Welcome to Bridge the Gap Contributor Wednesday, I'm Meredith Mills. When I first started working in one of our senior living communities, one of the longterm coworkers shared with me that one of our common rooms, ironically, now being used as a chapel, used to be a smoking lounge for coworkers. And I personally feel so lucky that I'm young enough, that I don't remember any references to smoking in the workplace, but I can certainly remember being grateful when smoking in bars and restaurants was banned in the state where I live and how nice it was to leave those places and not reek of cigarette smoke. Laws that ban smoking in doors were put in place to protect the health of others in the public, regardless of the individual preferences and risky behaviors that some members of society may choose. So you wouldn't smoke inside, but why won't people just wear their masks?

On this episode, I'm going to address public health aspects of the coronavirus pandemic and the misconceptions and conflicting messages that have caused our country's confusion over COVID as well as how to combat these myths and misconceptions within your own senior living communities.

So let's start with misconception number one: your coworkers are to blame for bringing covert into your communities. I have to keep myself from getting frustrated with people who say, 'I'm not scared of this virus. I'm willing to get infected because I want to keep gathering with my friends. I want to go to restaurants and I know I'm not in a high risk category'. And to these people, I would say, absolutely, that's your right. And you certainly have the freedom to do what you wish, but the longer, and the more you decide to do that, the more this virus is going to spread. And selfishly, the more you do that, the more this virus is going to spread and affect my communities and my coworkers and residents who are at risk. Because we've seen this. We've seen almost exact correlation between larger communities spread in a county and spread within our own senior living communities. And many people who don't understand the public health connection go immediately to blame our coworkers and say, well, you should look to them to control their actions.

For those people who say your coworkers are bringing this virus into your communities, they're not incorrect. However, my coworkers are so much more likely to bring it in. If the spread in the larger community, where they live is more active. So we're all tied together and the health of our communities, our states and our nation that's public health. The more people feel, their actions don't connect to the health of others around them. The more we will see the devastation of this virus, and that's where we rely on our government to create standards and guidelines and laws to protect us all. Unfortunately, many people these days are getting their information on Facebook or other social media, rather than through the CDC, but for those of us who are following our CDC and department of health guidelines daily and following science, and just as importantly tracking and trending what's going on in our own senior living communities, we can tell you that what the general U.S. public is being messaged and what we know to be true are on completely separate ends of the spectrum.

And I don't want to get too political, but in my personal opinion, I do think that the lack of a national campaign of clear messaging on what we've learned about this virus is part of the problem. Yes, the information we have known to be true has changed and evolved. And that's also been confusing. From my view, one of the other largest misconceptions is that all people with COVID have symptoms. As a global community, we assumed that this SARS coronavirus behave similarly to the one discovered in 2003, with no spread prior to symptoms and a hallmark initial symptom being a rise in temperature, a fever. So we focused initially on identifying those who would spread the disease as being a fever. We

started taking temperatures of everyone entering our buildings, and we were even advised to temperature check our staff both at the beginning and the end of their shift.

And although some cases of COVID do involve a raised temperature, we came to learn as soon as we had adequate access to testing, to do blanket universal testing of all of our staff and residents, that we had a huge amount of completely asymptomatic positive cases. And that's where another misconception of the public lies. People say, well, of course, I don't want to spread this virus, but that's why I'd never leave my home and be in contact with others if I felt sick. Well, what if you never felt sick?

Back in April, we unfortunately had a coworker call us and share that a family member who lived with him had tested positive for COVID. At that point, we were still working with several different labs and had mixed reliability and availability of tests and turnaround time. As many senior living communities had found. Initially, we were able to test about half of our staff and residents covering all of the people who had been in contact with this coworker. We uncovered a few positives and immediately set up an isolation unit and then removed any coworkers who were positive. In the coming week, we focused on using one lab and got under agreement to do all of our testing through them. And then we were able to get adequate testing kits, to follow the CDC recommendation, to continue weekly testing all staff and residents, once a positive had been identified. The next week we tested again and again, the following week, all coworkers and all residents who had not been previously positive. And in that initial period of 14 days, post-exposure we identified over 50 staff members who were completely asymptomatic, but positive and even more shocking is that while we tracked it, in the course of their disease, 40 out of these 50 coworkers never experienced any symptoms.

I know this is not an isolated occurrence, and we've heard the same outcomes from other providers. Not only are many cases asymptomatic, but just because they are, does not mean that they are not infectious. In fact, there may even be a false sense of security thinking that if you feel well, you are well and you may therefore engage in less precautions. So for those who think, if I feel sick, I'll stay home. It's as simple as that. We need better public health information and messaging. Unfortunately, the world health organization has not helped with this message and has downplayed the frequency of asymptomatic positive cases. The issue, as I see it is that we only test people who have symptoms. So of course we don't find the asymptomatic. Only those of us in senior care who have done mass amounts of blanket testing of our population are in the unique viewpoint to have seen this phenomenon. However, it certainly plays a huge part in the spread of this virus and therefore should be a priority in our messaging to the public.

So on the subject of testing misconception, number three, the tests are all wrong anyway. The reality about testing right now, in a global pandemic is that all of the tests have been created under FDA emergency use authorization. And if you read the guidelines, they're obviously much looser than FDA authorization, but the testing has gotten better, especially over the past several months. And the accuracy for detecting positives in some cases is close to 100%. The bigger challenge is with tests confirming false negatives when the test returns is negative, but the person in fact has COVID. That's why testing and especially frequent and ongoing testing is a key to our safety as senior living communities. The more often you test your staff and residents, the more likely you are to identify the positives because you increase your actual chance of true positives. And the good news is that more rapid point of care testing is becoming available now, and it not only can be done on site and by your own team, if you

have a CLIA laboratory waiver, but it also costs about one third of what the current private labs are charging for testing. And given that these tests return results in as little as 15 minutes, the results are much more useful, even if not 100% accurate. Many of the tests are around 85% in their sensitivity in terms of detecting appropriate negatives. So you're only getting about 15% of the time that you might miss a positive, but still more scientists and public health experts are recommending that we turn to this type of testing, simply because if we can catch that large 85% portion of positive residents or staff, and we can get the results rapidly, it allows us much more of an opportunity to quickly cohort our residents or remove positive staff members so that we can reduce the spread of the disease. Even in the case that I shared from our community that had testing that was adequate and was returned in two to three days, we were able to cohort and tighten up our isolation protocol to the point where we had no resident spread outside our isolation unit.

Testing can truly save lives, especially if we can get more of it and get rapid results. Some bright spots exist with testing, and I'm personally excited that we received 25 of these rapid testing units this week. So I'll keep you posted on our experience with them, but I'm really hopeful that now that we have adequate PPE and adequate testing access, it will make a huge impact in the safety of our communities. Still there are remaining misconceptions and myths, not only within the larger communities we live in, but also within our coworker and resident populations. In my role in leading our strategy in the pandemic, I know that I've specifically made an effort to message our coworkers about the virus in simple and clear terms. And I've actually found that infographic posters and newsletters are a really helpful tool. No one wants to be constantly handed a written policy and have to seek out what nuance has been changed. But also I, myself am a huge visual learner. So we've really gotten into a campaign of infographic posters that we use to convey changes, MythBusters, policy updates, and education about safe behavior, both in and outside of work.

In the beginning of the pandemic, I was meeting with my community executive directors daily, and I realized that we were probably asking them to drink out of a fire hose at that point, the extent of information and the rapid pace of change was too much for any of us to handle. From feedback that we saw both from our executive directors who had gone through positive case situations and from a recent all-coworker survey, we realized that information wasn't always making it to the front line, no surprise with a 24/7 workforce. However, there were several communications that had been done visually that seemed to help the frontline staff get messaging and be able to digest it easily.

That was anything from infographic posters to a rap music video that we made about how to wear your mask and common mask mistakes. So not only can these messages be displayed in our communities, but we text the graphics and the videos out in links to our staff so that they get the updates in real time. We've also used animation and as mentioned video to create messaging in a really dynamic way. And these graphic educational moments have really helped with our messaging on the importance of public health and community responsibility with not just our coworkers, but our independent living residents. What a tough demographic during this pandemic. In the states where we operate, most of our independent living buildings are unlicensed. So we basically have the oversight and regulation of an apartment landlord. How do you ask those residents not to go out to see their grandchildren every week or visit their hairdresser in the community? Because we all know how important the hairdresser normally is. And in a pandemic where you're staying at home for several months, it becomes even more so. We can't lean on the mandates of our departments of health, but we also know that these independent living residents are often just as fragile and have just as many complications. And therefore

are just as much as at risk as our assisted living residents. So we've actually found success in repurposing many of our infographic video and animated messages that were originally created for coworkers to educate our independent living residents. We use these communications on risky behaviors, MythBusters, and best infection control practices to educate them both through our internal television channels and in small groups. And overall, we found that beyond testing, education has been our best defense and protecting our communities. I would encourage you to explore tools like Venn Gauge, Canva, or other free or low cost infographic generators to create custom messages for your own customers and coworkers.

I'm also including a few of the posters that we've used in our own company in the show notes. And you can feel free to download and use them for your own purposes. If you want even more, our sister company, Senior Living You, which is focused on providing educational materials for assisted living providers as additional poster sets for purchase.

I hope this episode has been helpful in covering some of the key misconceptions that hold us all back from success in combating COVID. If we're able to effectively communicate what we know to be true about this virus, we have an even better chance of keeping our communities safe. Thanks for listening to this week's Bridge the Gap Contributor Wednesday, please connect with me at btgvoice.com or through #bridgethegap.