



**Wisconsin
Cancer
Collaborative**

Wausau Area Regional Meeting

Purpose of the Day



MAKE CONNECTIONS



COLLABORATE



TAKE ACTION

Agenda

- 9:00** Networking Breakfast
- 9:30** Welcome
- 9:45** Community Spotlight
- 10:00** Roundtable Discussion
- 10:45** Community Spotlight
- 11:00** Roundtable Discussion
- 12:00** Closing Remarks
- 12:15** Adjourn

Become a Wisconsin Cancer Collaborative Member!

- Online networking directory
- Monthly 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



Join Us!

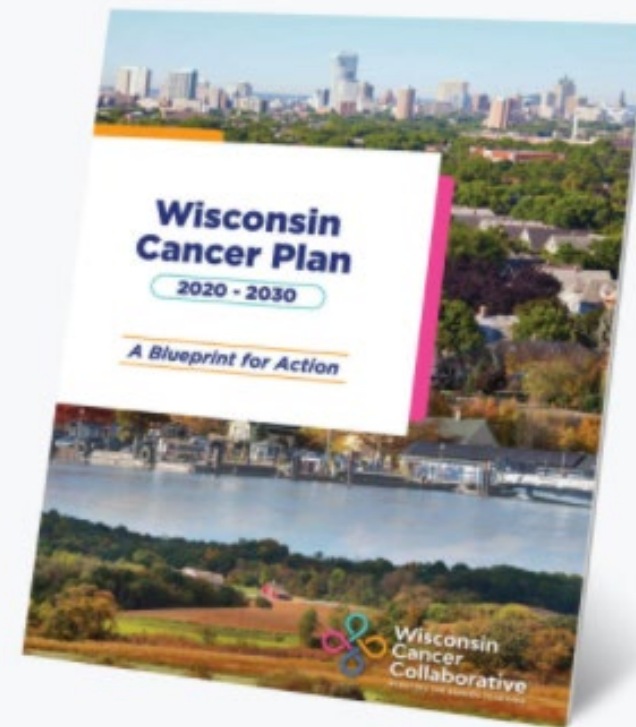
Membership is free! Scan the QR code to join us today.



<https://wicancer.org/join/>

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

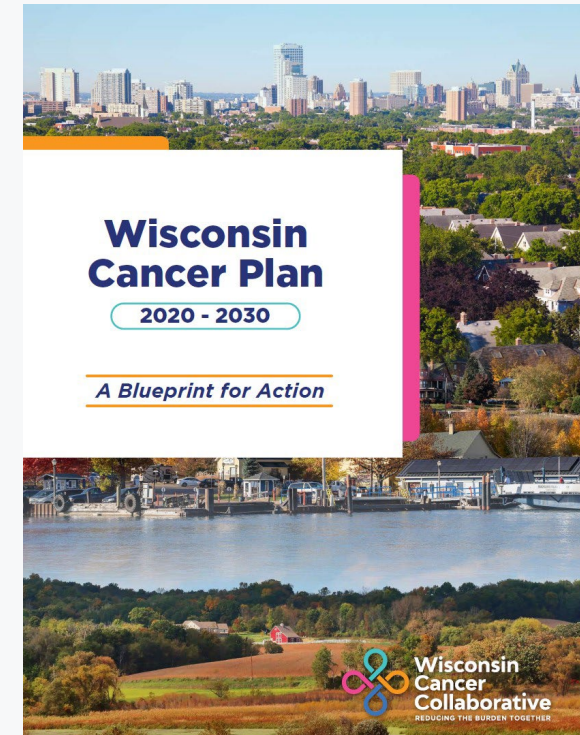
Chapter 3: Early Detection & Screening

Chapter 4: Treatment

Chapter 5: Survivorship

Chapter 6: End of Life

Chapter 7: Data



County Cancer Profiles

Printable 2025 County Cancer Profiles

View the printable PDF version of your County Cancer Profile. Select a county name from the drop-down menu below, and then click "View Profile."

[VIEW PROFILE](#)

County Cancer Profiles Link:



New County Profiles with 2025 Data



Cancer in Marathon County

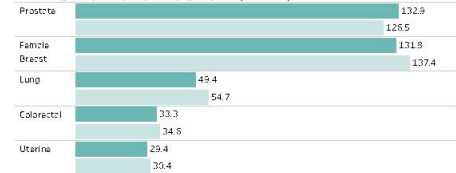
County Population 136,612
 Estimated Annual Cases 611
 Estimated Annual Deaths 258



Cancer Sites

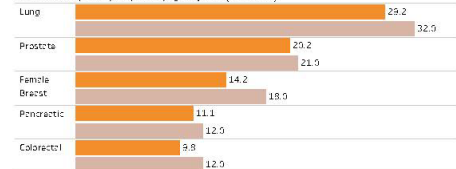
Cancer Incidence Rates

Cancer Diagnoses per 100,000 persons, Age Adjusted (2018-2022)



Cancer Mortality Rates

Cancer Deaths per 100,000 persons, Age Adjusted (2018-2022)



Burden of Cancer in Marathon County

Estimated annual average number of cases and deaths (2018-2022)

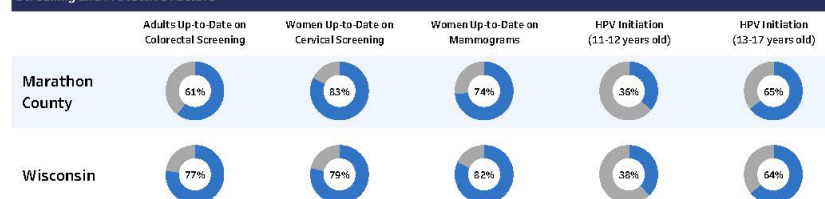
Site	Annual Cases	Annual Deaths
All Cancer Sites	611	258
Prostate	132	16
Female Breast	115	14
Lung	95	57
Colorectal	58	19
Bladder	42	6
Melanoma of the Skin	40	5
Non-Hodgkin Lymphoma	37	11
Kidney	31	5
Leukemia	30	12
Pancreatic	26	22

* values are suppressed due to low counts

Cancer Risk Factors



Screening and Protective Factors



Look What We've Been Up To!

COLORECTAL CANCER IN WISCONSIN

A REPORT BY THE WISCONSIN CANCER COLLABORATIVE

Winter 2026



Issue Brief



Radon in Wisconsin: Testing, Mitigation, and the Link to Lung Cancer

Allison Antoine, MPH, CHES,¹ Kim Dawson, MPH,² Amanda Koch, MPH,² Katie Lepak, MS,¹ and Olivia Steidl, MPH¹

¹Wisconsin Cancer Collaborative and ²Wisconsin Department of Health Services Radon Program

Introduction

Radon is a colorless, odorless, radioactive gas that comes from the natural breakdown of uranium in soil, rock, and water.¹ During this process, the soil beneath and around a home or other building can be the source for radon intrusion into the indoor air, mainly via entry through cracks and spaces in the basement and foundation.¹ As uranium is naturally broken down, radon can also be found in groundwater, although the risk of exposure via groundwater in Wisconsin is generally much less than radon gas in indoor air. As a natural component of the Earth's crust and atmosphere, radon is found all over Wisconsin and the world.

Radon's Link to Lung Cancer

As radon decays, it breaks down into radioactive particles that can be inhaled. Once these particles enter your lungs, they can further damage the DNA in lung epithelial cells. Prolonged exposure to these DNA-damaging particles may lead to lung cancer. The association between radon exposure and lung cancer has been demonstrated throughout the literature in numerous cohort studies of miners over many decades, dating back to the 1960s.²

Key Takeaways

- Radon exposure is the leading cause of lung cancer among people who have never smoked and the second leading cause for people who have a history of smoking.
- There are opportunities to support improved radon testing, mitigation, and quality data collection to reduce exposure and decrease lung cancer risk.
- While there are radon protections in early child care settings, there is an opportunity for continued protection for students in K-12 schools to ensure that all students have limited radon exposure in their learning environments.



November 2025

p. 1

CANCER IN WISCONSIN

THE SECOND LEADING CAUSE OF DEATH



39,750
people are diagnosed with cancer each year.

YOU CAN DECREASE YOUR CANCER RISK BY:

- Reducing access, use, and exposure to commercial tobacco products
- Limiting alcohol consumption
- Engaging in healthy eating and active lifestyles
- Receiving cancer prevention vaccines
- Receiving recommended cancer screenings
- Reducing ultraviolet ray exposures

50%
of all cancer deaths are preventable.

FIVE MOST COMMON INVASIVE CANCERS* IN WISCONSIN:

- 1 Prostate
- 2 Female Breast
- 3 Lung & Bronchus
- 4 Colorectal
- 5 Melanoma

FIVE LEADING CAUSES OF CANCER DEATH IN WISCONSIN:

- 1 Lung & Bronchus
- 2 Prostate
- 3 Female Breast
- 4 Pancreatic
- 5 Colorectal

AVAILABLE CANCER SCREENINGS:

- Breast
- Cervical
- Colorectal
- Lung
- Prostate

*Invasive cancer excludes basal and squamous cell carcinomas of the skin except when these occur on the skin of the genital region, head and neck, and oral and central nervous system tumors, and in situ cancers except uterine stromal. Urinary bladder cancer includes invasive and in situ.



Scan for infographic references and more resources.



Talk to your healthcare provider about which cancer screenings are right for you.

WWW.WICANCER.ORG

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Community Spotlight



Eva Scheppa

Director of Quality and Care Management Systems
Family Health Center of Marshfield, Inc.

Sara Richter

Associate Director of Community Partnerships
American Cancer Society



Overcoming Barriers to Colorectal Cancer Screening Outreach

Sara Richter

Associate Director, Community Partnerships
American Cancer Society

Eva Scheppa

Director of Quality and Care Management Systems
Family Health Center of Marshfield, Inc.

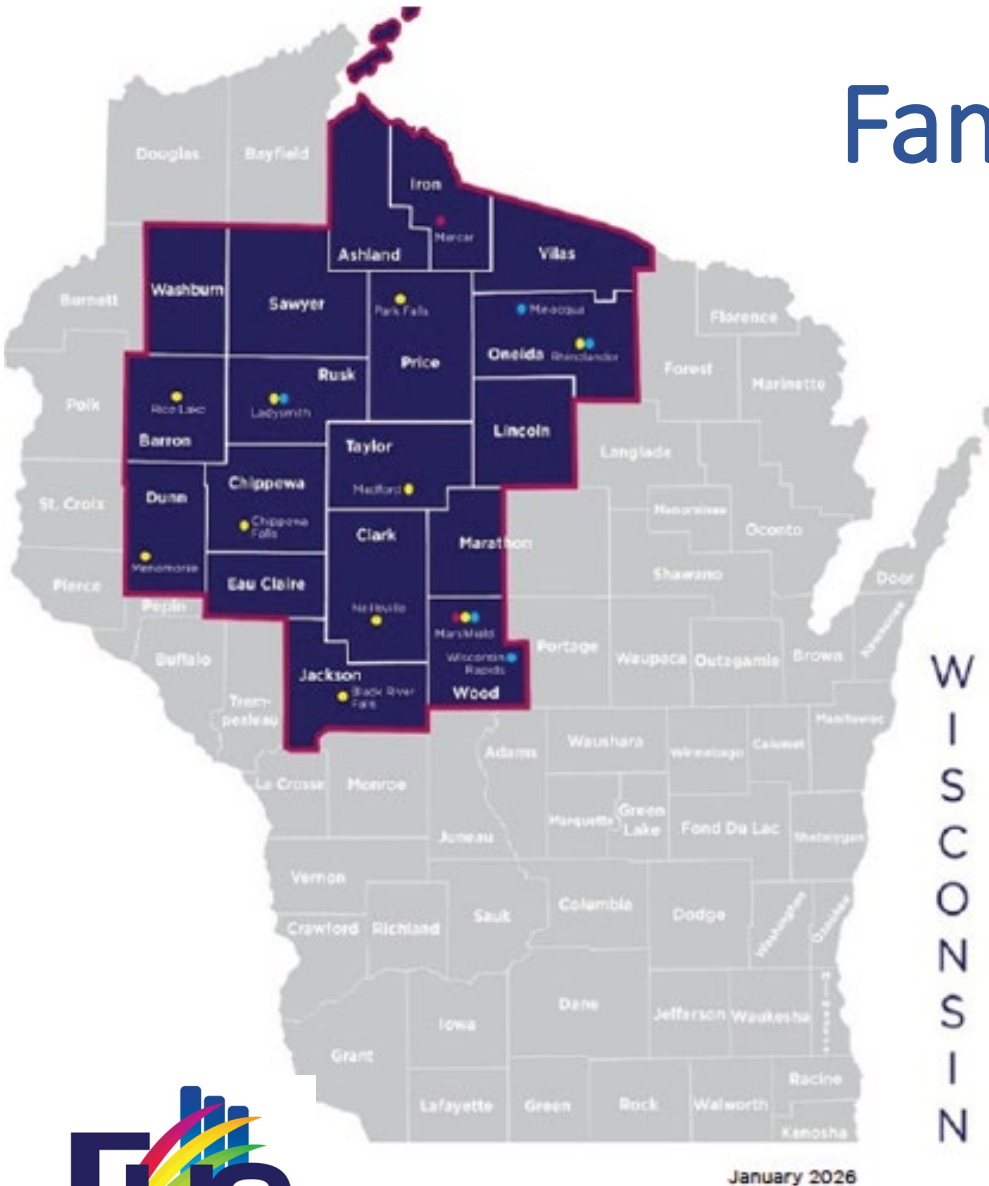
5/14/26



Family Health Center

The mission of Family Health Center is to provide access to high quality health care services for the underserved and to enhance the health of our communities.

- FHC is a federally qualified health center (FQHC)
- FHC has celebrated its 52nd year providing healthcare to all persons, focusing on those earning less than 200% of the federal poverty level
- Services include Primary Care, Dental Care, Behavioral Health and Addiction Treatment
- In 2025 we served 36,500 unique patients at 14 locations



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.

Patient
Support



Action
through
advocacy



Advancing
discovery

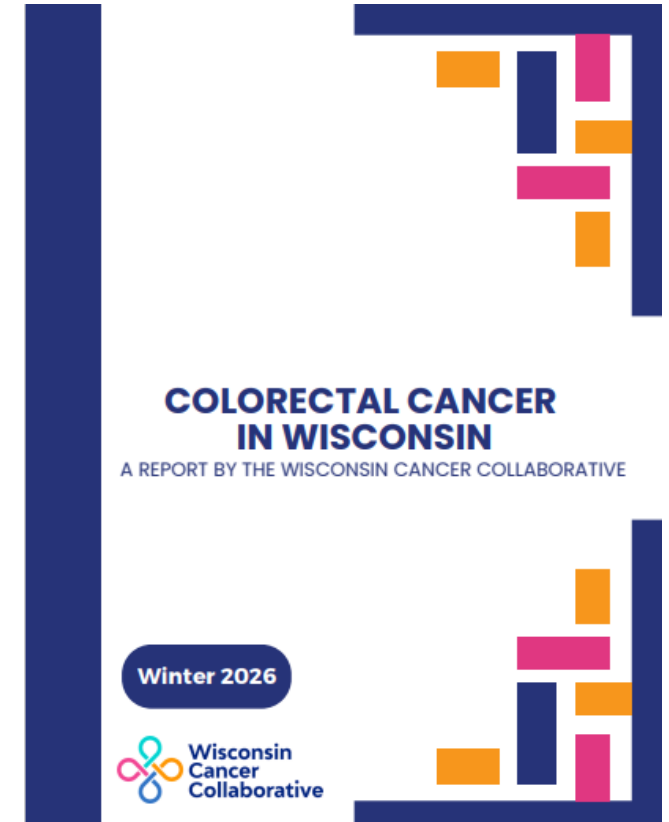


Colorectal Cancer in Wisconsin

2,530	New colorectal cancer cases are diagnosed annually
880	Estimated number of people who will die from colorectal cancer annually
1 in 24	Men will develop colorectal cancer within their lifetime
1 in 26	Women will develop colorectal cancer within their lifetime

TRENDS:

- Overall, US and WI CRC rates are trending down
- Highest incidence rate of colorectal cancer (2018-2022) are in American Indian/Alaskan Native
- Black populations had the second highest incidence rate
- Increased incidence among individuals under age 50



Increasing Colorectal Cancer Screening in Rural Communities

People living in rural areas may not have equal access to the benefits of CRC screening and prevention.

Despite the importance of CRC screening, people living in rural areas often experience significant disparities in access and utilization. According to a 2025 National Cancer Institute (NCI) cancer story map,¹⁰ these disparities are driven by several factors, including:

- Limited availability of physicians and cancer care specialists
- Lack of insurance or underinsurance
- Transportation barriers, including longer distances to travel to reach screening facilities
- Low health literacy and limited knowledge, attitudes, and beliefs about CRC and screening recommendations
- Social stigma associated with cancer and screening procedures
- Concerns about privacy in small or close-knit communities

Screening rates are **lower in rural counties** compared to metro counties (64.7% versus 66.6%, respectively). The differences in CRC screening between metro and rural counties are greater for men than for women. Screening in rural populations also lags by 3 to 5 percentage points for each age group, and individuals under age 55 are especially unlikely to be screened.⁷



66%

of Primary Care
Health Professional
Shortage Areas are in
rural counties.¹¹

FHC CM Why CRCs Outreach – 12/2025

- Colorectal Cancer Screening is a clinical quality measure
- We have done this outreach in the past and saw positive results
- There are many options for screening (benefit), and colonoscopy takes a bit more coordination and effort to complete (more challenging)
- Care Management staff work with patients over the phone
 - Connect patients with a family doctor, conduct a health survey, assist with completing preventive care exams and this continues to fit their role



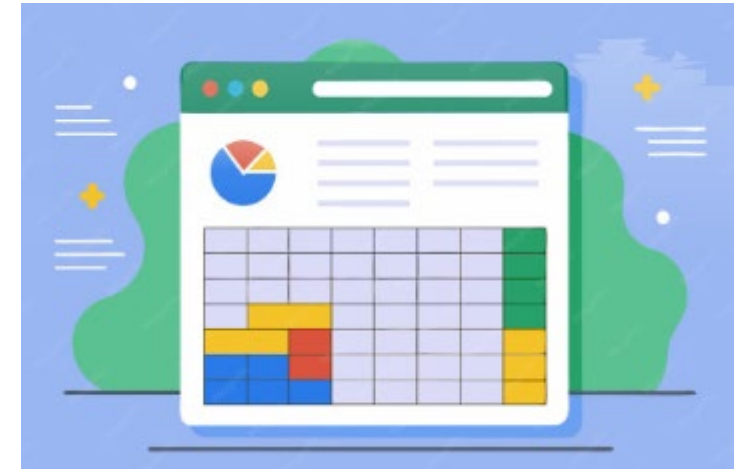
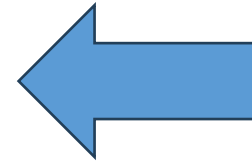
Preparation Considerations



- Identifying the patient population
- Training staff with the approach to convey care, not “drumming up business”
- Locate where colonoscopies are available in our large geography
- Standardize patient education pieces and outreach content
- How to record outcomes through codes and surveys in our HER
- What to do when patients are not ready to complete
- How to support new cancer diagnosis or other abnormal results

Patient Population - Baseline

- All patients under the FHC scope as an FQHC
- Started with Quarter 2 – 2025 data
 - 292/522 patients were up to date = 56%
- Would continue with the existing quarterly data pulls



Utilize QI & EBI's Together

Quality improvement (QI) is the **process** that leads to continuous improvement of healthcare services.

Evidence-based Interventions (EBIs) are **strategies** that can be effective at increasing cancer prevention efforts.

Training and Partnership with ACS

Client Directed

Client Reminders

One-on-One Patient
Education

Small Media

Provider Directed

Provider
Reminders/Recall

Provider Assessment
& Feedback

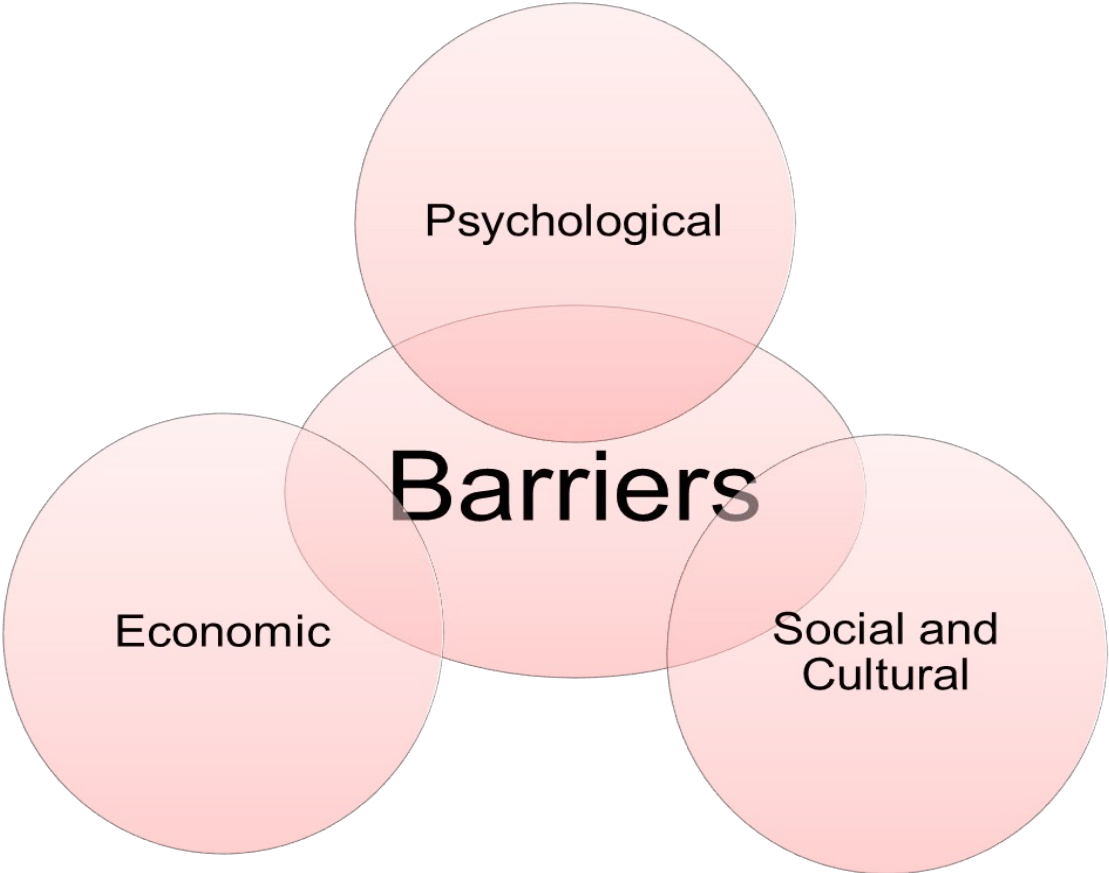
Professional
Education

Access to Care

Reduce Structural
Barriers

Reduce Out-of-
Pocket Costs

Training and Partnership with ACS



Colonoscopy Inventory

- Identified the health systems and started spreadsheet
 - Where offered
 - What is the wait time
 - How to schedule
 - How to address coverage deficiencies i.e. financial assistance programs
 - Websites
 - Commitment to update as changes are known and to review annually



Mailing Contents

You are a patient of Family Health Center, your community health clinic. Our Care Management Team is here to help you stay healthy. As a part of this, we reach out to our patients to make sure the medical record is up to date and to help patients get the care they need.

It looks like you are overdue for your colon cancer screening. The recommendations are:

- 🔗 People of average risk are tested for colorectal cancer between the ages of 45-75.
- 🔗 There are many screening tests for colorectal cancer. No matter which test you use, the most important thing is to get tested.

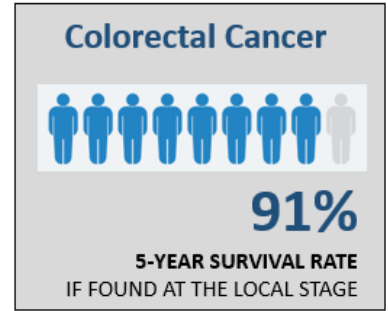
Did you know?

- 🔗 Colorectal cancer is the second-leading cause of death from cancer in the U.S. for men and women combined. Screening can often find colorectal cancer early.

We will be calling you in about a week to help you:

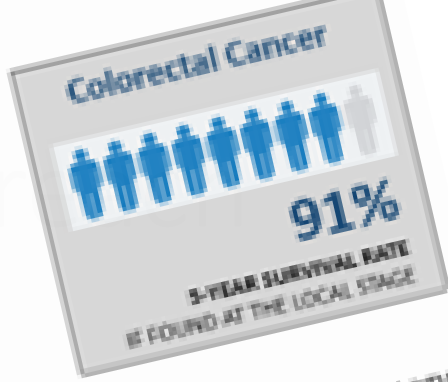
- 🔗 Update our records if you have had this screening already.
- 🔗 Schedule an appointment with your healthcare provider or assist you with contacting your provider to determine the screening test that is right for you.

If you would like, you can give us a call before next week at **715-997-3944**.



May 4, 2026

Letter One



04 de mayo de 2026



Eres paciente del Family Health Center, tu clínica comunitaria de salud. Nuestro Care Management Team está aquí para ayudarte a mantenerte saludable. Como parte de esto, nos comunicamos con nuestros pacientes para asegurarnos de que su expediente médico esté actualizado y para ayudarlos a recibir la atención que necesitan.

Su salud es importante para nosotros y parece que usted está atrasado/a en su examen de detección de cáncer de colon. Las recomendaciones son:

- Las personas con un riesgo promedio se sometan a pruebas de cáncer colonrectal entre las edades de 45 a 75 años.
- Existen muchas pruebas de detección para el cáncer colorrectal. Sin importar la prueba que utilice, lo más importante es hacerse la prueba.

¿Sabía usted?

- El cáncer colonrectal es la segunda causa principal de muerte por cáncer en los EE. UU. para hombres y mujeres combinados. Con frecuencia, las pruebas de evaluación pueden detectar el cáncer colonrectal.

Lo llamaremos en aproximadamente una semana para ayudarle:

- Actualice nuestros registros si ya se ha realizado esta evaluación.
- A programar una cita con su proveedor médico o lo ayudaremos a comunicarse con su proveedor para determinar la prueba de detección adecuada para usted.

Si lo desea, puede llamarnos antes de la próxima semana al 715-997-3944.

Atentamente,

Family Health Center
Care Management Team

Family Health Center
Care Management Team

Center, your community health clinic. Our Care Management Team is part of this, we reach out to our patients to make sure they get the care they need.

colorectal cancer screening. The recommendation was to get colorectal cancer between the ages of 45-75. No matter which test you use, you can often find colorectal cancer early.

leading cause of death from cancer in the U.S. is colorectal cancer.

to help you:

had this screening already.

your healthcare provider or assist you with a screening test that is right for you.

call before next week at 715-997-3944

Wisconsin Cancer Collaborative

*Scan for infographic references and more resources.



COLORECTAL CANCER

EARLY DETECTION SAVES LIVES - GET SCREENED

Each year, more than **2,600** people are diagnosed with colorectal cancer in Wisconsin.

Colorectal cancer is **PREVENTABLE** when pre-cancerous growths are found early and removed.

Some colorectal cancers do not have symptoms. Screening is the best way to detect cancer early.

Understand your personal and family history to know if early screening and certain tests are right for you.*

EL CÁNCER COLORRECTAL

LA DETECCIÓN TEMPRANA SALVA VIDAS - HÁGASE EL EXAMEN

Cada año, más de **2.600** personas son diagnosticadas con el cáncer colorrectal.

PODEMOS DISMINUIR EL CÁNCER COLORRECTAL EN WISCONSIN AL:

- Mantener un estilo de vida activo y peso saludable
- Eliminar el consumo de alcohol y tabaco
- Seguir una dieta saludable y balanceada
- Realizarse los exámenes de cáncer recomendados

La mayoría de las personas **deben empezar a hacerse las pruebas de detección para el cáncer colorrectal a los 45 años** o antes si corren un alto riesgo por sus antecedentes familiares u otros factores.*

Algunos cánceres colorrectales no tienen síntomas. Realizar una prueba de detección es la mejor manera para detectar el cáncer a tiempo.

Formas de detectar el cáncer colorrectal:

- Pruebas de heces**
 - En casa
 - Un costo menor
 - Cada 1 a 3 años
- Exámenes visuales**
 - En la clínica
 - Se requieren preparativos intestinales
 - Cada 5 a 10 años

Wisconsin Cancer Collaborative

*Escanee para ver referencias y más recursos.

Scripted Introductions

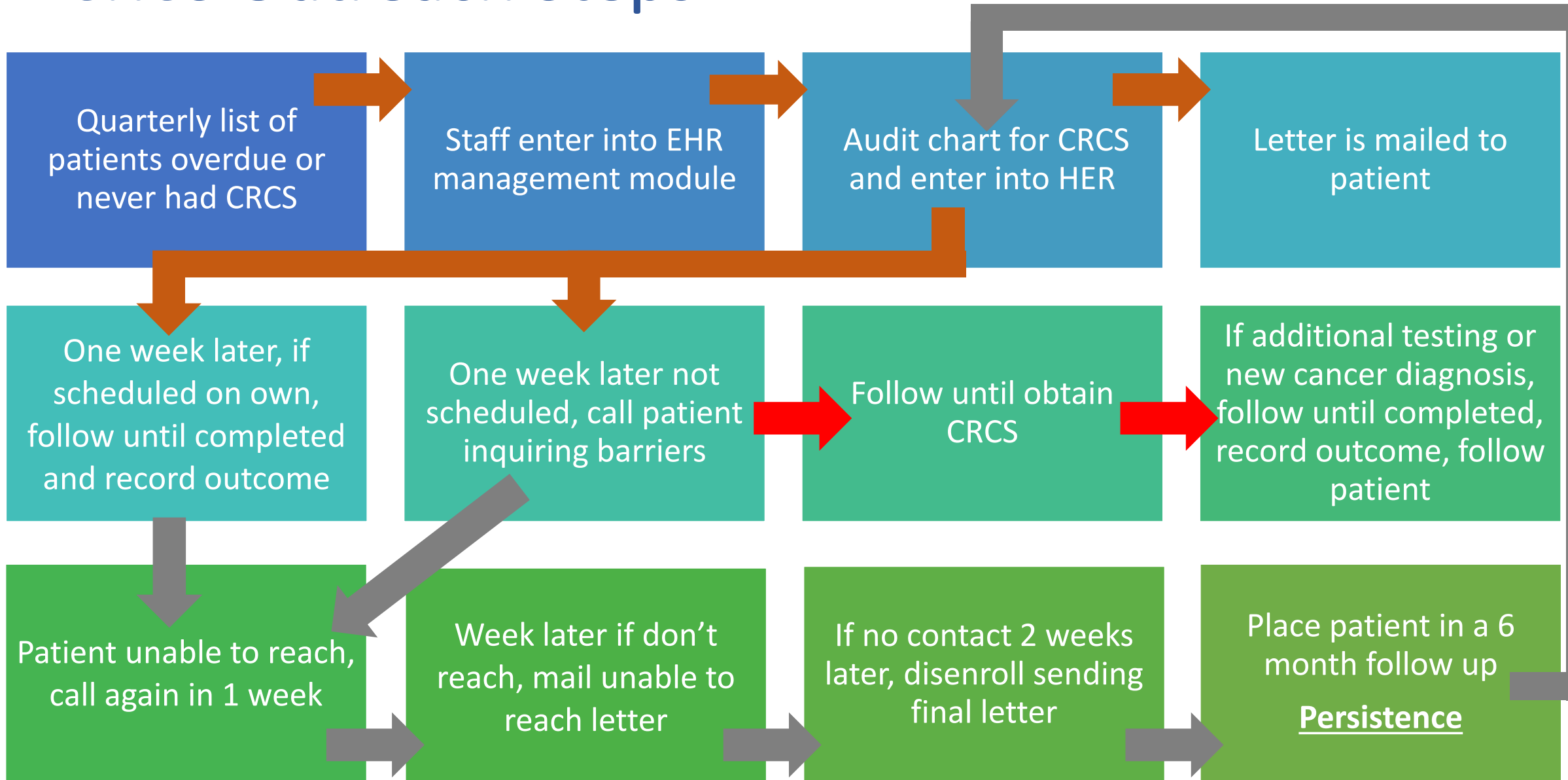
- Seeking to understand the barriers to getting a CRCS, scripting helps:
 - *“Can you share with me why you’ve not completed CRCS screening?”*
 - *“There are many reasons people do not get CRCS, can you talk with me about that?”*
 - *“That can be scary to think about. Do you remember the letter we sent you? There was some information on what options are available, do you have questions about that?”*
- Work with the patients to obtain CRCS
- If stated had CRCS, verified through our HIE, and if not, reached out to patient again to troubleshoot barriers and obtain CRCS
- If refused, reach out again

Intervention – December 2025

- Audited charts for CRCS within health information exchange and documented screenings in our EHR
- For those not up to date an outreach letter was sent which included education about CRCS
- One week later, called patients, referring to our letter and inquiring about desire to schedule CRCS
- If unable to reach, left message and called again in 1 week, and if still no contact mailed letter, and disenrolled two weeks later if no contact and placed in a six-month outreach task
- If refuse, timing not right, placed in a six-month task to outreach again



CRCS Outreach Steps



Barriers We Thought Of and Prepared For

No Family Doctor

- It looks like you don't have a family doctor. Is that correct?
- Having your own doctor who knows your medical history is important. I encourage you to choose a family doctor to see at least once a year.
- Can we help you get a family doctor?"



Barriers We Thought Of and Prepared For



Financial – covered and does not know, or no coverage

- It looks like you do not have coverage to pay for CRCs.
- We can connect you with our patient assistance team to assess what coverages you may be eligible for, and we can also help with accessing financial assistance programs at your clinic. May I connect you to them?
- Our records show that you have insurance which includes CRCs, which means [you have some coverage or can have a mammogram at no cost to you]. May I schedule your CRCs or connect you with your insurance to verify?

Barriers We Thought Of and Prepared For

Lack of time

- Tell me what will work with your schedule?
- May I help you find a time that works with your schedule?



Barriers We Thought Of and Prepared For

Transportation

- We can help brainstorm solutions to your transportation needs. Tell me more.



Barriers We Thought Of and Prepared For

Don't feel it is important

- Provide education
- Listen for change talk
- Turn objections into positive reasons to have screening



Barriers We Thought Of and Prepared For



Don't want to know if have cancer

- That can be scary to think about. Most of the time a CRCs gives you peace of mind.
- CRCs can also save your life by finding cancer early. And the sooner cancer is found the easier it is to treat.
- Thinking of that, would you like to schedule CRCs?

Reasons Did Not Get CRCs/Outcomes 12/25-1/26

Baseline

Already Scheduled/Tent	5
Does not feel it is important	2
Does not want to know if they have cancer	1
Had PCP, just did not schedule	21
Lack of time	7
Needs to discuss or think about it	14
No coverage	3
No PCP	8
Not interested in getting screening	14
Other reason:	39
Refused to discuss why screening has not been done	6
Transportation	1

End of Interaction

CRCs Chart Audit Found Results	66
CRCs Done Out of System/Unable to Get Results	1
CRCs Further Testing Needed	1
CRCs Normal Screening	5
CRCs Patient request	23
CRCs Refused	16
Deceased	3
Enrolled in Error	3
Incarcerated	1
Lives in a Care Facility	1
Patient Request	1
Power of Attorney Activated/Guardian in Place	1
Unable to Reach	55

Outcomes – From 12/1/25-1/31/26

- 292 of 522 were up to date = **59%**
 - Leaving us with 230 overdue



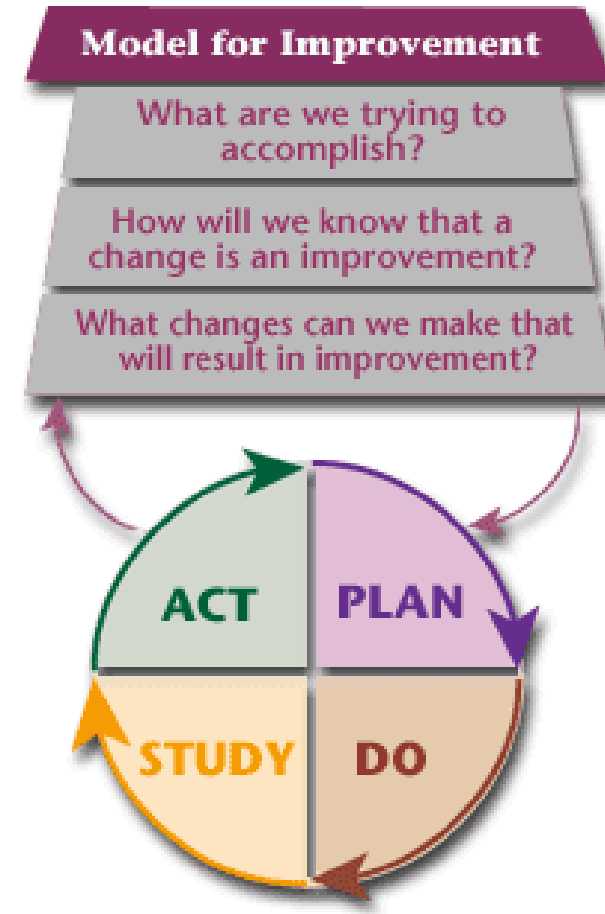
IMPROVEMENT

- Work started 12/25 and after chart audit and discussions with patients:
 - 349 of 522 were up to date = **67%!**

How can you implement a similar program?

Using quality improvement strategies to implement evidence-based interventions

- Step 1: Assemble a Team
 - Identify a champion
 - Form QI team
 - Identify external organizations
- Step 2: Make a Plan
 - Identify barriers and opportunities
 - Determine baseline screening rates
 - Design Strategy
- Step 3: Engage and Prepare All Staff
 - Educate and train all Clinical and non-clinical staff
 - Prepare EHR
 - Educate Patient
- Step 4: Get Patients Screened
 - Effective recommendation
 - Increase access
 - Tracking and follow-up



Steps to Implement

1 Team: Meet regularly, include clinical and non-clinical staff, choose model for improvement like PDSA cycles

- Outside orgs: tools, resources, support, community needs

2 Plan: A strategic plan is key for creating sustainable system changes, once the plan is developed document it and share it with everyone

- Determining baseline rates is critical to measuring practice improvement at the end of the implementation process
- Take continuous steps to improve accuracy of data, establish a protocol for data entry and verification to ensure records are accurate
- To maximize efforts choose multiple evidence-based interventions
- Policy: identification process, screening guidelines, procedure, notification of screening results, follow up and tracking, insurance, resources

Steps to Implement

3 Engage Staff and Patients: Train all staff to ensure a consistent positive message delivery to patients , provided human interest and impactful stories

- Modify EHR system to ensure effective data collection and reporting, implement Reminders and recall systems
- Prepare patient- decide on educational materials that are best suited to your clinical setting
- Prepare clinicians on-site training to increase skills and knowledge of guidelines, CMEs to motivate completion

4 Get Screened: Recommendation from Provider is the single most persuasive reason patients are screened

- Prompt the Provider- huddles, EHR reminders
- Notify, Track and Follow up
- Measure and Improve- monthly reports, transparency and celebrate success.

Questions?

Sara Richter

Sara.Richter@cancer.org

Eva Scheppa

Scheppa.eva@familyhealthcenter.org





**Wisconsin
Cancer
Collaborative**

Roundtable Discussion

Community Spotlight

Summer Verg, BS RT(T)
Survivorship Coordinator and
Radiation Therapist
Aspirus Cancer Care - Wausau



Survivorship Care in a Rural Setting

Summer Verg, BSRT(T), Survivorship Coordinator

Wisconsin Cancer Collaborative
2026 Regional Meeting-Wausau, WI



Passion for excellence. Compassion for people.

About Me

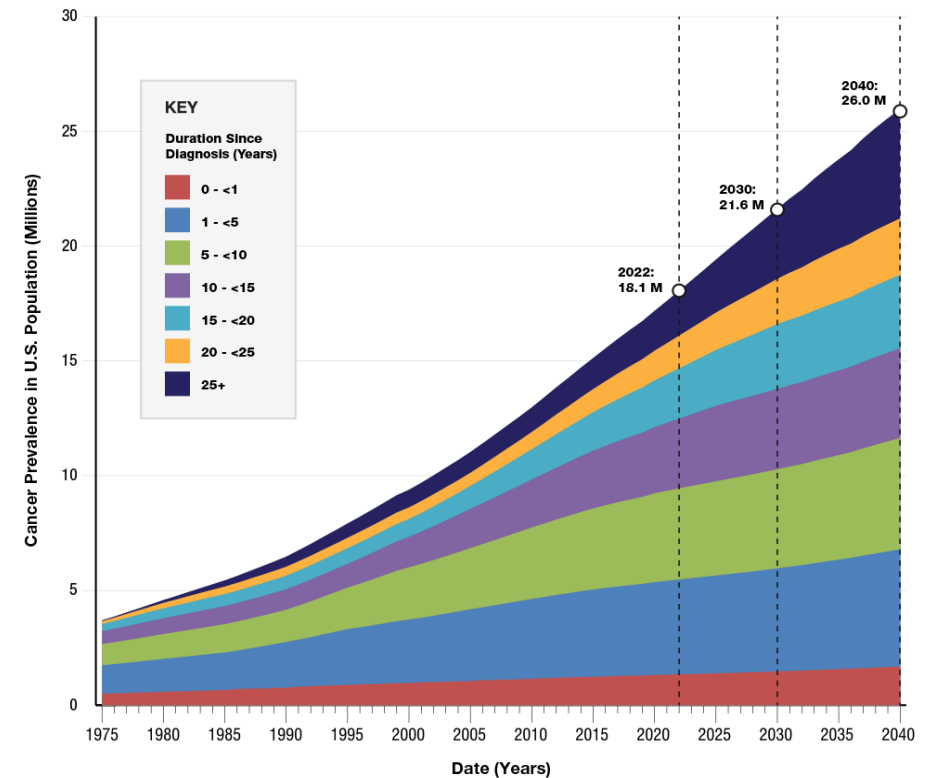
- Graduated from the UW-La Crosse radiation therapy program in 2016
- Radiation therapist at Aspirus Cancer Care for 7 years
- Transitioned to survivorship coordinator in November 2023



Why Survivorship Matters

- Our survivorship population is growing!

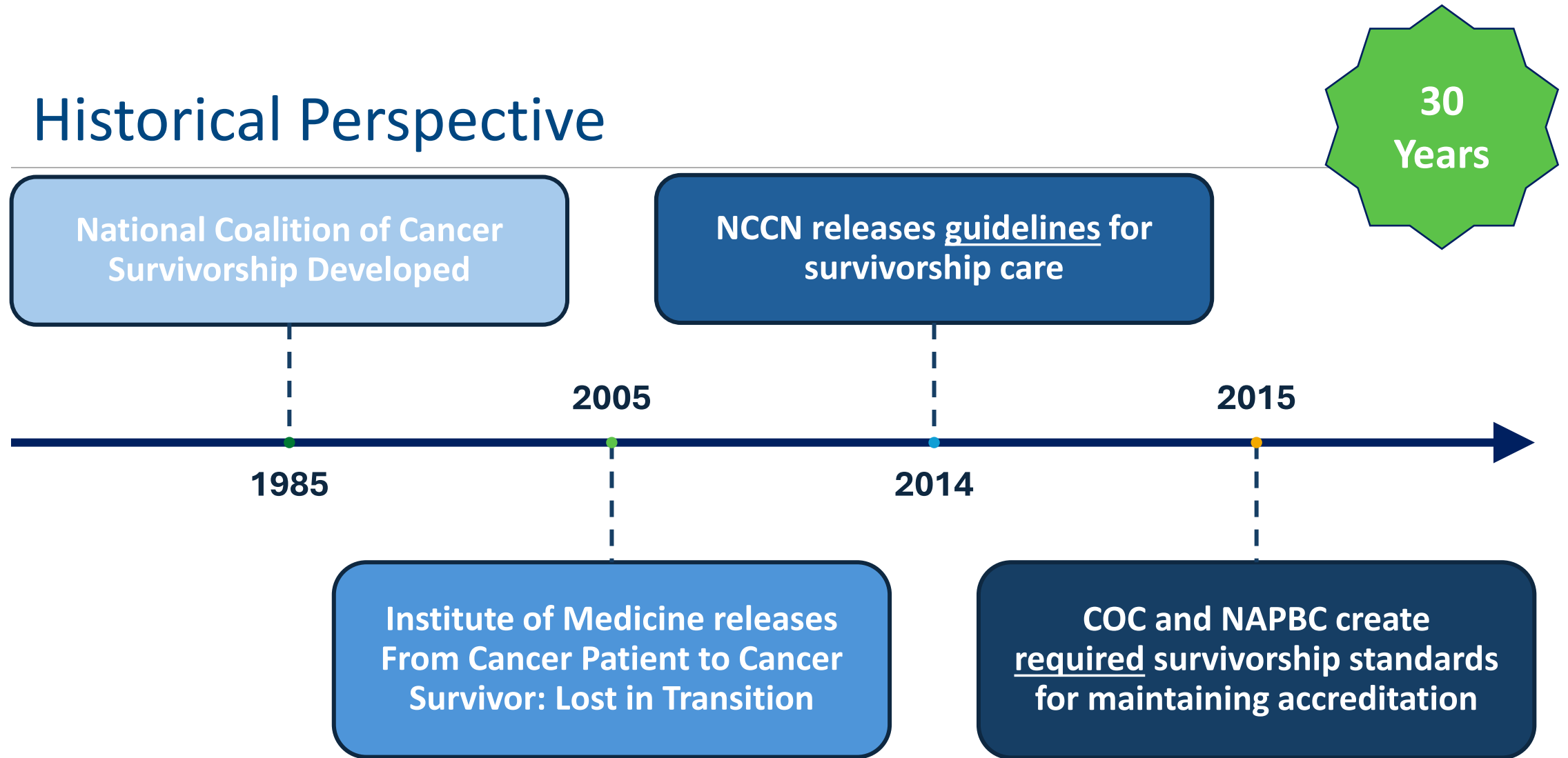
Number of Cancer Survivors in the United States, by Calendar Year and Time Since Diagnosis



REFERENCE:

Tonorez E, Devasia T, Mariotto AB, Mollica MA, Gallicchio L, Green P, Doose M, Brick R, Streck B, Reed C, de Moor JS. Prevalence of Cancer Survivors in the United States, JNCI: Journal of the National Cancer Institute, 2024; <https://doi.org/10.1093/jnci/djae135>

Historical Perspective



Then vs. Now

COC 2015

- 100% of patients to receive survivorship care plans within 6 months
- Specific requirements for SCPs

COC 2026

- Survivorship committee is required to formally document 3 services offered to patients each year

Program Analysis

Barriers

- Appointment Cancellations
- “Where have you been...?”

GAP Analysis

- Early Referral
- Supportive Care
- Implement Survivorship Early in Process

Foundational Projects

- Pre-Chemo Education
- Supportive Care Programming
- Survivorship Care Plans

Foundational Projects

Pre-Chemo Education

- 1 hour
- Naïve Chemo Patients
- Early Referral



Survivorship Care Plans

- Presented to Patients
- Shared with Primary Care Providers



Supportive Care

- Support Groups
- Meditation Classes
- Wellness Workshops

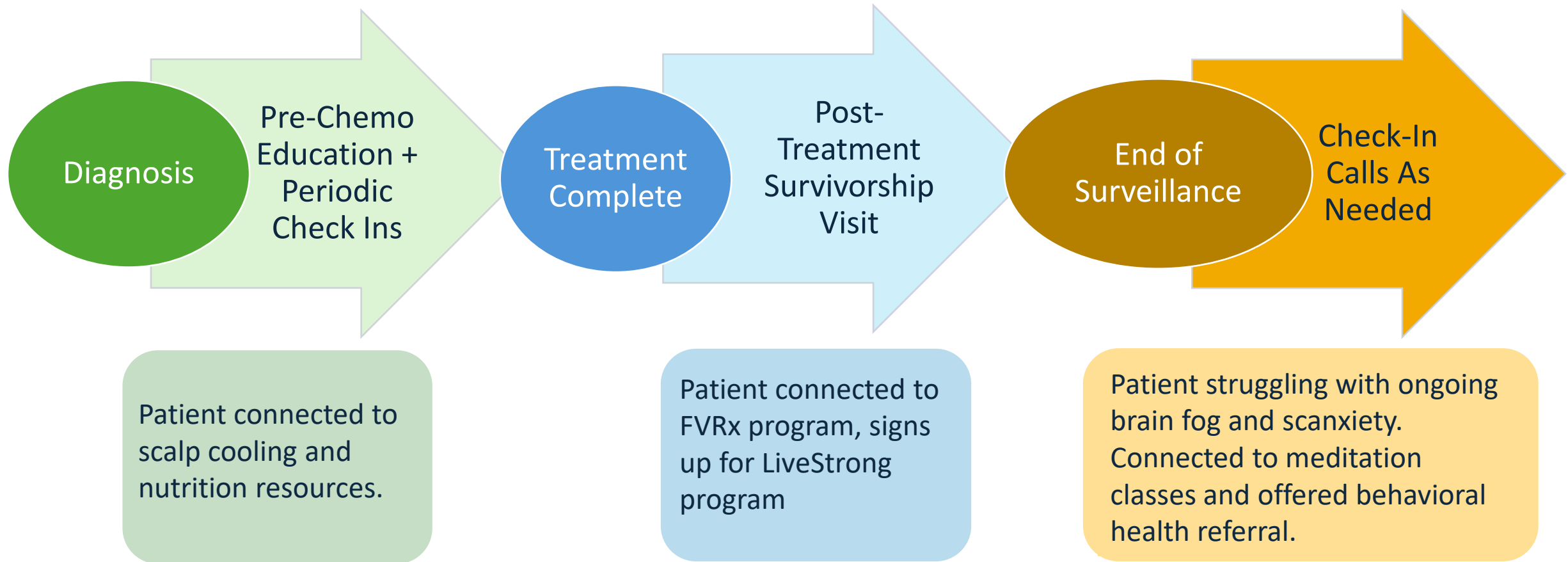


QI Implementation

- Aromatherapy
- Scalp Cooling
- Peripheral Neuropathy
- Sexual Wellness



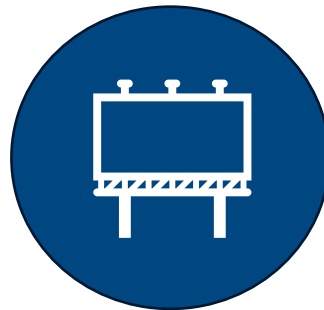
Patient Experience



Lessons Learned



Growth takes
time...



Visibility is
everything...



Not every idea
is a good one...

What's Next?



Engage PCP's



Expand to Outreach

Thank You!

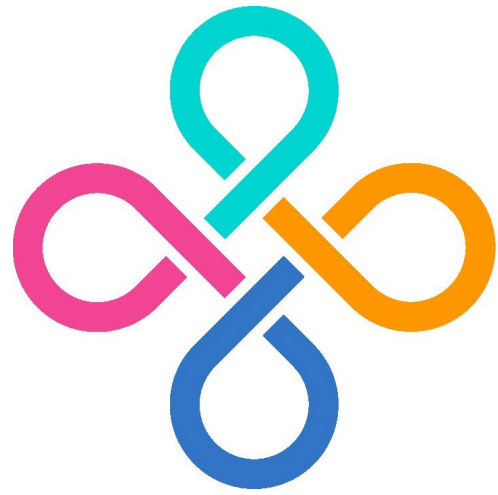
Thank you to the Wisconsin Cancer Collaborative for allowing us to share more information about our survivorship program.

If you have any questions, or would like to reach out:

Summer Verg

715-847-2000 ext. 53428

summer.verg@aspirus.org



**Wisconsin
Cancer
Collaborative**

Roundtable Discussion

Cancer Plan Chapter Discussion

- *Risk Reduction and Prevention*
- *Early Detection and Screening*
- *Survivorship and Treatment*

Join Us at the 2026 Wisconsin Cancer Summit!

SAVE THE DATE

2026

WISCONSIN CANCER SUMMIT

October 7th & 8th

**Madison Marriott West
Middleton, WI**

Wisconsin
Cancer
Collaborative

www.wicancer.org

2026 Wausau Area Regional Meeting Survey

Please use the QR code to complete a short survey telling us about your experience today!

(Scan using your camera on your phone)

https://uwmadison.co1.qualtrics.com/jfe/form/SV_d5wU3WwOPpcY44e



2026 WCC Member Survey

**Please look out for an email
this June!**

Your feedback is very important to us!

Thank You

