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**Fort Wayne
Medical Society**

Annual Meeting Update

Each May, we gather as a Society to socialize and network, to honor certain members, and to reflect on the year that was. Due to the ongoing COVID-19 pandemic, our May meeting will be held virtually to conduct necessary business only. We hope to gather this Fall for an in-person event.

As with any FWMS Trustee meeting, any current member is welcome to attend. If interested in attending the meeting in May, please email joel@fwms.org for the digital link.

Fort Wayne Medical Society Mission Statement

The Fort Wayne Medical Society is committed to the goals of the American Medical Association, the purpose of which is the preservation of the art and science of medicine, the personal development of member physicians and the protection and betterment of the public health.

The Fort Wayne Medical Society is committed to the principles of physician autonomy and self-determination in the practice of medicine.

The Fort Wayne Medical Society is committed to fulfilling the role of an active cohesive leader of the healthcare resources of our community by maintaining and assuring the quality, availability and the responsible economic utilization of our healthcare resources.

The Fort Wayne Medical Society is committed to active involvement in the decision-making process regarding medical, social, political and economic issues affecting patients and physicians within hospital and all various inpatient and outpatient settings.

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The views expressed in *Fort Wayne Medicine Quarterly* articles are those of the authors and do not necessarily represent those of the Fort Wayne Medical Society.

Editorials are welcome and members are encouraged to respond to an opinion that might be different from their own.

References from articles will be included, if space allows. When not included, references can be obtained through the editor.

Editor's Note | Elizabeth J. Canavati, M.S.



What a winter — all that beautiful snow!

I hope you all had a chance to do something physical outside during the weeks we had cold weather and snow. It is physically and mentally rejuvenating.

It was a wonderful, sunny day when I went out with our dogs for a stroll in the woods. I had forgotten how much extra power is needed to walk in snow shoes. I could hardly take in the beauty of all the nature surrounding me because I had to concentrate on where my feet were. It was a great outing!

I needed that fresh energy to help me settle down and work on the Spring *Quarterly*. This edition has a variety of topics.

In January, the Alliance had tours of The Rescue Mission and St. Joseph's Missions (SJM) Women's Shelter as part of our homelessness community support agenda. I asked each tour representative if they had information that wanted to share with physicians in our community. They did and their articles are included in this edition. In addition, Joel had also asked Lisa Fabian (SJM) to participate in the Director to Director column.

I came across a couple articles on COVID-19 vaccination and felt that local physicians might benefit from the information.

As part of the FWMS's physician wellness series, I had received some information on finances, resilience and coping with stress, and grief, that I thought I would share with our members. Many of the suggestions we already know, but sometimes one particular option can really help turn a personal problem around.

One grief statistic really struck me. For every COVID-19 death, nine survivors are grieving. Now multiply that with the number of deaths thus far (525,000+), and then add the number of deaths from other causes. Next, add in all the people who have suffered other losses-job, home, school. The total impact is enormous!

My inbox is waiting for your opinions and expertise. We are always open to topic ideas and contributors. Please feel free to send me your ideas or articles at lizjcan612@gmail.com.

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President's Message: Spring Update | Erin Jefferson, D.O.



The Fort Wayne Medical Society Board of Trustees is actively preparing for a busy spring ahead. We are aware that the medical community at large is weary following a year of pandemic surveillance and management. The Fort Wayne Medical Society remains

committed to our members and is actively seeking opportunities to provide support and guidance to the community. We have been overseeing several longitudinal projects in recent months. I am highlighting the most exciting current topics for review:

Physician Burnout Web Series

The Fort Wayne Medical Society is continuing to coordinate high-quality programming related to physician burnout and wellness. It is our opinion that these topics should remain a high priority for our organization in future months. The webinars occur on select Fridays at noon and encompass a wide variety of topics. We encourage all members to tune in live for each webinar, when available. However, we understand that the physician work week can be hectic and unpredictable at times. If you miss the opportunity to participate, we welcome you to visit the Fort Wayne Medical Society page on [youtube.com](https://www.youtube.com) for access to the recordings. Joel Harmeyer is finalizing the spring content and will be announcing future topics very soon. Stay tuned!

Fort Wayne Medical Society Marketing Enhancements:

As we have communicated in previous updates, The Fort Wayne Medical Society is working to enhance the visual interest of online and written communication. We have developed a new logo, redesigned printed communication and are designing an assortment of spirit wear. It is our mission to create consistent, high profile branding that will spark conversation within our local community. I am hopeful that these subtle changes will encourage unity amongst local health care providers and demonstrate value to greater Fort Wayne.

Executive Committee Nominations

Succession planning is an important component of any robust organization. In this regard, the Fort Wayne Medical Society Board of Trustees has been preparing to nominate future board members and leaders for a summer transition. We are extremely proud of the recent accomplishments and look forward to continuing this positive trajectory. We seek to maintain a diverse board that is enthusiastic about service to the community.

I always enthusiastically welcome member engagement and feedback. I welcome any opportunity to better serve the needs our medical community.

ANNOUNCING FORT WAYNE MEDICAL SOCIETY'S 2021-22 OFFICERS:

President – Dr. Isa Canavati
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CALL FOR TRUSTEE NOMINATIONS:

Are you or a colleague you know interested in running for the FWMS Board of Trustees? We are currently accepting nominations for four vacant Trustee positions.

Please submit your nominee by email to:
fortwaynemedicalsociety@fwms.org

Please submit your nomination by April 30, 2021

Nominees must be current members of the Fort Wayne Medical Society and in good standing with our organization.



**Fort Wayne
Medical Society**

Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic

Providing care to others during the COVID-19 pandemic can lead to stress, anxiety, fear, and other strong emotions. How you cope with these emotions can affect your well-being, the care you give to others while doing your job, and the well-being of the people you care about outside of work. During this pandemic, it is critical that you recognize what stress looks like, take steps to build your resilience and cope with stress, and know where to go if you need help.

Know about stress-related disorders, compassion fatigue, and burnout:

Experiencing or witnessing life threatening or traumatic events impacts everyone differently. In some circumstances, the distress can be managed successfully to reduce associated negative health and behavioral outcomes. In other cases, some people may experience clinically significant distress or impairment, such as acute stress disorder, post-traumatic stress disorder (PTSD), or secondary traumatic stress (also known as vicarious traumatization).

Compassion fatigue and burnout may also result from chronic workplace stress and exposure to traumatic events during the COVID-19 pandemic.

Tips to cope and enhance your resilience.

- Communicate with your coworkers, supervisors, and employees about job stress.
 - ==> Talk openly about how the pandemic is affecting your work.
 - ==> Identify factors that cause stress and work together to identify solutions.
 - ==> Ask about how to access mental health resources in your workplace.
- Remind yourself that everyone is in an unusual situation with limited resources.
- Identify and accept those things which you do not have control over.
- Recognize that you are performing a crucial role in fighting this pandemic and that you are doing the best you can with the resources available.
- Increase your sense of control by keeping a consistent daily routine when possible — ideally one that is similar to your schedule before the pandemic.
 - ==> Try to get adequate sleep.
 - ==> Make time to eat healthy meals.
 - ==> Take breaks during your shift to rest, stretch, or check in with supportive colleagues, coworkers, friends and family.
- When away from work, get exercise when you can. Spend time outdoors either being physically active or relaxing. Do things you enjoy during non-work hours.
- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting and mentally exhausting, especially since you work with people directly affected by the virus.
- If you feel you may be misusing alcohol or other drugs (including prescriptions), ask for help.
- Engage in mindfulness techniques external icon, such as breathing exercises and meditation.
- If you are being treated for a mental health condition, continue with your treatment and talk to your provider if you experience new or worsening symptoms.

Recognize the symptoms of stress you may be experiencing.

- Feeling irritation, anger, or denial
- Feeling uncertain, nervous, or anxious
- Feeling helpless or powerless
- Lacking motivation
- Feeling tired, overwhelmed, or burned out
- Feeling sad or depressed
- Having trouble sleeping
- Having trouble concentrating

KNOW WHERE TO GO IF YOU NEED HELP

If you're concerned that you or someone in your household may harm themselves or someone else:

- **National Suicide Prevention Lifeline**
 - ==> Call 1-800-273-TALK (8255)
 - ==> The online Lifeline Crisis Chat is free and confidential. You'll be connected to a skilled, trained counselor in your area.
- **National Domestic Violence Hotline**
 - ==> Call 1-800-799-7233 and TTY 1-800-787-3224

If you feel overwhelmed with emotions like sadness, depression, or anxiety:

- **Disaster Distress Helpline**
 - ==> Call or text 1-800-985-5990

If you need to find treatment or mental health providers in your area:

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Find Treatment**
 - ==> Call 1-88-662-HELP (4357)

Information for this article from



U.S. Department of
Health and Human Services
Centers for Disease
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How to Cope with Loss and Grief

The COVID-19 pandemic has already claimed over 525,000+ lives in the U.S. and it's brought many other losses as well. It's disrupted daily routines and affected where and how people work, the way kids learn/go to school, and how people gather, eat, exercise, worship, vacation, and celebrate.

For healthcare workers, the impact of this pandemic has been even more acute. Front line workers have the additional burden of coping with the knowledge that so many patients didn't survive despite all their efforts.

This pandemic has had a major psychological impact, causing people to lose their sense of safety, predictability, security and control. During this time, many people will feel grief.

Many think of grief narrowly as the emotion that follows the death of a loved one – spouse, parent, child, pet, or friend.

But you can feel grief in many circumstances:

- Loss of a job or significant changes to your job environment,
- Absence of loved ones in your life,
- Relationship breakup or divorce,
- Serious health diagnosis and subsequent treatment,
- Mental decline of a spouse or parent,
- Loss of independence or ability live alone,
- Not being able to socialize with your friends.

There are many negative symptoms in response to loss. However, you may be surprised that grief can have some positive effects. Oftentimes, when a person is challenged with difficulty, they meet that challenge head on. They discover some buried strength that they were unaware of. They might actually feel more grateful for their coworker's support, their spouse's understanding, their family and friends, or just life in general.

Grieving isn't about pushing the pain away or quickly getting through it. It's a normal part of dealing with loss and you can't grieve without allowing yourself space to do so.

Your emotional health is best served if you face your grief and let it run its natural course.

To deal with grief:

- **Acknowledge your loss** — Name what you've lost due to the pandemic. Sometimes a journal is helpful to write down how you feel. Allow yourself to feel anger, sadness or even cry. Give yourself permission to not feel okay during this time.
- **Think about your strengths and coping skills** — How can they help you move forward? Consider other tough transitions you've been through. What did you do then?
- **Look toward a future with vaccines allowing a return to more-normal life** — Getting a vaccine provides hope for a time with reduced COVID-19-related disruptions and a return to normal socializing and life.
- **Stay connected** — Don't let social distancing prevent you from getting the support you need. Use phone calls, text messages, video chats, and social media to stay in touch with family and friends.
- **Establish a new routine** — This can help preserve a sense of order and purpose, despite how much things may have changed. Plan time for exercise, spiritual practice, hobbies, and get proper sleep.
- **Take comfort in creativity** — Cooking, gardening, making art or being creative in other ways may help you keep perspective. It helps to focus on what you can control now.
- **Form new traditions** — Think of imaginative ways to safely celebrate special days. Look to the internet for ideas on how to celebrate.
- **Lend a supportive ear** — Remember that your patients, partner, family and friends may be grieving as well. Listen to them and acknowledge how they feel. Take the time to support each other.

If you or someone you know is having trouble coping with grief, consider seeking help from a mental health professional.

HOW GRIEF FEELS

PHYSICAL SYMPTOMS:

- Difficulty falling or staying asleep
- Feeling tired all the time
- Feeling restless
- Headaches
- Stomach issues

MENTAL SYMPTOMS:

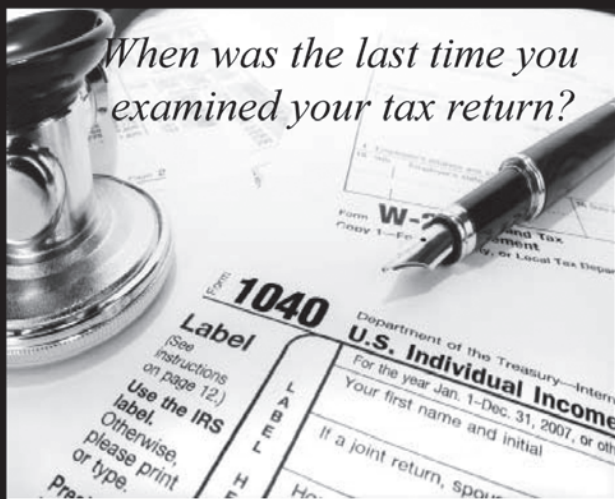
- Difficulty focusing
- Difficulty making decisions, even small decisions
- Problems with memory
- Worry
- Ruminating

EMOTIONAL SYMPTOMS:

- Fear or guilt
- Anger or aggression
- Anxiety
- Numbness
- Feeling depressed, helpless or hopeless
- Feeling alone or isolated

SPIRITUAL SYMPTOMS:

- Feeling that your hope or joy have faded
- Feeling that you have no purpose or meaning
- Feeling that your faith has let you down



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Given current market conditions, several doctors may find themselves sitting on more cash than usual and fear the risk of reentering the markets. The right level of cash is important to protect you and support your goals, but too much cash can actually weigh

you down. You want your money to work hard for you, after all, you work hard every day.

When it comes to maximizing your money, it's all about creating a plan that aligns with your goals and values. Today, let's look at four easy ways to get your cash working for you again.

1. Evaluate your current reserve.

Retaining a strong cash reserve is critical — especially in the unpredictability of COVID-19. Take the time to evaluate the solvency of your reserve.

- Is it where you need it to be?
- Do you need to increase it to better protect yourself?
- Are your long-term financial goals still achievable?

Now is the perfect time to reevaluate your budget, emergency funds, and any remaining debt (student loans, credit cards, the works) and how they fit into your lifestyle. For example, physicians with a practice heavily veered towards elective surgery may need to ramp up their emergency/rainy day funds from 3 to 6 months. While six months of savings would be ideal, it's not always possible, so just focus on putting as much as you can towards your reserve.

You have your reserve for a reason, and that's great; now what's the point of adding even more cushion to a fully functioning couch? Sitting on money just to sit on it won't further your goals — money that isn't used decreases in value every single day. You want your money to work for you. Here's how you can make that happen.



2. Take emotion out of the equation.

Finances and emotions have a complex relationship, but one thing is for sure, too much emotion can dampen your finances. A certain level of emotional competence and understanding can be helpful within your financial plan, but oftentimes, our emotions and feelings tend to take over the decision-making process.

You might be hesitant to get back into the market with the volatility, but the market will always be volatile. There will always be a certain level of risk that may lead you to question your motives — ignore that (to an extent). Try to take a step back from your fears and look at the situation from a logical, analytical perspective.

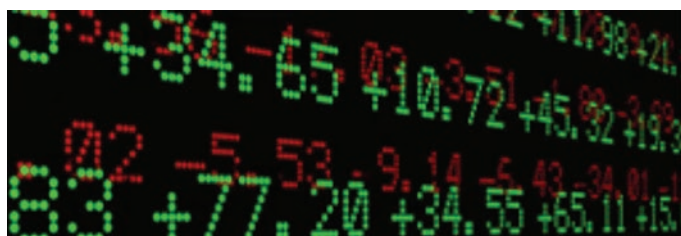
Emotional financial choices, especially negative ones, often won't set you up for success. They can keep you from moving forward and achieving your goals. We are not saying to ignore your gut instincts and throw your money everywhere and just see what happens. It is all about thoughtful and careful planning. Focus on what you want in the short-term and long-term, then decide how to best put your money to work to help achieve those goals.

3. Start investing a little bit at a time.

Want to become a savvy investor? Start by contributing smaller amounts regularly. Say you have \$50,000 to invest. Instead of sticking it all in the market and watching it like a hawk, spread it out into five scheduled contributions over a few months.

Investing smaller amounts (dollar-cost averaging) can help improve your returns and keep you from the dreaded investment faux pas: timing the market.

Even if the market isn't exactly where you want it to be, consider investing anyway. The S&P 500 index shows that current market performance should not influence the timing of investing in stocks. Even after the stock market has fallen more than 10%, one-year returns are positive, yielding 11%+ returns. Remember, markets will always be volatile, but when considered a long-term investment, many investors find success.



4. Look outside the market and diversify your portfolio.

The stock market isn't the only place to put your money to work. Opportunities exist for private investment in medical technology, real estate investment trusts, and other avenues to diversify your savings. Investing in vehicles outside the stock market is a great way to diversify and alleviate the pressure of market volatility.

Bonus:

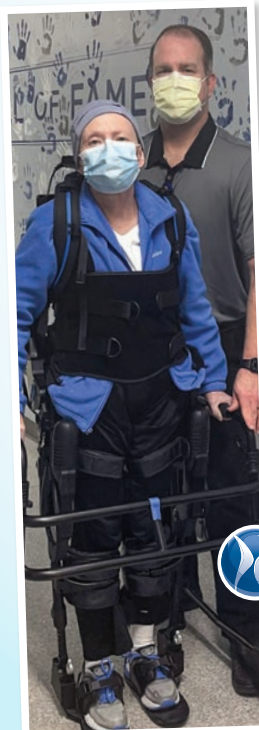
Always consult with your financial advisor.

The best thing you can do to set yourself up for a successful financial future is to put your money to work. Talk with your financial advisor to see what strategies best fit your short-term and long-term goals.

When it comes to investing, there will always be a reason to stay on the sidelines, but sitting on cash likely won't get you where you want to go. You want to have enough cash to weather a storm, but make sure that the rest is working for you.



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For the Spring edition of Director to Director, I chat with Lisa Fabian, the Executive Director of St. Joseph's Missions Women's Shelter (SJMWS). If you recall from the Winter *Quarterly*, I had written about the FWMS Foundation's community giving initiative. The SJMWS was one of the organizations we had identified as a 2020 recipient. I would like to introduce SJM to our members.

How do you describe St. Joseph Missions, Inc. to someone unfamiliar with the organization?

St. Joseph Missions (SJM) is creating the first 24/7/365 emergency shelter expressly for single homeless women in Allen County. There are shelters for women accompanied by their children, women battling addictions, and victims of domestic violence, as well there should be. However, if a single woman has lost her job, her savings, and her home, and she does not meet one of those criteria, she has nowhere to go. It is not that the other shelters don't care — rather, caring for their core clients usually exceeds capacity. Our 20+ community partners have designated SJM Women's Shelter the missing piece of the puzzle for the successful delivery of vital services to single homeless women. To avoid duplicating their services, we will connect our guests to proven programs that address their underlying cause(s) of homelessness. When a client is sleep-deprived, malnourished, and overwhelmed by the urgent search for somewhere to escape the myriad perils of street life, progress is rarely attainable. With a secure, nurturing environment and support from our shelter team and our community, the efficacy of the programs provided increases significantly, enabling guests of SJMWS to fulfill their glorious potential!

It has been said: "A strong woman stands up for herself. A stronger woman stands up for everybody else." Our ultimate goal is to embolden a community of stronger women.

To support our single homeless sisters as they work to achieve self-reliance, SJMWS will:

- Earn trust by honoring all guests with the dignity and respect they deserve. We will welcome all guests, regardless of their faith status.
- Provide work and life-skills instruction that addresses: securing/maintaining employment; practicing fiscal responsibility; making healthy lifestyle decisions; and preparing frugal, healthy meals.
- Empower our guests through increased responsibility for the welfare of their peers and the collective shelter community. Grace through service is a gift we should all experience.

What is the history of St. Joseph Missions?

What began in 2013 with a grass-roots effort offering meals and hope to the homeless bi-monthly, in downtown Fort Wayne, transformed into a movement. Members of this street-outreach team realized they were seeing the same faces repeatedly, and questioned whether they should do more on behalf of their homeless friends. Hence, the vision of a shelter was conceived.

Along the way, founding board members conducted extensive research, which consistently revealed that single/unaccompanied women was the homeless population in greatest need of their support.

The search for a building was exhaustive—until divine providence led us to 3505 Lake Avenue on February 8, 2020. Nestled among many of our community partners and two doors down from a bus hut, it is the ideal location. A whirlwind ensued, and we celebrated financing our home on March 19, the Feast Day of St. Joseph, just 33 days later. We took possession on July 31 and are scheduled to open at the end of this April.

To ensure that we are charting a relevant course for our shelter guests, we are honored to have two survivors of unimaginable abuse and homelessness serving on our board as our North Stars. They share the darkest moments in their lives so we can light the way for their single sisters.

**Each day I embrace a quote from Nelson Mandela:
"I never lose. I either win or I learn."**

What is a typical workday like for you?

SJM is staffing and managing the Winter Contingency Program funded by the City's Office of Housing and Neighborhood Services (OHNS), in partnership with Just Neighbors. We are also renovating an old home/office while tackling the operational checklist for hosting up to 18 guests at a time — all by April 30th. Thus, there really is no typical workday — which I find simultaneously fascinating and challenging!

Securing the resources vital to achieving and sustaining SJM's vision is critical. I relish every opportunity to share our story, and I am profoundly moved by the stories I am privileged to hear. I am getting quite an education courtesy of countless patient teachers, but I am also celebrating many victories, large and small, catalyzed by a phenomenal support network of impassioned board and committee members.

How do you strike a work/life balance?

Well, this particular balance is definitely a work in progress — and making progress will certainly take work! However, I do have one remarkably effective means of keeping in touch with friends and loved ones — I invite them into the SJM circle! From immediate and extended family, to friendships dating back to first grade, I am continuously awash in their phenomenal acts of compassion and generosity. I derive tremendous joy in reciprocating their kindness.

What is the biggest challenge your organization faces?

Ours is binary — getting our story out and securing the resources essential to ensuring our story continues. Our audiences are appalled to discover that a permanent emergency shelter for single women doesn't currently exist. They are impressed to discover that guests will encounter accountability and responsibility beneath our roof, as both are essential to self-sufficiency. Of course, to be a beacon of hope, we need to keep the lights on. And a stable and nurturing environment requires trained, round-the-clock staffing dedicated to the safety and wellbeing of our guests.

How can our members help?

1. Invite us to share our story with your church, civic group, alumni club, or a gathering of friends or family members. We are blown away by the many creative ideas of those who champion our cause!
2. Schedule a tour. When our guests move in, we will need to be mindful of their space and trauma triggers. However, with respectful accommodations, you can view the lovely home our community is creating and meet these incredibly courageous women.
3. Share your expertise with our guests through group workshops and individual mentoring initiatives. Our guests will have come to us because they lost or never had a support system.
4. Support us, if possible, through donations, fundraising, and supply drives. Check out our website — www.stjosephmissions.org for further information and a list of needed items to complete our homeless shelter.

What is one thing you'd like our physician members to consider when dealing with issues your organization faces?

One of the greatest gifts we are ever given is the glorious potential that lies inside each one of us. But with that gift comes the responsibility to nurture that potential — within ourselves, our family and friends, and our most vulnerable neighbors.

We have no idea what latent marvels St. Joseph Missions Women's Shelter will spark, but of one thing we can be certain — if we don't provide a Path to Hope for our single homeless sisters, their dormant talents will be squandered. In the aftermath of COVID-19, we can ill afford to waste a single gift.



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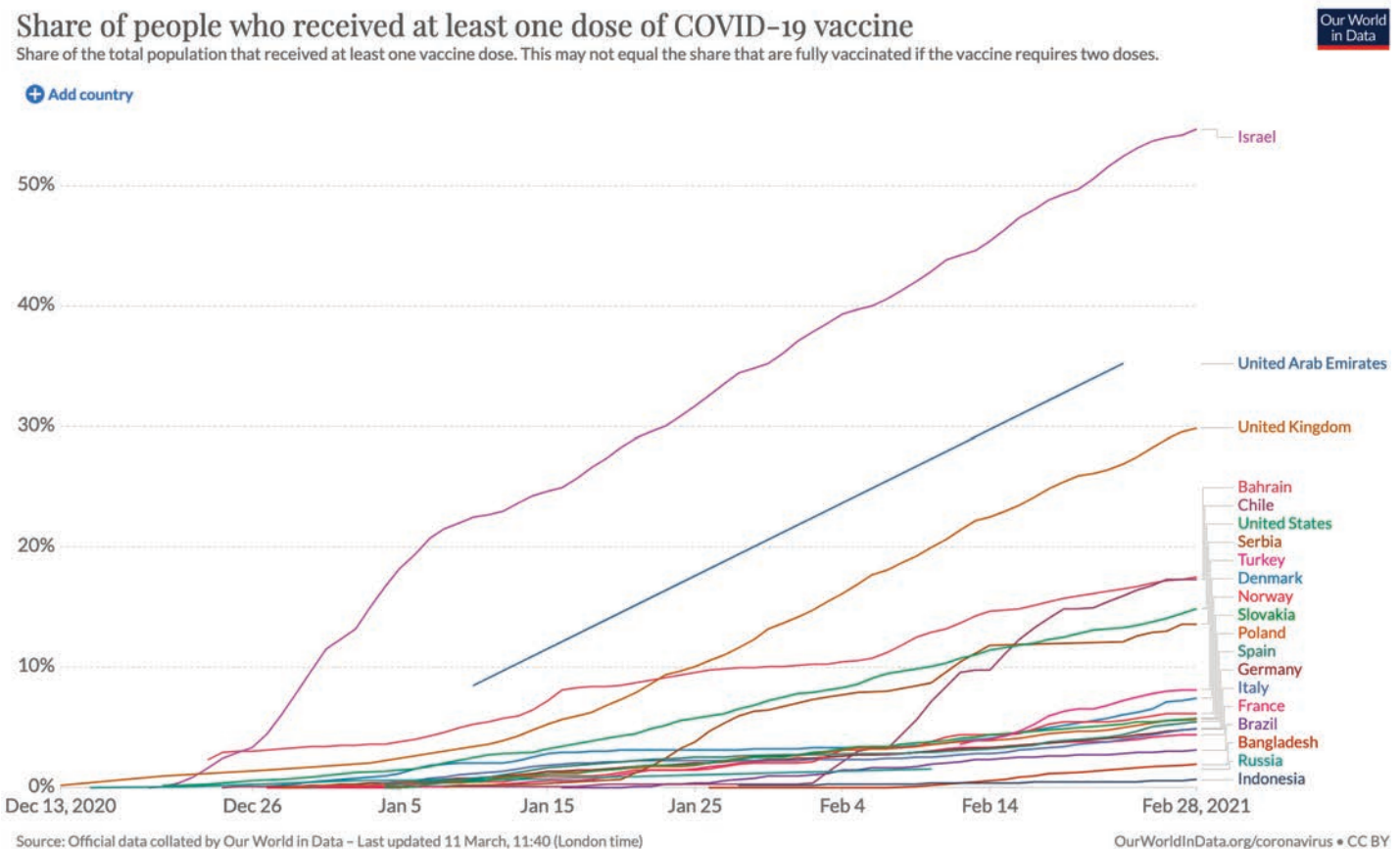
COVID-19 Vaccine Doses: Who's Got At Least One?

With COVID-19 vaccine rollouts well underway in some countries, a return to 'normal life' could come sooner than later.

That said, many jurisdictions have experienced serious delays and supply shortages that have made it difficult to distribute COVID-19 vaccine doses to their populations.

As of mid-February, 130 countries had not been able to begin vaccinating at all.

This interactive chart from **Our World in Data** tracks the share of people in each country that have received COVID-19 vaccine as of Feb. 28, 2021.



One key barrier to successfully administering vaccines is the prevalence of **vaccine hesitancy** around the globe.

For example, many people in Germany have been refusing the AstraZeneca vaccine due to a belief in its ineffectiveness and a **preference** for the 'in-house' German Pfizer/

BioNTech vaccine. Although 1.45 million AstraZeneca COVID-19 vaccine doses have arrived in the country so far, just 270,000 have been administered.

(See the following article on COVID vaccination attitudes – pages 18-20.)



Visual Capitalist is one of the fastest growing online publishers globally, focused on topics including markets, technology, energy and the global economy. We thank them for allowing us to reprint this article, which originally was published on March 1, 2021.

The Global Vaccine Rollout |

As of March 1st, 2021, roughly 100 countries have begun vaccine distribution, with about seven different vaccines available for public use at this stage.

The sheer logistical challenge of doling out vaccines is immense. Experts estimate that 70 – 80% of the world's population will need to be vaccinated to reach herd immunity. Additionally, some of the vaccines require two doses which adds extra time and complexity to the process.

Here's how the various vaccines compare in terms of required doses and levels of effectiveness.

Vaccine	Number of Shots Required	Effectiveness
Pfizer/BioNTech	2	95%
Moderna	2	95%
Oxford/AstraZeneca	2	70%
Johnson & Johnson	1	66%
Novavax (*Novavax has not yet been approved for public use)	2	89%
Sinovac Biotech	2	50%
Gamaleya (Sputnik)	2	92%
CanSino Biologics	1	66%
Sinopharm	2	79%

Source: Bloomberg Vaccine Tracker

Who's Got at Least One Dose?

According to Bloomberg's Vaccine Tracker, the current rate of doses being administered globally is more than 6 million per day. In particular, the U.S. has been remarkably efficient at administering doses, with a vaccine administration rate of over 1.7 million per day.

Certain countries appear to be on track to distribute all of their COVID-19 vaccine doses at an immensely quick rate. For example, the UK plans to vaccinate enough people to be able to lift all lockdown restrictions completely by the end of June 2021.

Additionally, the first COVAX rollouts have officially begun; COVAX is an initiative working to ensure equitable access to COVID-19 vaccines. Ghana was the first country to receive doses through the initiative.

Back to Normal?

Most countries are prioritizing vaccinating their high-risk groups first, from older adults to healthcare workers. That said, the planning required to vaccinate an entire population needs to be carefully thought out and often comes with immense logistical challenges.

While many countries have begun to immunize their populations, others have not been able to purchase doses yet. At the current pace, it could take a few years before things are completely back to normal and we reach herd immunity globally.



Here's a breakdown of some countries who have begun vaccinating their populations and their current daily rate of doses administered as of March 1, 2021.

Country	Daily Rate of Doses Administered
Argentina	43,534
Austria	21,073
Bangladesh	113,082
Belgium	18,998
Brazil	215,713
Bulgaria	14,486
Cambodia	1,564
Canada	54,698
Chile	67,093
China	1,550,000
Colombia	11,080
Costa Rica	706
Croatia	9,511
Czech Republic	15,298
Denmark	16,682
Dominican Republic	9,356
EU	888,360
Finland	14,204
France	119,107
Germany	160,127
Greece	31,013
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India	459,442
Indonesia	111,856
Ireland	11,865
Israel	95,178
Italy	112,300
Japan	3,173
Mexico	103,872
Morocco	179,010
Myanmar	21
Nepal	11,837
Netherlands	24,871
Norway	22,157
Pakistan	6,705
Panama	8,389
Peru	14,701

Country	Daily Rate of Doses Administered
Poland	88,323
Portugal	27,655
Russia	35,000
Saudi Arabia	34,180
Singapore	13,000
South Africa	7,569
Spain	129,384
Sweden	23,686
Switzerland	22,409
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UAE	66,588
U.S.	1,735,053
Global Total	6,730,633

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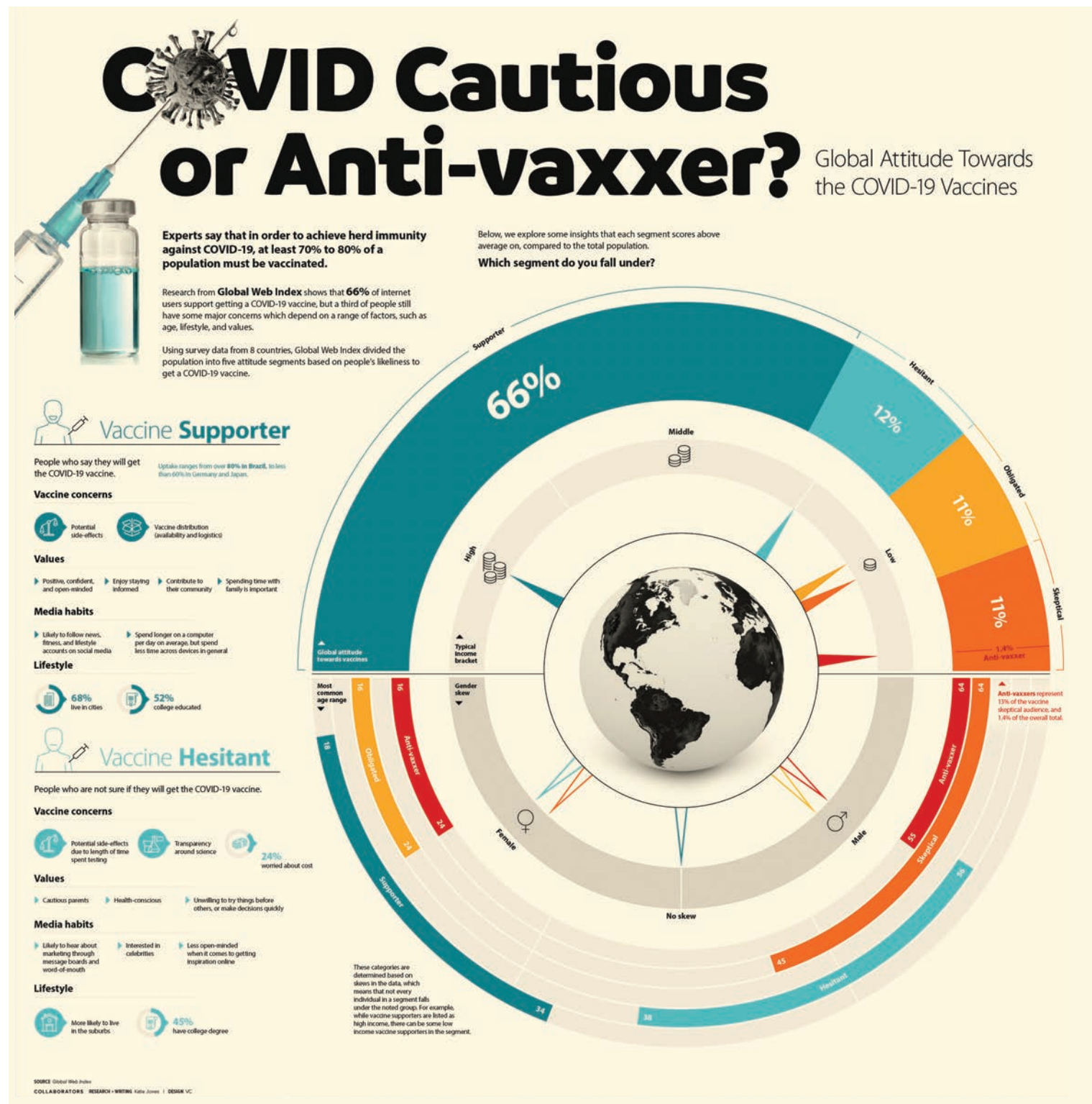
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Visualizing Global Attitudes Towards COVID



In order to achieve herd immunity against COVID-19, some experts believe that between 70% to 80% of a population must be vaccinated. But attitudes towards these vaccines are undoubtedly mixed. In fact, it's estimated that one-third of people globally have some major concerns.

Using survey data from eight different countries, *Global Web Index* created five archetypes to help illustrate how typical attitudes towards vaccines differ depending on a range of factors, such as age, income, lifestyle, and values.

Countries surveyed: United States, Germany, United Kingdom, Brazil, China, India, Japan, and Italy.

-19 Vaccines

Which segment are you most likely to fall under, according to these segments?

Vaccine Supporters [People who say they will get the COVID-19 vaccine.]

Out of all participants surveyed, **66%** of them support the idea of getting a COVID-19 vaccine. Within this group, there is a skew towards younger people (aged 18-34) who are likely working professionals earning a high income and living in a city.

Despite their optimism towards COVID-19 vaccines, however, **one-third** of vaccine supporters say they will wait to get one, due to lingering concerns regarding issues with vaccine distribution and any potential side-effects.

Interestingly, this procrastination mindset has been seen before during the H1N1 (swine flu) pandemic when both members of the general public and healthcare workers showed low levels of vaccine acceptance due to safety concerns.

Vaccine Hesitant [People who are not sure if they will get the COVID-19 vaccine.]

The vaccine hesitant group, which is more common among cautious suburban parents, makes up **12%** of the total study. They are more likely to be female and feel anxious about the length of time spent testing vaccines and therefore require more transparency around the science.

With that being said, this group could be easily swayed, as they are more receptive to word-of-mouth and messaging boards to get advice from their peers over any other medium.

Vaccine Obligated [People who will only get the vaccine if it's necessary for travel, school, work etc.]

The vaccine obligated group makes up **11%** of the total and has a skew towards males aged between 16 and 24 years old.

While this group is also concerned with potential side-effects, their responses suggesting that a vaccine may not be necessary to combat COVID-19 was above average compared to other segments in the study. They also index above average when it comes to viewing themselves as traditionalists.

Vaccine Skeptical [People who won't get the COVID-19 vaccine.]

The vaccine skeptical group makes up another **11%** of the total. However, this group is mostly female, who are aged between 45-64 and earn a lower-than-average income. They are less likely to have a college degree and are more likely to live in a rural area.

Along with the worry of potential side-effects, this group is generally more pessimistic about containing COVID-19 at all. Therefore, a small percentage do not believe a vaccine will help tackle the global health crisis.

With notably low trust levels, this group is one of the hardest to reach and potentially persuade. What makes them unique however, is their lack of faith in the scientific process.

Anti-Vaxxers [People who will not get the vaccine, because they are against vaccines in general.]

It is important to note that those who choose not to get a COVID-19 vaccine should not be confused with anti-vaxxers.

Anti-vaxxers are a sub-segment of the vaccine skeptical group that makes up **1.4%** of the total population. The difference is, anti-vaxxers do not believe in getting *any* vaccine due to safety concerns, not just not a vaccine for COVID-19.

According to the study, anti-vaxxers tend to fall into one of two age brackets, between 16-24 years or 55-64 years old, and are typically males with lower incomes.

Vaccine Obligated

People who will only get the vaccine if necessary for travel, school, work etc.

Vaccine concerns

- Potential side-effects
- Slightly above average for thinking the vaccine isn't necessary

Values

- Interested in understanding and exploring the world
- See themselves as having a positive attitude
- Health and price conscious
- Above average for seeing themselves as traditional

Media habits

- More entertainment-focused than other segments
- More likely to follow comedians

Lifestyle

- 20% are students
- 9% are part-time workers

Vaccine Skeptical

People who won't get the COVID-19 vaccine.

Germany had the most refusing to take the vaccine at 24%, while India and Brazil had the least at 3% each.

Vaccine concerns

- Potential side-effects
- Pessimistic about containing COVID-19
- Over 3% don't think a vaccine is necessary

Values

- Short on trust and hard to reach
- Slow to make decisions and prone to anxiety
- Care about their family, faith, and spirituality
- Price conscious, and very unlikely to see themselves as affluent

Media habits

- Concerned about personal data used online by governments/companies, suggesting a lack of trust in institutions
- More likely to go out of their way to avoid advertising
- Watch 15 minutes more of broadcast TV per day than the average person

Lifestyle

- Over-index for living in rural area
- Less likely to have a college degree

Anti-vaxxer

People who will not get a COVID-19 vaccine, because they are against vaccines in general.

Vaccine concerns

- Potential side-effects
- Worried vaccines are unsafe

Values

- Prono to anxiety
- Above average for alternative medicine and treatment
- Above average for being financially motivated
- Care about their financial security, positivity, and their family's spirituality

Media habits

- 35% try to avoid all types of advertising
- 24% say they feel social media causes them anxiety
- Spend more time on broadcast radio, podcasts and linear TV than average
- Above average for using the internet to find information and do research

Lifestyle

- 52% live outside cities
- Most likely to have a high-school education
- Above average for post-graduate degrees

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Data prior to 2/9/2021



Spring 2021

Segment	Breakdown	Age Skew	Gender Skew	Income	Vaccine Concerns
Vaccine Supporter	66%	18-34	None	High income	Potential side-effects, availability, and logistics of vaccine distribution.
Vaccine Hesitant	12%	38-56	Female	Low/Middle income	Potential side-effects specifically due to no long-term testing, cost of vaccine, and more transparency around science required.
Vaccine Obligated	11%	16-24	Male	Low income	Potential side-effects, not sure COVID-19 vaccine is necessary to combat the virus.
Vaccine Skeptical	11%	45-64	Female	Low income	Potential side-effects, don't believe vaccines can curtail the pandemic.
Anti-vaxxer	1.4% (13% of the Vaccine Skeptical segment)	16-24, 55-64	Male	Low income	Potential side-effects, don't believe vaccines in general are safe.

Another Tool in the Arsenal Against COVID-19

The study demonstrates that broad segments of society — regardless of their demographic or views — are at least somewhat concerned about COVID-19 vaccines becoming widely available.

While scientists are not quite sure if the current vaccines on the market can stop infection or transmission of the virus,

they are an important part of our global defenses against COVID-19, along with other safety restrictions like wearing masks and keeping a distance.



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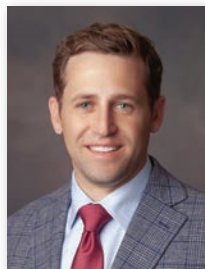
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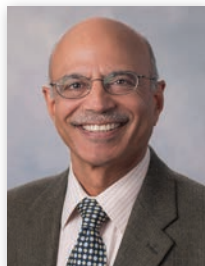
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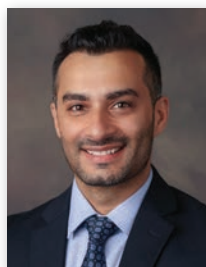
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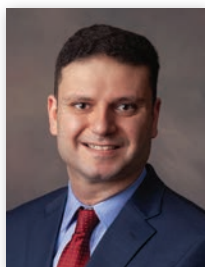
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IU School of Medicine - FW/Student Spotlight - Xyryl Pablo

Gina Bailey, Asst. Director of Program Development

Xyryl Pablo will graduate with her doctorate in Medicine from IU School of Medicine-Fort Wayne in May. While each medical student has his/her own story of the journey to becoming a doctor, Xyryl's path to Fort Wayne as well as her career choice of neurology are unique and a great example of the wonderful community we all call home.



Xyryl was born in Bangkok, Thailand. Her parents, originally from the Philippines, immigrated to the US while Xyryl was a young child. They lived in several cities before planting roots in Fort Wayne, where she attended middle school. Her family would move back to the Philippines before Xyryl started high school. When Xyryl was only 15 years old, her mother passed away after an unexpected diagnosis of gastric cancer.

Fort Wayne always felt like home to Xyryl, so she was excited to move back to the Summit City to attend Purdue Fort Wayne for her undergraduate degree. She always loved science, so choosing biology as a major with concentrations in immunology and microbiology was easy. The absence of her mother during this time was difficult, but she persevered through it all.

Before starting medical school, Xyryl worked as a scribe for a rheumatology practice in Fort Wayne. She enjoyed working there as the staff and physicians she worked with were wonderful and supportive. At the time, she thought that rheumatology would be a great fit for her as a career.

Xyryl also volunteered at a nursing home, where she enjoyed bonding with the patients as well as their families. This led her to also volunteering at Heartland Hospice, where she assisted many families during the difficult process of saying goodbye to loved ones. Many of the patients at the hospice facility had Parkinson or Alzheimer's diseases. Xyryl found this endeavor to be rewarding and appreciated an opportunity to help the families.

During her first year at IU School of Medicine-Fort Wayne Xyryl developed a great appreciation for neuroscience. She found herself reading neuroscience-related subjects outside of course required readings. However, it wasn't until her neurology rotation during her third year of medical school that Xyryl realized that neurology was the career path she would follow. She found the science of neurology particularly interesting and the warm and welcoming preceptors helped attract her to the field too.

During her neurology rotation, Xyryl spent some time at the Fall Clinic with Dr. Fen-Lei Chang. He asked her to evaluate a clinic patient and she presented the diagnosis of Parkinson's disease for the patient. This encounter is one

that reinforced her career choice. From that moment, it all clicked: the science underlying neurology combined with the opportunity to form relationships with patients and their families were exactly what she wanted in a medical career.

Xyryl also spent time with Dr. Amber Hetrick during her neurology rotation. Dr. Hetrick's deep investment in teaching provided Xyryl with opportunities to grow as a student. In the clinic, Dr. Hetrick saw patients with various neurological conditions that were fascinating to Xyryl. "Although I am biased, I believe that neurology has the most artistic and beautiful diagnosis process. And the physicians I worked with treated their patients as family. Someday I would like to emulate this," Xyryl said.

While completing medical school during a pandemic has had several challenges, Xyryl thinks she has learned to adapt and be more flexible and that she can apply these skills in practice. "IU School of Medicine continued to adapt the curriculum to meet the needs of the students. Whether it was virtual lectures or televisits, we were able to continue to learn and adapt," Xyryl said.

Xyryl, and her fiancée Cameron, who is also an IU School of Medicine-Fort Wayne student, aspiring neurologist and Fort Wayne native, will marry a few weeks after graduation. They have applied to residency programs through the couple's match.

The IU School of Medicine Fort Wayne is looking for Clinical Preceptors.

Description of Role: Clinical Preceptors are physicians who host up to two first or second year medical students in their clinical practice. Family and internal medicine preferred and within a 30-minute driving distance from the school (PFW campus).

Time Commitment: One morning per month (3 hours), August to March for 1st year students (total of 6 clinical visits) and one afternoon per month, August to December for 2nd year students (total of 4 clinical visits). Brief evaluation of students at the end of the school year. You have the flexibility to schedule the date with your student(s).

Responsibilities: Review the clinical preceptor guide shared by email before each visit. Orient the student(s) to your clinical practice and site one time at the beginning of the year. When possible, observe your student(s) performing elements of the history and physical exam. Provide a brief written summative evaluation of the student(s) at the end of the school year. There is no other formal grading for this role, however regular verbal feedback to the student is expected, and your availability at all sessions is required.

Contact: Dr. Angie Martin, martinai@iu.edu, office phone: 260-257-6858, IU School of Medicine – Fort Wayne

Fort Wayne Medical Society - Alliance



Liz Hathaway and Vivian Tran, Co-Presidents



In the past three months, with our focus on helping our neighbors and community, we have been able to provide assistance to several organizations.

As part of the AMA-Alliance's "Socks for

the Homeless" initiative, we collected socks, gloves, hats and mittens for the Fort Wayne Rescue Mission. In addition, we checked their website for their monthly donation requests and purchased diapers and men's & women's underwear.

Arrangements were made for a delivery and tour of their "new" facility. A few Alliance members had the pleasure of touring the Rescue Mission, meet staff members, and learn more about their programs. It was truly impactful to hear about the life changing work that is going on and we have such an appreciation for their vital efforts.

Another organization we have shown support is the St. Joseph Missions Women's Shelter. We purchased enough bedding supplies, towels and toiletry items to fill 12 large totes. Members also donated clothing and books. We were excited to tour their facility and hear of the progress being made to help single, homeless women in our community. We are grateful for the dedicated work of their staff and volunteers.

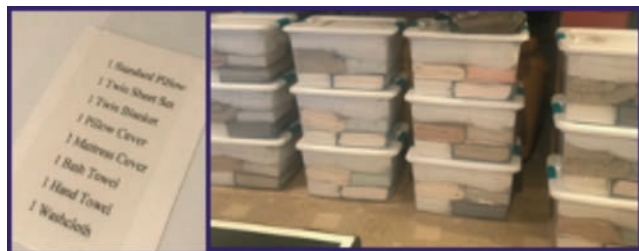
With matching funds from the Fort Wayne Medical Society Foundation, we were able to donate:

- \$3,000 to Super Shot
- \$4,000 to Tapestry for Health Careers Scholarships
- \$2,000 to Science Central to underwrite free admission for 200 people on March 13th for a modified 2021 Doctor's Day event.

With the new logo, we updated our website.

Check it out! alliancefw.org

We look forward to spring and warmer weather and the chance to gather again as a group. Until then, we have had the joy of helping so many others in our community. We are grateful to the wonderful generosity of the Fort Wayne Medical Society Foundation, our members, friends, and community.



Twelve totes with contents listed for St. Joseph's Missions Women's Shelter

Those who are happiest are those who do the most for others." - Booker T. Washington



Betty Canavati, Liz Hathaway, Tonya Hughes and Vivian Tran toured Rescue Mission with Jennifer Zurbach



The Alliance donated: 120 pairs of socks, over 100 pair of underwear, and over 1000 diapers to Rescue Mission



Jennifer Bojrab, Betty Canavati, Vivian Tran, Liz Hathaway with St. Joseph's Missions ED Lisa Fabian

Healthcare for Those Experiencing Homelessness in Allen County |

Amanda Hakes, BSN, RN, Chris Howell, BSN, RN, HN-BC, CAPRC1, Anthony Ogunsin, CHW



Chris Howell, BSN RN, Anthony Ogunsin, CHW, and Amanda Hakes BSN

Imagine your life and how easy it is to run to the grocery to pick up a loaf of bread or

to go to the pharmacy to pick up medications. Now imagine doing that while riding the bus. Oh, wait the bus does not come close to your house, and you need to walk three miles to get to the closest bus stop.

Now imagine — being diagnosed with cancer, losing your job along with your insurance, and then finally losing your house. You then must start “couch surfing” until all of your friends are tired of you sleeping on their couch, while they steal your pain medications.

How do you get to your chemotherapy and radiation treatments since you don’t have a car? Where do you have your supplies sent since you don’t have a permanent address? Can they be sent to the shelter so you can change your ostomy bag?

This is a true story of a gentleman that we, the Parkview Community Nurses at The Rescue Mission (RM), have been helping along with the Parkview Cancer Center.

The patient started at Matthew 25 with Dr Isbister, who strongly advocated for this gentleman. Thankfully, he was able to obtain insurance and has had good follow up. And yes, we manage his supply delivery at the RM with communication through his sister.

Parkview Health, through Community Health Improvement funding, has supplied the services of two RN’s Monday thru Friday from approximately 7 am – 10 pm for those experiencing homelessness, through the Community Nursing Department, for the last seven years. We are also on call for needs outside of those hours.

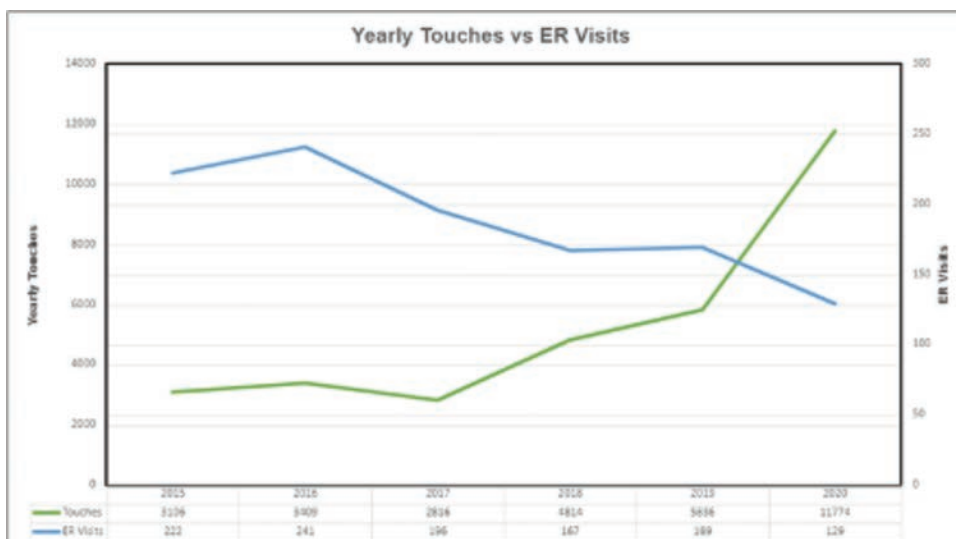
We have helped navigate the difficulties of the healthcare system throughout the city at The Rescue Mission (both the women and men’s shelters), Salvation Army Adult Rehab Center, Vincent Village, The Courtyard (aged out of foster care young adults), and others who are referred to us by individuals who know what we are trying to do. We, in a lot of ways, act as a healthcare tour guide for individuals who are unfamiliar with the health care system, other than the Emergency Department.

Homeless clients are encouraged to apply for insurance, pre COVID-19, a navigator was on site (now all via phone). Then they are educated on establishing an appointment with a primary care doctor and a mental health provider, if needed, and keeping follow up appointments. They are also encouraged to fill and take their medications. Medication compliance isn’t just taking meds as prescribed, it is also

teaching them how to call-in refills and selecting the right pharmacy that their insurance covers.

In the spring of 2018, a Community Health Worker (CHW) was added to the team. This team member has been instrumental in helping with getting the initial conversations started with the men entering both the Rescue Mission and the Salvation Army.

While the main goal of the CHW is to help the nurse’s in keeping the Emergency Room visits down, they also do so much more. One of



continued on page 28

the goals of the CHW is to make the transition easier into the healthcare system and the recovery program, by putting God first, and working the recovery program which includes physical and mental health. The CHW's day can consist of a multitude of things from promoting wellness to connecting to resources, such as the quit smoking line.

According to the RM numbers, prior to the start of the onsite program, they would average over 100 visits to the Emergency Room a month. This past January (2021), we had 22 visits to the local emergency rooms with 18 of those being mental health, suicidal ideation, or drug/alcohol toxicity. Many of these individuals are from the community and know the compassion of the staff at the RM. Staff will call the Crisis Intervention Team (CIT) with the Fort Wayne Police Department to aid in getting them to the proper treatment site.

"You have to look at people as a whole. You have to look at people in an interconnected way, and we've got to get much better in doing that, in understanding the drivers, this isn't all about external change, this is about internal change as well and how we work better as a system, how we work better with our community and how we work better with all the wonderful agencies and services out there."

from <https://www.tmc.edu/news/2019/01/community-health-workers-embedded-in-emergency-rooms-improve-patient-health-cut-costs/>

The mental health aspect of this population is extremely difficult to navigate and case manage. The health conditions among people who are experiencing homelessness are often a complex mix of serious physical health, mental health, substance use, and social problems. The RM and Parkview Nursing Clinic attempt to partner with anyone and everyone that we can with the goal of improved wellness. We often see people jump from hospital to hospital and doctor to doctor. We educate them on the importance of continuation of care and staying in the same system. We have collaborations with many offices and health systems. The way to better outcomes is to get to the root of the issue — by treating someone where they are, not where we think they ought to be. A gentleman in the clinic once said his issues were bigger than drugs and alcohol and without digging deeper the cycle continues.

You may feel that you do not see many who are experiencing a homeless crisis in your practice, but the stigma of the crisis has them conditioned to give a fake address and not be forth coming as to where they are living. We have been asked to not tell doctors' offices where we are calling from so that they are treated like a human and not a "street rat". This is often where the personal communication and consistency are key. Many are so transient, that what perhaps was close to them yesterday may not be today.

The Impact of COVID-19

The winter/spring of 2020 brought a whole new strain to the healthcare community and those experiencing homelessness. We, the area shelters and assigned Parkview Community Nurses, worked with the Allen County Department of Health (ACDOH) and the IN Health Department about testing those with symptoms and determined how to organize the shelters.

From March through August, over 5,500 temperatures were taken at the emergency shelter site. Temperatures are taken:

- prior to meals when entering the Rescue Mission
- when the community men check in for the night
- on all men in daily programming.

Symptoms are checked and referred for testing. With the advice from the ACDOH, the men seeking emergency bed nights from March through August were moved to a former church owned by Mentoring Moms, Inc., while the men in our programming continued to stay on site. All shelter locations began practicing social distancing, mask requirements, and hygiene education. This has been a struggle just like for the general public, though thankfully with education and trust, the people have been mostly compliant. We quarantined and isolated men and women both within the shelters locally and the Quarantine Shelter in Valparaiso, if they were found to be COVID-19 positive. Thankfully our positive COVID-19 numbers have remained low throughout the pandemic.

The necessary COVID-19 regulations of closing the library, restaurants, and other "hang-outs" made it essential for those experiencing homelessness, without jobs, to find other places to spend time during the daytime hours, when the emergency overnight shelters are closed. These regulations also are a struggle for the mental health of those we serve as they feel it is "unfair." We really must be vulnerable and open letting them know we struggle with all this also.



"I diagnosed 'abdominal pain' when the real problem was hunger; I confused social issues with medical problems in other patients, too. I mislabeled the hopelessness of long-term unemployment as depression and the poverty that causes patients to miss pills or appointments as noncompliance. In one older patient, I mistook the inability to read for dementia. My medical training had not prepared me for this ambush of social circumstance. Real-life obstacles had an enormous impact on my patients' lives, but because I had neither the skills nor the resources for treating them, I ignored the social context of disease altogether."

Laura Gottlieb, MD, San Francisco Chronicle 8/23/10

The city of Fort Wayne began to open warming shelters in various locations during the winter of 2020, but those were for short periods of time and were limited in the number of people that could enter. During the winter of 2021 with the sale of the former Rescue Mission to the city, a larger daytime warming center was opened in the former RM building. (See following article for information on that program.)

The barriers to getting care, also multiplied for those experiencing homelessness during the pandemic. Tele-health appointments seemed to be a significant barrier. While it became a great extension for care for most people, if you do not have a reliable phone or internet access then this choice often leads to missed appointments.

As healthcare professionals, we sometimes forget that while in crisis people are not able to trouble shoot or even understand information that is given to them. Some examples:

- We see pharmacists asking clients to call their MD to clarify medication doses or even if they should be taking a medication. Then when you try to call the doctor's office and must leave a message, you have no phone number for them to call you back.
- Or imagine going to the pharmacy and having them tell you that your medications will cost \$1800, even though you have insurance. You walk away with no medication because you weren't told or didn't understand that if you went to a different pharmacy, that is contracted with your insurance, your medications would only be \$4 or free.
- Most patients are often given After Visit Summary's that say to call to schedule a follow up but given unclear instructions as to when and where an appointment is. Or the appointment is scheduled for an office in another city and they don't have a ride.

- Another barrier is when offices change appointments, and send out a letter to an address that doesn't exist or a residence a patient lived at two years ago.

Have you ever told a patient something walked out of the room and gone back in to ask them what they heard? It is really amazing sometimes. If we slow down just a second or two, it can make a big difference. By making sure what we were trying to convey is what they heard, some of the follow up frustrations and issues could be avoided. Therefore, saving time overall.

Once a Nurse Practitioner told us that after listening to a client's story, she was only two decisions different than the women at the shelter. Having someone believe in you and supporting you makes all the difference in the world.

THE Rescue Mission™

The Rescue Mission, founded in 1903, is a faith-based, nonprofit, 501(c)(3) organization, providing restorative care to men, women, and children experiencing a homeless crisis. Serving Fort Wayne, Allen county, and its eleven surrounding counties. Combining for a total of four ministries, or houses, that function as communities of compassion.

BY THE NUMBERS

213,742
meals served

2,134
unique men, women, and children served

55,855
nights of safe shelter

633
first time guests

Fort Wayne Rescue Mission Ministries, Inc.
Fort Wayne Rescue Mission Ministries Foundation, Inc.
404 E. Washington Blvd.
P.O. Box 11116
Fort Wayne, IN 46855-1116

fwrn.org

p 260.426.7357
f 260.399.7244

City of Fort Wayne Partners with Nonprofits to Combat Homelessness Amid COVID-19 with Winter Contingency Program

Lisa Fabian, ED, St. Joseph's Missions



History was made in December 2020 when the doors opened to the Winter Contingency Program (WCP)'s emergency overnight shelter for single/unaccompanied women. Since that time, the WCP has been able to provide 57 consecutive nights of warm, safe slumber. In addition, nearly 60 women have slept at the shelter with just over

600 total overnight stays since mid-February.

Also historic is the availability of a daytime shelter at the same site from 7 am-7 pm. In years past, due to a lack of federal funding, guests would have to leave in the evening due to a lack of overnight accommodations, regardless of the weather conditions. So far this winter season, the longest stay is 43 days/nights, and the average is 11.

In 2018, more than 1,000 women requested help due to homelessness. The City of Fort Wayne realized there was a need for an overnight shelter that aids women without children, or not currently suffering from drug/alcohol addiction or domestic violence, as these needs are already addressed in our community.

A new partnership formed by St. Joseph Missions, Inc., Just Neighbors Interfaith Homeless Network, and the City has made it possible to provide additional assistance to single women and other homeless individuals and families under the WCP.

During the summer of 2020, Just Neighbors took the lead in managing a COVID-19 hotel project, which served 38 single women. In addition, Just Neighbors also rented porta-potties during lockdown, purchased six handwashing stations for the street teams, and purchased a food truck for its public health initiative.

Winter brings its own unique challenges. In response, the former home of The Rescue Mission (RM), located at 301 W. Superior Street, now houses the three WCP components: separate daytime warming centers for men—3359 visits since mid-February—and women (with provisions for families, if needed), as well as the overnight shelter for single women. The City owns the building, and funding is provided by the City's Office of Housing and Neighborhood Services (OHNS) and the Fort Wayne Area Planning Council on Homelessness.

"While there is still work to do, we are profoundly grateful for the generous outpouring of compassion for our guests. We look forward to welcoming our single sisters home."

Lisa Fabian

St. Joseph Missions is staffing all three WCP components, while Just Neighbors is providing case management. Overnight accommodations for men are provided by the RM, which also provided bunks, tables, chairs, and washers and dryers for the WCP. Overnight care for families is overseen by Just Neighbors.

According to the Hoosier Housing Coalition, an upwards of 300,000 households across the state are potentially at risk of eviction due to challenges brought on by the COVID-19 pandemic. As a result, the City has seen a significant increase in requests for eviction prevention assistance.

In some cases, the requests to local nonprofits for financial assistance have increased 270% over the last year. Most calls were related to homelessness, rental assistance or questions about assistance applications.

The WCP's daytime warming center offers three meals a day. Just Neighbors coordinates delivery by local restaurants, church and civic groups, and individual volunteers. Contributions of items serving the needs of female guests are accepted onsite.

In support of other community needs at this critical time, funding from the U.S. Department of Housing and Urban Development (HUD) is being used to provide: rent and utility assistance; support to additional emergency shelters; and rapid rehousing efforts.

The City is in the process of initiating a Homelessness Strategic Plan that will include an assessment of the existing resources provided to the community. It will identify gaps, set communitywide goals and help the City develop strategies to better address homelessness.

St. Joseph Missions Women's Shelter will resolve a key service gap when it opens the first 24/7/365 emergency shelter expressly for single women in spring 2021. HUD funds are being used to assist St. Joseph Missions in their renovations, and many local businesses have donated labor and materials.



Winter Contingency Fast Facts:

- Overnight stays at the women's overnight shelter: 382
- Number of unique (unduplicated) guests who have been served through the women's overnight shelter since opening on December 21, 2020: 45 women.
- The longest stay is 32 days, with an average stay of 8 days. 1 guest moved into an apartment, 4 guests have been reunited with family members, and 2 guests qualified for services offered by other shelters.
- The average total number of men and women in their respective onsite day centers over the course of a day: 65.
- The record for most guests at the day center in total in one day: 84.
- The total number of day center visits: 2,594.

All data reported on February 1, 2021.

"The Winter Contingency Program is working diligently to provide shelter to as many guests as safely possible under COVID-19 restrictions. We thank the City of Fort Wayne, Just Neighbors, and all of our community partners, local churches, and generous individual donors for coming together to care for our homeless neighbors during this brutal winter," said Lisa Fabian, Executive Director, St. Joseph Missions.

SHELTER/RENTAL ASSISTANCE

Other organizations serving the homeless in our community include:

INDIANA 211

Residents experiencing homelessness or possible eviction should dial 2-1-1 or 1-866-211-9966 to speak with a navigator 24 hours a day.

BRIGHTPOINT

Brightpoint staff are available by phone, 260-423-3546 ext.332 or 1-800-589-3506 ext. 567 and email, gethelp@mybrightpoint.org,

Monday – Thursday, 7:30 am – 5:30 pm; Friday, 7:30 am – 11:30 am. If anyone is experiencing homelessness, eviction, or inability to pay their rent or mortgage. If staff are not available to talk in person, please leave a message and they will return your call.

CATHOLIC CHARITIES

Catholic Charities' staff are available by phone, 260-422-5625 ext. 247, to assist with utility, rent and mortgage payments

RESCUE MISSION

Single men experiencing homelessness may call the Rescue Mission at 260-426-7357.

CHARIS HOUSE

Women or women with children experiencing homelessness may call Charis House at 260-426-8123.

JUST NEIGHBORS INTERFAITH HOMELESS NETWORK

Families experiencing homelessness may call the Interfaith Homeless Network at 260-458-9772.

SHEPHERD'S HOUSE

Veterans experiencing homelessness may call Shepherd House's at 260-424-2500.

ST. JOSEPH MISSIONS, INC.

The shelter is scheduled to open in April 2021. Single, unaccompanied women experiencing homelessness may call 260.200.3774

YWCA SHELTER

Residents experiencing domestic violence and homelessness should call the YWCA 24 hours a day at 260-447-7233 or (800) 441-4073.

WINTER CONTINGENCY PROGRAM

Women seeking overnight shelter should call 260.426.7358 before 7:00 p.m. when possible. Daytime warming centers are open 7:00 a.m.-7:00p.m.

HARDEST HIT FUND - FORECLOSURE PREVENTION

If you are an Indiana homeowner residing in that home as your primary residence and are struggling to make mortgage payments due to reduction or loss of employment and household income, you may qualify for the Hardest Hit Foreclosure Prevention Fund. Eligibility requirements are available at www.877GetHope.org or by calling 1-877-GET-HOPE (877-438-4673).

► Safe sleep pilot program aims to educate caregivers, reduce infant mortality in 46805 and 46806 zip codes



A 3-D model of the trachea and esophagus gives infant caregivers a visual representation of what can happen when a baby spits up on their back versus spitting up on their belly.

Parkview Health's Advanced Medical Simulation Lab, in partnership with Healthier Moms and Babies and New Tech Academy at Wayne High School, is launching a pilot program designed to increase adherence to safe sleep practices among infant caregivers in Allen County, with the goal of decreasing sleep-related infant deaths in the 46805 and 46806 zip codes. The Simulation to Promote Safe Sleep program is being funded by a grant from the St. Joseph Community Health Foundation and is set to begin in February 2021.

The Simulation to Promote Safe Sleep program utilizes experiential learning to emphasize the importance of safe sleep practices among current or expectant infant caregivers. Community health workers from Parkview Health and educators from Healthier Moms and Babies will use a 3-D model to provide a visual representation of what can happen when an infant spits up while on their belly versus spitting up while on their back. This in-home simulation clarifies a common misconception that an infant is safer sleeping on their belly.

"This is a one-of-a-kind educational tool," said Paige Wilkins, executive director, Healthier Moms and Babies. "There are currently only handouts of the trachea to show families it's not possible for a baby to choke on their spit up while sleeping. Fort Wayne will be the only community in the nation to have such a unique tool to help families visualize this. We will be helping to establish a best practice."

The program will also utilize a mobile application that pairs with an infant doll to demonstrate the potential physiological response to different sleep positions. The educator may take the infant doll and place it in varying locations and sleep positions within the caregiver's home, and the corresponding sleep posi-

tion can be selected on the mobile app. This will allow the simulated infant heart rate and oxygen saturation to be displayed for each sleep position and serve as a visual and auditory representation of what is happening to the infant in different sleep positions. The mobile app is being designed by Key Club students at New Tech Academy at Wayne High School.

"Our club of about 20 students has focused on this single project of producing both Android and iOS apps for the Simulation to Promote Safe Sleep program," said Eric Toy, one of the teacher-sponsors for New Tech Academy's Key Club. "While we offer computer science and medical intervention courses at our school, this club provides the unique opportunity to combine these skills in a meaningful way to help our community. Our students are motivated not only by this exciting partnership with Parkview's Sim Lab, but they also recognize the important role they have in helping educate infant caregivers on the life-saving lessons of safe sleep."

"Parkview's community health workers have found that caregivers can be instructed on safe sleep practices, but if they don't fully understand why it is important, it is easier to forget," said Erin Norton, director of community outreach, Parkview Women's & Children's Hospital. "This program focuses on the 'why' in innovative ways that help parents better understand and remember."

Despite ongoing education efforts, infant mortality and sleep-related deaths continue to be a problem at national, state and local levels. Poor implementation of safe sleep practices has been identified in numerous studies, highlighting the need for innovative approaches to safe sleep education.

"I also love that this is a home-grown innovation," Norton added. "A need was recognized locally, and the solution is being developed locally."

The Simulation to Promote Safe Sleep program was borne of the Healthy Mom and Baby Innovation Competition, held in 2020 by Parkview Health and MATTER, which challenged innovators to submit product, software or program solutions with the potential of reducing infant mortality rates. Entries were submitted by 57 teams from 14 states and six countries.

► New Alliance Health Centers expands access to healthcare in southeast Fort Wayne



Alliance Health Centers, a newly created independent clinic, is now open in Lafayette Medical Center, 2700 Lafayette

St., Suite 050 (lower level), Fort Wayne, expanding access to care for medically underserved residents in southeast Fort Wayne.

Initially offering primary care services for patients of all ages, the clinic is focused on serving those who face barriers to receiving care but is open to the entire community. It is located in the 46806 ZIP code, which is a federally designated health professional shortage area.

Alliance Health Centers will offer a sliding fee scale discount for services, available to those who qualify, and will not turn away anyone for inability to pay. A certified navigator will be onsite to assist all area residents, not just patients, with applications for Indiana Health Coverage Programs such as Medicaid. Additionally, the clinic will refer patients to community resources for support with needs such as transportation, housing and utility assistance.

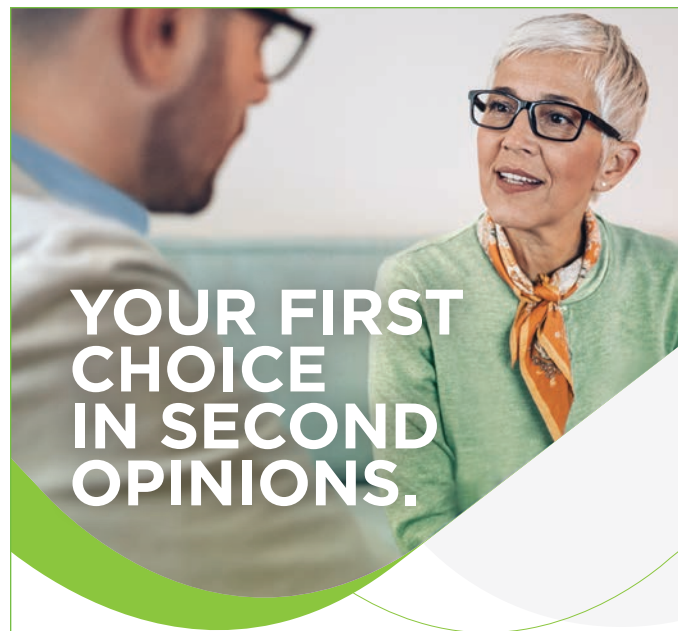
The clinic will operate under federal guidelines and apply for what is known as Federally Qualified Health Center Look-Alike status, making it eligible for cost-based Medicare and Medicaid reimbursement and potential future grant opportunities.

As a collaborative partner, Parkview Health will provide financial and operational support to the clinic. It has invested in the start-up of the clinic and will also staff the clinic with providers from Parkview Physicians Group. Park Center will also offer support, including collaborating to provide mental health services.

Parkview's collaborative partnership with the clinic is also part of an effort to address disparities in healthcare.

Alliance Health Centers currently has one nurse practitioner, and two physicians are set to begin seeing patients in January. All are accepting new patients. More information about the clinic can be found at www.myalliancehealth.org.

To make an appointment, call 260-266-0780.



Our cancer sub-specialists focus on **your type of cancer.**

When you hear the words "You have cancer," it feels overwhelming. But a second opinion can provide assurance you're getting the best care possible. Who should you choose — a physician who treats a variety of cancers, or one who sub-specializes in your specific type? At Parkview, our oncologists and surgical sub-specialists are experts in *your* kind of cancer and treat it every day, not just occasionally. Here you'll find specialized teams of experts for each major cancer we treat. It's a revolutionary approach to cancer treatment that's available locally *only* from Parkview. And no referral is necessary. *That's* better cancer care.

 **PARKVIEW**
CANCER INSTITUTE
parkview.com/cancer

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► Twilla Lee Named CEO of Lutheran Downtown Hospital



Twilla Lee, an experienced healthcare leader with a focus on exceptional patient care, quality and operational performance, becomes Lutheran Downtown Hospital's chief executive officer on Jan. 18, 2021.

Lee joins Lutheran Health Network from her position as Administrator, Hospital Operations, providing executive-level operations leadership at East Hospital, part of The Ohio State

University Health System in Columbus. During her more than 13 years with The Ohio State University Health System, she has held several executive leadership positions encompassing long-term strategy, key service line development and operational leadership of clinical and ancillary services. Prior to joining The Ohio State University Health System, she held leadership positions with Permision, Central Ohio Cardiovascular Consultants and Caremark International.

Throughout her career, Lee has worked extensively to improve operations, leading quality improvement efforts and building cultures of physician and employee engagement. During her tenure at East Hospital, the hospital achieved 84th percentile employee engagement scores; patient satisfaction scores also improved against HCAHPS targets. In addition, growth in hospital services was achieved through the successful execution of key strategic initiatives, including completion of a 40,000-square-foot expansion earlier this year.

Integrally involved in the community, Twilla also served as a community liaison to the city and residents on behalf of the hospital.

"I am excited about joining Lutheran Health Network and for the opportunity to serve as the CEO of Lutheran Downtown Hospital" said Lee. "I'm also looking forward to living in Fort Wayne and becoming active in the community."

Lee is an Ohio native and holds bachelor's and master's degrees from Otterbein University in Westerville, Ohio.



► Advanced Technology Helps Patients Stand, Relearn Walking

A robotic exoskeleton, offered exclusively in this region at the Rehabilitation Hospital of Fort Wayne, is helping severely injured patients to stand and relearn how to walk. This wearable medical device also helps patients to gain confidence and freedom. This advanced technology is being used for patients with stroke and spinal cord injuries and is the only exoskeleton indicated for acquired brain injury.

"It's such an exciting time to be at the Rehabilitation Hospital Fort Wayne. This robot is innovative, one-of-a-kind, and an excellent piece of technology to advance our patients' recovery," says Shelene Ruggio, MD, Medical Director. Ryan Cassidy, Chief Administrative Officer, adds, "This remarkable technology enables many of our patients to experience walking after suffering a spinal cord injury, a brain injury or a stroke."

Therapists are using the device to help patients walk earlier in their rehabilitation process, which can help improve walking speed and distance, which are critical factors for the best possible recovery. To walk in the device, the patient is strapped into the suit while motors drive the hip and knee joints.

Each year, nearly 60 million people suffer from acquired brain injury, 15 million suffer a stroke, and as many as 500,000 individuals experience a spinal cord injury (SCI). Clinical evidence suggests that including the exoskeleton gait (walking) training during inpatient rehabilitation for stroke improves independence in functional mobility. Most patients take an average of 400 steps their first-time training in the device. It is the most clinically used exoskeleton, with patients around the world having taken more than 125 million steps and counting.

Greg Parrett, Director of Therapy, said, "We are excited to provide our patients with access to this advanced treatment option and we are proud to be at the forefront of a new standard of care for stroke survivors." The exoskeleton's software enables clinicians to increase a patient's strength by customizing support for each leg independently, engaging the patient throughout their course of treatment.

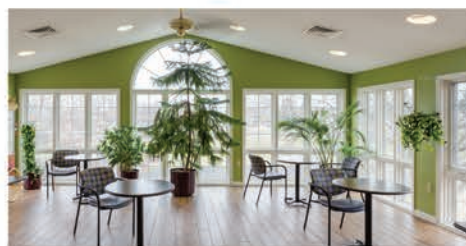
The exoskeleton medical device available at the Rehabilitation Hospital is approved by the Federal Drug Administration (FDA) for use with stroke and spinal cord injuries from L5 to C7 and is the only exoskeleton with FDA approval for use with acquired brain injury patients. The technology and accompanying software is the only exoskeleton available for rehabilitation institutions that can provide dynamically adapting amounts of power to either side of a patient's body, challenging the patient as they progress.



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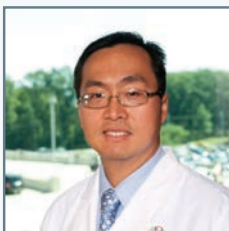
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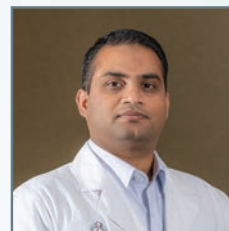
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