# International Perspectives of the COVID-19 Pandemic: How different healthcare systems and long-term care settings provide care for diverse older adults in the face of the pandemic

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COVID-19 is seen as a catastrophic global tragedy. While true, this tragedy is felt uniquely in each country depending on its local cultural norms, healthcare system structures and processes, and population demographics. The composition of these three factors has resulted in distinctively unique challenges from country to country on combating COVID-19.

## **Baseline Statistics**

A comparison of population statistics immediately highlights a startling realization. In 2017, the top five countries with the largest share of older adults were Japan, Italy, Germany, Portugal, and Finland ("World Population Ageing 2017 - Highlights," 2017). A clear story starts to form when overlapping that information with the largest population sizes by country: China, India, and the United States ("Countries in the World by Population," 2020). With recent COVID trends, the countries with the total cases are in the following order according to the countries: USA, Spain, Italy, France, Germany, and China ("COVID-19 Coronavirus Pandemic," 2020). As shown here, the total cases represent more than just the population sizes but also the greatest share of aging population. 10 Clinical Geropsychology News Spring 2020 Volume 27, Issue 1

## **United States**

In the United States, 93.5% of older adults live in the community compared to just 4.5% living in nursing homes, according to the NIH (Pray, Boon, Miller, & Pillsbury, 2010). This statistic along with less than 5% of Medicare-enrolled patients reflects a long-term decline in nursing home representation for older adults (Pray et al., 2010). Outside of the Medicare system for older adults, many citizens utilize a privatized healthcare insurance plan with wide variances between state-to-state. These variances are dependent on factors such as competition from other insurers in a geographic region.

During the COVID-19 outbreak, different states exhibited distinctively contrasting behavior. These disparities ranged from their acknowledgement of the threat COVID-19 posed to their approach toward overcoming the pandemic. In some instances, different states even bid against each other for medical equipment such as ventilators.

# China

In China, the traditional Confucian care model shaped the Chinese model of nursing care (Liu, 2014). China has a hybrid model of nursing care system that includes both family care and individual private insurance (Liu, 2014). Most care for older adults is left to family members and relatives (ZH, 2020) in various types that extend all the way to relatives of extended families or even by neighbors (Liu, 2014). However, throughout the last several decades, more citizens have relocated to larger cities for jobs, resulting in separation from family (Akiyama, Shiroiwa, Fukuda, Murashima, & Hayashida, 2018).

Despite various organizations like retirement homes, day care centers, and nursing homes, China faces the challenge of increasing care for older adults. This stems from both the massive trend of younger generations moving into big cities like most wealthy developed cities (Akiyama et al., 2018) and the ramifications of the "One Child Policy." These problems are further compounded by insufficient medical and care services in both urban and rural regions (Zeng, Hu, Li, Zhen, Gu, Sun, & Dong, 2019). To combat these problems, China sought swift and strong actions against COVID-19 by shutting down all major economic activity and travel in the Hubei region. The epicenter of COVID-19, Wuhan, in the Hubei region alone has a population similar to Los Angeles.

#### Italy

Italy presents several unique factors in their healthcare system. First, there are many regional Long-term care (LTC) systems rather than one national LTC system (Tediosi & Gabriele, 2010). Second, Italy's universal healthcare system does not cover long-term care for older adults (Breeding, 2018). Consequently, family members become responsible for the care of older adults and incurred a significant share of LTC expenditure (Tediosi & Gabriele, 2010).

When the COVID-19 outbreak began in Italy, the regionalized LTC system resulted in a large variation for the number of older adults receiving home healthcare services (Tediosi & Gabriele, 2010). Compounded with the high intergenerational household mix, a strong risk existed for older adults in geographical pockets of Italy. This risk was eventually realized with the manifestation of cases in Northern Italy.

# Spain

In Spain, around 19% of the population is older than 65 (Benavides, 2020). However, there is a lack of nursing home beds with a long wait line for a free bed for those unable to afford a private bed (Bosch, 2002). Spain prides itself with persistent traditional values as older adults live with their relatives and their families (Bosch, 2002). Only 15% of older adults aged 65 or older live alone (Bosch, 2002).

Spain's challenges with COVID-19 hit older adults especially hard due to its lack of nursing home beds and medical equipment (Benavides, 2020; Bosch, 2020). According to the most recent news, military soldiers found individuals completely abandoned or dead in their beds (Benavides, 2020). For example, one single nursing home in Madrid was abandoned with nearly two dozen deaths (Benavides, 2020). Aggregately, these dynamics have resulted in Spain possessing the second highest death rate in the world.

## Germany

Germany upholds particularly unique dynamics for combating COVID-19. Over 82% of cases are from people under age 60, and the confirmed cases are mostly younger than in Spain and Italy (Kresge, N.,& Loh, T, 2020). A few of the reasons for this phenomenon may include: (1) Nursing home representation: there is a greater proportions of older adults living in a nursing home, with 11.5% of the population 80 years and older living in a nursing home (Gaertner, Koschollek, Grube, Lüdtke, Fuchs, Scheidt-Nave, Gößwald, & Wetzstein, 2019). (2) Social long-term care insurance (LTCI): This mandatory and universal system was introduced as a fifth pillar of the social security system in Germany in 1995 that covers almost the entire population (Schultz, 2010).

## Conclusion

No globally standardized way of treating COVID-19 exists. Social distancing is simply one part of a much larger answer required for solving this global pandemic. The nuances of each country's existing healthcare system, population representation, and cultural norms all reflect unique risks and require specialized solutions. Whether it's with informal neighbor care to a centralized government care system to a series of institutional settings, private nursing homes, observation of actions taken by each country reflect the advantages and disadvantages of different healthcare systems.

Future research should reflect on the responsiveness and resilience of each country to COVID-19. More specifically, highlighting areas of improvements needed and bringing discussion to the table regarding strategies to improve the care for diverse older adults. This research based on eventual end-outcomes can illuminate a path forward on global best practices for mitigating future pandemic scenarios. These insights are critically important as the world's older adult population will explode from 962 million in 2017 to 2.08 billion in 2050.

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