Welcome to the Appleton Area Regional Meeting!

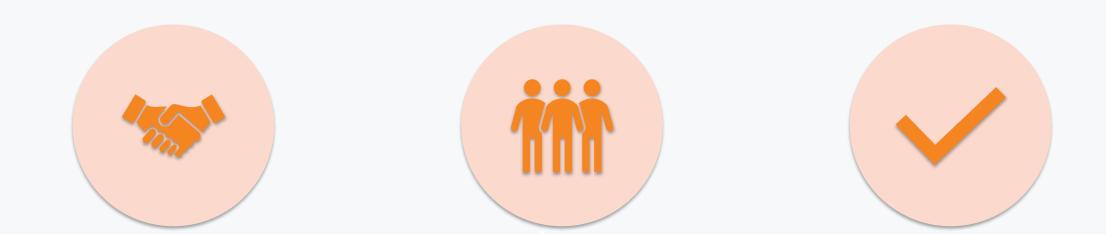
Please enjoy this time for coffee, breakfast, and conversation! We'll get started at 9:45.





Appleton Area Regional Meeting

Purpose of the Day



MAKE CONNECTIONSCOLLABORATETAKE ACTION



Agenda

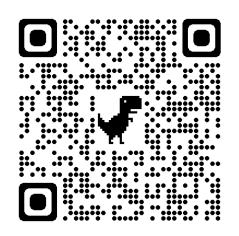
- 9:00 Networking Breakfast
- 9:45 Welcome
- 10:00 Community Spotlight
- 10:20 Roundtable Discussion
- 10:45 Community Spotlight
- 11:05 Cancer Plan Chapter Discussion
- 11:45 Wrap-Up Discussion
- 11:55 Policy Update
- 12:00 Adjourn



Become a Wisconsin Cancer Collaborative Member!

- Online networking directory
- Monthly and quarterly members-only newsletters
- Email alerts with new resources
- Free access to events
- Leadership opportunities
- Tools and resources to support your organization's efforts to implement the Wisconsin Cancer Plan 2020-2030
- Opportunities to collaborate with other Wisconsin Cancer Collaborative Members

Membership is free! Scan the QR code to join us today.

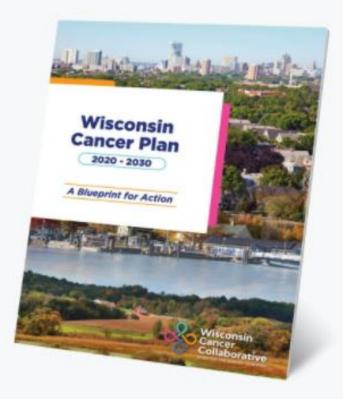


Join Us!



Wisconsin Cancer Plan 2020-2030

- Serves as a common framework and foundation for action for all working on cancer prevention and control in Wisconsin
- Designed to provide a vision of what needs to be done and the resources needed to reduce the burden of cancer in Wisconsin



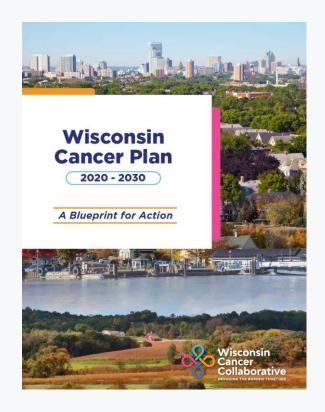
Wisconsin Cancer Plan 2020-2030



Wisconsin Cancer Plan 2020-2030 Chapters

Chapter 1: Health Equity Chapter 2: Risk Reduction Chapter 3: Early Detection & Screening Chapter 4: Treatment Chapter 5: Survivorship Chapter 6: End of Life Chapter 7: Data





County Cancer Profiles Update

County Cancer Profiles are coming again soon.

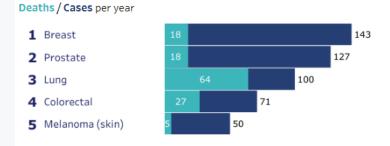
Stay tuned for their release.



Cancer in Outagamie County

County population (2016): Percent rural: Poverty rate:	185,700 25% 9%	State:	5.82 million 30% 10%
Percent Hispanic:	4.2%		7.1%
Percent Black:	1.4%		6.7%
Percent Asian:	3.5%		3.0%
Percent American Indian:	1.6%		1.2%
Percent non-Hispanic white:	89.8 %		87 %

5 most common cancer diagnoses in Outagamie County



Deaths / Cases per 100,000 residents per year (age-adjusted)

What affects cancer outcomes in Outagamie County?

Cancer risk factors

Adult smoking rate	County	14.9%
	State	15.4%
Adult excessive	County	25.4%
drinking rate	State	23.6%
Adult inactivity rate	County	18.7%
	State	23.2%
Adult obesity rate	County	30.1%
	State	34.2%
Uninsured adults	County	7.0%
percentage	State	8.0%
Uninsured children	County	4.0%
percentage	State	4.0%

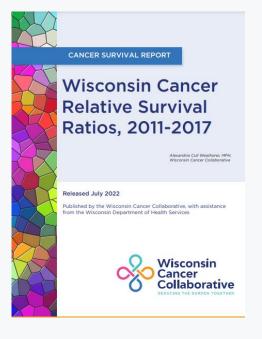
Screening and prevention

		_
Colorectal screening	County	80.9%
	State	75.2%
Mammogram	County	72.5%
	State	71.8%

Look what we've been up to



Breast Cancer Disparities Between Black and White Women in Wisconsin Report



Wisconsin Cancer Relative Survival Ratios, 2011-2017



Community Spotlight

Emma Kane, MPH Executive Director Community Action for Healthy Living





Prevention Efforts in Northeast Wisconsin

Wisconsin Cancer Collaborative | Northeastern Regional Meeting | May 9, 2023

On a mission is to promote healthy lifestyles

- We use community **education**, local and statewide **advocacy**, and our supporters **expertise** to reduce the number of people harmed by substance use.
- We partner with community organizations, educational institutions, businesses, and law enforcement organizations to address tobacco, alcohol, and other substance related issues.
- A healthy future for everyone is our goal and we will continue until we get there.



Tobacco use remains the leading cause of preventable death in the United States.

 Provide oversight and training for tobacco retailers to ensure they don't sell tobacco to kids. • Provide education and resources to ensure adults are on top of the latest tobacco tricks and trends.

• Advocate for initiatives that protect the health and wellbeing of everyone in our community.







Calumet County's substance misuse prevention coalition.

- REACH focuses on reducing alcohol, nicotine and other substance misuse to protect the health, safety and quality of life for all, especially children.
- REACH works with everyone in Calumet County to prevent substance misuse
 - Youth
 - Schools
 - Parents & Community Members
 - Businesses & Retailers

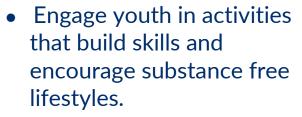


Most adults with substance use disorder started using substances in their youth

• Provide oversight and training for alcohol retailers to ensure they don't sell alcohol to kids.



• Share resources to ensure adults are on top of the latest trends & have the tools to prevent youth substance use.







Partners in Prevention

- Teamed up in 2021 to promote "Small Talks" campaign, highlighting the connection between alcohol use and the risk of cancer
- Campaign included:
 - Facebook feed posts
 - Instagram Stories
 - Banner Ads
 - Billboards





Join us in our efforts to promote healthy lifestyles

Emma Kane Community Action for Healthy Living

emma@cahlinc.org

Annie von Neupert REACH Coalition

annie@cahlinc.org



www.cahlinc.org

www.facebook.com/CAHL.WIS

www.facebook.com/REACHCalumet

Roundtable Discussion *Stay at tables *Use the worksheet as a guide



Community Spotlight

Jenelle Elza American Cancer Society



NFL Links to Care Community Grants 2023 - 2024

N.E.W Community Clinics & Bellin Memorial



Every cancer. Every life.

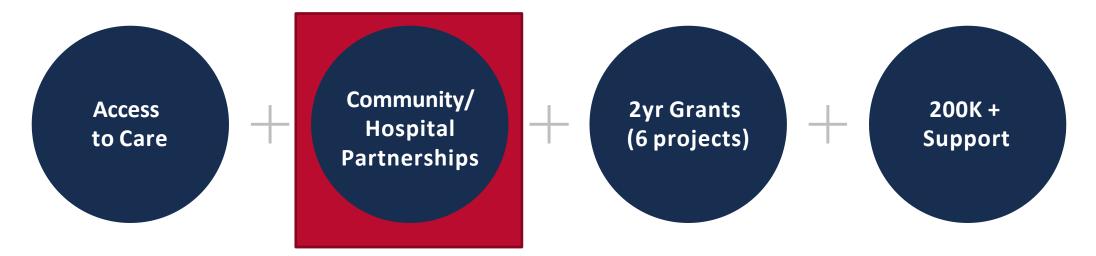


Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

Links to Care Community Grants – Breast Health Equity

Addressing Critical Care Barriers and Delays



Focus on screening to care navigation

- Increase breast cancer screening while reducing delays in care & access to care barriers
- Establish or strengthen referral to specialty care
- Engage community members and stakeholders

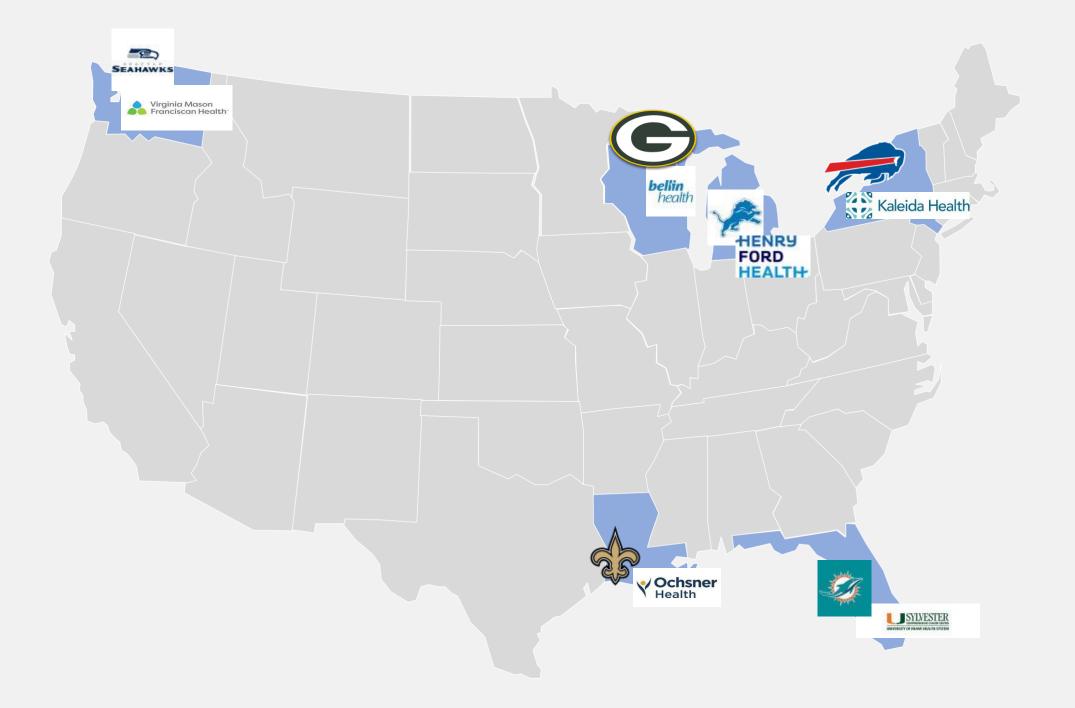
Bellin Hospital – an acute care, 167-bed, multi-specialty hospital. Known as the region's heart center, it was the first hospital in the area to offer a comprehensive heart program. Over the years, Bellin has continued to keep pace with exciting technological advances in cardiac care by introducing nuclear cardiology, electrodiagnostics, and electrophysiological studies.

Bellin Hospital specializes in:

- •Emergency Care
- Pediatrics
- •Digestive Health
- •Pulmonary
- •Obstetrics
- Rehabilitation
- •Orthopedics
- •Surgery, including Robotic Assisted
- Cancer Services
- •Heart & Vascular

N.E.W. Community Clinic, we take a "team approach" to primary care. As a patient, your care team is made up of physicians, nurse practitioners, nurses, social workers, and behavioral health professionals who are committed to understanding the unique factors in your life that affect health. Our care is at a cost you can afford. Providing affordable care to all patients, regardless of income or insurance status, is central to our mission. NEWCC proudly accepts Medicaid (also known as BadgerCare+ or Forward Health), and Medicare. If you do not have insurance or are under-insured, our sliding fee program allows us to reduce or "slide" the fees for your care based on your income.

- Primary Care
- Dental
- Mental Health
- WIC
- Benefit Assistance
- WWWP



Objectives

- Increase Breast Cancer screening rates and timely follow-up care
- Secure leadership support from community health center and NFL affiliated hospital to increase breast cancer screening and timely follow-up.
- Strengthen medical neighborhood collaborations
- **Improve** breast cancer screening and follow up processes by implementing QI to strengthening processes to ensure eligible patients receive a breast cancer referral and are navigated through screening completion and follow-up when needed.
- Use data to inform all aspects of the project.
- **Execute** sustainable and meaningful process improvements.

NFL Links to Care Community Grants

Why Links to Care?

Mammography	Early detection through mammography screening can reduce mortality from breast cancer. (1)
The Problem	A similar pattern of excess late-stage disease is observed in some groups of Hispanic, Native-American, Asian, and low-income women, particularly those who are immigrants or less acculturated, presumably due to less access to screening. (2)
The Problem	Successful breast cancer screening relies on timely follow-up of abnormal mammograms. Delayed or failure to follow-up abnormal mammograms undermines the potential benefits of screening and is associated with poorer outcomes. (3)
Major Barriers	Fear was the most prominent and prohibitive barrier to screening mammography. However, transportation and no paid time off were the most significant barriers to timely breast cancer screening. (4)
This Project	How can this partnership improve timely breast cancer screening, diagnostic testing, and treatment for low-income people?





"Achieving the aim of high-quality care that includes appropriate screening, timely follow-up, multimodality treatment, supportive care, and survivorship care requires well-coordinated approaches to care delivery.

Screening is a process, not a singular event, that requires coordination, communication, and cooperation across multiple clinicians, patients, caregivers, and payers.

Breakdowns in this process can inhibit or delay follow-up, may result in duplicative or unnecessary testing, and create needless distress for patients and their loved ones.

Lack of follow-up can also perpetuate disparities in receipt of timely, high-quality care, as well as disparities in cancer-related mortality among minority and underserved populations."

Sallie J Weaver, Paul B Jacobsen, Cancer care coordination: opportunities for healthcare delivery research, Translational Behavioral Medicine, Volume 8, Issue 3, June 2018, Pages 503–508 https://doi.org/10.1093/tbm/ibx079

The NFL Links to Care Community Grants Project aims to improve outcomes for people at risk for breast cancer who are served by community health centers.

Patients of community health centers rely on hospitals to provide mammograms, diagnostic procedures, and/or cancer treatment. This project will create connections between the community health centers and NFL affiliated hospitals to ensure that patients complete their needed screenings, follow-up care, and treatment in a timely manner.

Success will be dependent upon a strong partnership between both organizations to assess the current relationship between the two systems and develop an action plan using evidence-based practices to improve referral/follow up processes and existing challenges. Examples of data

Healthcare systems will be asked to report data at three intervals: baseline, midpoint, and end of project. Following are examples of data that can be requested as part of this project. Data requested may include yes/no, check-all-that-apply, and free text responses. We encourage you to engage your IT/population health staff when assessing the ability to pull sample suggested data. Please note that this list is not exhaustive, and questions may differ in final tool.

🙆 Cancer screening

- Number of patients eligible for cancer screening (denominator; see data definitions appendix)
- Number of eligible patients with appropriate screening (numerator; see data definitions appendix)
- Number of orders issued for cancer screening, by screening type

Health system details

- Total patient population served in 2022 at all clinic sites participating in the 2year project
- Number of clinic sites in the health system participating in this project

- Number of completed breast cancer screenings.
- Number of cancer diagnoses, by stage
- Can your EHR provide a report of cancer screening rates by patient sex, race/ ethnicity, geographic status (e.g., rural, urban), insurance status?

 Among the total patient population at all participating clinic sites, indicate the percentage of patients served within each race/ethnicity and insurance category

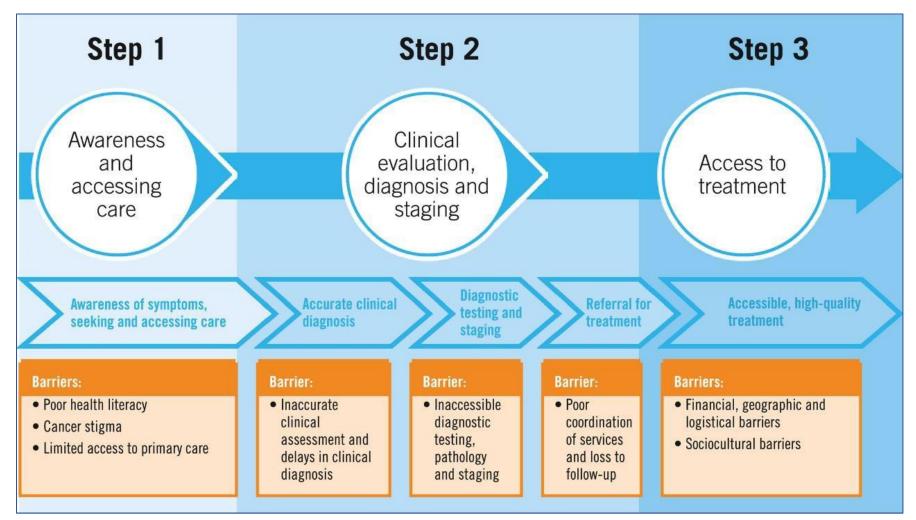
Current system processes and current links to care with partner

- Does your health system refer patients to the partner hospital?
- Who and how are patients being educated and reminded of their need for breast cancer screening?
- Who and how are you communicating the results of mammograms?
- What is the process for scheduling follow up visits for abnormal screenings?
- How are those results communicated from the screening facility back to the ordering physician?
- What are the time intervals from referral to completion of breast cancer screening, diagnosis and treatment?
- How does your health system communicate with cancer patients not adhering to treatment plans?
- What types of breast cancer screenings do you offer? Do you offer them on-site?

NFL Links to Care Community Grants

Why Links to Care?

If a screening program, however well intentioned, is introduced into a health care system that is not equipped to refer, diagnose, and treat the abnormalities it detects, then the program will not succeed and may be counterproductive.

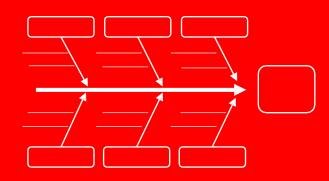


NFL Links to Care Community Grants

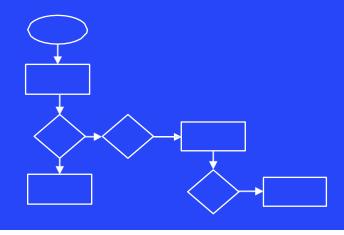
Identify Opportunities for Process Improvement

Quality Improvement Methods

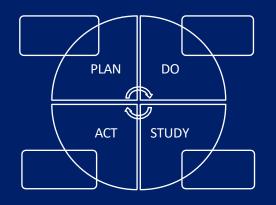
Root Cause Analysis



Process Mapping

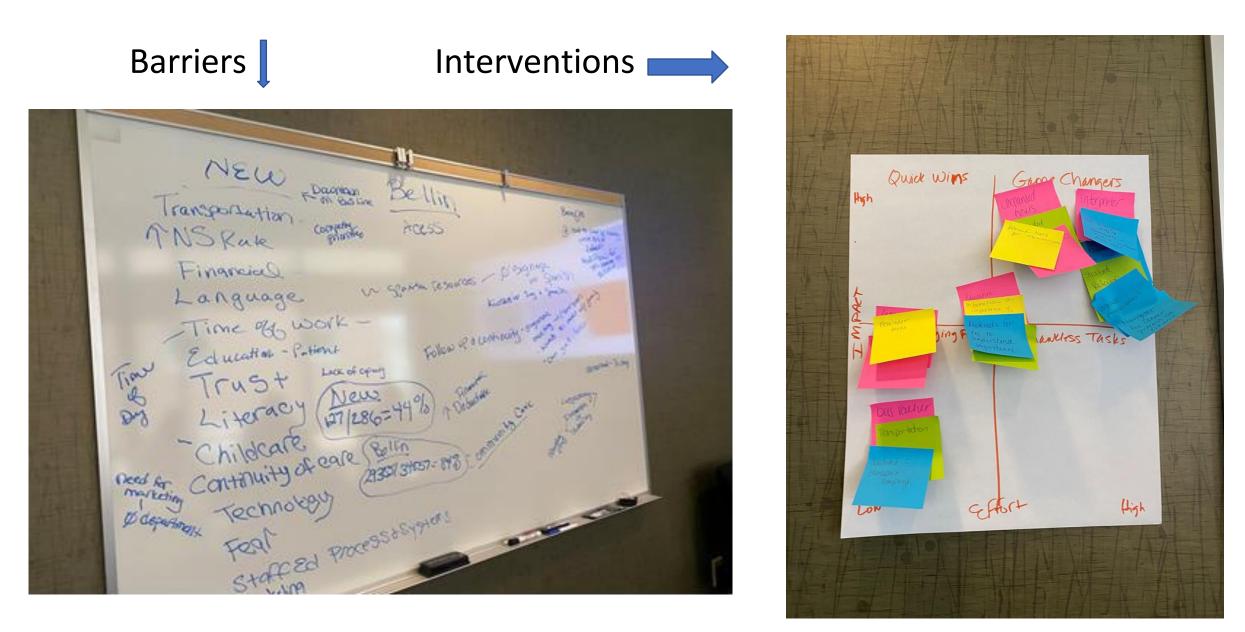


PDSA Cycles



12

Brainstorming



NFL Links to Care Community Grants

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Affinity Grouping/2x2 Matrix

		"Quick Wins"	"Game Changers"	
Parking Lot Mammograms with large employers Weekend mobile imaging Mobile Screening at N.E.W. clinic-2	High	 Materials for expenses/cost for mammograms and Community Health Appointment reminders Texts Letters Calls 	 Structured anddocumented referral process-4 Expanded hours-5 Interpreters-4 Peer support Patient navigation-2 Medical Neighborhood development 	
Same day appointments Marketing	Impa t	 Transportation Contract with transport Co. Bus vouchers 	Grant writing	
	Low	 Education Materials for Pts to understandthe importance-2 Brochures at community locations Fliers & videos Educate employers Education in multiple languages 		
		Low "Low Hanging Fruit"	"Thankless Tasks" High	
3		Effort		

Identify Evidence-Based Interventions to Implement

NFL Links to Care Community Grants Action Plan

Evidence-Based Intervention #1:

Activities	Measure of Success	People Responsible (FQHC)	People Responsible (Hospital)	Materials/ Resources Needed	Timeline

Thankyou

Cancer Plan Chapter Discussion ***Risk Reduction** * Early Detection and Screening



Wisconsin Cancer Collaborative Policy Update

The Wisconsin Cancer Collaborative closely monitors local, state, and federal policy issues affecting Wisconsin's cancer burden.





2023 Wisconsin Cancer Summit

Save the Date

2023 Wisconsin Cancer Summit

Nov. 1 & 2, 2023 | Wilderness Resort, Wisconsin Dells, WI

Save the date for our 2023 Wisconsin Cancer Summit.

The Power of Action – Be inspired by the work and stories of people in your community – learn about your role in the cancer plan and how to improve health outcomes in Wisconsin.

2023 Wisconsin Cancer Summit



The Power of Action Nov. 1 & 2 Wisconsin Dells

Be inspired by the work and stories of people in your community – learn about your role in the cancer plan and how to improve health outcomes in Wisconsin.





Thank You

