

Washington County Health Needs Assessment



A summary of key informant interviews

2019

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Table of Contents

Introduction	1
Focus Area Ranking	2
Top Five Health Issues	3
General Themes	3
Issue Summaries	4
Mental Health	4
Substance Use and Abuse	7
Access to Healthcare	9
Alcohol Abuse	10
Physical Activity	11
Chronic Disease	12
Adverse Childhood Experiences	13
Nutrition	14
Tobacco	15
Growth and Development	15
Oral Health	16
Environmental and Occupational Health	17
Communicable Disease	17
Injury and Violence	17
Reproductive and Sexual Health	18
Appendix A	19

Introduction

This report presents a summary of public health priorities for Washington County, as identified in 2019 by a range of providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement to the Washington County Community Health Survey conducted through a partnership between the Washington Ozaukee Public Health Department, Aurora Health Care, Children’s Hospital of Wisconsin, and Froedtert & the Medical College of Wisconsin. 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 Washington County were identified by the Washington Ozaukee Public Health Department, Aurora Health Care, Children’s Hospital of Wisconsin, and Froedtert & the Medical College of Wisconsin. These organizations also invited the informants to participate and conducted the interviews from June to September 2019. 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 2019 key informant interviews for Washington 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: Twenty-two key informant interviews were conducted with 23 respondents in Washington County. One interview incorporated the views of two people from the 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 Washington County data (e.g., community health survey and secondary data reports).

A. Focus Area Ranking

In 22 interviews, a total of 23 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. Key informants were also able to write in other health issue areas if they believed it was a top health issue for the county. (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 and not every informant provided rankings within their top selections. In interviews with more than one participant, only one set of rankings was provided. The results in the table below reflect the 22 rankings.

Key Informant Rankings		
Health Focus Area	Top 5	Number 1
Mental Health	21	13
Substance Use and Abuse	15	4
Access to Health Care	8	1
Alcohol Abuse	7	1
Physical Activity	7	1
Chronic Disease	6	1
Adverse Childhood Experiences	5	1
Nutrition	4	0
Tobacco	4	0
Growth and Development	2	0
Oral Health	2	0
Other Health Issues	2	0
Environmental and Occupational Health	1	0
Communicable Disease	0	0
Injury and Violence	0	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. Substance Use & Abuse
3. Access to Health Care
4. Alcohol Abuse
5. Physical Activity

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 2016, the report has changed slightly. In 2016, Alcohol and Other Drug Use was included as a single issue in the top five health issues facing the county. In 2019, Alcohol Abuse and Substance Use & Abuse were listed separately and were both included among the top five health issues. As in 2016, Mental Health and Physical Activity were also included as top five issues. Unlike 2016, Access to Health Care was considered a top five issue while Chronic Disease Prevention and Management and Nutrition both dropped out of the top five for 2019.

The health issues key informants indicated were priorities for Washington County affect residents across the lifespan, requiring engagement across sectors to adequately address residents' needs. Key informants identified a wide range of stakeholders and community partners engaged to improve the county's health. The Washington Ozaukee County Public Health Department, Washington County Human Services, Albrecht Free Clinic, the major health systems, other medical and social service providers, non-profits, businesses, law enforcement, schools, and government were all included in the discussion as important partners for addressing the health priority areas.

Many of the challenges and barriers identified by key informants across issues relate to lack of funding for necessary services and programs, or lack of access caused by insufficient means or insurance to pay for needed services. Other common barriers and challenges noted across issues are related to access: lack of transportation, location, lack of familiarity with resources, lack of providers, and language barriers. Another commonly cited barrier was lack of awareness of resources or services that do exist.

Key informants identified strategies needed to improve the health of the county. For many issues discussed, more education and public awareness are important. Other needs identified are related to health insurance policy and payment for services, and better systems of care that offer options for low-income patients. Across health issues, some key informants also discussed better engagement of parents and family units, as opposed to educating or serving individuals only.

D. Issue Summaries



Mental Health

Twenty-one out of 22 key informants' interview rankings included Mental Health as a top five health issue, with 13 key informants ranking Mental Health as the number one health issue overall. Many key informants noted that services are available for those who have insurance and resources but are lacking for others. Key informants also emphasized that mental health is a widespread issue that affects all populations within the community.

Existing Strategies: The strategies identified varied by type of organization. Key informants affiliated with the education system or with youth generally mentioned onsite counselors, federal grants, Kettle Moraine Counseling, faculty being trained in mental health and trauma-informed care, a behavioral health intervention team on campus, increased awareness about mental health, safety/security measures, programs within schools instead of external programs, Community Support Coalition, and a program called "Think Well." Law enforcement mentioned a partnership with Acute Care Services, Crisis Intervention Team (CIT) training, and on-going training and learning regarding mental health. Service providers mentioned the existence of a senior center to bring potentially lonely people together, increased awareness, Kettle Moraine Counseling services, county programs, the Cultivate Movement which aims to increase access to and knowledge of services, more community conversations about mental health, the National Alliance on Mental Illness (NAMI), more newly funded mental health programs than in the previous five years, services for the chronically mentally ill, general community commitment and desire to improve mental health, programs within schools, decreasing stigma, treatment being available to people with insurance and motivation, primary care screening for mental illness, schools identifying needs earlier, some bilingual mental health resources, Washington County Walk-In Services (mental health screening and assessment), Albrecht Free Clinic vouchers, and Affiliated Clinical Services. Key informants from the business community mentioned non-profit partnerships, Albrecht Free Clinic, Froedtert and Medical College of Wisconsin St. Joseph's Hospital Health Community Fund which invests in non-profit mental health programs, employers being aware of the issue and looking to hire mental health professionals, and MRA (an employer association focused on human resources) working on opiate and trauma-informed care for human resources leaders in Southeastern Wisconsin. Others in

the business community suggested that not much is being done, or that many are interested in helping, but efforts are uncoordinated.

Barriers and Challenges: Again, responses varied by organization type. Key informants affiliated with schools and the education system identified barriers and challenges such as lack of directed services, the need for service dollars, access for youth, health insurance availability and cost, lack of social workers, a perceived decrease in services from the county, lack of mental health professionals, long wait times for appointments, teachers in need of more resources, technology and social media, mental health issues interfering with teaching and learning, stigma, and transportation. Law enforcement mentioned that jail is not always the most appropriate place for a person to be but that there aren't necessarily resources available for people, that mental health issues can drive people to substance abuse or other risky behaviors, and that not a lot of people have access to medical resources without a court order. Service providers mentioned challenges identifying those in the community who are in need of help, transportation, stigma, funding, the need for agencies to communicate and partner with one another, insurance and financial barriers, lack of providers and waiting periods, the 72 hour hold is not long enough, it's hard for people to find the right treatment, varying prescribing patterns between providers, a disconnect between mental health and how law enforcement interacts with the community, accessibility, reimbursement for clinicians, lack of case management, the system being more reactive than proactive, personal attitudes and lack of motivation, lack of resources for older adults/geri-psych, culture and beliefs in some communities, work schedules do not allow for treatment, lack of bilingual counselors, and lack of knowledge about mental health resources. Key informants in the business community mentioned many similar barriers and challenges, including stigma, access issues due to a lack of providers and financial barriers, not enough programs, and not enough coordination among programs. They also mentioned some issues unique to the business community, including workplace disincentives, workplace stigma and concerns about opening up to employers, mental health and addiction often co-occurring, lack of resources in small- and medium-sized employers, and workplace culture.

Needed Strategies: Educators suggested strategies such as increased funding for dealing with mental health, more agency support, increased awareness, increased education on addiction, more locations that offer mental health programs, and more programs that accept low-income/uninsured/underinsured families. Law enforcement suggested an expanded relationship with Affiliated Clinical Services, increased funding, more mental health professionals assisting and collaborating with law enforcement (including outside of normal business hours), more education on existing community resources, and better care coordination. Service providers suggested partnering with community churches and hospitals/clinics to identify people in need, working on prevention strategies, targeting youth, training for sports coaches, positive communication, continuation of education and awareness, increased mental health screenings, education on medication, proactive approaches, collaboration among agencies, more evidence-based programming, better coordination with Well Washington, increasing Crisis Intervention Training for law enforcement, more education for providers who do not specialize in mental health, shifting

from reactive to proactive care, increasing access for patients without insurance, focusing efforts on underlying issues of mental health, more policy around the state, incentivizing providers to move to rural areas, more appropriate resources for the elderly at skilled nursing facilities and assisted living facilities, and more bilingual counselors. In the business community, suggestions included removing stigma, implementing prevention programs, improving reimbursement for services, outreach for human resources leaders and business owners, making stakeholders aware of referral networks, working with chambers of commerce, the media, and/or social media to disseminate information, looking at root causes such as adverse childhood experiences, increasing awareness, increasing autonomy for human resources, working with companies such as MRA, decreasing the cost of accessing mental health services, and integrating programs into the workforce.

Key Community Partners to Improve Health: Key groups in the community were identified, including: County health services, United Way, employers, the Society for Human Resource Management, employer associations, chambers of commerce, health systems, the health department, law enforcement, churches and faith-based organizations, NAMI, community groups and non-profits, social workers, schools, Elevate, Life of Hope, libraries, economic development councils, MRA, Washington County government, state government, mental health agencies, juvenile justice system, County Human Services, Boys and Girls Clubs, Girls Y Group, Affiliated Clinical Services, Aging and Disability Resource Center, Kettle Moraine Counseling, Rogers, Youth and Family Project programs, Journeys program, Think Well, Community Support Coalition, youth groups, free clinics, West Bend Counseling LLC, MOWA (art therapy), and psychology organizations and groups.

Subgroups/populations where efforts could be targeted and how efforts can be targeted:

Populations who could be targeted include youth, including low-income youth and youth with a history of adverse childhood experiences, who could be reached through curricular interventions in schools, summer programming, or libraries, peer support programs, education for parents on identifying mental health issues, and services to navigate health systems. One informant suggested that targeting youth could prevent more serious problems as children get older. Seniors, including low-income seniors, could be targeting through local community agencies and by reaching out to their adult children on how to care for their parents. Unemployed or laid-off individuals could be helped by the Workforce Development County Offices. Employers could be targeted to work with their employees through a human resources group made up of employers or by chambers of commerce “lunch n learn” groups. People of color would benefit from culturally competent providers, while the Hispanic/Latino community specifically could be reached by Casa Guadalupe and would benefit from more bilingual resources and more bilingual providers. One informant suggested that both youth and seniors would benefit from education on normal socialization and health. Another informant noted that youth, the aging population, and low-income and middle-income groups would all benefit from data-informed/evidence-based programming with more effort to get at root causes. Other populations identified as needing special attention include people in the county jail, uninsured/underinsured populations, and people with more mild-to-moderate mental

health needs. Several informants noted that all groups and populations in the community would benefit from mental health resources.



Substance Use and Abuse

Fifteen informants included Substance Use and Abuse in their top health issues, with four ranking it as the number one health issue affecting the county. Key informants noted that this issue affects the entire community.

Existing Strategies: As with mental health, different strategies were identified by representatives of different types of organizations. Informants affiliated with the education system mentioned municipal and school policies, groups centered around non-use, strong health curriculum in schools, students engaged in the school lifestyle by participating in sports and clubs, DARE in the elementary schools, Too Good for Drugs curriculum, community non-profits offering free programs for individuals and families, community events, training programs for professionals, school board conversations, and non-profits working to reduce stigma. Law enforcement identified the new drug court in Washington County, various drug programming within the jails, strong enforcement, and the DARE program. Community organization service providers mentioned education in schools, referral programs to support groups, NAMI support groups, Elevate's programming, coalitions that have been formed, cross-sector involvement, community awareness and involvement, having the right people coming to the table, work with the criminal justice system (e.g. Treatment and Diversion (TAD) grant), the OWI diversion program, increased medication-assisted treatment in the jail, work on an official drug court for 2020, awareness and education initiatives, the Heroin Task Force, the PDMP database for prescribers, and available counseling services. Representatives from the business community identified services through Casa Guadalupe, the Albrecht Free Clinic, the Community Health Navigator program through Froedtert Health, and drug court and the TAD program.

Barriers and Challenges: Representatives from education noted that barriers and challenges include a general misunderstanding of the dangers involved in using substances, stigma, transportation, cost of services, increased prescription use, and challenging home lives of children. Law enforcement noted that there are not enough resources, there is stigma, crimes are caused because of addiction, people are released from jail without continual support or access, and there is a lack of data collection. Service providers discussed a lack of treatment programs, co-morbidities of addiction, wait times for treatment, the cost of treatment and other financial barriers, the high rate of addiction/use in the community, the proximity of Washington County to high drug-use areas such as Chicago and Milwaukee, growing acceptance of marijuana use, a need for more data, lack of coordination among systems of care, lack of funding, confusing regulations around medication-assisted treatment, high rates of relapse, lack of support and mentorship for those in recovery, the

magnitude of the problem making it difficult to address, children being displaced by family substance abuse issues, some people don't want to help, challenges reaching patients before they end up in jail, and stigma. Representatives from the business community identified access to mental health services, access for pain management, time and cost of services, insurance issues, access to prescription opioids, lack of training for employers on how to handle situations involving substance use, workplace stigma, lack of resources within the workplace, workplace culture, and challenges finding qualified workers who can pass drug tests.

Needed Strategies: Numerous strategies were suggested to address substance use and abuse. Informants from the education field mentioned additional parent education, having a strong health curriculum, having school policies around use, helping families build strong relationships where conversations can be open and supportive, more school involvement, helping families cope with stress, increasing teacher knowledge of available resources, normalizing conversations that are necessary for people to talk about how they feel, educating providers, and removing stigma. Law enforcement suggested increasing resources, more/easier access to inpatient services, continued education, and ongoing support for people who are incarcerated or who present to emergency departments for substance abuse. Service providers suggested drug courts, alcohol courts, viewing the problem through a trauma-informed lens, SCRAM bracelets which continuously monitor alcohol in the system, more data for evaluation, more funding, increased awareness, programming to delay first use, improved coordination and collaboration, prevention of vaping, consistency around policies for treatment of addiction, initiatives around safe driving for OWI, focusing not only on those who use but also on their families since they are also at risk, care coordinators in clinics, referral programs, school and community outreach programs, peer support, and education programs for parents and students. Business community representatives called for case management, increased reimbursement for providers, engaging workplaces as a source of prevention, increased funding and other resources, addressing stigma, focusing on prevention, more human resources training, companies being open to offering second chances for those with a failed drug test, employer education for substance abuse at work, policies at the state level including strict OWI responses, county-level response with education in schools, and the medical field being involved at the legislative level.

Key Community Partners to Improve Health: Key partners in the community were identified, including Washington County and municipalities, Elevate, private sector businesses, Hartford Area Development Corporation, health providers, insurers, Centers for Medicare and Medicaid Services, law enforcement, Acute Care Services, District Attorney's Office, Health Department, community support networks such as Alcoholics Anonymous, NAMI, Life of Hope, Human Services, UW-Extension, clergy, schools, Medical Examiner's Office, first responders, jails/prisons, employers, chambers of commerce, Heroin Task Force, school counselors, Kettle Moraine Counseling, child protective services, probation/parole, Head Start, Albrecht Free Clinic, senior centers, and shelters.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Several different subgroups were identified with different ideas about how to target them. Medium- or low-

skilled workers could be targeted through manufacturers; Farm families could be targeted by working with agriculture professionals and UW-Extension educators; Adolescents could be targeted by working with schools and educating parents; People who are incarcerated could be reached by working with jail administrators and the Department of Corrections; Child care providers could be encouraged to train in Mental Health First Aid or other programs; 45-55 age group could be reached with evidence-based programming; Underinsured and uninsured individuals could be reached through a mixture of policy, insurance, and health systems.



Access to Health Care

Eight key informants ranked Access to Health Care as a top health priority for the county. Many focused on transportation and finances as key barriers to access in Washington County.

Existing Strategies: Existing strategies to address access to health care mentioned by respondents include: volunteers providing rides to appointments, free clinics and federally qualified health centers, collaborations among organizations, Interfaith Caregivers of Washington County, West Bend Taxi, Impact 211, Family Promise (coordinated entry for the homeless), health systems, and Albrecht Free Clinic.

Barriers and Challenges: Barriers and challenges to healthcare access include lack of transportation, long wait times for appointments, uninsured populations, lack of funding and resources, limited services, lack of driver's licenses, Internet access, duplication of services, access for the Medicaid population, lack of community health campaigns (e.g. well child, immunizations, etc.), and the mindset of the community and state.

Needed Strategies: Informants suggested several strategies to address issues with access, including a dedicated van for the senior center with funding for maintenance and insurance, funding for Interfaith Caregivers of Washington County so they can resume their ride services, parent education, lifestyle and culture change, patient education about the importance of primary care, increasing awareness of existing resources, funding or grants for lower cost services, destigmatizing mental health, vouchers for transportation, increasing utilization of 211, increasing referral efficiency, increase local campaigns around health, making coalitions more robust, and involving the government and medical community.

Key Community Partners to Improve Health: Key partners include Interfaith Caregivers of Washington County, schools, healthcare systems, the Public Health Department, client-based services, Head Start, Judicial Court System, probation, youth treatment centers, Washington County, libraries, organizations that refurbish old electronics to increase computer access, Impact 211, law enforcement, Aging and Disability Resource Center, senior living facilities, Albrecht Free Clinic,

cities/municipalities, non-profit community, County Human Services, county nurses, experts on community campaigns, and partners in the medical profession.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Several subgroups were identified, including: low-income seniors who could be helped by funding for non-profit transportation services; the working poor who could be reached by non-profit organizations and Human Services; youth; people who do not drive; and the Hispanic population.



Alcohol Abuse

Seven informants' rankings included Alcohol Abuse as a top health issue for the county. Several were not aware of existing strategies and do not believe enough is currently being done to address this issue.

Existing Strategies: Current strategies to address alcohol abuse in the community were identified by key informants, including OWI enforcement, staffed drug recognition experts in the Sheriff's Department, underage drinking enforcement, the Every 15 Minutes program, the DARE program, school health curricula, involving peers in prevention, parent chats at schools, Taking Care of You program, drug court and the Treatment and Diversion (TAD) program, awareness in the community, and Elevate's focus on prevention.

Barriers and Challenges: Several barriers and challenges to addressing alcohol abuse were named. These include a drinking culture, issues with the justice system, overcrowded jails lacking resources, lack of access to treatment and services, lack of access to sober activities or programs, parents modeling drinking behaviors, the Tavern League lobby, loose DUI/OWI laws, easy access to alcohol, stigma, parents allowing youth to drink, lack of funding, culture and beliefs, education for the bilingual population, and challenges in the workforce, particularly in manufacturing and construction.

Key Community Partners to Improve Health: Informants identified key partners in the community, such as law enforcement, Acute Care Services, health systems, the Health Department, Alcoholics Anonymous, Elevate, Human Services, Rogers, Affiliated Clinical Services, Aging and Disability Resource Center, Washington County, Life of Hope, and NAMI.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Several respondents discussed a focus on youth, suggested they could be reached by early education including programs such as Every 15 Minutes and Strengthen Families, by education and supports for parents, and by limiting alcohol at functions intended for youth, such as parents drinking at softball games. Other subgroups mentioned include seniors, the Hispanic/Latino community who

could be reached with education including education on binge drinking, the uninsured, and rural residents.



Physical Activity

Physical Activity was ranked as a top health issue by seven key informants. In their comments, many key informants also discussed nutrition, access to healthy foods and obesity more generally.

Existing Strategies: Some existing strategies identified by key informants include Washington County offering many free or low-cost opportunities to be physically active, including many youth opportunities, public trails and access to biking, a strong YMCA, the School Lunch Program, the Harvest of the Month program, and business incentives and workplace gyms. Informants also identified strategies employed by their specific organizations, such as a school district prioritizing physical education and recess and school employees focusing on wellness; a senior center offering low-cost fitness activities and no membership fee, a Strong People Initiative in partnership with the YMCA, and Reiki massage; a technical college promoting a Health & Wellness Campus Program, an Employee Health & Wellness Program, offerings from student government such as disc golf, and corporate challenges; and an education and social services organization tying physical activity into their programming, including Zumba, yoga, and dance classes, a Family Wellness Program, a Living Healthy with Diabetes Program, a Living Well with Chronic Conditions Program, and a Prevention of Chronic Conditions Program.

Barriers and Challenges: Informants named several barriers and challenges to engaging people in adequate physical activity, including the reliance of youth and adults on electronic devices, lack of family activity time, finding affordable instructors for fitness classes, funding, transportation, lack of time, schools phasing out physical activity, unorganized play no longer being a priority for youth, the cost of gyms, classes, or clubs, culture, work commutes being too long for walking or biking, social media, television, video games, lack of education about benefits of exercise, and language barriers.

Needed Strategies: Identified strategies to address these barriers and challenges include education in schools on the impact of sedentary lifestyles, expanding low-cost and no-cost physical activity programs and classes, transportation options, incorporating physical activity and play into everyday life, having workout facilities and classes available at workplaces, increasing outreach and education on chronic disease, promotion of trails and parks, and making activity fun, especially for youth.

Key Community Partners to Improve Health: Informants named key community partners, including the YMCA, health systems, fitness centers, Moraine Park/nursing programs, community hospital dietitians and nutritional services, the Parks and Recreation Department, Boys and Girls Clubs,

schools, daycares, large employers, the Senior Center, and legislators, the County Board, and the Common Council.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The two subgroups mentioned most often were youth and seniors. Informants suggested that youth could be reached by partnering with youth-serving organizations, offering programming in schools, and providing education for parents. Seniors could be reached by increasing efforts to identify people who may benefit from outreach and educating hospital social workers on the services available. Other respondents suggested that all groups would benefit from increased physical activity and could be reached by emphasizing physical activity at doctors' appointments and by having human resources departments leading efforts in the workplace.

Chronic Disease

Six sets of respondents' rankings included Chronic Disease as a top health issue for the county. They discussed issues with chronic disease as both a personal problem requiring individuals to make healthy choices and as a societal problem requiring system-level change.

Existing Strategies: All informants were able to name at least one existing strategy for dealing with the issue of chronic disease. Strategies include: the Albrecht Free Clinic Community Health Navigator Program and Chronic Disease Outreach Services, patient educators, community education, prometric screening, and transportation services. Three informants from social services organizations identified programs offered by their own organizations, including having a United Health Care nurse on site, train-the-trainer programs, a Family Wellness Program, a Living Healthy with Diabetes Program, a Living Well with Chronic Conditions Program, a Prevention of Chronic Conditions Program, a Chronic Care Clinic, and services that increase the number of patients getting annual exams.

Barriers and Challenges: Identified barriers and challenges include a need for system-level changes, Wisconsin culture, fee for services versus preventive care options, insurance reimbursement, access for Medicaid and Medicare populations, lack of education, lack of program participant commitment, difficulty tracking successes, transportation options, lack of internal medicine specialists, lack of geriatric providers, access issues for immigrants, beliefs that chronic disease is genetic and not related to lifestyle, lack of knowledge about available health resources, health literacy, multiple comorbid conditions, financial barriers, and non-compliance.

Needed Strategies: Key informants had ideas for strategies that would help to address the problem of chronic disease, such as legislation increasing reimbursement and services, workplace co-investment, partnerships between workplaces and health systems, community educators, peer support groups, culture/lifestyle changes with shared accountability and support, more transportation options, medication management services, stronger ongoing monitoring programs,

more programming at community organizations, more health materials being available in Spanish, more health education, and improved access to healthy foods and exercise facilities.

Key Community Partners to Improve Health: Key partners named include elected officials, employers, businesses, health systems, free clinics, physicians, long term care providers, senior centers and retirement communities, local gyms, the YMCA, mental health and counseling services, Feeding America, city and county transportation, Wisconsin Institute of Healthy Aging, Health Department, Casa Guadalupe, Elevate, Family Promise, the UW-Extension, and Friends, Inc.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Several respondents noted that all populations are affected by chronic disease. Others specified that seniors could be reached through retirement communities with medication management programs, health maintenance programs, and more nurse care coordinators. One respondent suggested that people within the 30-40 year-old range could be targeted for prevention through their workplaces. Another respondent suggested that the Hispanic/Latino community could be reached with more health-related materials being translated into Spanish, more health education, and improved communication between health systems and community-based organizations.

Adverse Childhood Experiences

Five key informants included Adverse Childhood Experiences (ACEs) as a top health issue for the county. Most focused on efforts to reach youth and on prevention of ACEs.

Existing Strategies: Informants identified existing strategies to address adverse childhood experiences, including increasing awareness among schools and social services and training for staff in schools, human services, and child care. One informant named specific programs to address ACEs, such as Think Well and Journeys.

Barriers and Challenges: Several barriers and challenges were named, such as a lack of general awareness, lack of communication among agencies, schools struggling to identify their role in addressing ACEs, lack of a community-wide strategy and a community champion, being unsure of who is working on this issue in Washington County, lack of resources/services, insurance barriers, difficulty identifying children in need of services, cultural differences, and personal biases.

Needed Strategies: Suggested strategies to address ACEs include creating an “inventory” of coordinated efforts and of who has been trained in crisis intervention, addressing youth issues such as bullying, starting programming in elementary schools, more school support in general, adopting a county-wide standard of how to talk with youth and provide positive messages, identifying a community champion, developing a strategy and next-steps, looking to other communities for ideas, training schools in trauma-informed care, and educating parents to prevent trauma.

Key Community Partners to Improve Health: Potential community partners on this issue include child care directors, school counselors, teachers, Human Services, schools, YMCA, Boys and Girls Clubs, before- and after-school programs, mental health agencies, Washington County, law enforcement, United Way, municipal governments, foster care support groups, grandparent support groups, Casa Guadalupe, NAMI, and Friends, Inc.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Several informants suggested that children should be targeted with efforts such as training sports coaches and targeting others who work with youth, in-school programming, educating parents, conducting home visitations, and looking to other counties to learn from their existing effective strategies. Other informants suggested that all populations can be affected by trauma, and one informant noted that adults who grew up with trauma must be kept in mind as well.

Nutrition

Four key informants included Nutrition as a top health issue for the county. They focused on income and lack of nutrition education as key challenges to healthy nutrition in the community.

Existing Strategies: Informants named several existing strategies in the community to address nutrition, including school lunch and breakfast programs, monthly senior lunches, food pantries, a UW-Extension program on living on a budget which includes education on how to prepare healthy meals, food programs for low-income and senior community members, food share, Meals on Wheels, Living Healthy with Diabetes Program, Living Well with Chronic Conditions Program, Prevention of Chronic Conditions Program, Family Wellness Program, Wellspring, Solidarity Share, farmers markets, and Women, Infants, and Children (WIC).

Barriers and Challenges: Identified barriers and challenges include an increase in students in free and reduced lunch programs, people visiting multiple food pantries because one visit per month isn't enough, financial barriers because healthy food is expensive, funding for programs, culture and beliefs, lack of education on nutrition, transportation, language barriers, work schedules, and lack of communication and health literacy at doctors' appointments.

Needed Strategies: Informants suggested several strategies to address nutrition, such as increasing access to fresh and local foods and produce, mapping out food deserts, addressing children's nutrition, social media campaigns, expanding outreach and awareness of existing programs, offering cooking demonstrations, and providing education on nutrition topics such as how to cook and eat healthily, cooking for one, and how to shop at supermarkets.

Key Community Partners to Improve Health: Key community partners include Boys and Girls Clubs, food pantries, Interfaith Caregivers, school nutrition programs, healthcare providers, school systems, child protective services, Family Promise, YMCA, senior centers, the health department,

Aging and Disability Resource Center, American Heart Association, Wisconsin Institute of Healthy Aging, Wellspring and local farms, the Breastfeeding Coalition, Head Start/Early Head Start, and community gardens.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Two informants named youth as a population to target with education and resources in schools and the Boys and Girls Clubs. One informant suggested seniors could be targeted, and another identified the Hispanic/Latino community, the uninsured, and rural and urban residents as populations to be targeted with efforts such as Froedtert dieticians and education programs including cooking demonstrations.

Tobacco

Four key informants ranked Tobacco as a top five health priority area for Washington County. Three of the four informants are in the field of education. All four specified that vaping is a particular concern.

Existing Strategies: Respondents mentioned policies, rules, regulations, and ordinances being put in place to address tobacco use and vaping in particular. One informant from a school district mentioned increasing awareness of the issue with a presentation on vaping for parents.

Barriers and Challenges: Barriers and challenges include the marketing of products to youth, lack of knowledge around the harms of tobacco and vaping, the role of vaping as a “gateway” to experimentation with tobacco, and the difficulty of detecting vaping devices for parents and school officials.

Needed Strategies: Informants suggested several strategies to address this issue, including education and outreach for parents on tobacco and vaping, building relationships between parents and children that include healthy communication, and more long-term research on vaping.

Key Community Partners to Improve Health: Key partners identified by informants include schools, youth groups/organizations, law enforcement, parents, educators, United Way, health systems, Elevate, Washington County, and Boys and Girls Clubs.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Most respondents identified youth a key population to target with increased education and resources.

Growth and Development

Growth and Development was ranked as a top five health issue by two key informants. Both focused their answers on growth and development in youth.

Existing Strategies: One existing strategy that was mentioned was taking a different approach to classroom teaching that works on both social and emotional learning.

Barriers and Challenges: Barriers and challenges to healthy growth and development include “lawnmower parenting,” where parents don’t allow their children to fail, societal expectations, lack of funding, social media focusing on the negative, and bullying, especially cyberbullying.

Needed Strategies: Suggested strategies for overcoming these barriers include education in schools and at home, strong partnerships, increased research, and a community-wide 0-5 initiative.

Key Community Partners to Improve Health: No specific community partners were identified.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: A subgroup or population wasn’t identified by either key informant, but one key informant suggested that efforts require legislation and lobbying.

Oral Health

Two key informants ranked Oral Health as a top five health priority area for Washington County. Access and financial barriers were highlighted as key issues related to oral health in the county.

Existing Strategies: Strategies and programs currently in place to address oral health in the county include the Albrecht Free Clinic dental clinic, Head Start, and the MF Clinic, which accepts Medicaid.

Barriers and Challenges: Several barriers and challenges were mentioned by key informants, including access issues such as: lack of transportation, some people having mobility issues, there being only one pediatric dentist in the county, varying levels of access to care, and lack of providers who treat patients with special needs. Financial issues were also highlighted, including: access for the uninsured or underinsured, no BadgerCare dental provider in the county, and a lack of volunteer dentists to give free or reduced cost treatment.

Needed Strategies: Strategies suggested to address the issue include providing higher reimbursement to providers who serve Title 19 patients, collaboration with the Wisconsin Dental Association, and increasing the number of dental providers who treat patients with BadgerCare, including increasing the number of dentists who volunteer within their own clinics.

Key Community Partners to Improve Health: Suggested partners include physicians, dentists, Albrecht Free Clinic, the larger dental community, and the Washington Ozaukee Dental Association.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Both key informants noted that the issue is widespread and they declined to name a particular population to target. One informant suggested that legislation to ensure higher reimbursement to dentists providing services to low-income/uninsured/underinsured patients would be beneficial.

Environmental and Occupational Health

One key informant ranked Environmental and Occupational Health as a top five health priority area for Washington County. The key informant suggested that businesses are aware there are environmental and occupational health needs among their employees.

Existing Strategies: The key informant noted the culture at organizations like Quad and Walmart. The informant also mentioned bringing natural light or LED lights into work spaces.

Barriers and Challenges: A key challenge identified was the need to prove that fit and well employees benefit a business's bottom line. Other barriers and challenges include awareness/education of environmental safety with an aging workforce, that businesses tend to be more reactive than proactive when it comes to workplace wellness, and education generally.

Needed Strategies: The key informant suggested there is a need for hands-on education for safety and prevention. Another strategy offered was to help make the work fit the person, not make the person fit the work. In addition, the key informant suggested business seminars from leadership to the line. Finally, the key informant also called for increased community awareness.

Key Community Partners to Improve Health: The key informant noted that businesses need to find an environmental and occupational health champion and suggested this might start with Human Resources.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The key informant named the aging population in the workforce (50+) as a subgroup to target and suggested that existing programs could be adapted to meet the needs of this workforce.

Communicable Disease

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

Injury and Violence

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

Reproductive and Sexual Health

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

Appendix A. Interview Participants for Washington County

Key Informant Interview Participants

Twenty-three individuals participated in 22 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
Joan Adler	Administrative Assistant	Senior Citizens Activities, Inc.
Tammy Anderson	Director	Aging and Disability Resource Center of Washington County
Carol Bralich	Human Development & Relationships Educator	Extension Washington County
Kristin Brandner	Executive Director	United Way of Washington County
Noelle Braun	Executive Director	Casa Guadalupe Education Center, Inc.
Laura Catherman	Director	Washington Ozaukee Washington Workforce Development Board
Bonnie Debroux	Director	4C for Children Family Center of Washington County
Julie Driscoll	Human Services Director	Washington County
Craig Farrell	Executive Director	West Bend Area Chamber
Scott Henke	CEO	Hartford Area Chamber of Commerce
Ruth Henkle	Executive Director	Albrecht Free Clinic
Jeff Holmes	Superintendent	Germantown School District
Tom Hostad	Executive Director	Hartford Area Development Corporation
Tim Kemps	Lieutenant Deputy Sheriff	Washington County Sheriff's Department
Kate Nickel	Executive Director	FRIENDS Inc.
Lynn Olson	CEO	Cedar Community
Pete Rettler	Campus Dean	Moraine Park Technical College
Laura Salcido	Bilingual Community Health Navigator	Casa Guadalupe Education Center, Inc.
Rob Schafer	Medical Examiner, Lead Investigator	Washington County
Aaron Schmidt	District Executive	Kettle Moraine YMCA
Daren Sievers	Superintendent	Slinger School District
Mary Simon	Executive Director	Elevate, Inc.
Christian Tscheschlok	Executive Director	Economic Development Washington County