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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – December 1, 2021

The Rural Vaccination Challenge

From "New vaccine campaigns target rural Americans to address disparities" in the *Guardian*, 11/9:

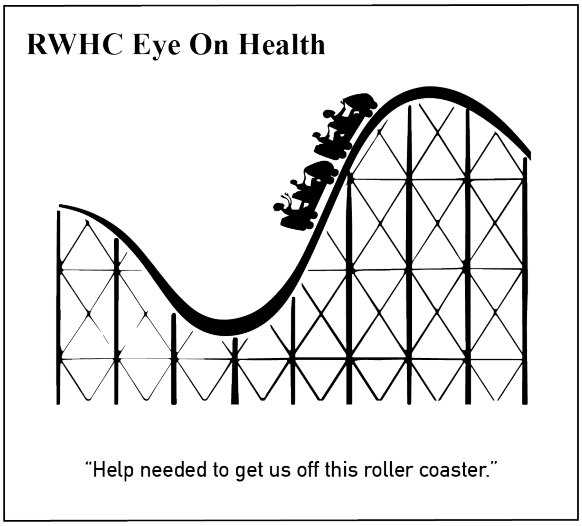
"*Rural residents are older and poorer, are less likely to be vaccinated–and twice as likely to die of Covid as city dwellers."*

"In the United States, there is a renewed campaign to vaccinate rural Americans due to the stark difference in Covid-19 cases and deaths among those living in less-populated areas compared with towns and cities."

"Rural residents are now twice as likely to die from Covid-19 as Americans in metropolitan areas. Yet rural areas tend to lag at least 10% behind metropolitan areas when it comes to vaccination–and this hesitancy is exacerbating already existing health issues."

"In October, 42.6% of rural residents were fully vaccinated, compared with 54.5% in metropolitan areas, according to an analysis by the rural-news publication the *Daily Yonder*. In September, rural areas saw their biggest leapin vaccinations since June before declining again in recent weeks. Even as new cases of Covid have begun falling, rural areas still have an infection rate that is 80% higher than metropolitan areas–and the death rate is still twice as high."

"Now, several initiatives are focused on rural communities to lower Covid cases and increase vaccination."



"The National Rural Health Association (NRHA) recently launched an initiative **https://bit.ly/3obKxOC** to address vaccine hesitancy and to recast vaccination as a community endeavor vital for being a good neighbor and keeping schools and businesses open."

" 'In rural communities, there is a lack of trust in national and even regional sources of information," Brock Slabach, chief operations officer of the NRHA, told the Guardian. 'Local trusted leaders have more influence on the confidence of people to receive the vaccine.' "

"This campaign is reaching out to trusted sources–including physicians, leaders in community organizations and religious leaders like priests, pastors, imams and rabbis–to help them answer questions about why the vaccine is needed."

"A new series of public service announcements **https://bit.ly/3EYToKi** has also been launched by the Ad Council and the Covid Collaborative, relaying the stories of everyday rural Americans and their reasons for getting vaccinated. Governors are also urged to establish trust and confidence in vaccines and to clear the way for better access in rural communities."

"It's also important to understand that many people have received contradictory messages about Covid and the vaccine from trusted sources, Fred Ullrich at the RUPRI Center for Rural Health Policy Analysis told the *Guardian*. 'Getting people to change their minds is very, very difficult.' There are many reasons why the pandemic has hit rural residents hard."

"More than 180 rural hospitals have closed since 2005, and people living in rural areas had a 20% greater death rate before the pandemic. Hospitals and medical centers were short-staffed to begin with, but burnout has led to an exodus of experienced health workers."

"The remaining hospitals are often far away and don't offer higher levels of care like intensive care units, but many of the larger hospitals are full and can't accept transfers. And it's hard for rural residents to seek early treatments like monoclonal antibodies, which are typically offered at specialized infusion centers. Other types of health access have also worsened during the pandemic with rural residents lacking access to high-speed internet for telehealth visits."

"At the start of the pandemic in the US, the coronavirus was often seen as an issue facing cities. For the first four months, as major metropolitan centers like New York and Los Angeles called in refrigerated trucks to handle the overwhelming crush of deaths, the virus mainly spread in metropolitan areas."

"But by July, it was spreading in rural America, too – and when rates in cities began to decline, many rural areas continued adding new cases. By the fall, Covid was more common in rural areas than in cities."

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"Yet 'it's hard to get rid of that earlier notion that this really was not a rural problem,' Ullrich said. 'Rural is not a refuge. It's clear that the disease has sought out every corner of the country, and it doesn't make any difference where you live.' "

"Ullrich compared vaccination campaigns to painting a house. 'Painting the big walls is not a problem, but getting into the little nooks and crannies, finishing this, retouching up that–that always takes forever, right? It's always that last little bit,' he said."

"I Have Never Seen Anything Like It"

From "A Rural Hospital Responds to COVID-19," *The Daily Yonder*, 9/29:

"Just a few hundred feet from St. Claire Regional Medical Center in Morehead, Kentucky, it's business as usual at Mcdonald's."

"Morning commuters crush together to get coffee, hash browns, and egg McMuffins. There are a few masks, but mostly the scene inside almost looks like any busy Mcdonald's before the pandemic."

"But inside St. Claire, things are very different. There, the reality of the Delta variant surge of Covid-19 is on full display."

" 'This fourth surge here in this region has been the worst of all the surges since the beginning of the pandemic,' said Don Lloyd, St. Claire Regional's CEO. 'It's not only for St. Claire but for all the institutions throughout Kentucky, whether you're in Western or Eastern or Central, it doesn't make a difference; it's just horrendous.' "

"For weeks, he said, the hospital has struggled to keep up with the flow of incoming patients by expanding its clinical capabilities multiple times. Now the hospital

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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has four temporary intensive care units (ICUs). About half of the patients coming into the hospital have been Covid positive."

"Of those admitted with Covid, about half will end up on some kind of breathing apparatus, he said. About half of those patients will be put on a ventilator. Lloyd said about 25% of the Covid positive patients that are admitted will die. Of those that are put on a ventilator, about 75% will die."

"At the height of the pandemic in 2020, St. Claire had a maximum of 25 patients. During that time, the hospital saw around two Covid-related deaths a week, Lloyd said. As of September 17, St. Claire had more than 160 Covid positive patients, and was experiencing two or three deaths per day, he said."

"Without adequate numbers of beds, the hospital has had to come up with creative ways to handle them–including erecting a fully operational field hospital in its parking lot. For patients who need to be admitted, he said, the hospital has to find a bed. The hospital is limited in transferring patients because other hospitals don't have beds either."

" 'We are operating right now at about 135% of capacity,' he said. 'We had one ICU, but right now, we have critical patients in five locations. We converted the post-anesthesia care units to a secondary ICU which is full. Our regular ICU is full. We opened up a third ICU in an infusion oncology area and now because we don't have beds available in that area, we are seeing critically ill patients and holding them and treating them on Covid units where we've allocated a certain number of beds for the critically ill.' "

"Patients are getting care, he said. But providing care in those conditions is not optimal–for the patients or the medical staff. Regardless of the number of beds the hospital adds, he said, the real issue is the number of nurses to care for those patients."

"Patients with Covid are often treated through what is called 'proning.' In this treatment, patients lay on their stomachs for a period of time before being turned over. But turning a patient isn't as simple as flipping them onto their back."

" 'It requires six people to turn those patients because they're still hooked to a ventilator, and they have all sorts of lines and drains in them,' he said. 'You need to be very judicious and careful. At the very best, that is a 15 to 20-minute process… When you have 22 people on ventilators, that's a massive undertaking and utilization of clinical resources.' "

"To augment the clinical staff, the hospital has trained non-clinical staff to help with turning patients. Additionally, 30 nursing students are volunteering their time to help. But still, there's not enough nurses to care for the volume of patients the hospital is seeing. The hospital has also closed clinics and transferred nurses from those clinics to the Covid care teams."

"The hospital has also had help from disaster teams from the Federal Emergency Management Agency (FEMA) and non-clinical help from National Guard members, he said."

" 'I've been doing this for 40 years,' he said. 'I've been through, maybe 15 or so hurricanes up to a category 5 on a couple of occasions. I've been through man-made disasters, and terrible, terrible multi-vehicle accidents, but the death and carnage that I have witnessed and my teams have witnessed for almost two months now… I have never seen anything like it.' "

"This surge of the pandemic is taking its toll on nurses, physicians, and other clinical staff, he said."

" 'I've had nurses that have just fallen apart after holding up an iPad so a family could say goodbye or holding the hand of somebody in ICU as they pass,' he said. 'You know, it's worth it. When you sign up for this business, you know, you have to do those things occasionally, but you don't expect to do it five times in one shift.' "

"The hospital offers psychological counseling to all of its staff members to help them cope with the onslaught of patients, he said. But they will have to continue to work overtime until the surge comes to an end."

"The hospital's analytics says the peak of the surge could come at the end of this month. But, he said, there won't be time to rest. Delayed trips to the hospital last year are leading to escalations of serious condi-

tions in patients this year. And while there was virtually no flu season last year, already the hospital is seeing respiratory syndromes."

"I Was Wrong"–Pro-Vaccination PSA

A powerful new PSA began airing on television, radio and online last month, featuring a decidedly unvaccinated COVID patient who contracted the virus and spent more than 30 days in the hospital. In the spot, Tammy Hawkins poignantly states, "I was wrong," while encouraging others to avoid her mistake and get vaccinated.

"I Was Wrong" was produced by Platform Communications thanks in part to the support from the CDC Foundation through RWHC. This strategy has been complemented by a digital media aiming to generate impressions with social media and targeted websites.

Formed in late 2020 as COVID tightened its grip on Wisconsin, the Stop the COVID Spread! Coalition has grown to include more than 135 of Wisconsin's leading health care, business and advocacy organizations united to beat the pandemic.

The coalition's multi-channel public education campaign encouraging safe, virus-fighting behaviors is hoping to curb the COVID spread during a time when the health care system is severely stressed by continuing high caseloads.

This strong and effective coalition remains committed to tapping its members and using its influence to rid Wisconsin of COVID and speed our return physical and economic health.

Public health leaders and physicians across Wisconsin agree that vaccines offer the best hope for putting COVID behind us and getting back to the activities and people we have missed throughout the pandemic.

The Wisconsin Department of Health Services (DHS) offers helpful tools and resources to answer questions about vaccinations and to connect Wisconsinites with a vaccination provider near them. The agency also offers information to employers to help plan and deploy vaccination strategies for workers accessible through the below link.

Please share the Stop the COVID Spread! Coalition PSAs as widely as you can. To watch the videos and for more information, visit the Coalition's website at **https://bit.ly/3yvr8ev.**

We Can Not Beat COVID With Anger

From "You Don't Ever Let Go of the Thread" by Rana Lee Adawi Awdish, MD, MS, in the *Annals of Internal Medicine*, 9/28/21:

" 'There's a thread you follow. It goes among things that change. But it doesn't change. People wonder about what you are pursuing. You have to explain about the thread. But it is hard for others to see. While you hold it you can't get lost. Tragedies happen; people get hurt or die; and you suffer and get old. Nothing you do can stop time's unfolding. You don't ever let go of the thread.'–William Stafford, 'The Way It Is' "



Tammy Halkins

"There was no need to review her chart. Over 10 years, we had navigated her cancer diagnosis, lung resection, disease recurrence, radiation, and recovery. She had knitted the softest-imaginable sweaters of delicate ivory yarn for my son, born 2 years after we lost our first pregnancy. Her church's prayer list included the name of the daughter we had lost."

"I was smiling under my mask as I walked into the examination room. She rolled her eyes, then glared at me. She pulled down the hospital-mandated mask and spat, '**Oh, take off your mask! What are you afraid of? You of all**

people should know this is all just a moneymaking scheme.' "

"The force of her words set my jaw on edge and caused the muscles in my upper back to knot. My limbs tensed, and a rhythmic rage of blood flushed my face. My nails dug deeply into the meat of my palms. Her voice took on the propagandistic tone of cable news commentators, then the pitched fury of the picketers outside school board meetings and threatening intonation of the militia. Her features were no longer distinct; she blurred and swirled in a haze of flags and guns and co-opted mottos. *My body, my choice. Live free or die*. I stood stunned and unmoving as she pried open my darkest space and unpacked all that I had lost as if it were sheets of paper dolls. A mentor, a friend, an uncle. Cautious, brave, kind people, and they were dead. Yet, she was still here."

"I watched the last, loosely held feathers of my compassion fall to the floor. I considered gathering them, wanting only to start an all-consuming fire. *I couldn't save anyone.*"

"My eyes stung and swelled, and my heart sank in an undertow of hurt and shame. Her words had released a tide of grief that filled the charged space between us, trapping us in the small cinder-block room. *We were spun of different thread.*"

"I wanted to believe in the illusion that there would be no cost to harboring the anger and indignation, although I knew those emotions would incinerate me. Even as I stood, awed by their potency, I knew. I took a breath and, in that breath, found a millimeter's width of distance between myself and the anger. After another breath, I found the smallest bit more. I softened my jaw, and I knew; I couldn't act from that place. I would commit not to the anger but to myself."

"I allowed myself to move toward her, and her face reemerged. I sat down across from her and said only what was true. 'I have a desire to protect myself based on what I've seen, and I will be keeping the mask on. And I wonder, what has this experience been like for you?' "

"Her son had barred her from seeing her grandchildren because she wasn't following safety protocols. No one had a right to force her to accept the vaccine. She would disown him first. She didn't need anyone. Anger turned to anguish as she admitted to feeling 'disposable' and even 'abandoned' at times. Her sharp edges softened; our grief vibrated between us, in different frequencies but recognizable to each other."

" 'I wish I could make this all go away, for both of us,' I offered, my voice shaking. 'More than anything I wish that.' I pressed the backs of my hands up to my eyes to push back the visions and memorials and agonizing denial. 'The losses I've seen have been unbearable.' She patted the damp back of my hand."

"She recounted her fears; I listened; and, eventually, she was able to reframe getting vaccinated as a choice she could make—not because of the government but because it aligned with how she wanted to spend her time: with her grandchildren. She left saying, 'My son thinks he knows me. Well, I'll show him!' She had rediscovered her agency. I sat in the corner and cried."

" 'I was worried you were putting down roots in there,' the medical assistant said when I finally walked out of the room. 'You have three other patients waiting.' I stared at the doors, wondering whether the rooms



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"You looked a lot better in two dimensions."

would be the kind of stifling, airless places that could extinguish anything good in me."

"Moment by moment, we must pick up the thread of who we know ourselves to be."

"We are so accustomed to healing others. In exhaustingly difficult times, when we have nothing left to give, we treat the person in front of us with all the humanity we can muster. We treat the shooter and the victim. The drunk driver and the passenger. We have been trained to refrain from judgment. Medicine trained us in altruism and self-sacrifice, too. We may be so practiced, so adept at this that it's become a hindrance. We may have lost sight of how to care for ourselves."

"If we are to find a way to live our values in these demoralizing conditions, we must hold on to what is nonnegotiable in ourselves–not because it will heal our patients but because that is the only path back to ourselves. And, yes, it will be a different version of ourselves that we meet on the other side of this. One that no longer believes in neat and tidy happy endings. Someone with perhaps a little less faith and who is still in need of healing, but potentially—hopefully—someone we recognize. If we hold on to the thread. *Don't ever let go of the thread*."

"Strategies for Managing Pandemic Anger"

From "Feeling COVID rage? Five strategies for managing pandemic anger" by Brianna Hoge, *University of Alabama (UAB) News*, September 30:

"UAB clinical psychiatrist Megan Hays walks through five strategies that can be used to manage pandemic anger and burnout."



"Many people thought things would look different after spending the past year and a half in a pandemic. When COVID-19 vaccines rolled out to the general United States population in spring 2021, cases hit an all-time low in June, and a collective sigh of relief was breathed. Thoughts spiraled that maybe the virus was under control–but the Delta variant had other plans."

"Around the Fourth of July, cases appeared to be taking a turn for the worse. The late summer left some with an eerie sense of déjà vu: full ICUs, masks back on, distancing, debates about public health mandates and canceled plans."

"As a mental health professional, Megan Hays, Ph.D., clinical psychologist and assistant professor in the University of Alabama at Birmingham's Marnix E. Heersink School of Medicine, says her clients are presenting with a broad range of difficult emotions as the pandemic drags on, including anxiety, worry, sadness, despair and guilt, among others. But one emotion stands out above the rest: anger."

"People are wondering, 'How did we get here again?' and 'Will this ever end?' While anger in the short term is normal and even adaptive, Hays says there are long-term health effects of uncontrolled anger, including increased risk of hypertension, worse pain management, increased anxiety, weakened immune system and headache."

"Hays recommends five evidence-based strategies to help cope with chronic feelings of anger related to the pandemic."

Realize it is OK, and even useful, to be angry– "Emotions serve a purpose, and when controlled, they can even be useful. For example, if we never feel afraid, we may not take objective danger seriously, like being faced with a dangerous virus like COVID-19. And if we never feel sadness, we may not care when we lose a loved one, and therefore would not value our close relationships. Likewise, anger has its purpose. Anger gets a bad rap because it is often mistaken as hostile behavior or aggression."

" 'Anger is an emotion, not a behavior,' Hays said. 'Anger tells us that something isn't right.

Perhaps our safety is being threatened, injustice is happening, or some action is being required of us. If no one had felt anger about the pandemic, we may never have developed vaccines or instituted masking and distancing requirements, because no one would care what happened to the people around them.' "

Learn to respond to anger, not react–"Both behaving aggressively and bottling up anger are linked to hypertension and coronary artery disease. As a reminder, the emotion of anger is not bad, as it signals to us that something is wrong that needs to be addressed.

" 'It may feel tempting to virtually 'tell off' an acquaintance on Facebook who is posting misinformation about vaccines, but hostile behavior is likely to backfire,' Hays said. 'The message typically gets lost in the aggressive communication style and leads to defensiveness from the other party.' "

"On the other hand, constantly suppressing anger can lead to the 'pressure cooker effect' of stewing, resentment and unexpected anger outbursts, according to Hays."

" 'Instead of aggression or suppression, practice expressing anger in a healthy way through assertive communication techniques to articulate your feelings, needs and desires.' "

"Hays recommends stepping away from the situation, giving time to process the anger and then coming back to the situation when emotions are under control. This will help minimize the chance of speaking out of anger."

"A great way to calm down during this cool-down period can be participating in enjoyable activities."

"Hays said physical activity is one of the safest ways to relieve the 'pressure cooker,' but she recommends not becoming too aggressive during the exercise."

" 'It is human nature to want to hit a punching bag or a pillow when you are angry, but research shows that doing this can actually make your anger worse,' Hays said. 'Instead of punching something, use a rigorous exercise, one that you can safely do, to blow off some steam.'"

Do not water the weeds–"Once there is time to feel and acknowledge the anger, Hays suggests avoiding continued rumination on the incident, news article, or social media post that stirred up feelings."

" 'It may be tempting to rehash all the misinformation you saw on the internet today and come up with hypothetical arguments in the shower, but this is an unproductive strategy,' she said. 'Redirect your attention by pivoting to what's in your control.' "

"For example, if you are getting upset after seeing a large group of people congregating indoors without masks, remember that there is a choice to avoid or leave the situation, wear a mask, and get vaccinated."



"Hays also suggests that gratitude works well as an antidote to anger. Practice focusing on what is good in the current situation, such as gratitude for the scientists who created the vaccines or the access to accurate public health information."

Practice radical acceptance–" 'If only everyone had worn masks, we wouldn't be in this situation.' 'If only I had worked harder, I could have saved them.' 'Things should be different by now. Why is this still happening?' Ruminating about the 'shoulds' and 'if onlys' is a red flag to fighting against reality."

“ ‘Pain is inevitable, but fighting against reality generates suffering, and suffering is optional,’ Hays said. ‘We can choose to radically accept reality as it is, not as we wish it to be. Reality is that there are many things we cannot control about the pandemic–and life in general.’ ”

“Radical acceptance does not mean agreeing with what is happening or what has happened, but instead allows room for hope by accepting things as they are and not fighting against the reality.”

Tell your friends and family how you are feeling– “Hays says that sharing feelings with others is a proven strategy for managing anger.”

“ ‘Just be genuine and authentic with people rather than pretending like everything’s OK,’ she said. ‘Odds are that many people are feeling angry right now, and realizing that you are not alone and are being validated by others can go a long way for your mental health.’ ”

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“When asking for support, be specific about what type of support is needed. For example, do you just need someone to listen to you vent, or do you want help problem-solving a situation? Show appreciation for the person’s support if it was helpful, and find a way to support the other person if they seek a safe space in the future.”

*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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