



Lessons from the Field: Addressing Rural Cancer Health Disparities

Mary Ann Schilling, UW-Extension Waushara County

Lieah Wilder, Family Health La Clinica

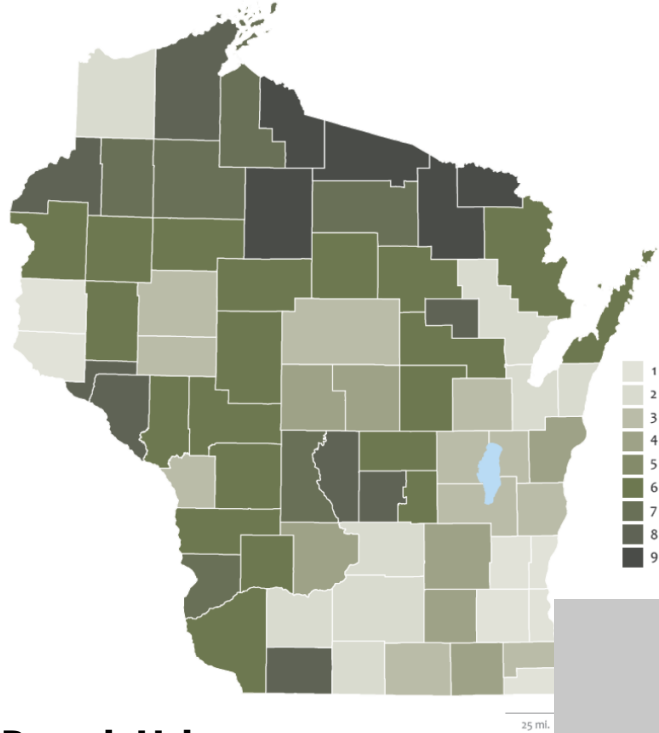
Cody Fredrick, Cancer Health Disparities Initiative at UWCCC



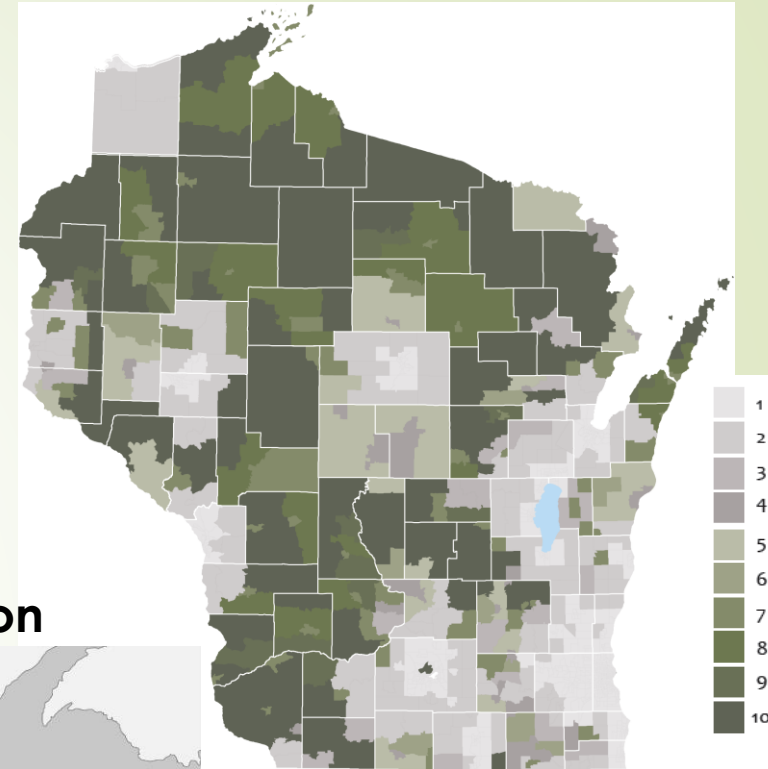
What are Rural Cancer Disparities?

- 46.2 to 59 million, or 14% to 19% of the U.S. population live in rural counties
- Nationally, all cancer **incidence and mortality was greater** in nonmetropolitan counties from 2011 to 2016 (NCI)
- CDC found **lower incidence** but **higher death rates** from 2006 to 2015

RURAL-URBAN CONTINUUM CODES



Rural Wisconsin

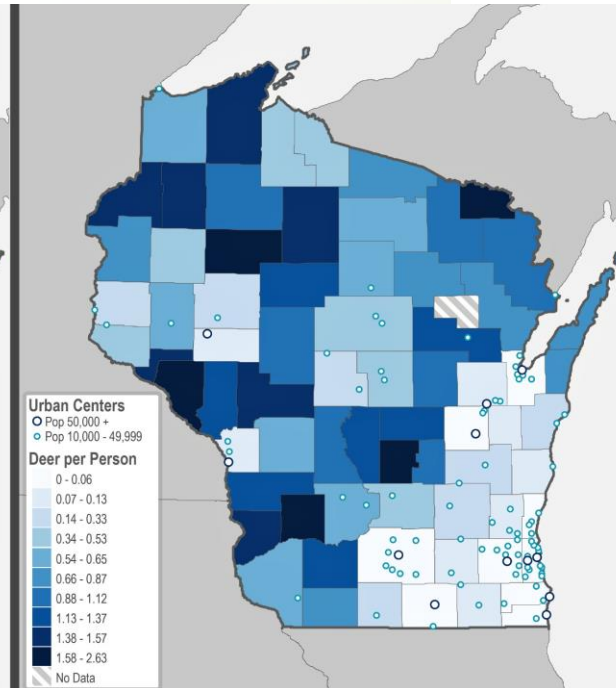
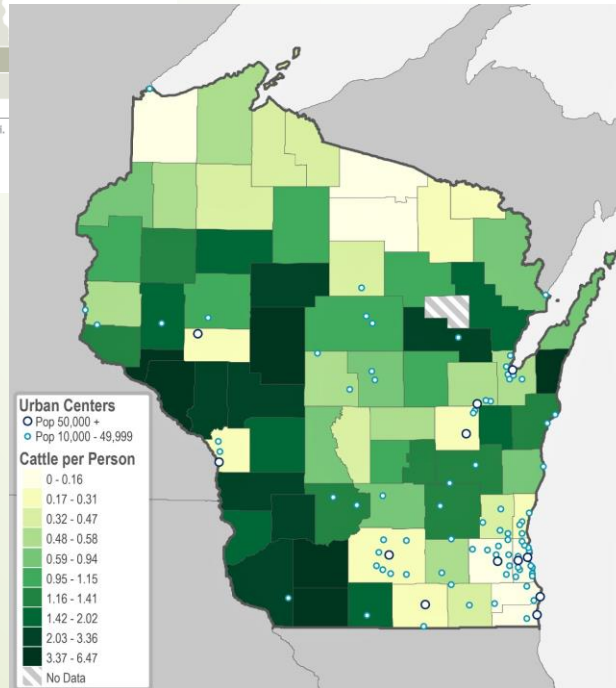


Cattle per Person

Deer per Person

Rural-Urban Continuum Codes

Rural-Urban Commuting Area Codes



http://worh.org/sites/default/files/Wisconsin%20Divided%20Six%20Ways_1.pdf

<https://www.wiscontext.org/putting-rural-wisconsin-map>



Why are there rural cancer disparities?

Risk factors

- Smoking and tobacco use
- Obesity
- Physical inactivity
- Occupational exposures
- Others?

Treatment

- Access to health care
- Screening rates → timely diagnosis
- Availability and ease of treatment
 - Time and distance challenges

Rural = Varied

- Rural communities are unique
- Often centered around local industry
- Not just farming
- Smaller populations make research challenging
- Multitude of health care systems, or not

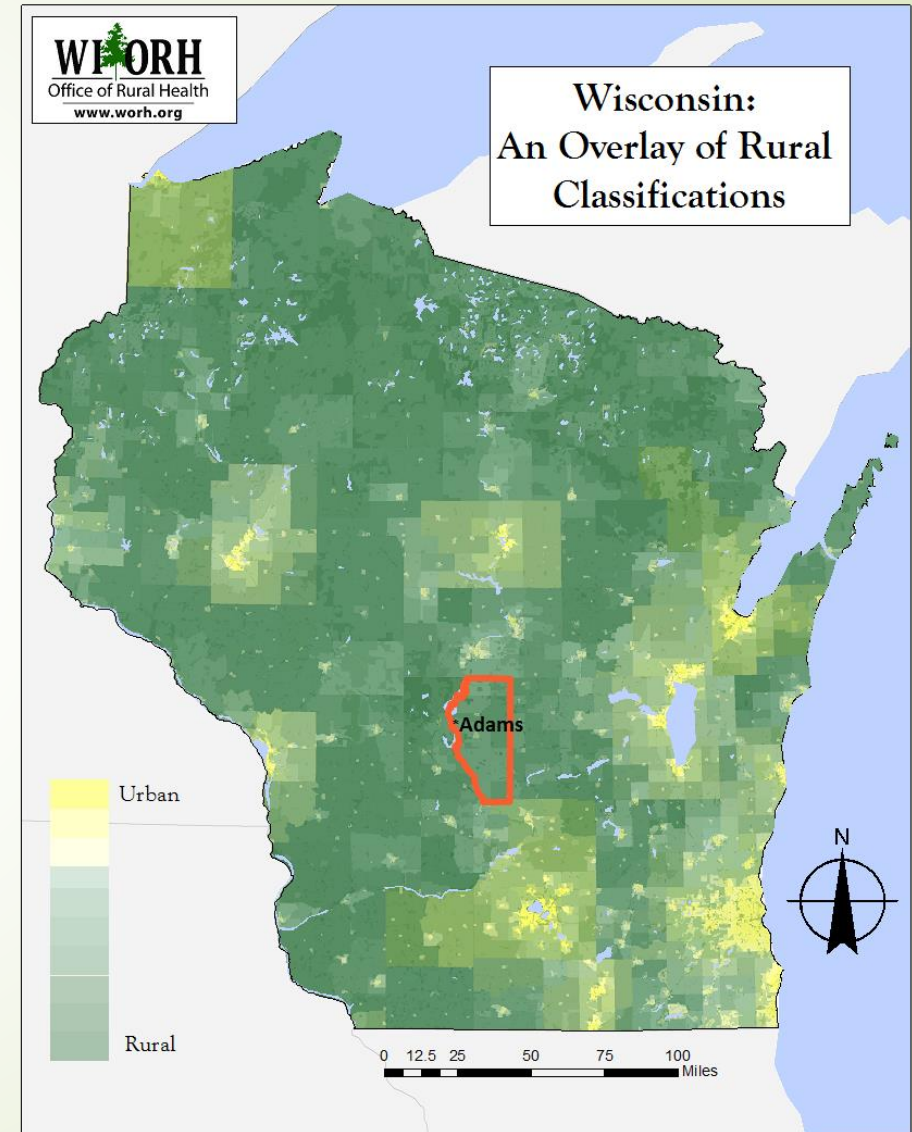


What can be done?



Our example

- 2011 NCI supported pilot to assess 14 rural counties
- Looked for both needs and assets
- Adams County had balance of increased cancer burden, local concern about it, and capacity to address this



This maps was created by overlaying several semi-transparent rural classification schemes, along with a map of Wisconsin's housing density in 2000.

History of *Cancer Clear & Simple*

- 2010 NCI Pilot Project
- Select an evidence-based cancer education resource
- Adapt cancer education
- Test adapted resource
- Develop a plan for implementing new resource



History of Cancer Clear & Simple

- CHDI Health Educator conducted a need assessment in 16 county region
 - Adams County was identified
- Understanding Cancer was selected
- Focus groups, interviews and preliminary sessions done to adapt education
- Implementation plan was developed
 - ACCAT was born



Key Concepts

- Participant driven and interactive
- Tools to empower and encourage behavior change
- Health improvement effects much more than cancer
- Supportive learning environment
- Develop comfort with “cancer”
- Continued community focus and involvement

Cancer Risk Factors & Prevention



Throughout this section we will learn about healthy choices that can help prevent cancer. While you learn about these healthy choices, we encourage you to think about small, healthy changes that you can make and write them down.

The ABCs of Healthy Choices

It's simple, just think back to your ABCs:

A = Add What healthy activity can I **add** at this time?

B = Better What **better** choice could I make?

C = Change What could I **change** to make myself healthier?
do I want or need to do to act on it?

What

Remember: Starting small can lead to big changes!



Since CC&S Rural Adaptation

Implementation in rural counties

“After attending CC&S I feel more comfortable talking about cancer.”



I've had cancer four times. This is the first time I've understood the stages of cancer!

Since CC&S Rural Adaptation



Residents taught CC&S displayed an increase in knowledge about cancer basics, prevention, and screening after pre/post testing.

Unexpected Outcomes

Wisconsin Partnership Program

Community-Academic Partnership Fund 2012 Awarded Grants

The Oversight and Advisory Committee awarded the following grants in 2012:

Implementation Grants (up to \$400,000 over three years)

Adams County Community Wellness Program

ADAMS CO. PROGRAM PRIORITIZES CANCER PREVENTION

and individual chronic disease prevention, cancer and navigation services, this community is proud to receive funding from the Wisconsin Partnership Program.

Dr. Grosshuesch, Adams County Health and Safety Director, and Dr. Sandra Adams, MD, PhD, Family Medicine, S...

Wisconsin Cancer Council

Community Health Improvement Plan

Improved view of Adams County through positive media coverage. Additional resources awarded.

Since CC&S Rural Adaptation

- Implementation in rural counties
- Residents reached with rural version
- African American and Latino adaptations
- Grant projects
 - USDA/NIFA grant, “Reducing Rural Cancer Disparities Together”
 - ACS research pilot, “A Community Driven Participatory Project to Reduce Rural Cancer Disparities”



Over 40 Active Facilitators Trained. Serving 31 Counties (shaded).



Since CC&S Rural Adaptation

Research projects

- ▶ American Cancer Society grant, "A Community-Based Research Project to Reduce Rural Cancer Disparities"



Project team accepting a Community-University Partnership award at the UW-Madison Chancellor's residence

Since CC&S Rural Adaptation

- USDA/NIFA grant, “Reducing Rural Cancer Disparities Together” takes CC&S statewide



CC&S Facilitator Training, 2016

Reducing Rural Cancer Disparities Together

- CHDI and UW – Extension partnership to take CC&S statewide
- CC&S facilitators trained in 33 rural counties and 3 Tribal Nations
- Five Wellness Coalitions coached to increase PSE efforts
- Strengthened evaluation components



Local Efforts Continue

- REACH Waushara Wellness Coalition works to reduce chronic disease, including cancer.
 - Healthy Wisconsin Leadership Institute Community Team for 2018-19
- CC&S education
 - Reach hard-to-reach audiences, e.g. working adults
 - Connect with Top 10 Employers through Action Team
 - Rural disparities continue to exist
 - Transportation to screenings
 - High alcohol and tobacco use
 - Multiple health risks (AODA, Mental Health)





A Rural Clinic's Perspective

Family Health/La Clinica History

- Federally qualified health center
- Started in the 1960's
- In 1972, formally began to deliver health services
- In 1997, moved to Wautoma
- Migrant/Community Health Center



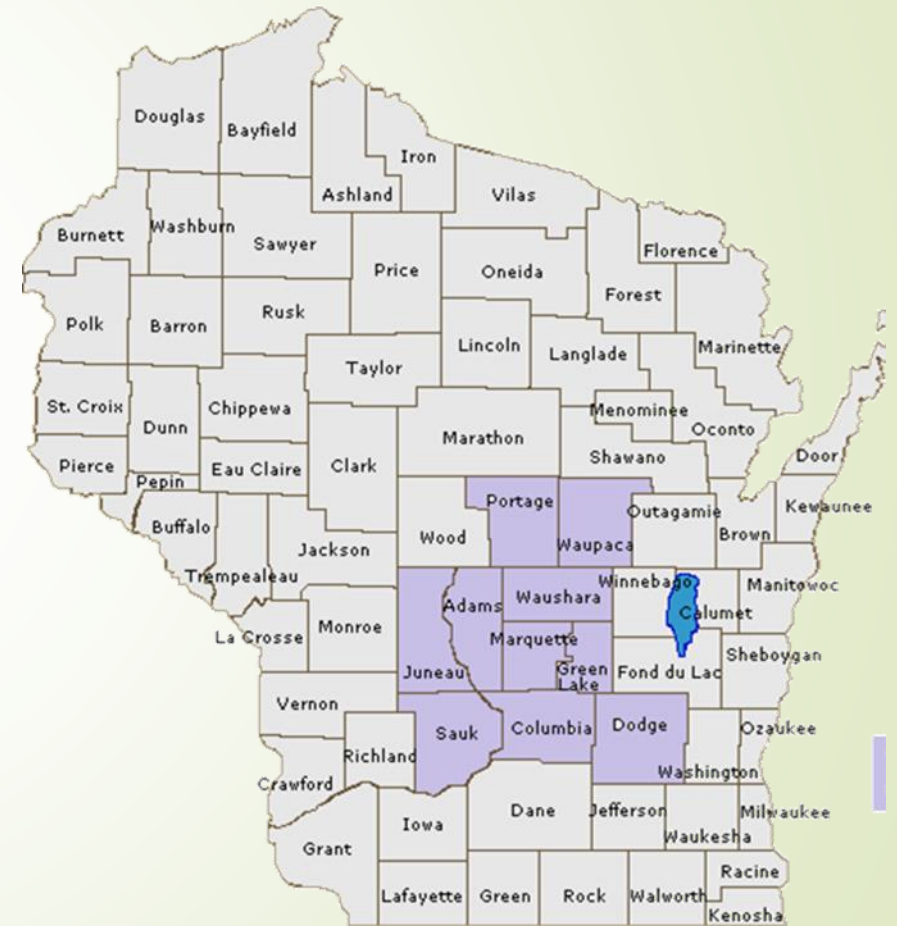
Who do we serve?

- ▶ Our target populations include Migrant and Seasonal Agricultural Workers across WI and anyone in our 10 rural county service area
- ▶ Rural, low income, Hispanic/Latino, Migrant/Seasonal Agricultural workers, Amish



Services provided

- Primary care
- Dental
- Behavioral health
- Recovery





Challenges

- Access issues often involve transportation/physical access, insurance barriers, language barriers, time, and lack of other resources
- SDOH Challenges
 - Transportation, housing, employment, education, food insecurity, lack of social services, discrimination, isolation
- Barriers within clinic system

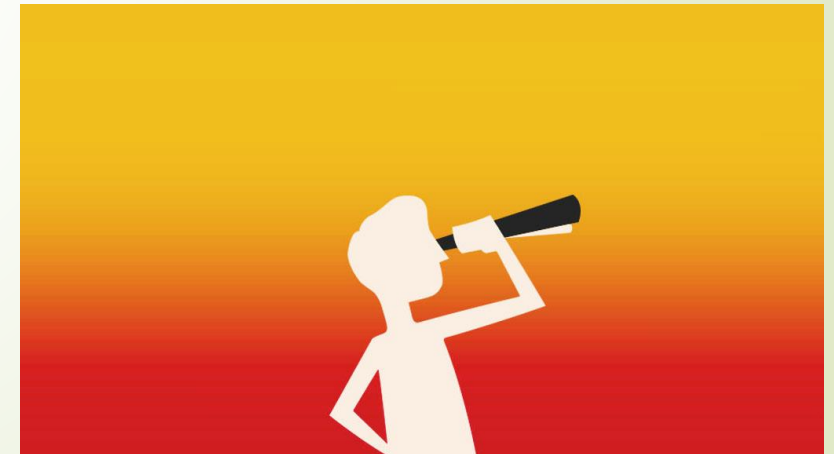
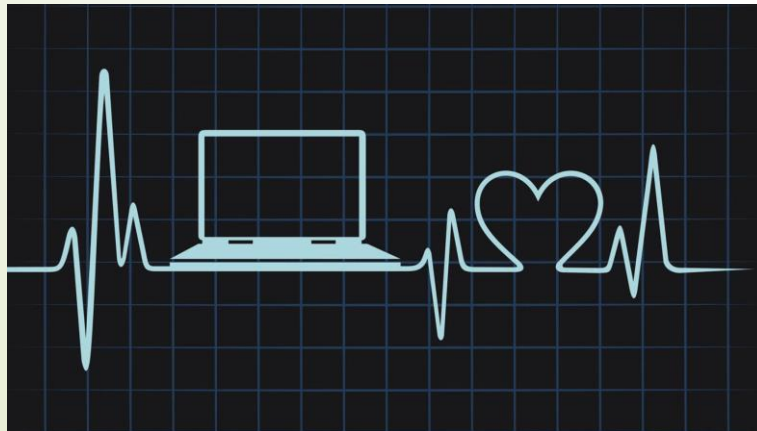
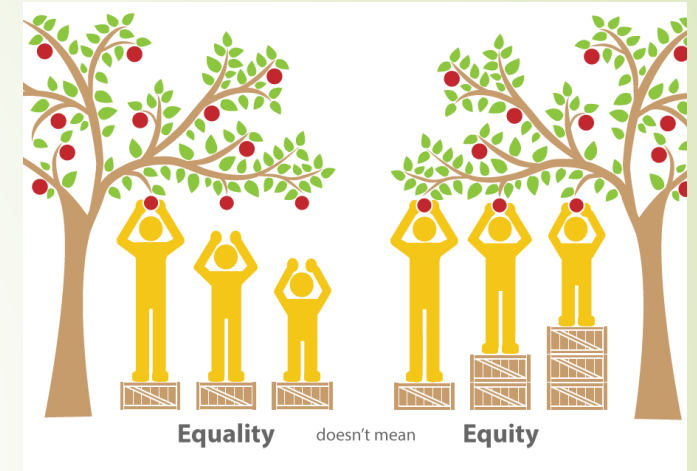


Successes

- ▶ Additional support services
- ▶ Mobile Mammogram Partnership
- ▶ WWWP
- ▶ Colon cancer screening projects

Looking Ahead

- Focus on continuing to improve health equity
- Expanding on existing strengths
- Opportunities for leveraging technology





Questions

Thank you!



Family Health
La Clinica



Cancer Health
Disparities Initiative