

Transcript
Coronavirus Q & A – Episode 42
April 30, 2021



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, April 30, 2021. Welcome to you and welcome to Ed Brubaker, our President/CEO. Nice to see you!

Edward Brubaker: Good to see you, Alex.

AM: I see we both did laundry and wore our appropriate vaccine shirts.

EB: Yes vaccine shirts today and now you won't know which video it is when you go to post it.

AM: Correct! We'll have to muddle through somehow! Let's start with our Covid counts. We do have staff persons testing positive on various campuses. This number is ticking up. At Dock Woods we have two staff persons testing positive. At Souderton there are four. At The Willows there is one. These numbers have been going up and down the past number of weeks, so it's changing rapidly. But that's a tad higher than we've seen.

EB: Maybe a little bit higher, but it's been four to seven – in that range. What has been steadily increasing, although not exponentially, is the number of people who are out due to exposure. Because these people are out obviously because they have it, but other people are out due to exposure. And so I think we may have had 20 as of our meeting yesterday, so that is going up a bit, because I think we had 10 or a few below that a few weeks ago. But the reality is there is still Covid out there in the community. And what we're seeing, too, is its younger people. You're seeing that on the news. One of the challenges with that, too, is – I guess Moderna is one age, but I think Pfizer is 16. Moderna is 18. But they're trying to work at it to find ways that they can get it approved for below age 16. But the reality is if those are the persons in your household and you can't get the vaccinated and they pick it up at school or daycare, then that's an exposure for us and it puts their vaccinated parent in the exposed category. And we have seen breakthrough cases – meaning cases that came through vaccinated persons – and that came from household close contact. So all of these things kind of intersect with each other and it just shows the challenge of not being able to get younger persons vaccinated just yet. It has an impact on all of us. So yes, it's just kind of a strange place that we're in and we're still – I would say – much, much better than last year and there is hope for the future. But there are these strange anomalies that are going on. Having said that, when you look at what's going on India, we have nothing on them. We never want to get to that point – ever, again. Because we already have 300,000 reported deaths beyond what they have, but it shows the importance of being vigilant and getting the vaccine.

AM: I think it is worth pointing out for our situation that the people we see developing Covid or testing positive – it's because of household contact. They're not getting it on our campuses. Which is wonderful.

EB: Right – that's right. And certainly – we harp on it – get the vaccine! And I will continue to do that. I know some people object to that, but I will continue to do that because it's that important. Having said that, you could have a vaccinated person employee and a child that lives with them who is not vaccinated and isn't eligible to be vaccinated. So that's the reality of what's going on right now.

AM: Yes. It's creating complications for everyone. Speaking of vaccinated persons, we have new guidance this week from the CDC. I love when they roll out new guidance – trying to interpret everything can be quite challenging. So maybe for a second, before we talk about what they said, let's talk about when they say something, how that makes its way down to us. As soon as the CDC announces something, can we jump right on it? How does this work for Living Branches?

EB: That's right. As you were talking I saw you moving your hands it made me reflect that over the last few weeks I've received some feedback about things that I do in the videos. And it's actually been kind of comical, too. There's a person from church who was teasing me the last two weeks about how I say, "With that being said," because I use that phrase a lot. It's always interesting too, because when you listen to the President's speech of whatever, they go pan in on someone in the audience – Ted Cruz sleeping – or whatever those things are. People pick up on those things. It's interesting how people pick up on those nuances and those habits that we each do. So this person was teasing me about "with that being said," so I'll purposely not say it in this video or say it every five minutes.

AM: I hate to tell you this, but you've already said it twice.

EB: The other things someone else said is speaking with our hands. So hopefully people are also picking up the content – meaning get the vaccine. We're not out of this yet. But it is funny to think about those things because we all have these idiosyncrasies that we do. So thanks Larry for pointing that out to me! So with that being said, we'll get back to the topic at hand. And the answer to that question is CDC and CMS make these pronouncements and it filters down from the state and even the county for us, too. The state has their HAN – health advisories, or something. I forget what it stands for.

AM: Health Advisory Network or something, yeah.

EB: But they give us direction of what we need to follow. So many times we will wait until the CMS and CDC are interpreted by the state or the county, because we don't want to implement something that our regulatory bodies are not going to accept. Because not only do you have the health department and HANs, but you have the department of human services in the state who regulates Personal Care and we have to pay attention to that. Now having said that – with that being said – it doesn't mean it will be dramatically different, but there may be nuances that we need to pay attention to. And it's always better to not do things twice. But we have at some points in the past changed those directions and jumped in more quickly because this is really important. We need to do this. We're going to make certain assumptions that we know enough because it's the right thing to do to free things up for our residents more quickly. And we've done that too, particularly around visiting guidelines and things like that, because we felt it was so important to get residents and their families together. So we have taken – I would say – a calculated risk with that at certain times. But it flows down through. The interesting thing in the internet age is that all of this stuff gets blasted out on the internet. And almost instantaneously someone sees it and says what are you going to do about this!? And people need to understand that there is a process we need to go through and interpret to say, are we going to follow that exactly? Because we don't have to go as liberal as those guidelines may say. So it's a process that we go through. But CDC and CMS did come up with some guidelines that help interpret what vaccinated people can do, that perhaps unvaccinated people should not be doing. So some helpful guidelines and we'll want to talk about those.

AM: In Residential Living, because that is not under a regulatory body, it is easier for us to have the confidence to make decisions to follow the CDC guidelines and it won't be walked back as much later on.

EB: That's right. And certainly very early on we were strict and said the campus is closed. We didn't fully understand the transmission, but it was also – we didn't want people coming on campus or Residential Living residents spreading it into Health Care. Now that the vaccine is available and things are changing, we can allow more mature adult choices in Residential Living, if you will, in saying you're allowed to do X. If you're not comfortable, feel free not to follow that, but we're going to allow this to happen. Certainly one of those areas is masking outdoors. It's been determined for some time already that transmission outdoors is much less than indoors. In some ways it becomes kind of obvious the way things are transmitted that outdoors is less problematic. So they said if you're in smaller group, and we're not going to define what that is, but outside in smaller groups with vaccinated persons, you don't have to wear a mask. So that's good news. So bocce ball, croquet, pickle ball – if you're with a smaller group of vaccinated persons you don't need to socially distance or wear a mask. So that's kind of nice, right?

AM: Absolutely.

EB: But that also makes it a little more difficult. Because what if your buddy isn't vaccinated and you have to tell them to stay six feet away. So sometimes hard and fast rules make it easier for people because they know exactly what they need to do. Now we're getting to this place where there is some judgement allowed. People are going to need to get comfortable with that and figure out what they're comfortable with. But whatever these changes are that we're talking about, when there is an unvaccinated person in the mix, it changes the guidelines. So that's another reason to be vaccinated.

AM: I think it's also fair to say to residents if you are uncomfortable in a situation, wear your mask. It doesn't hurt you in any way, it protects you. If you are uncomfortable, wear your mask.

EB: That's right.

AM: So that guidance regarding changes for Residential Living will be coming out shortly for Living Branches. And then we're also seeing some changes in the guidance that we're going to be sharing for Personal Care and Health Care.

EB: Right. That guidance – outdoor is similar to Residential Living – but indoors, persons who are vaccinated do not need to physically distance when they're eating. It said they don't need to wear masks while they're eating – which wasn't happening anyway. I'm not sure how that works anyway. But I did see someone wearing a mask with a slit in the middle – not sure it did any good for them, but it was comical. The piece there would be if you're vaccinated you don't need to physically distance in activity programs or dining. In dining they weren't wearing masks but they were physically distanced. This makes it much easier for dining services to like set up the dining room, frankly. The challenge becomes – the vast, vast majority of our residents are vaccinated – but the guidance says this does not apply if an unvaccinated person is in that group. They didn't define how close to the group – was six feet good enough? Those kinds of things. So the operations teams are working over the next few days to define what that's going to look like, because as you can imagine there are a lot of details that need to be figured out. But it's a pretty big deal. Can you image eating physically distanced? Like how do you hear?

AM: This will be so important to our residents. This has been the one thing they repeatedly keep asking for.

EB: Yes. Being able to sit next to a person who is vaccinated at the table like you used to – you can hear so much better. Plus at an activity, if you have vaccinated people, you also have people being able to interact and hear without masks again. But again the key here is they need to be a group of vaccinated people. So I think the lowest in any of our facilities is 87% vaccinated and I think that's Health Care – as far as who is vaccinated. Most places in our facilities are between 90-100%. So the numbers of people that we're talking about here is not

huge. And some maybe are just on the list to get it at the next clinic. But there are still some residents who have declined it. And so this will – I read an article. It talked about maybe it's time to start shunning those who haven't gotten it.

AM: This is going to do that.

EB: That harkens back to Amish and Mennonite days. But yeah. In some ways these new changes to the regs essentially do that. That part is unfortunate but the positive is it gives more opportunities to persons who have chosen to get the vaccine.

AM: Which certainly is wonderful. And as you said it is the vast majority of residents. It's going to be challenging I think for staff and for vaccinated residents and unvaccinated residents to have that divide. Because we haven't had that before.

EB: That's right. We have had or do have situation where the resident wants to be vaccinated, but the family is hesitant about allowing that to happen. It's good news but it creates some challenge, too.

AM: We should say to folks, we have a lot of information about vaccines. If you have questions about whether or not you want to have your loved one get vaccinated, if they haven't already been, please reach out. You can email me at coronavirusquestions@livingbranches.org. You can talk with the director of your care level. Any of that. We're so happy to help.

EB: That's right. When I think about the efficacy of Pfizer, because that's the one I got – the safety of it, but the efficacy – of really doing something. I just feel so incredibly fortunate. I've said this on the videos before. When you think of India they have 1-2% of their population vaccinated. They don't even have the availability. It's just a humanitarian nightmare. And for us to be in this country and have the opportunity. I just feel so incredibly fortunate and kind of a sense of obligation – not just to myself but to the group to become vaccinated. It's a blessing. And we're so fortunate. And so we encourage people – get educated, keep looking at it, keep working at it.

AM: Speaking of blessings, Mother's Day is coming up. Which is always a day of visiting on our campuses. So perhaps we should give some guidance – speaking of guidance – for persons coming to campus to visit their loved ones.

EB: That's right. And Mother's Day is a big holiday. There is a Father's Day, too, but for some reason it doesn't get quite the attraction. I'm not sure what's going on with that – discrimination

maybe? But yes Mother's Day is a wonderful day and it's coming up shortly. We recognize that people are going to want to see mom and totally get that and because of where our visiting policies are at that can happen. But we still have the restrictions about numbers of people in a room – all those kinds of things. We're hoping it's going to be a wonderful day weather-wise. We have beautiful campuses. All three campuses have lovely outdoor areas to enjoy. We're not going to designate – ok go to this one, go to that one. But just find a lovely spot outside to go outside. Personal Care is not as much of a problem because mostly, not 100%, but mostly we have private rooms. So there's not the same issues. But the number of people is the issue. So depending on the size of the room, depending if someone else is in the room – really take advantage of the outside places. There are plenty of courtyards. At Souderton there is the pool and community park not far away either. So yeah – we would just encourage people to take advantage of those outside spaces. We know it's going to be a big visiting day and we totally get that, because last year it didn't get to happen.

AM: Any closing thoughts for us?

EB: I don't think so, other than things are looking up. It looks like the positivity rates are coming back down after they crept up a bit in Montgomery County. But I would say we still want to keep working it. I think one of the worst things that could happen is that after all of the good work that has happened through the vaccines, etc. If we don't get to the magical herd immunity – whatever that number is – some of those things could be for naught. So we continue to work at having clinics so new residents and new employees can be vaccinated. I hope people who aren't vaccinated will continue to get educated. Vaccines could become required over the long-term – I don't know, but we'll certainly look at that. But I really do believe vaccine and people who had the disease and have some immunity – all of those things together are how we'll get to the other side. Things are looking up but let's stay disciplined. Let's keep working at it. Let's keep educating ourselves. Let's keep doing what we need to do and we'll continue to move in positive directions.

AM: Let's hope so! Thank you! If you have questions, please send them to coronavirusquestions@livingbranches.org or visit our website at livingbranches.org/coronavirus for more information.