Slide 1: Title Slide

Good morning, everyone. I’m Brooklyn Washburn, and for my Photo Voice assessment, I chose to critically analyze the community of Keokuk, Iowa. While geographically distant from us here in Toppenish, Keokuk's struggle with rural health access is a powerful case study in Rural Health Disparity, which is deeply relevant to our work as Public Health Nurses.

Slide 2: PHN Framework: Critique and Vision

Keokuk, with a population of about 10,000, faces significant challenges: economic decline and the critical loss of core infrastructure. As PHN students, we must approach this through Emancipatory Knowing. Our goal is to move beyond simple observation and engage in a critical analysis that demands justice. My entire presentation is structured around these four critical questions: Who benefits? What is wrong with this picture? What are the barriers to freedom? And what changes are needed? We’ll map Keokuk's challenges using the Socio-Ecological Model, starting at the individual level.

Slide 3: Individual Level: Loss of Critical Access

At the Individual Level, the crisis is immediate. My photos here show the Blessing Health Keokuk hospital—both operational and closed. The closure of its inpatient and ER services leaves a profound medical desert. This means a critical SDOH: Access to Healthcare failure. For any individual experiencing an emergency, the risk is clear: an increased emergency transport time of nearly 30 minutes, which directly increases the risk of mortality and morbidity. The emotional burden on residents, particularly the elderly, is immense. The picture is wrong because timely care is not a privilege; it is a human right that has been systemically denied.

Slide 4: Family/Relationship Level: SDOH Interplay

Moving to the Family/Relationship Level, we see the interplay of the SDOH: Economic Stability. The chart demonstrates Keokuk’s persistent poverty rate, which consistently sits near 20%, nearly double the state average. This poverty amplifies the crisis. High rates of ALICE households mean families cannot afford the non-medical costs associated with the hospital closure—gas for the long drive, lost wages, and childcare. The lack of adequate Transportation Services forces families to divert scarce resources, creating chronic stress that harms their own health. The family's inability to thrive is rooted in the failure of the economic system.

Slide 5: Community Level: Broken Spaces

The Community Level critique is powerfully visual. The abandonment of key spaces—from the vandalized parks to empty downtown storefronts, and the vast, abandoned mall hallway shown here—signals deep communal despair. This widespread decay points to a critical loss of Social Cohesion and a failure of the SDOH: Environmental Health. The abandoned mall eliminated a

safe, climate-controlled social hub. Vandalism in parks limits safe recreation. The decay of social infrastructure creates a palpable sense of loss. The barrier to freedom here is the inability of residents to gather, transact, and recreate safely in spaces that feel valued.

Slide 6: Societal/Policy Level (Part 1: The Timeline)

At the Societal/Policy Level, we must identify the systemic policy failures. The core reason the hospital closed is policy inequity. The sequence shown illustrates how low Medicare/Medicaid reimbursement rates make serving high-poverty, rural populations financially unsustainable. This policy effectively starves rural facilities. While the federal government created the Rural Emergency Hospital (REH) designation as a solution, regulatory confusion has created a Policy Gap, preventing Keokuk from accessing this financial lifeline post-closure.

Slide 7: Societal/Policy Level (Part 2: The Failure)

Let's look closer at this timeline of failure. Even with Blessing Health attempting stabilization in 2021, the hospital closed in 2022. Though the REH legislation was in place, policy delays and bureaucratic hurdles persist in 2024. The Emancipatory Question is clear: Who benefits? Large insurance companies and urban health systems benefit from policy that starves rural facilities, transferring the cost of inequity onto the poor residents of Keokuk.

Slide 8: Risk & Resilience: Guiding PHN Action (3:35 - 4:05)

To move toward health justice, we must leverage the community's strengths against the systemic threats. Our two main Risk Factors are the immediate loss of the ER and the foundational issue of policy inequity. However, Keokuk has immense Resilience Factors—like the dedicated county-level EMS, which is actively building a new station to cope with the increased volume, and strong local Community Action Groups. Our role as PHNs is to amplify this resilience to overcome those societal risks.

Slide 9: Detailed Resilience Example (4:05 - 4:25)

This slide further showcases that resilience. The image of the EMS station under construction and the navigation map showing the long drive to Fort Madison reinforce the dual nature of their struggle: the necessity of local, dedicated resources being built in response to a failed system. As the EMS director noted, the need became *more urgent* after the closure. This local action is the foundation for our PHN interventions.

Slide 10: The Vision: Strategizing PHN Action (4:25 - 5:05)

This brings us to our final Emancipatory Question: What changes are needed? Our vision for a just Keokuk requires strategic PHN action. My interventions focus on partnering with Keokuk's strengths to drive change:

- Policy Advocacy: We must pressure policymakers to urgently secure the REH designation and restore emergency care.
- Resource Allocation: We partner with local non-profits and churches—as shown by the images of local leaders and government buildings—to establish a dedicated, community-wide Transportation system.
- Health Promotion: We must engage the community in initiatives to reclaim and revitalize public spaces, potentially repurposing abandoned commercial buildings like the mall into a new youth or community wellness center, thereby restoring social capital.

Slide 11: Reflective Discussion (5:05 - End)

Thank you. Keokuk's crisis is not isolated; it's a microcosm of what we see in rural America. As future PHNs in the Yakima Valley, I want us to reflect: How can we apply the lessons of policy inequity and SDOH identified in Keokuk to similar challenges right here in our own region? What local policy or infrastructure failure demands our Emancipatory Critique?