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Improving Health Messaging to Rural Residents in Adams County

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IMPROVING HEALTH MESSAGING TO RURAL RESIDENTS IN ADAMS COUNTY

Adams County Health and Human Services Department

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Summary Statement

Residents of Adams County, Wisconsin are limited to health messaging often due to the lack of internet or accessibility. Health messaging is considered persuasive messages that are designed to change any behavior within the realm of health care (Morrison, Kukafka, & Johnson, 2005). This project proposal will outline three interventions: health messaging frameworks, internet and non-internet-based methods, and surveys. These components intertwine to support the overall effectiveness of reaching the residents in Adams County, especially those with limited access to technology (e.g., smartphones, laptops, internet). Health messaging frameworks on developing, implementing, and evaluating campaigns will offer an opportunity for customization based on future health topics or initiatives. Reviewing both internet and non-internet-based methods can help reach the target population's communication needs and integrate into the health messaging framework. Surveying the residents of Adams County will help identify and better understand the community's health messaging preferences. By combining the three interventions into an interrelated framework, health messaging efforts can improve and reach more residents in Adams County. Through improved health messaging, further goals of self-efficacy and health behavior promotion could disseminate through the community.

Public Health Issue

Based on the 2015 survey by the Community Preventive Services Task Force (CPSTF), rural patients are less likely to benefit from advances in health information technology, with only 63% of rural households having access to the internet, compared to 73% of urban households. This paper will center around evaluating resources available to improve health messaging for the rural communities of Adams County, specifically those with barriers to common health communication technology. Then, it will provide evidence-based recommendations that could support future media campaigns targeting a health priority identified by the Adams County Health & Human Services Department in their Community Health Assessment (CHA) and Health Improvement Plan (CHIP).

Approximately 60 million people in America live in rural areas across the country and are extremely diverse in their populations based on demographics, ethnicity, education level and socioeconomic status compared to urban areas (CMS, 2019). In 2019, approximately 25.8% of the estimated population in Wisconsin live in rural communities (USDA, 2020). Rural Americans are more likely to be older, unhealthy, living in poverty, uninsured or underinsured. Additional problems which rural communities face are fragmented health care systems, stretched and diminished health care workforce, affordability and access to specialty service and providers (CMS, 2019).

In a 2019 report by the Centers for Medicaid & Medicaid Services (CMS), clinical outcomes were evaluated by nine health categories; prevention and screening, respiratory conditions, cardiovascular conditions, diabetes, musculoskeletal conditions, behavioral health, medication management and care coordination, overuse/appropriateness, and access/acceptability. Based on this report, regardless of race or ethnicity, rural residents had worse clinical care outcomes than urban residents. Although, future research is needed to understand whether this reflects poorer dissemination, translation of these guidelines into clinical practice, or some other cause. (CMS, 2019)

Health messaging and communication strategies have many objectives (Table 1), with additional challenges for rural communities. These populations face disparities identified in the Adams County CHA and CHIP, such as poverty, unemployment, low education and health literacy, aging population, and poor access to transportation and health care systems. Due to these disparities, health messaging can be particularly challenging, and as a result, there is lower utilization of preventive health services, higher hospitalization and medical complications, and increase in overwhelming stress when trying to access health information which require higher literacy and internet access.

Table 1. Objectives of Health Communication and Messaging (Healthy People, 2020)

- Shared decision-making between patients and providers.
- Personalized self-management tools and resources.
- Building social support networks.
- Delivering accurate, accessible, and actionable information.
- Increasing health literacy skills.
- New opportunities to connect with culturally diverse and hard-to-reach populations.
- Providing sound principles in the design of programs.
- Providing interventions that result in healthier behaviors.
- Increasing internet and mobile access.

One current strategy by the CMS is the rural health strategy to organize and promote the work needed for improving health care in rural communities. One of the main focuses of the strategy is the need for empowering patients in rural communities to make decisions about their health care. Due to the barriers for specialty services and lack of access to health care, CMS aims to support and empower rural patients to actively engage in their care, as well as understand and help them make decisions and strengthen the provider-patient relationship. Their key activities involve 1) collaborating with rural communication networks to develop and disseminate easy-to-understand

materials to help rural patients navigate the rural health system, and 2) foster the empowerment and engagement of rural patients in their health care through targeted efforts (CMS, Rural Health Strategy, 2018).

Concerns regarding health messaging in Adams County involve targeting their rural communities and at-risk populations through improved health messaging techniques. This desire for reaching 100% of their population provides an opportunity for targeting those who do not prefer internet usage or other advanced technologies and choose to be intentionally isolated. By utilizing current partnerships and stakeholders the integration of future resources and strengthening collaborations can support the success of this initiative. This paper presents three components, health messaging frameworks, internet and non-internet-based models, and the use of a community survey to be used collaboratively for improving messaging in Adams County (Figure 1).

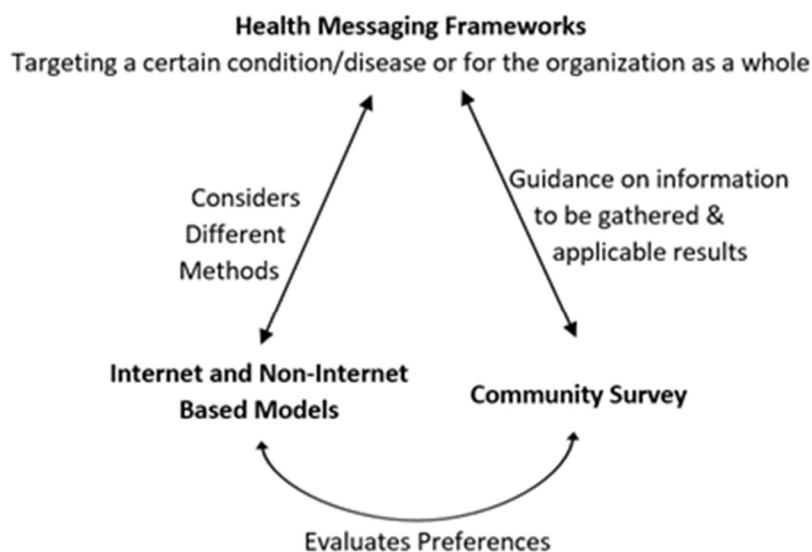


Figure 1. Components for Health Messaging Intervention in Adam's County

Evidence Based Policy Review

Proposed are examples of how health messaging is used for specific campaigns or for Adams County Health and Human Services Department as a whole. Understanding and choosing one or two of these frameworks will then guide on what kind of information a survey would need to gather while also taking into consideration known methods for internet or non-internet-based communication. A logic model to help identify and understand the relationship between the resources, activities and outputs of health messaging frameworks is included in Appendix A. Finally, the development of a community survey is outlined for guidance in obtaining information from the target population to further strengthen the health messaging framework Adams County Health and Human Services Department utilizes.

Health Messaging Frameworks

Many health messaging frameworks exist and can be very simple or more complex and can vary in the target disease or for an organization to use. Some of the more complex planning tools for health messaging are by the United Nations Children's Fund, Triple A Cycle to "assess-analyze-act," SCOPE (Strategic, Communication, Planning, and Evaluation) plan by John Hopkins University, and CDCynergy by the Centers for Disease Control and Prevention (CDC) using interactive computer models. For this paper, three frameworks have been selected, which vary in depth and target but are equally beneficial for consideration when discussing effective health messaging frameworks (Parvanta, 2017).

The ADD Framework (Assess, Do, and Describe) was developed by World Innovation Summit for Health (WISH) as an evidence-based, generalizable framework for effective communication. This framework aims to guide communication designs in order to produce coherent, understandable, and effective messages. This framework is broken down into three components, described below, and is scalable to all sizes of problems, budgets, target populations and aims to be generalizable to most health issues (Suggs, 2015).

- **Assess:** Sets the requirements and considerations for the function of the communication. Understanding the health issue, aim of the communication and the role communication can play in improving the situation. Integration into wider efforts, knowing the evidence base of the issue, causes of the issue, previous case examples.
- **Do:** Contextual analysis needed, designing messages, testing, refining, and implementing the communication. Incorporation of target audience analysis, including sociodemographic, psychosocial, behavioral considerations, sources (primary and secondary), motives and current knowledge and beliefs.
- **Describe:** Ongoing process of documenting, evaluating, and sharing.

The World Health Organization published their Strategic Communications Framework for Effective Communications and includes extensive but manageable steps which are required to ensure effective communication strategies are developed with six processes (WHO, 2017).

- **Accessible:** To their intended audience by evaluating the channels accessible, preference, utilizing partners for hard-to-reach audiences, two-way engagement.
- **Actionable:** Creating messages that address barriers and encourage decision-makers to take the recommended steps.
- **Credible and Trusted:** WHO communicators use every opportunity to reinforce WHO's trustworthiness so that its health information and activities become the basis

for decisions. Ensuring accuracy, transparency, coordination with partners and speaking as “one WHO.”

- **Relevant:** Audience must see the health information, advice or guidance as something applicable to them, their families or others they care about. Know, listen, tailor, and motivate the audience.
- **Timely:** Information is there when they need it, then build the conversation.
- **Understandable:** It is important to consider messages are understandable and to consider key questions in the planning phase such as:
 - How familiar is the audience with the topic, prior experience or do they need basic information to create awareness?
 - What is the most important message? Does it clearly state the action that is needed?
 - Can you use photos or illustrations to provide visual reinforcement?
 - Have you, or can you, test the messages with audience members to ensure meaning is clear?

The last framework included here is the National Cancer Institute’s (NCI) Making Health Communication Programs Work. This is an even more comprehensive outline on planning steps to making communication programs work and highlights how to tailor the process to various communication needs while taking into consideration budget/funding constraints. The four steps in this cycle for a health communication program are, planning and strategy development, developing and pretesting concepts, messages, and materials, implementing the program, and assessing effectiveness and making refinements. This publication is very comprehensive although a sample communication plan is available in Appendix B (NCI, 2020).

Implementation of a strong health messaging framework in an organization requires a foundation of many resources, such as funders to incentivize evidenced-based communication plans, a senior figure in the organization who will act as a champion for effective communication, following evidence-based frameworks, and a communication strategist with training in effective messaging designs to ensure little waste of valuable resources (Suggs, 2015). With limited budgets, there are various websites targeting specific audiences that are available at little costs which are considerations for budget-friendly implementation programs.

Internet vs. Non-internet Based Methods

A major barrier to communicating with rural residents in Adams County is internet accessibility, and therefore limited health information technology. This second proposed intervention reviews internet-based and non-internet-based methods of communication to integrate into the messaging framework. Integrating both newer, health information technology, as well as non-internet-based methods into the health messaging

framework allows for utilization of modern-day advancements as needed while also providing alternative options for effective communication.

Identifying the channels and activities focusing on a specific intended audience is an important step in narrowing down the most effective communication method. Non-internet-based methods of communication are effective to target those who lack or prefer not to access. Some examples of these non-internet-based methods are interpersonal, organizational and community channels. According to the Making Health Communication Programs Work publication, there are many different channels of communication with their own pros and cons with a wide range of intended audiences. Some examples are television, radio, newspapers, magazines, outdoor and transit advertising, direct mail, and websites. A rapid and reliable channel of communication is newspapers which provide the intended audience a chance for the audience to clip, reread, contemplate, and pass along material. However, the exposure is usually only limited to one day and coverage often demands a newsworthy item. Radio is another form of mass media and it provides a range of formats available to intended audiences with known listening preferences using ads for a controlled message and execution. A drawback to radio is that it reaches a smaller audience, and it is difficult for intended audiences to retain or pass on material. A full list of types of activities, pros, and cons of communication channels is listed in Appendix C (NCI, 2020).

Implementation of communication channels into the community requires identifying the goals, objectives, and action steps necessary. The goal is to narrow down the most effective and plausible communication channel to reach rural residents in Adams County. Based on current established relationships between Adams County Health and Human Services Department and known channels such as radio and newspaper are available for initial outreach. A secondary goal could be to identify communication channels that pose as a potential opportunity for growth in the future. Relating to Adams County's expressed need to reach residents without the internet, interpersonal and organizational community centers are areas for future collaboration that address this need. To achieve the goal of this intervention, objectives must be developed, such as identifying specific resources of the target audiences as well as realistic methods of communication for Adams County. By having these specific and measurable objectives, the action steps needed to successfully implement this intervention become evident and manageable.

Survey Development, Deployment and Analysis

The third proposed intertwining intervention is developing, deploying, and analyzing a survey. A needs assessment survey would help Adams County's Health and Human Services Department better understand the preferred methods of communication for their residents. To easily examine a population, questionnaires can

be used as a survey tool (Jones, Baxter, & Khanduja, 2013). From a comprehensive needs assessment, the results can then help drive focus in future health messaging initiatives and media campaigns for Adams County.

Survey development acts as the first stage. According to Jones et al.(2013), the initial and most important step is identifying the survey purpose. From there, the development of the questions should keep in mind the intended audience, method of delivery, available resources, and analysis tools. Open vs. closed questions can vary in the amount of time spent for the reader to answer the question and with the ease of later analysis (Jones et al., 2013). In the case of a survey for Adams County, an example of an open ended question “how do you prefer to receive information about your health?,” offers flexibility for fill-in responses, although results in challenging consistent analysis. A comparison example of a closed question “which format do you prefer for receiving information about your health?” offers multiple choice responses for clear analysis yet limits the responses. Multiple choice with a fill in option can act as a hybrid.

The way the question is asked should be thoughtfully considered. Crafting quality questions can reduce survey error due to a misrepresentation of the responses (Smith, Witte, Rocha, & Basner, 2019). Appropriate language should be tailored based on the culture of the audience. Other recommendations by Jones et al. (2013) are the following:

- Proper ordering and logical sequencing. Easier questions in the beginning, common organized themed or sectioned questions in the middle, and demographic questions close to the end.
- Language is the lowest education level of the target audience.
- Too many unclear or irrelevant questions can reduce response rates.

Focusing the questions to those most integral to the survey purpose can promote survey completion. Time estimations can help guide the order and the scope of questions during the survey development phase. For the Adams County survey, key questions could include where, how, and what health messaging is preferred by the residents. Followed by their current level of technology access and why.

Ensuring the survey is relevant to the target audience can be done as a controlled pilot survey to offer insights for improvement (Jones et al., 2013). A representation of all subgroups for the target population should be included in the pilot survey group (Misro, Hussain, Jones, Baxter, & Khanduja, 2014). With this feedback, edits and or additions can be made to customize the survey to better reach the greater audience and hopefully improve response rate, understanding of the survey, and depth of responses.

After the survey is reviewed, deployment to the target population is the next stage. The survey deployment can be conducted with a variety of methods, including multimodal (e.g., emails, postal questionnaires, telephone surveys) to capture a variety of preferences or availability (Misro et al., 2014). With the limitations of technology and internet access for Adams County residents, the survey methods that could capture the best representation would be through telephone, personal, and post. Multimodal methods could be used as an additional layer, such as an initial postal questionnaire followed up with an email. Follow-ups to the initial postal outreach questionnaire can act as a reminder and be effective in promoting a higher response rate (Smith et al., 2019). Jones et al.(2013) outlines a comparison of advantages and disadvantages of survey methods including higher response rates for personal and telephone methods, yet a larger target for postal and electronic methods (See Appendix D).

To promote a strong response rate for surveys in Adams County, strategies can be integrated for non-internet-based methods. Methods to improve the response rate using postal questionnaires include teasers on the envelopes, pre-notification, follow-up with another copy included, handwritten addresses, recorded delivery, and including a return envelope (Jones et al., 2013). One study found that prepaid cash incentives with a follow-up reminder were successful at increasing the response rate of postal questionnaires (Smith et al., 2019). Adams County can aim to layer these multimodal methods of an initial postal survey and follow up electronic questionnaires to increase response rates.

The final stage is analysis. The gathered surveyed data should be analyzed to ideally answer the question the survey was set out to answer. Additionally, discussion points can be noted on key findings, limitations, or other considerations. It is important that enough samples are collected to have meaningful answers and ensure the sample is representative of the population (Jones et al., 2013). Based on the current population distribution described in Adams County, a key component will be to ensure representation from the northern, central, and southern areas.

Partnerships

Partnerships to support future health messaging initiatives can be developed internally and externally in relation to Adams County. One important initial consideration is identifying who will lead each or all components of health messaging and utilizing the already established community stakeholders. Adams County can leverage their current connected community as an asset for health messaging. Internal collaboration with coalition partners and other leaders in the community (e.g., public library, community theatre center, local veteran services) can assist in building and developing health messaging, integration of multiple methods of communication and assisting in survey deployment to reach more of the County. An example of a multidimensional stakeholder

would be working with the local school district as it offers multiple interpersonal and organizational communication channels. Faculty, staff, parent teacher organizations, and student youth groups (e.g., student council, honor societies, volunteer organizations) can act as a localized collaborative partnership. This partnership offers a mutually beneficial relationship since more of the populations participating in the survey will in turn lead to more targeted health messaging to benefit the community.

External organizations outside of Adams County can also offer the community support and resources developing, implementing, and evaluating messaging programs. Agencies such as the CDC, WHO, and NCI offer developed material ready for dissemination as resources for target populations. State level organizations (e.g., Wisconsin Department of Health Services, Wisconsin Department of Veteran Affairs, University of Wisconsin) can offer another layer of supportive partnerships and resources. External partnerships can also be formed with individuals that are typically outside the community and can support through consultation on specific projects. For example, working with a statistician during the survey process can be a beneficial external partnership. By engaging with a statistician early in the process, suggestions on sample size and appropriate tests for analysis can be offered for the survey (Jones et al., 2013). As the health messaging initiatives develop, so can the partnerships. Each phase may require a different degree of established partnerships and should be customized based on available budget and resources.

Funding and Resource Considerations

Further resources and funding sources should also be considered. Health messaging frameworks can be costly as well as inexpensive depending on the resources currently available or desired. The need for a communications director or person with experience in communications can be a costly resource, although is a good investment for future campaign success and less waste of vital resources. Included in Appendix E are a list of potential funding sources for strengthening the health messaging framework in Adams County with inclusion of the development, dissemination, and evaluation of a survey.

These funding considerations can be used for any component of these interventions and can be utilized for different aspects of the health messaging framework or components of the survey needs. For some grants, the letter of intent and request for application deadline have passed for this year, many are yearly and preparations such as building the required partnership or pilot studies can begin now. For example, a pilot survey can be done first on a minimal budget which can then provide insight and further support for funding applications with applications due in the latter half of the year; such as the Small Grants Support Program through the UW-Madison Prevention Research Center, Foundation Community Grant through the

Wisconsin Medical Society Foundation, or Seed Project Grants through The Baldwin Wisconsin Endowment.

Taking into consideration the resources available and the resources needed is necessary for effective utilization of communication methods. Identifying the current media outlets in Adams County, both internet-based and non-internet based, would be a valuable resource in deciding which media channels pose as options to invest in. Expanding the investment of stakeholders, coalition members, and media networks would allow for further implementation. Additionally, funding to expand non-internet-based communication methods (e.g., print, radio, newspaper) is necessary to reach audiences who do not have access to the internet. Print media can be more expensive than other modalities, which can prompt considerations regarding funding.

If past completed surveys are available within Adams County Health and Human Service Department, it would be valuable to identify areas of strength or areas for growth before conducting a new survey. If applicable, additional notes on the previous audience, method, and deployment of the survey should be included in the reflection. Once the team who will be responsible for the survey are identified, available budget and time allocation should be planned according to the intended timeframe for the survey results. Budget availability and allocation will influence the survey methods, duration, and involvement of individuals. There are varying expert opinions on the expense of survey types. One key consideration is the amount of time devoted to the survey, especially when considering delayed responses (Misro et al., 2014). One study found that attributing the costs of incentives and follow-up reminders with postal questionnaires was offset by promoting a large sample size and reduced the needs, thus the costs for further sampling (Smith et al., 2019). Ultimately, surveys can be customized to meet the resources availability. Decisions on depth and range should be made with the survey purpose in the forefront.

Other potential resources are organizations targeting a specific health condition such as the Substance Abuse and Mental Health Services Administration (SAMHSA) which provides freely available multimedia resources which can be used for media campaigns. This example from SAMHSA is one which encompasses many components of previously mentioned health messaging frameworks by including multiple media options (video, audio, visual), range in the target audience (family and other support members), accessible (multiple languages) and actionable (conversation guides). (SAMHSA, 2020).

Investment in these resources with the help of funding will be vital to improving health messaging in Adams County although the impacts on the health disparities that rural residents face will promote health equity for the entire county.

Impacts on Health Disparities and Health Equity

Improving the communication of health information to rural residents in Adams County can have great impacts on health disparities and health equity. Expanding the use of health communication strategies that aim to affect individual, community, organizational and policy change is key to eliminating health disparities (Freimuth & Quinn, 2004). Numerous determinants of health can contribute to health disparities and inequities (Freimuth & Quinn, 2004).

Creating a general framework for health messaging can be applied to a certain condition/disease or for the organization. This has a positive impact on the community by creating a guide or support in which the County may use and tailor to address any health concerns among the residents that experience health disparities. By using this framework, residents of Adams County could benefit by having improved access to important information and increased knowledge and awareness that could result in positive behavior change. By narrowing down the most effective communication channel(s) for Adams County residents, health campaigns and messaging will successfully reach the intended target audience. In turn, this will promote knowledge of important health information and improve levels of self-efficacy among the residents. To address the health disparities surrounding access to health messaging, including non-internet-based methods of communication will broaden the scope of who receives this communication. Rural residents of Adams County, or any resident without internet access, will be able to benefit from the identification and implementation of the most effective communication channels. This can be accomplished in part by using survey results that identify the residents' preferred communication method. A successful survey should have positive impacts on the target population taking into consideration any existing health disparities and inequities. The use of multimodal survey methods will increase the chance of reaching under-represented subgroups in Adams County, including those without internet access nor technology. The customization of meeting the community's needs and preferences will offer an opportunity to build rapport and trust between residents of Adams County and Adams County Health and Human Services Department.

Understanding the culture of the intended audience is vital when working toward eliminating health disparities and improving health equity through communication and, in many cases, communicators simply equate culture with race and ethnicity (Freimuth & Quinn, 2004). According to the Institute of Medicine (2002), issues surrounding diverse audiences are addressed three ways: 1) by developing a communication campaign with common-denominator messages relevant to most audiences, 2) by developing a unified campaign with systematic variations in messages to increase relevance for different audience segments, retaining one fundamental message, or 3)

by developing distinctly different messages or interventions for each audience segment. An example of this is outlined in the development of a telenovela style movie campaign for colorectal cancer by building upon storytelling as a culturally respectful way to share information among Alaska native people (Cueva et al., 2013). It is important to create health messaging interventions that consider and appreciate the complexity of culture to combat disparities by integrating cultural factors into the interventions (Freimuth & Quinn, 2004).

Evaluation Strategies and Measures

According to Brownson (2018), types of evaluation include formative, process, impact, and outcome. Formative evaluation assesses if the program component is useful and viable for the target population (Brownson, 2018). For a media campaign in Adams County, formative evaluation could include focus groups with stakeholders to see if this is a feasible component.

Process evaluation focuses on the course of the implementation instead of the successfulness (Brownson, 2018). In the case of a media campaign, the process evaluation includes looking at how many people were surveyed and how many resources were used. Additional discussion by the survey team would be needed to specifically identify which survey method, if not a combination, would be used to best reach the residents of Adams County. Further usage of surveys could be developed such as pre and post comparisons for various health promotion campaigns (Randolph, Whitaker, & Arellano, 2012).

Impact evaluation centers on the degree that the objective was met based on the program's effectiveness (Brownson, 2018). For this project, the objective is to have health messaging reach residents of Adams County, especially those with limited access to internet and technology. An example of a successful survey result would be identifying Adams County residents' preferred method of communication for health messaging. A strong response rate will help prevent bias and promote proper representation of the study population (Smith et al., 2019). An effective survey can influence the health messaging framework and a cycle of further evaluation then becomes available. Review of both internet and non-internet-based models can be driven based on the residents' preferences noted in the survey results. A media campaign can then target a specific health behavior, condition, or disease and utilize the information gathered from both the survey and messaging method models.

Outcome evaluation looks at long term impacts on health (Brownson, 2018). For Adams County, long term outcomes of a successful health messaging campaign could include improved health behaviors from increased levels of self efficacy, diverse

collaboration with community stakeholders, and grass roots dissemination of health messaging amongst the community.

By using these evaluation methods, the success of a media campaign can be measured. Continuous feedback, adjustments and reflection can help keep the purpose in the forefront. No program or campaign is consistently linear and this ensures the community needs are being met at each phase.

Conclusion

This project outlines the needs of health messaging for Adams County and the disparities within the community for those who lack the internet or are intentionally isolated in this primarily rural community. By leveraging their assets of community partnerships within Adams County, health messaging can be further developed to reach more residents. These interventions summarize the impact of a health messaging framework and discuss the available customization based on targeted health initiatives in Adams County. In addition, these interventions take into consideration health messaging methods differentiating between internet-based and non-internet-based techniques to apply to these frameworks. The third intervention is the development of a survey for future dissemination and analysis to help guide the messaging frameworks from the data collected. These three interventions aim to work in unison to guide the messaging in Adams County by addressing the health disparities for this rural community.

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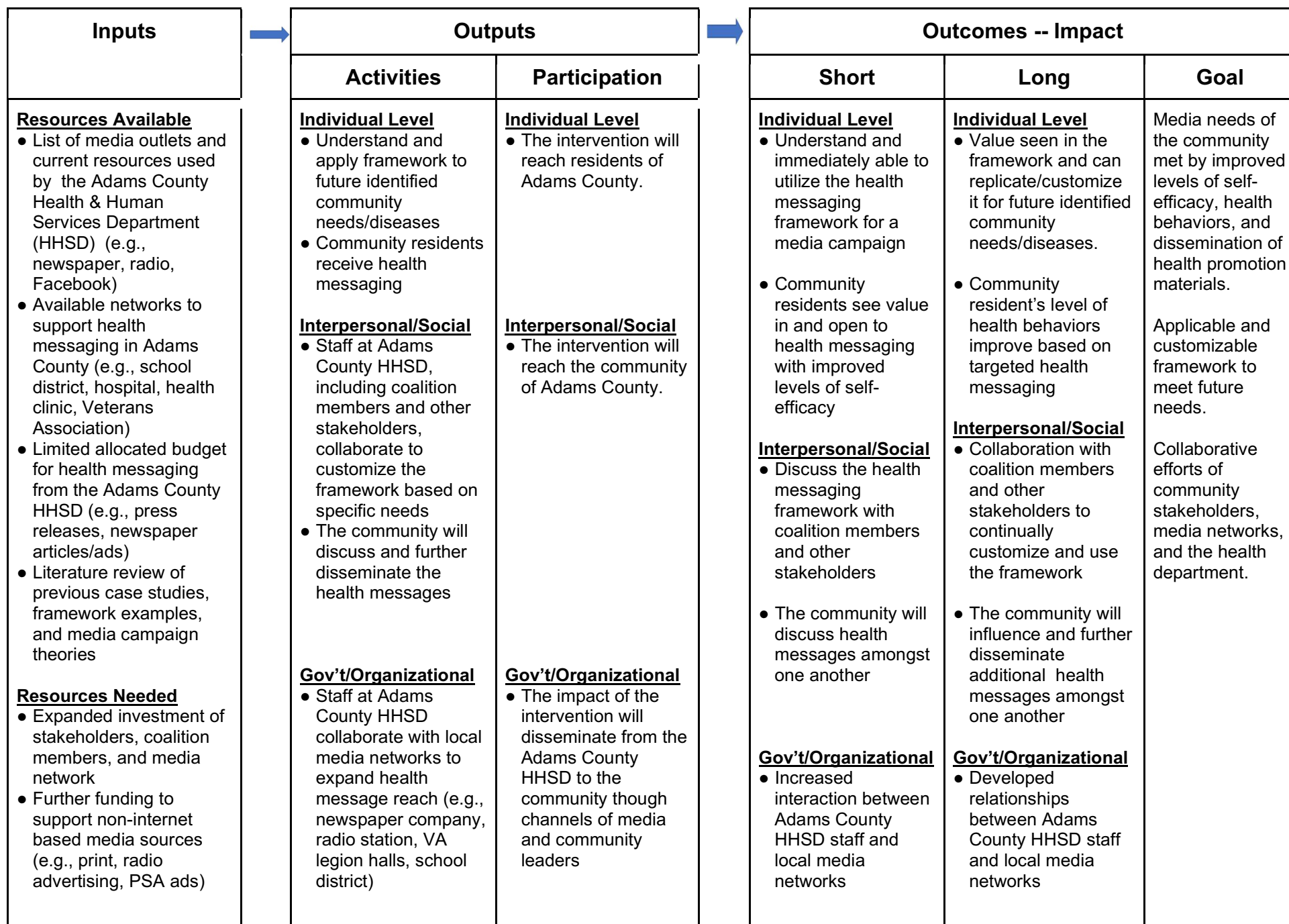
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APPENDIX A Logic Model: Open Model Health Messaging Framework for Rural Communities

Intended Audience: Adams County Health & Human Services Department (HHSD) **Scope:** Health Messaging



APPENDIX B: Sample Communication Plan

(Adapted from NCI's *Making Health Communication Programs Work*. Pink Book. 2020)

Overview

- Name of Program:

- Sponsoring Agency:

- Contact Person:

- Issue or Problem to Be Addressed:

- Evidence of Need (why the program is being developed):

- Program Objective(s):

- Communication Objective(s):

- Primary intended audiences (in priority order; include pertinent characteristics and rationale):

- Secondary intended audiences (in priority order with rationale):

Market Research

- Market Research Plans (include pretesting):

- Activities (list for each intended audience):

-
-
- Messages (list for each defined market):

-
-
- Materials to Be Developed/Adapted:
-
-

Materials Distribution and Program Promotion

- Promotion/Materials Distribution Plan:
-
-

- Key Tasks, Timeline, and Resources Needed (list person responsible; address fixed deadlines and required approvals):
-
-

- Partnerships Potential Partner Organizations (describe their roles):
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- Partnership Plan:
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- Evaluation Plan:
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APPENDIX C: Communication Channels

Communication Channels and Activities: Pros and Cons (Adapted from NCI, 2020)			
Type of Channel	Activities	Pros	Cons
Interpersonal	<ul style="list-style-type: none"> - Hotline counseling - Patient counseling - Instruction - Informal discussion 	<ul style="list-style-type: none"> - Credible - Two-way discussion - Motivation/Support - Influential - Effective teaching 	<ul style="list-style-type: none"> - Expensive - Time-consuming - Limited reach - Difficult to link into
Organizational and Community	<ul style="list-style-type: none"> - Town hall meetings - Conferences - Work meetings and campaigns 	<ul style="list-style-type: none"> - Influential - Familiar/Trusted - Motivation/Support - Shared experiences - Larger reach 	<ul style="list-style-type: none"> - Time-consuming - Not personalized - Org constraints - Message control
Newspapers	<ul style="list-style-type: none"> - Ads / News - Featured stories - Letters to editor - Op/ed pieces 	<ul style="list-style-type: none"> - Rapid and thorough - Clip, reread, & pass - PSA's 	<ul style="list-style-type: none"> - Needs to be newsworthy - Costly - One day limited
Radio	<ul style="list-style-type: none"> - Ads / News - Public affairs - Dramatic programming 	<ul style="list-style-type: none"> - Range of format - Direct audience involvement - Distribute ad scripts - Inexpensive - Controlled message 	<ul style="list-style-type: none"> - Smaller audience - Infrequent ads - Not conducive - Difficult to retain
Television	<ul style="list-style-type: none"> - Ads - News - Public affairs - Entertainment 	<ul style="list-style-type: none"> - Largest reach - Emotional appeal - Low income reach - Controlled message - Direct audience involvement 	<ul style="list-style-type: none"> - Expensive - Infrequent PSAs - Commercial clutter - Huge demand - Difficult to retain
Internet	<ul style="list-style-type: none"> - Web sites - Email mailing lists - Chat rooms - Newsgroups - Ads 	<ul style="list-style-type: none"> - Large reach - Tailored info - Instant and Interactive - Appealing graphic - Self-paced - Banner ads 	<ul style="list-style-type: none"> - Expensive - Audiences lack access to internet - Requires proactivity, monitoring, maintenance

APPENDIX D: Survey Methods

Advantages & Disadvantages of Survey Methods (Jones et al.,2013)		
Methods of Data Collection	Advantages	Disadvantages
Personal	<ul style="list-style-type: none">-Complex questions-Visual aids can be used-Higher response rates	<ul style="list-style-type: none">-Expensive-Time inefficient-Training to avoid bias
Telephone	<ul style="list-style-type: none">-Allows clarification-Larger radius than personal-Less expensive or time consuming-Higher response rates	<ul style="list-style-type: none">-No visual aids-Difficult to develop rapport
Postal	<ul style="list-style-type: none">-Larger target-Visual aids (although limited)-Lower response rates	<ul style="list-style-type: none">-Non-response-Time for data compilation
Electronic	<ul style="list-style-type: none">-Larger target-Visual aids-Quick response-Quick data compilation-Lower response rates	<ul style="list-style-type: none">-Non-response-Not all subjects accessible

APPENDIX E: FUNDING CONSIDERATIONS

Name of Grant Program	Institution	Applicable Objective from RFA	Partnership Needed	Award Max	Time of Support	Letter of Intent Due	Full Proposal Due	RFA Link
Small Grants Support Program	UW-Madison Prevention Research Center	Maternal and child health equity for small-scale and innovative research projects, especially those that will provide preliminary data leading o larger research efforts. Wide range of topics including population health and wellbeing, health equity or disease prevention for women, children and families.	UW-Madison	\$30,000	12 months		August (annually?)	https://prc.wisc.edu/research/uwprc-small-grants/
Foundation Community Grant	Wisconsin Medical Society Foundation	Improve health equity in Wisconsin through projects such as health literacy, access, equity and awareness.	Physician member of Wisconsin Medical Society (recommended)	\$10,000			Last Friday of Sept (annually)	https://foundation.wismed.org/wisconsin/foundation/Programs/improving-community-health/grants/foundation/programs/grants.aspx
Clinical & Community Outcomes Research (CCOR) Pilot Award	Institute for Clinical and Translational Research (ICTR) - UW-Madison	Community-partnered health research that solves problems translating knowledge into improvements in clinical practice, community programs and health policy	PI employed by UW-Madison	\$75,000	12 months	November (annually)	December (annually)	https://ictr.wisc.edu/funding-opportunities/
Project Grants	The Baldwin Wisconsin Idea Endowment	Proposal fosters public engagement and advancement of the Wisconsin Idea. New outreach and public engagement activities that partner with community and off-campus organizations to extend and apply our research, education and practice-based knowledge to help solve problems or take advantage of opportunities.	UW-Madison Faculty, Staff or Student	\$120,000	12 - 36 months	11/09/20	03/15/21	https://provost.wisc.edu/baldwin-wisconsin-idea-endowment/
Seed Project Grants	The Baldwin Wisconsin Idea Endowment		UW-Madison Faculty, Staff or Student	\$120,000	12 - 36 months	11/09/20	03/15/21	https://provost.wisc.edu/baldwin-wisconsin-idea-endowment/
Evidence for Action: Investigator-Initiated Research to Build a Culture of Health	Robert Wood Johnson Foundation	Funds research that expands the evidence needed to build a Culture of Health, broadly defined as one which good health and well-being flourish across sectors, fostering equitable communities; and everyone has the opportunity to make choices that lead to healthy lifestyles.	None	Not explicit	36 months	Rolling	Rolling	https://www.rwjf.org/en/how-we-work/grants-explorer/funding-opportunities.html
Rural Health and Safety Education Competitive Grants Program (RHSE)	USDA	Community-based outreach education program providing families with information to value good health, increase motivation, health promotion and education activities.	UW-Madison or other Land-Grant Institution	\$350,000	24 months	none	04/29/21	https://nifa.usda.gov/funding-opportunity/rural-health-and-safety-education-competitive-grants-program-rhse

About UniverCity Year



UniverCity Year is a three-phase partnership between UW-Madison and one community in Wisconsin. The concept is simple. The community partner identifies projects that would benefit from UW-Madison expertise. Faculty from across the university incorporate these projects into their courses, and UniverCity Year staff provide administrative support to ensure the collaboration's success. The results are powerful. Partners receive big ideas and feasible recommendations that spark momentum towards a more sustainable, livable, and resilient future. Join us as we create **better places together.**