



# Office of Community Health Rural Health Needs Assessment

## KEY FINDING BRIEF:

### REPRODUCTIVE HEALTH

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

**Lack of resources drives increasing disparities in health outcomes for women in rural Wisconsin. In addition to widespread closing of obstetrical units and few critical access hospitals providing obstetrics care, funding for Medicaid's Prenatal Care Coordination program is decreasing.<sup>4,5</sup> Only two Wisconsin clinics—both urban—provide abortion care. Moreover, women in rural areas experience high rates of partner violence during pregnancy and postpartum.**

Respondents emphasized that their communities' limited access to care, including obstetrics and mental health care and transportation are key influences on morbidity and mortality among women and birthing people. They noted that hospital closures, coupled with changes in state policies that limit what and how reproductive care is delivered, exacerbate poor outcomes for birthing people. Several respondents explained how lack of culturally relevant mental health services, compounded by limited resources for survivors of domestic violence, additionally negatively impacts reproductive health.

*"I really worry about reproductive health, and lack of access to not only reliable providers, but clinicians able to provide reliable contraception"*  
-R18, Physician

*The overall lack of therapists and counselors and [...] social services workers to address the needs of rural folks, especially females who have experienced some form of sexual violence or domestic abuse, really is hard. [...] The few counselors and therapists often don't have the cultural knowledge they need to be able to serve this distinct population"*  
-R29, participant represented both University & Community

## **Leveraging the strengths of rural Wisconsin communities and partnering with community organizations is imperative to improving women’s and reproductive health in rural Wisconsin.**

Despite the challenges of hospital closures, limited obstetrics and mental healthcare, and policies that limit the provision of reproductive care, efforts are underway in Wisconsin to mitigate the impact of these determinants. 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**

- SWCAP Neighborhood Health Partners Clinic provides confidential reproductive healthcare.
- Green County Public Health offers free prenatal, childbirth and breastfeeding classes in English and Spanish
- Wisconsin Well Woman Program helps under- and uninsured individuals obtain breast and cervical cancer screening
- DFMCH is developing a rural Family Medicine Obstetrical Fellowship, beginning in 2025
- DFMCH hosts a workgroup for substance use treatment in pregnancy
- DFMCH-based Wisconsin Research and Education Network promotes cancer screening among women in rural WI
- DFMCH Rural Health Equity Track prioritize mental health, substance use disorder, and culturally responsive birth practices

### **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 Office of Rural Health. Obstetric Delivery Services and Workforce in Rural Wisconsin Hospitals 2024. August 2024 2024.
5. Mallinson DC, Gillespie KH. Racial and Geographic Variation of Prenatal Care Coordination Receipt in the State of Wisconsin, 2010–2019. *Journal of community health*. 2024;1-16.

Sarah D. Hohl, PhD, MPH, Hazel Behling, BA, and Savanna Kiefer, MPH, conducted interviews, analyzed data, and drafted briefings. If you are interested in learning more about our findings and/or connecting with organizations addressing mental health or substance use, contact [Hazel Behling, OCH Health Equity Coordinator](#).

