

Review & Commentary on Health Policy Issues for a Rural Perspective - June 1, 2026

“Defying Ageism Can Help You Live Longer”

From “‘Ageing is not a destructive force’: How defying ageism can help you live longer” by Molly Gorman, *BBC*, 1/24/26:

“Research shows a positive attitude towards ageing can make people feel younger and live longer. Here’s how to fight ageism in your own life.”

“‘Ageism can change how we view ourselves.’ That’s according to the World Health Organization’s global report on ageism. And addressing this bias—how we harmfully think, feel or act towards people, or ourselves, on the basis of age—is critical for creating a more equal world, it argues.”

“There are health benefits of defying ageism, too—as research suggests that it can make people feel younger and live longer. More on that later.”

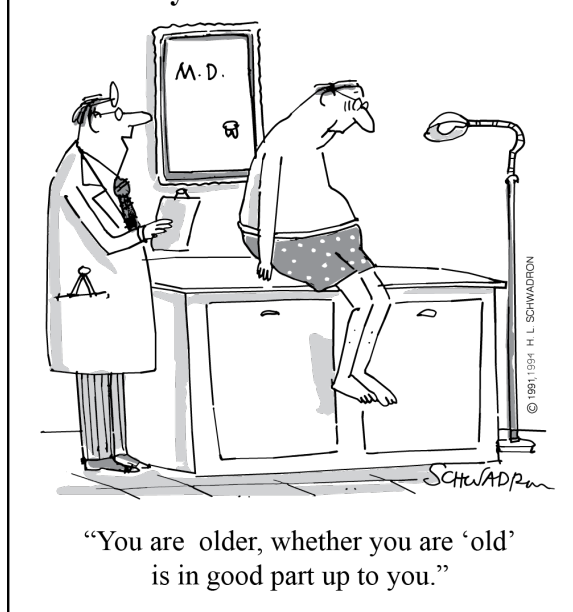
“It’s true that you can be any age and experience ageism. Take Gen-Z for example, those born between 1997 and 2012, who are often branded as ‘lazy’ by older generations. It does mostly affect older adults though, and most of the research has focused on this demographic.”

“In the UK, one in three people experience age-based prejudice or discrimination. In a US study, 93% of 2,000

adults aged between 50 and 80 years old said they experienced some form of everyday ageism. Internalized ageism was the most common, followed by exposure to ageist messaging.”

“‘The interesting part of this whole phenomenon is the person who is ageist is going to be aged at some point in time,’ says Parminder Raina, scientific director at the McMaster Institute for Research on Aging in Canada. By 2030, one in six adults in the world will be aged 60 or over. ‘Ageism is a very personal issue. But people don’t recognize it as a personal issue.’”

RWHC Eye On Health



“You are older, whether you are ‘old’ is in good part up to you.”

“Negative attitudes towards ageing are often inherited in the early years of life, from our parents, the media or biased memories, even as early as three, according to one study. As a result, one researcher suggests that children must be educated on ageing from a young age to ensure their effective understanding of the life cycle, and to better prepare them for their own ageing process.”

“After all, the way we talk about ageing can affect how we feel about it, and in turn the way we live.”

A self-fulfilling prophecy—“Ageism can cause older adults to internalize and confine themselves to negative stereotypes. For example, they may become less willing to accept new learning opportunities when they are perfectly capable of doing so, which can lead to low levels of self-esteem and self-confidence. This is referred to as

the stereotype embodiment theory—where stereotypes are unconsciously assimilated, internalized and then influence day-to-day functioning and health.”

“In other words, it can be a self-fulfilling prophecy.”

“One ageist stereotype is that all old people are weak and frail, says Raina. ‘And that’s far from the truth... [most] older people live in their communities, live independently, function, and contribute to their local communities through volunteerism or whatever else they do.’ ”

“But some older people do have complex needs, he adds. ‘They might have major health challenges, but that proportion is much smaller than the ones who are ageing in a very functional and a healthy fashion.’ ”

“It’s worth remembering that many of the negative stereotypes around ageing are socially constructed—for example, if someone was to say a person is ‘too old to be studying’, who dictates what age is too old?”

“In fact, one study on individuals’ personal perceptions of their age (the age they feel, or their ‘subjective age’) versus their actual age, found that those with a positive attitude towards ageing felt younger. Another 10-year longitudinal study in the US found that those with an older subjective age predicted lower life satisfaction.”

No limits—“Ageism and self-stereotyping can cause people to suffer from health problems such as reduced physical performance and impaired cognitive function. It can

also lead to symptoms of poor mental health like depression and anxiety, and affect how often older people seek social contact – the exclusion can make them more prone to loneliness and isolation.”

“ ‘We have seen it again and again [in our research] that [older] people are trainable—their body, their muscle, growth can happen, they can become very active and live functionally,’ Raina says. ‘So, there is no limit to what humans can do.’ **People with positive perceptions of ageing might even live longer.**”

“Becca Levy, professor of epidemiology and psychology at the Yale School of Public Health in Connecticut and author of *Breaking the Age Code*, found that individuals with positive age beliefs lived on average seven and a half years longer than those with less positive perceptions on ageing. ‘It is a substantial advantage, and that finding has actually been replicated in a number of different countries,’ Levy says.”

“Levy also found that those individuals had an advantage in memory performance—they typically had lower levels of biomarkers in the brain that are associated with Alzheimer’s disease. ‘They also tend to have less shrinkage of the hippocampus, which is the part of the brain that’s associated with memory,’ she says.”

“Ageism is also tied to our identities. Age groups can protect spaces they believe to be theirs, says Swift—for example, through the idea that older people shouldn’t be in nightclubs. Or think about the clothes we wear. ‘You’ve got norms around what’s age-appropriate, what people should and shouldn’t be wearing,’ Swift says. ‘Then if you see an older person, like, violating that norm, then they get attacked, whether that’s through internet trolls... or verbally.’ ”

“We need to change cultural values and norms around what’s expected of people of different ages, as well as the stereotypes that emerge about certain age groups.”—Hannah Smith

“Jacynth Bassett is the founder and chief executive of Ageism is Never in Style—a UK company that helps brands, firms and non-profits engage with ageism. One of its campaigns, I Look My Age, went viral in 2023 with over 45 million global views on social media.”

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 <timsiz@rwhc.com>, Editor, 880 Independence Lane, Sauk City, WI 53583

www.RWHC.com X 

Email office@RWHC.com with *subscribe* on the subject line for a free e-subscription.

“ ‘It’s all about asking companies, where’s the diverse representation? Why are we treating over-50s as a monolith?’ It’s not about using one model with grey hair, Bassett says, as that has become a stereotype.”



“ ‘For me, where this movement has to go, is around intergenerational inclusivity of all ages... and all voices,’ she says. Having founded the company nearly 10 years ago, Bassett says she has seen progress, and momentum is picking up. Some older, female influencers are also taking matters into their own hands, research shows, by using social media platforms like Instagram to combat ageism and sexism in the fashion and beauty industries.”

“Of course, there is positive messaging around ageing too, and around the world many cultures show signs of great respect for older adults. Influenced by Confucian values, some Asian communities are often still guided by ‘filial piety’—the value and respect for elders. On the third Monday of every September, Japan holds *Keirō no Hi* or Respect for the Aged Day, which became an official holiday in 1966 to honor older adults. There are also special celebrations to mark a person’s 60th birthday due to the completion of the life-calendar cycle, as well as their 77th, 88th and 99th birthdays. For many Indigenous communities, Elders passing down traditions and customs orally is integral – they have been described as ‘living libraries’, keepers of wisdom and storytellers.”

“It serves as a reminder that ageing is a privilege. ‘We have been given a gift of living well and living long in the modern day, that we are trying to squander by worrying about it,’ Raina says.”

Overcoming age biases—“Swift emphasises the need to challenge stereotypes on a cultural level, as well as an individual level—for example, within our family lives and the role models we have. In a 2016 study, 85% of interviewees indicated they had at least one role model of successful ageing—with most mentioning members of their family, such as parents and grandparents. In turn, these individuals had a less negative view of ageing than those who didn’t name a role model for ageing.”

“We need to change cultural values and norms around what’s expected of people of different ages, as well

as the stereotypes that emerge about certain age groups, Swift says. ‘You also need people at an individual level to have contact with people of different groups.’ ”

“Research has found that intergenerational interventions are associated with a substantial reduction in ageism, and are relatively low cost. In blue zones, for example, regions around the world where people often live to at least 100-years-old, multigenerational living and strong social networks are common. These contribute to longevity by helping to tackle loneliness and increasing connection.”

“ ‘We talk about [how] it takes a village to raise a child...how come we have not said it takes a village to support an older person?’ says Raina. ‘Our communities must serve both older and younger generations,’ he says.”

“In her book, Levy developed the ABC Method for strengthening positive age beliefs. **A is for increasing awareness of existing age beliefs.** ‘One way to increase awareness is to fill out a diary of age beliefs—to write down all the different kinds of age beliefs that one encounters in every aspect of one’s life over a week,’ she says.”

“B is for increasing awareness of where blame is due and thinking about when ageism is causing problems. ‘I think there’s a tendency for us to blame ageing for problems, as opposed to ageism,’ she says. For example, ‘if someone is denied the opportunity to get some kind of preventive health measure by a healthcare provider who says, ‘you’re too old to benefit from that’, it’s good to mark that as ageist rather than ageing itself leading to the problem.’ ”

“C is for challenging and interrogating the validity of a stereotype. For example, it is often thought that our cognitive functioning simply declines with age; however, one study found that sustained engagement in learning new skills—such as quilting and digital photography—can enhance memory function in older adults.”

“Ultimately, ageism is one of the few prejudices that is likely to affect most people at some point in their lives. Fighting it, the science suggests, will benefit us all.”

Medicare “Advantage” & Rural Disadvantage

From the Executive Summary of “The Growing Impact of Medicare Advantage on Rural Hospitals Across America,” downloaded from the American Hospital Association, 4/20/26:

“Rural hospitals play a vital role in the health and economic stability of their communities, serving as lifelines for care and major employers. However, these hospitals face mounting financial pressures that jeopardize their ability to provide essential services.”

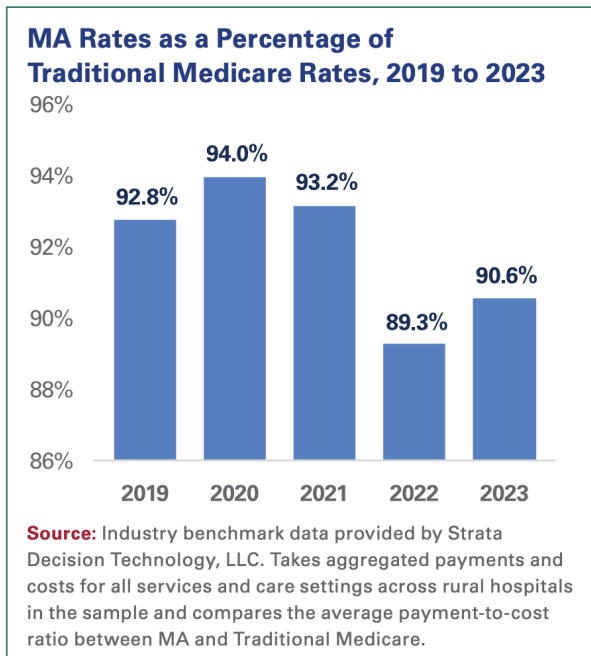
“The Medicare Advantage (MA) program has expanded rapidly and now accounts for more than half of total Medicare enrollment. While MA offers some benefits, certain plans reimburse hospitals below cost, delay or deny payments, and impose significant administrative hurdles, especially to rural hospitals, which have seen the fastest growth in MA recently.”

“These risks exacerbate existing challenges like staffing shortages and unfavorable payer mixes. Over 100 rural hospitals have closed or converted to other provider types in the last decade, and according to Dobson DaVanzo & Associates, LLC, 429 rural hospitals are at high financial risk. Addressing the impact of MA on rural hospital finances is critical to safeguarding care access for millions of Americans in underserved areas.”

This report explores how certain MA plans’ practices exacerbate rural hospitals’ vulnerability and threaten health care access for

rural communities. Here are the report’s key findings:

Reimbursement well below the cost of care: Traditional Medicare often pays less than the cost of care, and increasingly, rural hospitals report that MA plans pay even less—only 90.6% of Traditional Medicare rates on a cost basis, according to industry benchmark data provided by Strata Decision Technology, LLC (see chart).



Diminished access to quality care: Delays, denials, and excessive prior authorization from certain MA plans can hinder timely care: 81% of rural clinicians report quality reductions due to insurer requirements, and MA patients face 9.6% longer stays before post-acute care compared to similar Traditional Medicare patients.

Administrative burdens and payment challenges: Delayed or denied MA payments worsen rural hospitals’ finances and increase administrative burdens. Nearly 4 in 5 rural clinicians report higher administrative tasks in five years, with 86% seeing negative impacts to patient outcomes.”

Medicare enrollees will continue to choose MA plans and, as enrollment grows, it is ever more important that the program works both for the enrollee and the providers

who care for them. **Unsustainable reimbursement rates and administrative burdens strain these hospitals’ ability to deliver critical care in underserved areas. Meaningful oversight and reform are needed to ensure rural hospitals receive fair, timely reimbursement and can continue delivering high-quality care to their communities.”**



**34th Annual \$3,000 Monato Essay Prize
Best Rural Health Paper by a
University of Wisconsin Student
or recent graduate. Submit by June 1st.
www.rwhc.com/Awards.aspx**

Dr. AI Chatbot: “Free” & “Accessible”

From News Release “Poll: 1 in 3 Adults Are Turning to AI Chatbots for Health Information, Equaling the Share Who Use Social Media for Health,” KFF, 3/25/26:

“1 in 5 Who Use AI for Health Cite Affordability and Access Concerns as Major Reasons, Including Larger Shares of Young and Lower Income People”

“About a third (32%) of adults nationally say they have turned to artificial intelligence (AI) chatbots in the past year for health information, a new KFF Tracking Poll on Health Information and Trust finds. Most who turned to AI for health information say they were in search of quick and immediate advice, though challenges affording and accessing health care also play a role, particularly for younger adults.”

“The share using AI for health advice includes about 3 in 10 (29%) who have sought information related to their physical health and about 1 in 6 (16%) who have sought information related to their mental health. People are about as likely to use AI as social media to find health information.”

“As with AI use generally, younger adults are more likely than older adults to rely on AI for health information, particularly for mental health.”

“For example, adults under age 30 are about three times as likely as adults ages 50 and older to use AI for mental health information (28% vs. 8%). Uninsured adults are also more likely than those with insurance to do so (30% vs. 14%), as are Black and Hispanic adults compared to White adults.”

“When asked why they consulted AI for health information, about two-thirds (65%) of users say that a major reason was to get quick or immediate information

or support. Substantial shares also cite wanting to look up information before deciding whether to see a provider (41%) or feeling more comfortable looking up information privately (36%).”

“Challenges affording and accessing health care are also driving some to rely on AI, particularly for younger adults and those with lower incomes. About 1 in 5 say that not being able to afford the cost of seeing a health professional (19%) or not having a regular doctor or not being able to get an appointment (18%) was a major reason for turning to AI.”

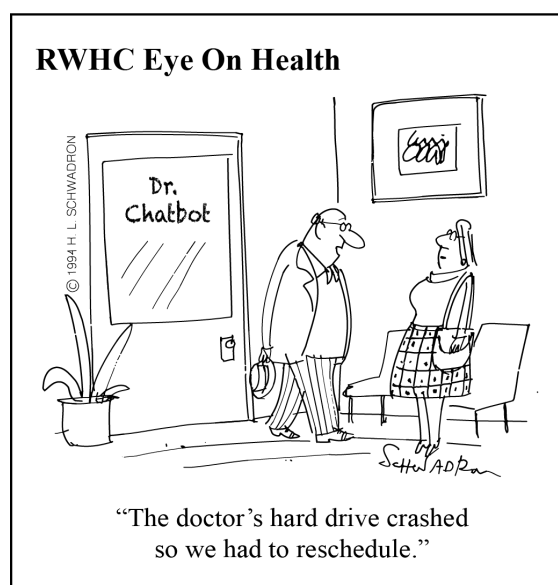
“Larger shares of young users (under age 30) cite barriers to affording (29%) or accessing (38%) health care as a major reason they relied on AI for health advice. Similarly, users with low incomes (less than \$40,000 annually) are more likely to cite both health care costs (32%) and access (25%) as major factors for using AI.”

“Many people who consult AI for health information say they did not follow-up with a doctor or other health professional afterward, including most (58%) who asked about mental health, and 42% who asked about physical health. Younger adults are more likely than older adults to

have used AI for health advice and then not followed up with a doctor.”

Many AI Users Upload Personal Health Information Despite Privacy Concerns—“Among those who use AI for health information, 41% say that they have uploaded personal medical information like test results or doctors’ notes into an AI tool or chatbot to get personalized explanations or advice related to their health. This means 13% of the public has uploaded personal medical information to an AI chatbot for this purpose.”

“Among the public at large, about three-quarters (77%) say that they are concerned about the privacy of personal medical information provided to AI tools, including most (65%) of those who have shared personal medical information with AI.”



Join the Wisconsin Social Rx Ecosystem



The Challenge: Healthcare organizations are facing **rising behavioral health needs, growing social risk factors, and increasing financial pressure under value-based care**. Loneliness and social isolation — identified by the U.S. Surgeon General as carrying health risks comparable to smoking up to 15 cigarettes per day — contribute to higher rates of anxiety, depression, chronic disease, and avoidable utilization. Clinical care alone cannot address these upstream drivers of cost and outcomes.

What is Social Prescribing? Social prescribing is an evidence-based approach that connects individuals to non-clinical, community-based experiences that support the prevention and treatment of health related concerns. On college campuses, this means connecting students to **arts and culture-based experiences** with protective and therapeutic benefits to students mental health, belonging and resilience.

About Wisconsin Social Rx: Wisconsin Social Rx is a statewide initiative to bring social prescribing to Wisconsin, in partnership with SocialRx, a nationally recognized leader in arts-based social prescribing. Together with a coalition of local organizations, the initiative is building an ecosystem of university, health and community partners across Wisconsin. SocialRx brings proven infrastructure while local partners provide the community knowledge and relationships that make this work sustainable.

The Impact of Social Prescribing: Social prescribing expands the continuum of care by connecting members and patients to community-based activities and events that improve mental health, reduce loneliness, and strengthen engagement. Healthcare partners see meaningful symptom improvement, decreased avoidable utilization, and measurable cost savings — while advancing whole-person care across populations.



Prescribing Partners

- **Health Insurance Plans** (*Commercial, Medicare Advantage, Medicaid & Group*)
- **FQHC**
- **Value-based providers**
- **Employee Assistance Program (EAP)**



Community Partners

- **Museums and Galleries**
- **Theaters and Performing Arts Groups**
- **Art Centers**
- **Small Businesses**
- **Individual Artists and Practitioners**



Results from SocialRx Members

- **63%** decrease in percent of members self-reporting any ED/ER use
- **27%** decrease in BH health visits
- **47%** of members reported reduced behavioral health symptoms PHQ-ADS

Next Steps: Reach out to start a conversation

Taylor Seale, Pilot Manager, UW-Madison Extension | tseale@wisc.edu

Jodie Smith, Director of Healthcare Strategy & Engagement, SocialRx | jodie@socialrx.com

Wisconsin Social Rx Steering Committee and Supporters:



Funded in part by the Wisconsin Arts Board, with support from the National Endowment for the Arts and the State of Wisconsin.

Leadership Insights: “Forming New Habits”

The *Leadership Insights* series is by Corrie Searles, RWHC Leadership Development Educator. You can find back issues at www.RWHC.com.

Ever wondered why you can't easily stop an old, ineffectual behavior you know doesn't serve you and replace it with a more productive one? Be it procrastinating, saying yes too often, working through lunch, reacting impulsively, offering the solution rather than guiding the learning, staying late again... Perhaps you've reflected on its negative impact, recognized the need to change, known just what to do instead, even envisioned how you'll do better...and then, *wham!* Out it comes again.

Or how about why, after coaching an employee on a behavior that's impeding their success, they don't go out and make immediate and lasting improvements? After all, you've offered the drawbacks of their current actions and a clear picture of what better looks like. All they have to do is do just that. *What could be so hard?!?* Here's what you need to know: **Changing a habit is not that simple!**

Here's why: As years pass, the harder it is for us to *unlearn* an automatic habit that once was a deliberate choice. Science shows the neuroplasticity of our brain lessens as we age. Think of the many developed synapses from our repetitive actions as a bundle of knots. They're no longer conscious behaviors and they're difficult to “untie.” This is great if every knot represents a positive behavior. Some, however, are downright gnarly and hinder our progress.

A decade ago, an engineer by the name of Destin Sandlin attempted to ride a “backwards bicycle” (if he turned the handle bars left, the bike would go right, or vice versa). He knew how to ride a normal bike. He knew this bike was designed the opposite. Shouldn't be a problem, right? Wrong. It took him 8 months to master this new method of steering. Eight months to rewire his brain.

What this shows is, in Destin's words, “*Knowing isn't understanding.*” We can know what should be done.

That doesn't make it easy to do. Knowing isn't understanding; understanding isn't doing.

In a more scientific study by the University College London, researchers found it takes an average of **66 days to form a new habit**. What the study doesn't share is it can take up to **198 days to break an old habit** (3x longer!). Why? Many habits are tied to our sense of identity or competence:

- Us saying yes and agreeing to more work than we can handle may be tied to our identity of “helping others.”
- Working through lunch or staying late may connect to our sense of recognition for “commitment and hard work.”
- We may struggle to delegate because we don't want to be viewed as “lazy or unreliable” or “incapable.”

Other studies suggest habits build from environmental cues – *time of day, location, emotional status, thoughts and beliefs, certain people*. Those cues then become associated with a craving that drives the behavioral response leading to a reward. When repeated, a habit forms. The leader who struggles to put boundaries around how much work they accept may be cued to say yes to requests made by peers or superiors they respect. The smile and recognition offered by those peers satisfies the leader's desire for approval and reinforces a reward of positive performance reviews. *Take a moment now to reflect:*

What ineffective habits do you have? How are they tied to your sense of identity or competence? What cues precede the actions? How are the habits rewarded?

What ineffective habits do those you lead demonstrate? How might those be tied to their sense of self and competency? Are there environmental cues at play? What rewards accompany the responding behaviors?

As you endeavor to modify your own habits or support others with adapting theirs, practice these 7 steps:

1. **Identify the habit.** Name the behavior that's getting in the way of success. Maybe for you, it's avoiding tough conversations. For an employee, it may be reluctance to share thoughts in group meetings.

2. **Notice when it happens.**

Pay attention and take note. Under what circumstances does it happen most frequently? Is it only in certain situations? With specific individuals? Under particular emotional states? Awareness alone can spark initial changes. For example, are you comfortable giving feedback to team employees but not to your peers? Is it only in certain meetings an employee stays quiet?

3. **Seek to understand its roots.** How is the habit tied to a sense of identity or competence? What reward accompanies the behavior? Avoiding tough conversations may tie to a deep desire to be liked, preventing you from hurting other's feelings. A fear of rejection or not being viewed as knowledgeable could cause an employee to withhold their ideas to maintain safety.

4. **Set the mind right.** Adopt the growth mindset (help others to do the same). Recognize unlearning and relearning will come with missteps and mistakes. There's a good chance of looking unpolished, uncomfortable, and novice. It's part of the journey. That initial attempt to hold a brave conversation might not go perfectly. An employee's voice may tremble when first speaking up.

5. **Practice patience.** Remember and remind others habits don't change overnight. It could literally take 8 months! Allow employees grace for the time it will take to transition away from old habits into new ones. Give yourself that same grace when improving your own habits.

6. **Commit to consistency.** Destin Sandlin practiced riding the backwards bicycle 5 minutes every day for 8 months. Focus on small, consistent efforts. Progress may not be evident each day but looking back will reveal how far you—or an employee—have/has come. (Remember the fable of the tortoise and the hare: *Slow and steady wins the race.*)

7. **Design a new system.** What process-related change could help spur success with the new habit or make the old habit harder to continue? Interrupt the cue-craving-response-reward cycle. Start with allowing only 24 hours to pass before engaging in

RWHC Eye On Health



"I know procrastinating is a bad habit.
One of these days I'm going to quit."

tough dialogue, tightening the timeframe each week. Engage an accountability partner to nudge you when you hesitate. Impose a self-penance of paying \$1 every time you don't have a conversation you should have had. Encourage the employee to add thoughts in small groups before opening up to the large group. Do round-robins in group meetings to safely invite the employee to share their thoughts.

When forming new habits, keep in mind, you're not failing. You're learning to win. Employees you lead will have the same experience. It takes time, focus, practice, and patience for the brain to rewire the "knots" of new behaviors.

"The chains of habit are too weak to be felt until they are too strong to be broken." – Samuel Johnson

Explore these workshops and programs offered by our RWHC Education Team to improve your skills of *Forming New Habits*:

- *Coaching for Performance*
- *Monkey Management: Becoming an Effective Supervisor of Time, Energy, and Talent*
- *Using Questions to Foster Critical Thinking and Challenge Victim Thinking*

To learn more, visit: <https://www.rwhc.com/Services/Educational-Services/Leadership-Series> or email: csearles@rwhc.com.

Consider joining our Leadership Bites program: <https://www.rwhc.com/Services/Educational-Services/Leadership-Bites>

About the Author: Corrie Searles, MPT, Leadership Development Educator. In Corrie's role as Leadership Development Educator at RWHC, her aim is to empower leaders—formal and informal—to create positive influence that enables others to serve well.