

Mind the Gaps: Supporting Key Social Safety Nets Across the Digital Divide in Rural Wisconsin

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The late Bill Withers succinctly and soulfully captured our human need for community and connection when he sang, “We all need somebody to lean on.” Who people lean on in times of need is also known as their informal social safety net – family and community support, social networks, and community programs that help maintain financial security, health, and wellness. Before the COVID-19 pandemic, face-to-face interactions were vital to informal social safety nets for many older adults, people living in rural areas, and low-income and racial and ethnic minority communities. These groups routinely “lean on” their safety net through cooking classes at the YMCA,

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dinners at senior centers, bingo at the VFW Post, coffee club at the local café, conversations at the barber shop or beauty salon, and

socially vulnerable, the response to a crisis like COVID-19 can worsen health inequities. Long term, loss of social connection also has nega-

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activities through faith-based organizations. But the global COVID-19 pandemic has disrupted routine behaviors and led face-to-face interactions and group gatherings to become potential health risks.

Overlapping Gaps in Social Safety Nets and the Digital Divide

Physical distancing has been essential for limiting virus transmission and flattening the curve of new COVID-19 cases since March, but the unintended consequence of physical distance has been social distance. In times of crisis, lack of social connections can be an important predictor of higher mortality, especially for those with low socioeconomic status and the elderly, as seen during Japan’s 2011 Tsunami and its aftermath.¹ Without proper planning for the unique needs of groups who are already

tive impacts on health, including increased risk for early mortality.² Physically distancing has challenged informal social connections in profound ways, especially for those with little or no access to information and communication technology (ICT).

Many who rely on informal social safety nets are the same people who have inconsistent or no ICT access. Persons who are older, who live in rural areas, and who have lower incomes and less education are less likely to have Internet access and/or a video-enabled device.³ Recent estimates from the US Census suggest that in half of Wisconsin’s counties, fewer than 60% of households own a smartphone and that in 9 counties—all in rural areas of Wisconsin—at least 30% of households have no internet service at all.⁴ For these communities, shifting their social connections

to virtual connections using platforms such as FaceTime or Zoom simply may not be an option. Wisconsinites in rural counties are not just facing COVID-19, they are also struggling with new gaps in their social safety nets.

Supporting Social Safety Nets and Bridging Divides

As public health officials continue to recommend physical distancing to reduce risk of virus transmission, we will also need to anticipate the unintended consequences of social distancing. This is particularly important for Wisconsinites living in rural counties – especially older or otherwise vulnerable adults who are most likely to rely on informal social supports but less likely to have access to smart devices and broadband internet. Strategies to shore up new gaps in the social safety net will need to have short- and long-term plans for connecting with those who have limited access to ICT going forward.⁵ Public health outreach and related health improvement strategies will need to meet both the requirements of safe physical distancing and provide options for those with limited or no ICT.

Traditional strategies to address social isolation have involved bringing people together to participate in community activities, support groups, or group classes.⁶ However, the pandemic has necessitated a shift. Since March, communities across the country have begun creatively using guidance about how to prevent the spread of COVID-19 to identify alternative ways to meet their basic needs and maintain social connections safely. Neighbors have organized chalk art into sidewalk and driveway art galleries⁷ and taken bingo nights outside to balconies and patios.⁸ In Wisconsin, local 4-H organizers have been sending supplies for craft projects to members' homes.⁹ Faith-based organizations have developed action plans to adapt spiritual gatherings and volunteer ministries to meet public health and safety guidelines.¹⁰ Although these are important examples, more needs to be done by Wisconsin leaders to ensure systematic outreach with consistent messaging to those who rely on informal

social safety nets and whose needs go unmet through virtual connections alone.

The more we learn about the best practices for slowing the spread of COVID-19, the better equipped we are to work with those at higher risk for infection and social isolation – to develop specific strategies for safely maintaining and promoting social connection. In rural areas of Wisconsin, this could involve helping local groups organize winter clothes and gear drives to help residents bundle up for colder weather hiking, bird watching, and more. When weather is inclement, coffee clubs, churches, and other social groups can organize into phone trees to continue regular check-ins and updates. Social supports can also help people address their basic needs. Family members, neighbors, or volunteers can help vulnerable individuals avoid face-to-face interactions in enclosed spaces by picking up groceries and medications. Ultimately, a comprehensive and systematic approach will be needed to address the needs of all medically and socially vulnerable individuals.

Physical distancing remains one of our best options for public health management of the COVID-19 pandemic, but it is also our responsibility to consider how we will manage its unintended adverse effects – social distancing, social isolation, and widening gaps in our social safety nets. The permanent solutions for addressing these gaps and the Digital Divide will require new approaches to health and social care financing and delivery. However, as we continue to respond to this global pandemic, we must not forget – especially during a crisis – we all need somebody to lean on.

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