

Don't Forget About Us: Perspectives on Social Distancing in Assisted Living and Long-Term Care Facilities From Rural Nurse Practitioners

To the Editor:

The coronavirus (COVID-19) has impacted global health care. Although the news media has shifted most of its focus to patients in acute care facilities and frontline health care workers in large urban cities, we must not forget about older adult patients and health care workers in rural assisted living and skilled nursing facilities. Given the congregate nature of these smaller facilities and the number of residents with underlying chronic medical conditions, this population is at high risk of being affected by COVID-19 (Centers for Disease Control and Prevention [CDC] COVID-19 Response Team, 2020). According to reports from the CDC COVID-19 Response Team (2020), fatalities are highest in persons ages ≥ 85 , ranging from 10% to 27%, followed by 3% to 11% among persons ages 65 to 84. As adult-gerontological primary care nurse practitioners, in a state with the second largest rural population, we have the privilege of caring for the most vulnerable population in the United States.

Numerous safety initiatives were instituted to help prevent and mitigate the spread of COVID-19 among older adults in residential care. One of these measures was social distancing, which led to restricting all visitation except in extenuating circumstances, such as end of life (CDC COVID-19 Response Team, 2020). Although these changes were made to protect the health and safety of residents, the precautions led to interruptions in residents' day-to-day routines, especially their social interactions with other residents and

their families. Social distancing within residential facilities comprises restrictions on communal dining, as well as places a halt on all group activities, outdoor events, crafts, and leaves of absence. For residents with cognitive and memory impairments, this is a difficult adjustment (Roberts & Bowblis, 2018). Because residents can no longer leave the building or are asked to alter their normal routines, we have observed an upsurge in behavior problems and emotional breakdowns. In addition, for residents whose health may be transitioning, the exclusion of having loved ones at their side is psychologically taxing. Older adults who are not technologically savvy may not be able to use social media and other online platforms to connect with people in their support networks. Moreover, access to broadband internet remains an issue in rural areas, which further limits virtual face-to-face interactions with loved ones (Prieger, 2013). Currently, the creativity of facility activity directors is vital for residents, as social interaction has multiple positive health-related outcomes (Mabire et al., 2018).

The responses to COVID-19 have also impacted staffing due to mandated school closures and lack of child-care resources for staff. These changes exacerbate the shortages already found within the rural health care workforce (Prieger, 2013). Furthermore, many of facilities have limited personal protective equipment for COVID-19 prevention to help protect staff and subsequently their own families from disease transmission.

Despite these challenges, our rural families, health care systems, and

colleagues band together. Although the outcome of COVID-19 remains to be known in older adults residing in assisted living and skilled nursing facilities, we have hope in the compassionate care of our teams, health care systems, and the rural communities in which we serve.

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