“Aging in the Heart of Rural Wisconsin”

From “Aging in the Heart of Rural Wisconsin” by Diane Farsetta at the University of Wisconsin Center for Aging, Research and Education, downloaded: 10/12/19:

“Rural communities are aging more rapidly than are other areas, in Wisconsin and across the country.”

“Nearly everyone wants to stay in their community as they age. Increasingly, rural leaders are asking how they can help older residents to thrive. Some are pioneering age-friendly approaches that other communities can learn from.”

“In Wisconsin, three coalitions—in Iowa County, Langlade County, and the city of Waupun—are working with the Center for Aging Research and Education (CARE) at the University of Wisconsin–Madison School of Nursing to support rural aging-in-place.”

“Vickie Stangel is part of the Iowa County coalition for the Healthy Aging in Rural Towns, or HeART, project. She knows the importance of increasing supports for older adults from her work at the Dodgeville Public Library.”

“‘We have patrons who have been using our library probably 70 or 80 years,’ says Stangel. ‘We’re seeing their changing needs. We’re seeing them going from regular print to large print and audiobooks. We take books out to the senior living facilities. Families come in with questions about dementia care and senior resources.’”

“In 2018, the HeART project focused on understanding challenges and resources for older residents. Each community coalition did in-depth assessments, surveying adults and family caregivers, and interviewing local healthcare providers, first responders, church leaders, librarians, and others.”

“‘Thinking through who we’re going to ask, what we’re going to ask, why we’re going to ask it, and what we’re going to do with that information took time,’ says Ruth Schriefer, a member of the Iowa County HeART Coalition who works with UW Extension.”

“‘Taking that time is part of coalition development,’ adds Schriefer. ‘In addition to coming up with what I think are some really good strategies to work with our older and aging population, we’re learning how to work together as a group. That’s something that we can carry to the next initiative, then the one after that, and the one after that.’”

“The assessments show that close-knit rural communities, local media, libraries, and Aging and Disability Resource Centers (ADRCs) are important in all three areas. Common challenges include too few paid
caregivers, little coordination between existing services, resources being limited to town centers, and a lack of transportation options.”

“After reviewing their assessment results, the Building a Healthier Langlade County coalition decided to broaden their scope.”

“‘We expanded our definition of a caregiver,’ says Stephanie Thiede, RN, BSN, who works at the Langlade County Health Department. ‘With our methamphetamine issue here, we’re finding that quite a few grandparents are taking care of their grandchildren. So for us, caregivers need to include grandparents taking care of their grandkids, as well as the typical spouse taking care of a spouse, and son or daughter taking care of their parent.’ ”

“Some assessment results surprised Sue Matye, RN, BSN, with the Iowa County Health Department. ‘People tended to know about the ADRC, yet we found that caregivers and others still weren’t sure where to look for resources,’ says Matye. ‘People didn’t think about using the ADRC themselves.’ ”

“Matye found the feedback from older adults ‘refreshing,’ because ‘people are alive out there. They want to serve a purpose. They want to be involved, to go to events.’ ”

“Each coalition is using their assessment data to decide how to increase awareness of local resources, develop programs for unmet needs, make social and community activities more accessible, and support family caregivers. Over the next three years, each coalition will carry out the action plan they developed with support from CARE and the Wisconsin Office of Rural Health.”

“‘We have small ideas and really big ideas,’ says Matye of the Iowa County HeART Coalition. ‘We’re going to provide a bench for eleven little villages and townships. It’s practical and tangible and will give us a small win right away.’ ”

“‘Each bench will have our logo, to get our name out there,’ adds Matye. ‘The benches can be a place to drop someone off, if you’re bringing them to an event at a school. The benches can promote walking or socializing. We’re thinking of putting Little Free Libraries next to the benches, stocked with information.’ ”

“How to communicate these initiatives is important, says Jen Beran with the Langlade County Health Department. ‘Especially in real rural areas, people feel like, ‘We can take care of ourselves, we don’t need any help,’ explains Beran. ‘But quite a few of these same people receive Meals on Wheels, because someone inside of their circle suggested it. So, we’re thinking of sharing information through Meals on Wheels delivery people. We’re also trying to find more common ground to hold events, like the library.’ ”

“Beran’s excited to increase outreach for existing older adult and caregiver programs. ‘We’re the most rural’ of the three HeART community partners, but ‘we have a lot that we offer,’ says Beran. ‘People don’t know where to look or they’re just so overwhelmed. We’re pretty hopeful that by getting the word out, we’ll make these best-kept secrets not secrets anymore. People really want more information.’ ”

“The HeART project ‘is allowing us to strengthen what we’re already providing and also add to it,’ agrees Thiede. ‘We’ll be able to act on what the community has told us. We do a lot of surveys like the community health needs assessment, but the outcomes aren’t always obvious. I think the community will appreciate that we’re delivering something visible. That goes a long way.’ ”
More information regarding HeART and different strategies, programs, models and projects that have been implemented in other communities to support older adults and caregivers is available at https://care.nursing.wisc.edu/heart/

Finding a Life’s Work in Rural Health Care

From a “I’ve found my passion in rural health care. A nursing student shares her story of working with underserved populations” by Angelina St. Germain, Florida International Magazine, 7/1:

“The Nicole Wertheim College of Nursing and Health Sciences provides nursing students in the master’s degree program with innovative training in rural settings. The Advanced Nursing Education Workforce (ANEW) program takes place at clinical facilities in Hendry and Glades counties, about 80 and 100 miles northeast, respectively, of Miami-Dade. The goal is to increase nurse practitioner availability in rural and underserved communities while assisting in the understanding of unique challenges often faced by those who live in areas with limited access to health care.”

“I am from beautiful Redland, FL, an agricultural community just north of the Keys. My town is lined with plant nurseries, avocado groves, squash and zucchini fields and strawberry farms. I live with my 3-year old son and my husband, a third-generation plant farmer.”

“In my hometown there is a sizable community of immigrant farmworkers and American citizens living below the poverty line. For several years I worked as a bedside nurse in the local hospital intensive care unit where I had the opportunity to serve such people, the majority of whom were uninsured. Caring for this patient population presented unique challenges, among them language barriers, complex cross-cultural communication and varying health beliefs.”

“I also learned that geographically isolated areas must be creative in meeting the health care needs of the community. For instance, during my time as an ICU nurse, I used the eICU Telehealth system. Unlike at many other hospitals, our unit did not have a round-the-clock physician onsite who specializes in the care of critically ill patients. Instead, during gap times, we relied on telemedicine to address urgent issues and immediately connect with an expert.”

“Those days in the ICU often had me wondering how individual patients ended up in such a medical crisis. Working closely with them reinforced for me that the heartbeat of health care is preventative medicine and patient education. And those two are the job of primary care providers, the ones who give general health exams and most often detect chronic conditions such as diabetes or high blood pressure before they become full-blown medical issues.”

“As a nurse I witnessed the gap in accessibility of primary care services to rural Americans. When the ANEW program was announced, I saw an opportunity to be a part of the solution, to help bridge health inequities and gain life-changing clinical experience. Often I would go to work in primary care in a town even smaller than my own!”

Where in the world is Clewiston, FL?—“I was intrigued by Clewiston for its history of sugar cane production. Known as ‘America’s sweetest town,’ it is located on the south bank of Florida’s Lake Okeechobee and a popular attraction for freshwater bass fishing. When I told friends where I was spending my summer, many of them exclaimed, ‘Oh yeah, I have driven through there before,’ but few could share any details about the area.”
“From my hotel room window I could see the billowing clouds of white smoke rising from the sugar mill. During the three months that I worked there (staying for two or three days each week before returning home to my family in Redland), I often heard patients report allergy or asthma-like symptoms as a result of ‘living too close to the sugar mill.’ I was interested in learning more about the potential community health hazards of sugar cane production.”

“My time in Clewiston brought home the severe shortage of mental health professionals in rural areas. On various occasions, I witnessed patients suffering from depression, substance abuse, suicidal thoughts or anxiety—and there was no psychologist or psychiatrist for miles around. I was most inspired by Dr. Nazar who treated each of these patients no matter how complex the case with sincere compassion. He went above and beyond to connect them to mental health resources, even when it meant having to get on the phone himself to arrange for a mental health provider to come to town for a day. Many times doctors tell patients to ‘go see a specialist,’ and that’s the end of the conversation. But Dr. Nazar had to do so much more to ensure their care.”

“Part of my job was to ask patients a series of routine questions, an aspect of primary care that becomes even more important when people have fewer opportunities to visit a doctor. So I would inquire about smoking and the use of smokeless tobacco—statistically, those who live in rural areas have higher rates of both—and to those who expressed an interest in quitting I offered information about a smoking cessation class in the community, and the doctor might follow up with a medication intended to help them stop. I would also ask about their last pap smear or colonoscopy, as appropriate, to encourage such screenings.”

“A health care topic about which I grew passionate during my ANEW training is vaccination as I saw first-hand the urban-rural inequities in childhood immunization rates. I have been fortunate to have as my mentor Professor Tami Thomas, the ANEW project director and an expert in prevention of HPV-related disease. My hope is to investigate effective strategies to improve understanding of the HPV vaccine as a cancer prevention tool, which could increase vaccine uptake, reduce stigma and enhance informed decision-making among rural parents. In December I will graduate with my doctoral degree in nursing, and I have chosen to focus my studies on strategies to increase HPV vaccination rates, particularly among rural middle schoolers.”

“Abraham Lincoln said, ‘Don’t criticize them; they are just what we would be under similar circumstances.’ In other words, never undervalue a patient’s worth because of their socioeconomic status, culture, creed, age, or health risk behaviors. My mentor, Professor Thomas, always emphasized this message: to go in with a humble heart and treat each patient encounter as an opportunity to serve, learn and connect with another human being.”

Making the Case for Immunization

A commentary by Ann Lewandowski, Coordinator, Southern Wisconsin Immunization Consortium:

The Southern Wisconsin Immunization Consortium (SWIC) serves Grant, Green, Iowa, Lafayette, Richland, Sauk and Columbia counties in southern Wisconsin in their mission to improve rates of childhood immunizations. SWIC, sponsored by RWHC, is a multi-sector partnership among schools, public health, and health plans.
In her essay, “Immunizations among Plain Communities” in last month’s Eye on Health newsletter, Kristen Shaver discusses one of the top 10 global health threats named by the WHO, vaccine hesitancy. Not new or exclusive to the Plain Community, vaccine hesitancy has been blamed for the re-emergence of measles in the US and the failure to eradicate Polio in 2019.

Social media and digital communications can amplify misinformation about vaccines in seconds, and pseudoscience can be cleverly disguised as people scan their digital newsfeeds bombarding patients 365 days a year. How can a provider effectively respond to a barrage of misinformation from sources the patient may trust: a knowing friend, concerns from a pastor, or just a story that is alarming on a Facebook feed?

The essay hit upon the most effective method for combatting vaccine hesitancy caused by misinformation, a strong provider recommendation. Research, including that from the CDC, has indicated that a strong recommendation to vaccinate from a trusted healthcare provider can have a significant impact on the decision to immunize among vaccine hesitant parents. Research also shows that competent, well-meaning providers often still struggle to formulate an empathic, but strong recommendation, and that in many cases parents do not receive one.

Providers are overwhelmed and vaccines may get pushed to the bottom of a long list of items to get through during a routine exam or even sick visit. Anticipated acceptance or anticipated denial may encourage providers to avoid the conversation, or general recommendations may not adequately address the reason for hesitancy. Mostly, SWIC hears a lack of confidence in how to address vaccine hesitancy in a time efficient manner while maintaining the provider-patient relationship.

To address these challenges for providers, SWIC has partnered with Dr. Sean McCormick. Dr. McCormick, a pediatrician, knows the challenges faced in the practice and has established a skills based curriculum based on the CASE method (corroborate, about me, science, and advise/explain) to assist clinicians in addressing parental concerns. The CASE method is recog-
nized as an effective framework for a respectful, factual conversation about vaccines with hesitant parents. We hope this training will help providers feel more confident in having these conversations, leading to greater vaccine acceptance, and ultimately healthier children and communities.

In the future, we hope to offer additional training for support and non-clinical office staff to help practices create a “culture of immunization.” Everyone in the office plays an important role in maintaining a community free from vaccine-preventable diseases. Please stay tuned for future announcements.

*Scheduling is now available for “Making the CASE” immunizations skills training. Please contact Ann Lewandowski at annlewandowski@rwhc.com for more information.*

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**2019 Community Engagement Awards**

The national law firm of Quarles & Brady LLP and Rural Wisconsin Health Cooperative are happy to announce the winners of their fifth annual joint Community Engagement Award. The $2,500 grant for the best example of a rural hospital engaging in joint efforts with the local community is awarded this year to Door County Medical Center (DCMC) in Sturgeon Bay, WI for its admirable partnership with the local technical college to facilitate nursing assistant training for high school students.

As a close second, the $500 grant was awarded to Upland Hills Health in Dodgeville, WI for working with community partners to develop awareness around healthy eating and diabetes prevention. The cash awards are provided by Quarles & Brady.

The award recognizes two RWHC Member Hospitals demonstrating excellence in strengthening community health and wellness partnerships. Past honorees include Fort HealthCare, Southwest Health Center, Columbus Community Hospital, Sauk Prairie Healthcare, Edgerton Hospital & Health Systems, and Mile Bluff Medical Center.

“Collaboration and innovation are at the heart of our mission,” said Tim Size, executive director of RWHC. “We are privileged to be able to highlight the impressive initiatives our member hospitals are undertaking to improve the health of their communities.”

DCMC was recognized for its partnership with Northeast Wisconsin Technical College (NWTC) to proactively build the area’s workforce and highlight local career options. The goal was to improve upon the program that NWTC already had in place with local high schools. Enhancements included a Skills Lab, and a nursing instructor from DCMC who created a program between NWTC and DCMC consisting of a course that is offered as part of each high schools’ daily curriculum. Eligible high school juniors and seniors can take the Nursing Assistant Course, which is taught by NWTC faculty—one of whom is a DCMC nurse—with classroom, lab, and clinical portions offered at DCMC. Since the program’s inception, nursing assistant enrollments at NWTC have increased dramatically; 242 high school students have completed the course, with 175 still needing testing. Students have one year to be tested.

Upland Hills Health in Iowa County is being honored for its partnership with Second Harvest Foodbank’s HungerCare Coalition. Ten percent of Iowa County residents are food-insecure, and six percent have limited access to healthy food. According to Second Harvest, one-third of the households they serve in Iowa County report having a member with diabetes, and two-thirds have to choose between paying for food and paying for medicine or medical care. In February 2019, Upland Hills and Second Harvest began providing up to 48 food-insecure patients with free diabetes-appropriate food and nutrition education for one year. Participants receive monthly, 30-pound boxes of healthy food, including vegetables, fruit, lean proteins, dairy, and whole grains. Participants also receive educational information on managing diabetes and recipes utilizing the foods they receive each month. The overall goal of the program is educating local residents about diabetes management, increased intake of healthy foods, and increased ability to control their diabetes moving forward.
Leadership Insights: “Buh-bye”

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

“Whether it be through retirement, a better opportunity for themselves or a partner elsewhere, or other reasons, you will see employees leave. Terminations are one thing, but how you manage an employee’s voluntary departure matters, and it is not usually something one gives a lot of thought to until it happens. Be ready to lead intentionally in those times and you will build trust and respect from those staying.”

Prepare yourself for conflicting feelings. “Too often leaders turn sour on a well-liked employee who has the gall to leave them. It is unfortunate all around for:

- The departing employee—who is hurt, feeling unappreciated for all they have contributed. The high regard you held for them in the past appears false and it is a kick right in the self-esteem.

- The remaining employees—who empathize with the departing employee and ask themselves the question, ‘Can I trust that my manager really appreciates me or is that fake, too? Do my contributions matter?’

- You—when you take a departure personally you may start to resent the employee for leaving you with work they won’t be able to do and having to fill a position (which gets harder all the time). Your employees pick up on your reactions and it can diminish your professionalism.”

Start by accepting the situation “When it gets presented to you, it’s ok to say that you are surprised if that is the case, but quickly move to empathy. Put yourself in the employee’s shoes and congratulate if appropriate. One way to avoid saying or asking something that you’ll regret is to just do a lot of genuine listening. Keep the announcement discussion brief and positive and set a later time to discuss the details of the departure. This will give you the opportunity to:

Take some time alone to reflect and allow for whatever feelings come up. It’s ok to be angry, worried, frustrated or whatever you feel! But deal with your emotions on your own or with your own manager or mentor to be your sounding board. Feelings not addressed usually do leak out in tone, body language, sarcasm, etc. even if you say all the right things.

Celebrate and thank consistently. “Nothing says, ‘I’m not important’ like a going away party for some but not others. Status may be reflected in the level of position (higher up gets a party, lower ranks do not), length of time at the organization, or even parties only for those you like but not for those you don’t. Talk with your team to create your way to say good-bye when someone leaves and apply it equitably. Keep in mind, too, that so many of the baby boomers who were willing to wait for the recognition party on their way out the door have retired. Others won’t wait, and the competition is fierce for workforce. When it comes to arrival and departure parties in general, focus more on celebrating and recognition all year around.

HEAL – Health Embodied Agile Leadership, a Zen Leadership training for Physicians and Healthcare Leaders

There is a crisis of burnout in healthcare. Systems need to change and the culture of practice must evolve. These transformations need agile leaders to guide the way. HEAL provides a pathway for healthcare practitioners/leaders to thrive and be a force for positive change in their patients, practices and systems. This opportunity for physicians, clinicians, C-Suite-any health care leader-focuses on resiliency in these chaotic times.

There are spots available in the November 7-10 program in beautiful Spring Green, WI. https://bit.ly/2MmuQkJ
Stay above board on all comments about the departing person. Continue to give credit and manage up even after the person is gone when the good work they contributed is obvious. Keep anything else to yourself. Assume that the departing person will stay friends with other team members and what you share will get back to them. This is one reason to…

Think of your departing person as an advertisement for your organization. A best practice for hiring is conducting interviews in such a way as to leave a candidate with a great feeling about your organization even if they don’t get the job. They will say great things about you and that’s the best kind of marketing. When someone great departs, treat them such that they would want to come back if the opportunity presents itself. Even if they don’t come back, you can influence the image they present to others about you in their new circle.

When it comes to exit interviews, it’s a little too late to find out what you could have done to make a good employee stay. Use stay interviews along the way to learn how you are doing as a leader and understand what makes your employees tick. Email at address below for a great list of stay interview questions.”

“Thanks to Saturday Night Live, here is a fun way to remember how not to act when someone leaves: ‘Buh-bye’ at https://bit.ly/2PzdyVf (Rated PG)”

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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Space Intentionally Left Blank For Mailing