

# Residences for Elderly People and COVID-19: The Forgotten Ones of Guadalajara, Jalisco, México

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## Abstract

**Introduction:** The pandemic put on evidence the lack of health and access to health services for elders, the most affected were those that live on long term care residences, where the government put a smaller amount of attention and support to avoid deaths for COVID-19.

**Objective:** Identify if the residences for elders in the Metropolitan Area of Guadalajara (Jalisco, Mexico) has received information and support about COVID-19 on behalf of the government and what changes have made to prevent the spread inside of the residences.

**Methods:** Cross-sectional descriptive study, they invited to participate 78 residences for elders of Guadalajara, anonymously and only 20 agreed to participate. They were asked to fill a form on Google Forms with questions about government support during the health emergency and the prevention measures to prevent the spread of this disease.

**Results:** The 65% of the residences that participated where from Guadalajara. The 55% didn't receive information about how to prevent the spread on their residences. The 100% gave antibacterial gel on the most concurred areas, 95% banned visitors, 90% prioritized disinfection of areas, all this as measures to avoid spreads. The 85% modified areas as physical barriers on common areas, bedrooms, among others.

**Conclusion:** The residency elders are forgotten for the government, the pandemic put on evidence the deficiencies. The pandemic showed the deficiencies with they are forced to live and the inequality through the State treats their citizens, leaving those who live in long-term residences vulnerable.

**Keywords:** Elders; COVID-19; Pandemic; Residences for elders; Guadalajara; Mexico

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## Introduction

The virus SARS-CoV-2, better known as COVID-19, came to change all health perspective that we had worldwide. Also changed our lifestyle, freedom, and our trust on the health system. In Latin America COVID-19 has wreaked havoc at all levels, but as in the whole world the most affected are the elderly. Latin America and the Caribbean have ageing levels still below the European Union, and therefore those regions lag behind in terms of economic and social development, in addition, the structure of health systems function with a low budget, decreases coverage, the access is unbalanced and the lack of experience in attention to the elderly population, puts them on more risk and vulnerability to get COVID-19 [1]. Mexico is not an exception and to this day the number of elders affected by COVID-19 is alarming [2]. In Mexico until July 15 of the current year 2, 629,648 cases have been confirmed, and 235,740 total deaths from COVID-19 [3]. As of March 2021, it was observed that 63% (124,101) of COVID-19 deaths were among older adults [2], as they are more vulnerable to the disease due to their underlying health conditions, and their lack of access to health

services since before the pandemic [4]. Of these 124,101 60.8% were men and 39.2% women [2]. According to the statistic bulletin on excess mortality from all the causes during the COVID-19 emergency, 2021, as of June 5, 2021, in Mexico, there was an excess in mortality of 46.6%, that is 498,164 more deaths compared to those reported in 2019, of which 353,858 were associated with COVID-19, it means that 71% of those 231,500 tested positive for SARS-CoV-2 [5]. The excess mortality for the 65+ years old group was 43.5%, that is, 264,373 more deaths than projected, of which 174,373 were associated with COVID-19, affecting mainly males, as mentioned previously [5]. In absolute numbers the most affected were adults over 65 years old [5]. In the state of Jalisco at the same time there was an excess mortality of 32.2% (19,309), of which 80.5% (12,652) were associated with Covid-19 [5]. The Secretaría de Salud Jalisco is the governmental body of public health and in its weekly comparative analysis [6], as of July 15, 2021 reports 12,603 deaths. It also reports that the total number of cumulative cases is 254,839, of which 40,245 correspond to people over 60 years old [7,8]. In terms of asylums the numbers are not encouraging, although there are no official data, the news arrives with alarming scenarios, Infobae reported that from April 2020 to February 2021 79 deaths had been reported in private homes for the elderly [9] (the others are presented). Guadalajara is no exception, that's what the news shows, The Financier 006F reports on January 18, 2021 were 1 death in an asylum in the Metropolitan Area of Guadalajara [10]. In April 2020, The National Institute of Geriatrics generated information on COVID-19 prevention in older adults at the community an institutional levels on their website and through social media [11,12]. They share information about what COVID-19 is, how it is transmitted, prevention measures that should be taken by people who work or live in residencies [13]. There is a need to investigate what is happening with long stay nursing homes, what kind of funding the government and nonprofit that fund their operation support, and what measures they are taking to prevent outbreaks and reduce risks.

## Objective

Identify the information and support that nursing homes in the Metropolitan Area of Guadalajara (Jalisco) receive to address COVID-19 from government agencies and what changes they have made to prevent outbreaks within the residences.

## Methodology

A descriptive cross-sectional study invites 78 long-stay residences for older adults located in the Metropolitan Area of Guadalajara to participate anonymously, of which only 20 accept. They were sent a form in Google Forms, through a link in the email of the residence itself, Facebook page, or Whatsapp for filling out, all the resources mentioned were used. Responses to the form were received from July 22 to September 12, 2020.

## Results

Thirteen residences were located in Guadalajara, representing 65%, five in the municipality of Zapopan 25% (Table 1). More than

half of the residences (55%) mentioned that any institution had approached them to provide information about the management and protocols for COVID-19, of the remaining nine, five received information from the Instituto Nacional de las Personas Adultas Mayores (INAPAM), three from the Sistema Nacional de Desarrollo Integral de la Familia (DIF), two from the Government of Jalisco, two from the Secretaría de Salud Jalisco (SSJ) and one of them sought information on its own (Table 2). Fourteen residences (70%) mentioned having a health care circuit or network in case any resident required care due to COVID-19. The supports of the care systems for six nursing homes are to have private care that ensures the assistance of a doctor and ambulance service, only one mentioned as a public instance of support in case of emergency or outbreaks of Covid-19 to the Secretaría de Salud Jalisco. In relation to the measures they have applied to prevent an outbreak within their residences, 100% reported having alcohol in gel in all spaces with greater flow of people, as well as at the entrance and exit of the residence and rooms of the residents, 95% closed to visitors, 90% continually disinfection of spaces, 85% informative signs, and the least mentioned measure with 5% was disinfection of articles for personal use (Table 3). In the same way they were asked if they have made modifications to their spaces to reduce the risk of contagion to which 85% answered that they have made modifications and 15% have not. Of the seventeen residences that made modifications, 58.8% reported that they installed physical barriers to promote healthy distance between visitors and residents (in case the visit is allowed), 58.8% enabled isolation areas for residents who present respiratory symptoms, and to a lesser extent air purifiers 11.8%, air extractors 5.9% (Table 4).

**Table 1:** Distribution of residences according to location. Source: Own creation.

Location	Percentage %	Number
Guadalajara	65	13
Zapopan	25	5
Tlaquepaque	5	1
Tlajomulco	5	1

**Table 2:** Residences that received information about COVID-19 and instances that provided it. Source: Own creation. <sup>1</sup>INAPAM: National Institute of Older Adults; <sup>2</sup>National System for Comprehensive Family Development; <sup>3</sup>Jalisco Health Secretariat.

Instance	Number of Residences that Received Information	Percentage %
None	11	55
Did receive information	9	45
INAPAM <sup>1</sup>	5	55
DIF <sup>2</sup>	3	33
Gobierno de Jalisco	2	22
SSJ <sup>3</sup>	2	22
On his own	1	11

**Table 3:** Measures implemented in nursing homes to prevent an outbreak of COVID-19. Source: Own creation.

Measures	Number of Residences that Applied Them	Percentage%
Gel alcohol 70%	20	100
No visits	19	95
Sanitizing mat	19	95
Constant disinfection of spaces	18	90
Information signs	17	85
Infrared thermometer	17	85
Sinks at the entrance of busiest routes	16	80
Cancellation of group activities	15	75
Sick leave policies allowing staff to be absent in the event of respiratory illness or contact with a positive	15	75
Cancellation of group meals	3	15
All mentioned	3	15
Separate bathroom and changing table for staff	1	5
Constant use of oximeter	1	5
Visits according to the status of the elderly	1	5
Face mask, suppliers do not enter	1	5
Disinfection of articles for personal use and varied items	1	5

**Table 4:** Modifications that the residences implemented to reduce the risk of contagion. Source: Own creation.

Modifications	Number of Residences that Implemented them	Percentage %
Physical barriers for visitors and residents	10	58.8
Isolation area for residents with respiratory symptoms	10	58.8
Independent rooms for residents	3	17.6
Physical barriers in rooms that are shared	2	11.8
Physical barriers in dining room	2	11.8
Air purifiers	2	11.8
Air extractors	1	5.9

## Discussion

For this section we will take as a reference the case of Chile, a Latin American country that had an outstanding management to prevent deaths in older adults of long-stay residences, from very early the government together with associations in favor of the elderly, distributed personal protection equipment to workers in residences, provided training to them as well as technical advice on the sectorization of spaces, among the measures inside opted for isolation and avoid family visits and reception of providers at the door, also rushed to screen suspected cases, and the best is the implementation of twenty mirror residences, where residents positive to COVID-19 could carry out their isolation without the risk of infecting others, as if that were not enough, they hired replacement staff to support in the residences where employees had to be isolated due to suspicion or confirmation of COVID-19 [14]. In our research you can find some similarities, such as the fact of the ban on visits, the policies so that staff can isolate themselves in case of being suspicious, but with the difference that there was no facility to hire replacement staff, on the contrary, there was a lack of training for employees of the residences, they searched on their own and worked with what they came to understand. For its

part, in Argentina, priority was given to the sectorization of spaces inside the residences to promote healthy distance and prevent contagion (areas of isolation of suspects and positives, separated from the healthy ones), they separated entry and exit areas to avoid crowds, sanitization areas were enabled in common spaces, visits by relatives and suppliers were also prohibited, they have a support circuit for care, all of the previous mentioned were not found in our study in the residences that agreed to respond, except for the prohibition of visits, where there is agreement it is in the use of alcohol in gel, and the fact that the government does not support with training and supplies such as personal protective equipment or supports for the hiring of replacement personnel [15,16]. Regarding what was done in Spain we found several similarities, such as the restriction of visits, visible information signs, temperature controls, areas of sanitization of hands. What Spain did and Guadalajara, Mexico did not, was training [17]. Unfortunately, agreement was found in the actions not taken by the United Kingdom regarding the fact that there is no state support in training, no personal protective equipment was delivered [18], which is similar to what was experienced in the United States, where nursing homes were left to fend for themselves without providing support [19].

## Conclusion

The pandemic highlighted the lag that exists in our country in terms of health, the inequality faced by older adults in terms of access to health, which, although it has always existed, with the pandemic situation was exacerbated. It was also clearly observed that the state has little capacity to meet the needs of the aging population and worse, shows indifference by not turning to see and realize an agenda on aging and health care of this population, an agenda that includes accurate and real data of people living in nursing homes, census of the residences that exist in Jalisco, the conditions in which they are, compliance with the rules and laws that already exist but are not complied with. The pandemic made evident all the problems that exist in this matter at a very expensive cost, the lives of older adults who became ill with COVID-19 due to the lack of proposals and actions to protect them. It remains to be evaluated a year and a half into the pandemic what has been learned in this area and what actions have come to stay in order to prevent this population, one of the most vulnerable, from suffering the ravages of this type of situation in the future.

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