

COVID testing failing to reach those most at risk

By Jeff Schwaner



Two buildings full of elderly residents get their first COVID-19 case in May.

In both cases, contact tracing is done and advice is given by the health department.

In one, the hospital rushes in, partnering with the health department, to test all residents and staff, help with isolation and quarantine procedures and provide PPE for the staff.

At the other, there is no testing for residents or staff. No PPE provided for the staff. No hospital sweeping in with aid.

There are masks — a single one for each resident, some of which have yet to be picked up, according to the site manager. And a promised delivery of hand sanitizer that has never arrived.

The first virus-stricken living community is a long-term care facility, Ritenour Rest Home. The other is Gypsy Hill House, an apartment building for the elderly. Both are in Staunton, Virginia. Both offer government-subsidized beds to the elderly. Both have shared common areas.

Gypsy Hill House has twice the number of residents. But because some places where seniors live are being treated differently by public health responders, Gypsy Hill got a weaker response.

Because it's not a medical facility, the Central Shenandoah Health District chose not to test all residents and staff at Gypsy Hill House. They've lumped that population into the rest of their second phase of testing.

They're not the only health district that has chosen first-come, first-served testing events over focused testing on the residents most likely to die.

They're not even the only state.

Only one in five COVID-19 patients in North Carolina and Virginia are seniors. Yet roughly nine out of 10 deaths in those states are people over 60. Neither state’s health department appears to be paying attention via testing or communications targeted to a key at-risk population, though — thousands of low-income seniors living in apartment buildings together.

These are people over 60, under- or uninsured, many with pre-existing conditions and living in a congregate setting. We also spoke to the apartment managers who see them every day.

Many of the apartment residents we interviewed wanted to be tested.

Most were unaware of local community testing events. Unless someone in their building fell sick with COVID, the health department has not come to distribute masks or information.

While health departments in both states conduct weekly phone conferences with regional health systems and create online toolkits for nursing home management, they have not reached out to the senior living communities that are not skilled-nursing facilities.

‘Community’ testing doesn’t reach the elderly

What they have done is offer Community Testing Events to reach the next level of residents not in nursing homes who may be in need of testing.

“And those events are really designed to offer more access to testing for people who didn’t have access early in the pandemic for a variety of reasons,” says Laura Kornegay, the doctor who heads the Central Shenandoah Health District.

One of those reasons is being under-insured, like most people on government-subsidized housing. But those citizens don’t always have their own cars, and community testing events in the area have been drive-through.

The health district was not keeping any age-related demographic information on exactly who came to the events, so Kornegay doesn’t know if the senior population is coming to get tested.

“We’ve been so busy with the testing events and responding to test results that we haven’t been able to go back and data-mine,” Kornegay said.

‘Under-appreciated’ and ‘under the radar.’ An expert urges mayors and cities to take the lead.

“So I think this is one of those loose at-risk populations that’s been overlooked,” said Jennifer Nuzzo, a senior scholar at the Johns Hopkins Center for Health Security and an associate professor in the Johns Hopkins Bloomberg School of Public Health.

“Senior housing has been under-appreciated and has basically fallen under the radar as an at-risk population, because it is not as risky as nursing homes,” Nuzzo said. “We’re not even doing nursing homes well.”

Nuzzo thinks it's time that more local governments took the matter into their own hands. She's said as much in a recent talk she gave to several hundred mayors from across the country.

"I think doing testing or offering testing to that community makes sense," Nuzzo said.

Nuzzo said that with limited testing resources, aggressive contact tracing can make a difference. But she warns that health districts haven't always been up to the task.



"The question in my mind is, is this population the type to get in their car and drive to this community (testing) event? or was that never a good fit for them?" Dr. Jennifer Nuzzo, Senior Scholar at the Johns Hopkins Center for Health Security, says drive-through community testing is not likely the way to reach people who live in senior housing apartments.

"You're assuming that they're doing the normal contact tracing," Nuzzo said, referring to the health district's response to the COVID-19 case in Gypsy Hill House. "I would actually ask about that to make sure, only because a lot of places just frankly aren't.

"Some communities have realized that the drive-through model excludes some of the most vulnerable parts of their population. So we've seen equity issues where low income communities don't have cars and, therefore, can't access these."

In the meantime, community tests continue. But who are they reaching?

[Staunton, Va.: They're more anxious about going out than staying in](#)

Gypsy Hill House unfolds like an accordion down a hilly landscaped area at the dead end of C Street.

Rolling slowly up the sidewalk from a shaded exit comes Nancy Kinzer, utilizing a combination walker-chair to negotiate the steep grade. Loose white blouse, dark green pants, a dark necklace and a straw hat. Wide sunglasses and a pink-and-blue facemask. Under all that protection, you can still tell she's smiling when she greets you.

She knew someone had COVID in the apartment, and had heard that person might even have died. There were rumors there were more cases but no confirmation from the building management, which did notify them of the first case.

That made her more anxious when an ambulance came to pick her up for pneumonia.

She didn't know if her insurance would cover it, but at a certain point you just have to get help, she said. She'd gotten to the point of being hardly able to breathe. She was tested and held in the hospital for a few days and then allowed to leave.

By and large, Kinzer says, the residents do their best to wear masks. She likes to get out for fresh air and exercise as many of her neighbors do.

She says sometimes in the common area she sees people talking and talking with no face coverings, and that makes her nervous.

As she crests the hill by the parking lot, a local bus drops off a handful of residents.

"Hi Nancy!" Christine Myers hops off the last step of the bus and greets her friend. Like Kinzer, Myers has a mask, one that matches her blue pants and summer top.

She says that management at Gypsy Hill House has done a "fine job" trying to keep the common areas clean and disinfected.

She says some of the anxiety of living here is that they all have to go out to places that are less safe, like one of the local grocery stores. Myers tells a story of fidgeting with her mask at the check-out line and the cashier telling her it was okay to take off her mask because of the large plexiglass wall between them.

"I'm not worried about you, honey," Myers recalls telling the cashier, "I'm worried about all these other people on this side of the glass!" She said it's really inconsistent how many people wear masks. Neither Myers or Kinzer were aware of the governor's executive order that all people wear masks inside stores.

Just beyond the fenced in area is Gypsy Hill Park, where a free community testing event gave out 300 tests. Neither of them were aware of the free testing. Would they have gone to get tested if they had known?

"Oh man, yeah!" says Myers. Both say that they'd be glad if the health department came and offered tests directly to them at the parking lot.

Myers says that she has COPD, a condition which affects her lungs and which makes her particularly vulnerable should she get COVID.

"They need to test these people," says Myers.

There's a steady loading and unloading of people — from their own cars, buses and vans and from the building, as residents come out to get some sun and to get their exercise. Despite the masks — on this day, every person coming out of the building was wearing a mask — banter floats lightly between residents.

“I’m going to be in the paper!” Myers exclaims to laughter from those joining her.

Up the hill in the far corner of the parking lot, Carol Rowe sits on the ground eating lunch and sipping iced tea.

Like other caregivers, she comes here six times a week to take care of one person at Gypsy Hill House. “I do the same things I normally do” for her client, she says. “Now I make sure she has a mask and gloves on.”

She says the residents try to stay relaxed about things but can appear anxious. “They still like to exercise. They like to get out and feel alive,” she said. A great many residents here have pre-existing conditions that make the virus especially fearsome to them, just like in a nursing home.

“We have one lady, she’s very frail. And I think she said she’s 96,” Rowe said. “But she get up here with her mask, and she walks up and down this walkway. And they just,” she paused. “They just live.

“Their age is a factor. Their medication is a factor. And then there’s this virus. But what most I see — they talk with a smile, and for everything else they’re going through, they’re glad to be alive. You know? So they’re taking all the precautions.”

[Apartment managers step up to help, but are understaffed, out of the loop](#)

At Gypsy Hill House, manager Claudette Nicely was relieved to see that three weeks had passed since a COVID case was identified in the apartment complex. No further cases have been reported, she said.

“We come in about 20 minutes early every morning, and the first hour is spent wiping everything down,” she said in an early June interview. “We hit it a second time in the late afternoon.”

Nicely confirmed that the health department brought masks to be distributed to residents. She said a local church also donated some hand-made masks. She is not sure if anyone else was tested when the case was discovered, or the extent of contact tracing done by the health department.

She said that even with staff keeping the common areas as clean as possible, residents are still vulnerable because they have to take care of themselves, and that means going out, or having people come in with supplies, on a regular basis.

“A lot of them have cars, they go to the doctor or the pharmacies, they go get their groceries,” she said. “They ride the trolley to take care of these things, as well.”

One person who manages another apartment building full of low-income elderly people doesn’t think any of her residents attended the recent event at Gypsy Hill Park in Staunton.

“No, I don’t think any of them have,” says Cindy Collins, manager of Garber Manor on Montgomery Avenue in Staunton.

“They’re frightened. They don’t want to go out.” Out of over 70 residents, Collins says that she sees maybe 10 residents who are going out on a daily basis. The rest are not. “They’re pretty much staying put.”

Managers of apartment buildings that offer beds to seniors through government subsidies are not often fond of the press. They are fond of their residents, and so are speaking out.

"I love my people," says Collins. The company which manages the property provided information for residents from the Centers for Disease Control, she says. Common areas are kept as clean as possible.

Garber House has yet to have a confirmed coronavirus case. As such, it has not been visited by the regional health department, not even to give out pamphlets or advise the staff.

Kornegay confirmed that the idea of performing tests on such a congregate community is not yet part of the health district's plan.

On July 1 she wrote in an email, "We are currently working with Augusta Health's Population health group to plan additional outreach" to Gypsy Hill and Garber Manor, but had no events or dates finalized.

The district got funding in a June city council meeting for a community health worker, who will help identify at-risk populations in the city. As of July 5 that position has yet to be filled.

Over a month ago, Detroit was [focusing its testing on its elderly population](#), regardless of their type of residence. They expanded their free testing to any residents 60 or over.

For health districts in Virginia and North Carolina, weekly virtual meetings with regional health systems and online toolkits for long term healthcare facilities have been in place for months.

Should the districts consider similar regular communication and resources for interested apartment building managers?

"It's an excellent idea," Nuzzo said. "I think this has fallen through, though, in this completely forgotten-about group."

As re-opening activities begin and cases start to cycle up again, this group may be more at risk for death than any other in the state.

The testing strategy has yet to catch up with the risks.