



Office of Community Health Rural Health Needs Assessment

KEY FINDING BRIEF:

CULTURAL RESPONSIVENESS

The Department of Family Medicine and Community Health’s (DFMCH) Office of Community Health (OCH) collaborates with clinicians, researchers, and community partners to achieve better health for all. Between 2022 and 2024, the OCH Rural Health Team interviewed 36 representatives of community organizations, the University of Wisconsin– Madison, and DFMCH physicians working in rural, southwestern Wisconsin to identify shared priority health issues, factors that influence those health issues—i.e., determinants of health—and resources to address them. The goal of this assessment was to inform the OCH’s strategies in advancing health in rural Wisconsin.

Why rural Wisconsin? Over 25% of the Wisconsin population resides in rural areas, compared to just 20% in the U.S.¹ Inequitable access to resources results in a disproportionate burden of morbidity and premature mortality in rural Wisconsin,^{2,3} issues that myriad community, academic, and clinical organizations are actively addressing. These factors highlight the need and opportunity to deepen partnerships and galvanize shared resources to focus on aligned health priorities.

Box 1 reports the shared priority health issues and determinants identified across respondent groups. In a series of briefs, we summarize the top reported priority health issues and reflections on how the determinants of health interact to exacerbate or mitigate the health of people in rural Wisconsin.

Box 1. KEY FINDINGS

Shared priority health issues

- Mental health
- Substance use
- Nutrition & chronic disease
- Reproductive health

Determinants of health

- Community connection
- Cultural responsiveness
- Access to care
- Trust
- Economic opportunity
- Divisiveness
- Transportation
- Housing

Rural Wisconsin is characterized by rich cultural, religious, racial, ethnic, and socioeconomic diversity. It includes the U.S.’s fourth largest Plain population;³ immigrants account for 11% of the rural agricultural workforce;⁴ and most of Wisconsin’s American Indian or Alaska Native tribal members live in rural counties.⁵ Respondents said limited access to transportation, clinical care, economic opportunity, and food security is exacerbated by a lack of cultural responsiveness—learning from and responding to communities’ diverse beliefs, values, experiences and identities.⁶ These factors hinder inclusion and optimal health across diverse communities in and beyond rural Wisconsin.

“Rural populations are experiencing access challenges, in terms of distance, transportation, cost to facilities, specialized care. [...] Plain people [don’t have] their own automobiles, so they have to hire drivers, [...] a \$350 charge for round trip. [...] Everything you pay out of pocket, including [healthcare expenses] adds up.”

-R29, Community

Although respondents cited strong connections among people residing in rural communities, a commitment to community welfare, and agility of community champions as avenues for meeting community needs, some respondents noted those connections did not apply to all groups. For many immigrant and refugee communities, lack of representation of their religious and cultural traditions can lead to culture shock, exclusion, and related poor health outcomes.

“I mean, they don’t like me, but we’re here, we have to make money, you know. And you just need to be quiet for whatever they say. We listen. A lot of people talking about Latinos here. They don’t like you guys, you know. And I know that they don’t like me either, but you just be quiet. You just need to be quiet in this community because this is a white community”

-R33, Community, a Latina respondent recalling a conversation with an Asian community member

“In a rural community, [refugees] might not have as many people that look like them [...] or similar background. There might not be as many points of worship. They might not have access to groceries they’re looking for.”

-R15, Physician

Ensuring cultural responsiveness requires all partners to value diversity, to advance understanding and acceptance of different ways of being, and to facilitate clinical and community spaces that apply the strength of connectedness in rural Wisconsin to all people.

Existing efforts that unite community, clinical, and academic partners (Box 2) highlight opportunities to build upon this important work. In the OCH we aim to build long-term, mutually beneficial relationships with communities. Our Rural Team strategies include representing the DFMCH OCH at community events and coalition meetings; supporting Patient and Family Advisory Committees in family medicine clinics; facilitating connections between diverse groups with shared interests; and liaising between community organizations and DFMCH clinical partners. Additionally, we are pursuing strategic collaborations, including grant-funded projects that align organizations, priorities, and resources based on these findings.

Box 2. STRENGTHS & SOLUTIONS

- The [Harvest of the Moon initiative](#) provides culturally responsive education around healthy Indigenous foods
- Noble Clinic, formerly Family Health La Clinica, provides culturally and linguistically appropriate [Mobile Health Services](#) for migrant workers
- UW-DFMCH prioritizes community engagement via site visits, Community Health Learning Experiences, and resident education afternoons with community groups.

References

1. U.S. Bureau of the Census. Census Urban Areas Facts. 2023; <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2020-ua-facts.html>. Accessed September 18, 2024.
2. University of Wisconsin–Madison Population Health Institute, WI Community Resilience and Response Task Force. A Just Recovery for Rural Health Equity in Wisconsin. Madison WI: University of Wisconsin–Madison;2021.
3. Wisconsin Office of Rural Health. Rural Wisconsin Demographics 2022. Madison, Wisconsin2022.
4. American Immigration Council and Upwardly Global. The Role of Immigrants in Revising the Great Lakes Region. Washington, D.C.2024.
5. Rural Health Information Hub. American Indian/Alaska Native Population, 2022 - Wisconsin. 2022; <https://www.ruralhealthinfo.org/charts/24?state=WI>. Accessed November 20, 2024.
6. Minnesota Department of Health. Culturally Responsive Care: Access to care, services, and programs that are culturally-specific, honoring, and appropriate. St. Paul, Minnesota2019.

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