

EXPLORING THE CARE NEEDS OF CANADIANS LIVING WITH FRAILITY AND THE ROLE OF PRIMARY CARE DURING THE COVID-19 PANDEMIC

There are over 1.5 million Canadians who are currently living with frailty and who are at high risk for complications from COVID-19. Since the start of the pandemic, we are experiencing significant changes to health care, including primary care, where older adults look for support with assessment of their needs, care coordination and care management.

We are investigating the pandemic health care experiences of Canadians (who are living with, or at risk of frailty) through the voices and experiences of older adults, caregivers, and their health care providers and administrators. We are also capturing policy changes and commentary at the national, provincial and local level to better understand the rapidly evolving health system responses to the pandemic.

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RESEARCH QUESTIONS

What are the health care needs and experiences of older Canadians living with frailty, and their family caregivers, during the COVID-19 pandemic?

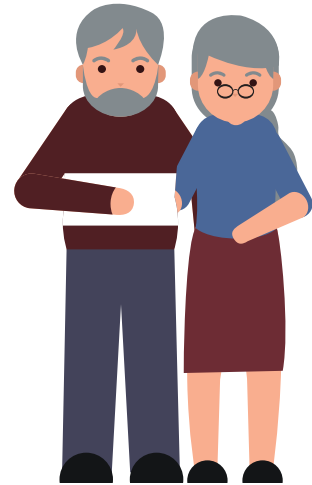
How are primary care clinics responding to the needs of older Canadians and their family caregivers during the COVID-19 pandemic in Alberta, Ontario and Quebec?

How have these provincial health systems responded to the needs of older adults living with frailty?



It is important that the voices and experiences of older adults and their family caregivers, as well as those of health care providers, inform health system and policy responses to pandemics and other emergencies.

What are participants saying?



The emotional impact of COVID-19 is more significant than the physical impact - boredom, isolation, anger, frustration, fear, worry for others, disruption of roles and identities

Without reliable internet service, virtual care is challenging for patients and caregivers

Patients and caregivers are experiencing COVID fatigue following wave 1



It is challenging to implement rapidly changing (and sometimes conflicting) regulations such as masks and patient flow

Clinics are developing new processes such as proactive identification of at-risk patients and definition of essential visits that require in-person appointments

There is disappointment with the lack of pandemic planning

This work will have implications for future pandemic responses and for other scenarios in which older adults may have to self-isolate and receive care remotely (e.g., flu outbreaks in long-term care and retirement homes, natural disasters/events such as ice storms, people who are undergoing treatments that require isolation). We will also be able to understand how each province reacted to the pandemic and the resulting health care and patient impacts, as well as how these reactions and impacts looked the same or different across the country.

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Funding partners



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