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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – August 1, 2020

Rural Not Exempt from COVID-19

Rural Health and COVID-19, "Iowa Rural Healthcare Regions Part of National Surge in New Coronavirus Cases" by Todd Neeley, *DTN-Progressive Farmer*, 7/2/20:

"A recent spike in new COVID-19 cases in rural America is hitting small-town hospitals that were already vulnerable."

"Cash-strapped and under-equipped since even before the pandemic hit, the new coronavirus forced them earlier this year to adjust their plans and resources to get through the past few months and survive in their communities as well as save and serve their patients."



"However, as states and communities emerge from various restrictions and regulations that may have helped slow or contain the spread of COVID-19 for the past few months, the number of cases is growing and so is the health system's concern."

"Since mid-June, rural counties in the United States saw new cases surge from 2,481 on June 21, to 4,550 on June 26, according to data from non-profit organization USAFacts. Yet the data still might not reflect the actual number of cases, since various health officials have cautioned the data could be outdated or not yet known."

" 'The Centers for Disease Control and Prevention (CDC) has completed a series and will continue to do fairly extensive surveillance throughout the nation using antibody testing,' explained Robert Redfield, CDC director."

" 'And our best estimate right now is that for every case that was recorded, there actually are 10 other infections,' he told a CDC telebriefing on June 25. He added that hospitalizations and deaths can sometimes lag three to four weeks."

COVID-19 Cases Increasing– "On June 25, Iowa Gov. Kim Reynolds proclaimed an extension of public health mitigation measures currently in place until at least July 25. While the state has reopened more businesses and services than some states, social distancing and other health measures to reduce the risk of transmission are still urged."

"As of July 1, there were 29,451 COVID-19 cases in all of Iowa, with a total of 717 deaths. A total of 23,607 people have recovered, according to Iowa government data."

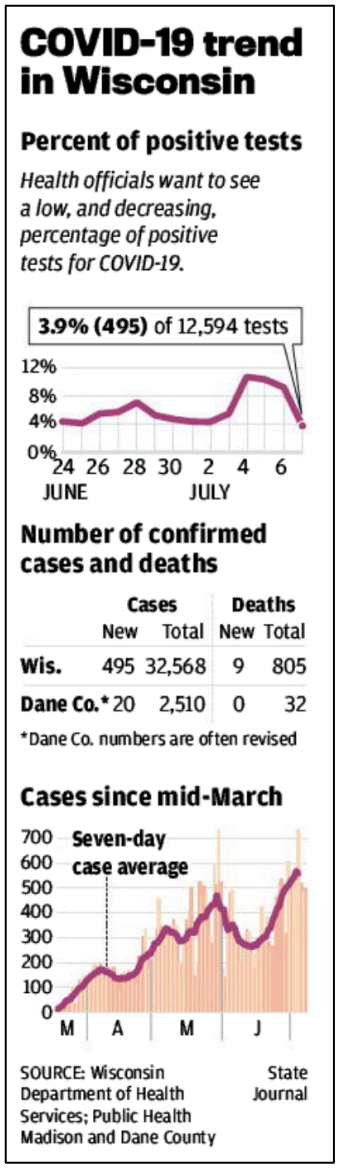
"Though rural hospitals responded to the COVID-19 challenge, overall health may have worsened as health providers focused on the virus. 'I can easily say the patients I'm seeing in clinic are sicker than they were six months ago,' said Dr. Kyle Ulveling, cardiologist and chief medical officer at St. Anthony Regional Hospital in Carroll, Iowa. He said he's seeing much fewer wellness checks and much more sick visits than he was six months ago."

Pressure On Rural Health Care–"There continues to be growing concerns COVID-19 could overrun the rural health care system. The main reasons are that rural America is older, less healthy and has far fewer health care resources."

"A March 24, 2020, analysis by Lerner Center for Public Health Promotion at Syracuse University pointed to the biggest underlying COVID-19 concern in rural America."

"Thirty-one percent of COVID-19 cases, 45% of hospitalizations, 53% of intensive care admissions and 80% of deaths had been among adults aged 65 and older with the, 'highest percentage of severe outcomes among those 85 years and older.' This is bad news for rural America as 19% of the rural population is 65 years or older, compared to 15% in urban areas."

CDC Updates List Of Increased Risks–"Part of the reason why risk increases with age is because as people get older they are more likely to have other health issues that may place them at higher risk,' Dr. Jay Butler, COVID-19 incident manager, said at a June 25th CDC briefing."



" 'We reviewed the evidence related to each of these conditions and determined whether there was strong, mixed or limited evidence whether they were associated with increased risk of more severe illness, which may be measured by hospitalization, ICU admission or death.' "

"Butler said the underlying conditions for which there is the strongest evidence of higher risk are cardiovascular disease; chronic kidney disease; chronic obstructive pulmonary disease, such as emphysema; obesity; any immunosuppressing condition or treatment; Sickle Cell Disease; and type 2 diabetes."

"The CDC also compiled an updated list of conditions that might increase risk of severe illness. Some of those include: chronic lung diseases, including moderate to severe asthma and cystic fibrosis; high blood pressure; a weakened immune system–as may occur among persons after blood or bone marrow transplant–immune deficiencies, poorly controlled HIV or use of other immune-weakening medicines; neurologic conditions, such as dementia or history of stroke; liver disease and pregnancy."

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members in partnerships to make their communities healthier… generates additional revenue by services to non-Members… ongoing use of strategic alliances in pursuit of its Vision. Tim Size <**timsize@rwhc.com**>, Editor, 880 Independence Lane, Sauk City, WI 53583

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Not Just Elderly Affected–"CDC also said children who are 'medically complex' who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children."

"CDC said there's a difference between now and when the coronavirus first hit the U.S. 'I'm asking people to recognize that we're in a different situation today than we were in March, in April, where the virus was disproportionately being recognized in older individuals with significant co-morbidities that was causing significant hospitalizations and deaths,' CDC's Redfield said in late June. 'Today we're seeing more virus. It's in younger individuals. Fewer of those individuals are requiring the hospi-

talizations and having a fatal outcome, but that is not to minimize it.' "

What Is Back to Normal?–" 'Everyone keeps talking about getting back to normal,' said St. Anthony Regional Hospital's CEO Ed Smith in Carroll, Iowa. 'I don't know when that's going to be. But, in the short run, I think we're all going to be wearing masks. In the short run, we're all going to be doing temperature checks and answering entry-point questions to enter into the health care facilities. I think testing is going to be an important part of anything we do until a vaccine is thoroughly tested.' "

"Redfield said more than 90% of the American public has yet to experience the virus: 'So we want to emphasize that it's really important that we get vigilant to our collective commitment to do these social mitigation steps to protect the vulnerable friends, family, community and those individuals that we don't know that we're interacting with, from potentially getting infected and having a poor, negative outcome because of the co-morbidities.' "

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"These meetings were easier on Zoom when I could use the mute button."

Settling in for the Prolonged New Normal

From "Assessment of U.S. COVID-19 Situation Increasingly Bleak" by Jeffrey M. Jones, Gallup, 7/2:

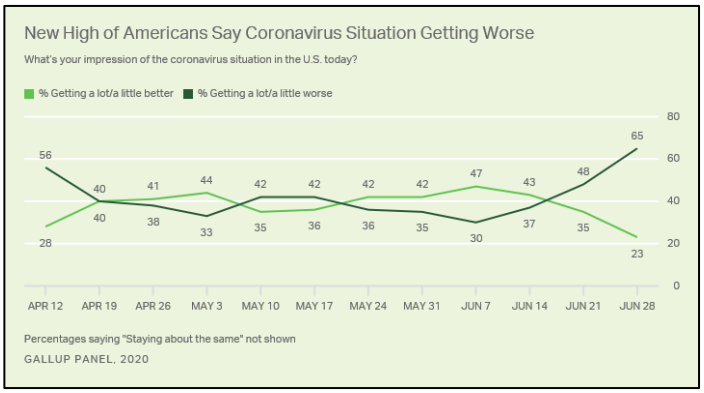
"As coronavirus infections are spiking in U.S. states that previously had not been hard-hit, a new high of 65% of U.S. adults say the coronavirus situation is getting worse. The percentage of Americans who believe the situation is getting worse has increased from 48% the preceding week, and from 37% two weeks prior."

"The latest results, from June 22-28, are based on Gallup's online COVID-19 tracking survey, which interviews weekly random samples from Gallup's probability-based panel. Last week, governors in many states paused or rolled back plans to ease restrictions on economic activity as states in the South and West dealt with a surge in coronavirus infections and hospitalizations."

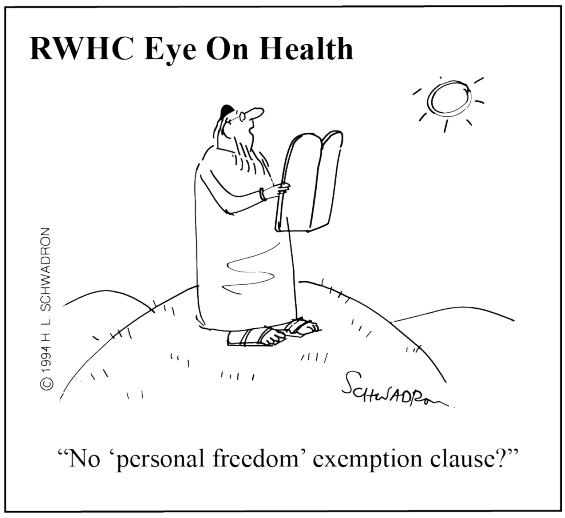
"Gallup first asked Americans in early April to say whether they thought the coronavirus situation was getting better or worse. At that time, 56% said it was getting worse and 28% better, the most negative assessment prior to the latest reading. From late April through early June, there were several weeks in which more Americans said the situation was getting better than getting worse."

"Today, there is widespread agreement among Americans in all parts of the country that the situation is getting worse. Between 62% and 68% of those living in the four major regions of the U.S. say it is worsening. These rates represent heightened concern over the prior week in all four regions, including increases of 13 percentage points for those living in the South and Midwest, 19 points for those in the West and 22 points for those in the Northeast."

"Additionally, all major party groups are more inclined than they were the previous week to see the situation as getting worse, including an 8 point increase among Republicans, 18 points among independents and 15 points among Democrats. But the partisan gap remains vast, as 90% of Democrats, 63% of independents and 28% of Republicans believe the situation is getting worse. A majority of Republicans, 54%, say the situation is getting better."



Vast Majority Now Expect Protracted Disruption –"Americans' greater pessimism is also apparent in the 74% who expect the level of disruption to travel, school, work and public events in the U.S. to persist through the end of this year (37%) or beyond that (37%). This represents a 10-point increase from the prior week in the percentage of U.S. adults who think the coronavirus situation will last at least until the end of the year. In early May, less than half of Americans expected the situation to last that long. Ninety percent of Democrats, 75% of independents and 48% of Republicans expect disruptions to continue through the end of the year or longer."



"No 'personal freedom' exemption clause?"

Implications–"Americans may dispute whether the recent increase in new daily coronavirus cases represents a continuation of the first wave or the start of a second wave of infections–but there is a growing public consensus that the situation is getting worse. An increase in new daily cases was not unexpected as business restrictions were eased, but the size of the increase in states like California, Texas, Florida and Arizona has caused governors there to rethink the pace of loosening those restrictions, if not reverse course on some of them."

Common COVID-19 Myths Debunked

Infectious disease specialists from the Rush University Medical Center, Michael Y. Lin, MD, MPH, and Alexander Tomich, DNP, RN, discuss what you need to know. From **www.rush.edu** on 7/7:

COVID-19 isn't as serious as the seasonal flu–"**FALSE**: While most COVID-19 cases will be mild, and most patients will only show seasonal flu symptoms, this disease has a high mortality rate among older people and those who are immunocompromised."

Ordering or buying products shipped from China will make a person sick–"**FALSE**: There is no evidence to show that there has been transmission through packages. Officials say because of the poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures."

Wearing a mask will protect me from COVID-19–"**FALSE**: Most masks–besides masks like N95s–will not protect a person from being infected. The purpose of wearing a mask or face covering is to prevent you from spreading an infection to someone else. This is especially important because carriers of COVID-19 can be asymptomatic. But it is **TRUE** that masks do prevent you from spreading COVID-19 to others. The CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain like the grocery store. It's important to remember that the best prevention techniques are good hand hygiene and social distancing practices. The CDC is recommending cloth masks only to keep people who may have the virus but don't know it from transmitting the virus to others, helping to slow the spread."

I'm healthy, so I don't need to practice social distancing–"**FALSE**: While you may be healthy, you could still be a carrier of the virus. You also increase your risk of getting infected and then spreading it to others who may be at a higher risk for severe illness. While you may not be experiencing symptoms, it's important to practice social distancing to protect not only yourself but the people around you."

Pets can spread the virus–"**FALSE**: There is no evidence to suggest that household pets are carriers of COVID-19. It is still recommended that you practice good hand hygiene after handling pets."

You can protect yourself by gargling bleach or using essential oils–"**FALSE**: Gargling bleach will

not protect you from COVID-19 and is very dangerous. Things that can help include washing your hands with soap and water for 20 seconds, avoiding touching your face, and wiping down surfaces."

The virus cannot survive in warm weather–"**FALSE**: While many cold/flu viruses tend to drop out during the warmer months, there is no research to suggest that this will happen with COVID-19. Warmer areas around the world are experiencing an outbreak of COVID-19, so no one knows at this time if warmer weather will kill the virus."

"These are just some of the myths circulating on the Internet. As this global pandemic continues, it's more important than ever to stay informed. Just make sure to always fact-check what you are seeing on social media before you take any actions or make any decisions for yourself or your family."

Wisconsin Can Still Laugh

From "Cripes Almighty: 'Manitowoc Minute' Puts the Accent on Helping Neighbors" by Liz Carey, *Daily Yonder*, 5/20:

"*Charlie Berens uses his self-effacing Midwestern comedy to support Wisconsin's farmers and hospitals during the Covid-19 pandemic*."

"Grab your hot dish, pour yourself a beer or three, and fire up the old YouTube channel–Charlie Berens' got something to say about rural Wisconsin, cripes almighty. Using drink recipes and direct promotions, Berens hopes to shine a light on rural Wisconsin's struggles during the Covid-19 pandemic.

"Berens produces "Manitowoc Minute,", a series of parody videos in which Berens plays a small town news anchor who retains his regional accent as a point of pride, if not clarity. Dressed in a plaid shirt, camouflage jacket, a tie, and a baseball cap, Berens talks about the news in Manitowoc, Wisconsin, and around the country."



"Manitowoc, a town of over 32,000, is a typical Rust Belt town, Berens said. It's located on the west coast of Lake Michigan about two hours north of Milwaukee. It's best known for its shipbuilding and crane industry, he said."

"Through 'Manitowoc Minute' and other videos he's done over the past three years, Berens has brought to light how to speak Midwestern, how Wisconsin dads react to tornadoes, and what it's like to be a husband in Ikea. Phrases like 'grab a beer or tree,' 'some of yuse,' and 'keep 'er moving,' pepper the short clips about life in the Midwest. They've created quite a following for him in his home state of Wisconsin, and all over the Midwest. It's not unusual for his videos to go viral within minutes of his posting them."

"Now, he's using the videos he has filmed during quarantine to help support farms and hospitals in Wisconsin's rural areas."

"During the Covid-19 quarantine, Berens said he found himself looking for things to do."

" 'Everyone was bored and wondering what to do, and I thought, everyone drinks, right?' he told the *Daily Yonder* in an interview. 'So the first one I did was on an Old Fashioned."

"In one quarantine video, 'How to Make a Bloody Mary–Quarantine Kitchen,' Berens called his father, a doctor at Children's Hospital Wisconsin. His father asked people watching to send masks and other supplies to the hospital. The response was so positive, other hospitals called Berens to ask him to mention them, he said in a later episode of 'Manitowoc Minute.' That led to poll workers asking him to talk about people coming out to work at the polls for the special election in April."

" 'My point is this, if hospitals are desperate enough to ask a guy in a duck jacket and no pants,… sorry, spoiler alert,' he said in one episode. 'If

hospitals are desperate enough to ask me to ask you for equipment, then it don't make sense for me to ask you to go hang out at a polling Petri dish and further overwhelm the hospitals.' "

"In some of his quarantine videos, he promotes local dairy farms–for the milk and ice cream he uses in 1950s dinner club cocktails, and the cheese he uses to make a hot dish."

" 'Dairy farmers are very much a part of the culture of Wisconsin,' he said. 'They're having a tough time during the quarantine. But they were having a tough time before that with the tariffs. And they were having a tough time before that, too. Culturally speaking, I think it's very important that we support these rural companies that don't necessarily always get the attention they need.' "

"Berens, who grew up in the suburbs of Milwaukee, attended the University of Wisconsin-Madison and graduated with a degree in journalism. His career took him across the country as a news broadcaster. But the pressure to lose his Midwest accent, among other things, helped him realize news wasn't his gig."

" 'I didn't really like news. It's not what I really wanted to do,' he said. 'So I decided to do stand-up. And one of the characters I created was a guy who didn't get the voice lessons like I did.' "

"So far, he said, he's not sure if the videos have increased sales at the places he's mentioned, but he has gotten some pretty nice gift baskets out of the deal. He said he looks forward to a time when he can get back out on the road, doing stand-up in small towns."

" 'I've done tours of my stand-up routine, and I've done tours of small town. I just love them. It's fun to be in those places' he said. 'Sometimes, the towns become a little bit like a ghost town, but some places have these beautiful theaters and great little bars. Maybe now that we all know how to work from home, more of us will be moving back to those rural areas to support them.' "

"All we can say is…'Keep 'er moving!' "

Videos available at: ***https://bit.ly/2NZsv0b***

"A Question of Trust"

From "A Question of Trust" by Dr. Syed M. Ahmed, *Pulse, Voices From the Heart of Medicine*, 7/7:

"Years ago, when I first joined the family-medicine faculty of the Medical College of Wisconsin (MCW), I spearheaded a project to build stronger connections with the surrounding communities, primarily made up of people of color and low-income individuals. Deepening our ties with these communities would, we hoped, give us more understanding of our patients' health needs, and might help them to feel more receptive to our efforts."

"Our first step was to form personal connections with individuals within the community. The most direct way to do that, I decided, was to get to know the local church leaders and churchgoers–so I began attending Sunday services at various houses of worship."

"At first, the congregants thought that I was there to do research or recruit African-American subjects for a study. But once they saw that I was just trying to get to know them and learn about their communities' needs and aspirations, they welcomed me warmly."

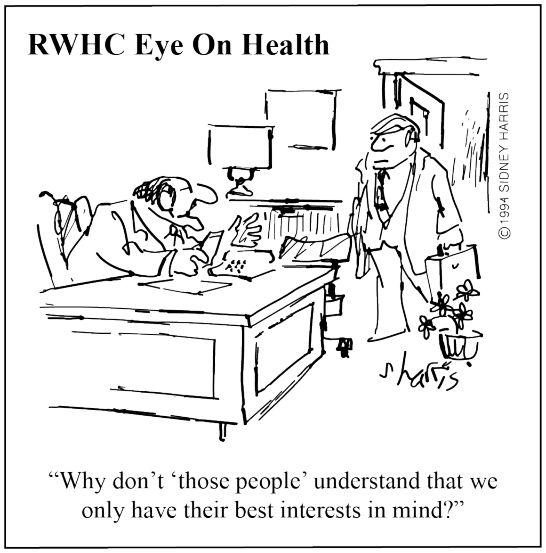
"Soon, MCW began partnering with churches and community-based organizations (CBOs) to address health issues. For example, with ten churches, we set up a cancer education/prevention program; with a CBO in the Latinx community, a diabetes education program; with veterans, a peer-to-peer opioid prevention program."

"Our community connections have been tremendously helpful for everyone involved–but never more than now, amid the COVID-19 crisis."

"As the numbers make starkly clear, COVID-19 kills vastly greater numbers of people of color. These tragedies highlight another disease: healthcare disparities suffered by communities of color."

"I've been talking about the pandemic with my patients and community partners. These conversations have underscored for me how much our relationships

influence the way we act. With COVID-19, that can make a life-or-death difference. And I've been struck by the overriding importance of one factor: trust. Here are excerpts from some of these conversations."



"**My patient Rodney Marsh, an 87 year-old African-American man who lives alone, leaves a message on my personal phone.** 'I need a face mask. I have nobody to help me get groceries, and I'm scared to go out to the store without a mask.' "

"I call him. He talks about how fearful he feels about COVID-19. He's watching TV all day long and getting confused by the conflicting messages in the media. We talk for 30 minutes, during which he never mentions masks."

" 'You left me a message about a face mask,' I say finally. 'Oh, yes. I cannot find one anywhere.' 'Yes, we're short on masks everywhere, including in our clinic.' 'My neighbor gave me a mask–but it's small. It covers my nose and mouth.' 'That's good enough. Anything else?' 'No, thanks for calling me back.' "

"Mr. Marsh is a lovely gentleman caught in the midst of the worst pandemic of our lifetime. He needed someone to help him sort out the garbled mixture of fact and fiction on the news and social media."

"He *does* need a mask, but he also needs simple human connection–and straight talk from his physician. I, too, come away feeling a stronger sense of connection and purpose."

"**One of my Latinx community partners is Juanita Rodriguez**. I've known her for 20 years, and we've become friends. Although holding no official position, she commands the respect of folks in the community, having earned their trust over many years. Now, this long history is paying off: When she says that the pandemic is serious, people listen."

" 'How are you doing? You, your family, the community?' I ask.' We're okay. Our leaders have been working hard to pass the right messages to our community.' 'How are they taking it?' 'Folks are worried, but trying to stay calm.' 'You'll have lots of hardship, given what's going on with losing jobs,' I observe. 'Yes, that will be an even bigger problem. If COVID does not kill you, poverty may.' 'Let's see how we can work together.' "

"She asks if we can create a COVID-19 information pamphlet in Spanish for use within the Latinx community. Our medical students, when asked, enthusiastically take on this much-needed project."

"**I came to know Yvonne Washington, a 50 something year old African-American woman, through a diabetes project in her community**. We're both diehard football fans–she's for the Patriots, and I'm for the Packers. During football season, we banter with each other. But not now."

" 'How are things going?' I ask. 'Not too good. Folks are dying.' 'Yes, I know. Any ideas why so many?' 'People aren't taking it seriously,' she says in exasperation. 'They're still holding gatherings…Some folks believe we're being picked on.' 'Did you talk to them?' 'Oh, yes. Everyone needs to take responsibility to stop the virus from spreading.' 'Can you pass this message along to lots of people?' 'Yes, that's exactly what I'm doing.' "

"As a grassroots leader, Ms. Washington has power–potentially more power than many politicians do–to influence her community members' views and actions. Why? Because she has their trust."

"Similarly, since the onset of the pandemic, my fellow caregivers and I have found that our relationships with patients and community leaders make the strongest platform for our efforts. We're more than their caregivers; we're also their partners and friends. In this time of need, that makes it easier for us to reach out and offer our help."

"To be clear, it's not that we have mountains of resources to share; we don't. What we *do* have is an urgent wish to let our communities know that we're here, and we're thinking about them. We're giving them evidence-based medical information and modest amounts of supplies–food, masks, cleaning agents, a laptop for someone in need. But this material support is negligible. The biggest thing we offer is our collective concern–and our shared hope that, together, we can and will overcome this crisis."

"From the start of the COVID-19 pandemic, some of our nation's leaders have issued highly misleading statements about the virus and how to avoid catching or spreading it. This misinformation has confused people across the country–and as a result, in many states the COVID rates are surging to frightening new heights."

"My colleagues and I are fighting this virus with all the medical tools in our arsenal. I believe that we must fight the pandemic of misinformation just as hard."

"Physicians' responsibilities go beyond our role as clinicians. We're also educators, patient advocates and sources of credible, scientifically sound medical information. Our patients need to trust that their health and well-being is our core mission, and that we won't let ourselves be deflected by politics."

"In the midst of this crisis, I believe that we owe our patients the same things we wish for in our nation's leaders: honesty, clear communication and collaboration."

"The most vital ingredient, though, is trust."

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