



American
Society
on Aging

February 5, 2020

ASA Chicagoland Roundtable

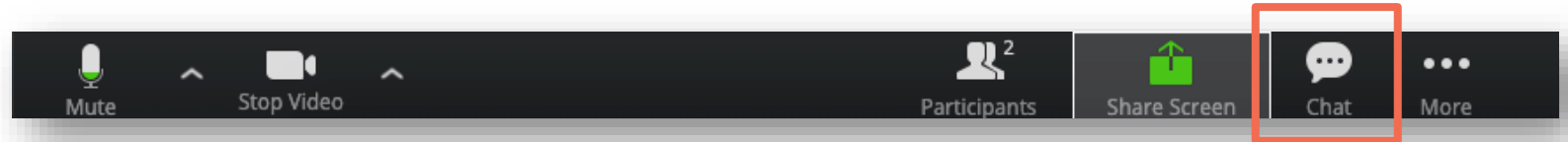
**Understanding the Pandemic's
Impact on Chicagoland's Older Adults:
Recent Research Findings and Developments**

Today's speakers/panelists

Welcome and updates (8:30-9:00)	Recent developments in Chicago area	<ul style="list-style-type: none">• Bonnie Ewald, MA, Associate Director, Center for Health and Social Care Integration at Rush University Medical Center
	Brief update on state vaccine dissemination and Aging Network role	<ul style="list-style-type: none">• Paula Basta, M.Div., Director, Illinois Department on Aging
Research presentations (9:00-10:00)	COVID-19 mortality and neighborhood characteristics in Chicago	<ul style="list-style-type: none">• Molly Scannell Bryan, PhD, Research Assistant Professor, Institute for Minority Health Research at University of Illinois at Chicago
	Making Informed Residential Setting Choices for Frail older Adults Using COVID-19 Fatality Rate Comparisons	<ul style="list-style-type: none">• Michael Gelder, MHA, Principal Investigator of study and Board member, Health & Medicine Policy Research Group• Susan Hughes, DSW, Director, Center for Research on Health and Aging at the Institute for Health Research and Policy at the University of IL at Chicago• Amy Lulich, MHA, Senior Policy Advisor, Illinois Department on Aging• Sage Kim, PhD, Associate Professor, School of Public Health, University of IL at Chicago
Facilitated discussion (10:00-10:30)		

Logistics

Submit your questions to the chat box!



Slides and a recording will be shared with registrants

Closed captioning available via Otter.ai

- Link added into Chat

High level update: Where are we today?

COVID spread

- Reductions in number of tests conducted
 - General increase in availability
- Reductions in number (and %) of positives
- Concerns about new variants

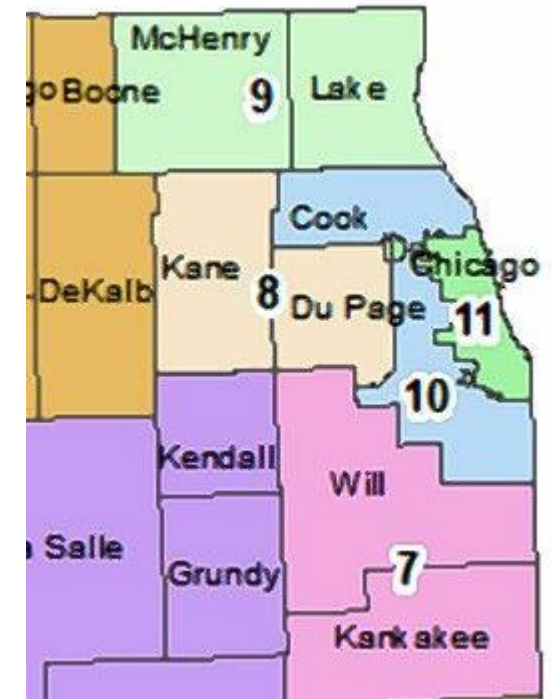
Total Cases 1,137,559	Confirmed Deaths 19,444
Probable Deaths 2,053	Total Tests Performed* 16,359,655
Variant Cases 17	Recovery Rate** 98%

High level update: Where are we today?

Contact tracing

- Happening, at various levels of success
- Case investigation: attempted vs. successful interview

Region	Confirmed cases	Cases attempted	Cases interviewed
1	50998	48,903 (95.89%)	41,198 (80.78%)
2	93263	78,046 (83.68%)	62,884 (67.43%)
3	43752	39,704 (90.75%)	35,012 (80.02%)
4	53736	49,299 (91.74%)	41,640 (77.49%)
5	32684	30,737 (94.04%)	29,356 (89.82%)
6	60852	57,487 (94.47%)	53,646 (88.16%)
7	58062	46,970 (80.90%)	27,398 (47.19%)
8	94095	84,667 (89.98%)	58,793 (62.48%)
9	58831	54,006 (91.80%)	35,481 (60.31%)
10	164231	37,233 (22.67%)	25,835 (15.73%)
11	167075	39,922 (23.89%)	22,364 (13.39%)

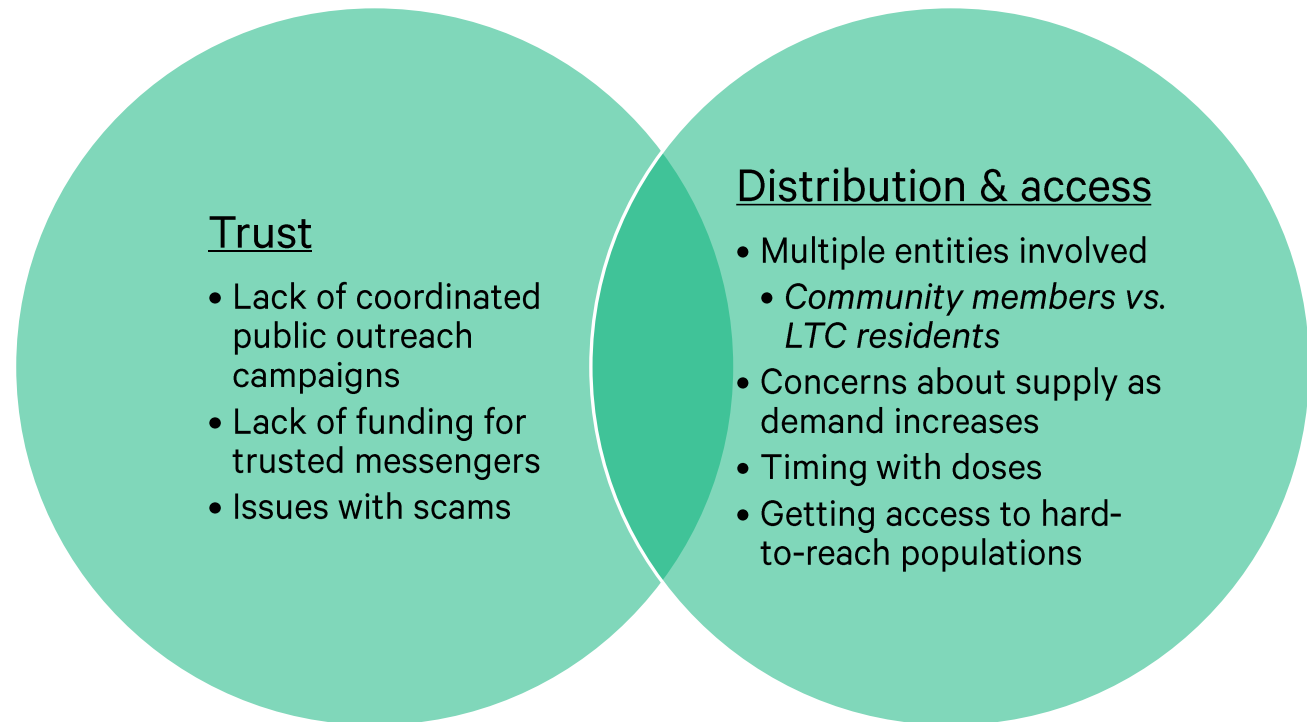


High level update: Where are we today?

Vaccine dissemination

- IL authorizing vaccine use for individuals in Phase 1B
 - *65+ years old, frontline workers, non-healthcare residential settings*
- General recommendation: contact your local public health department, aging network CBO, or your healthcare provider to learn about availability and options

Challenges



**Vaccine
dissemination
issues:
Confusing
systems to
navigate create
inequitable
access**



Half Of Chicago Residents To Get COVID-19 Vaccine So Far Are White



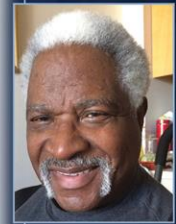
Illinois ASA Chicagoland Roundtable

February 5, 2021

RESPECT FOR
YESTERDAY,
SUPPORT FOR
TODAY,
PLAN FOR
TOMORROW

Paula A. Basta, Director

Illinois Cares; Making Connections



“ It is incredibly hard for me to be isolated, but the iPad I received from Illinois Care Connections helps me connect with others. My grandchildren have helped me learn how to use this equipment, and we share our days with each other. This is very new for me, but I have enjoyed learning this technology. Hopefully, more of my friends will be able to take advantage of the program, and we can communicate with each other better. Thank you so much for this opportunity.

~ Clarence, a senior from Chicago



“ Thanks to the Illinois Care Connections program, I was able to video chat with my daughter during the holidays. I would not have been able to do this if it wasn't for the generosity of the program. Thank you so much for assisting me during this difficult and different holiday season.

~ Wanda, a senior from Illinois



“ Never in a million years would I have ever expected such a gift as this. I feel so blessed because it has allowed me to keep in touch with my children who live out of state. It has also afforded me the opportunity to keep in contact with friends far and near. This is especially important during this global pandemic when seniors like myself with underlying conditions must social distance, wear masks and quarantine for our safety. The iPad has kept me in touch with the events of the world, keeping my brain active and stimulated. This is the best Christmas gift ever.

~ Marsha, a senior from Chicago

The pandemic allowed us to creatively form new partnerships and come up with innovative solutions to ensure that our older adults remain safe and in their own homes. Providing these new technologies help establish the social connection that our seniors need to maintain their health.



Getting Vax to Normal

- The unfortunate statistic remains that over 89% of the COVID-19 deaths in the State of Illinois have been adults 60 years of age or older.
- Studies show that older adults and individuals with underlying medical conditions are especially more vulnerable to becoming seriously ill from COVID-19.
- It is imperative that we all make sure that our older Illinoisans understand that they continue to be at risk without the vaccine. As leaders in the Aging Network, we need to be an example for our older Illinoisans, family members, friends, and the community to follow.
- Getting the word out that the vaccine is safe to our older diverse community is a difficult task - particularly because we must dispel myths and rumors about the vaccine and promote vaccine distribution.
- Despite some of these rumors, the number of vaccines administered every day continues to increase. Over 1 million vaccinations have been administered in the State of Illinois so far!
- We encourage everyone to be patient as the State rolls out the vaccine in an orderly manner to eligible individuals. It is imperative that you receive the vaccine when it is your turn. The time is now for all of us to be All In for Illinois!

- IDPH and IDoA is encouraging everyone who receives the vaccine to post a photo of themselves or their loved ones after receiving the vaccination on social media.
 - Include a message about why the COVID-19 vaccine is important to you with the hashtag #VaxUpIL. Tag a friend who's had a COVID-19 vaccine! IDoA's Facebook handle is @IllinoisDoA and our Twitter handle is @IL_DoA
- Not only are we dealing with myths and mis/disinformation, but older adults are also encountering other difficulties. The Aging Network has been attempting to address barriers such as:
 - Navigating an automated registration process
 - Connectivity issues with signing up for the vaccine through the website
 - Isolation / Transportation Issues (70% of CCP participants live alone)
- Working with the network to address these issues, and other state agencies to create a toolkit focusing on ethnic and minority communities.



#VaxUpIL



- As we know, this is a rapidly evolving process, but IDoA is committed to keeping our Aging Network and older Illinoisans informed of the latest information related to vaccination in Illinois.
- We have developed a toolkit which can be found on our website, and recently sent out guidance to our Aging Network on vaccines - with more information being developed.
- Many of our providers have creatively shared these FAQs with our older Illinoisans by disseminating with their clients' Home Delivered Meals.
- Our Aging Network has been working directly with their local health departments - which the communication and collaboration is already in place due to the partnerships implemented during the 2020 Census.
 - Some of our Area Agencies on Aging are coordinating with their senior centers and local health departments to promote senior centers serving as vaccination points.
- Our Area Agencies on Aging, CCP providers, CCUs, In-Home providers, and senior centers have been assisting older adults in making appointment / scheduling transportation for them to receive the vaccine.




IDoA Panel Discussion: Vax Up Illinois

- Purpose is to discuss the COVID-19 vaccine, outreach and education about the vaccine by the Aging Network, and challenges facing older adults in ethnic and minority communities.
- Event will be streamed live on Facebook for our Aging Network.
- Anyone can view live:

<https://multimedia.illinois.gov/aging/aging-live.html>




IDoA Panel Discussion: **VAX UP ILLINOIS** – Information for Older Adults Tuesday, February 9 • 2:00-4:00pm



Paula Basta, M.Div
Director, Illinois
Department on Aging


Join us as Paula Basta, Director of IDoA, hosts a panel discussion with Deputy Governor Flores, IDPH officials, and Aging Network stakeholders to discuss the COVID-19 vaccine, outreach and education about the vaccine by the Aging Network, and challenges facing older adults in ethnic and minority communities.




Sol Flores
Deputy Governor,
Office of Illinois
Governor JB Pritzker

Other speakers include:

- Amaal Tokars, PhD., Assistant Director, Illinois Department of Public Health
- Amy Brown, CEO, CRIS Healthy Aging Center
- Ella Grays, Regional Vice President / General Manager, Gareda Home Care
- Luvia Quinones, Health Policy Director, Illinois Coalition for Immigrant & Refugee Rights
- Marta Pereyra, Executive Director, Coalition of Limited English Speaking Elderly (CLESE)
- Susan C. Real, Executive Director, East Central Illinois Area Agency on Aging



**TO VIEW THE
LIVE PANEL
DISCUSSION
[CLICK HERE](#)**




State of Illinois
Illinois Department on Aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine at 1-800-252-8966; 1-888-206-1327 (TTY)

Vaccine Resources

- www.coronavirus.illinois.gov/s/vaccination-location
- www.illinois.gov/aging/Coronavirus/Vaccine/
- If you can't figure out how to sign up for a vaccine online, call your local county health department or Area Agency on Aging and ask for assistance.
 - Our Senior HelpLine (800) 252-8966 is directing callers to the CCU nearest them - as well as their local health departments. From there, the CCU will assist in getting our older Illinoisans the vaccine - as assisting seniors with registering for vaccine appointments embraces our mission of providing person-centered care.
- For general questions about COVID-19 and Illinois' response and guidance, call (800) 889-3931 or email DPH.SICK@ILLINOIS.GOV.



COVID-19 Vaccine
Information for Older Adults

The COVID-19 vaccine is coming! You may need to receive two doses of the vaccine; please check with your healthcare provider or local health department. The vaccine will be available at no cost.

WHY SHOULD I TAKE THE VACCINE?

Older adults have a higher risk for severe illness and hospitalization if they get COVID-19. Research has demonstrated that the vaccine is 95% effective in preventing COVID-19. The COVID-19 vaccine will help keep you, your family, and your community healthy and safe.

IS THE VACCINE SAFE?

We understand that some people may be concerned about getting vaccinated. The COVID-19 vaccine was tested with thousands of participants to generate scientific data and other information in order to determine its safety and to get approval from the Food and Drug Administration.

SIDE EFFECTS

Short-term side effects are mild and may include fever, fatigue, muscle and joint pain, chills and sore arms. They will go away in a few days, but they are normal and a sign your body is working to build up protection against the virus.

MYTH VS FACT

MYTH: If I get vaccinated for COVID-19 I'll be more vulnerable to other illnesses.

FACT: While the COVID-19 vaccine will work to teach your immune system to recognize and protect against coronavirus, it is not proven to make you vulnerable to other illnesses.

MYTH: After I get the vaccine, I no longer have to wear a mask.

FACT: While health experts learn more about the protection of COVID-19 vaccines, it will be important for everyone to continue to wear a mask, wash hands often, and practice social distancing.

Contact your local health department to ask about COVID-19 vaccination in your area:
<http://www.idph.state.il.us/LHDMAP/HealthRegions.aspx>

Illinois Department of Public Health COVID-19 vaccine site:
<http://dph.illinois.gov/covid19/vaccine-faq>

For general questions about COVID-19 and Illinois' response and guidance, call 1-800-889-3931 or email DPH.SICK@ILLINOIS.GOV.

Digging into recent research:

Where are people dying from COVID-19, and why?

COVID-19 mortality and neighborhood characteristics in Chicago

- **Molly Scannell Bryan, PhD**, Research Assistant Professor, Institute for Minority Health Research at University of Illinois at Chicago

Making Informed Residential Setting Choices for Frail older Adults Using COVID-19 Fatality Rate Comparisons

- **Michael Gelder, MHA**, Principal Investigator of study and Board member, Health & Medicine Policy Research Group
- **Susan Hughes, DSW**, Director, Center for Research on Health and Aging at the Institute for Health Research and Policy at the University of IL at Chicago
- **Amy Lulich, MHA**, Senior Policy Advisor, Illinois Department on Aging
- **Sage Kim, PhD**, Associate Professor, School of Public Health, University of IL at Chicago

Neighborhoods and COVID-19 Risk

ASA Chicagoland Roundtable

Molly Scannell Bryan

February 5, 2021

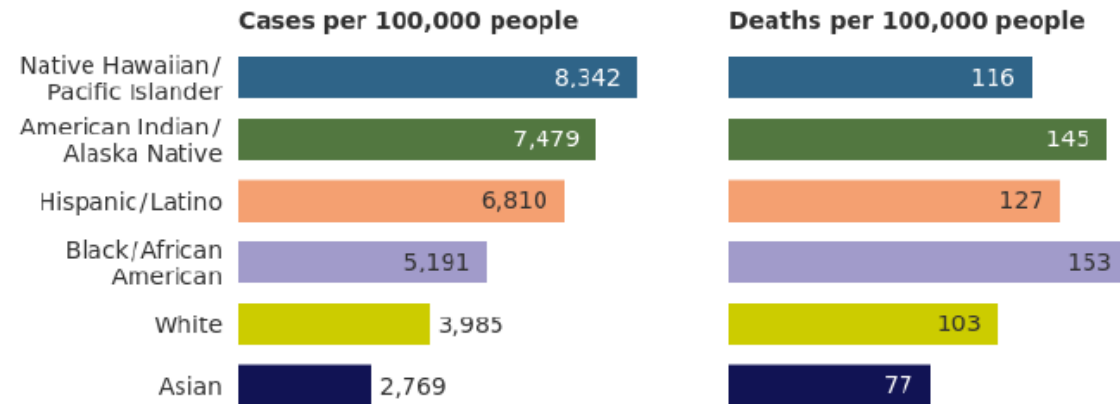
The Virus SARS-CoV-2

And the illness COVID-19

- Risk of mortality among those infected rises with:
 - Age, cardiovascular disease, pulmonary disease, obesity, kidney disease, cancer, liver disease, and diabetes
- No natural immunity, no vaccine, no cure, some treatment benefit
- Prevention
 - Stay-at-home orders, social distancing

COVID-19 in the United States

In the **United States**, through February 3, Native Hawaiians/Pacific Islanders were most likely to have contracted COVID-19. Black/African American people were most likely to have died.



Notes: Nationwide, 51 of 56 states and territories report race/ethnicity information for cases and 51 of 56 report race/ethnicity for deaths. Graphic includes demographic data from all states and territories that report, using standard Census categories where possible, and scaled to the total US population for each Census category. Race categories may overlap with Hispanic/Latino ethnicity. Some rates are underestimated due to lack of reporting of race and ethnicity categories for COVID-19 cases and deaths.

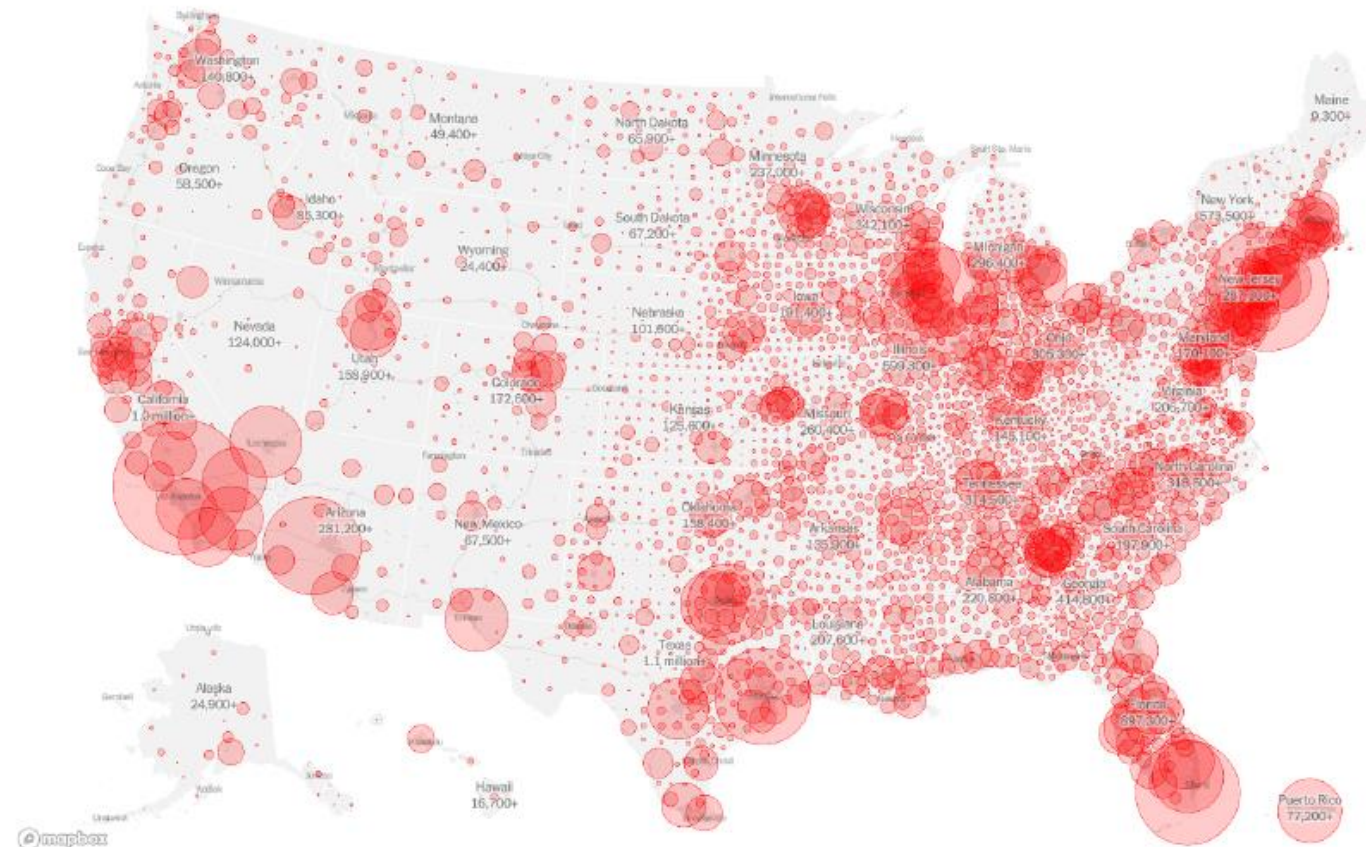
BOSTON
UNIVERSITY

The COVID
Tracking Project

COVID-19 in the United States

The New York Times

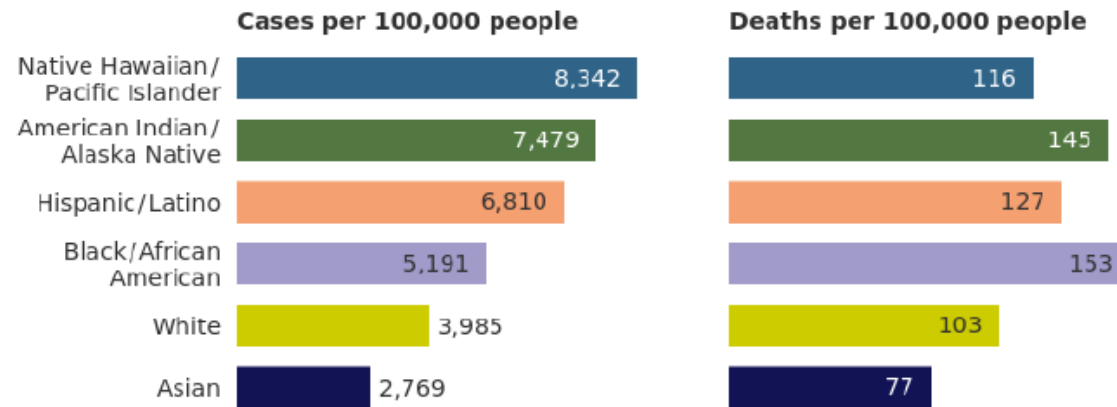
U.S. Covid in the U.S.: Latest Map and Case Count



Sources: State and local health agencies. Population and demographic data from Census Bureau.
[About this data](#)

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Neighborhoods' Influence on Disease

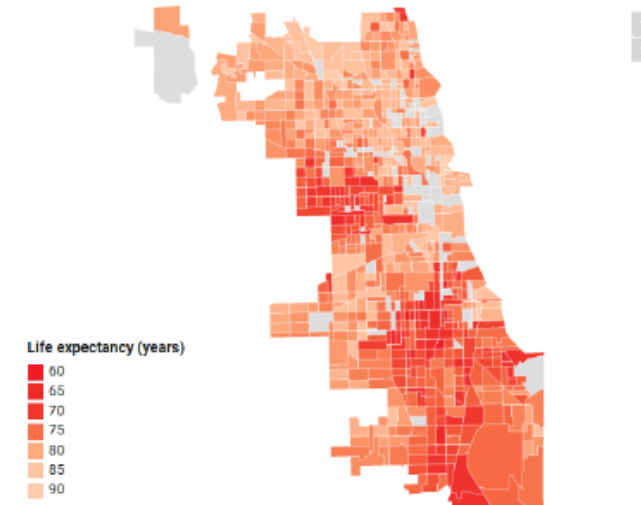
U.S. cities with the highest life-expectancy gaps

City, State	Gap in life expectancy between highest and lowest zip codes (years)	Average life expectancy (years)
Chicago, Ill.	30.1	77.3
Washington, D.C.	27.5	77.0
New York, N.Y.	27.4	80.6
Buffalo, N.Y.	25.8	74.8
New Orleans, La.	25.8	75.9
Jacksonville, Fla.	25.3	76.2
San Francisco, Calif.	25.0	82.1
Columbus, Ohio	24.8	77.0
Baltimore, Md.	24.7	73.5
Duluth, Minn.	24.2	79.0

data analysis includes the 500 most populous cities in the U.S.

Life expectancy differs dramatically between neighborhoods of Chicago

Hover over (or click on) the map for more detail

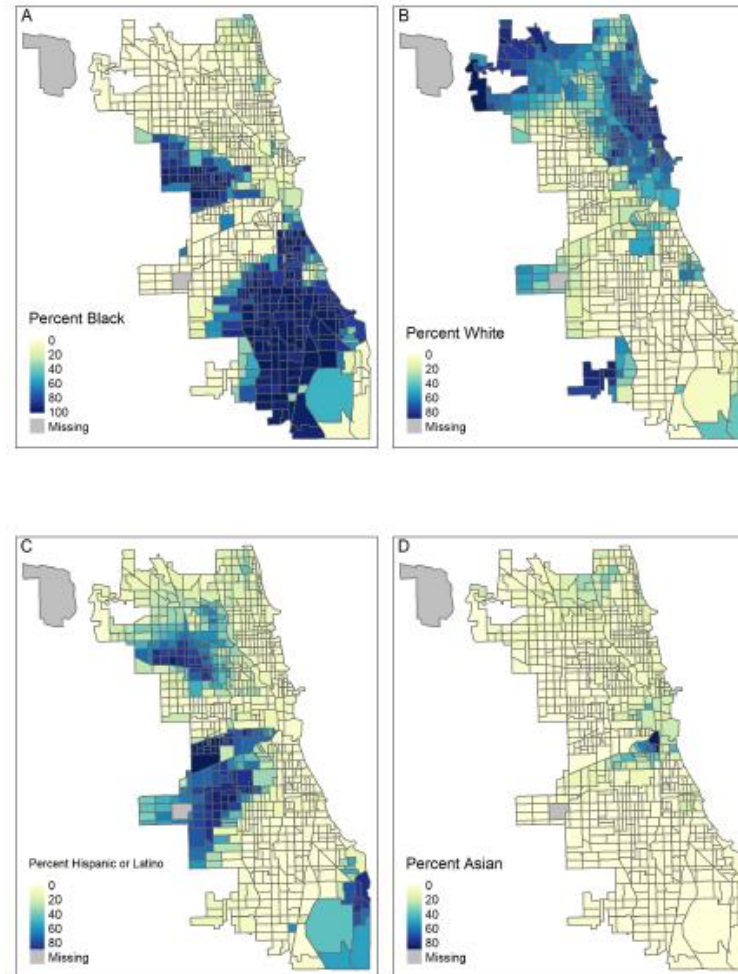


Map: Elijah Wolfson for TIME • Source: NVU Longone Health • Created with Datawrapper

Neighborhoods' Influence on COVID-19

- Robust evidence from other infectious diseases suggest that neighborhoods (the “built environment”) will have an impact on who gets the disease and who gets very sick if they get it
- Directly
 - Air or soil pollution
 - Sanitation
 - Concentration of infected people
- Indirectly
 - Access to health infrastructure

Neighborhoods' Influence on COVID-19



COVID-19 in Chicago

My research specifically



Annals of Epidemiology

Available online 10 November 2020

In Press, Journal Pre-proof ?



Original article

COVID-19 mortality and neighborhood characteristics in Chicago

Molly Scannell Bryan PhD ^a  , Jiehuan Sun PhD ^b, Jyotsna Jagai PhD ^b, Daniel E. Horton PhD ^c, Anastasia Montgomery BA ^c, Robert Sargis MD, PhD ^d, Maria Argos PhD ^b

Deaths from COVID-19 in Chicago

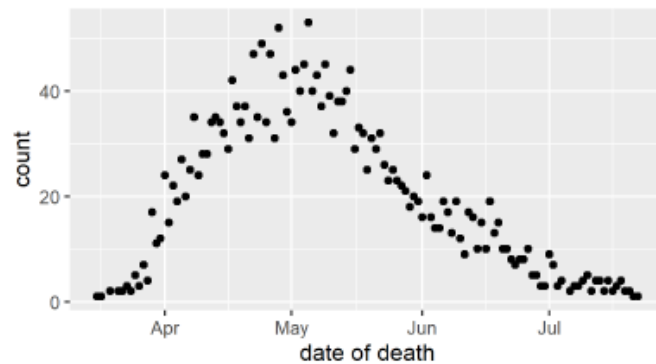


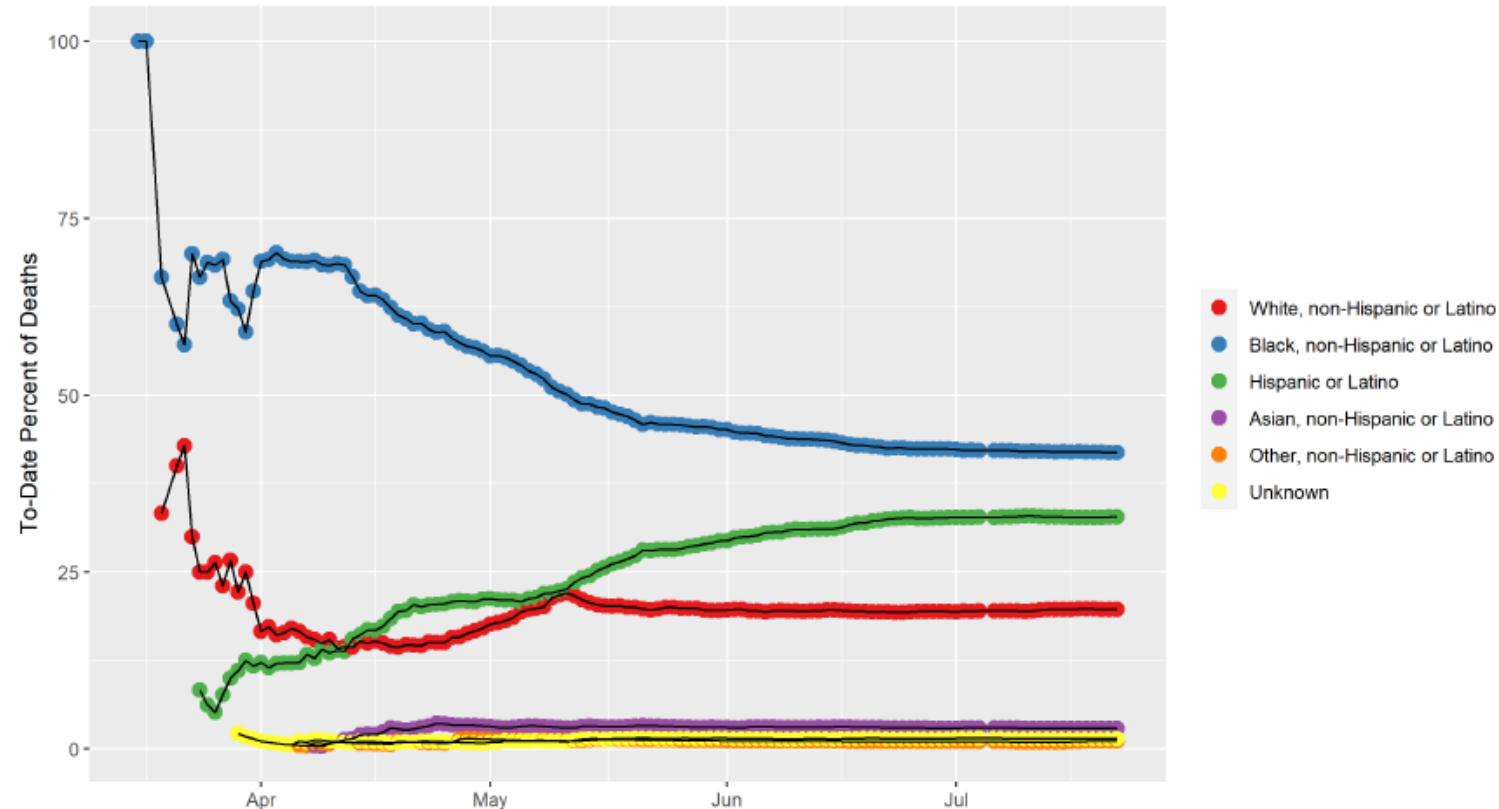
Table 2: Demographic characteristics of COVID-19 deaths in Chicago through July 22 by residential setting

	Overall N=2514	Institutionalized n=885	Non-Institutionalized n=1619
Mean Age (sd)	71 (15)	78 (12)	67 (15)
Race and Ethnicity			
Black, non-Hispanic/Latino	1053 (42%)	374 (42%)	679 (42%)
White, non-Hispanic/Latino	663 (26%)	343 (38%)	320 (20%)
Hispanic/Latino	644 (26%)	113 (13%)	531 (33%)
Asian, non-Hispanic/Latino	85 (3%)	38 (4%)	47 (3%)
Other, non-Hispanic/Latino	35 (1%)	17 (2%)	18 (1%)
Unknown	34 (1%)	10 (1%)	24 (1%)
Gender			
Female	1002 (40%)	393 (44%)	609 (38%)
Male	1507 (60%)	501 (56%)	1006 (62%)
Unknown	5 (0%)	1 (0%)	4 (0%)

Age of Death from COVID-19 by Race/Ethnicity among Non-institutionalized Chicago Residents

Race/Ethnicity	Mean Age of Death
Hispanic or Latino	62.9
Black, non-Hispanic or Latino	68.9
White, non-Hispanic or Latino	70.8
Other, non-Hispanic or Latino	73.3
Asian, non-Hispanic or Latino	74.0

Race/Ethnicity and Age Over Time



Neighborhood Characteristics

Table 1: Neighborhood characteristics evaluated with COVID-19 infection and mortality

Infection Risk	crowded living conditions	residences without complete kitchens, residences with more than one occupant per room, grandparents living with children under 18
	transportation habits	residences without a car available, commuting primarily by public transit, commuting primarily by carpool
	dense housing	housing units in buildings with more than 20 units, population density
	sociodemographic characteristics that might be associated with heightened barriers to social distancing	SNAP use, broadband internet at home, educational attainment, ability to work from home
Mortality Risk	Health care access	health insurance status, access to a primary care provider
	presence of comorbid conditions suspected to be associated with more severe disease	rate of heart disease deaths per 100,000, rate of diabetes-related deaths per 100,000, rate of nephrotic disease deaths per 100,000, and rate of tobacco related deaths per 100,000
	age and biological sex	male sex, population aged 65-74, population aged 75+
	indicators of poverty	poverty rate, unemployment rate, households spending more than 35% of their income on rent, historical redlining of the neighborhood
	air quality	concentration of nitrogen dioxide (NO ₂), ozone (O ₃), and particulate matter smaller than 2.5 microns (PM _{2.5})
Structural	structural racism	percent population that is non-Hispanic Black, percent of population that is non-Hispanic white, percent of population that is Hispanic/Latino, percent of population that is non-Hispanic Asian

What We Saw

Table 1: Neighborhood characteristics evaluated with COVID-19 infection and mortality

Infection Risk	crowded living conditions	residences without complete kitchens, residences with more than one occupant per room, grandparents living with children under 18
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Discussion

MAKING INFORMED RESIDENTIAL SETTING CHOICES FOR FRAIL OLDER ADULTS USING COVID-19 FATALITY RATE COMPARISONS

FEBRUARY 5, 2021

MICHAEL GELDER, MHA, DEPARTMENT OF DISABILITY AND HUMAN DEVELOPMENT, SCHOOL OF APPLIED HEALTH SCIENCES, UNIVERSITY OF ILLINOIS AT CHICAGO (UIC), HEALTH AND MEDICINE POLICY RESEARCH GROUP

SUSAN HUGHES, PHD, DIRECTOR, CENTER FOR RESEARCH ON HEALTH AND AGING AND PROFESSOR, SCHOOL OF PUBLIC HEALTH, UIC

SAGE KIM, PHD, ASSOCIATE PROFESSOR, SCHOOL OF PUBLIC HEALTH, UIC

AMY LULICH, MHA, SENIOR POLICY ADVISOR, ILLINOIS DEPARTMENT ON AGING



**CENTER FOR
RESEARCH ON
HEALTH AND AGING**

Health & Medicine
POLICY RESEARCH GROUP



OVERVIEW

-
- Purpose
 - Provide timely and useful information to older adults and their families about the risk factors associated with various residential options when they are no longer able to live independently.
 - Inform policy makers about the relative COVID-19-related risks to ensure state funding and policies support best possible residential options for frail older adults.

OVERVIEW

- Phase I
 - Identify risk factors and examine numbers and rates mortality for older adults in long term care facilities compared to the community.
 - Mortality data on COVID-19-related deaths through September 30, 2020, among adults age 60 and older from the Cook County Medical Examiner's Office
 - CMS star rating data on SNFs to identify facility-related risk factors.
- Phase 2
 - Compare risks among those living in SNFs, ALFs, SLFs, other congregate sites, multigenerational households, and living alone.
 - Mortality data on COVID-19-related deaths through September 30, 2020, among adults age 60 and older from the Illinois Department of Public Health
 - Residential status of frail older adults receiving Community Care Program services from the Illinois Department on Aging.

METHODOLOGY

-
- UIC faculty with expertise in aging, aging policy, long-term care, geographic analysis, and statistical analyses along with supporting research staff is analyzing Covid-19-related deaths identified by the Cook County Medical Examiner's Office (CCMEO) through September 30, 2020 and nursing home data from 2019 CMS star-ratings.
 - Research team is producing findings in the form of presentations, reports and manuscripts.
 - Illinois Department on Aging will assess findings and integrate into policies, planning, and providing services to frail older adults.
 - Health and Medicine Policy Research Group, a Chicago-based progressive policy and advocacy not-for-profit organization, will share and promote findings through reports, social media, forums, and media briefings.

PROJECT LEADERSHIP: COVID-19 OLDER ADULT MORTALITY ANALYSIS (COAMA)

- Principal Investigator: Michael Gelder, MHA
 - Department of Disability and Human Development, Applied Health Sciences; School of Public Health (SPH), HMPRG Board Member
- Bhatia, Ishan
 - Research Assistant, SPH
- DeMott, Andrew; MPH
 - Center Coordinator, Center for Research on Health and Aging (CRHA)
- Eisenberg, Yochai; PhD
 - Assistant Professor, Department of Disability and Human Development
- Hershow, Ronald; MD, PhD,
 - Professor and Chair, Division of Epidemiology and Statistics, SPH
- Oh, Haewon; MA
 - Research Assistant, Health Policy and Administration, SPH
- Hollender, Meredith
 - MPP Candidate, University of Chicago; Paid intern, HMPRG
- Hughes, Susan; PhD
 - Director, CRHA; Professor, Community Health Sciences, SPH
- Kim, Sage; PhD
 - Associate Professor, Health Policy and Administration, SPH
- Lulich, Amy; MHA
 - Senior Policy Advisor, Illinois Department on Aging
- Schaps, Margie
 - Executive Director, HMPRG

SOURCE OF DATA: PHASE I

-
- Cook County Medical Examiner's Office (CCMEO)
 - Deaths of all older adult deaths (60 and older) due to COVID-19 in Cook County, Illinois
 - Publicly available case archive
 - Center for Medicare & Medicaid Services (CMS) nursing home quality rating data
 - Five-Star Quality Rating System
 - Social vulnerability index data from Kim & Bostwick (2020)

CCMEO DATA ELEMENTS

-
- Race
 - Hispanic (Y or N)
 - Age at death
 - Sex
 - Residential Address (census tract)
 - Cause of Death 1
 - Cause of Death 2
 - Cause of Death 3
 - Date of Death
 - Underlying health conditions 1
 - Underlying health conditions 2
 - Underlying health conditions 3
 - Facility type at death (hospital, congregate setting)

CMS DATA ELEMENTS (SNF ONLY)

- Bed count and occupancy rate for SNF
- Ownership (non-profit and for-profit) of SNF
- Staff COVID-19 cases in SNF
- There is one Overall 5-star rating for each SNF, and a separate rating for each:
 - Health inspections
 - Staffing
 - Quality measures

Medicare Advantage Plan Star Ratings



SOCIAL VULNERABILITY INDEX DATA ELEMENT

-
- Kim & Bostwick (2020) created a social vulnerability index (SVI) using sociodemographic characteristics of 77 Chicago Community Areas
 - Performed a principal component analysis on the 2014-2018 U.S. Census American Community Survey

RESEARCH QUESTIONS

-
- **Decedent risk factors**
 - Race/ethnicity
 - Age
 - Community versus facility
 - **Facility risk factors (SNF only)**
 - Ownership
 - Staff COVID-19 cases
 - Medicare rating
 - Size and occupancy level
 - **Community risk factors**
 - Poverty rate of census tract
 - Social Vulnerability Index of census tract
 - Racial makeup of census tract

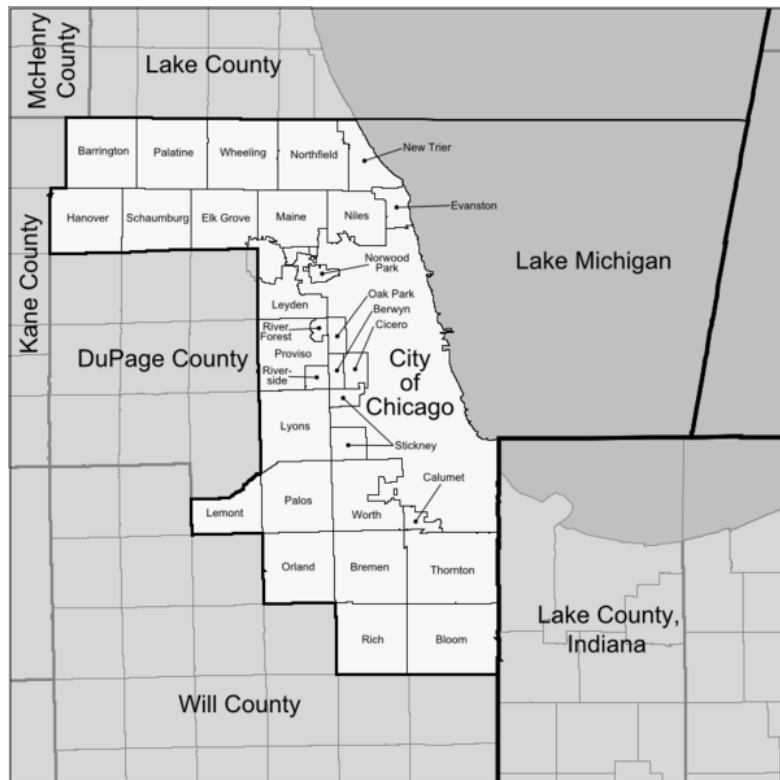
TIMEFRAME

- Phase 1 (currently underway)—COVID-19 mortality risk factor analysis
 - Risk factor analysis of Cook County Medical Examiner Office decedents
 - Risk factor analysis of skilled nursing facilities on CMS star rating data set
- Phase 2 (Spring 2021)—Residential mortality comparison analysis
 - Risk factor analysis of IDPH decedents (statewide)
 - Residential comparison analysis from IDOA Community Care Program client database



PHASE I: PRELIMINARY FINDINGS

COOK COUNTY DEMOGRAPHICS



Demographics	
Total Population	5.2 M
Total Housing Units	2.2 M
Persons 60 and older	1.1 M (21.1%)
White; Non-Hispanic, Latino	54.3%
Hispanic, Latino	14.0%
Black	23.8%
Asian	7.1%
Below poverty line	11.8%
Disabled	28.3%

TOTAL DEATHS BY SETTING, RACE/ETHNICITY OF 60+ COVID-19 CASES IN COOK COUNTY

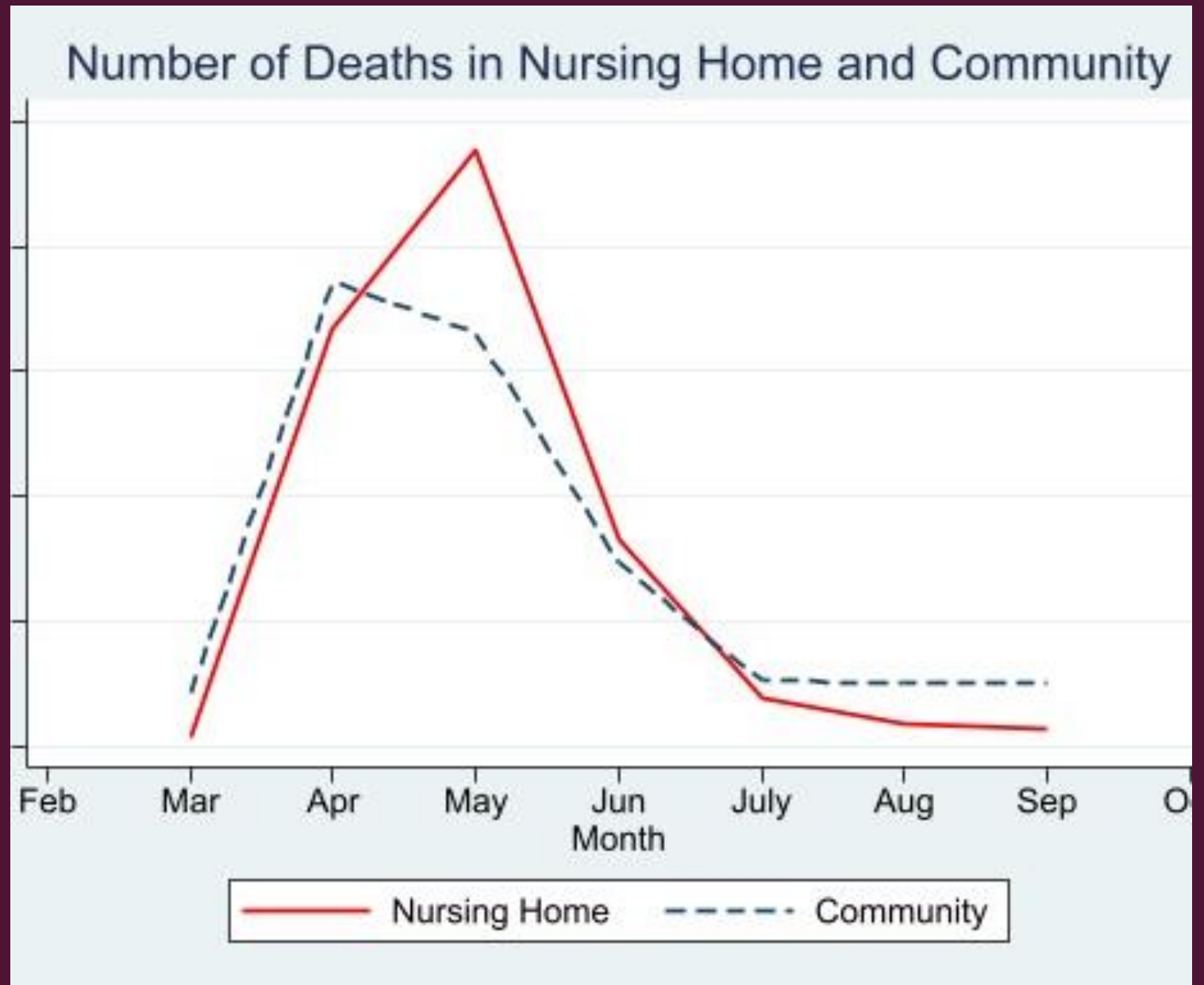
	N (%)					M (SD)
	Total	White	Black	Hispanic	Other	Age
Facility	2,071 (49.7)	1,141 (54.4)	627 (29.9)	182 (8.7)	146 (7.0)	81.3 (10.2)
Community	2,096 (50.3)	662 (32.0)	736 (35.5)	539 (26.0)	134 (6.5)	75.3 (9.7)
Overall	4,202 (100)	1,803 (43.3)	1363 (32.7)	721 (17.3)	280 (6.7)	78.3 (10.4)

	N (%)				
	Total	White	Black	Hispanic	Other
Cook County	9,254 (100)	4,050 (43.8)	2,557 (27.6)	1,996 (21.6)	651 (7.0)

MEAN DEATH RATE BY SETTING

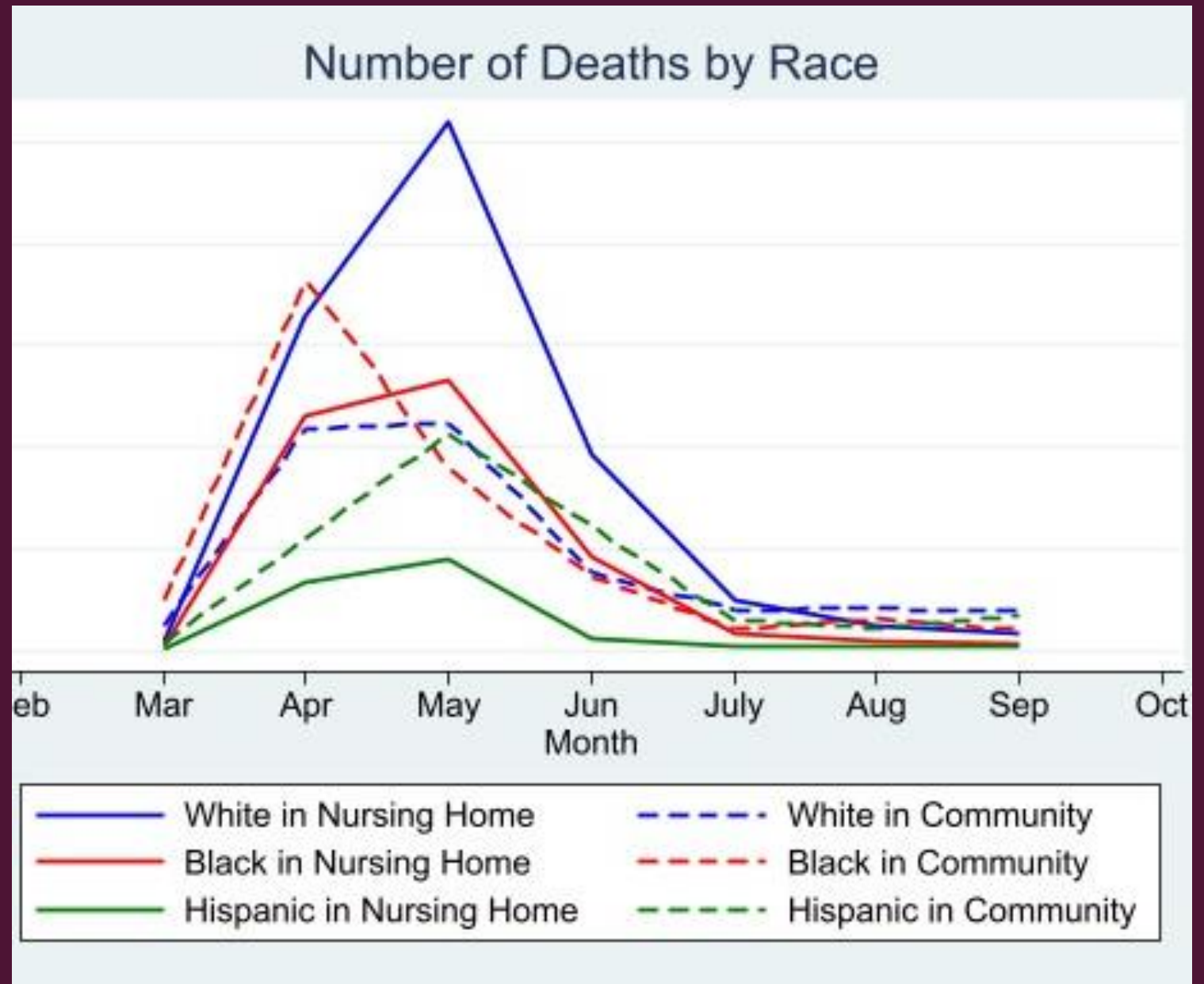
	Facility	Community
Mean Death Rates	0.006	0.002

FACILITY VS COMMUNITY DEATHS OF 60+ COVID-19 CASES IN COOK COUNTY



N.B.: 'NURSING HOME' INCLUDES SNF, ALF, AND SLF

DEATHS BY RACE/ETHNICITY OF 60+ COVID-19 CASES IN COOK COUNTY



N.B.: 'NURSING HOME' INCLUDES SNF, ALF, AND SLF

Overall rating	Census tract							
	Cook County facility count	Cook County total deaths in a facility	Mean deaths /facility	Social Vulnerability Index	Poverty Rate (%)	% Black	% White	% Latinx
No rating	73	265	3.6	0.569	12.5	19.3	62.8	14.1
1	40	422	10.6	0.725	18.4	34.3	51.2	14.9
2	32	371	11.6	0.731	19.5	34.4	47.2	20.4
3	25	333	13.3	0.607	13.6	18.5	70.3	8.9
4	33	397	12.0	0.668	8.6	10.5	66.7	16.7
5	36	265	7.4	0.618	12.2	12.8	68.0	21.2
Total	239	2,053	8.6	0.641	14.4	22.5	60.0	17.2

DEATHS BY CMS STAR RATING AND SVI, FOR PERSONS 60+ COVID-19 CASES IN COOK COUNTY

This slide represents SNFs only.

Overall rating	Mean bed count	Mean beds occupied	Mean % occupied
1	208.9	144.2	69.0
2	207.2	145.5	70.2
3	203.4	63.0	31.0
4	159.9	107.1	67.0
5	115.5	75.3	65.2
Total	177.4	121.3	68.4

CMS RATING AND OCCUPIED BEDS SUMMARY TABLE

This slide only represents SNFs.

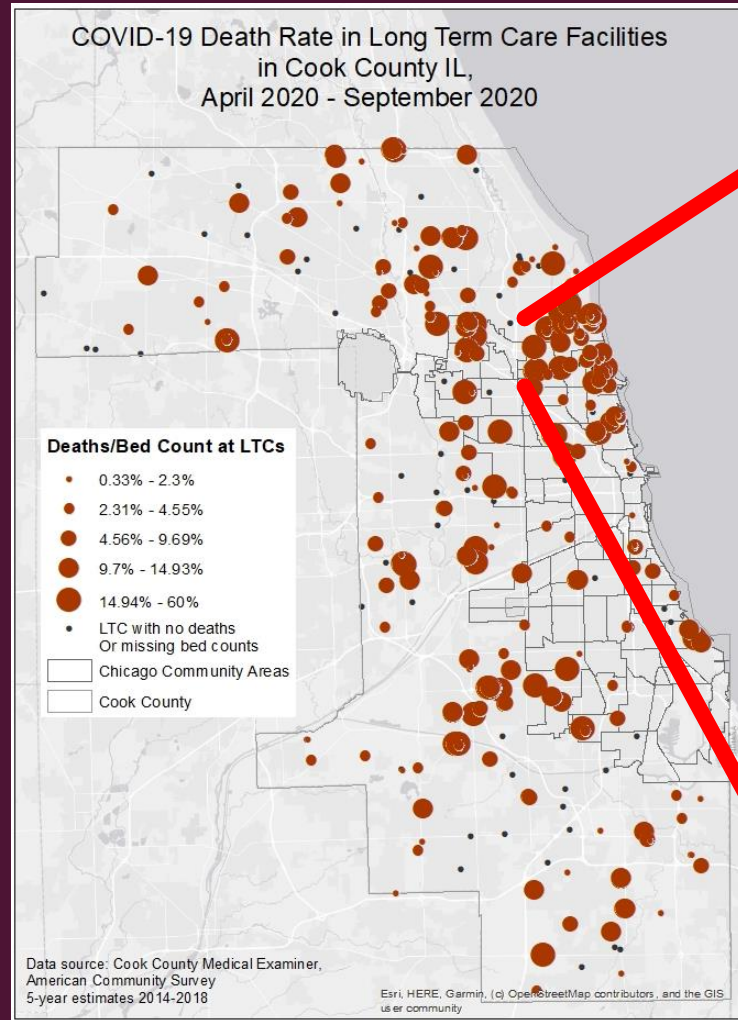
REGRESSION OF *DEATHS* ON SPECIFIC RISK FACTORS

This slide only represents SNFs.

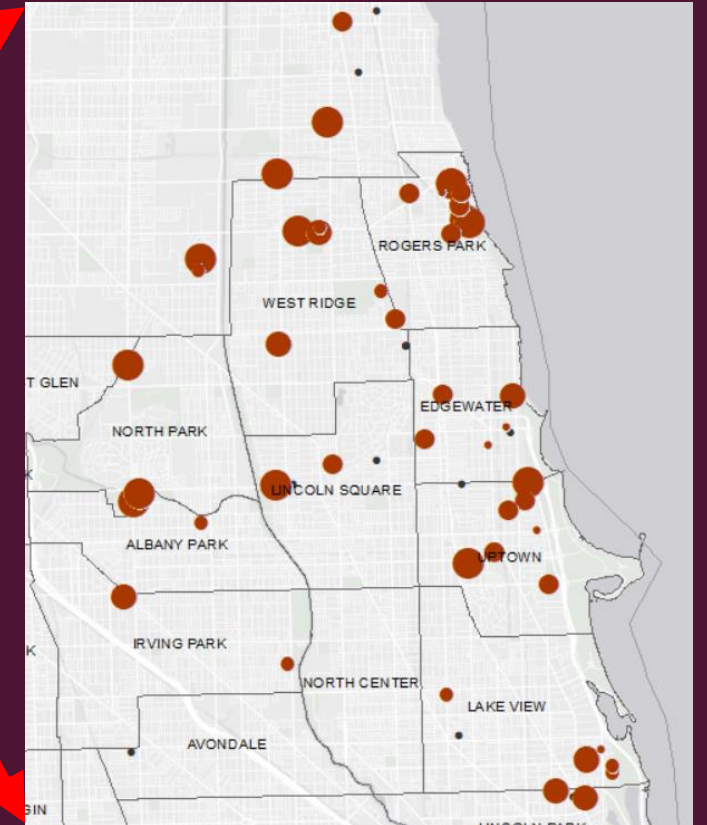
	Coefficient	Standard Error	P-value
Total number of beds	0.013942*	0.007923	0.08
Occupied beds (%)	-5.24564*	3.121811	0.095
Ownership (profit versus non-profit)	-1.36581	1.535373	0.375
Staff COVID-19 cases	0.320259***	0.033344	0.000
Overall rating	-0.32274	11.109409	0.771
Quality measure rating	0.108192	0.583846	0.853
Staffing rating	-0.75118	0.743186	0.313
Health inspection rating	0.223327	1.013893	0.826

A one unit increase in staff COVID-19 deaths is associated with an increase in resident deaths by 0.32, significant at the 0.001 level.

DEATH RATE BY FACILITY LOCATION OF 60+ COVID-19 CASES IN COOK COUNTY



FOCUS
AREA



CAUTION!

-
- Data presented to date are early preliminary findings. This analysis is a work in progress, stay tuned...

PHASE 2

- IDOA will provide residential-type data for all COVID-19-related decedents age 60 and older who received services through the Community Care Program, which requires the same level of need to receive care at home as is required to enter a nursing facility.
- IDPH will provide state-wide mortality data that expands on the CCMEQ analysis.
- Research team will
 - identify additional risk factors for older adults and facilities.
 - Compare mortality of facility and community-living frail older adults who live alone, in multigenerational households, or other congregate settings.

THANK YOU

- **For questions and comments, please contact:**
 - Michael Gelder – mgelder@uic.edu
 - Susan Hughes – shughes@uic.edu
 - Sage Kim – skim49@uic.edu
 - Amy Lulich – amy.lulich@illinois.gov



**CENTER FOR
RESEARCH ON
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Health & Medicine
POLICY RESEARCH GROUP





INITIAL CLARIFICATIONS?



POTENTIAL POLICY IMPLICATIONS

- Promulgation of **higher standards** and more **vigorous enforcement** of professional and support staffing, infection control and other measures related to controlling the introduction and transmission of potentially contagious diseases in long-term care facilities.
- Additional research on programs and policies to ameliorate the **harmful effects of social isolation** among those frail older adults living in institutional and community settings.
- Increased funding to **support more frail older adults living in community settings**.
- Higher **salaries** and benefits for **frontline workers**.
- Enhancement of efforts to help **facility residents relocate to community settings** with sufficient supports and services.
- Coordination between IDPH and facilities to further **prioritize COVID-19 vaccination efforts** to long-term care facilities with higher incidence of fatalities.
- Special attention to build trust and education to **encourage front-line workers** to receive vaccines when available.
- **Targeted education and outreach** in communities with higher incidence of COVID-19 deaths.

Facilitated Q&A and Discussion

COVID-19 mortality and neighborhood characteristics in Chicago

- **Molly Scannell Bryan, PhD**, Research Assistant Professor, Institute for Minority Health Research at University of Illinois at Chicago

Making Informed Residential Setting Choices for Frail older Adults Using COVID-19 Fatality Rate Comparisons

- **Michael Gelder, MHA**, Principal Investigator of study and Board member, Health & Medicine Policy Research Group
- **Susan Hughes, DSW**, Director, Center for Research on Health and Aging at the Institute for Health Research and Policy at the University of IL at Chicago
- **Amy Lulich, MHA**, Senior Policy Advisor, Illinois Department on Aging
- **Sage Kim, PhD**, Associate Professor, School of Public Health, University of IL at Chicago

Thank you! Please share any announcements in the chat, and join us for our upcoming Roundtable

Friday April 2 ASA Roundtable (8:30-10:30am CT): *COVID-19 update*

- Registration / details will be announced on ASA's listserv in March
 - Email Keith Kuo at kkuo@asaging.org to be added to ASA's listserv directly
 - Or, email michelle_h_newman@rush.edu closer-to for the registration link