



# A Forum on Rural Public Health

*Held May 10, 2012 in Adams County*

## An Executive Summary

### Key action-points brought up by the presentations:

- Public health officers are often a linchpin in a rural community for rallying people and bringing organizations together. With Wisconsin ranked as 47<sup>th</sup> lowest expenditure on public health in the nation, who will lead our rural communities through innovative health improvement programs, galvanize community investment in better outcomes, and raise funds through grant writing?
- Many grants are inherently suited for an urban dynamic. The nature of rural employment is that grant funding is few and far between, so able-bodied workers are already employed or have left the area for better job prospects; there are rarely 'instant staff' to add to a new grant project. Scale is smaller, and it can be difficult to spend the money from an urban-sized grant. Grants that seek to maximize the 'population served' naturally lean to urban markets. Finally, the infrequency of rurally-sited grants means that rural organizations are unaccustomed to grants-making and program design, making their proposals weaker. Solution: specifically targeting some grant funding for rural sites and their dynamics could alleviate many of these obstacles.

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Dr Bridget Catlin of the **UW Population Health Institute** kicked off the day by giving a [presentation](#) on the County Health Rankings, focusing on [Adams County](#). Adams is currently 69<sup>th</sup> (of 72 counties) in health outcomes and 70<sup>th</sup> in health factors. She articulated the role communities have taken to impact health factors and outcomes. Neither public health nor the health care system can solve all problems; it requires a partnership with the community to impact community health. Dr Catlin described the [County Health Roadmaps](#) resource online, a collection of tools and guidance to assist communities in their efforts to undertake health improvement projects. This includes information on conducting a community needs assessment and how to select the most effective policies to implement, with a [searchable database](#) of evidence-based programs.

The audience asked a number of questions of Dr Catlin, including the role of poverty in poor health outcomes (significant) and the factor that jumped out for Adams County (educational inequality).

Rick Strickland and Rebecca Linskens of the UW School of Medicine and Public Health's **Carbone Cancer Center** talked with the group about the [Rural Cancer Disparities Project](#), which is conducting a pilot project in Adams County. A few years ago the Carbone Center had realized that a quarter of their patients came from rural counties in south central Wisconsin. They initiated a project to go "upstream" and identify cancer origins in these areas. Their analysis showed that Adams County has significantly higher rates than the State average for several forms of cancer, and identified several areas of concern:

limited access to primary care, high chronic disease determinants (alcohol and tobacco) and low socioeconomic conditions. On the flip side the County has assets which will help address these concerns, such as active community groups and collaborative relationships in a close knit community. Utilizing this last factor, several organizations are now partnering with the Carbone Center to address cancer prevention: Adams County Aging Unit and Public Health, Moundview Memorial Hospital and Clinics and UW Extension. Project partners have adapted existing educational material for a rural Midwestern population and have presented the needs assessment results and project objectives to community stakeholders. The community coalition intends to formalize their cancer education plan and integrate it with the County's Community Health Improvement Plan, develop a Rural Cancer Network in south central Wisconsin, and seek out other counties for expansion.

The audience asked several follow up questions seeking more information on the benchmarks for success of the project, how they adapted the educational materials for rural Wisconsin, and what standout factors Adams County had in the research (their history of working well together).

Sarah Grossheusch, **Adams County Public Health Officer**, provided an overview of the County's community health dynamics, including challenges the County faces: poor health status and lower healthy behaviors, low socioeconomic status, a lack of transportation, fewer potential community partners (all facing resource limitations), and lowered public health funding due to a reliance on a local tax levy. In addition, the insufficient staffing creates its own financial ramifications, in that the County cannot apply for many funding opportunities without the people to implement them.

But Adams County does have several strengths: strong relationships among community organizations and regional partners, experienced public health staff, a willingness to try innovative approaches to providing services, the natural environment and a vibrant community.

There was a broad-ranging discussion following Ms. Grossheusch's presentation, with both members of the Council and the audience. The key issues highlighted at the top of this document emerged, as well as the possible roles the University of Wisconsin (as the state's public university) could serve, and policy changes from both legislature and state government. Two Council members in Economic Development roles brought up the potential that worksite wellness and employer-driven health-improvement initiatives can play in communities. The group came together in acknowledgement of the importance of public health in a community's health and economic status. Adams County was recognized and lauded for their collaborative success and hard work on public health issues, facing some significant challenges.

*The Rural Health Development Council (RHDC) is a Governor-appointed, Senate-approved body created to advise state agencies and the legislature on issues pertaining to rural health and economic development—often intricately tied together in small communities across the state. The RHDC is staffed and chaired by the Wisconsin Office of Rural Health, part of the UW School of Medicine and Public Health. For more information on the RHDC, visit [www.worh.org/communities](http://www.worh.org/communities).*