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Raising Health Equity Awareness in Adams County, Wisconsin

Public Health 780: Evidence-Based Decision-Making University of Wisconsin-Madison





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Raising Health Equity Awareness in Adams County, Wisconsin

Adams County Health Department

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Summary Statement

According to the 2017-2022 Adams County Community Health Improvement Plan (CHIP) and local public health experts, health equity awareness is an identified priority health area central to increasing community engagement with public health initiatives and policies (Adams County Community Health Improvement Plan 2017-2022, 2017). This paper will outline two proposals including an example of a social media-based and an in-person intervention for disseminating health equity information to Adams County residents. By combining interventions that can be implemented in both the short- and long-term, we believe the overall messages of improving community resilience, safety, and economic wellbeing will increase local awareness of the importance of health equity.

Public Health Issue

According to the Robert Wood Johnson Foundation, "health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care" (Braverman et al, 2017 p. 12). Adams County, Wisconsin, is a region confronted with many such obstacles to equitable health outcomes. Despite this, the tight-knit communities throughout the county, a strong public health department, and a thriving health partnership among the five neighboring counties (the Central Wisconsin Health Partnership, or CHWP) have protected and promoted the resilience and wellbeing of this area's residents (Adams County CHIP. 2017). The Adams County Health Department has identified a continued need to raise awareness of the health inequities in the county in order to engage more community members in advocating for their own positive health experiences and to advance health equity across the diverse populations in the region (L. Eierman, personal communication, September 17, 2020). The 2017 CHIP demonstrates that many Adams County residents already consider issues of equity to be central to improving health outcomes, including both access to and cost of healthcare (Adams County CHIP, 2017). However, residents are not always aware that these issues are issues of equity, or of how access to affordable produce or policies to widen sidewalks or bike lanes can also contribute to increased health equity (L. Eierman, personal communication, September 17, 2020). The unique experiences of the communities in this fully rural county contribute greatly to the general public's understanding--or lack thereof--of what health equity is and what it means in their daily lives.

Community Challenges and Assets

As a fully rural county in Wisconsin, Adams County faces unique challenges and relies on its unique assets to foster greater community health. As of 2018, Adams County was home to 20,073 people. According to the Data USA database, the median household income in Adams County at that time was \$43,280, which is significantly lower than Wisconsin's and America's median household incomes--\$60,773 and \$61,937, respectively (Adams County, n.d.). Disparities in earnings are also geographically related, with the highest-earning households focused to the northern- and southernmost census tracts in the county (Tracts 9501 and 9507). Nearly 15% of Adams County residents live below the Federal Poverty Line, compared to 11.9% of all Wisconsin residents and 13.1% of the U.S. population (Wisconsin, n.d., and United States, n.d.). Primary industries in the county center around large-scale agriculture and animal husbandry, healthcare at the Gundersen Moundview Hospital in Adams-Friendship, and tourism along Lakes Arrowhead and Sherwood and Petenwell Lake in the northern part of the county and in the Wisconsin Dells in the southern portion (Adams County, n.d.). Because much of the recreational spaces in Adams County are dominated by tourists, residents don't always have access to these outdoor recreation spaces. The tourist industries in these areas highlight that, while tourism provides jobs for local economies, there is inequitable distribution of resources and privileges between people who visit Adams County and those who make their homes there.

Beyond access to recreational spaces, community members also face geographical challenges to accessing crucial services like healthcare. Because the one hospital in the county, Gundersen Moundview, is centrally located in the Adams-Friendship area, residents from other parts of the county must drive at least twenty minutes to access any in-person medical care. For people without a car or other motorized transport, the barrier to access increases profoundly. The same is true for access to fresh commercial produce or food assistance programs; both the A-F County Market and the Adams Food Pantry are located centrally in the Adams-Friendship area and do not have satellite locations to other parts of the county. Additionally, the central location of the Adams County Health Department and its coalitions allows for many community members' voices to be heard in public health decision-making--but those voices are often localized to people living in Adams-Friendship (L. Eierman, personal communication, September 17, 2020).

The negative economic realities many Adams County residents are facing, combined with struggles to access essential public health services, have significantly impacted the health and wellbeing of many communities in this area. In comparison to state and national data, Adams County underperforms on many important health equity measures such as premature death, unemployment, and child poverty. Premature death (years of potential life lost before 75 per 100,000) in Adams County is 8,400 compared to 6,400 in Wisconsin and 5,500 in the U.S. Adams county has a 4.7% unemployment rate compared to 3% in Wisconsin and 2.6% nationally. Lastly, the child poverty rate in Adams county is at a striking 24% compared to 14% in Wisconsin and 11% nationally (County Health Rankings and Roadmaps, n.d.).

These statistics highlight an urgent need to address many issues of health equity in Adams County. However, some Adams County residents do not recognize all the potentials for improving their lives and their communities' lives by working against health inequities. In order to combat a sense of complacency and foster individual and community resiliency, further awareness of what health equity means to Adams County must be raised. In conjunction with the CWHP, a multidisciplinary coalition of Adams county and its five neighboring counties, the Adams County Health Department has outlined strategies to spread awareness of health equity to more local residents. The Department's existing coalitions, Be Health Adams County, Prevent Suicide Adams County, and Drug Free Adams County, have already taken important steps to recognize how vital health equity is to issues important to the community like nutrition and physical activity, suicide prevention, and substance abuse. These coalitions were also expanding their impact by hosting their meetings in a variety of locations around the county in an effort to engage more residents from diverse experiences. Unfortunately, the COVID-19 pandemic slowed this work down. In a time when meeting with community members face-to-face is unsafe, it is difficult to spread awareness of what health equity is, let alone how to address health

inequities from a respectful six feet apart. To continue the work outlined in Adams County's 2017 CHIP and begun by its Health Department and established coalitions, we propose implementing two strategies to increase awareness of health equity among the general public in Adams County. We hope that by educating more community members of how important health equity is and how they can become involved in improving their communities, residents will be able to more directly participate in Adams County's economic growth, improved safety, and strengthened resiliency (Adams County CHIP, 2017).

Evidence-based Policy Review

First Intervention: Social Media Engagement

Description

The first proposed intervention focuses on increasing social media engagement through Facebook, Instagram, and Twitter to promote health equity awareness. The social media accounts will send out posts that are designed to address health equity issues through the lens of the three primary values of interest to Adams County community members: economic growth, safety, and resiliency. The target audience includes members of Adams County's general public.

Summary of Evidence

Social media interventions have been found to be effective in promoting health equity in youth, older adults, low SES, and rural populations (Welch, V., Petkovic, J., Pardo Pardo, J., Rader, T., & Tugwell, P., 2016). As a rural county, with many of its citizens living in poverty, it is important for this intervention to reach Adams County residents who experience the greatest health inequities. Using multiple social media platforms creates a larger audience and maximizes engagement (Zellner et al., 2019). To amplify health equity messaging, the intervention will utilize Facebook, Instagram, and Twitter. The Pew Research Center reports that the majority of US adults (68%) use Facebook, and Instagram and Twitter use are on the rise (Zellner et al., 2019).

To communicate public health and health advocacy information effectively, it is important to understand and articulate core messages in a way that corresponds with the key values of the community (Dorfman, Wallack, & Woodruff, 2005). To ensure that community values are intertwined within all health messaging, each post will go through three conceptual levels. Level One reviews the values being addressed (Dorfman et al., 2005). For Adams county, the core values identified by the 2017-2022 CHIP are safety, the economy, and resiliency (Adams County CHIP, 2017). Level Two identifies the issues needing to be addressed. For Adams County, this could be poverty, unemployment, access to healthcare, etc. The last level, Level Three, addresses the policy details or strategies necessary to make change (Dorfman et al., 2005). While Level Three is the action step, which is often what public health professionals want to jump to first, in order for the health messaging to be effective for the community, it needs to be rooted in the Level One values of the community. By using this framework, each post will be infused with Adams County's values, and the overall health equity messaging will be more effective.

Partnerships

The Adams County Health Department will be the main partner in this intervention as they will be running the social media accounts, generating the content, and engaging the public. The main intended recipients of the health messaging will be the residents of Adams County. Their interaction with the social media accounts is the backbone of this intervention. Other partners will be the existing coalitions in Adams County. Many of the coalitions have their own social media accounts, and together the Health Department and coalitions can work together to disseminate and amplify health equity information applicable to both parties. Lastly, the CWHP will be another partner that can provide input and recommend messaging strategies through their CHA and CHIP. They can also further engage with and disseminate media.

Implementation

The Adams County Health Department has been effectively using social media to disseminate public health information, and currently runs a Facebook page with a strong following of 2,317 followers and 1,998 page likes as of 11/5/20. For this intervention, health department personnel will need to create and run Instagram and Twitter accounts for the Adams County Health Department. After creation of the accounts, the health equity messaging posts will be created using the Three-Level framework described by Dorfman et al.. The use of multiple modes of social media messaging will create a broader audience and increase overall engagement with health equity information (Zellner et al., 2019).

Impacts

The social media intervention will increase health equity information disseminated to Adams County residents in a way that focuses on their values of community safety, resiliency, and improved economic capacity. One of the greatest benefits to this intervention is it can be implemented during the COVID-19 pandemic, which was a priority identified by the Health Department (L. Eierman, personal communication, September 17, 2020). During the pandemic, in-person events and messaging can no longer safely take place. Social media is an easy way for many people to access information while staying safe at home. Furthemore, the majority of Adams County has good broadband coverage. The wireline download speed for much of Adams County is 25+ Mbps (megabits per second) (Wisconsin Broadband Map, n.d.). Few parts of the county do not have strong Internet access. Those living in these few parts may not be able to engage with the health department's social media as often as other residents. This could cause a potential increase in disparities. Recognizing this potential to exacerbate inequity, it will be crucial to employ targeted messaging to make all residents feel like they can contribute to the health equity conversation. Additional strategies that create connections beyond social media will also be needed to ensure many perspectives from around the county can be heard.

Evaluation Strategies and Measures

Social media interventions not only assist in increasing health equity awareness, but they also solicit feedback--crucial for evaluating the success of this intervention (Zellner et al., 2019). This intervention will be evaluated with observation of social media interaction and with surveys. Facebook will be evaluated by number of page followers, number of page likes, average reactions per post, average comments per post, and average shares per post. Twitter will be

evaluated by the number of account followers, average likes per post, average replies per post, and average retweets per post. Instagram will be evaluated by number of account followers, average likes per post, and average comments per post. This data will help determine how engaged Adams County residents are with health equity information. Public Health Department employees may want to create a health equity survey that could be sent out on Instagram, Twitter, and Facebook. To ensure the target audience, Adams County residents, are those being impacted by the intervention, the survey will include survey participants' ZIP code data. The survey would evaluate knowledge of health inequities specific to Adams County. This survey could be administered before targeted health equity messaging began, and then at regular intervals throughout a year to see how respondents' answers change. This will provide information on the effectiveness of this intervention over time in creating greater awareness among Adams County residents as to what health equity is, how it affects their lives, and how they can advocate for greater equity for themselves and their communities.

Resources

The Adams County Health Department already has a Facebook account with a strong following. Using this following and the partnerships between the Adams County health coalitions and the health department as the foundation for this new messaging will be essential to disseminating health equity information to a broader audience. At least one health department personnel will need to create and run the Twitter and Instagram accounts. Furthermore, a health equity survey specific to Adams County for evaluation will also need to be developed.

Funding Sources

The social media intervention will likely require no additional funding as the framework for this intervention already exists with the Facebook page.

Summary

Increasing public engagement with health equity information through Facebook, Twitter, and Instagram takes advantage of Adams County's well-established presence on social media. It also provides health department staff and coalitions with the opportunity to make progress on their goal to increase awareness, even during the COVID-19 pandemic. However, this critical work will need to engage more people than can be reached with social media. To accomplish this, we have proposed a second intervention that will focus on creating in-person connections across the various communities, backgrounds, and experiences in Adams County.

Second Intervention: Cross-Coalition Health Equity Group

Description

The second proposed intervention will involve the creation of a new coalition in Adams County with a primary focus on raising community health equity awareness, determining issues of health equity in the county, and advocating for potential solutions to address them. By targeting a variety of population groups in the county and fostering a space for diverse perspectives to be shared, the coalition will create opportunities for many members of the general public to engage with health equity issues and work collaboratively to raise awareness of and address them.

Summary of Evidence

The health equity coalition will use an advocacy-based approach to engage community members, identify local health inequities, and support interventions to improve them. Advocacy work in public health can comprise a variety of different activities, including raising awareness of public health issues, communicating with local policy-makers, and sometimes directly supporting a piece of legislation. Advocacy work connects individual experiences with larger, "upstream" social, political, and economic systems. It attempts to support changes that will have broader impacts at the community and regional levels and beyond (Public Health Advocacy, 2009).

Community health and advocacy organizations have a central role in advocating for health equity given their unique ability to bridge worlds of civil society, research, and policy. They can mobilize civil society to apply pressure on decision-making processes in favor of health equity (Farrer, Marinetti, Cavaco, & Costongs, 2015). By focusing the coalition's work to identifying and supporting strategies that will improve health equity, greater attention can be paid to advocating for larger-scale organizational and governmental policy and practice changes. Advocacy work is crucial not only to effect systemic and environmental changes, but also to empower individuals to recognize the positive impacts their active participation in this work can have on their community (Servaes & Malikhao, 2010). In a county that struggles with high rates of poverty, it can be difficult for some people and groups to feel like they can make changes to "the way things are". By providing an opportunity for community and civic engagement for those in poverty, the coalition will be able to promote health equity on the individual, community, and systems level (Dorfman et al., 2005).

Using an advocacy-based approach will require coalition members to learn what types of advocacy activities are available to them; depending on various affiliations and governmental funding, it may be appropriate for one coalition member to endorse new healthcare legislation, but it may be a breach of another member's employee policy to do so. It will also necessitate building connections outside of organizations traditionally associated with public health. Involving more of the general public by fostering partnerships between the established health coalitions, other active organizations, and community leaders will make advocacy-based work to improve health equity not only possible, but also more effective (Bassett, 2003).

Partnerships

This coalition will require coordinated efforts from multiple stakeholders to succeed, especially given the historical challenges that Adams County has faced in terms of ensuring that the voices of minoritized populations are heard in public health spaces (L. Eierman, personal communication, September 17, 2020). The health equity coalition would seek to directly address that inequity by purposefully engaging members of those communities in both raising awareness of and addressing issues of equity in Adams County. This work will rely heavily on the strong, positive relationships between the Adams County Health Department and the Be Healthy Adams County, Prevent Suicide Adams County, and Drug Free Adams County coalitions. The tight-knit relationships among Adams County communities and social organizations will also be a crucial asset to engaging more of the general public in this work.

The relationships between the Adams County Health Department and the three established coalitions will be invaluable not only to the creation of the health equity coalition, but also to engaging new partners in local social organizations and people whose voices need to be better heard in the community. A strong understanding of what both equity and advocacy mean and how they can be acted upon will be essential; the health department could provide additional information on how to develop strategies for both group and individual advocacy with regard to issues of equity. Because the coalition would consist of members of the other three health coalitions in the county, it would have a solid foundation in what health equity might mean to Adams County and how to accomplish health equity advocacy work in a coalition setting. Members of the coalition that are involved in other local organizations and members from underrepresented populations can offer their own perspectives of the equity issues facing their communities and spread awareness of these issues to more of the public through their own social networks.

As a more removed partner, the CWHP is in a uniquely beneficial position to act as both coach and champion for the health equity coalition. The CWHP can disseminate information about the coalition's activities more widely, and may have additional resources to support these awareness and advocacy efforts. The CWHP can also assess how well the coalition is seeking to address inequities, both internally and within the community. The strong ties between the CWHP and Adams County Health Department may serve as an essential two-way street for sharing information on progress, ideas for improvement, and various resources.

Implementation

The health equity coalition would initially consist of members of the three established coalitions in Adams County: Be Healthy Adams County, Drug Free Adams County, and Prevent Suicide Adams County. The coalition would also invite members of other active organizations in Adams County such as the Adams and Arkdale Lions Clubs and the Adams Veterans of Foreign Wars (VFW) branch to join. Within one year, the group would grow to include members of populations that are not traditionally represented in public health education and decision-making in the county (ex. People living in northern and southern Adams County, those of lower socioeconomic status, younger community members, etc.).

In order to maximize its audience, the coalition would create a social media page to disseminate targeted health equity information. The coalition would engage, both in person and online, with socioeconomically disadvantaged community members and community leaders to determine and spread awareness of key equity issues and to find and advocate for solutions to these issues. The coalition could hold events like in-person or virtual coffee breaks and workshops to foster these connections. Importantly, the coalition members will continue to center health equity and community resiliency as primary goals for this and other groups and coalitions.

Impacts

By engaging with members of the general public, the health equity coalition will work directly to raise awareness of what health equity is, what it means to Adams County, and how residents can work for increased equity in their lives. In addition, allowing members of other coalitions to work together collaboratively may strengthen the partnerships between all three groups while building new partnerships with other communities and social organizations. Because the coalition will actively connect with members of communities not traditionally represented in public health decision-making, it will help to address the barriers that often exist for minoritized groups or individuals to make their voices heard and acted upon. It will also empower community members to recognize how sharing their experiences, raising awareness of health equity, and advocating for broad socioeconomic changes can increase their individual and community resilience.

Evaluation Strategies and Measures

The health equity awareness coalition will be evaluated in two ways. As a partner who may not be directly involved in the daily coalition activities, the CWHP could perform these two assessments every 1-2 years after the coalition has been established. First, the CWHP could assess the coalition's progress at identifying and supporting strategies to improve public health in Adams County. Second, the CWHP could establish if the coalition is more broadly representative of Adams County populations in terms of wealth, occupation, geographic location, and if all members play an active role in vital coalition functions (i.e. public engagement, information dissemination, critical decision making). If the coalition has made progress in these areas by, for example, ensuring that at least one member identifies as being part of an underrepresented community and advocating for at least three strategies to improve health inequities within a year of implementation, it can be considered successful. Because of the foundational work the Adams County Health Department and the three established coalitions have made in recognizing health equity as an essential part of public health, we believe these goals will be attainable and representative of the community's progress on this vital work.

Resources

The Adams County Health Department and its associated coalitions have already made progress on recognizing and raising awareness of the importance of health equity in a variety of community outcomes. The established relationships within individual coalitions and the creation of productive partnerships across the coalitions will be essential to creating a unified health equity group to continue this progress. The same goes for the close relationships among other active organizations and communities; the strong intra-group partnerships will need to be replicated when forming connections with other coalition members who will have differing perspectives and experiences. These same relationships will foster the spread of health equity information through these communities, both through in-person and online interactions. At least one coalition member will also be responsible for creating and disseminating information through the group's social media platform, though any and all members may be interested in exploring the potential benefits of coupling in-person engagement with social media follow-up.

Coalition members may also want or need additional support when learning about and applying an advocacy lens to health equity work. The Adams County Health Department or the CWHP may have resources to share on how to begin this process or which organizations to involve as members grow their advocacy efforts, in addition to resources for evaluation of the coalition's objectives and progress. These larger partners may also have referrals to potential funding sources, as the coalition's work will require financial support for coordinating in-person events and performing community research into Adams County's health inequities. The most vital resource will, of course, be the commitment of coalition members to putting in the time and effort to build their community's safety and resilience through health equity advocacy work.

Funding Sources

While the time and efforts of multiple coalition members and community partners will be the most valuable asset to the health equity coalition, it will likely require additional funding from grants and fundraisers for its daily operations and activities. Members of other health coalitions and social organizations may have different access to funding or various ideas for how to raise funds. Some potential options are listed below:

- 1. Option 1: Central Wisconsin Health Partnership
 - a. https://www.cwhpartnership.org/
 - b. Wisconsin Partnership Program Grant (\$300,000)
- 2. Option 2: Baldwin Wisconsin Idea Endowment
 - a. https://provost.wisc.edu/baldwin-wisconsin-idea-endowment/
 - b. Seed Project Grant (\$4,000)
- 3. Option 3: Wisconsin Partnership Program
 - a. <u>https://www.med.wisc.edu/wisconsin-partnership-program/community-grant-prog</u>rams/#collaboration
 - b. Community Collaboration Grant (\$400,000)
- 4. Option 4: Adams County Health Department
 - a. Provides small, variable amounts of funding to other health coalitions.
- 5. Option 5: Local Community Fundraisers
 - a. Adams Lions: Host a large food and drink stand at yearly Adams County Fair.
 - b. Arkdale Lions: Host an annual softball tournament in July.
 - c. White Creek Lions: Host a chicken feed every summer.
 - d. Adams VFW: Host an annual Fourth of July Picnic along with bingo nights and other events.

Summary

Establishing a new coalition focused on health equity advocacy work will continue the efforts to center health equity as vital to public health, efforts that were started by the Adams County Health Department, Be Healthy Adams County, Drug Free Adams County, and Prevent Suicide Adams County. This coalition will allow for the creation of new partnerships with community members and organizations while identifying and addressing health inequities in various communities. By emphasizing the importance of both in-person and virtual connection and prioritizing the perspectives and voices of people who are traditionally underrepresented in local decision making, the coalition both internally and externally advances equitable practices. This work, in conjunction with increasing engagement with health equity content via social media, will raise awareness of local health inequities and how residents can work to eliminate these in their own communities.

Conclusion

The residents of Adams County face many health inequities. Furthermore, many do not fully grasp the extent to which these inequities exist and affect their daily experiences, from buying groceries to taking a walk to getting a flu shot. In order to address these health inequities and their profound impacts on communities' health and wellbeing, the Adams County Health Department can use social media and a new coalition focused on health equity to engage county residents and raise awareness of health equity issues. With continued support, these interventions can lead not only to a better understanding of what health equity is and why it is important, but also to greater community engagement with local equity issues. They also provide a unique opportunity to see how different interventions may be more or less impactful during significant public health events, like the COVID-19 pandemic.

The pandemic has had profound impacts on health outcomes throughout Wisconsin, the United States, and across the globe. It has highlighted the gaps in our public health and healthcare system, and it has exacerbated many of the social and economic disparities that so frequently contribute to poor health outcomes (Abedi et al, 2020). COVID-19 has shrunk many peoples' worlds, leaving them isolated and disconnected. This sense of powerlessness does not have to be the reality for Adams County. This community has an opportunity to refresh and build new connections with one another while tackling issues that impact their daily lives, both through social media and eventually through in-person interactions. This community has opportunities to reject the notion that the way things have been are the way they will always be, and it has new chances to effect the changes it wants to see in its towns, cities, hospitals, schools, and parks. The work Adams County does to improve health equity for all residents today will build the foundation for a stronger, safer, and more vibrant community in the future.

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<u>Appendix</u>

Appendix A: Logic Model

Program/ Policy (focus of intervention): <u>Increase Social Media Engagement to Promote</u> <u>Health Equity Awareness</u> Logic Model

Intended Audience: General Public and Public Health Department Workers in Adams County, Wisconsin Scope of intervention: Primary Prevention

3. Input/ resources	2. Outputs		1.Impact/ outcome		
	Activites/ action strategies	Audience(s)	C. shorter/ intermediate term objective(s)	B. long term objectives	A. Goal
What	Gov't/	Individual	Individual/	Individual/ Interpersonal	Greater
resources	<u>organizatio</u>	level	Interpersonal	Within 3 years of	awareness among
are available	nal level	Citizens of	Within 1 year of	implementation, the Adams	Adams County
to support	Create	Adams	implementation,	County Health Department	residents as to
the	weekly	County	each Facebook	Instagram account will	what health
intervention	Facebook		post will have on	have 200 followers. Each	equity is, how it
? What other	posts that	<u>Interperson</u>	average 25	post will have on average	affects their
resources	highlight	<u>al/social</u>	reactions and 10	50 likes and 10 comments.	lives, and how
(finances,	health	<u>level</u>	shares. It will		they can
training,	inequities in	Coalitions/	also have 4,000	Within 3 years of	advocate for
space,	Adams	community	followers, and	implementation, each	greater equity
materials,	County.	organization	3,000 likes.	Facebook post will have on	and resilience for
ets) are	These posts	s in Adams		average 50 reactions, 20	themselves and
needed?	will frame	County	Within 1 year of	shares, and 10 comments.	their
	health equity		implementation,		communities.
<u>What Exists:</u>	as essential	<u>Gov't/</u>	the Adams	Within 3 years of	
-Adams	for	<u>organizatio</u>	County Health	implementation, the Adams	
County	developing	<u>nal level</u>	Department	County Health Department	
Health &	safety, the	The Central	Twitter page will	Twitter page will have 500	
Human	economy,	Wisconsin	have 100	followers. Each post will	
Services	and	Health	followers. Each	have on average 10	
Division of	resiliency in	Partnership	post will have on	favorites, and 5 retweets.	
Public Health	Adams		average 5		
Facebook	County.		favorites and 1		
page with a strong	Create a		retweet.	Gov't/ organizational level Greater dissemination of	

following.	Twitter	Within 1 year of	Public Health Department's	
	account for	implementation,	health information	
-Strong	the Adams	the Adams	(measured with goals listed	
broadband	County	County Health	above)	
coverage	Public	Department		
	Health	Instagram	Creation of one community	
<u>What is</u>	Department	account will	organization, either	
Needed:	and create	have 100	web-based or in-person,	
-Deliverables	similar	followers. Each	dedicated to advancing	
	weekly posts	post will have on	health equity in Adams	
-Personnel to	as those	average 10 likes	County (see second	
run accounts	described	and 5 comments.	proposed intervention).	
	above.			
-A health			Environmental level	
equity survey	Create an	<u>Gov't/</u>	In a web-based survey,	
specific to	Instagram	<u>organizational</u>	shared on Facebook,	
Adams	account for	level	Twitter, and Instagram,	
County.	the Adams	Greater	community members will	
	County	dissemination of	be able to identify three	
	Public	Public Health	issues of equity that impact	
	Health	Department's	them and potential	
	Department	health	strategies to address	
	and create	information	inequity within 5 years of	
	similar	(measured with	implementation.	
	weekly posts	goals listed		
	as those	above)		
	described			
	above.			

Appendix B: Examples of Social Media Posts

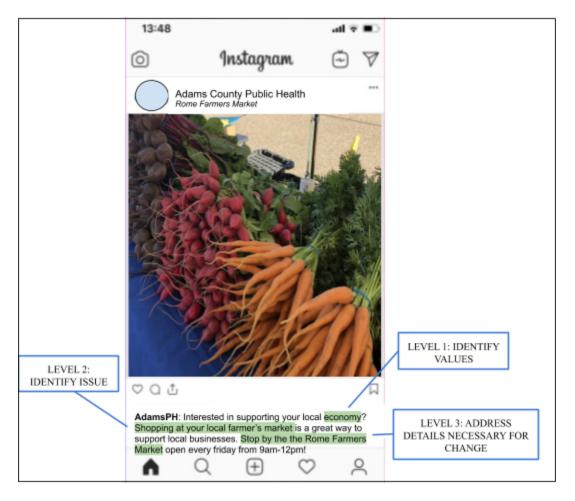
Facebook

			1			
Cre	ate Post	×				
Adams County Public Heal	LEVEI	. 1: IDENTIFY VALUES				
Want to help create a safer Adams County? UEVEL 2: IDENTIFY ISSUE Involving cars and pedestrians INSERT STATISTIC						
Come to the town hall meeting on creating a sidewalk on X street!	MMDDYY to show your	support for	LEVEL 3: ADDRESS DETAILS NECESSARY FOR CHANGE			
Add to Your Post		9 • • •				
	Post					

Twitter

×			
What's happening?	LEVEL 1: IDENTIFY VALUES LEVEL : IDENTIFY ISSUE		
Check out some of the work the Prevent Suicide Adams County coalition is doing to promote resiliency in our community! Adams County has some of the highest suicide rates in the state. You can help support the coalitions mission and build community resiliency by attending this suicide prevention training <u>www.insertevent.com</u>			
S Everyone can reply	LEVEL 3: ADDRESS DETAILS NECESSARY FOR CHANGE		
	Tweet		

Instagram





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.