Adams County Community Wellness Program:
Addressing Rural Health Disparities through Chronic Disease Prevention & Management

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The Adams County Community Wellness Program is funded by the Wisconsin Partnership Program.
Program to address high cancer deaths in Adams County

By Ray James Dell Events | Posted: Friday, February 3, 2012 4:44 pm | (53) Comments

Fewer Adams County residents may get cancer than others in the state, but if they do develop it, they are more likely to die than the state’s residents as a whole.

A UW Carbone Cancer Center project that assessed cancer-related needs in south-central Wisconsin found that the cancer death rate of 228.2 per 100,000 in Adams County was more than 28.3 percent higher than the state average of 182 per 100,000. The incidence of cancer in Adams County is 301 per 100,000, while the incidence in the state as a whole is 477.3.

The assessment, by UWCCC outreach specialist Rebecca Linkens, included deaths from all types of cancer.

UW cancer study shows high death rate in Adams Co.

MADISON (WXOW) – Surprising facts about cancer deaths in Adams County have sparked a county-wide outreach effort to save lives.
Community Cancer Profile
ADAMS COUNTY

Cancer is a leading cause of death in Adams County

Many factors shape cancer’s impact on the community, including social and economic characteristics and access to care. Here is how Adams County compares:

<table>
<thead>
<tr>
<th></th>
<th>Adams County</th>
<th>State of WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>20,733</td>
<td>5,711,767</td>
</tr>
<tr>
<td>Unemployment</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Median Income</td>
<td>$39,885</td>
<td>$51,914</td>
</tr>
<tr>
<td>Living in poverty</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>High school graduation</td>
<td>84%</td>
<td>89%</td>
</tr>
<tr>
<td>College degree</td>
<td>11%</td>
<td>26%</td>
</tr>
<tr>
<td>Population over 65</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Racial minorities</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Rural</td>
<td>100%</td>
<td>30%</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Ratio of population to primary care providers</td>
<td>6953:1</td>
<td>1246:1</td>
</tr>
<tr>
<td>County Health Ranking**</td>
<td>69</td>
<td>-</td>
</tr>
</tbody>
</table>

**Health Outcomes

50-75% of cancer deaths are caused by our behaviors

Two critical behaviors that contribute to these deaths are obesity and tobacco use.

**Adult Obesity Rate**
- WI 2015 Goal: 20%
- State of WI: 26%
- Adams County Rate: 34%

**Adult Smoking Rate**
- WI 2015 Goal: 16%
- State of WI: 20%
- Adams County Rate: 20%

For more information visit: chdi.wisc.edu

v. March 2013

www.chdi.wisc.edu/wisconsin-county-cancer-profiles
Formation of the Community Wellness Program

- Pilot project identified a critical unmet need: to implement a more intensive and sustainable effort that addresses chronic disease disparities and promotes a vision of community wellness in Adams County

- The Community Wellness Program applies both community- and individual-level chronic disease prevention and management strategies through the integration of evidence-based Community Health Worker and Health Navigator functions
## Modifiable Chronic Disease Risk Factors

<table>
<thead>
<tr>
<th>Modifiable Risk Factors</th>
<th>Chronic Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heart Disease/Stroke</td>
</tr>
<tr>
<td>Unhealthy Diet</td>
<td>●</td>
</tr>
<tr>
<td>Insufficient Physical Activity</td>
<td>●</td>
</tr>
<tr>
<td>Tobacco Use and Secondhand Smoke Exposure</td>
<td>●</td>
</tr>
<tr>
<td>Excessive Alcohol Use</td>
<td>●</td>
</tr>
</tbody>
</table>
Adams County Community Wellness Program

- Adams County Health and Human Services and UW Carbone Cancer Center applied for a three year implementation grant from the Wisconsin Partnership Program (WPP)

- Adams County community leaders laid the foundation for implementing an evidence-based intervention to comprehensively address chronic disease disparities in Adams County

- The proposal aligned with the Healthier Wisconsin 2020 pillar objectives to increase resources to eliminate health disparities and reduce the burden of chronic disease
**Overarching Goal**
Expand culturally appropriate chronic disease prevention education and navigation services in order to reduce morbidity and mortality from chronic disease in the county.

**Objectives**
1. Increase adoption of chronic disease prevention behaviors, use of screening and access to quality care
2. Improve access to voluntary support organizations and health care system
3. Increase program recipient knowledge and decision-making capacity
4. Develop a self-sustaining program
Guiding Principles

- Prevention
- Partnership
- Responsiveness
- Efficacy
Community Wellness Program Model

Community Health Worker

- Provide health education and information
- Link to Navigator
- Link to screening

Navigator

- Link to healthcare system
- Link to resources (insurance, financial, transportation assistance)

Identify and reduce barriers to care

- Link to medical home
- Link to specialists
- Link to diagnostic and follow-up tests

Promote effective self-management
- Provide motivation and support
Nurse Navigator: Adults are referred to the Nurse Navigator to help manage their chronic health conditions through education and accessing community resources

Community Health Worker: Promotes a vision of wellness to individuals and groups by conducting chronic disease education and outreach
Navigator Identified Barriers

- Health Insurance
- Financial Concerns
- Communication / Cultural Needs
- Disease Management
- Transportation
- Daily Living Needs
Community Health Worker Outreach Topic Examples

- On the Road to Better Health
- Tobacco: How We Were Lured
- Health & Wellness: A Puzzle You Can Solve
- How to Read a Food Label
- Healthy Aging
Community Wellness Program Partnerships

- Worksites/Businesses
- Health Systems
- Community Resources
Nurse Navigator Outcomes to Date

- Hired and trained a Nurse Navigator
- Received 46 clients referrals
- 26 clients resulted in 53 Navigator-client meetings
- Identified most common barriers to care
- Referrals were made to 26 different organizations or programs
Community Health Worker Outcomes to Date

- Hired and trained a Community Health Worker
- Conducted 14 educational sessions with 123 documented participants
- High participant satisfaction
- Increase in knowledge related to chronic disease and healthy lifestyle behaviors
- Creation and initial implementation of local Worksite Wellness Survey
Community Wellness Program
Lessons Learned

• Flexibility
• Care Coordination
• Outreach
Community Wellness Program

- Innovation
- Partnerships
- Communication
- Care Coordination
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