the professionals and managers working in these facilities from Covid-19 and and take care of them?

What measures and approaches did we, Horas da Vida Institute, adopt and provide to prevent the foreseeable deaths in these kind of institutions?

We created The Sustainable Aging Project

fighting against Covid-19 in Brazilian long-term care institutions for older adults



fighting against Covid-19 in Brazilian long-term care institutions for older adults

To prevent the pandemic from spreading and causing serious complications for the older adults institutionalized in LTCFs, we worked together with partners and support institutions we arrived at a proposal where we privileged an integrated and interdisciplinary approach, as this is a premise of work at Horas da Vida Institute

- a structured project with established objectives and goals
- it was designed to serve each of the LTCFs according to their physical, geographical and economic structure
- the project was scheduled to take place for 6 months, as there was no expectation of the end of the pandemic
- the project has been operating since August 2020, in 20 LTCFs on the outskirts of São Paulo, based on the mapping of infected people through laboratory testing

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What are our objectives?

Central objective:

Reduce or zero the number of older adults and employees infected by the new coronavirus, through material, educational and emotional support, always with a humanized service, which is the essential factor for the success of the Sustainable Aging Project

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What are our objectives?

General Objectives

- Guarantee access to necessary and viable information and
- Provide guidance to the managers, residents and employees of the LTCFs, according to each reality and needs
- Guarantee inputs and PPE necessary during the epidemic in the city of São Paulo for the older adults and employees of the LTCFs
- Extend the post-pandemic project of the new coronavirus to ensure care and management of chronic diseases to the assisted older adults

Specific Objectives

- Test 100% of the older adults, managers and employees for prevention and care actions
- Disinfect all the environments of the 20 ILPIs, to minimize the risk of contamination
- Ensure that older adults and employees receive sufficient PPE for protection
- Give a lecture to all managers, older adults and LTCFs employees, with guidance on the project
- Ensure the satisfaction of all beneficiaries at the end of the project

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What makes our project different and relevant?

we applied an integrated and interdisciplinary approach

we impacted on the whole support structure: workers, health workers, families, managers

we crafted and used a personalized approach

we began to change the self-care culture

we developed trust between the LTCFs: a key factor to the project success and further development



we extended and deepened the understanding of older adults' needs and life contexts

we provided comfort and hope to older adults and their relatives/families, LTCFs employees and managers

we created essential and indepth practical knowledge about the dynamics and specificities of LTCFs, which is key for future projects with them

we impacted all LTCF's management culture

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What did we already do?

What did we already do?

- Our activities range from management, instruction and guidance, delivery of PPE and support materials, periodic visits, psychological and central nursing support and daily care as needed
- We are a team of 20 people who work with love and care, in a humanized and welcoming way, positively transforming the culture of the LTCFs served and the lives of the benefited people

daily support:

emotional support; bonds creation with the managers of each LTCF; needs assessment; creating and maintaining the support chain

periodic visits:

PPE delivery; visits at least twice a month to analyze the application of the guidelines; assessment of needs; conversations and attention



psychological support service:

psychological support for managers and employees, by demand

nursing support by the Central Nursing Service:

weekly and by demand orientation; instruction and guidance on prevention and conduct of Covid-19



delivery of Personal Protective Equipment (PPE):

delivery of masks, gloves, aprons, alcohol gel

understanding and design:

needs identification, understanding and assessment to base the project design

What did we already do?



we applied an integrated and interdisciplinary approach

training and delivery of support materials:

development and delivery of lectures, printed and electronic materials with tips on preventing the new coronavirus; development and delivery of a Practical Guide to Preventing Covis-19 at the LTCFs (printed and electronic and via the Institute website

mapping and LTCFs selection:

mapping of LTCFs, defining filters and choosing LTCFs for the Project; defining the profile of LTCFs to be benefited; survey of LTCFs

analysis and understanding of target LTCFs:

analysis of structure, workflows, and needs



mapping of infected people through testing

orientation according to mapping result:

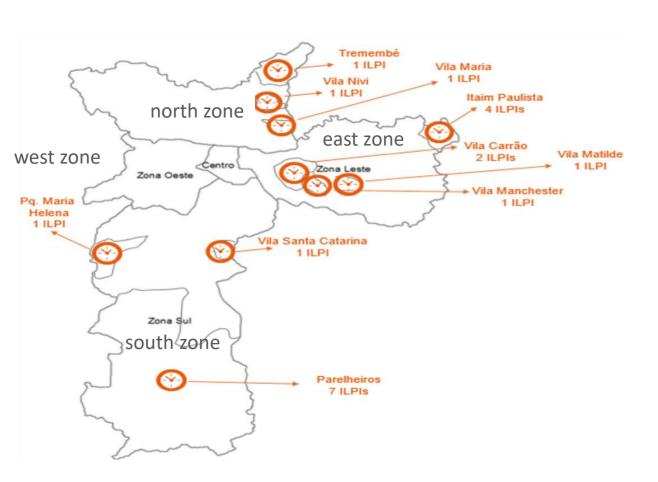
clinical guidelines on conduct for positive cases, guidance on isolating and changing flows, monitoring the evolution of positive cases and possible new cases

disinfection of all LTCFs:

disinfection of all environments and spaces of each LTCF at the beginning of the project; in the entry and exit of employees and managers of the LTCFs; disinfection after test results and after 80 days of the project



mapping and LTCFs selection



our team mapped and choose the LTCFs to work for the Project with by defining filters, defining the profile of LTCFs to be benefited; and carried on a survey of them

We chose 20 LTCFs in the outskirts of Sao Paulo city to work with

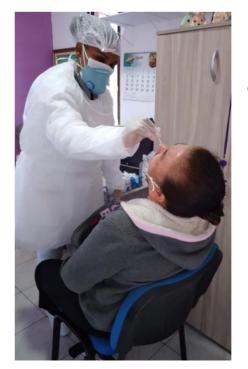
map of the city of São Paulo

testing & mapping the contamination



Mapping of infected people through testing:

- We defined the ideal test for mapping the population with the project doctor
 - We got resources and hired an acknowledged laboratory to carry out the tests



 We conducted the test on all the older adults, employees, and managers of all LTCFs in the first month of the project

orientation according to mapping result



- We provided clinical guidelines on their conduct for positive cases:
 - we gave directions related to employees' leave to recover at home in isolation or according to symptoms (complete guidelines)
 - we provided guidelines on isolating older people, with greater attention from caregivers
 - we provided guidance on isolation and alteration of flows according to the structure of each LTCF, from taking care of the entry and exit of employees, managers and suppliers on a daily basis (use of PPE, changing shoes, cleaning hands) to indicating the selection of caregivers to care for the infected ones
 - we monitored the evolution of positive cases and possible new cases throughout

disinfection of all LTCFs





- We hired a specialized company for the disinfection of all environments and spaces of each LTCF at the beginning of the project
- Disinfection of the entry and exit of employees and managers of each LTCFs
- Disinfection after Covidtest results in homes with positive tests
- Disinfection after 80 days of the project start date

training and delivery of support materials



banners and posters with tips on

preventing the new coronavirus for

each of the 20 LTCFs



The "Guide to Good Practices at ILPIs: Main Actions to Fight Against Covid-19"

delivered the "Guide to Good Practices at **ILPIs:** Main Actions to Fight Against Covid-19" to all the 20 ILPIs

We developed and



delivery of

Personal Protective Equipment (PPE)



We delivered masks, gloves, aprons and alcohol gel to all older adults, LTCFs managers







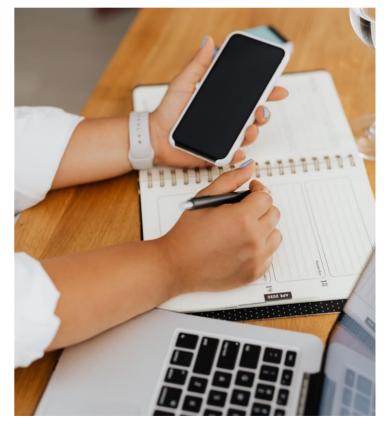
nursing support by the Central Nursing Service

Our volunteer nurses provide weekly care or according to the need of managers for guidance on prevention and conduct of Covid-19 through a video conference tool

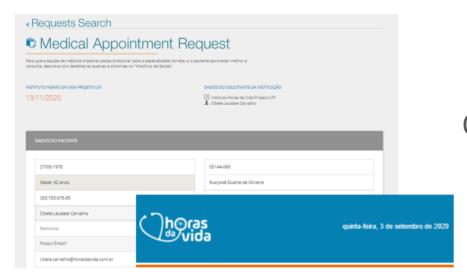
We deliver reports with doubts, issues addressed and nursing professional

conduct





psychological support service



Psychological Support Service

Our volunteer psychologists from the Horas da Vida Institute provide assistance to LTCFs managers and employees according to need, using a video conference tool

We deliver of service reports with questions, issues addressed and professional conduct

Confirmation of Appointment

Compareceu à Consulta: Sim

Id da Consulta: 12194

Nome: Jefferson Alexandre de Brito - ILPI Lar de Idosos São Francisco

CPF: 220.304.878-64

Data Nascimento: 04/10/1982

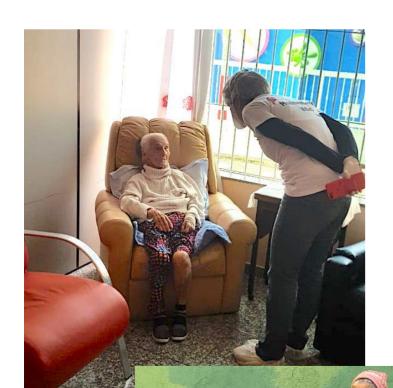
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05419 001. São Paulo. SP. Brasil

Psychological Support Service and Nursing Support System

periodic visits to the LTCFs



The monitoring team that delivers the PPE monthly makes periodic visits at least twice a month to analyze the application of the guidelines given by the Project to the managers



They also assess the needs for changing flows and processes
Welcoming with conversations and attention in each contact so that the project is humanized.

daily support

Through visits, phone calls and WhatsApp messages, the PMO creates bonds with the managers of each benefited LCTF and becomes mainly emotional support, listening and discussing particular needs, assisting in topics such as donations of extra materials and contributing to a support chain is created and maintained among these assisted LTCFs



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What are the impacts and benefits we already generated?

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What are the impacts and benefits we already generated?

All the actions that we planned to do in the project were properly implemented by the project team and by the LTCFs managers and employees, who trusted and put into practice all the orientation and guidelines, leading to very surprising results:

45 days after the start of the project at the LTCFs,

no positive cases for Covid-19 was found in the older adults, employees or managers

90 days after the project started at the LTCFs only 1 manager was diagnosed with Covid-19 even so, no older adults resident or employee had a positive test

no deaths were reported by Covid-19 during the project 12 deaths had occurred before the project started.

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Which social impacts did the project generate?

reduction of the risks of contamination by Covid-19 in older adults and LTCFs employees

ensuring access to necessary, reliable, and viable information and guidance to the managers, residents and employees of the LTCFs, according to each reality

guarantee of materials and the necessary PPE during the epidemic for the older adults and employees of the LTCFs

construction of a key support and knowledge network among the managers of the 20 LTCFs benefited by the project

building **trust among LTCFs managers** in actions promoted by serious institutions that aim to provide genuine support where everyone is benefited

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Who did we benefit and impact?

more than 800 people directly benefited

537 older adults and

301 managers and employees

in **20** private or philanthropic LTCFs on the outskirts of São Paulo city (Brazil)

more than 800 Covid-19 tests

we distributed:

more than **17,000** aprons

more than **50,000** gloves

more than 12,000 masks

more than **1,200 liters** of 70% alcohol

more than 30 appointments at the Nursing Center

development and delivery of training and information materials to all 20 LTCFs

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How did we benefit and impact older adults' families, our partners and support institutions?

the care

someone is caring for my relatives

the feeling of security

in the face of unique and unexpected risks

trust

on care given and on our engagement on information

more belief in prevention

as the best way to fight the new coronavirus

a real possibility of doing this confrontation

we brought key resources (financial, knowledge, human ...) for LTCFs, our partners and support institutions fighting against Covid and reach those who really needed it

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Why are these impacts relevant?

reduced the contamination risks and spread of the pandemic

increased belief in prevention

prepared the ground for further and complementary work with LTCFs and older adults

Now, we need your help to continue

the project until the vaccines come...

fighting against Covid-19 in Brazilian long-term care institutions for older adults

How can you contribute for this project to continue benefiting our older adults in LTCFs?



We need your help to continue this project!

The project was designed to last 6 months from August 2020, as there was no deadline or expectation for the end of the pandemic

Today, both the Horas da Vida Institute and LTCFs managers understand that it is extremely important to continue this project for at least another 2 months, since we know that we will not have a vaccine before the first half of 2021

For now, the only way to help eliminate the pandemic in LTCFs is the way we are doing... protecting, informing, training, isolating, cleaning, orienting...

The source of income for these LTCFs are events such as bingos, dinners and parties sponsored by the community, which cannot happen during the time of the pandemic

And many family members who paid monthly fees to keep the older adults institutionalized are unemployed and unable to comply with the commitment

We need your help to continue this project!

| Sustainable Aging Project: fighting against Covid-19 in Brazilian long-term care institutions for older adults | | | | | | |
|---|---------------------------|----------------------------|------|---------------------------|----|----------------------|
| Expense item | Quantity for 2 months use | Unitary cost in US Dollars | | Total Costs in US Dollars | | |
| Personal Protective Equipment (PPE) and hygiene product | | | | | | |
| Surgical Masks | 4000 | | 0.56 | | \$ | 2.240,00 |
| Disposable Gloves | 8000 | | 0.09 | | \$ | 720,0 <mark>0</mark> |
| Disposable Aprons | 750 | | 0.56 | | \$ | 420, <mark>00</mark> |
| Liquid soap | 100 | | 5.37 | | \$ | 537 <mark>,00</mark> |
| Alcohol in gel | 120 | | 8.95 | | \$ | 1.074,00 |
| Total costs (US dollars) | | | | | \$ | 4.991,00 |

Currency Converter: Brazilian Central Bank https://www.bcb.gov.br/em/currencyconversion

Conversion made in: 16th. March 2021 Base date for conversion: 03/16/2021

Rate:

1 Real/BRL (790) = 0.1790478 Dólar dos Estados Unidos/USD (220)

1 Dólar dos Estados Unidos/USD (220) = 5.5851007 Real/BRL (790)



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