Khou Xiong, Physician Assistant for Red Cliff

by Paula Havisto, MS, PA-C, Immediate Past President, Wisconsin Academy of Physician Assistants. More information at www.wapa.org

Nestled on the shores of Lake Superior lies the Red Cliff Band of Lake Superior Chippewa Indian reservation. The reservation is full of vitality and programs that offer its residents the ability to stay where they have been planted.

One of these programs is the tribal health clinic, which offers medical care, pharmacy services, laboratory services, radiology services, physical and occupational therapy, podiatry and chiropractic care, community health services for maternal child health, wellness programs, eye care and mental health services. As a Federally Qualified Health Center (FQHC) the Red Cliff tribe is able to provide care to not only their tribal members but to surrounding communities.

Khou Xiong, Physician Assistant (PA), has been practicing medicine at the Red Cliff tribal clinic since 2012. She graduated from the University of Wisconsin, La Crosse, as a National Health Service Scholar (NHSC) and was awarded a Master’s Degree in Medicine in 2012. The NHSC program awards tuition, supplies, and a stipend for education in a health field in exchange for a 2-year commitment to an underserved community.

As a Hmong immigrant to Wisconsin, Khou has a deep understanding of the cultural barriers to achieving adequate health care and services. Khou eloquently tells the stories that trickled their way back to the camps in Laos where she lived with her family:

“The stories from America, which made their way back into the camps via cassette recordings by braver individuals who had emigrated, could not be ignored. Word was that Hmoob women in America were being forced to leave their homes to give birth (how barbaric!), after which placetas were being taken to be eaten by Americans (not given to the mothers to be buried outside the home so that they could be reclaimed in death to take to reincarnation). Even more concerning were the rumors of mutilation practices in which the dead are deprived of their organs (how can one go into the afterlife a whole person now?).”

“My dad chose to stick with the familiar, and so we stagnated in that refuse of a camp for nine years. Disease was rampant, depression ran amok, suicide was common. Children, the elderly, the ill, the healthy, someone died every day. To this day, I can still hear the funeral drums that would rock me to sleep late into the night.”

“In 1986, my father applied to come to America. We arrived in La Crosse, Wisconsin, in the fall of 1987, gaunt, malnourished, and definitely worm-infested. America’s welcome to me was chicken pox, which I got immediately, delaying my academic progress in Kindergarten.”

“It is difficult to get a man to understand something, when his salary depends on his not understanding it.” - Upton Sinclair
After Khou graduated from high school she studied for the Bachelor of Science degree in French language and civilization which she achieved. She was preparing to further her education to earn a PhD. She was working at the Mayo Skemp Medical Center in La Crosse as a phlebotomist where she first learned about PAs. She learned that PAs practice medicine and she realized she wanted to be a healer and work with people in a more personal way than what she would be able to do as a PhD.

Her next step in her journey was to return to the university and take science credits to fulfill the requirements to be able to apply to PA school. She was accepted to the program in 2010 and finished her PA degree in 2012. Then the search for her position started and she was able to locate a Wisconsin FQHC on the Red Cliff reservation. She was interviewed and offered the position and the rest, we say, is history.

A typical day in the life of Khou starts with a morning huddle with her team consisting of two medical assistants. They discuss the upcoming appointments and the services each patient might need. Khou has 30 minute appointments with her patients and does what she calls “max packing”. For example, she sees a patient for a medical issue such as diabetes, but will address other pertinent concerns the patient has at the visit to get the maximum benefit and opportunity to help the patient. Khou has a full spectrum practice seeing patients of all ages and all health conditions, including those with complex medical conditions. She carries her own panel of patients. Khou has a collaborative partnership with two physicians, Dr. Steve Miszkiewicz, who is a family practice physician, and Dr. Tiffany Darling, a pediatrician. The two physicians are new to the tribal clinic in the last year. The three of them will see each other’s patients as needed.

There are many challenges to being a PA on the reservation and working in a remote location. Transportation and getting patients a specialty care consult is particularly a challenge as the specialists are located one to two hours away. The tribe is able to offer transportation two days a week.

Another challenge in rural health care are scope of practice laws that needlessly limit the ability of a PA to provide medical services. Khou and the Red Cliff clinic experienced the sudden loss of the physician medical director about a year ago and it immediately caused the clinic to stop offering services. Khou was unable to see patients as there was not a collaborating physician listed with the state or with the clinic; for a brief time over 2,000 patients lost their access to medical care.

Khou’s vision is for the PA profession to be able to work in a collaborative agreement with physicians at the site level so that PAs will not lose the ability to provide services. She would like to see PAs be able to utilize their licensing and education to the highest level without barriers to practice.

Khou states “At Red Cliff I am seeing reflections of my experience growing up and being an immigrant that was disadvantaged and had to learn a new language and a new culture”.

“As I have continued to build my personal and professional life, I continue to struggle with questions of culture and language loss and how to pass my language and culture on to my children. These same struggles within Native communities are what attracted me to work in Red Cliff. A rip started in that rich, strong fabric that had been our identity and has not healed itself.”

“Today, we continue to struggle to take control of our destiny. While many of us have acculturated well, the big question remains how we retain our distinct identity as Hmoob people and move forward. In Red Cliff, where I work, the community is coming together with...
other Ojibwe clans to relearn their culture, customs and long, oral traditions. I see so much hope here, which gives me hope for Hmoob people, for my children and the seven generations to come.”

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Can We Talk?

by Jeremy Levin, RWHC Director of Advocacy:

It has been a while since I have submitted a commentary for our Eye on Health newsletter, and with school starting back-up for the neighborhood kids, I thought back to my school days and that ubiquitous task of writing “what I did for my summer vacation.” I wish I had had a summer reading list and be able to recount time well-spent with books (even though I never would’ve wished this as a kid). I was blessed this summer vacation with the birth of our son.

While this momentous occasion has kept me home more than in the past, it has definitely shifted my priorities and pushed the near constant obsession to be informed of current news and politics (a necessity in my chosen vocation) to the background. This is not to say that I didn’t keep “my finger on the pulse” of the latest state budget hiccup or federal healthcare reform debacle, but I cared less about all the drama that surrounded these events. Now, I understand that I am a strange breed that lives and relishes the intricacies of policies and politics, but that to most people they get annoyed by politicians and their theatrics, preferring to spend their summer vacations focused on just that, their vacation with their families. Heck, I married a woman who barely gave a passing thought to government and politics before she met me, but she still had plenty of opinions and I like to think I help her direct them in a more focused manner. (She may disagree.)

The birth of my son has gotten me to reflect on what government and politics might look like when he is older and able to be engaged in (if he wants) that world. Will our politics and civil discourse be as hyper-partisan? God forbid, could it be worse?!? Social anthropologists would give different reasons for this occurrence: Have we self-selected too much the communities we live with? The organizations we participate in? The information sources we open our minds to? Many support and admire the work of Katherine Cramer, the author of The Politics of Resentment, and I agree with her findings and potential solutions, I’ve lived them. This city kid has spent a lot of time in rural areas and with their residents during my life of politics and advocacy. I hope to impart on my son the ability and the proclivity to first have a dialogue with someone when you try to understand their political/policy point of view. I think this is a goal that we all should have and it will help us in leaving a better world for our children.

So that has been my summer vacation. I’m looking forward to getting back into a regular groove with work and childcare this fall just in time for all the fun with budgets and debt ceilings in Washington. Hopefully, “united” government will seek to dialogue with people of desperate opinions not only in Washington, but across the country as well.

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Negative Partisanship, and It’s Getting Uglier

From “Negative Partisanship’ Explains Everything: Conservatives and liberals don’t just disagree—they actually like to hate each other. And it’s getting uglier.” by Alan Abramowitz and Steven Webster in Politico Magazine, September/October 2017:

“If you’re confused about why a president whose campaign is under investigation for its possible ties to Russian hackers, whose approval ratings are abysmal only halfway into his first year, whose legislative agenda is already off the rails, and who launches bizarre Twitter rants each day still commands the fealty of the Republi-
can Party, don’t be. Donald Trump thrives amid all this chaos because of the rise of a phenomenon that we have labeled ‘negative partisanship.’”

“The concept is pretty simple: Over the past few decades, American politics has become like a bitter sports rivalry, in which the parties hang together mainly out of sheer hatred of the other team, rather than a shared sense of purpose. Republicans might not love the president, but they absolutely loathe his Democratic adversaries. And it’s also true of Democrats, who might be consumed by their internal feuds over foreign policy and the proper role of government were it not for Trump. Negative partisanship explains nearly everything in American politics today—from why Trump’s base is unlikely to abandon him even if, as he once said, he were to shoot someone on Fifth Avenue, to why it was so easy for vulnerable red-state Democrats to resist defecting on the health care bill.”

“This hostile and confrontational style of politics is a by-product of the growth in negative partisanship within the American electorate. Our research has shown that since the 1980s, supporters of both major parties, including independents who just lean toward one party or the other, have grown to dislike the opposing party and its elected leaders more than they like their own party and its elected leaders. And judging from opinion polls, that trend reached a new high in 2016—an election dominated by negative feelings toward both major-party candidates.”

“Neither Trump nor Clinton was especially well-liked. Data from a Pew survey conducted before the 2016 national conventions found that both candidates received mediocre ratings from supporters of their own party—and record low ratings from members of the opposing party. On a ‘feeling thermometer’ scale of zero to 100 degrees, Clinton received an average rating of 12 degrees from Republicans, while Trump received an average rating of 11 degrees from Democrats. In fact, 68 percent of Democrats rated Trump at zero, and 59 percent of Republicans rated Clinton at zero—an extraordinary reading with no modern precedent.”

“The concept of negative partisanship was first developed by political scientists studying countries with multi-party systems, such as Canada and Germany. But today, it applies even more clearly to the United States. Our research shows that Americans increasingly are voting against the opposing party more than they are voting for their own party.”

“And that should worry us. Dislike, even at times hatred, of the opposing party and its leaders reflects a growing divide between Democrats and Republicans over a wide range of economic and social issues. But it also reflects a growing divide over race, religion and values—a chasm that could become dangerous as partisans come to see each other not just as political adversaries, but as enemies who want to harm the nation.”

“And there’s a longer-term danger to our democratic system here, too, that is likely to survive well beyond Trump. In today’s environment, rather than seeking to inspire voters around a cohesive and forward-looking vision, politicians need only incite fear and anger toward the opposing party to win and maintain power. Until that fundamental incentive goes away, expect politics to get even uglier.”

25th RWHC Rural Essay Prize Winner

This year’s Hermes Monato Rural Health Essay Prize for $2,500 has been awarded to Ian Jasso, a senior studying Biology at the University of Wisconsin-Madison for his essay, “Mish ko Swen: To Be Strong and Healthy.”

Ian Jasso grew up in the rural farming community of Plymouth, Wisconsin. He is an Army veteran who
served as a vertical engineer in Afghanistan in 2013. Ian’s career aspiration is to become a family practitioner for a Wisconsin tribal community.

His interest in serving a tribal community stems from his experiences as a public health intern with the Wisconsin AHEC (Area Health Education Center). It was through this internship that Ian was exposed to the importance that culture plays in healing and positive health outcomes. These lessons fueled his return for a second summer as a public health intern with the Forest County Potawatomi. His continued interest in Native culture and a passion to serve an often forgotten population is what inspires Ian to pursue a career as a family practitioner for a Wisconsin tribal community.

Excerpts from the essay:

“I am sitting in a sweat lodge on the Forest County Potawatomi Reservation in northern Wisconsin. The lodge is entirely dark except for the orange glow permeating from the scolding hot stones that sit inches from my feet. The traditional healer pounds a rhythmic beat on a hand drum that resonates within the sweat lodge. I can feel every stroke of his drum as it brings a trance-like state upon me. Another tribal member tosses sage soaked tea onto the stones, generating a mass of steam that covers my body with intense heat. The sweat lodge increases in temperature as the traditional healer begins to sing in his native language. My senses of touch and smell become overwhelmed as steam continues to fill the sweat lodge. After multiple rounds of prayer and spiritual confession, the flap to the sweat lodge opens. The tribal members and I emerge from the sweat lodge as though we have been reborn. I follow those in front of me by yelling a cry, signifying my re-emergence into this world. Once my eyes adjust to the light of day, I steer myself to a patch of grass to lay. As I lay on the grass and gaze at the sky, a sense of peacefulness and clarity overwhelms me. From my lips mutters a phrase a Potawatomi elder had told me, ‘mish ko swen.’ To be strong and healthy.”

“As an intern for the Forest County Potawatomi Tribe, I experienced many instances of the integration of traditional medicine and Native culture into the healing process at the Forest County Potawatomi Health and Wellness Center. It is through experiences like sweat lodges, smudging, and traditional stories that I learned of the significance that culture plays in producing positive health outcomes for tribal communities. Like many Native American tribes across the United States, the Forest County Potawatomi possess high rates of poor health outcomes surrounding diabetes, alcoholism, and obesity. Although poor health outcomes exist across the majority of rural Wisconsin, these outcomes are distinctly worse within the rural areas in which tribal communities reside. The Institute of Medicine’s Leveraging Culture to Address Health Inequalities (2013) describes how culture is a social determinant of one's health and that the loss of culture has aided in the manifestation of poor health outcomes within tribal communities. Through an emphasis on Native American traditions, culturally framed health care is better suited for combating the generational poor health outcomes found within tribal communities like the Forest County Potawatomi.”

“Across rural Wisconsin, health outcomes remain relatively poor but are increasingly worse within tribal communities. Another influence, beyond historical trauma, for these poor health outcomes may be from a lack of understanding Western medicine has in traditional healing practices. The Institute of Medicine describes
how there often exists a dearth of understanding by non-Native clinicians on the traditional healing practices found within tribal communities. This lack of knowledge can be mediated by having Western practitioners shadow traditional healers to observe the benefits traditional medicine may produce. Western and traditional medicine may also strengthen their collaboration through the planting of Native herbal medicine gardens. In this instance, Western practitioners are exposed to another realm of medical resources that can be integrated into pre-existing prevention programs while also reconnecting indigenous people with their land. Through the support of indigenous healing practices by Western practitioners, a partnership built upon healing may exist within tribal communities. Healing is of the utmost importance for both Western and traditional practitioners, and the use of both practices will provide culturally competent care with better health outcomes for tribal communities."

"As a student who hopes to one day be a practitioner for a Wisconsin tribal community, I find the lessons I have learned from the Forest County Potawatomi to be forever life changing. Understanding the role that culture plays in healing is a concept that I hope to one day utilize in my future endeavors within health care. With the guidance of this experience, I have grasped the unique need for collaboration between traditional and Western medicine within tribal communities. Through collaboration, healthy habits with a cultural emphasis will be more likely to take hold within tribal communities. With the continual effort in the revitalization and integration of culture within the Forest County Potawatomi health care system, a stronger and healthier generation of Potawatomi sits on the horizon."

The essay can be read at http://ow.ly/MWrI30eYKbN

Rural Hospital’s Success in Stroke Outreach

From “Community Education that Works” a 2017 Stroke Center Success Story by the Wisconsin Coverdell Stroke Program, a collaboration between the Wisconsin Department of Health Services, Metastar and the American Stroke Association.

“Optimal stroke care begins with early recognition of stroke signs and symptoms and calling 911. The Wisconsin Ambulance Run Data System shows only 40 percent of stroke patients arrived at Wisconsin hospitals by emergency medical services (EMS) in 2013. Studies have shown stroke patients who arrive at an Emergency Department via EMS receive more timely, definitive care. At Moundview Memorial Hospital in Friendship, Wisconsin, Emergency Department Manager Lisa Massen, RN, knows the importance of this statistic, as well as the positive impact community education on the topic can have on stroke patients."

“In late 2015, following several Stroke Systems of Care (SSoC) Task Force meetings led by the Rural Wisconsin Health Cooperative (RWHC) in partnership with the Wisconsin Coverdell Stroke Program, Massen became curious about how her hospital was doing in relation to EMS arrivals. The results were shocking. In Q2 of 2015, Moundview's percentage of stroke patient arrivals by EMS was an astounding zero percent, and in the following quarters just 50 and 25 percent, respectively. ‘The data we collected showed poor or inconsistent results, particularly around our EMS arrival rate, which was cause for concern,’ said Massen. While hospital leadership recognized that there were several areas where the hospital could potentially devote resources to improving stroke care, the data were clear—the EMS arrival rate needed the most attention."

“In seeking to improve stroke care at Moundview, Massen learned through the SSoC Task Force that outreach was a primary focus of quality improvement projects at several other Wisconsin hospitals. Massen and her staff recognized this as a strategy they could employ to improve Moundview's stroke patient EMS arrival rate. Upon receiving materials from the Wisconsin Coverdell Stroke Program, including magnets, bookmarks, and blood pressure wallet cards, Massen and her staff went to work."

“Tammy Lowrey, Marketing and Community Relations Manager, and Maureen Bruce, Quality Director, were integral in supporting Moundview Memorial's community outreach efforts. Bruce initiated discussions related to potentially starting a stroke community outreach program near the Moundview
Leadership Insights: “Supervising Boomers”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“As I have facilitated generational diversity discussions with leadership groups over the last ten years, things have changed. Baby Boomers have moved from being the majority to the minority (full disclosure, I’m a Baby Boomer). Gen X, the smallest of the three demographic cohorts, has come into its own having moved into the leadership roles finally being vacated by retiring Baby Boomers. And Gen Y (aka Millennials) is making its largest group voices heard. Baby Boomers, you may well have a supervisor who is much younger than you, and this can pose challenges for both you and your manager.”

“...To facilitate the generational conversation, I ask people to split up into groups of Baby Boomers, Gen X and Gen Y with a set of questions to explore the influences (i.e., technology, parenting styles, cultural markers, etc.) that impact the world views of their respective generations. It’s followed by a large group dialogue, the purpose of which is to improve working partnerships through increased understanding of differences and similarities. A couple of interesting dynamics always surface:

1. The Gen Y group is always done first. I have no way of scientifically explaining this phenomenon, but I often wonder if, in my Baby Boomer love for meeting and talking and processing, I may have missed the mark on making the exercise meaningful before asking them to do it. Have I failed to help connect the dots between the exercise and its value before we started? Could I have made it more fun?

2. I always have to cut off the Baby Boomers. Yes, there’s more history to cover, but it may also reflect a cohort of our society very attached to their world view. It makes sense that a collective group who has been in control and who has shaped the current work climate may find it a little difficult to let go of that control.”

Note to Baby Boomer employees:

- “Reflect on your need for control. What would happen if you allowed yourself to be challenged, not on something you are already poised to give up, but something (a process or way of working) that you hold near and dear? Could there be new learning in that opening?

- You have more years of experience, but learning is a two-way street. Remind yourself often that the younger leader can teach you, can nudge you to see things a different way and to find new—and often quicker and better—solutions (you did, they will too).

- Allow Gen Y to give you permission to have a little bit of fun at work.”
Note to Gen Y leaders:

- “Probe for the why behind the Baby Boomer’s attachment to their way of doing things. Ask gently, but ask.

- Be patient, even if they sputter. Your question will make them think. Make sure you are approachable when they come to you later ready to talk.

- You give up nothing, and stand to gain a strong ally, if you let your Baby Boomer employee know that you value and want to learn from their experience too. Bring it up openly, but…

- Don’t apologize for being in a leadership role.”

“In the end, the real nugget of these conversations is not the differences, but the similarities. **ALL age groups agree that they want to be:***

- **Respected** and treated as an equal professional.
- **Involved** in the decisions that impact them.
- **Honored** for their expertise, training, education, experience.
- **Listened to.**
- In a positive professional **relationship with their manager.**
- **Treated as a person, not as a stereotype.** This is the bottom line when it comes to ANY diversity. When you supervise someone, understand many diversities broadly, but treat each person as a unique individual. Don’t assume anything. Ask and listen for-how they learn, what kind of feedback helps them succeed, what they know, and what they need from you.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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