

# Waukesha County Health Needs Assessment

A summary of key informant interviews



2017

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## Introduction

This report presents a summary of public health priorities for Waukesha County, as identified in 2017 by a range of providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement to the Waukesha County Community Health Survey conducted through a partnership between Ascension, Aurora Health Care, Children’s Hospital of Wisconsin, Froedtert & the Medical College of Wisconsin, and ProHealth Care. The Community Health Needs Assessment incorporates input from persons representing the broad interests of the community served, and from those who possess special knowledge of or expertise in public health.

Key informants in Waukesha County were identified by Waukesha County’s Public Health Division, Ascension, Aurora Health Care, Children’s Hospital of Wisconsin, Froedtert & the Medical College of Wisconsin, and ProHealth Care. These organizations also invited the informants to participate, and conducted the interviews from June to September 2017. The interviewers used a standard interview script that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin’s State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
  - Existing strategies to address the issue
  - Barriers and challenges to addressing the issue
  - Additional strategies needed
  - Key groups in the community that hospitals should partner with to improve community health
  - Identification of subgroups or subpopulations where efforts could be targeted
  - Ways efforts can be targeted toward each subgroup or subpopulation

All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2017 key informant interviews for Waukesha County.

The report first presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. The next section describes the themes that presented themselves across the top ranked health topics. Finally, summaries of the strategies, barriers, partners, and potential targeted subpopulations described by participants are provided as well.

**Limitations:** Forty-seven key informant interviews were conducted with 71 respondents in Waukesha County. Some interviews incorporated the views of more than one person from an agency or organization. The report relies on the opinions and experiences of a limited number of experts identified as having the community’s pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other Waukesha County data (e.g., community health surveys and secondary data reports).

## A. Focus Area Ranking

In 47 interviews, a total of 71 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 13 focus areas identified in the State Health Plan. (See Appendix A for the full list of informants). The table below presents the results, including a summary of the number of times an issue was mentioned as a top five health issue, and the number of times an informant ranked the issue as the most important health issue. Importantly, not every informant ranked five issues. In interviews with more than one participant, only one set of rankings was generated. The results in the table below reflect the 47 sets of rankings.

Key Informant Rankings		
Health Focus Area	Top 5	Number 1
Mental Health	43	16
Alcohol and Other Drug Use	40	18
Chronic Disease Prevention and Management	25	6
Access to Health Services	22	4
Nutrition	16	0
Injury and Violence Prevention	14	2
Oral Health	9	0
Physical Activity	8	0
Healthy Growth and Development	7	1
Tobacco Use and Exposure	6	2
Communicable Disease Prevention and Control	3	0
Environmental and Occupational Health	2	0
Reproductive and Sexual Health	0	0

## B. Top Five Health Issues

The five health issues ranked most consistently as top five health issues for the County were:

1. Mental Health
2. Alcohol and Other Drug Use
3. Chronic Disease Prevention and Management
4. Access to Health Services
5. Nutrition

Summaries of themes for each issue are presented below in the order listed in the table above. As a guide, issues ranked as the top five priorities for the County are marked with this thermometer symbol:



## C. General Themes

It is important to note that since the last release of this report in 2015, the report has changed slightly. More key informants were interviewed in 2017 than in 2015. The rankings of the top five health focus areas remained very similar between 2015 and 2017, with Mental Health, Alcohol and Other Drug Use, Chronic Disease Prevention and Management, and Access to Health Services remaining in the top five. Nutrition replaced Physical Activity in the top five in 2017. One notable difference was in the ranking of Injury and Violence Prevention. While tied for a ranking of 10<sup>th</sup> in 2015, this rose to 6<sup>th</sup> in 2017.

Across issues, key informants identified a wealth of assets in Waukesha County: high-quality health services, many engaged nonprofit organizations providing important programs and services, excellent county services, active schools, robust faith communities, attentive law enforcement and first responders, an engaged business community, and unique natural resources. They discussed many strategies that are currently in place and functioning to improve health, including many partnerships and a willingness to collaborate. Across issues there were also some commonalities in the challenges and barriers to improved health within the county. Chief among these are barriers to accessing services for those who do not have the means or insurance to receive the services they need. Key informants also discussed barriers to access for middle class families, who may have means or incomes too high to qualify for Medicaid, assistance programs, or free services, but may not have enough money to afford high quality insurance plans or out-of-pocket costs associated with health care, particularly specialty care and prescription expenses. Though strong partners and willingness to work together was a theme across issues, key informants also expressed a desire to see even more collaboration and less “siloeed” services. This may be an area of opportunity.

## D. Issue Summaries

### Behavioral Health

Mental Health and Alcohol and Other Drug Use were the two issues receiving the most rankings in key informants' top five health focus areas. Almost all key informants discussed Mental Health or Alcohol and Other Drug Use as top priority areas, with most discussing both. Mental Health received the most rankings as a top five health issue in the county and Alcohol and Other Drug Use received the most rankings as the number one health issue in the county. Key informants' insights suggest both of these topics overlap significantly with the issue of Access to Health Services, with the main barriers and challenges to addressing both Mental Health and Alcohol and Other Drug Use being a lack of providers and services, long wait lists to access providers and services, lack of transportation to services, and difficulty paying for services or lack of coverage by insurance for services or medication. There was also some overlap in key informants' suggestions for what is needed to address these issues, with a focus on integrating services and treatment into primary care, expanding services that do exist at free clinics and community health centers, and forming a better continuum of care across providers, as well as a desire to shift the focus to prevention and awareness about the underlying causes of substance abuse and mental illness. Key informants spoke to a wealth of community resources in the county for both issues, and a desire to see increasing collaboration among these resources. For both issues key informants discussed the broader issues of homelessness and unemployment or underemployment, and how these factors play a role in behavioral health problems and solutions. Key informants also discussed the stigma around both mental illness and substance abuse or addiction as a barrier that could be overcome with increased community awareness and acceptance of these issues. Finally, key informants expressed a desire for increased knowledge and awareness of mental health and substance abuse resources that do exist, and a desire to see everyone in the community as a potential referral source to appropriate services.



### Mental Health

Forty-three key informants' interview rankings included Mental Health as a top five health issue. Sixteen of these ranked it as their top health priority area for the county. Access to Mental Health Services was a key theme across responses.

*Existing Strategies:* Key informants named the following services, resources, and strategies currently in place to improve Mental Health in the county: Aurora's Better Together grant; expansion of Medicaid; peer support specialists and support groups; mental health first aid, the Affordable Care Act; National Alliance on Mental Illness (NAMI) of Waukesha County provides resources to

individuals and local agencies regarding mental illness and increasing awareness; family support groups; crisis intervention programs; Waukesha County Mental Health has open access for appointments and provides psychiatric evaluation and treatment; James Place counseling services offers free counseling services regardless of insurance status; resources through 211; Screening, Brief Intervention, and Referral to Treatment (SBIRT) training; mobile crisis team; education; Crisis Intervention Training (CIT); family activities; services at Rogers Memorial Hospital and Community Memorial Hospital, ProHealth Care behavioral health services and emergency line coordinates referrals; Jeremy House offers minimal shelter for the mentally ill population; health systems promoting screenings and education; Substance Abuse and Mental Health Services Administration (SAMHSA)'s free educational materials; Sussex Outreach Services' case management program; counselors and mental health providers on-site at schools; and anti-bullying efforts in schools.

*Barriers and Challenges:* Key informants named the following as barriers or challenges to improving mental health in the county: a lack of services and providers. There is a two month wait time for Waukesha County Mental Health. For patients who have Medicaid, it can be a six to eight month wait to see a provider. Follow up care is challenging. There are a limited number of bilingual counselors. Cost of services, transportation, stigma of mental illness, people stop taking medication, lack of services for the uninsured, financial barriers to accessing services, telehealth rules and regulations, and a lack of psychiatric support. More broadly, lack of affordable housing, supportive housing, and transitional housing, and lack of employment are barriers. The systems that do this work are "siloes." There are major communication challenges between agencies, providers, and other resources. People don't know where to send individuals experiencing mental illness. 211 is often overlooked as a resource. Navigating the services is challenging. A limited number of psychiatrists accept Medicaid. At schools there isn't enough capacity to meet the need-- kids are having significant issues without enough support or connections, and there is not an appropriate handoff in place for them. There are communication barriers between schools and students' medical providers/health systems.

*Needed Strategies:* Key informants recommended the following strategies could help improve Mental Health: more providers and shorter waiting times to get in to appointments; long acting injectable medications covered by insurance companies; more supportive community resources; case management; alternatives to hospitalization; intensive outpatient treatment centers or programs; crisis stabilization; more peer specialists; mobile and telehealth options; more crisis intervention training (CIT) for law enforcement; education for emergency departments and providers; home health providers; a central source for mental health care; school-based mental health services; more suicide prevention work; people to come to the table as partners with more collaboration; more programming in areas outside of the cities; more funding and training for peer support; open door policy for mental health services; fewer restrictions and concerns about liability; case management with personality disorders; grant dollars to support community wraparound and support services; health care to take the lead on resources for families; literature shared at back to school nights; proper follow up for those coming in with mental health concerns; a mental health



record or log that people can fill out and first responders could access when they encounter the person to know what medications they're on, who their provider is, and what works to help them; and greater connections between providers of mental health services and providers of services to the homeless population.

*Key Community Partners to Improve Health:* Key informants suggested the following partners should be present to work on this issue: mental health care providers, health care systems, Sixteenth Street Community Health Centers, Catholic Charities, churches and faith communities, business leaders, Waukesha County Health and Human Services, law enforcement, elected officials, first responders, Waukesha Hispanic Collaborative Network, NAMI of Waukesha County, pharmacists, pharmaceutical companies, insurance companies, the state, the Aging and Disability Resource Center of Waukesha County, Zero Suicide Network, foundations, Family Care, hospital social workers, schools, Mental Health Advisory Committee, food pantries, housing coalition, Hebron House, Jeremy House, Salvation Army, Impact 211, the Women's Center, Family Promise, Waukesha County Mental Health, ERAs, the nonprofit community more broadly, Wisconsin Department of Health Services, SAMHSA, Waukesha County Public Health Division, workforce development agencies, Waukesha County Community Health Improvement Plan and Process, Wisconsin Department of Public Instruction, Wisconsin School Counselor Association, support groups, parent outreach groups, Waukesha County Business Alliance, and local chambers of commerce.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Though key informants recognized this is a community-wide issue and everyone is affected, some examples of vulnerable populations who may need additional outreach were identified as Latinos, immigrants, refugees, human trafficking survivors, the homeless, seniors (especially with dementia), parents and caregivers, low-income residents, children and families of those who have mental illness, veterans and their families, and middle school students. Key informants thought community members could be reached through peer support groups, employment groups, and project on college campuses. For the homeless, reach through NAMI and shelter outreach and workshops for the un- and under-employed. For seniors, work with caregiver support groups, involve physicians' offices, senior meal sites, and the Aging and Disability Resource Network. Reach the medically underserved at Community Outreach Health Clinic and food pantries. Middle schools' students are an area of great need-- work on getting stabilization and support services there. Create new model of how we provide mental health services in schools through county and care systems. Collaborate with schools in a more proactive approach. Focus more on peer programs. Use the VA for more opportunities to talk and engage with veterans. Find ways to support employers to support their staff at work. Finally, they recommended trauma informed approaches be used across all populations.



## **Alcohol and Other Drug Use**

Forty informants included Alcohol and Other Drug Use in their top health issues for the county, with 18 ranking it as their top health priority area.

*Existing Strategies:* The following organizations, resources, and strategies are in place to address substance use in the county: Addiction Resource Council, halfway houses, Rosecrance, Rogers Memorial Hospital, Aurora Psychiatric Hospital, health systems that offer behavioral health services, Screening, Brief Intervention, and Referral to Treatment (SBIRT), Heroin Task Force with pillar action teams, Drug Free Communities Waukesha County, school district activities, State's Attorney General "Dose of Reality" campaign, medication drug coalitions, Narcan training, working with local police departments, parent education, new state prescription monitoring system, early intervention efforts in schools, school districts use the Youth Risk Behavior Survey to build programs and strategies to prevent and address identified risk behaviors, DARE program in schools, AODA committees in school districts, "Parents Who Host Lose The Most" education on liability, legal and health consequences of underage drinking, medication drop boxes and one day collections, undercover stings and providing positive reinforcement for good behavior, schools' Collective Impact group, physician outreach, updated resources in 211, a lot of nonprofit organizations are engaged in this work, employer programs, school resource officers, schools working with athletes and their parents, outreach from the Your Choice to Live, Inc. and Stairway to Heroin program in schools, drug testing in schools and support for those who are using, Gals Institute, Alcoholic and Narcotics Anonymous groups, and sober living options.

*Barriers and Challenges:* Key informants named some challenges and barriers to addressing Alcohol and Drug Use. Many of these barriers are issues of access, while some are larger systems issues, challenges related to awareness and understanding, and other issues: alcohol abuse is normalized as part of our culture; substances can be an escape from stressors of life; addiction is a disease people have forever; these issues are often intertwined with mental health issues but the treatment options are separate; narcotic and opiate drug addiction are difficult to treat; cuts to federal and state funding; competition rather than working together in services; lack of programs or services outside of the City of Waukesha; lack of transportation to access services; people don't know where to seek help; there is a stigma attached to addiction; drugs and alcohol are easily accessible; there are too many task forces and not really knowing what is working or what the impact is; chronic homelessness; lack of a Veterans Court in Waukesha County and lack of support for veterans who have substance abuse issues; and lack of enough medication assisted treatment providers.

*Needed Strategies:* Key informants suggestions for addressing this issue include: Better understanding of opiates, treatment options, and brain pathways; creating ways for people to make meaningful connections with other people; sensitive questions asked by trained social workers, not added to a checklist of questions; more flexible scheduling of appointments; professionals working together on dual diagnosis; access to mental health services for younger ages to prevent substance abuse later in life; a more coordinated approach with multiple sectors working together with shared

resources and outcome measurements (Drug Free Communities is a good example); more treatment options are needed; use of higher education research, like with UW Extension; campaigns around normalization; expand drug and alcohol courts; tougher consequences for impaired driving; treatment for those who are incarcerated; more consistent messaging around alcohol issues; school presentations and parent outreach; encourage people in recovery to speak about their experiences; use of Narcan; trauma informed care; education about healthy families and healthy relationships.; supporting parents and families of people in treatment; build campaigns across organizations that have a mission to work on AODA issues, and find a lead agency to be a backbone for coalition work on this issue; more support groups and increased awareness of their presence; peer specialists through the State Curriculum for mental health and AODA; veterans peer support; churches and faith based organizations should discuss these topics and influence parishioners and community members; a comprehensive program with detox, treatment, and support systems in the community; and “single entry point” access to care.

*Key Community Partners to Improve Health:* Key informants named Waukesha County, Sixteenth Street Community Health Centers, Addiction Resource Council, law enforcement, Drug Free Communities, Your Choice, Heroin Task Force Pillars, Waukesha County Health and Human Services, schools, UW-Extension, Center for Urban Population Health, Sussex Outreach Services, nonprofit organizations whose missions are AODA related, local providers of treatment services, churches and faith communities, Your Choices, Inc., Tavern League, court system, parents, United Way, the business community, veterans groups, Waukesha County Community Health Improvement Plan and Process, Housing Action Coalition, veterans groups, civic groups, colleges and universities, Salvation Army, Hebron House, La Casa de Esperanza, Head Start program, YMCA, and Thriving Waukesha County as the key partners needed to improve health in the county.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Key informants suggested kids ages 9-12 could be reached with prevention messages or programming at school or in YMCAs, youth sports programs, or other activities. Young adults (middle school aged to about 35) could receive interventions at school and during primary care appointments. At the high school level, education should include relatable stories and personal testimonials combined with resources. The elderly, unemployed residents, incarcerated people, the Asset Limited, Income Constrained, Employed (ALICE) population, low-income residents, and the uninsured were also identified as potentially more in need of attention around this issue.



### **Chronic Disease Prevention and Management**

Twenty-five key informants ranked Chronic Disease Prevention and Management as a top health priority for the county. Responses to this issue overlapped with Access to Health Services.

*Existing Strategies:* Key informants noted there are good health care providers and health systems in the Waukesha County. Beyond existing health services, the strategies in place to address this issue include: resources through partners about where to send patients with complex issues, community awareness, education emphasizing prevention, healthy lifestyles, and medication management, great partnerships in the community, Aurora's Better Together grant used for transportation pilot program, good Public Health Division in the county, good supportive services such as Aging and Disability Resource Center, natural resources (e.g. hiking trails, parks, and lakes) that can support preventive behaviors, consumer education, wellness programs and incentives, the 5210 campaign, Hispanic Resource Center provides diabetes education to older adults, food pantries' specialized diet program, fall prevention programming, the Alzheimer's Association support groups for caregivers, community outreach nurses, parish nurses, nurse navigators, use of electronic medical records and data mining on impacting care and treatment for those with chronic conditions, and technology makes it easier for younger people to get information.

*Barriers and Challenges:* Key informants named the following as barriers and challenges: Lack of insurance; personal denial of risk; high costs of health care, prescriptions, and insurance; patients' delayed access to primary care; transportation barriers; diagnostic tests and maintenance medications are expensive; lack of awareness of what is covered and not covered by insurance; fear of dependency on prescription drugs; homelessness, not having a place to go, or having more immediate concerns to manage; lack of understanding of how to enter health care leads to over use of emergency department; limited emergency department referrals and referrals after hospitalization; income inequality; unhealthy diets; lack of health literacy and financial literacy; fast growing aging population in the county, especially those with chronic conditions; a lot of dual diagnosis/multiple chronic conditions; population health focus is needed, rather than focus on caring for illness; evidence that programs aren't meeting people's needs; funding cuts to prevention programs; Wisconsin's climate makes it harder to be active in the cold months and the culture doesn't promote the healthiest lifestyle choices; self-management is hard, especially for older generations; and a workforce shortage in long-term care.

*Needed Strategies:* Key informants provided the following suggestions to address this issue: being more intentional about prevention; being more creative about how to engage the community; increasing workforce, perhaps by incentivizing those career paths or returning to work in the county after school; more telehealth services; more drop in hours at health care providers; more recovery options, discharge planning, and determine where people without stable housing will go after discharge; more work on health literacy and financial literacy; recruit providers who reflect the population they are serving; in-home services; cultural sensitivity- especially for Hispanic patients; health coaching and health educators integrated with care teams/physicians; school outreach; exercise and healthy eating information and classes; provider prescribed prevention becoming insurance billable; cash for service model to help those who do not have means or good insurance coverage; walkable communities, safe routes to school, and walking school busses as examples of ways to keep people active; taxes unhealthy food and transportation- force people to make

different decisions; create a health plan in preparation for retirement- establish workers' relationship with a provider prior to retiring and get all their screenings and blood work done; work on wellness programs for seniors, living wills, and advanced care plans; think about health more holistically and outside of the doctor's office; balance screen time and play time; implement strategies at a younger age; better lobbying and policy changes; and creating a different model of paying for health care where everyone can be covered (e.g. expanding BadgerCare, single payer system, etc.).

*Key Community Partners to Improve Health:* Key informants named the following as important partners to work on this issue: the nonprofit sector, food pantries, the Women's Center, providers of alternative and integrative therapies, pharmacies, pharmacists, prescription drug companies, Office of the Commissioner of Insurance, County Veterans Services Office, pain management clinics, Sixteenth Street Community Health Centers, Salvation Army, faith communities, Department of Health and Human Services, Public Health Division, business leadership, elected officials, legislators, Aging and Disability Resource Center, 4-H, schools, media outlets, Wisconsin Association of Free and Charitable Clinics, Inc., Sussex Outreach Services, Meals on Wheels, and Waukesha County Technical College.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Key informants identified the following populations as potentially the most vulnerable: low income residents, the un- or under-insured, Latinos, non-native English speakers, seniors, children, adolescents, expectant mothers, the homeless, families of people who have chronic conditions. Those wanting to reach these groups should take information and prevention education to where people already are, where they live their lives and spend time. Partner with AARP to reach seniors. Provide in-home services and education. Address adolescents with career fairs and job-shadowing opportunities in health care. Reach the homeless in shelters. Offer programs in libraries. Focus on nutrition and prevention education for people who already have, or are at risk for, a chronic disease. Find out which places are meaningful to target group and go to those places to reach them. Offer referrals to programs at the YMCA, personal training, activities, and partnerships with grocery stores and farmers markets to help everyone eat healthily. Employers should share information with employees through Employee Assistance Program and Human Resources departments.



### **Access to Health Services**

Twenty-two informants' rankings included Access to Health Services as a top health issue for the county. Four of these respondents ranked this at their top health priority area. Key informants' responses reflected overlap with Oral Health, Mental Health, and Alcohol and other Drug Use with regard to improving access to all of these services. Responses also incorporated elements of

Nutrition and Chronic Disease Prevention, focusing on the importance of preventing illness when access to care is limited.

*Existing Strategies:* Key informants noted that there are excellent health systems and health care providers in the county. They also shared information about existing strategies, including community screenings, community education, prevention efforts, and organizations that provide free or reduced cost services and complementary services to fill gaps in care and improve access for the county's residents. Examples of these include: the HOPE Network distributes information about health services and resources available and has a fundraiser to support clients' access to services, The Women's Center, Family Services of Waukesha, Impact 211, Sixteenth Street Community Health Centers, UW-Extension, Waukesha County provides nutrition education, energy assistance programs, housing coalitions, Women Infants and Children (WIC) program, Aging and Disability Resource Center, Waukesha County Transportation Network, web-based Elder Tree linkage for elderly residents, wellness screenings, health risk assessments, employee assistance programs, Sussex Community Summit, Hamilton Connects, English Language Learners (ELL) teachers that connect families to the community, Interfaith programs, the Find-A-Ride Network, patient navigators, La Casa de Esperanza, Lake Area Free Clinic as a safety net, partnerships with health care systems and other community organizations, and Thriving Waukesha County's Homelessness and Transportation Coalitions.

*Barriers and Challenges:* The most commonly named barriers to accessing health service are lack of providers and services for the underinsured or uninsured, the high cost of health services, the high cost of insurance, as well as co-payments, medications, and medical supplies. Further barriers are lack of transportation, a lack of appointments offered during evening or weekend hours, language barriers, and difficulty knowing where to go for care or how to navigate complicated health care systems and insurance. Other barriers named are patient mistrust of providers or systems, lack of understanding of what "wellness" really means, and larger issues like joblessness, low wages for workers, homelessness and housing insecurity, and other issues, like mental illness or substance abuse, preventing people from seeking health care. For providers, patients' medical histories are unknown if medical records can't be obtained in a timely manner or if they have been seen in several health systems with different electronic health records systems.

*Needed Strategies:* Key informants shared ideas for strategies to improve access to health services. For providers, a better medical records system or electronic medical record that allows providers easier access to diagnoses, medication lists, appointment histories, and data when patients travel between systems, clinics, and emergency departments, and continued interviews and discussions with local community health care partners to evaluate how to promote HIPAA compliant access to health information. At the community level, awareness of the services, resources, and people who can make those connections, a continuum of resources, a community forum on resources and services to look at the big picture would be helpful in connecting people to services. Other suggestions include: culturally competent providers, care that is more accessible using technology, ability for smaller agencies to provide interpreters, transportation, more telehealth services, texting

abilities for providers, and phone counseling that is covered by insurance, education for first responders, neighborhood networks, mobile services for insurance enrollment assistance, medical community going to where people are and seeing people where they feel comfortable, use of peers, such as seniors bringing their neighbors so they have trust and comfort, changing community norms so people know their neighbors and proactively offer to help and share resources, a single payer health care system, appointments offered outside of traditional business hours, community education really breaking things down for people to understand what their insurance plan involves before they have to go in for services, increased transparency of health care costs, a single entry point for referrals to care, financial support for community-based grassroots organizations and nonprofits providing services, and promoting career development in primary care and mental health professions.

*Key Community Partners to Improve Health:* Many partners are important to improving access to health services, including health care providers, major hospital and health systems, local clinics, EPIC and other electronic medical record vendors, schools, libraries, the business community, law enforcement, bus and cab companies, the Aging and Disability Resource Center, ERAs Senior Network, insurance companies, food pantries, recreation departments, faith communities, hospital discharge planners, the Public Health Division, clinical students, local non-profits, Easterseals' Safe Babies Healthy Families, organizations who serve pregnant moms, civic organizations, county government, social services in the community, United Way, and Thriving Waukesha County. One key informant shared how they think partners could work together on this issue: *"Continue to work together as systems. Better education on how to plan for costs and best use of insurance coverages. Question what is necessary for care. Help promote education on care needs and how best to obtain services."*

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* The groups who may be most vulnerable are the un- and under-insured, low income residents, middle income residents (who struggle to afford insurance or health care but do not qualify for Medicaid or free services), elderly living at home alone who are isolated, English language learner (ELL) students and their families, children, pregnant women, refugees, survivors of trafficking, and young families. It was suggested these groups could be reached at apartment complexes, food pantries, schools, and through work with insurance carriers and employers. It was noted these groups should be contacted in places they already go (e.g. at schools, community centers, senior centers, food pantries, home, etc.) to decrease the burden of having to make it to additional appointments.



## **Nutrition**

Nutrition was ranked as a top health issue by sixteen key informants. Key informants addressed hunger and food insecurity, as well as making healthier dietary choices.

*Existing Strategies:* Waukesha County key informants named many community resources and strategies in place to address hunger and nutrition: nutrition information in HOPE Network newsletter and new member packets, referrals to food pantries, UW-Extension programming focuses on youth of low to moderate income families and provides long term programming, Waukesha County Health and Human Services nutrition education with Aging and Disability Resource Center and meal program, FoodShare accepted at farmers markets, farmers markets and food pantries receiving more fresh produce, school lunch programs, wellness programs for employees, population health models being used, primary care physicians, after school and summer meal programs for kids, people carry water bottles and drink more throughout the day, growing awareness around nutrition and healthy choices, teachers encouraging healthy snacks, Meals on Wheels and home delivery food programs, and restaurant donations of extra food to the Women's Center and Hope Center.

*Barriers and Challenges:* Key informants named barriers to improved nutrition in the county. Many of these were related to access and education. Issues of access include lack of money and people having to choose between food and rent or health care, lack of fresh produce during the winter months, lack of transportation to larger grocery stores, farmers markets, or meal programs, and embarrassment about needing to ask for assistance. Other barriers and challenges include programs that aren't sustainable and don't focus on system level change, a local culture that embraces unhealthy food traditions, lack of time to grocery shop and cook and the prevalence of convenience options, a culture where food is used as a reward, isolation issues with older adults, meal sites and programs stigmatized "only for low income," and some people who need assistance don't qualify for FoodShare benefits.

*Needed Strategies:* Key informants provided suggestions to improve nutrition in the county: visiting nurses that go to people's homes with nutrition information and education, work with schools' food service programs, school gardens supported by the business community, education for parents, home delivery services for new moms and single parents, increased workforce and staffing at pantries, making nutrition labels visible at restaurants, education in the workplace, spending time and efforts on youth to make healthy habits for life, cooking classes teaching how to cook for single people and families, teaching how to use food differently, teaching how to cook on a budget, intergenerational opportunities for education, expand summer lunch programs, more empty lot gardens, and wraparound and activities and programs to help kids get healthy meals and snacks outside of school.

*Key Community Partners to Improve Health:* Schools, food pantries, health care systems, libraries, community gardens, UW-Extension, current and retired farmers, 4H, Future Farmers of America, Waukesha County Health and Human Services, business community, foundations who can fund initiatives or programs, grocery stores, faith based groups, child care providers, cooking classes, nonprofits, Waukesha County Business Alliance, Public Health Division, Waukesha County Health Improvement Plan and Process, children and family service committee, and the Rotary and other civic groups were named as key partners to improve health in the county.



*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Key informants suggested reaching children and their families with nutrition education in schools and at pediatrician appointments. Other groups potentially in need of nutrition resources and education are the elderly, lower income residents, people with chronic conditions, the homeless, and residents with mental illness, who could be reached through targeted with meal programs.

### **Injury and Violence Prevention**

Fourteen respondents' rankings included Injury and Violence Prevention as a top health issue for the county. Key informants discussed crime, domestic violence, injuries, and fall prevention.

*Existing Strategies:* Law enforcement, first responders, critical care services, the Aging and Disability Resource Center Services, OSHA regulations and employee assistance programs, crisis hotlines, the Women's Center, Safe Babies Healthy Families program at Easterseals, Rogers Memorial Hospital's Peer Influencers Program, and trauma informed care partnership are examples of partners currently engaged in this work. The strategies in place to address injury and violence prevention include evidence-based fall prevention programming, medication management with pharmacists, school staff receiving training and resources on how to handle situations in schools, students are being taught self-regulating skills, group interventions in schools, safe play initiatives, concussion baseline testing in schools and in sports programs, school safety teams and crisis teams, crisis prevention training and emergency preparedness in schools, advocacy for abused children, treatment groups for perpetrators, coordinated community response, and free cribs and safe sleep information.

*Barriers and Challenges:* One commonly cited barrier to addressing these issues is a general lack of awareness of community resources and residents not knowing what to do when something happens. Key informants shared a wide array of prevention challenges and barriers related to different kinds of injuries and violence: Privacy issues and victims/survivors not wanting others to know what is happening to them, depression, lack of support, lack of access to mental health providers, lack of coping skills, and lack of support services over life span. Falls are prevalent in the increased aging population and present with comorbidities, over medication, and unsafe environments and activities. Seniors sometimes hide falls for fear they will have to leave their home or give up their driving ability. Motor vehicle accidents that are caused by drugs and alcohol, inexperienced drivers, and poor road design could be prevented. Childhood accidents, unsafe sleeping environments, and sports can lead to injuries in children. Increased violence in general contributes to a more fearful society and sensationalism around incidents. Domestic violence is sometimes tied to mental health concerns and people not having access to the services or health care they need. Financial barriers can keep people from leaving an abusive home situation, along with alienation from family and friends, low self-esteem, and co-occurring addiction or substance abuse. Being quick to blame individuals for behaviors rather than looking at their diagnosis or environment. Other challenges key informants named include: cultural norms and culture changes,

communication barriers, the cost of incarceration or treatment, the political environment and instability, lack of respect for public services, a system that focuses on treatment rather than prevention, normalization of violence, parents opt out of programming for their kids, organizations work in silos, people only do what is required, judgmental providers do not have sympathy, agencies are protective of what they do and scrutinize how others do their work, physicians get frustrated when patients stay in unsafe situations, and perceived stigma and shame around being victimized.

*Needed Strategies:* Key informants had many suggestions for strategies that could address these issues, including engaging many sectors in services, support, and awareness: promotion of “community watch” groups, a centralized dispatch system to connect people with local services, especially health care that is trauma informed, health care system resources, engaged primary care providers who are sensitive to patients’ needs, more behavioral health providers, better connections between service providers, social media to promote information about prevention, overall social education about what acceptable behavior looks like, anger management, use Health and Human Services’ ideas to promote prevention messages, increase formal training of youth sports coaches and incorporating sports psychology to prevent injuries, law enforcement agencies being trained on where to refer for aftercare and ongoing support, continue to work with 211, refer to Dryhooch’s hotline, broader implementation of trauma informed care, fall prevention provided with a focus on staying independent, funding for additional maternal and child health home visiting programs, outreach to youth about healthy relationships and safety, promotion of programs and services/hotlines that do address violence and injury issues, educate parents about nutrition’s role in children’s behavior, tell the story better to the community, encourage youth involvement in group activities and positive social interactions, creating safe environments in schools and communities, tougher laws and sentencing for repeat offenders, identify root causes, education for the community on how to support survivors of domestic violence and child abuse, case reviews and cross trainings to address different elements of each case, more school resource officers, and more sensitive crimes prosecutors.

*Key Community Partners to Improve Health:* Law enforcement, faith-based organizations and their support groups, Impact 211, senior centers, anger management providers, The Women’s Center, Healing Hearts, Family Service of Waukesha, schools, hospitals, medical examiners, first responders, the DA’s office, Housing Action Coalition, sexual assault community resources, Find a Ride Network (FARN), schools and colleges, health systems, therapy providers, active seniors, the Aging and Disability Resource Network, rehabilitation facilities, emergency departments, apartment complexes, local chambers of commerce, local agencies with missions to prevent violence and injury, employers, cell phone companies, youth sports teams, and recreation department programs were named as key partners to improve health related to this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Key informants named several subpopulation that might need more support. The homeless can be supported with targeted outreach through agencies that are already serving them. Caregivers can be educated on resources, referral options for care, and trauma informed care trainings. Continuing

education trainings can be offered for medical staff and school counselors. Public service announcements can be used to reach the general public. Faith-based organizations reach people across the lifespan. Other populations that might need targeted support are 18-25 year olds, military families and veterans, apartment complexes, youth who have behavioral issues, and youth in sports.

## **Oral Health**

Nine sets of respondents' rankings included Oral Health as a top health issue for the county. Responses suggested this issue is closely related to Access to Health Services.

*Existing Strategies:* Key informants provided some examples of existing services and strategies to address oral health, including Lake Area Dental Clinic, Waukesha County Community Dental Clinic, free tooth brushes and tooth paste available at Community Outreach Health Clinic's waiting room, four dental groups take referrals to help with tooth pain, infections, and broken teeth, Washington County Albrecht Free Clinic is close for fillings and extractions, St. Elizabeth Ann Seton Dental Clinic in Milwaukee, Impact 211, Marquette Dental students, Oakwood's Touched Twice clinic event, Dental Coalition of Waukesha County founded in 2016 as a way to discuss and meet the gaps within the community, focus on increasing awareness and education, Waukesha County Technical College offers free cleanings to anyone who can provide own transportation to multiple appointments lasting 4 hours, and Wade Family Dentistry and MDC dental are the only 2 local agencies providing dental care to BadgerCare population.

*Barriers and Challenges:* The main barriers and challenges to addressing oral health in the county are issues of access, mainly a shortage of providers, particularly for patients who are un/underinsured, and the high cost of care and insurance. Other barriers are lack of transportation to get to appointments, lack of education on the importance of oral health and prevention, people wait to address their oral health until something is wrong, minimal resources for parents, and dentures that don't fit right affect nutrition. A barrier at a systems level is the "siloes" nature of our health care, where mental health, vision, and dental are separated from primary care.

*Needed Strategies:* Key informants recommended more education on how oral health affects overall health and is important for preventive care, referrals in EPIC from emergency departments to free or low cost services, taking a primary care approach to dental clinics, funding for dental care to help remove barriers to care, have a hygienist with dedicated room and chair at the Community Outreach Health Clinic to provide cleanings, engage more providers willing to donate services, more affordable insurance, engage religious organizations utilizing volunteers from congregations, make dental coverage mandatory with health insurance, and educate patients about the long term impact of neglecting oral health.

*Key Community Partners to Improve Health:* Waukesha County Health and Human Services, Waukesha County Community Dental Clinic, Lake Area Free Clinic, private dental providers, health care systems, food pantries, schools, Head Start, community centers, Public Health Division, free clinics, pregnancy support groups, Hebron House, Wisconsin Dental Association, and funders or foundations that can support free services are examples of partners to engage to improve oral health.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* When patients present with oral pain in the emergency department, work with them on patient education. Develop a referral algorithm in EPIC. The middle class is a particularly vulnerable population on this issue because they cannot qualify for free or reduced cost services, but the cost of care is so high they may not be able to afford it either. Other specific populations affected by this issue are low income residents, the elderly, and youth. Targeted outreach at free clinics and at schools through school nurses or counselors, and at senior centers or senior living facilities could be used to reach them.

### **Physical Activity**

Eight key informants included Physical Activity as a top health issue for the county. Discussion of this health issue also included its relationship to healthy Nutrition and Chronic Disease Prevention and Management.

*Existing Strategies:* The County has programming that has lowered costs and focuses on self-care, Health Reimbursement Arrangements (HRAs), being a physically active community, recreational resources in the county, including lakes, outdoor activities, Ice Age Trail, and green space, the President's Fitness Award, requirements for students to take physical education classes, school sports teams and intramural sports, technology that is used to get people moving (movement trackers and apps), social programs for seniors, walking meetings, parent education, healthy behavior modeling in classrooms, flexible furniture for students to move and stand, policies on employee health and wellness, education on moving 20 minutes per day, employer sponsored fitness programs, community events focused on physical activity and play, the be Strong Stay Strong strength training classes, incorporating physical activity into nutrition education, and fundraising events that include physical activity (fun runs and walks) are examples of strategies in place to increase physical activity.

*Barriers and Challenges:* Sedentary lifestyles at home, cold months, people thinking they need a gym membership for adequate physical activity, cost is used as an excuse, age used as an excuse, technology and excessive screen time, lack of motivation, lack of time, some financial barriers if special assistance is required, outdoor safety concerns, and competing priorities within schedules are barriers or challenges to increased physical activity.

*Needed Strategies:* Consistent messaging, positive mental attitudes, friends helping friends- using the buddy system, free park admission, gym membership days, holistic approaches to healthy living, physician conversations with youth about their personal physical activity trends, focusing on prevention and being proactive with young children and families, physical activity camps available to all youth, widespread education about lifestyle changes, public service announcements, meeting people where they are on this issue and making baby steps, more adult modeling by parents, families getting involved together makes the neighborhood more likely to engage, use of healthier motivators or incentives rather than things like pizza parties, and rethinking physical education in schools are examples of strategies key informants believe could be used to improve health.

*Key Community Partners to Improve Health:* Health officers, Waukesha County Park System, physicians, professional sports teams, community sports clubs for youth and adults, YMCAs, schools, service clubs, nonprofits, senior centers, Boys & Girls Clubs of Greater Milwaukee, business coalitions and businesses, Wisconsin Athletic Club, and parents were identified as key partners to work together on this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* One key informant indicated free days at County Parks sponsored by health care organizations could be a good example of working across sectors to support the community in engaging in physical activity. There was agreement this issue is important to the whole community, but some examples of groups that might need targeted outreach include seniors, young parents, people who are sedentary, elementary aged children, low-income families who might not be able to afford memberships or fees for participation in activities, and veterans.

### **Healthy Growth and Development**

Seven key informants included Healthy Growth and Development as a top health issue for the county. Key informants focused on this issue across the life course, with some focusing on the early childhood period, some on children, youth, and parents, and others on aging adults and their caregivers. These informants included discussion of physical, mental, social, and emotional health as humans grow and develop and one informant included the role of hygiene in growth and development across the life span. One key informant focused on economic growth and development.

*Existing Strategies:* Key informants named a number of organizations doing work to support healthy human growth and development, including: Waukesha County Health and Human Services, Family Services, Parents Place, food pantries, non-profit organizations, Easterseals' Safe Babies Healthy Families program, the Women's Center, the WIC program, transportation services, Thriving Waukesha County, Caregiver Coalition, 4-H, the HOPE Network, and Waukesha County public health nurses. Other current strategies discussed were communities and partners coming together, being a resource rich community, existing collaboration in the county around this issue, youth outreach,

physician outreach on screening for healthy childhood growth and development, health screenings, immunizations, health care, family activities, and free crib programs.

*Barriers and Challenges:* Key informants' responses indicate the main barriers or challenges to addressing healthy growth and development are lack of knowledge or awareness, lack of acceptance there could be a problem, and lack of funding or resources to connect people with the services or support they need. For parents of young children, some examples of these include opiate issues leading to drug addicted mom-baby dyad, lack of financial literacy, families don't have lifelong skills to manage household, physicians thinking a child's problem is something he or she will outgrow, and stigma of not being normal keeps parents from acknowledging concerns. For parents of older kids, there is some denial of what amount of drug use kids and teens are exposed to. For the aging population, service providers are struggling to keep up with the growing demand, the costs of services, dementia diagnoses are increasing, some seniors lack technology literacy, and increasing numbers of seniors are low income. Across age groups there are some general barriers to healthy growth and development, including lack of free resources, doctors lacking awareness of community resources to share with patients, the community as a whole does not know what resources and services exist, language barriers, and small budgets.

*Needed Strategies:* Some examples of strategies that could work to address this issue include: Keeping people involved through digital literacy and using social media, peer to peer messaging, modeling behavior rather than lecturing, take a systems approach, parent education, extracurricular activities for kids, input from peers/youth, non-profits working together to fix root cause of issues facing children and families, school outreach, healthy relationship education, adapting to the needs quickly, finding funding, looking at current services and what will be needed, evidence-based programs, focus on removing stigma and early intervention when kids seem behind, get existing research out to families in useful ways, educate politicians on the value of research, and increase outreach to diverse populations that are underserved.

*Key Community Partners to Improve Health:* Veteran services, parents, schools, churches, social workers, social media, laundromats, food pantries, libraries, child care providers, law enforcement, first responders, Waukesha County Health and Human Services, youth groups and clubs, senior organizations and senior centers, assisted living facilities, caregiver support services, pediatricians and other health care providers, the Birth to 3 Program directly connecting with physicians, Easterseals, YMCA, 4-H, UW-Extension, and Sussex Outreach Services were named as important partners to work on these issues in the county.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Respondents named specific groups who might be in need of targeted outreach or services, including single parents, stressed parents, youth, seniors, residents with low income, the Hispanic community, and low- and middle-income women who are head of households. It was suggested that kids and parents could be reached through extracurricular activities and parent education, churches, parent groups, youth groups, educators, and day care providers. One key informant

suggested seniors and their families or caregivers could be reached through education about financial abuse, partnering with the DA, and bringing key partners together for a common goal. One key informant suggested the health care community-- nurses, doctors, and medical assistants-- could be used to reach these especially vulnerable subpopulations.

### **Tobacco Use and Exposure**

Six key informants ranked Tobacco Use and Exposure as a top five health priority area for Waukesha County, with two of these ranking it as the top health issue.

*Existing Strategies:* The Wisconsin Tobacco Quit Line, the Tobacco Free Coalition, free medications available via patient assistance programs, and strategies that were used with cigarettes are being applied to electronic cigarettes and vaporizers.

*Barriers and Challenges:* For students, tobacco use is an entry point for other drug use or experimentation, there are confidentiality constraints in schools, increased access to electronic cigarettes and easy access for children, kids have more money and can afford to buy the products, kids can purchase gift cards/credit cards at local stores and then order products online, and wide availability of vaporizers and lack of awareness from parents. Smoking is still perceived as glamorous. For people who are dealing with other stressors, quitting can seem overwhelming.

*Needed Strategies:* Suggestions for strategies that could improve health include more retailers having policies like CVS and not selling the products, eliminating vaporizers from the market, connecting people with free patches, community education including how vaporizers can be used for other drug use, adding e-cigarettes to prevention curriculum in middle school or earlier, and utilizing public health campaigns similar those that were implemented for cigarettes.

*Key Community Partners to Improve Health:* Tobacco Free Coalition, schools, the Wisconsin Tobacco Quit Line, the Public Health Division, retailers and distributors of the products, and Addiction Resource Council were named as important partners to work on this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Low-income residents and youth were named as subgroups that might be particularly vulnerable to tobacco use. Reaching kids at schools by middle school and accompanying their education with parent education was one idea key informants shared to address this group.

### **Communicable Disease Prevention and Control**

Three key informants included Communicable Disease Prevention and Control as a top health priority for the county.

*Existing Strategies:* Key informants shared that the vast majority of students are immunized, there is consistent and quick communication between school nurse and the Public Health Division, and communication is good between other schools on resources, messaging, and providing updates on high health-related absences. Schools also provide timely reminders to the parents via newsletters before cold and flu season and information about coming to school sick in the parent/student school handbook. The Affordable Care Act has set up free preventive health services.

*Barriers and Challenges:* Barriers and challenges in school settings include parents that don't understand the importance of immunizations, a lack of good hand washing skills, kids that come to school sick and expose others to illness, parents that can't keep their young children home when they are sick because they are unable to miss work or find alternative child care, high school students don't want to stay home when they are ill because they are concerned they will fall behind if they miss a day, and an increasingly mobile population makes students hard to track. Additionally, it was noted 5,000 kids are not immunized for measles, mumps, and rubella. A growing number of children in the county are lacking immunizations in general. Sexually transmitted diseases are a growing concern, particularly among older adults. Other challenges include multi-drug resistant strains of bacteria, syphilis has grown four-fold, pertussis and tuberculosis are growing, multi-diagnoses, complexity of diseases, and a cultural shift means that the population has not seen some of these diseases. The Affordable Care Act has limited what public health can do because immunizations have to be provided by a doctor unless the resident is uninsured or on Medicaid and the cost can be a barrier for some people.

*Needed Strategies:* Key informants thought the following could be helpful strategies for the county: health systems sharing illness outbreaks with schools to help them prepare and educate their families; physicians stressing the importance of immunizations; health care providers asking questions about travel as a routine question in health assessment; and focusing on improved immunization rates, and education about sexually transmitted diseases and safer sex at all ages.

*Key Community Partners to Improve Health:* Health care providers and systems, the county's Public Health Division, and schools were the key partners named to work on this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Lower income families, seniors at risk for sexually transmitted diseases, parents, major employers, travel clinics, and businesses were named as groups who could benefit from targeted outreach or intervention. Key informants thought that work could be done at schools to improve immunizations compliance, perhaps through wide-spread communication.



## **Environmental and Occupational Health**

Environmental and Occupational Health was ranked as a top five health issue by two key informants. These respondents focused on Occupational rather than Environmental Health, and mainly on connecting county residents with job training and job opportunities.

*Existing Strategies:* In Waukesha County, some employers do provide employee assistance programs, skill-building workshops are offered at low to moderate cost, businesses host job fairs, information about job training opportunities and job fairs is posted in the HOPE Network's monthly emails, and libraries host some educational offerings.

*Barriers and Challenges:* Key informants identified lack of communication, lack of funding, and lack of staff power as the main barriers or challenges to connecting people with job training and opportunities for employment.

*Needed Strategies:* Key informants suggested partnerships with the library and the Waukesha County Business Alliance to get better connected with job fairs and job openings, networking opportunities with businesses and social service agencies, and partnering with businesses for in-kind resources as strategies that could improve health in the county.

*Key Community Partners to Improve Health:* Employers and the business community, the Waukesha Chamber of Commerce, Waukesha County Business Alliance, school districts, fire fighters and emergency medical personnel, and the libraries were identified as the key partners who can work on this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Low to mid income residents were identified as a group that could be targeted, but no suggestions for specific efforts were offered.

## **Reproductive and Sexual Health**

None of the key informants ranked Reproductive and Sexual Health as a top five health issue for Waukesha County. Existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not discussed.

## Appendix A. Interview Participants for Waukesha County

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### Key Informant Interview Participants

Seventy-one individuals participated in 47 key informant interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority, and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: racial and ethnic minorities, the elderly, youth, veterans, faith communities, individuals with disabilities, rural and agricultural communities, survivors of domestic and sexual violence, and those living with mental illness and substance abuse.

Name	Title	Organization
Kerri Ackerman	Vice President of Patient Experience	Sixteenth Street Community Health Centers
Kris Androsky	Executive Director	Hebron House of Hospitality
Dennis Angle	Deputy Police Chief	City of Waukesha
Lloyd Bertram	Fire Chief	City of New Berlin Fire Department
Lynda Biedrzycki, MD	Medical Examiner	Waukesha County Medical Examiner
Beth Blavat	Outside In Program Case Manager	Hebron House of Hospitality
Angie Bolson	Vice President of Strategic Initiatives	YMCA at Pabst Farms
Jerry Braatz	Area Director	University of Wisconsin- Extension
Shannon Canham	Case Manager	Sussex Outreach Services
Honorable Lloyd V. Carter	Circuit Court Judge	Waukesha County
Laura Cherone	Director of Program and Clinical Services	Family Service of Waukesha
Alissa Darin	Director of Learning K-12 Counseling	Kettle Moraine School District
Paul Decker	Chairman	Waukesha County Board of Supervisors
Patricia Deklotz, PhD	Superintendent	Kettle Moraine School District
Cynthia Eggleston	Executive Director	Mukwonago Food Pantry
Paul Farrow	County Executive	Waukesha County
Kathy Gale	Executive Director	ERAs Senior Network, Inc.
Bob Glowacki	Chief Executive Officer	Easterseals
Todd Gray, PhD	Superintendent	School District of Waukesha
Jeanne Holden	Director	New Berlin Food Pantry
Faith Holley-Beal	Director of the C.A.R.E. Center	Family Service of Waukesha
Christine Howard	County Board Supervisor, Health and Human Services Chair	Waukesha County
Russell Jack	Police Chief	City of Waukesha
Barbara Jacob	Assistant Director	New Berlin Food Pantry
Ben Jones	Public Health Officer	Waukesha County Public Health
Andrea Kane, RN	Faith Community Nursing Director	Elmbrook Church James Place
Tom Karthausser	Director of Business Services	Mukwonago Area School District

Ken Kassees	Director of Student Services	Kettle Moraine School District
Suzanne Kelley	President & Chief Executive Officer	Waukesha County Business Alliance
Jon Lange	Chief Executive Officer	YMCA at Pabst Farms
Tim Lemke	Director of Pupil Services	Mukwonago Area School District
Jeffrey Lewis, LCSW	Mental Health Center Administrator	Waukesha County Health and Human Services
Denise Lindberg	Public Information and Volunteer Program Coordinator	Hamilton School District
Mary Madden	Executive Director	National Alliance on Mental Illness (NAMI) Waukesha, Inc.
Nancy Major	Executive Director	Stillwaters Cancer Support Center
Angela Mancuso	Executive Director	The Women's Center
Amanda Mazurkiewicz	Director of Student Services	School District of New Berlin
Shawn McNulty	Superintendent	Mukwonago Area School District
Geoffrey Mertens	Vice President of Operations	YMCA of Greater Waukesha County
Jessica Mieling	Branch Executive Director	YMCA at Pabst Farms
Paul Mielke, PhD	Superintendent	Hamilton School District
Kate Miller	Executive Director	Oconomowoc Area Chamber of Commerce
Joe Muchka, LPC, NCC, CSAC, PS-IT	Executive Director	Addiction Resource Council, Inc.
Laura Myrah	Superintendent	Arrowhead Union High School District
Jessica Osenbrugge	Executive Director	St. Joseph's Medical Clinic
Gordon Owley, PhD	Outpatient Services Coordinator	Waukesha County Mental Health Services
Steve Plum	Director, High School of Health Sciences	Kettle Moraine School District
June Prestin	Executive Administrative Assistant	HOPE Network, Inc.
Katie Quintanilla	Chief of Clinical Operations	LindenGrove Communities
Renee Ramirez	Executive Director	Waukesha County Community Dental Clinic
Mary Reich	Executive Director	Lake Area Free Clinic
Joseph Rieder	Police Chief	City of New Berlin Police Department
Barbara Riehle	Assistant Director	Falls Area Food Pantry
Roger Rindo	Superintendent	Oconomowoc Area School District
Gail Robinson, RN		Mukwonago Food Pantry
John Roubik	Director of Human Resources and Organizational Development	Hamilton School District
Chief Anna Ruzinski	Director of Protective Services	Village of Menomonee Falls
John Schiraj	Director, Community Partnerships	United Way of Greater Milwaukee & Waukesha County
Kim Schuetz	Hebron House & Siena House Manager	Hebron House of Hospitality
Rachel Sciortino	Executive Director	HOPE Network, Inc.
Ruth Seer	Family Peer Leader	Dryhooch Waukesha County
Maureen Siwula	Volunteer	New Berlin Food Pantry

Linda S. Smith, APNP	Nurse Practitioner/ Clinic Coordinator	Community Outreach Health Clinic
Mary Smith	Manager	Aging and Disability Resource Center of Waukesha County
Joan Sternweis	Human Services Supervisor	Waukesha County Mental Health Services
Teri Terrill	Executive Director	Family Service of Waukesha
Erica Trawitzki		Hebron House of Hospitality
Karen Tredwell	Executive Director	Food Pantry of Waukesha County, Inc.
Cindy VanCleave	Director	Falls Area Food Pantry
Anselmo Villarreal, PhD	President & Chief Executive Officer	La Casa de Esperanza
Kathy Young	Director of Pupil Services	School District of Menomonee Falls