



The Department of Family Medicine and Community Health’s (DFMCH) Office of Community Health (OCH) collaborates with clinicians, researchers, and community partners to achieve health equity. 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

The burden of substance use disorder (SUD) and poor mental health in rural Wisconsin is well documented. Co-occurrence of mental health and SUD is prominent.⁴ Nearly a quarter of the population engages in excessive drinking, with significant alcohol-related driving death.⁵ Yet, rural counties have few mental health providers, including 20 counties without a single psychiatrist.^{2,6}

Respondents said communities’ limited access to clinical care, economic opportunity, transportation, and food security are barriers to effectively addressing mental health, SUD, and their sequelae. Community and university respondents said that the increasing prevalence of poor mental health in rural Wisconsin is exacerbated by limited healthcare availability and the need to travel long distances to access it. Community and physician respondents identified stigma as significant influence on community members’ ability and willingness to seek care, even if it is available. Despite the challenges to addressing mental health and substance use, all respondent groups cited

“We don’t have a lot of providers [...] outside of our county offices, especially in Darlington and in Lafayette County. People will go to Platteville, they’ll come to Monroe, they’ll go to Dodgeville to get mental health care.”
-R3, University

“There are a lot of people that [say], ‘I can’t get free insulin. Why should addicts get free [Naloxone]? Why are our tax dollars going to this sort of a thing?’”
-R21, Community

strong connections within rural communities, a commitment to community welfare, and the agility

of community champions as avenues for meeting community needs. A physician further offered optimism, describing growth of integrated behavioral health wherein mental and physical health services are co-located.

“[With co-location,] you’re not going over there to see that person who sees people who are crazy. But you’re seeing my partner at my site, connected to me with a warm handoff, and resources and support for that, and the acceptance level is here “

-R2, Physician

Leveraging the strengths of rural Wisconsin communities and partnering with community organizations is imperative to effectively and sustainably addressing mental health and SUD. 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

Box 2. STRENGTHS & SOLUTIONS

- Community organizations provide free naloxone and fentanyl testing
- The DFMCH Program for Research, Outreach, Therapeutics, and Education in the Addictions facilitates substance use bootcamps for clinicians serving rural Wisconsin
- DFMCH Dr. Jillian Landeck is Green County Alcohol and Other Drug Abuse Medical Director
- UW Extension partners with tribal nations on social stigma campaigns to support recovery
- Community organizations host mental health events and suicide prevention trainings for rural communities

community events and coalition meeting; supporting Patient and Family Advisory Committee in family medicine residency 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.

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. Wisconsin Department of Health Services. Wisconsin Mental Health and Substance Use Needs Assessment. 2017.
5. Wisconsin Department of Health Services. Alcohol: Adult Use Dashboard. Madison, Wisconsin2022.
6. Wisconsin Policy Forum. Rural Counties Face Psychiatrist Shortage. 2018; <https://wispolicyforum.org/research/rural-counties-face-psychiatrist-shortage/>. Accessed November 12, 2024.

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