

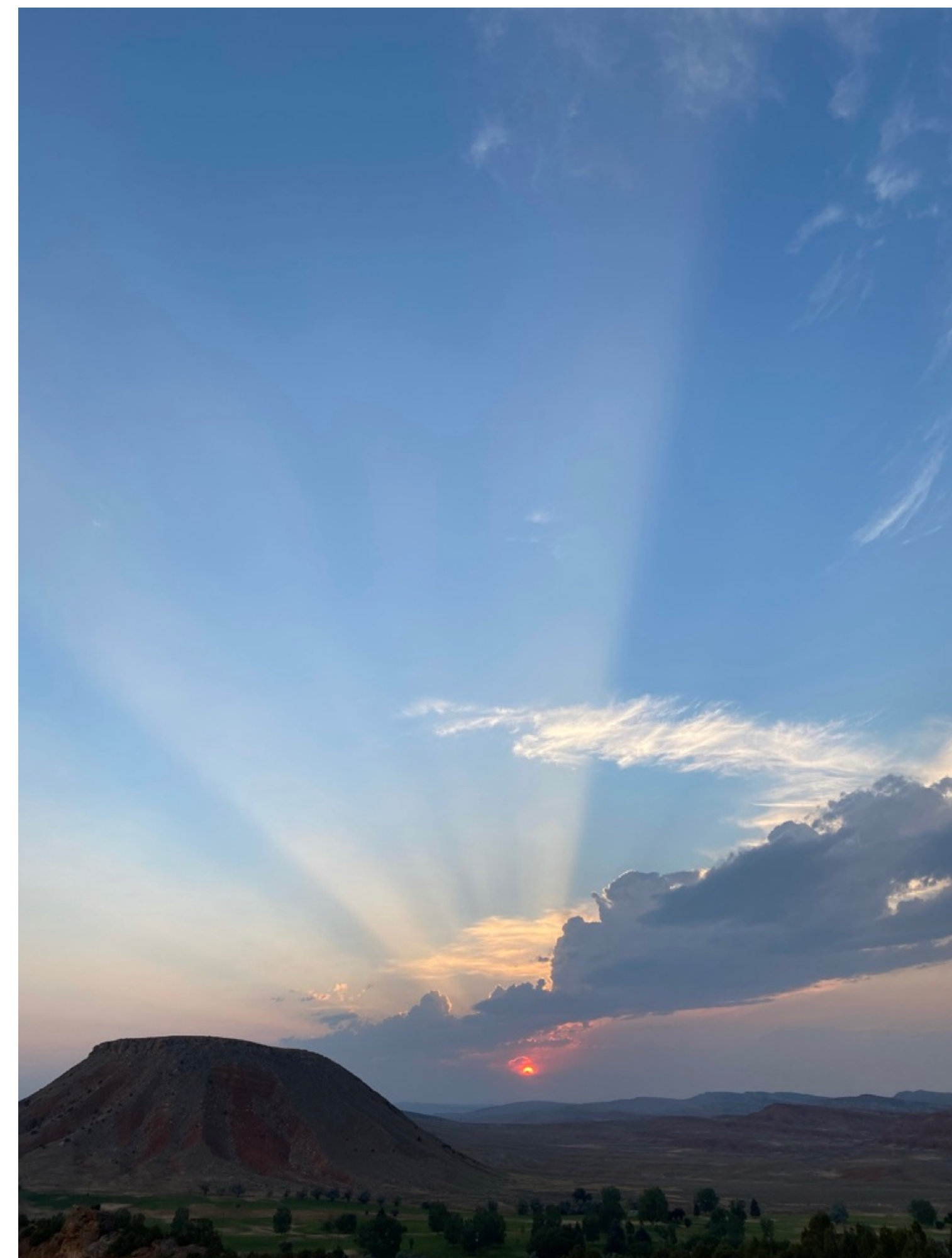
Isolation: Antagonist and Antidote in Rural WY



Cody Abbott | RUOP III | 2021 | UW School of Medicine

Background

- Pop. 3009
- Central WY
- Frontier, isolated, limited resources
- Tourism-based economy
- Critical access hospital



Sunset over Thermopolis, WY

Methods

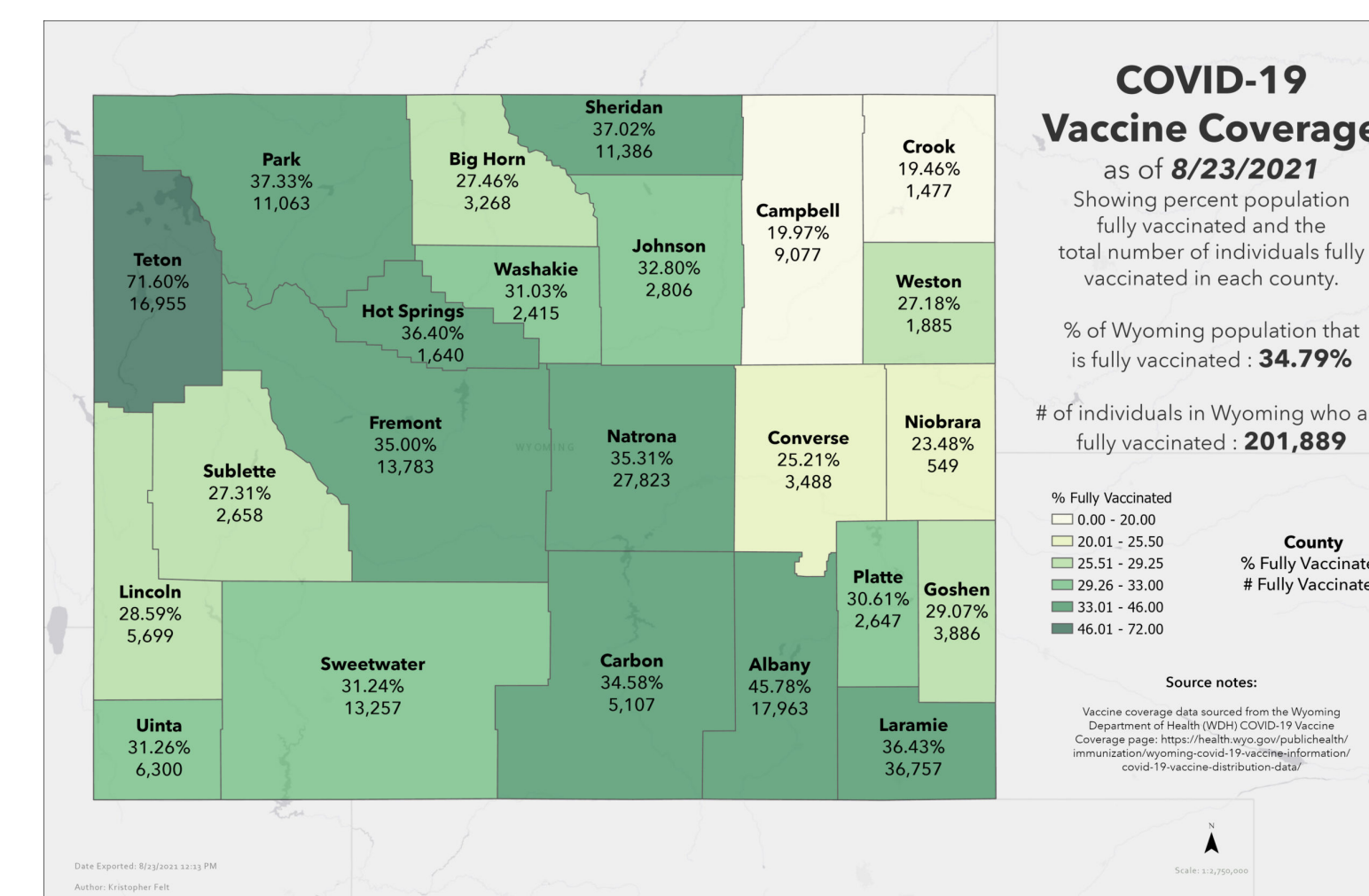
- Aim to record voices/experiences of rural healthcare personnel throughout COVID-19 pandemic
- Formal and informal interviews conducted across many healthcare professions approx. 30-60 minutes in duration
- Recruitment of interviewees via word of mouth
- Informal interviews held in-person; formal interviews recorded via Zoom
- Workshop skills in formal interviewing/rhetoric
- Incorporation of data into larger projects via National Humanities Center partnership



Map of WY, Thermopolis indicated

Results (thematic)

- Regionalism/isolation (perceived protection vs. resource desert) imbalance throughout pandemic
- Regionalism adoption as a psychological protective measure
- Conflicting feelings between job title(s) and civil responsibilities
- Media combats isolation (social, popular, tabloid) for better and worse
- Adaptations in duties, operations, food delivery, meetings, schedules, etc. were crucial and stressful for all involved during COVID-19 pandemic
- Vaccine hesitancy (WY statewide county vaccination data below) compounds regionalism



WY COVID-19 vaccination rates, health.wyo.gov

Conclusions

- Oral rhetoric is vital for preservation of experiences/voices in healthcare,
- Narrative medicine has far-reaching utilities
- Importance of recording COVID-19 experiences of frontline workers
- Essential need to combat rural healthcare shortage (incentivization, flexible hours, telehealth, long-term solutions focused on local needs)
- Increased low-SES support
- Increased rural mental health access



C. Abbott and preceptor T. Bomengen, MD in Thermopolis