



# Office of Community Health Rural Health Needs Assessment

## KEY FINDING BRIEF:

### NUTRITION SECURITY AND CHRONIC DISEASE

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.<sup>1</sup> Inequitable access to resources results in a disproportionate burden of morbidity and premature mortality in rural Wisconsin,<sup>2,3</sup> 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

**People in rural Wisconsin experience disparities in food and nutrition security**—access to healthy, safe and affordable food to promote well-being<sup>4,5</sup>—and food-related chronic disease (e.g., diabetes, chronic heart disease). Respondents cited multiple factors that influence nutrition security, including transportation and proximity to grocery stores, access to affordable groceries, and economic security. Community, clinical, and academic organizations are addressing nutrition security, food-related chronic disease, and their determinants through partnerships that develop and deliver culturally responsive programming in rural Wisconsin.

*"People often need to drive "20, 30 miles. And we know that people [are] often [...] searching for fresher, high-er quality foods. They will drive farther to try and get those, so they'll end up spending more of other resources or they will have to change when gas prices skyrocket."*

-R17, University

*"There is some real kind of food systems changes that are not just about supporting more locally grown, nutritious foods [...] but the cultural connections there, so supporting kids in their schools to get access to those foods, to learn how to grow them, to hear the stories about what these foods need in within their particular cultural teachings."*

-R1, University

**Leveraging the strengths of rural Wisconsin communities and partnering with community organizations is imperative to effectively and sustainably improving nutrition security and reducing the burden of food-related chronic disease.** 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
- The Great Lakes Intertribal Food Coalition's Tribal Elder Food Box Program increases access to Indigenous foods.
- Belleville Community Health Improvement Project provides money to individuals in the Belleville School District for groceries, rent, and utilities.

## 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. U.S. Department of Agriculture. Food and Nutrition Security. n.d.; <https://www.usda.gov/nutrition-security> Accessed September 30, 2024.
5. Feeding America. Hunger in Wisconsin. Hunger in America 2023; <https://www.feedingamerica.org/hunger-in-america/wisconsin>. Accessed December 10, 2023.

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