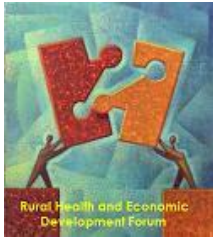


Rural Health Development Council Meeting Notes



Thursday, May 10, 2012

10:00 a.m. – 2:00 p.m.

Adams Community Center

Adams, WI

Present:

Margaret Bau, *USDA Rural Development*

Joel Davidson, *South Central WI AHEC*

Anne Dopp, *WI Division of Public Health*

John Eich, *WI Office of Rural Health*

Kevin Jacobson, *WI Office of Rural Health*

Leslie Patterson, *Medical College of Wisconsin*

Gail Towers-MacAskill, *WI Economic Development Corporation*

Jeremy Normington-Slay, *Moundview Memorial Hospital & Clinics*

Jackie Szehner, *Community Care of Central Wisconsin*

Tim Size, *Rural WI Health Cooperative*

Charlie Walker, *Chippewa County Economic Development Corporation*

Thomas Walsh, *WI Department of Workforce Development*

Speakers:

Bridget Booske Catlin, *UW Population Health Institute*

Sarah Grossheusch, *Adams County Public Health*

Rebecca Linskens, *Carbone Cancer Center*

Rick Strickland, *Carbone Cancer Center*

49 others attended

John Eich convened the meeting at 10:10. Bridget Booske Catlin of the UW Population Health Institute gave [a presentation](#) on the County Health Rankings, focusing on [Adams County](#). According to the Ranking, Adams is 69th (out of 72 counties) in health outcomes and 70th in health factors. She explained the various measures that determine rank for both outcomes (e.g., birth weight) and factors (e.g., smoking and obesity rates). The focus of her discussion was how communities can take action to impact factors and outcomes. Neither public health nor the health care system can solve all problems; it requires working together with the community to impact community health. She talked about the [County Health Roadmaps](#) resource, a collection of tools and guidance to enable communities to begin health improvement projects. These include information on conducting a needs assessment and selecting which policies to implement, including governmental and employer based. [What Works for Health](#) is a searchable database of evidence-based programs.

During the discussion that followed there were several questions about the rankings:

- *Does poverty correlate with rankings?* Very closely; there are other than health related factors that impact health outcomes.

- *Our county is low ranked and a neighboring county is highly ranked but they have similar measures.* If the measures are similar, their outcomes will decline in the future. Some outcomes are more immediate than others and some of those can be related to poverty and other social factors, like mental health.
- *Can we contact your office for trend data?* Yes.
- *What are the facts that jumped out in explaining Adams County's rank?* Education inequality.

Rick Strickland and Rebecca Linskens with 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. The Carbone Center determined that 25% of their patients come from rural counties in south central Wisconsin. They initiated a project to go "upstream" and identify cancer origins in these areas. They determined that Adams County has significantly higher rates than the State for several forms of cancer. They also identified several areas of concern in the County, including limited access to primary care and chronic disease prevention (alcohol, tobacco) and low socioeconomic conditions. The County also has assets that will help in addressing these concerns, such as active community groups and collaborative relationships in a close knit community. Several organizations are 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 objectives include:

- Impact the health and wellbeing of Adams County residents by promoting chronic disease prevention.
- Increase chronic disease prevention knowledge and decision-making capacity of county residents.
- Expand early detection of cancer and increase access to quality care.
- Develop tailored educational materials on cancer basics, prevention and screening for Adams residents.
- Access Carbone Center's resources and knowledge to address the County's cancer-related needs.
- Represent the County positively within the region.

Project partners have adapted educational material for a rural population and have presented the needs assessment results and project objectives to community stakeholders. Future plans include:

- Develop and execute county cancer education plan
- Integrate cancer education efforts into county Community Health Improvement Plan (CHIP)
- Develop Rural Cancer Network (RCaN) in south central Wisconsin
- Assess interest in implementing the new educational resource among additional rural counties

There were several questions:

What are the benchmarks and success measures? Most current benchmarks cover the education material. Future benchmarks will include number of cancer screenings, activities that involve contacts. The project includes an evaluation plan.

What do you see as differences between counties in the region? There are more similarities than differences; all are focused on chronic disease prevention. The difference is that Adams

organizations seem to be working together better than in other counties. Public Health, the Aging Unit, Extension and Moundview all have great prevention programs.

How did you adapt resources specifically for Adams County? We took material to the Adams County partners and got suggestions on graphics, subject matter, etc. Adams-specific feedback included; facts are important, but what do we do about it? We added info on insurance, e.g. What does Medicare cover?

Sarah Grossheusch, Adams County Public Health Officer, provided an overview of the County's community health, including challenges the County faces:

- Poor health status and limited health promoting behaviors
- Low socioeconomic status
- Lack of transportation
- Limited potential community partners, facing similar resource limitations
- Limited public health funding due to the reliance on local tax levy

Funding challenges are often the result of staffing challenges. There is a limited ability to apply for some grants because of lack of staff to implement them and lack of local contractors who can do the work.

But the County does have several strengths:

- Strong relationships among community organizations and regional partners
- Experienced public health staff
- Innovative approaches to providing services
- The natural environment and a vibrant community

Sarah discussed three specific goals:

- Increased partnerships with hospitals including out of county resources
- Focus on prevention and unique relationships to provide prevention services
- Continued quality improvement and performance management to assure funding is utilized for maximum outcome

Public health is looking forward to the opportunities presented by CHIP (community health improvement plans), required of hospitals by the IRS. They will also pursue relationships with other counties.

Tim Size noted that four out of five urban counties are in the top half of the county ranking and two thirds of rural counties are in the bottom half. He also supported her statement that many grants aren't structured for rural communities. She said it's important for funders to be aware of rural community limitations and what we can really participate in due to staffing. There was a suggestion that, in the spirit of the Wisconsin Idea, maybe graduate students or other staff can assist with implementing grants, which can be a challenge for rural. Rick Strickland observed that, if two thirds of rural are ranked in the bottom half, does the University have a role in addressing that? How do we tailor funding streams to rural? Does the RHDC have a role?

Sarah noted that as far funding, the economy doesn't affect state funding because they spend so little on public health. It does affect the tax levy, and she always has to convince the County Board that they need money. There was a question on approaching employers- They're concerned about the cost of health care and healthy employees. Is there a way to form a partnership with employers to educate employees on prevention? Is there a place for government to step in, through public health? Gail Towers-MacAskill said the Wisconsin Economic Development Corporation is working on a worksite wellness tool. Rebecca Linskens said worksite wellness is an area the Cancer Disparity Project could expand into. They are meeting with some employers on the issue.

To start a discussion on next steps, John Eich asked the group, *What did you hear today about Adams that was compelling?* We have good collaboration among organizations. Most businesses have some type of wellness program. Adams is trying to step up.

He asked what the community should invest in?

- Smoking and obesity programs
- Getting kids more physically active especially in single parent homes
- Family education to support individuals who want to make life changes
- Family planning
- Meal preparation from scratch instead of instant food
- General education
- Effective political activism
- Get the pool back
- Wellness center
- Local jobs that pay well
- Mental health support

How do you get more people active in rural areas?

- Turkey trot
- A run during centennial week
- Schools; great facilities, but limited hours

The meeting ended at 1:45.