



A Just Recovery for Rural Equity in Wisconsin

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WI Community Resilience
and Response Task Force

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A Just Recovery for Rural Equity in Wisconsin

The purpose of this brief is to provide background and context for centering rural equity in a just recovery and to outline evidence-informed policies and practices that can be implemented at local and state levels.

The brief illustrates key opportunities identified by a limited set of stakeholders and is not comprehensive of all policy solutions. Additionally, any policy intervention under consideration should be examined in local context and vetted by local stakeholders, particularly those who will be most impacted by the decision.

Introduction

Due to a history of disinvestment, negative health outcomes disproportionately affect people in rural communities. With respect to COVID-19, systemic health and social inequities have contributed to rural people experiencing higher risk of morbidity and mortality.¹

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.”²

Every Wisconsinite deserves a fair opportunity to be healthy. Our recovery from the pandemic will only be effective if it addresses the inequities that people faced before the impact of COVID-19. This includes the distributions of wealth, power, and influence by geography, social class, race, and ethnicity that have led to inequities in the social determinants of health. It is also essential that those who face the greatest burden of adverse health impacts are involved in designing strategies to address them. Strengthening and healing relationships with people in rural communities, investing in farmworkers, and centering the voices of people who live day-to-day in rural communities in conversations about rural health equity are fundamental to Wisconsin’s response and recovery.

A fair and just recovery from the pandemic requires that state and local leaders embed principles of health equity in their design, implementation, and evaluation of their response. Examples of what a just recovery may look like include:³

¹ [Health Equity Considerations & Racial & Ethnic Minority Groups](#) (CDC)

² [What is Health Equity?](#) (RWJF)

³ [Health Equity Principles for State and Local Leaders in Responding to, Reopening and Recovering from COVID-19](#) (RWJF)

- Collecting, analyzing, and reporting data disaggregated by sociodemographic characteristics
- Including people most impacted by health and economic challenges in decision-making
- Establishing and empowering teams committed to advancing rural equity in response and recovery efforts
- Identifying and addressing existing policy gaps and opportunities that can address health equity
- Investing in strengthening public health, healthcare, and social infrastructure to foster resilience

The Community Resilience and Response Task Force (CRRTF)—a collaboration between Wisconsin’s Department of Health Services, the University of Wisconsin Population Health Institute (UWPHI), the University of Wisconsin Division of Extension, and the Governor’s Office—worked to integrate community resilience, equity, and mental health across Wisconsin’s COVID-19 response. CRRTF’s work included enhancing diverse partnerships and connecting communities, organizations, and networks to public health expertise, resources, and support.⁴ CRRTF aimed to set the stage for more resilient post-COVID-19 Wisconsin communities through promoting policy and practice decisions and interventions that support every community in reaching its full health potential.

CRRTF embedded community resilience and equity in the response by utilizing a Sector Support Process. This process engaged key stakeholders across Wisconsin to identify (1) needs and assets in the community, (2) strategies to address the needs, and (3) ways to hold each other accountable.

CRRTF prioritized key sectors and communities for this work based on inequities that would likely occur due to the nature of the COVID-19 pandemic, including:

- Populations living in congregate settings, such as those incarcerated or institutionalized, in long-term care, assisted living, and community-based care
- Residents with unmet and/or accessibility needs related to transportation, food, housing, language access, civic participation, and information channels (for example: populations in rural areas facing geographic inequities, spiritual leaders and communities, individuals and families facing interpersonal violence or mental/behavioral health issues, and individuals with disabilities)
- Critical services workforces, such as those in law enforcement, first responders, community health workers, migrant workers, and other locally identified essential workforces

Recognizing that health inequities existed prior to COVID-19 as symptoms of a larger social structure, CRRTF worked to support communities in making equitable policy and practice decisions that addressed these structures and set the stage for post-COVID-19 resilience.

Six pertinent issue areas fundamental to rural equity in a just recovery emerged through the CRRTF sector support engagement process and input from state and local stakeholders. These included:

⁴ [COVID-19: A Fair and Just Recovery](#) (UW PHI)

1. Broadband infrastructure
2. Food systems and agriculture
3. Healthcare access
4. Housing stability
5. Mental health and connectedness
6. Job security and stable employment

One purpose of this brief is to outline evidence-informed policies and practices that can be implemented at local and state levels to advance a just recovery. The policies and practices included in this brief were identified and refined through the following process:

- Initial scan of example policy or practice interventions recommended or implemented in the field within key issue areas
- Background research on evidence-based policy or practice interventions within key issue areas
- Stakeholder review of example policy or practice interventions identified through scan and research for relevance and feasibility in Wisconsin
- Final inclusion determined by a combination of evidence base, implementation example, and salience as identified by stakeholders

An additional purpose of this brief includes providing background and context for the need to center rural equity in a just recovery so that communities can be more resilient in the face of health-based emergencies and all Wisconsinites are able to thrive.

Background

Rural communities are a key part of Wisconsin's economy, history, and culture. Many tribal nations have a long history on these lands. Our rural communities are not homogeneous places; they encompass multiple cultures, varied agricultural and industrial enterprises, and diversified ecologies. From main streets to natural spaces, people in Wisconsin rural communities help their neighbors and are resilient and creative. These communities face serious social, economic and health challenges that have been exacerbated by COVID-19, but rural communities also have a strong foundation upon which to build in order to shore up the structures that will help all community members thrive.

Rural Wisconsin

In the U.S., 1 in 5 people live in rural areas with 97% of the land mass considered rural.⁵ In 2019, more than 1 in 4 or 1,502,031 people in Wisconsin lived in a rural area.⁶ Population density is concentrated in the southeastern part of the state as seen in Figure A.

⁵ [What is Rural America?](#) (U.S. Census Bureau)

⁶ [Wisconsin State Health Assessment and Health Improvement Plan](#) (DHS)

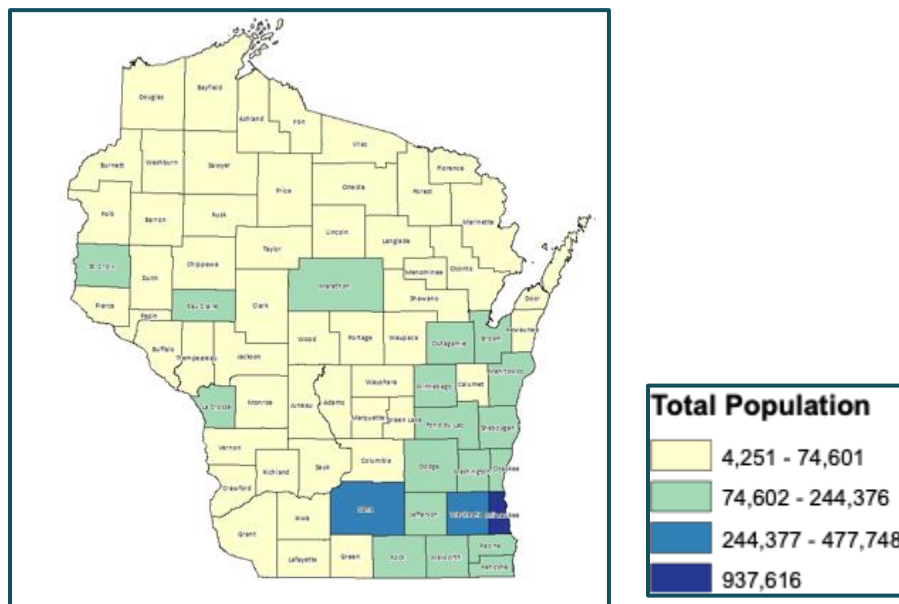


Figure A: Wisconsin Population by County, 2010⁷

Figure B is a more nuanced look at rurality in Wisconsin. The map shows distance from population centers in 2016 Wisconsin for cities, towns, and villages as opposed to counties.

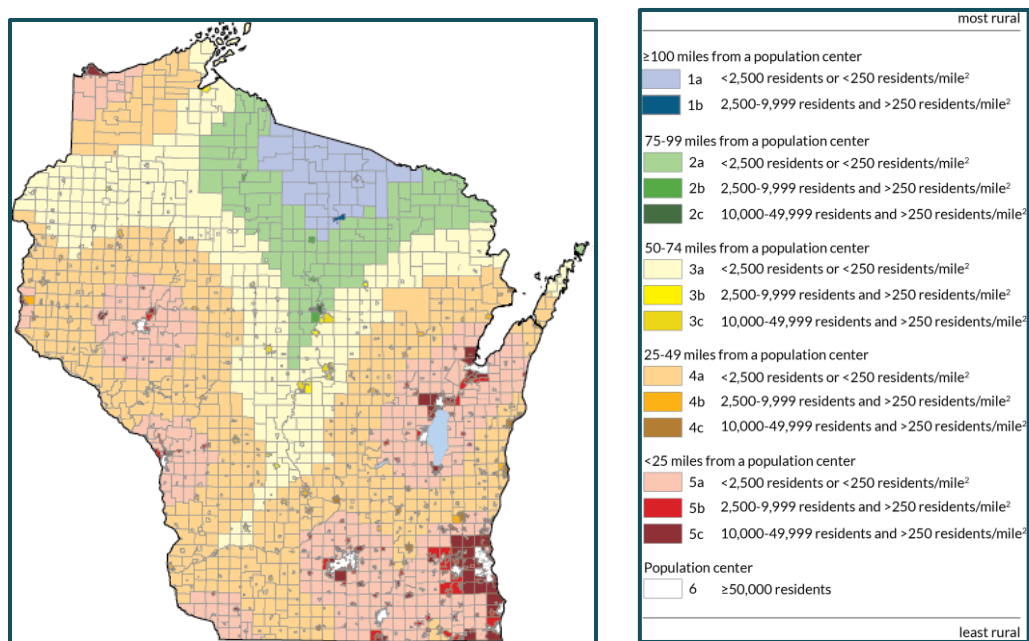


Figure B: Wisconsin Office of Rural Health's Municipal Urban-Rural Classification⁸

⁷ [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#) (DHS)

⁸ [Municipal-Level Urban-Rural Classification System](#) (Wisconsin Office of Rural Health)

The Municipal Urban-Rural Classification (MURC) system was developed by the Office of Rural Health to identify the level of rurality of each of the 1,850 cities, towns, and villages in Wisconsin.

Rural Wisconsin Demographics

We need to understand the demographics of rural Wisconsin in order to make holistic and just policies to meet their specific needs. Keep in mind that Wisconsin is becoming more and more heterogeneous over time as populations become more diverse in all manners including ethnic and socioeconomic factors. Looking within the state, Wisconsin's racial and ethnic make-up varies by region. Using the Department of Health Service's (DHS) categorization of Wisconsin counties (Fig. C), Tables 1, 2, 3, and 4 detail the racial and ethnic make-up state-wide and by region as of 2018.⁹

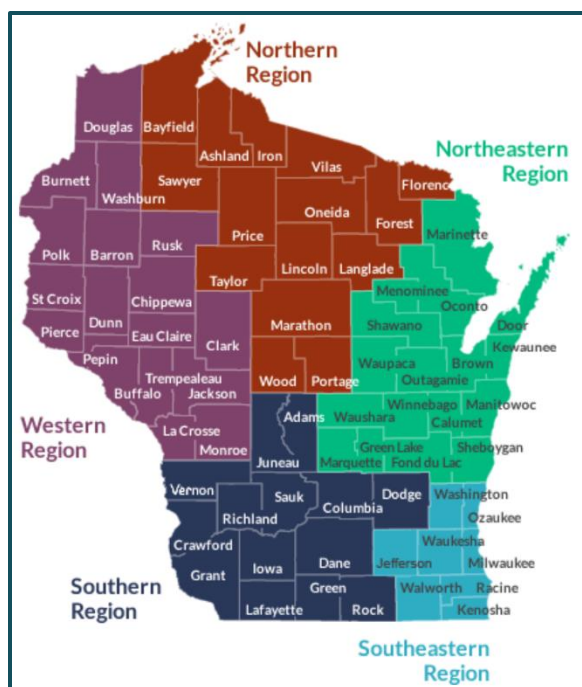


Figure C: DHS Regions by County¹⁰

Table 1: Percent of State Population by Race, 2018¹¹

White	Black	American Indian	Asian
88.1%	7.3%	1.3%	3.2%

⁹ [WISH \(Wisconsin Interactive Statistics on Health\) Query System](#) (DHS)

¹⁰ [DHS Regions by County](#) (DHS)

¹¹ [WISH Query: Population Module](#) (DHS)

**Table 2: Percent of State Population by Region
and Percent of Region Populations by Race, 2018¹¹**

Region	Region population (% of state pop.)	White (% region pop.)	Black (% region pop.)	American Indian (% region pop.)	Asian (% region pop.)
Southern	19.7%	91.0%	4.7%	0.7%	3.6%
Southeastern	36.6%	80.2%	15.3%	0.8%	3.6%
Northeastern	21.6%	92.6%	2.3%	2.1%	3.0%
Western	13.7%	95.0%	1.6%	1.2%	2.2%
Northern	8.4%	93.0%	1.2%	2.9%	2.8%

Table 3: Percent of State Population by Ethnicity, 2018¹¹

Non-Hispanic	Hispanic
93.0%	7.0%

**Table 4: Percent of State Population by Region
and Percent of Region Population by Ethnicity, 2018¹¹**

Region	Region Population (% state pop.)	Non-Hispanic (% region pop.)	Hispanic (% region pop.)
Southern	19.7%	94.4%	5.6%
Southeastern	36.6%	88.7%	11.3%
Northeastern	21.6%	94.7%	5.3%
Western	13.7%	97.3%	2.7%
Northern	8.4%	97.4%	2.6%

Hispanic, Asian, and African American residents composed a larger proportion of the regional population in the Southeastern region. This is likely because this region includes Milwaukee County, where two-thirds of African American and one-third of Hispanic state residents reside.⁷ These patterns are reflected in Figures D-G, which illustrate the percent of county population by race and ethnicity.⁶ Note that counties in the Southeastern region indicate a greater population density of individuals of color in all four Figures.

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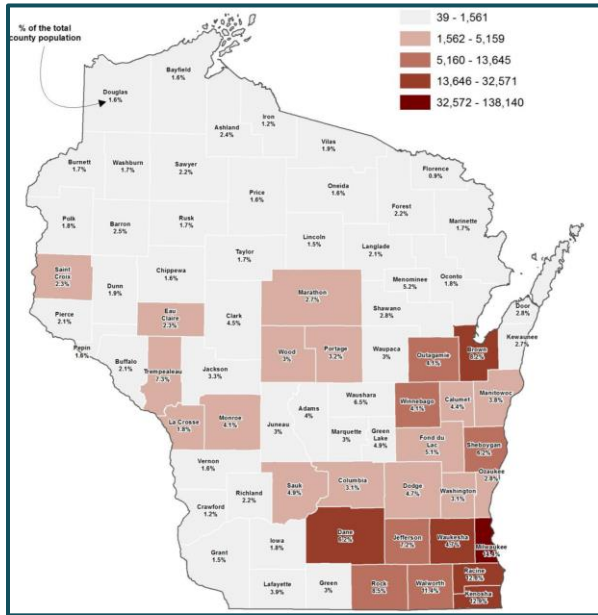


Figure D: Hispanic Residents by County

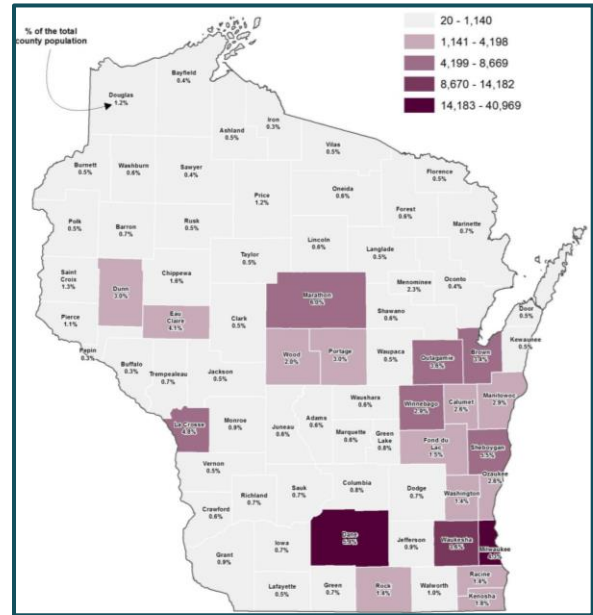


Figure E: Non-Hispanic Asian Residents by County

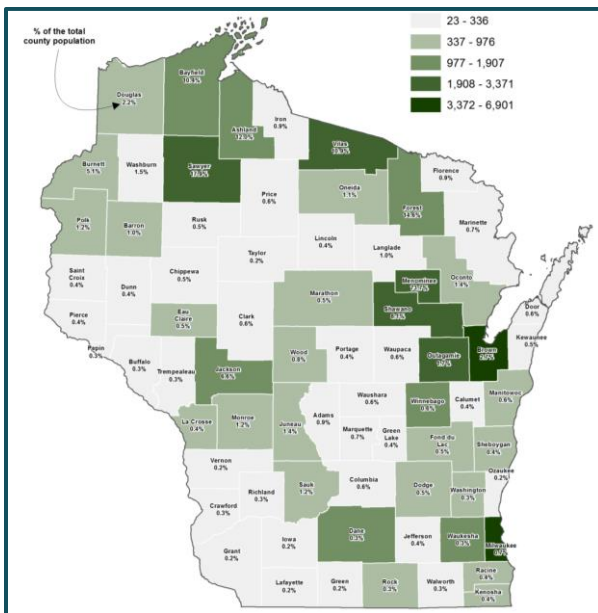


Figure F: Non-Hispanic Native American Residents by County

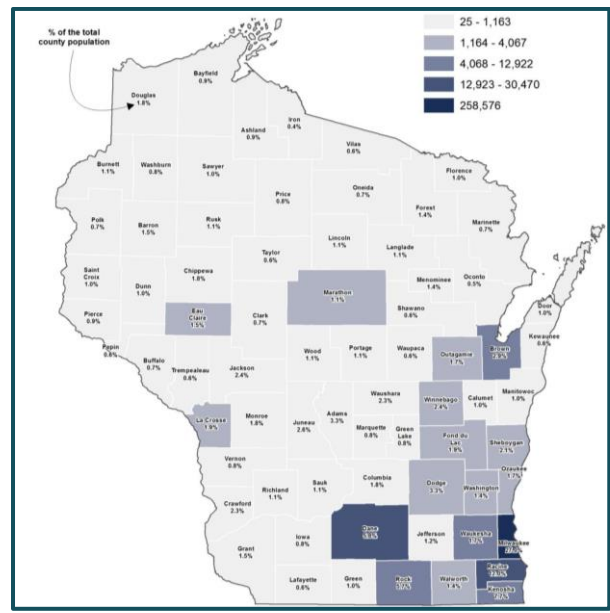


Figure G: Non-Hispanic African American Residents by County

Aging

Currently, many of Wisconsin's more rural counties, especially in Northern Wisconsin, have a higher median age than more metropolitan counties, as shown in Figure H.

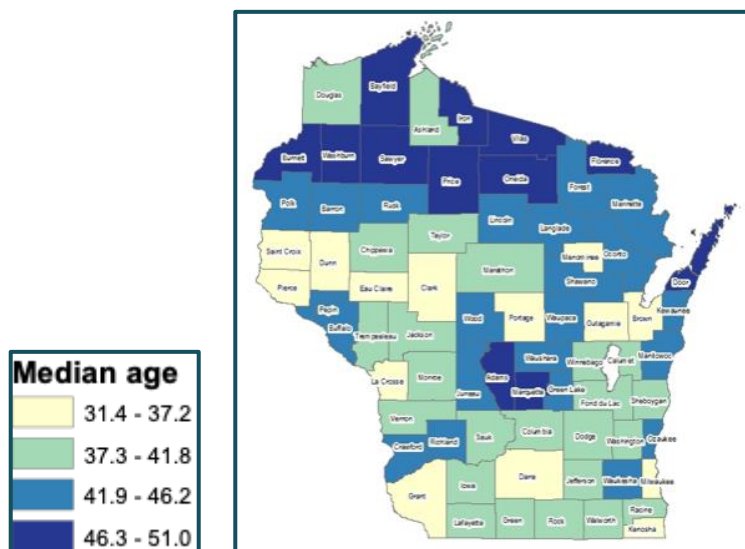


Figure H: Median Age by County¹²

The Wisconsin Department of Administration estimated that by 2040, 23.7% of the state population will be 65 or older.¹³ Figure J illustrates how many rural counties are projected to see higher percent increases of residents 65 or older, which impacts social infrastructure needs, health care, number of working-age adults and tax base.

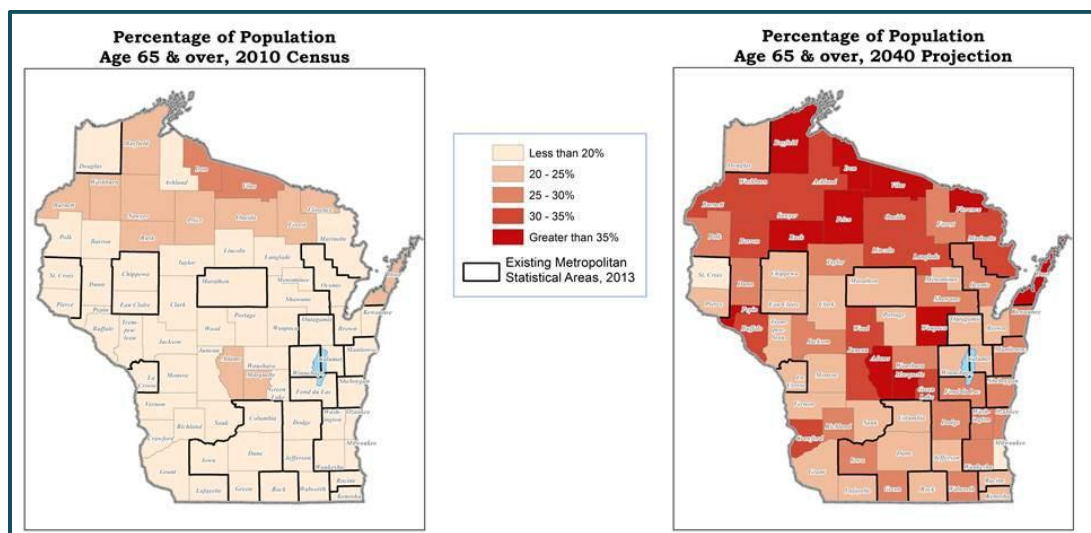


Figure J: Projected Changes in Percentage of Population Age 65 and Over¹²

¹² [Healthiest Wisconsin Baseline and Health Disparities Report: Geography](#) (DHS)

¹³ [Wisconsin's Future Population](#) (DOA)

Declining Population in Some Rural Counties

Two-thirds of Wisconsin's rural counties (31 of 46) saw their populations drop between 2010-18, according to a study conducted by Forward Analytics, a division of the Wisconsin Counties Association.¹⁴ While these declines are not as severe as some rural counties face nationally, they still require attention. The same study reported that the rural population decline was getting worse as late as February 2020, right before the pandemic broke out in the United States, and identified shrinking workforce, fewer jobs and businesses, and slower income growth as impacts of a decreasing population.

Tribal Nations in Wisconsin

In Wisconsin, there are 12 tribal communities with 11 of them federally recognized as nations. These include:

- Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation
- Forest County Potawatomi Community
- Ho-Chunk Nation of Wisconsin
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
- Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
- Menominee Indian Tribe of Wisconsin
- Oneida Tribe of Indians of Wisconsin
- Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge Munsee Community, Wisconsin
- Brothertown Indian Nation (not federally recognized)

Tribal nations direct social, political, educational, and health policies and programs to support quality of life for its members (self-determination). Many of the 11 Native land areas are in rural areas, but tribal members live throughout the state.¹⁵

Tribal nations within the boundaries of the United States are supposed to have the right to exercise self-governance (tribal sovereignty) and have a government-to-government relationship with federal and state governments.¹⁶ With 11 nations whose presence in North America far predates our statehood, there is a long history of Native Americans in Wisconsin fighting to maintain sovereignty and self-determination in the face of forced assimilation, relocation, and termination. Underlying the policies in this brief is an overdue need to recognize and strengthen the sovereignty of Native Nations; enforce Indian treaty rights; and build the power and representation of Indigenous communities in decision-making spaces. Policy considerations concerning COVID-19 and Just Recovery need to center tribal nations' sovereignty.

¹⁴ [The Rural Challenge](#) (Forward Analytics)

¹⁵ [Native Nations](#) (Kids Forward)

¹⁶ [Tribal Nations and the United States](#) (National Congress of American Indians)



Figure K: Seats of Government: American Indian Nations in Wisconsin¹⁷

*Ojibwe nation

**Not federally or state recognized

Rural Wisconsin Health

In 2010, the Wisconsin Health Improvement Planning Process (WI HIPP) developed the Healthiest WI 2020, the state health plan that identified 23 focus areas to address health inequities and improve Wisconsin's health. As a part of this initiative in 2017, DHS published a State Health Assessment (SHA), which summarized the current state of health in Wisconsin, and a State Health Improvement Plan (SHIP) that laid out a path to launching Healthiest Wisconsin 2020. From the SHA, five priority areas were identified: nutrition and physical activity, alcohol, tobacco, suicide, and opioids.⁶ When DHS examined health factors and outcomes of populations based on geography - large metropolitan (only Milwaukee County), small metropolitan (24), and non-metropolitan or rural (47) counties, DHS found that residents of smaller metro counties had higher socioeconomic status and greater access to health care, lower disease prevalence and higher rates of preventative testing. Residents of smaller metro areas fared better on most health indicators when compared to Milwaukee County and rural counties.¹²

¹⁷ [Current Tribal Lands Map and Native Nations Facts](#) (Wisconsin First Nations)

In different analyses, the Wisconsin Office of Rural Health used county-level data from the [County Health Rankings and Roadmaps](#) to compare health factors and outcomes for 46 rural Wisconsin counties as compared to 26 urban counties and the state overall (see Table 5).¹⁸

While the DHS and the Wisconsin Office of Rural Health make distinctions between populations based on geography and population size, it is also important to note that Wisconsin rural communities are heterogeneous places and people of color live throughout the state. Since systemic health and social inequities rooted in racism have contributed to people of color experiencing higher risk of morbidity and mortality,¹ people of color living in rural communities may experience unique health risks based on background and geography.

Table 5: Key Findings from 2017 Rural Health Outcomes¹⁸

Mortality			
Statistic	Rural	Urban	State
Premature death: years of potential life lost per 100,000 people	6188	5921	6000
Life expectancy	Male: 76.8 Female: 81.4	Male: 77.6 Female: 81.9	Male: 77 Female: 81.6
Morbidity			
Statistic	Rural	Urban	State
Coronary heart disease hospitalization per 1,000 people	3.5	2.6	3
Stroke hospitalizations per 1,000 people	2.6	2.4	3
Live births with low birthweight (<2,500 grams)	6%	7%	7%
Other			
Statistic	Rural	Urban	State
Adults with fair or poor health	14%	14%	14%
Frequent physical distress	10%	10%	10%
Frequent mental distress	10%	10%	10%
Food insecurity: population that lacks access to reliable source of food	11%	12%	12%
Access to exercise opportunities: population with adequate access to places for physical activity	61%	86%	81%

¹⁸ [Rural Wisconsin Health 2017](#) (Wisconsin Office of Rural Health)

Access to Care			
Statistic	Rural	Urban	State
Population to primary care physician	1480:1	1170:1	1240:1
Population to dentist	1920:1	1470:1	1560:1
Population to mental health care provider	950:1	530:1	600:1
Uninsured adults	10%	8%	9%
Uninsured children	6%	4%	5%

Disparities During the COVID-19 Pandemic

The COVID-19 pandemic has only magnified preexisting health inequities. As of January 31, 2021, there have been 542,415 COVID-19 cases with 24,298 hospitalizations and 5,896 deaths in Wisconsin.¹⁹ While COVID-19 affects all Wisconsinites, statewide data demonstrate that communities of color are disproportionately represented in the rate of COVID-19 cases, hospitalizations, and deaths per 100,000 people. Table 6 and Figures L, M, and N detail this data.

It is important to note that racial and ethnic disparities are not caused by genetic differences or individual choices, but due to decades of economic, educational, social, civic, and environmental exclusion on the basis of race and ethnicity. Further, people of color live in both rural and urban areas throughout the state, and structural racism impacts every community. Reversing racist policies and practices not only eliminates health gaps for people of color, but also improves the health of the entire community. Racial equity is therefore not a concern specific to certain regions or groups, but is a statewide goal.

Table 6: Percent and Rate per 100,000 of COVID-19 Cases and Deaths by Race and Ethnicity in WI as of 1/31/2021¹⁹
(continued next page)

Race	Percent of State Pop.	Percent of Cases	Cases per 100,000 people	Percent of Deaths	Deaths per 100,000 people
Native American	0.9%	1.2%	11,721.2	1.3%	146.2
Asian or Pacific Islander	3.0%	2.6%	7,349.7	1.8%	59.4
African American	6.4%	6.9%	9,384.7	7.2%	111.6
White	80.9%	75.6%	8,085.1	82.9%	101.0
Multiple or Other Races	1.7%	2.5%	12,579.2	0.7%	41.6

¹⁹ [COVID-19 \(Coronavirus Disease\)](#) (DHS)

Ethnicity	Percent of State Pop.	Percent of Cases	Cases per 100,000 people	Percent of Deaths	Cases per 100,000 people
Hispanic or Latinx	7.1%	11.2%	13,704.4	6.0%	84.0
Unknown race/ethnicity	N/A	7.1%	N/A	2.6%	N/A

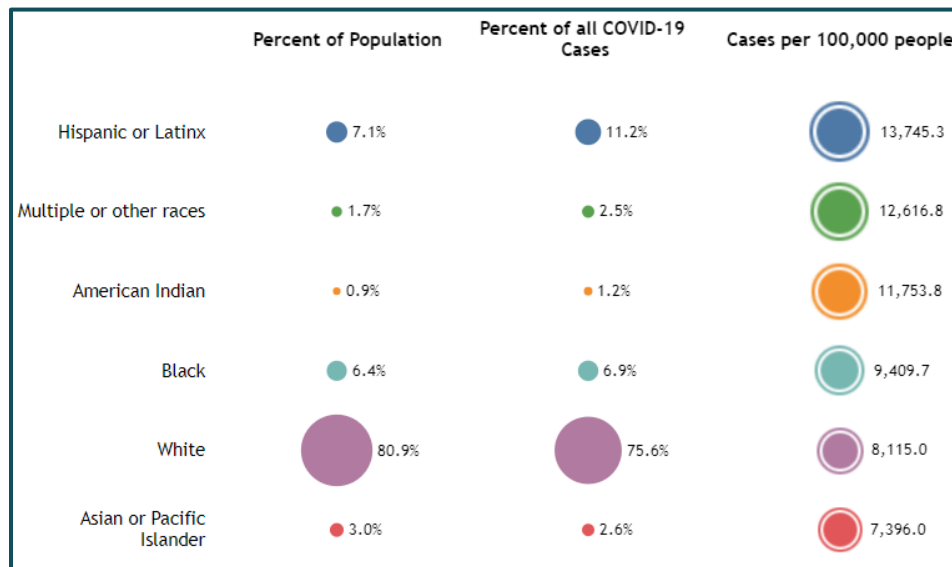


Figure L: Rate of COVID-19 Cases per 100,000 People in WI by Race and Ethnicity as of 1/31/2021²⁰

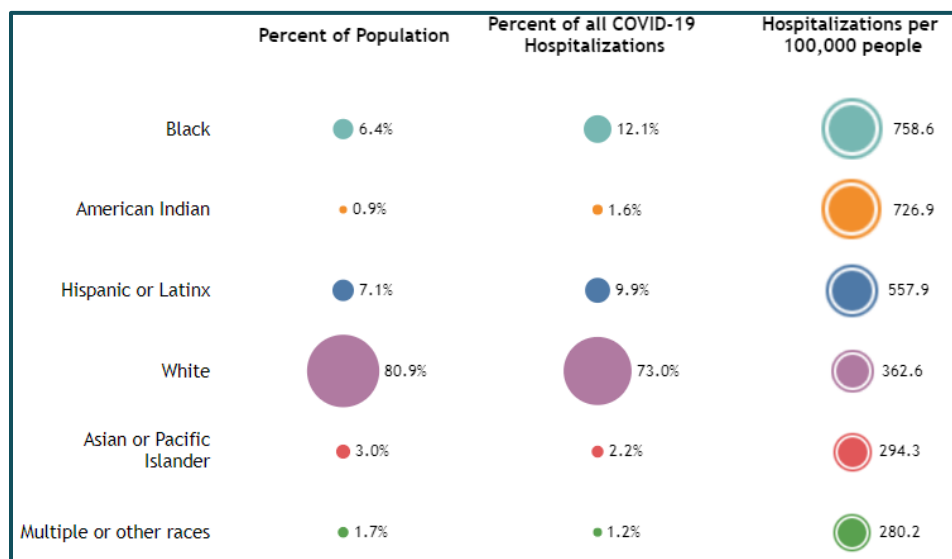


Figure M: Rate of COVID-19 Hospitalizations per 100,000 People in WI by Race and Ethnicity as of 1/31/2021²⁰

²⁰ [COVID-19: Racial and Ethnic Disparities](#) (DHS)

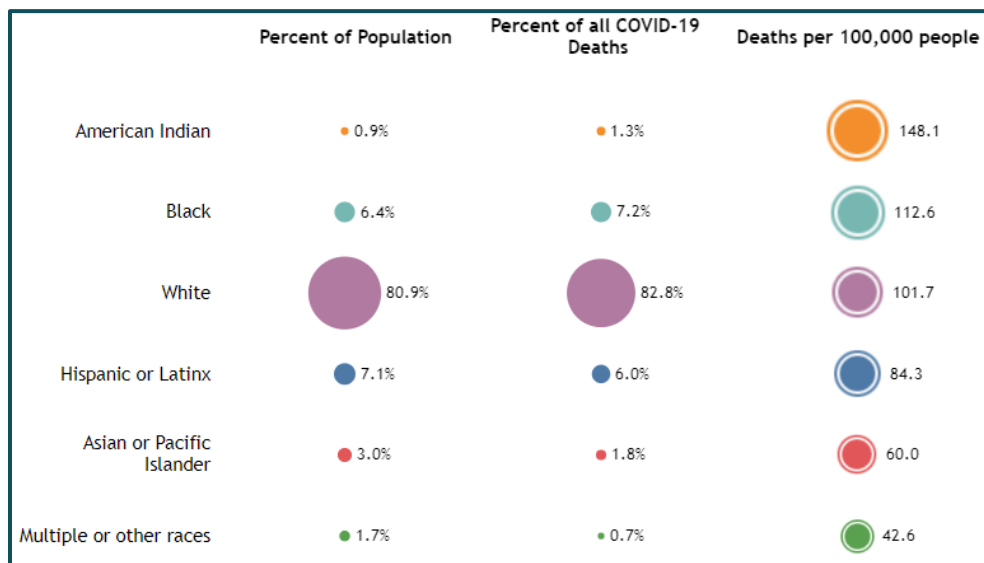


Figure N: Rate of COVID-19 Deaths per 100,000 People in WI by Race and Ethnicity as of 1/31/2021²⁰

Rural communities are also experiencing disparities in COVID-19. As seen in Figures O and P, the case rate and percentage of cases resulting in death are highest in a number of rural counties.

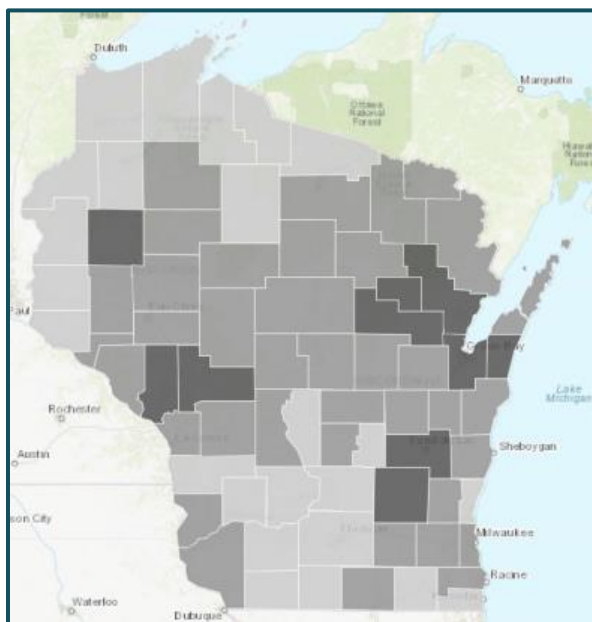


Figure O: COVID-19 Cases per 100,000 People in WI by County as of 1/03/21²¹

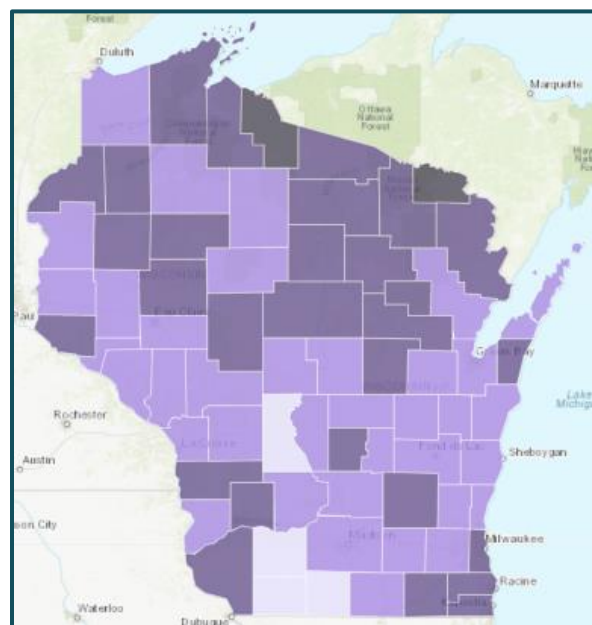


Figure P: Percent Deaths per COVID-19 Cases in WI by County as of 1/03/21²¹

Darker color indicates higher case rates ranging from light grey (>5,000-7,500), grey (>7,500-10,000), to dark grey (>10,000) and % of deaths per cases ranging from light purple (0-.5%), purple (>.5-1%), darker purple (>1-3%), and dark purple/black (>3%). For the most up to date information about cases and deaths, see [COVID-19 Data by County](#).

²¹ [COVID-19 Data by County](#) (DHS)

Drivers of Health and the Impacts of Policy

The World Health Organization defines the social determinants of health (SDoH) as “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”²² Factors like socioeconomic status, education, physical environment, employment and social support networks can all affect peoples’ access to quality healthcare and tangentially their health.

The widely recognized County Health Rankings model in Figure Q illustrates a model of population health that emphasizes that many factors that, if improved, can help make communities healthier places to live, learn, work, and play.²³ The model estimates that clinical care contributes only about 20% to death and disease outcomes; health behaviors contribute about 30%; and social, economic, and environmental factors contribute about 50% to health outcomes.²⁴

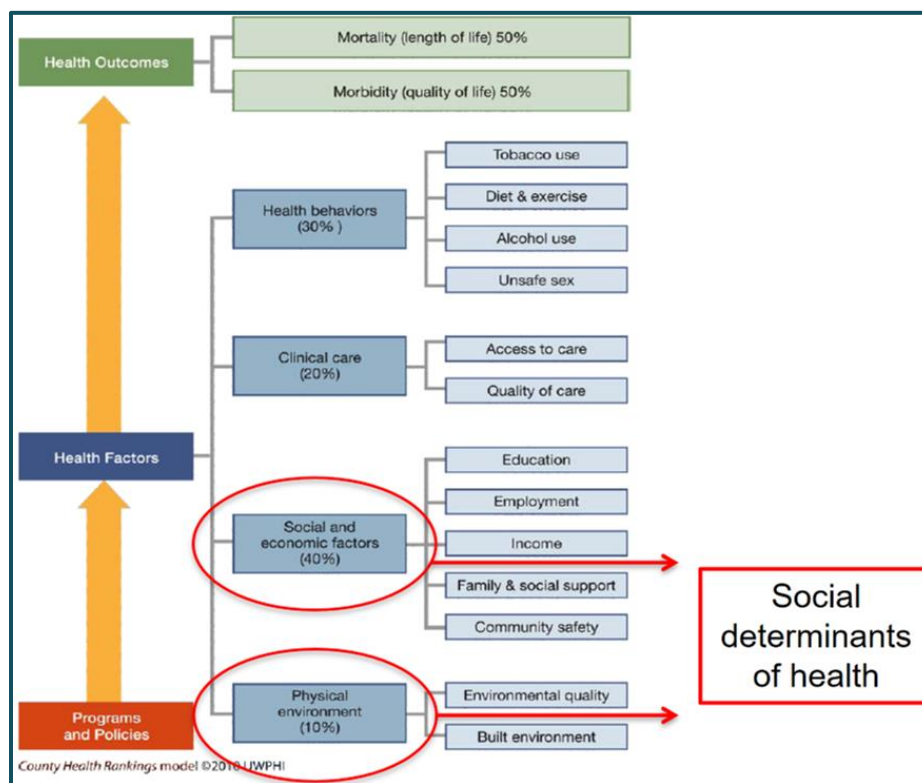


Figure Q: County Health Rankings Model²³

The model highlights that policies and programs directly influence these health factors. Policies have a tremendous impact on health inequities, even when they don’t appear to directly deal with health or health care. Persistent and avoidable inequities continue not only through these initial policy decisions themselves, but also through their legacy of resource advantage, such as money, knowledge, or

²² [Social Determinants of Health: Key Concepts](#) (WHO)

²³ [County Health Rankings Model](#) (CHRR)

²⁴ Remington, PL, Catlin, BB, Gennuso, KP. The County Health Rankings: Rationale and Methods. *Population Health Metrics*. 2015; (13).

influence, which benefit those in positions of power. Therefore, policy decisions can have positive and negative ripple effects in communities for generations and are important levers for change to address health inequities.

Those working on policy change to improve health, however, frequently target downstream conditions, such as health behaviors and clinical care as opposed to policies that address the SDoH. In their Conceptual Framework for Action on the Social Determinants of Health, the World Health Organization (WHO) found that policy interventions must tackle the upstream social determinants of health, such as housing access or racial segregation, to create effective and sustained change.²⁵ Without a policy approach that focuses on social determinants and root causes, social and economic factors that can undermine these downstream interventions are likely to continue and possibly worsen, as found in the 2015 Health Trends Report.²⁶

The Population Health Institute's Mobilizing Action Toward Community Health (MATCH) Group's Framework for Health Equity (Figure R) highlights the role of social and institutional power in health and health inequities, focusing on who has the ability to make decisions, set agendas, and shape worldviews that then influence policy and systems. These policies and systems shape the community conditions that ultimately influence health over the lifespan.

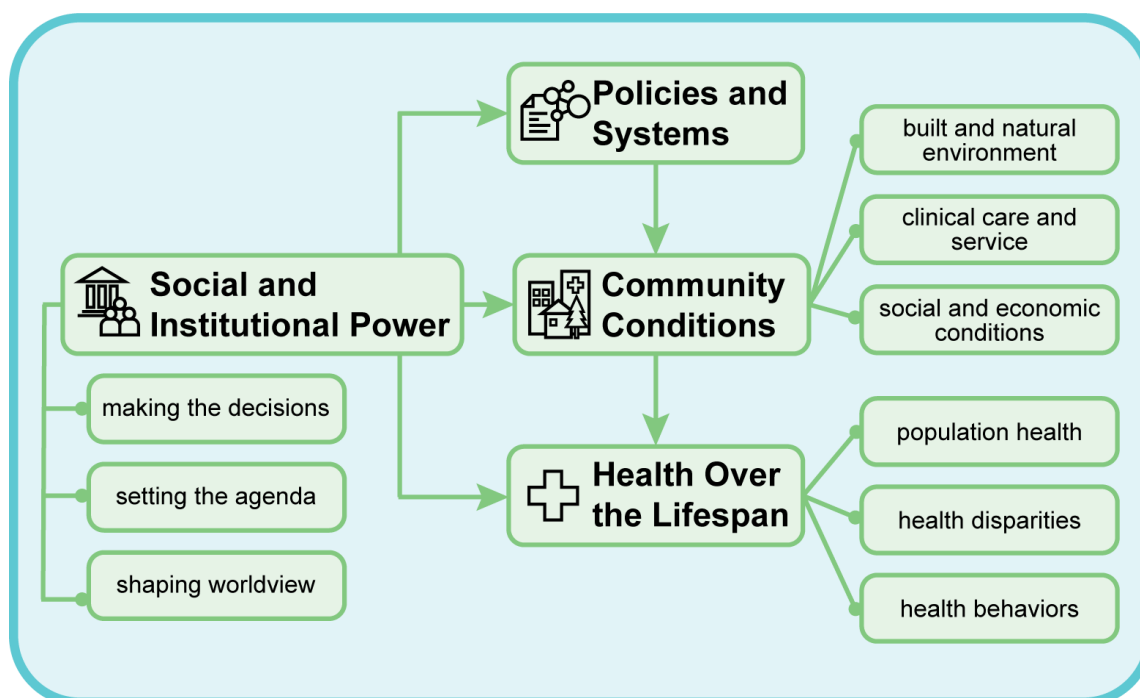


Figure R: MATCH Framework for Health Equity

The MATCH Framework lays out multiple entry points for policy interventions to address social determinants of health. These entry points range from mitigating inequities in downstream conditions, such as access to emergency care; to community conditions, such as stable housing and employment;

²⁵ [A Conceptual Framework for Actions on the Social Determinants of Health](#) (WHO)

²⁶ [2015 Wisconsin Health Trends](#) (UW PHI)

all the way through upstream conditions, such as the ability to participate in and influence decisions about one's community and its resources. Importantly, this covers the range of priorities identified by Wisconsin stakeholders in Wisconsin to advance a just recovery.

Analysis of Issues and Example Policy Interventions

COVID-19 has magnified long-standing and pre-existing inequities in Wisconsin and has illuminated the critical need to take action on these areas. This brief presents evidence-informed policies and practices that can be implemented at local and state levels to advance a just recovery in six issue areas, prioritized through the CRRTF sector support engagement process and input from key rural stakeholders in Wisconsin, that profoundly affect the health outcomes of rural communities in Wisconsin.²⁷ These include:

[**Issue 1: Broadband Infrastructure**](#)

[**Issue 2: Food Systems and Agriculture**](#)

[**Issue 3: Health Care Access**](#)

[**Issue 4: Housing Stability**](#)

[**Issue 5: Mental Health and Connectedness**](#)

[**Issue 6: Job Security and Stable Employment**](#)

²⁷ [Wisconsin](#) (Rural Health Information Hub)

Issue 1: Broadband Infrastructure

Introduction

Broadband refers to non-mobile high-speed internet access available at all times without unreasonable interruption.¹

Broadband influences many aspects of rural life, including recruiting or developing businesses, generating income, and raising small business and farm profits. Broadband connectivity provides rural students with a broader array of educational opportunities and provides venues for social interaction.² There is also strong evidence to suggest that telemedicine increases access to care, particularly for those with chronic or underlying conditions, such as elderly

people. Telemedicine has been linked to a decrease in health disparities and has been shown to be cost effective and increase medication adherence. Therefore, it is likely that access to equitable broadband services will lead to better health outcomes in rural Wisconsin.³ Broadband is a catalyst for economic development, rural prosperity, and community health across the state of Wisconsin.¹ Beyond just availability, internet adoption and digital literacy are key components of equitable access. Adoption includes expanding access to devices people can use to access broadband. All of these externalities of good broadband infrastructure, or lack thereof, are elevated during difficult times such as those we are facing with the COVID-19 pandemic.

In Wisconsin, it is estimated that only 61% of rural households and 32% of households on tribal lands are in areas where broadband is available.⁴ In February 2020, right before the pandemic took hold of the U.S., it was reported that Wisconsin was to provide a record amount of funding to expand broadband internet to rural areas through the Broadband Expansion Grant Program. The government was grappling with how to address the nearly \$50 million in requests, which far exceeded funding levels. Applicants must prove how the grant money would affect their community's access to healthcare services and educational opportunities. Eligible applicants include organizations, telecommunications utilities, cities, villages, towns, or counties that have entered into a legal partnership with another qualified organization or telecommunications utility.



Policies

Table 1 includes policy examples around broadband infrastructure. Note that the “X” marks the presence of supporting evidence or implementation type. Note that WWFH stands for What Works for Health.

Table 1: Policy examples and associated program suggestions

Policy Examples	Evidence Sources		Implementation Examples?
	Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations	Grey literature (agency reports, white papers, policy institutes) or similar sources	
Promote comprehensive broadband initiatives with mechanisms for community assessment and direction.	X	X	X
Identify and dedicate funding to support broadband deployment and ensure funding is directed to areas of high need.		X	X
Support broadband-reliant and broadband-enhanced technologies and practices with the understanding that broadband access can influence health outcomes.	X	X	X

Evidence suggests successful implementation of these policies may include:

- Comprehensive broadband initiatives.** These programs focus on increased access to broadband via broadband infrastructure projects, as well as considering geographic, social, and economic factors that affect broadband adoption (e.g., the cost of internet service and devices and digital literacy skills).⁵ Evidence suggests residential broadband is associated with a slight increase in rates of employment with larger effects in rural areas. Largest effects are among college-educated workers and industries and occupations that employ more college-educated workers.⁶ Evidence also suggests that residential broadband access is associated with increased labor force participation for women, with the largest increase among college-educated women with children, likely in relation to internet use for telework.⁷ Examples include [DigitalC](#) in Cleveland, Ohio, a nonprofit that increases broadband infrastructure in underserved residential areas, provides affordable service and devices, and increases digital literacy by teaching residents hardware and software skills.
- Community consultation for broadband needs.** This is one of six priority areas identified in the [2020 Indigenous Connectivity Summit Policy Recommendations](#), which include: effective and accurate mapping; inclusivity, community consultation, engagement; capacity building in Indigenous communities; spectrum rights and sovereignty; infrastructure and ownership; and affordability. Additional examples of community consultation include assessments of broadband needs for specific rural sectors. In Wisconsin, surveys have been done to determine the broadband needs of agricultural producers.⁸ The [Internet Society's North American](#) chapter has

recommendations for community-driven access initiatives, including via its [Indigenous Connectivity Summit](#).

- **Grants and loans to support state broadband deployment.** This strategy suggests that states can support broadband deployment via grants and loans to internet service providers, nonprofit utility cooperatives, and local governments.⁹ Money for such grants and loans have come from sources in three categories: special and general funds, state universal service funds, and other revenue streams.
- **Directing funding to unserved or underserved areas.** Some trends in state goals for broadband expansion include: directing funding to areas unserved or underserved for broadband access (although service definitions can vary); directing the most funding to “last mile” projects connecting homes and businesses to a network (as opposed to “middle mile” projects, e.g. connecting neighborhoods to each other); and requiring grant and loan recipients to match at least part of the cost of broadband infrastructure construction.⁹ However, [Colorado’s Department of Local Affairs Broadband Program](#) makes grants to support middle-mile infrastructure. The [Nez Perce Reservation Broadband Enhancement](#) project was designed to connect community anchor institutions, such as government facilities and libraries; more recently, [Nez Perce Systems](#) formed in response to still-unmet internet needs. North Carolina offers [Growing Rural Economies with Access to Technology \(GREAT\) grants](#) to private broadband service providers for rapid broadband deployment efforts in unserved areas of economically distressed counties.
- **Recognizing broadband internet access (BIA) as a social determinant of health.** Defined social determinants of health suggest access to mass media and emerging technologies can affect health outcomes.¹⁰ Some experts propose recognition of broadband internet access as a social determinant of health, arguing that lack of access is a public health issue and that—especially during the COVID-19 pandemic—broadband internet access is necessary for equitable access to health-enhancing resources such as telemedicine; telecommuting and unemployment filing; online education; online grocery ordering; videoconferencing for social and support groups; online free and low-cost exercise classes; and access to timely and reliable information.¹¹
- **Telemedicine.** Also called telehealth, this is the delivery of consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring. Evidence suggests that telemedicine increases access to care, especially for individuals with chronic conditions and those in rural and other areas which are traditionally underserved.¹² Examples in Wisconsin include [Marshfield Clinic TeleHealth](#). Additional examples of broadband-enabled health care for rural populations include the [L.A.U.N.C.H.](#) (Linking & Amplifying User-Centered Networks through Connected Health) project, supported by the FCC’s Connect2Health Task Force (C2HFCC) and the National Cancer Institute (NCI). LAUNCH focuses on public-private partnerships to increase and leverage broadband connectivity to improve symptom management for rural cancer patients.

- **Telemental health services.** This is the provision of mental health care services (e.g., psychotherapy or counseling) via telephone or videoconference.¹³ Examples include the Indian Health Service [Telebehavioral Health Center of Excellence](#), and in Wisconsin, [Marshfield Clinic TeleHealth](#) includes psychiatry and a [Wisconsin Medicaid Telehealth expansion](#) which includes telemental health.
- **Technology-enhanced classroom instruction.** This strategy incorporates technology into classroom instruction via computer-assisted instruction programs, computer-managed learning programs, use of interactive white boards, etc.¹⁴ The [National Education Technology Plan](#) outlines a vision for greater equity of access to technology and to enriched learning experiences provided by technology across the country.
- **Telecommuting.** Also called remote work, telework, or flexible working arrangement, this is the practice of allowing employees to work outside a central office, using technology to interact with others inside and outside the organization. Evidence suggests that telecommuting improves job satisfaction and work-life balance, and experts also suggest it may expand work opportunities for individuals with disabilities as well as individuals in rural areas.¹⁵ The United States Office of Personnel Management (OPM) and the General Services Administration (GSA) provide extensive information to support federal agencies that implement telework programs.

Resources

- [State Broadband Policy Explorer Tool](#) (PEW)
- [State Broadband Task Forces](#) (National Conference of State Legislatures)
- [Mapping Broadband Health in America](#) (FCC)
- [Broadband Policies and Regulations for Wisconsin Stakeholders](#) (UW Extension Broadband & E-Commerce Education Center)
- [Map of State Preemption Laws](#) (includes municipal broadband) (Law Atlas Policy Surveillance Program)

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4. [What is the Digital Divide?](#) (UW Extension, June 2018)
5. [State Broadband Initiatives: Selected State and Local Approaches as Potential Models for Federal Initiatives to Address the Digital Divide](#) (Congressional Research Service)
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9. [How States Support Broadband Projects](#) (PEW)
10. [Social Determinants of Health](#) (Office of Disease Prevention and Health Promotion)
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12. [Telemedicine](#) (WWFH)
13. [Telemental Health Services](#) (WWFH)
14. [Technology-enhanced classroom instruction](#) (WWFH)
15. [Telecommuting](#) (WWFH)
16. [State Broadband Initiatives: Selected State and Local Approaches as Potential Models for Federal Initiatives to Address the Digital Divide](#) (Internet Society)

Issue 2: Food Systems and Agriculture

Introduction

Community and regional food systems include land access, agricultural production, distribution and aggregation, processing, marketing, institutional and consumer preparation, consumption, and waste recovery.¹ Community and regional food system security, and associated agricultural resilience, are a part of Wisconsin's identity as an agricultural state and are essential to a strong economy in Wisconsin, as well as to a stable response and recovery to the COVID-19 pandemic.



In Wisconsin, the agricultural sector represents the majority of the state's economy at \$104.8 billion annually. Wisconsin agriculture accounts for 11.8% of the state's employment, with on-farm production contributing 154,000 jobs and processing contributing 282,000 jobs.² Food processing accounts for approximately two-thirds of Wisconsin's agricultural economy.³ Immigrant populations, including undocumented workers who comprise approximately 24% of the overall immigrant population in Wisconsin, make up a large number of the agricultural workforce.⁴ For example, in 2009, 40% of dairy employees were individuals who had immigrated to the US.⁵

Agriculture is particularly vulnerable to shocks and stressors that can directly affect a variety of aspects of community functioning, such as the economy and housing security. In Wisconsin, farm income has not increased for nearly half a century. Bad production years are usually followed by good production years. Without a good production year to generate additional assets, as may be the case in a COVID-19 context, farmers experience dramatic income reductions. High unemployment and low commodity prices are putting extra financial pressures on farmworkers to provide for themselves and their families. This dynamic may be one driver of the increase in mental illness and suicide rates in farmers.⁶

Regional or small-scale production is often seen as an important element to a resilient community food system. Like most businesses in Wisconsin, the majority of food processors could be classified as small businesses. About one in five have fewer than five employees, and just over half have less than 20 employees, while only 18% have 100 or more employees. However, these small-scale production businesses account for less than 5% of employment in the industry.³ Although there are fewer large-scale production businesses, they account for the majority of agriculture jobs in Wisconsin.

At the federal level, the USDA has several grant and loan programs available, including food assistance, crop insurance, paycheck protection programs, and foreign agriculture affairs.⁷ At the policy level, the Food Supply Protection Act was introduced in May 2020 with the intention of strengthening food supply caching, protecting workers, reducing food waste, and supporting both farmers and families

in need.⁸ The Wisconsin Farm Support Program is a federally funded program that provides relief for farmers who were affected by the pandemic. The first round of payments went out to eligible farmers with a gross income of \$35,000-\$5,000,000 on July 15, and current applications are recently closed for the next round of funding.⁹ At the state level, Governor Evers committed \$15 million to the Food Security Initiative in the spring of 2020, which has extended efforts to help organizations process and store local agricultural products for distribution to local consumers.

Policies

Table 1 includes policy examples around food systems and agriculture. Note that the “X” marks the presence of supporting evidence or implementation type. Note that WWFH stands for What Works for Health.

Table 1: Policy examples and associated program suggestions

Policy Examples	Evidence Sources		Implementation Examples?
	Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations	Grey literature (agency reports, white papers, policy institutes) or similar sources	
Establish an economic support network for farmers and disseminate information about economic support available on federal and state levels to rural communities.		X	X
Establish and promote food hubs.	X	X	X
Create a localized food system.	X	X	X
Promote the increasing viability of Wisconsin agriculture as part of state wealth building <i>rather than</i> exports as the main revenue source.		X	X
Restructure the supply chain.		X	
Push for a more salient national COVID-19 Agriculture Policy.		X	

Evidence suggests successful implementation of these policies may include:

- **Direct aid to farmers.** This can include payments to farmers to help them respond to the challenges presented by COVID-19. Examples in Wisconsin include the Department of Agriculture, Trade, and Consumer Protection (DATCP) [Farm Support Program](#). The [Farm Bureau](#) also offers resources and communications tools to help farmers and their employees continue to work safely and prevent the spread of COVID-19 in rural communities.

- **Food hubs.** This strategy supports businesses or organizations that aggregate, distribute, and market local and regional food products (e.g., fresh fruits and vegetables, meat, dairy, grains, and prepared items). Food hubs can improve local and regional food systems and may also improve rural economies and increase the economic viability of small- to mid-size farms.¹⁰ USDA's Rural Business Development Grants offer federal funding for community economic development projects such as food hubs. Examples in Wisconsin include the [Wisconsin Food Hub Cooperative](#). The [Native American Agriculture Fund \(NAAF\)](#) proposes establishing regional food hubs in Indian Country to provide processing and distribution infrastructure for food grown and raised by Tribal farmers and ranchers; hubs could also serve as resources for broader rural communities. The USDA also launched a [Local Food System Response to COVID Resource Hub](#). This is a searchable database for local food hubs, businesses, and producers to share knowledge and resources to address obstacles, find successful marketing and production strategies, and foster innovation for local and regional markets in response to the COVID-19 pandemic.
- **Community kitchens for food processing.** These are shared kitchen spaces that support licensed, commercial food processing and connect specialty food processors, farmers, and others who produce value-added goods. Community kitchens that support licensed food processing are a suggested strategy to strengthen local and regional food systems, increase food security, and enhance local economies.¹¹ As of 2020, there are 33 community kitchens that support licensed food processing in Wisconsin registered with [CulinaryIncubator.com](#).
- **Community supported agriculture (CSAs).** This strategy establishes partnerships between farmers and consumers in which consumers purchase a share of a farm's products in advance. CSA programs are a suggested strategy to increase access to healthy foods and distribute fresh fruits and vegetables from local farms to urban and rural areas. Such programs may also help strengthen and improve local and regional food systems and contribute to greater food system sustainability.¹² The USDA links to several [searchable databases](#) for CSA programs at the national, state, and regional levels. In California, CSA vendors can apply for and receive a free machine that allows them to accept Electronic Benefits Transfer (EBT) payments for CSA shares.¹² Many non-profit organizations work to connect consumers with CSA programs through education, outreach, community building, and resource sharing; for an example, see the [FairShare CSA coalition](#) in Madison, WI.
- **Regional wealth-building frameworks.** These are tailored local and regional economic development initiatives that are included as part of overall community and economic development efforts. Examples of initiatives which aim to connect community assets and market demand include the Aspen Institute's [WealthWorks](#).
- **Agricultural product purchasing in response to COVID-19.** An example of this strategy is the [USDA Farmers to Families Food Box](#). Through this program, USDA's Agricultural Marketing Service (AMS) is partnering with national, regional and local distributors, whose workforces have been significantly impacted by the closure of restaurants, hotels, and other food service businesses, to purchase up to \$4.5 billion in fresh produce, dairy, and meat products from American producers of all sizes. The federal [Food Supply Protection Act](#) introduced in May

2020 includes purchasing initiatives in order to support communities and agricultural producers, and offers funding for equipment upgrades, PPE, and cleaning to help farmers and small and medium-sized food processors reach new markets and alleviate supply chain bottlenecks.

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9. [Wisconsin Farm Support Program](#) (Wisconsin Department of Revenue)
10. [Food Hubs](#) (WWFH)
11. [Community Kitchens for Food Processing](#) (WWFH)
12. [Community Supported Agriculture \(CSA\)](#) (WWFH)
13. [What is WealthWorks?](#) (WealthWorks)

Issue 3: Health Care Access

Introduction

Health care access is the extent to which people have access to comprehensive, quality health care in a timely manner. Determined by federal, state, and local programs and policies, health care access requires entry to a health care system through means such as insurance or Medicare, geographically accessible locations, and culturally competent health care providers whom patients can trust.¹ In rural areas, availability of health care providers and services and the size and



composition of insurance provider networks play a large role in health access.² Access to health care impacts overall physical, social, and mental health status, disease prevention, detection, diagnosis, and treatment of illness, quality of life, preventable death, and life expectancy.³ Rural communities have unique challenges in accessing health care, including limited health facilities and smaller workforces in less populated areas, limited public transportation, and stigma around mental health and substance abuse.⁴ In addition, rural residents may have irregular or unpredictable work schedules, may lack sick days, and have concerns over maintaining health privacy in smaller communities. These systemic barriers can combine to cause delays or disruptions in health promotion and disease prevention, which can lead to poorer health outcomes for rural residents. In the U.S., people who live in rural communities have a higher mortality rate than those in urban areas.⁵

Wisconsin rural hospitals play an important role in the health and economic success of rural communities. The quality of many Wisconsin rural hospitals was evident in the 2020 National Rural Health Association's awards: four Wisconsin rural hospitals were named in the top 20 Critical Access Hospitals awards, with 11 hospitals in the top 100. One hospital was in the top 20 for Rural and Community Hospitals, with seven in the top 100.⁶ Despite the strength of Wisconsin rural hospitals, health care access in rural Wisconsin areas reflects many national trends. When compared to urban residents, rural Wisconsin residents have less access to primary care physicians, dentists, and mental health providers due to availability.⁷ One-third of rural Wisconsin counties do not provide birthing delivery services.⁸ Ten percent of adults and six percent of children in rural Wisconsin are uninsured. A recent study found that 12 (16%) of Wisconsin's 76 rural hospitals were vulnerable to closure.⁹ Access issues and the related delays in diagnosis and treatment contribute to adverse health outcomes. This includes higher hospitalization rates for heart disease and the higher potentially excess death rates for cancer, stroke, and unintentional injury found in nonmetropolitan areas in Wisconsin as compared to metropolitan areas.¹⁰

The COVID-19 pandemic has strained hospital capacity and exacerbated health care access issues for rural communities. The combination of chronic conditions, barriers to health care access, lower availability of healthcare providers, and lower facility capacity (fewer medical facilities, fewer emergency room beds, lack of ventilators, fewer health professionals) in rural communities poses threats for more severe COVID-19 outcomes.

Policies

Table 1 includes policy examples around health care access. Note that the “X” marks the presence of supporting evidence or implementation type. Note that WWFH stands for What Works for Health.

Table 1: Policy examples and associated program suggestions

Policy Examples	Evidence Sources		Implementation Examples
	Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations	Grey literature (agency reports, white papers, policy institutes) or similar sources	
Establish a strong telehealth network.	X		X
Build infrastructure for Community Health Workers.	X		X
Establish resilient, adaptable, and reliable mobile and retail clinics.	X	X	X
Promote value-based insurance and provide outreach and support for insurance enrollment.	X		X
Develop culturally adapted health care.	X		X

Evidence suggests successful implementation of these policies may include:

- Telemedicine.** Also called telehealth, this is the delivery of consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring. Evidence suggests that telemedicine increases access to care, especially for individuals with chronic conditions and those in rural and other areas which are traditionally underserved.¹¹ Examples include [Alaska’s](#) expansive telehealth and telemedicine system, and telehealth services through [Alaska Native Tribal Health Consortium](#). Examples in Wisconsin include [Marshfield Clinic TeleHealth](#).
- Telemental health services.** This is the provision of mental health care services (e.g., psychotherapy or counseling) via telephone or videoconference.¹² Examples include the Indian Health Service [Telebehavioral Health Center of Excellence](#), and in Wisconsin, [Marshfield Clinic](#)

[TeleHealth](#) includes psychiatry and a [Wisconsin Medicaid Telehealth expansion](#) which includes telemental health.

- **Community health workers.** This is an umbrella term and strategy that engages professional or lay frontline health workers to provide education, care coordination, referral, follow-up, case management, home visiting, etc. for those at high risk for poor health outcomes and health disparities. Community health workers can also be called promotores de salud, community health representatives, and health/patient navigators. Evidence suggests that efforts of community health workers can improve health in minority or underserved communities, reduce disparities in health outcomes, and enhance health equity.¹³ Examples in Wisconsin include the [Wisconsin Community Health Worker Network](#). National examples include the [National Association of Community Health Workers](#) and the tribally contracted/granted and directed [Community Health Representatives \(CHR\) Program](#) funded by Indian Health Service.
- **Mobile reproductive health clinics.** These clinics offer reproductive health services (e.g., pregnancy tests, prenatal and postpartum care, gynecological exams, STI screenings, etc.), health education, and social service referrals via medically equipped vans. Evidence suggests the clinics improve prenatal care, can reach a variety of populations with vulnerabilities, and are cost-effective.¹⁴ Examples include Community Healthcare Network's medical mobile vans in New York City, and The Family Van in Boston, Massachusetts. A related strategy is mobile health clinics or units, such as the [Shakopee Mdewakanton Sioux Community \(SMSC\) Mobile Unit](#), which brings free medical, dental, and vision care to communities across Minnesota.
- **Retail clinics.** Clinics in retail stores can provide basic services for minor illnesses (e.g., sore throats or skin conditions) and procedures (e.g., immunizations, pregnancy testing, routine lab tests).¹⁵ These are also known as retail pharmacy, walk-in, or convenient care clinics. Examples in Wisconsin include [Bellin Health's FastCare](#) clinics. Nationally, many retail clinics have been able to offer drive-through testing during the COVID-19 pandemic.
- **Value-based insurance design.** This strategy creates financial incentives or removes financial disincentives to affect consumer choices and encourage provision of cost-efficient health care services. Evidence suggests that value-based insurance design (VBID) increases patients' adherence to medication and reduces out-of-pocket expenses.¹⁶ Through these mechanisms, VBID appears to reduce racial and ethnic disparities, and improve cardiovascular disease outcomes for minority patients. Examples in Wisconsin include Chippewa County, which implemented aspects of VBID in its public employee health plan. Wisconsin insurance companies and health care providers are also working together to implement VBID to improve quality of care while controlling costs, including Anthem Blue Cross Blue Shield Wisconsin and Aurora Health Care and its [Aurora Accountable Care Organization](#). A related strategy is patient-centered medical homes (PCMHs), which are promoted by many VBIDs.¹⁷
- **Health insurance enrollment outreach & support.** This includes assisting individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed.¹⁸ Examples in Wisconsin include [Covering WI](#).

- **Culturally adapted health care.** This is the practice of tailoring health care to patients' norms, beliefs, and values, as well as their language and literacy skills.¹⁹ Examples in Wisconsin include the [Gerald L. Ignace Indian Health Center Inc.](#), which provides culturally adapted care, and the Great Lakes Inter-Tribal Council, which provides leadership, technical assistance, training, and resources. In addition, the Medical College of Wisconsin Advancing a Healthier Wisconsin Endowment (AHW) [funded multiple programs](#) for culturally-responsive COVID-19 outreach, education, and intervention for vulnerable communities, including elderly African American individuals, migrant seasonal agricultural workers, and Hmong American residents.

Resources

- [PBS Wisconsin / WI Public Radio](#): Series: Health in Rural Wisconsin

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10. [Data: Excess Death by Leading Cause of Death](#) (WORH)
11. [Telemedicine](#) (WWFH)
12. [Telemental Health Services](#) (WWFH)
13. [Community Health Workers](#) (WWFH)

14. [Mobile Reproductive Health Clinics](#) (WWFH)
15. [Retail Clinics](#) (WWFH)
16. [Value-Based Insurance Design](#) (WWFH)
17. [Medical Homes](#) (WWFH)
18. [Health Insurance Enrollment Outreach & Support](#) (WWFH)
19. [Culturally Adapted Health Care](#) (WWFH)

Issue 4: Housing Stability

Introduction

Housing stability refers to access to stable and affordable housing for people across income levels. Access to stable, affordable, high quality housing supports mental and physical health while housing insecurity can exacerbate medical conditions such as diabetes and mental illness.^{1,2} Instability in housing and lack of a stable address can have ripple effects on educational access, employment, enrollment in social programs, and maintaining a health care provider. Ultimately, housing instability can form a vicious cycle that keeps individuals and families from accessing the stable jobs and basic needs that often take precedence over health care.



About 71.6% of homes in rural communities are owned by their residents.³ While homeownership by people of color in rural communities is higher than homeownership by people of color nationally, white people have substantially higher rates of homeownership than people of color in rural communities. Across the country, there is a shortage of affordable rental options in rural communities. An estimated 47% of rural renters are cost-burdened (i.e., they pay more than 30% of their income on housing), and half of those households are severely cost-burdened, paying more than 50% of their income on housing.³ A recent HUD study found that 18% of the U.S. homeless population reside in rural communities.⁴ Among the rural homeless population from the study, 15% identified as African American and 11% identified as Hispanic or Latinx.

Based on modeling of population changes and current rural housing trends, the Urban Institute projects that, in the next 25 years, demand for new housing and the rehabilitation of aging housing will grow, housing needs of rural seniors will require urgent attention, and more working-age rural people will need housing assistance.⁵ Rural communities tend to have an older population, and housing affordability and the financial means to improve housing is an issue for many older rural residents.³

Before the COVID-19 pandemic, 14% of rural Wisconsin households indicated they were dealing with overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities.⁶ Wisconsin organizations that support unhoused individuals reported that rural homelessness was increasing, and rural schools reported a record number of students who were experiencing homelessness.^{7,8} In a recent study, Wisconsin was identified as being a state with a high number of people (1,457) experiencing family homelessness in rural areas.⁹ The number of Wisconsinites facing unstable housing conditions has risen since March 2020. There was a federal moratorium on evictions through the end of December, 2020; however, renters need to meet certain criteria for eligibility, and the pandemic will continue to impact unstable housing into 2021.

COVID-19 has resulted in lost income for some families as people have lost their jobs, had their work hours reduced, or had to reduce or leave work in order to care for children at home. This situation makes it harder for families to pay rent or their mortgages and could result in increased homelessness or families moving into homes with other people. Existing or COVID-related multi-family living arrangements can make it more difficult for a household member to isolate if exposed to the virus. As people spend more time in their homes, with many children attending school from home and some people working from home, housing quality can have a larger impact on health as people have more exposure to any adverse conditions in their homes, such as overcrowding, environmental hazards, or extreme cold or heat.

Policies

Table 1 includes policy examples around housing stability. Note that the “X” marks the presence of supporting evidence or implementation type. Note that WWFH stands for What Works for Health.

Table 1: Policy examples and associated program suggestions

Policy Examples	Evidence Sources		Implementation Examples?
	Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations	Grey literature (agency reports, white papers, policy institutes) or similar sources	
Establish housing supports to Medicaid enrollees.	X	X	X
Address rural homelessness through prevention and proven models such as Housing First.	X	X	X
Restructure existing policies that contribute to a lack of affordable, multi-generational & multi-unit housing, as well as rental housing.	X	X	X
Provide legal support and services for tenants and reform Consolidated Court Automation Programs.	X	X	X

Evidence suggests successful implementation of these policies may include:

- Housing Choice Voucher Program (Section 8).** This program provides eligible low- and very low-income families with vouchers to help cover the costs of rental housing. Evidence suggests the Housing Choice Voucher Program (Section 8) helps families move to higher quality neighborhoods, improves neighborhood socio-economic diversity, and reduces homelessness, family separations, and exposure to crime.¹⁰ Some states and municipalities have laws that prevent landlords from engaging in source of income (SOI) discrimination, which includes discrimination against Section 8 recipients. In Wisconsin, Section 8 is operated through Public Housing Authorities for most Wisconsin counties and municipalities; counties in Wisconsin without Public Housing Authorities have Section 8 programs administered by the [Wisconsin](#)

[Housing and Economic Development Authority](#) and local agents. As of December 2019, 131,400 people in 78,000 Wisconsin households use Section 8 to afford modest housing; 75% of recipients are seniors, children, or people with disabilities.¹¹

- **Medical homes.** This is a coordinated team of medical providers that offer continuous, comprehensive, whole person primary care across the healthcare system. Evidence suggests that medical homes improve quality of and access to health care and increase the use of preventive services compared to traditional care, particularly for some Medicaid enrollees, such as children.¹² Examples in Wisconsin include the [Wisconsin Medical Home Initiative](#). The [Center on Budget and Policy Priorities](#) recommends health home options and has additional recommendations for how Medicaid can partner with housing providers.
- **Social service integration.** This is the practice of coordinating access to services across delivery systems and disciplinary boundaries (e.g., housing, disability, physical health, mental health, child welfare, workforce services, etc.). Integrating social services is a suggested strategy to improve access to services; reduce service gaps, fragmentation, and duplication; and improve health and health-related outcomes.¹³ Such efforts appear to increase access and enrollment, especially for veterans and individuals experiencing homelessness and mental illness. Social service integration is also recommended to better serve older adults with serious illnesses and individuals with disabilities. Some states have established integrated social service delivery systems through Medicaid Accountable Care Organizations (ACOs). The Centers for Medicare & Medicaid Services is testing the [Accountable Health Communities \(AHC\) Model](#), which identifies and addresses health-related social needs among Medicare and Medicaid beneficiaries by connecting clinical care and community services. Many Wisconsin counties operate one-stop job centers or workforce development centers that provide employment, job skills training, education, and economic support services.
- **Service-enriched housing.** This model provides permanent, basic rental housing with social services available onsite or by referral, usually for low-income families, seniors, veterans, or people with disabilities. Evidence suggests that service-enriched housing reduces homelessness and increases housing stability.¹⁴ There is a demonstrated need for service-enriched housing among the elderly, veterans, individuals with chronic mental illness and substance abuse problems, and chronically homeless families and individuals. Tailoring service-enriched housing to meet the specific needs of older veterans, female veterans with children, or young veterans can increase effects on housing stability and mental health or substance disorders and ease the transition from military service to civilian workplaces. Examples include the U.S. Department of Housing and Urban Development's Veterans Affairs Supportive Housing (HUD-VASH) programs, including [Tribal HUD-VASH](#) for Native American veterans. Examples in Wisconsin include [The Road Home Dane County](#) in Madison.
- **Housing First.** This strategy provides rapid access to permanent housing and support (e.g., crisis intervention, needs assessment, case management), usually for chronically homeless individuals with persistent mental illness or substance abuse issues. Unlike standard rapid re-housing programs, there are no time limits for Housing First program participation.¹⁵ Examples in rural settings include [Pathways Vermont](#). Examples in Wisconsin include the [Milwaukee](#)

[County Housing First](#) program, which costs approximately \$2 million each year and has reduced annual Medicaid costs to Wisconsin by \$2.1 million and reduced mental health costs to Milwaukee County by \$715,000 annually. A related strategy is rapid re-housing programs.¹⁶

- **Affordable housing tax increment financing (TIF).** This creates designated tax districts that generate revenue to invest in affordable housing initiatives, blight remediation, and economic development efforts. Tax increment financing (TIF) is a suggested strategy to increase access to quality, affordable housing.¹⁷ Wisconsin has numerous TIF programs in place that support affordable housing in Wisconsin. Additional strategies that support affordable housing for rent or homeownership include the [HOME Investment Partnership Program](#),¹⁸ [housing trust funds](#),¹⁹ and [Low Income Housing Tax Credits \(LIHTCs\)](#).²⁰ ChangeLab has created a [policy toolkit](#) for preserving, protecting, and expanding affordable housing.
- **Legal support for tenants in eviction proceedings.** This can include legal representation for tenants with low incomes in eviction proceedings or limited legal assistance to prepare tenants to represent themselves in court. Evidence suggests cost savings (via avoided homeless shelter costs).²¹ Examples in Wisconsin include [Legal Action of Wisconsin's Eviction Defense Project](#) in Milwaukee and Dane counties. A related strategy is debt advice for tenants with unpaid rent.²² HUD has a [guide](#) to expanding housing counseling services, particularly to reach rural and underserved communities and to expand rental and homeless counseling programs. The [Legal Services Corporation](#) (LSC) is a nonprofit with over 800 offices across the U.S. and which provides grants for civil legal assistance to Americans with low incomes, including legal representation for tenants facing eviction.
- **Medical-legal partnerships.** This concept integrates legal services into health care settings to address legal issues that affect health (e.g., housing, food, utilities). Evidence suggests such partnerships improve access to legal services, patient health outcomes and well-being, and reduce stress.²³ Examples in Wisconsin include Medical College of Wisconsin's Center for the Advancement of Underserved Children, which manages the [Legal And Medical Partnership \(LAMP\) for Families in Milwaukee](#).
- **Consider reforms to Consolidated Court Automation Programs.** The [Wisconsin Consolidated Court Automation Programs \(CCAP\)](#) is the software and related technology supporting the Wisconsin Court System. It provides the Courts with data, as well as providing public access to the Court System. [Community Advocates Public Policy Institute and Human Impact Partners](#) recommend reforms to CCAP in Wisconsin, including removing dismissed evictions from publicly available data and reducing time that records of completed evictions are publicly available. A related strategy rated as "mixed evidence" by What Works for Health is Ban the Box, which prohibits criminal history questions on job applications and postpones background checks.²⁴ Some university and housing applications have adapted Ban the Box. Wisconsin's 2016 Ban the Box law applies to state employment.

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21. [Legal Support for Tenants in Eviction Proceedings](#) (WWFH)
22. [Debt Advice for Tenants with Unpaid Rent](#) (WWFH)
23. [Medical-Legal Partnerships](#) (WWFH)
24. [Ban the Box](#) (WWFH)

Issue 5: Mental Health and Connectedness

Introduction

Meaningful relationships and social connections support mental and physical health. Conversely, social isolation—a lack of social connections or the experience of loneliness—can have a detrimental impact on health and thriving. Social isolation is associated with many health-related outcomes, including increased risk for blood pressure, stress, Alzheimer’s disease, anxiety, depression, suicide, substance abuse, and a poor immune system.¹ Social isolation is also associated with higher healthcare costs. While social isolation is a growing concern across all communities, rural communities face unique challenges in addressing social isolation. When compared to residents in metropolitan areas, rural residents report more social connections but similar levels of loneliness.² Note that this excludes non-Hispanic Black residents, who indicate having fewer social ties in rural communities.



Still, 25% of older adults in rural areas socialize less than once a month with another person.³ Geographic and resource barriers in rural communities, such as lack of cell phone and broadband internet service, long distances between people and gathering spaces, and lack of public or affordable transportation can all make it difficult for rural residents to connect despite existing social ties, especially for older populations.¹

Farming families often face high levels of financial stress along with social isolation, limited access to mental health providers, and schedule and financial barriers to accessing care. Nationally, the suicide rate for male farmers (43.2 per 100,000) is much higher than the average working-age male (27.4 per 100,000).⁴

When experiencing social isolation, substance issues, and mental health concerns, rural residents may find it difficult to reach out for support due to stigma around mental health,¹ concerns about privacy, or lack of mental health and substance use professionals and facilities in rural areas.

In Wisconsin, rural communities have a higher density of social associations (civic organizations, business organizations, social clubs) per 100,000 people than urban communities.⁵ About a quarter (28%) of adults over 65 live alone, 12% of 16-24 year olds are not in school or employed, and about 10% of adults report experiencing frequent mental distress.⁵ Wisconsin faces similar shortages of psychiatrists and mental health providers as experienced nationally. Overall, Wisconsin has higher-than-average suicide rates among Midwestern states, and suicide rates are higher in rural Wisconsin counties (15.8 per 100,000) than urban counties (14 per 100,000).⁶

COVID-19 has exacerbated issues of mental healthcare access, social isolation, financial stress and family stress across U.S. communities. Technology issues, such as the lack of cell phone and broadband internet services mentioned above, have made schooling and staying connected more difficult for rural communities, which can increase feelings of social isolation and loneliness. The increased financial strain and social isolation pose risks for increased substance use and mental health challenges in a rural context with limited mental health providers and telehealth options.

Policies

Table 1 includes policy examples around mental health and connectedness. Note that the “X” marks the presence of supporting evidence or implementation type. Note that WWFH stands for What Works for Health.

Table 1: Policy examples and associated program suggestions

Policy Examples	Evidence Sources		Implementation Examples?
	Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations	Grey literature (agency reports, white papers, policy institutes) or similar sources	
Make coordinated collective action & rural organizing possible.		X	X
Fix the rural transportation system to remove barriers to connection and gathering.	X		X
Address the barriers to health equity that aging populations face from being isolated.	X		X
Promote rural-focused civic infrastructure such as organizations, coalitions, and partnerships that can elevate needs of rural communities.	X		X
Integrate social services.	X		X

Evidence suggests successful implementation of these policies may include:

- Rural-focused organizations, coalitions, and partnerships.** These collaborations can advance goals for collective action in rural communities. Examples in Wisconsin include [Wisconsin Rural Partners](#), which is a nonprofit organization working to advance initiatives important to rural communities; the organization also serves as Wisconsin’s State Rural Development Council (SRDC) through a cooperative agreement with the U.S. Department of Agriculture. [Wisconsin Rural Women’s Initiative](#) is a nonprofit in over 60 Wisconsin counties which develops self-sustaining women’s circles to reduce effects of isolation and promote sustainable support networks. Related strategies include neighborhood associations and

trauma-informed community building.

- **Rural transportation services.** This includes establishing transportation services for areas with low population densities using publicly funded buses and vans on a set schedule, dial-a-ride transit, or volunteer ridesharing, etc. Rural transportation services are a suggested strategy to increase mobility and access to health care for rural populations; evidence also suggests that such services may increase access to jobs, provide opportunities for higher wages for individuals who live in rural areas, and benefit local economies.⁷ The U.S. Department of Transportation provides capital and operating assistance for rural transit through Section 5311 grants and low-income populations are considered as a factor in the grant formula. Wisconsin examples include [Make the Ride Happen](#), which coordinates rides with local transportation services for older adults and individuals with disabilities. A related example is the [Tribal Transportation Program](#), whose purpose is to provide safe and adequate transportation and public road access to and within Indian reservations, Indian lands, and Alaska Native Village communities.
- **Community centers.** These are community venues that facilitate residents' efforts to socialize, participate in recreational or educational activities, gain information, and seek counseling or support services. Evidence suggests such centers improve the health and well-being of users by building positive social relationships that include the exchange of resources, information, and emotional support.⁸ Examples in Wisconsin include the [College of Menominee Nation's Community Technology Center](#) in Keshena. A related strategy is community arts programs.⁹
- **Community-based social support for physical activity.** These programs build, strengthen, and maintain social networks that provide supportive relationships for behavior change through walking groups or other community-based interventions. Evidence suggests such interventions increase physical activity, including among older adults, especially when interventions include family support.¹⁰ Examples in Wisconsin include [Dairyland Walkers](#).
- **Activity programs for older adults.** These programs offer group educational, social, creative, musical, or physical activities that promote social interactions, regular attendance, and community involvement among older adults. Evidence suggests that such programs for older adults improve mental and physical health outcomes, reduce loneliness and social isolation, and improve emotional well-being and quality of life among participants.¹¹ Physical activity programs have been shown to improve physical health outcomes among frail older adults. The [National Council on Aging](#) supports senior center programs and promotes outstanding practices through its annual National Institute of Senior Centers Programs of Excellence Awards. Examples in Wisconsin include the [WI Department of Health Services' Programs and Services for Older Adults](#).
- **Increase Supplemental Security Income (SSI) benefits.** This strategy involves increasing program benefit amounts for aged, blind, or disabled individuals, including children, with little or no income. Increasing SSI benefit levels is a suggested strategy to reduce poverty among senior citizens aged 65 and older, and adults and children who are blind or have severe disabilities. Evidence also suggests that higher SSI benefit rates may decrease disability among the elderly.¹² As of December 2019, nearly 120,000 Wisconsin citizens received SSI.¹³

Wisconsin provides an SSI supplement for those who qualify for the federal program; recipients also automatically qualify for Medicaid without a separate application.

- **Intergenerational communities.** Gathering individuals of different ages promotes interaction and cooperation between people and a focus on the needs of all residents, especially children and older adults.¹⁴ Examples include [Generations United](#), a nonprofit focused on supporting grandfamilies, building intergenerational communities, and expanding intergenerational programs and spaces. This organization has a [Grandfamilies COVID-19 Response Fund](#) and other resources for grandfamilies and multigenerational families. Examples in Wisconsin include the [Generations center](#) in Plymouth and communities that belong to the [AARP Network of Age-Friendly States and Communities](#) or have received an AARP Community Challenge grant, such as the [City of Milwaukee](#).
- **Social service integration.** This is the practice of coordinating access to services across delivery systems and disciplinary boundaries (e.g., housing, disability, physical health, mental health, child welfare, workforce services, etc.). Integrating social services is a suggested strategy to improve access to services; reduce service gaps, fragmentation, and duplication; and improve health and health-related outcomes. Such efforts appear to increase access and enrollment, especially for veterans and individuals experiencing homelessness and mental illness.¹⁵ Social service integration is also recommended to better serve older adults with serious illnesses and individuals with disabilities. Some states have established integrated social service delivery systems through Medicaid Accountable Care Organizations (ACOs). The Centers for Medicare & Medicaid Services is testing the [Accountable Health Communities \(AHC\) Model](#), which identifies and addresses health-related social needs among Medicare and Medicaid beneficiaries by connecting clinical care and community services. Many Wisconsin counties operate one-stop job centers or workforce development centers that provide employment, job skills training, education, and economic support services.
- **Behavioral health primary care integration.** This approach revises health care processes and provider roles to integrate mental health and substance abuse treatment into primary care. Patients with severe conditions continue to be referred to specialty care. Evidence suggests such integration improves mental health, especially depression symptoms; increases patients' adherence to treatment; improves their quality of life; and increases patient satisfaction and engagement with health care providers.¹⁶ Such care appears effective in various settings, including mental health practices with limited resources and practices in rural and urban areas. The Agency for Healthcare Research and Quality's Academy for Integrating Behavioral Health and Primary Care ([AHRQ Academy](#)) includes resources, research, and tools to support integrated care. There are several models to integrate behavioral health into primary care practice. Examples in Wisconsin include the [Wisconsin Initiative to Promote Healthy Lifestyles](#).

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15. [Social Service Integration](#) (WWFH)
16. [Behavioral Health Primary Care Integration](#) (WWFH)

Issue 6: Job Security and Stable Employment

Introduction

Stable employment refers to an employee's perception that their job is secure. As a key social determinant of health, stable employment with safe working conditions and a living wage is associated with better health.¹ Stable, higher wage employment also is linked with insurance access and financial resources that facilitate preventative health care. Unemployment and low-paying, unstable employment, due to increased stress, are associated with fair or poor health and mental health issues such as anxiety and depression.¹



In rural communities, agriculture is a key aspect of the rural economy, but more people find employment in other areas, e.g. education, health care, and social assistance (22.3%) and manufacturing (12.1%).² Prior to the COVID-19 pandemic, from January 2019 to January 2020, job growth in rural counties was lower than growth nationally, with about half of the most rural counties actually losing jobs.³ Depopulation or outmigration can impact employment opportunities in certain sectors, especially in health care and education.

In Wisconsin, from 2010-2018, jobs rose at a lower rate in rural counties (4.5%) compared to urban counties (10.5%).⁴ Although 90% of rural counties were below the state average for job growth, Clark, Walworth, Bayfield, Dunn and Portage counties were exceptions with job growth at or greater than the state average of 9.0%. Data collected by the Bureau of Labor Statistics showed a significant decline in employment rates across Wisconsin's northern counties in the last quarter of 2019. These findings were consistent with the patterns seen throughout the state for some time, which saw growth overall, particularly in manufacturing, but instability in northern and rural regions. Working parents also face child care shortages in Wisconsin, with 68% of people in rural areas living in what is considered a child care desert.⁵

Widespread unemployment and unstable employment has been one of the most pressing policy topics during the COVID-19 pandemic.⁶ The 2020 State of Wisconsin Working Wisconsin report highlighted how COVID-19 has divided workers into three groups: the unemployed, who have lost their jobs; the employed and exposed, whose work exposes them to COVID-19 often without appropriate safety measures or access to sick days; and those who can work from home.⁷ With many full-time jobs in Wisconsin structured as hourly compensation, COVID-19 has made it difficult for large numbers of workers to maintain financial stability. One quarantine period of two weeks has severe financial consequences for many workers. Rural communities have been affected by the job instability of COVID-19 in unique ways. A recent analysis conducted by the Housing Assistance Council showed 1.8

million rural workers were unemployed as of June, with an unemployment rate of 8.8% for counties outside of metropolitan areas.⁸ Nationally, COVID-19-related unemployment has been more pronounced in non-metro areas with recreation- or manufacturing-based economies.⁹ Counties that are dependent on meatpacking have also experienced higher numbers of COVID-19 cases, and in Wisconsin, outbreaks have occurred at meatpacking plants in multiple counties as employees work to keep food distribution going.¹⁰ Rural employment was slow to recover after the 2008 recession, so there is some concern that the economic recovery from COVID-19 in rural communities may take longer and entail higher levels of business losses and unemployment.¹¹

Policies

Table 1 includes policy examples around job security and stable employment. Note that the “X” marks the presence of supporting evidence or implementation type. Note that WWFH stands for What Works for Health.

Table 1: Policy examples and associated program suggestions

Policy Examples	Evidence Sources		Implementation Examples?
	Systematic reviews, peer-reviewed literature, WWFH or other ratings organizations	Grey literature (agency reports, white papers, policy institutes) or similar sources	
Remove barriers to and establish employee benefits such as paid time off and paid sick day policy locally. Establish paid sick leave and family leave laws statewide. <i>(See Resources section below for more on these policies)</i>	X		X
Pass living wage laws.	X		X
Provide adequate and fair healthcare benefits for all workers, making it possible to seek preventative and diagnostic care <i>before</i> or <i>upon</i> the onset of symptoms to keep communicable diseases from spreading in the workplace.	X		
Establish systems of career pathways, job retraining, and industry-focused education and professional development.	X		X
Implement certificates of employability to reduce barriers to employment for individuals previously convicted of a crime.	X		X
Offer subsidies and refundable tax credits for child care to working parents, to support employment and increase affordability of high-quality child care.	X		X

Enact policies to support new businesses and would-be entrepreneurs, such as facilitating mentorship and networks and making financing available.		X	
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Evidence suggests successful implementation of these policies may include:

- Paid sick leave laws.** These laws require employers in an affected jurisdiction to provide paid time off for employees to use when ill or injured. Evidence suggests that paid sick leave laws increase access to paid sick leave (PSL), especially among women without a college education and workers in industries which have historically lacked access.¹² Access to PSL can also increase use of preventive health care services. Some states and municipalities have enacted PSL laws and ordinances: California, Rhode Island, New Jersey, and New York have state-run public programs providing paid family or medical leave. State legislation preempts local laws related to leave in 22 states, including Wisconsin. At least one study suggests Hispanic workers may have lower rates of access to paid leave compared to White non-Hispanic workers.¹³
- Paid family leave.** This would provide employees with paid time off for circumstances such as a recent birth or adoption, a parent or spouse with a serious medical condition, or a sick child. Evidence suggests that short-term paid family leave (PFL) policies in the U.S. increase the likelihood that mothers remain in the labor force after childbirth—particularly mothers without bachelor’s degrees.¹⁴ PFL improves child and family health outcomes and increases use of parental leave to recover and care for children after birth, particularly for mothers with lower levels of education and mothers who are black or Hispanic. Legislation guarantees paid leave for eligible employees in some states and cities. There is no statewide PFL requirement in Wisconsin, though employers with more than 50 workers are subject to the federal Family and Medical Leave Act and must provide up to 12 weeks of unpaid, job-protected leave to eligible employees.
- Employee Assistance Programs (EAP).** These programs provide confidential worksite-based counseling and referrals to employees to address personal and workplace challenges. Evidence suggests such programs reduce participating employees’ depression and hours absent from work due to personal and work problems.¹⁵ Examples in Wisconsin include many public and private businesses. The State of Wisconsin is one large employer that operates a [Wellness and Employee Assistance Program](#). Related strategies include flexible scheduling, which can improve employee health and reduce presenteeism,¹⁶ and telecommuting, which can improve job satisfaction and work-life balance.¹⁷
- Child care subsidies.** This financial assistance to working parents, or parents attending school, helps to pay for center-based or certified in-home child care. Evidence suggests child care subsidies increase employment and earnings for low-income families.¹⁸ They have also been shown to increase low-income children’s enrollment in center-based care, which is often higher-quality than non-family home-based care. Child care subsidies can allow employed parents to access child care centers and center-based preschool programs that they may not have been able to afford without subsidies, and may increase use of center-based care. Examples in

Wisconsin include [Wisconsin Shares](#), which helps eligible families with gross incomes below 185% of the federal poverty level pay for child care for children under the age of 13.

- **Refundable child and dependent care tax credit.** This is a refundable tax credit offered to working families with qualifying children or other dependents (e.g., a spouse with disabilities) that receive care outside the home. Establishing refundable child and dependent care tax credits (CDCC) is a suggested strategy to help cover the cost of care for children and other dependents and encourage work in low-income families.¹⁹ As of 2018, 23 states and Washington DC offer state dependent care tax credits. Credits in 11 states are partially or fully refundable. Wisconsin does not have a state child and dependent care tax credit.
- **Adult vocational training.** This strategy supports acquisition of job-specific skills through education, certification programs, or on-the-job training, often with personal development resources and other supports. Evidence suggests vocational training for adults increases employment and earnings among participants, including young adults and unemployed individuals.²⁰ It can help dislocated workers regain employment, but does not consistently lead to full wage recovery. The U.S. Department of Labor's Job Corps has training centers in all 50 states, Washington DC, and Puerto Rico. Examples in Wisconsin include Job Corps centers in [Laona](#) and [Milwaukee](#). The U.S. Department of Health and Human Services funds health profession-specific programs in several states and for Tribes, Tribal organizations, and Tribal colleges and universities through [Health Profession Opportunity Grants](#) (HPOG); as of 2020, HPOG does not have programs in Wisconsin.
- **Career pathways programs.** These programs provide occupation-specific training for low-skilled individuals in high-growth industries, with education and other supports, usually with stackable credentials and work experience opportunities. Career pathways programs are a suggested strategy to increase employment and earnings for low-skilled individuals, out of school youth, and hard-to-employ adults.²¹ Examples of national and regional initiatives include the [Pathways to Prosperity Network](#), the [Alliance for Quality Career Pathways](#), and the [National Career Cluster Framework](#); a state-level example is the [Arkansas Career Pathways Initiative](#).
- **Sector-based workforce initiatives.** These programs provide industry-focused education and job training based on the needs of regional employers within specific sectors. Evidence suggests such initiatives increase employment and earnings.²² Examples include [Per Scholas](#), which provides information technology training to underrepresented populations in eight cities across the country. [Year Up](#) serves low-income young adults with high school diplomas or GEDs and provides professional training in IT, financial operations, sales and customer support, business operations, or software development; a corporate internship; and a weekly stipend. [Project QUEST](#) in San Antonio, Texas trains participants for jobs in health care, information technology, and installation and maintenance and has been replicated by organizations in the United States and the United Kingdom. Examples in Wisconsin include the [Wisconsin Regional Training Partnership](#) (WRTP / BIG STEP) which trains participants for work in manufacturing and construction in Southern Wisconsin and the greater Milwaukee area.

- **Certificates of employability.** Also called certificates of relief, reentry, good conduct, rehabilitation, or recovery, these certificates are issued to individuals with criminal convictions who have met pre-specified standards of rehabilitation. Such certificates are a suggested strategy to reduce barriers to employment for individuals previously convicted of a crime and evidence suggests these may increase the likelihood individuals with felony drug convictions receive an interview or job offer for an entry level job.²³ At least 20 states have laws that grant courts or parole boards the authority to provide certificates of employability that serve as proof of rehabilitation for employment purposes or allow removal of some post-conviction occupational disqualifications imposed on individuals with criminal records. Some states offer multiple types of certificates. Wisconsin does not issue certificates of employability.
- **Minimum wage increases.** These policies increase the lowest hourly, daily, or monthly compensation that employers may legally pay to workers. There is mixed evidence about the effects of increasing the minimum wage on income, employment, and poverty.²⁴ As of July 2009, Wisconsin's minimum wage is \$7.25 per hour, matching the federal rate. Wisconsin's preemption law prohibits local minimum wage laws.
- **Living wage laws.** These laws establish locally mandated wages that are higher than state or federal minimum wage levels. Evidence suggests living wage laws increase wages for covered workers and modestly reduce poverty rates.²⁵ Wisconsin's preemption law prevents cities and counties from further enforcement of mandatory living wage ordinances. The Milwaukee Area Service and Hospitality Workers Organization (MASH) and the developers of the Milwaukee Bucks arena, Fiserv Forum, agreed to establish a community benefits agreement that includes living wage stipulations as of January 2020.
- **Policies that support new businesses and would-be entrepreneurs.** These strategies include offering professional mentoring to new businesses and ensuring networking with local small business loan officers.²⁶

Resources

- [Healthy Workers, Thriving Wisconsin: Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine](#) (UW PHI)

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21. [Career Pathways Programs](#) (WWFH)
22. [Sector-Based Workforce Initiatives](#) (WWFH)
23. [Certificates of Employability](#) (WWFH)
24. [Minimum Wage Increases](#) (WWFH)
25. [Living Wage Laws](#) (WWFH)
26. [Where do the Jobs Come From? Strategies for Job Creation](#) (UW Extension)

Conclusion

This brief has provided background, context, and evidence-informed strategies for centering rural equity in a just recovery from the COVID-19 pandemic. State and local level policy and practice changes can prevent and reduce the harms that inequitably fall on rural communities. Any policy intervention under consideration should be examined in local context and vetted by local stakeholders, particularly those who will be most impacted by the decision.

An additional resource developed by the MATCH group, [Building Health Equity Policy Agendas: A Guide for Wisconsin](#), may be useful for incorporating a health equity lens in existing COVID response policy agendas or building a new health equity-oriented policy response locally.

Two supplementary resources designed by CRRTF can be useful to local stakeholders in considering next steps to advance a just response and recovery that lifts up rural equity:

- [Community Resilience, Equity, and Mental Health Considerations in Rapid Response](#) — This decision assistance guide can be used during rapid response in emergencies or similar urgent, high-risk scenarios to analyze action, policies, and guidance. The questions in this tool help design strategies that prevent or reduce harmful impacts and unintended consequences on marginalized populations. This tool should be used when diverse representation and collaboration with impacted parties are not feasible because of an emergency. We recommend including and documenting multiple voices in this process.
- [Stakeholder Engagement in COVID-19 Rapid Response](#) — This resource helps to identify local assets in communities and key stakeholders to engage when implementing specific action, policies, and guidance. Leaders have greater impact when they work with diverse groups, as well as those who may influence the passage or implementation of the action, policy, or guidance. Prioritizing stakeholder engagement helps local leaders by engaging the support of allies and preparing them to address any barriers or pushback.

This pandemic has not only reminded us of how much we need one another, but also of how much we can accomplish together. Rather than return to “normal,” let us use this moment to strengthen Wisconsin and be changed for the better. Working together across sectors, we have the resources, knowledge, and power to create more equitable communities where everyone has a fair opportunity to be healthy.