Waukesha County Health Needs Assessment

A summary of key informant interviews

2020

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This report was prepared by the Center for Urban Population Health, a partnership of Aurora Health Care/Aurora Research Institute, LLC, the University of Wisconsin- Milwaukee, and the University of Wisconsin School of Medicine and Public Health. Carrie Stehman, MA prepared this report.

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Introduction

This report presents a summary of public health priorities for Waukesha County, as identified in 2020 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 Wisconsin, Aurora Health Care, Children's Wisconsin, Froedtert Health, ProHealth Care, and the Waukesha County Public Health Division. 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 Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, Froedtert Health, and ProHealth Care in partnership with the Waukesha County Public Health Division. These organizations also invited the informants to participate and conducted the interviews from June to September 2020. 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;
- 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; and
- To be responsive to the current conditions during the COVID-19 pandemic, the following additional questions were added to the interview guide:
    - What community needs or gaps have developed since the coronavirus pandemic began?
    - How can health care organizations support the community during this pandemic?
    - What methods of communication and outreach have been successful to reach partners and community members during the pandemic?
    - How would you suggest health care organizations outreach to community partners and members to implement health initiatives?

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 2020 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-one key informant interviews were conducted with 47 respondents in Waukesha County. Some interviews incorporated the views of more than one person from an organization. This 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 survey and secondary data).

A. COVID-19

Community needs or gaps that have developed since the coronavirus pandemic: The key themes that emerged from the responses have to do with gaps in information about what to do, lack of access to needed care and services during the pandemic, problems with technology and telehealth services, isolation, loneliness, and related coping methods, gaps in testing, lack of PPE and other supplies, families not having their basic needs met, issues related to employment and job loss, and lack of space.

Information about what to do: Key informants indicated they need information about COVID-19, information about job support, guidance for what precautions to take, information about testing, factual information from trusted sources, and guidance about what the most important messages are to get out to the community, as well as the problems generated by the spread of misinformation and lack of consensus on messages coming from government agencies. This resulted in a loss of trust in public health and government communications that has become a large challenge.

Lack of access to care and services: When everything had first shut down, there was a gap in services before organizations could figure out a process for getting back to providing support and services, some organizations have had to limit the number of patients seen, haven't been able to have volunteers working, have started telehealth appointments, and moved to curbside operations. Several key informants mentioned gaps and losses in mental health supports/ support groups, counseling, and access to care that is necessary at this time. People with chronic conditions have not been tracked and monitored as closely as they normally would have because that wasn't a priority. People have been waiting until things become a crisis to seek care. There are inconsistencies with appointments and rescheduling. Seniors in particular may be experiencing a lack of access to care due to trouble with

virtual appointments and fear or anxiety about in-person appointments. The pandemic has exacerbated issues that already existed accessing care for people who are un- or under-insured or have low income.

Technology and telehealth: Though it has been important to try to return to care virtually for safety reasons, it isn't accessible to everyone. Patients don't have the training or necessary technology to participate in these appointments and some have lost access to care or are waiting for face-to-face services to resume. Lack of access to broadband or the devices needed made it difficult for some students to connect to school and for schools to support students with other health and mental health needs to the level they would have at school in person. For people who are unhoused and do not have steady access to electricity or a variety of devices, it is not accessible.

Isolation and loneliness: In addition to the isolation and loneliness people may be feeling from staying home and having fewer daily interactions, key informants noted this is leading to depression, anxiety, other mental health concerns, substance use, and in some cases, more stress on family relationships that can lead to violence and abuse. Key informants suggested caregivers are feeling unsupported at this time and it is hard for families who have a loved one in assisted living or skilled nursing facilities that they are not able to visit.

Gaps in testing: It was very difficult to get tested for COVID at first, there is a lack of information about testing, there are still some issues with availability, it can take some time to get results back, which can make operations difficult in certain contexts, such as homeless shelters where it can be difficult to figure out who to isolate/quarantine. One key informant mentioned that Froedtert had done a good job of ensuring first responders had access to testing.

Lack of PPE: A couple key informants indicated they did not have enough PPE at some point since the pandemic began.

Families not having basic needs met: Several key informants mentioned there is an increase in people and families experiencing food insecurity, transportation difficulties, lack of money for gas, and needing more economic supports in general. There have been a reduction in food pantry donations, volunteers can't work with the public when they are concerned about the pandemic, and it is harder to meet needs for specific food items (e.g. for people with allergies or on specific diets related to chronic disease). FoodShare can help families get food, but not other necessities like paper products, shampoo, etc.

Issues related to employment: A lot of people have lost jobs, had hours reduced, had furloughs, or had to take other jobs that pay less or do not provide the level of protection from the pandemic that some jobs have. For caregivers who also continue to be employed, there is a gap in childcare while children cannot go to schools or childcare providers. For families who have newly had job loss or reductions of income, there is a gap in knowledge about how to access support services and resources available to them. People have lost their health insurance coverage that is tied to employment, and don't know where to turn for care. Businesses are also experiencing some gaps in information about what protocols they should be putting in place for safety.

Lack of space: Three key informants named lack of space as an issue during the pandemic, particularly for sheltering people experiencing homelessness, but also for social services programming to continue when operations have to be in person, but there isn't enough room to safely physically distance.

Other: Some of the gaps key informants mentioned did not fit in with these themes, such as the politics at the state and national levels have made conditions more difficult, people are on edge dealing with social issues, the pandemic has created conditions where they are seeing elder financial abuse, long-term care is lacking supervision on a state level and visitation, and care coordination for vulnerable populations is an emerging need that is putting more pressure on free clinics.

Ways health care organizations can support the community during this pandemic: Key informants' responses discussed how health care organizations can be a hub for resources, trusted information, and messaging about the pandemic, they can share equipment and supplies, continue offering telehealth services, increase access to care and take on new patients, collaborate with other sectors, and work on testing. One suggestion that is cross-cutting across all these ideas is focusing on racial equity.

Sharing trusted information and messaging: Key informants suggested health care organizations are trusted in the community and people look to them for information. As such, it could be helpful for them to serve as a hub for resources and access, have one number to call to get answers, share knowledge about what is available, sharing messaging and education about the pandemic as well as wellness checks and immunizations in general, help people understand testing and where they can go to get it, provide vetted information and facts from reliable sources like the Centers for Disease Control and Prevention (CDC), work with schools on guidelines to follow and mitigation strategies when students don't follow through with guidelines, promote resources available at free clinics, bring more solutions to the public, and communicate about what exists. There were a few key informants who emphasized the need for health care organizations to mitigate the misinformation that is being spread about COVID and be the experts giving instructions, providing expertise, collaborating with public health to be on the same page in terms of messages and data and not work in silos, encouraging best practices in the community, and advising businesses and employers on what to do to keep their employees and customers safe. Consistent messaging is important, so when there are new recommendations based on emerging data, communicate about it transparently to patients and the public.

Share equipment and supplies: Key informants suggested they might need help getting PPE and cleaning supplies for their organizations and if larger health care organizations can help financially, or with donations or assistance obtaining supplies, or sharing spaces that aren't being used with community organizations, that can be very helpful in keeping smaller organizations operational.

Telehealth services: Health care organizations can help by using telehealth visits and assisting with access to these services.

Increasing access to health services: It would be helpful for health care organizations to increase access to care, especially for families who have lost services since the pandemic began, continue to provide access to preventive care, offer services at community-based facilities, and provide nurses to help in the

community. The most frequently requested service is helping people access mental health and substance abuse services during this time when needs are high, and people already had trouble accessing this kind of care prior to the pandemic. There might be a particular need for behavioral health access among children.

Collaboration: Some key informants shared that it is important for health care organizations to collaborate with other organizations in the community, specifically on sharing data about the pandemic with public health, finding ways to increase services to vulnerable populations, meeting with other organizations to improve community partnerships and connections, working on community issues, and being a consistent presence to follow through on plans, and partnering with school districts' leadership to benefit the health of the community.

Testing: Key informants believe there is a great need for community COVID testing, especially for low income residents, seniors, and in more rural areas. The county needs more consistency in how testing is done, drive through testing sites, testing at places like food pantries, and schools need faster access to COVID test results.

Methods of communication and outreach that have been successful to reach partners and community members during the pandemic: Key informants reported communicating electronically through email, social media, texting, and messaging apps, telehealth platforms, phone calls and voice messages, word of mouth and face-to-face interactions, more traditional communications like mailings, flyers, newsletters, and traditional mass media such as TV and newspapers. Most reported using a variety of these methods. Across all of these types of communication, they mentioned the importance of timely and accurate messages.

Electronic and web-based communications: Key informants reported communicating with their patients, clients, and community members through Facebook Messenger, their own Facebook page, other social media, emails, texting, online newsletters, virtual conferences, advertising on phones (ads in games on phones), posting resources on their websites, standing meetings on Zoom, web-based calling, Canvas for online learning, webinars, and Constant Contact newsletters. Some mentioned virtual meetings have made it easier to get together than before. Though several key informants mentioned using social media and finding it effective at reaching people, some cautioned against it because people who are not as connected to technology may miss out on the message.

Telehealth: Telehealth and telephonic appointments are available for medical and behavioral health visits, but it is important to remember that patients may not have access or may need support to access these appointments.

Phone calls: The phone is commonly used to stay connected. Phone outreach to clients, members, participants, and patients keep people connected and helps with feelings of isolation for some people, weekly calls, voice messages, following up over the phone, having a hotline, sending people messages and giving them a number to call back, voice mail reminders, and continuing to call and leave messages

with persistence to connect people to the resources they need are examples of how organizations are using phone communication during the pandemic.

Mailings, flyers, newsletters: Printed materials are helpful to disseminate information to staff and then they can pass it along to patients, clients, and community members. Key informants mentioned using printed materials, monthly or quarterly newsletters that are sent out, printable guidance or flow charts from CDC and other trusted sources, pictures and visuals and humor are helpful for people, flyers advertising resources such as 211 or the food pantries' phone numbers and hours, materials to hand out to people during curbside pick up services, mailings with Medicaid HMOs, and printed resources that can be picked up in the community are examples of how this method is used.

Word of mouth and face-to-face: Key informants mentioned word of mouth being an effective communication tool, as well as board meetings, face-to-face meetings, personal contact from schools to students and families, committees working on outreach at the food pantry, updates that come from professionals set an example for the community, encouraging people to check in with their own employees, families, neighbors, and friends, Aurora Health Care's steering committee municipal updates, live Q & A sessions, and providing a case manager role to support families and be a presence in the community where ever people are (schools, community centers, etc.) in case they are not ready to reach out on their own are communication strategies that have been helpful.

TV, newspapers, mass media: Key informants reported using mass media strategies such as TV screens that have scrolling announcements and provide information about community resources, public service announcements, television statements, news broadcasts, newspapers, and radio to communicate messages.

Accurate and timely information: Across all of these strategies, key informants noted it is important for messages to come from a trusted source and to have standard messaging that reaches the entire community. It has to be timely, factual, and non-threatening.

Other: Other ways key informants mentioned they reach out to the community are through surveys of families and through their registration processes. Two people suggested that articles coming from health care organizations to the community could be helpful and referenced articles coming from the Medical College. State level daily briefings have been helpful for coordination between emergency medical systems and health care. One respondent suggested an impact team collaboration for health systems, the county, and other stakeholders to manage the pandemic moving forward.

Suggestions for how health care organizations can reach out to community partners and members to implement health initiatives: Some key informants provided specific methods that could be used, some focused on meeting with people to build partnership and the importance of collaborating, some focused on helping with access to care, sharing information and being a trusted source, and some suggestions were about testing.

Methods of outreach: Key informants suggested outreach through social media (Facebook), first responders, messages in bus shelters, electronic communication, TV messages, Menomonee Falls village newsletter, cable access, Zoom meetings, phone calls, Google Meet, short video messages, information that people can look up on their smart phone, letters, and home visits. Some emphasized the importance of tailoring the method to your audience because virtual and online communications are fast and accessible, but only for people who are online. It misses those without electricity, internet, access to technology, or barriers to using technology. One respondent suggested making online communications easier to understand for those who are newer to the internet.

Partnerships and collaboration: Health care organizations should meet face-to-face (or through virtual meetings) with community organizations, hear the voices of smaller providers, hear what is happening in the community, have small groups meetings to network and talk through issues, reach out to the appropriate staff or leaders in an agency that are empowered to make things happen, partner with school districts to bring services onsite, reach out to non-profit organizations, include more people to get more ideas, have public events when it is safe to do so again, work with the chambers of commerce to provide education to businesses, create partnerships with community-based organizations so they can spread your message to the people they work with in the community, personally meet with key stakeholders outside of large events, partner with community health centers to bring testing, technology, education, PPE, and bulk supply buying options or price sharing to meet the higher patient demands at this time, be consistent and show transparency and follow through in collaboration with partners, be explicit about roles and designate people to be a point of contact and make connections in partnerships, organize Zoom meetings to bring leaders together, continue to partner with public health, coordinate efforts, clarify expectations, and participate in collaborative groups that are already meeting like the Mental Health Advisory Committee, the local Continuum of Care, Crisis Intervention Training, Community Collaborative, and the Heroin Task Force. It was noted that ProHealth is involved, but others could also be to allow for more resource sharing and improved access.

Access to care: Key informants suggested health care organizations can help with access to care by having Zoom meetings with community partners to explain what services are available through the community that can meet the mental health needs of the community, offering mental health services to help the underserved, work on stigma reduction around mental health, expand urgent care hours, go to where people are, increase transportation options to services, address daycare options for patients, have broader hours and a “help line,” hire a liaison who is in the clinic area that is connected to resources, community health navigators are needed, offer services like flu shot clinics to organizations, reduce duplication of services, and look into outreach strategies.

Sharing information: Keep information up to date, give organizations suggestions, information packets, advise organizations what they can do safely within the current restrictions, continue to provide information on safety precautions, and make assessments for what patients can do to address COVID concerns.

Testing: It was suggested health care organizations should continue to offer more COVID testing, support organizations doing testing, offer drive up testing, and be part of an impact team to manage testing and vaccines as we move forward.

B. Focus Area Ranking

In 41 interviews, a total of 47 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. (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 informants 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 41 rankings. In addition to these rankings, key informants were able to write in and rank other issues they perceived as top-five health issues for the county. One informant included skilled nursing beds, one included housing, one included dementia, and one included "resiliency of youth." More details about these topics are included in the Issue Summaries section of this report.

	Key Informant Rankings	
Health Focus Area	**Top 5**	**Number 1**
Mental Health	37	18
Substance Use and Abuse	24	2
Access to Health Care	18	8
Chronic Disease	17	1
Nutrition	11	3
Adverse Childhood Experiences	9	3
Communicable Disease	9	2
Alcohol Abuse	9	1
Physical Activity	9	1
Healthy Growth and Development	4	0
Injury and Violence	3	0
Oral Health	3	0
Environmental and Occupational Health	1	0
Tobacco Use and Exposure	0	0
Reproductive and Sexual Health	0	0

C. 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 and Abuse
3. Access to Health Care
4. Chronic Disease
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 Waukesha County are marked with this thermometer symbol:

D. General Themes

Since the last release of this report in 2017, the health focus areas have changed slightly. Alcohol Abuse has been separated from Substance Use and Abuse, whereas they used to be ranked as one category. Adverse Childhood Experiences has been added as a focus area to be ranked. Finally, key informants are now able to write in and rank other health issues that are salient to them, but not present in the State Health Plan.

In 2017, 47 key informant interviews were conducted with 71 total key informants contributing to those interviews, which is slightly more sets of rankings than in 2020. The top five health issues for the county have remained very similar from 2017 to 2020. Mental Health was the top issue in 2017 and remains such in 2020. Alcohol and Other Drug Use was ranked second in 2017, and Substance Use and Abuse remains the number two issue for 2020, though Alcohol Abuse is ranked eighth in 2020. Chronic Disease Prevention and Management was ranked third in 2017 and is ranked fourth in 2020. Access to Health Services was ranked fourth in 2017 and the comparable category, Access to Health Care, is ranked third in 2020. Nutrition was ranked fifth in 2017 and holds the same ranking in 2020. Among health issue areas not ranked in the top 5, Injury and Violence was ranked less highly in 2020, moving from the sixth ranked issue in 2017 to the number 11 issue in 2020. Communicable Disease Prevention and Control was ranked 11 in 2017 and has risen to number 7 in 2020.

In 2020, the COVID-19 pandemic informed how key informants thought about the health focus areas. The pandemic exacerbated issues like mental health concerns, substance use and abuse, and lack of access to health care, which had already been top issues for the county prior to 2020. Across issues, main themes were improving access to care, services, and support, working together across sectors to better serve people in the community, and thinking about how to best serve the most vulnerable people in the county—seniors and others living in isolation, people experiencing homelessness or food

insecurity, adults with multiple health conditions, and community members who are more vulnerable due to discrimination and racism.

E. Issue Summaries

Mental Health

Thirty-seven key informants' interview rankings included Mental Health as a top five health issue, and eighteen ranked it number one.

Existing Strategies: Agencies that deal with mental health and substance abuse have been collaborating, Impact 211 access, access to mental health medications through Direct Relief, substance abuse waiver to prescribe, meeting with clients in environments where they feel comfortable, National Alliance on Mental Illness (NAMI) Waukesha works on client referrals, follow through, and trainings for family members, free counseling at James Place, peer support programming, Friendship House, telehealth appointments expand access and can help people open up by doing the appointment where they are comfortable, app-based exercises to reinforce elements of support outside of clinical time, school-based services are helpful to meet the most vulnerable kids, resources in the schools and support for social and emotional wellness, schools proactively addressing trauma with students, social workers in medical settings, increased awareness of this issue, mental health navigators through a grant from the state, internal processes that include depression screening, Menomonee Falls Collective Impact Mental Health Workgroup, Criminal Justice Collaboration Committee, Crisis Intervention Training for law enforcement officers, local approaches to issues such as police department at the farmers market to talk about suicide prevention, trauma-informed care, Sixteenth Street Community Health Centers provides bilingual services for mental health, efforts to support caregivers, the Aging and Disability Resource Center works to provide resources and referrals, coalitions focused on suicide awareness, and QPR suicide prevention trainings in the community are examples of strategies in place to address mental health in the county.

Barriers and Challenges: The pandemic has increased isolation, stress, depression, and suicide and losing jobs and family members has been a challenge for everyone, there are not enough providers and waiting lists for appointments, especially for psychiatry and inpatient beds for children, lack of insurance coverage or services for people who lack insurance, the high cost of medications and medication management, telehealth can expand access, but there are barriers to using it if people do not have the technology and internet access they need to engage in it, there still needs to be a face to face component, though it is improving, there is still stigma associated with mental illness and seeking help, social media worsens mental health conditions and concerns, there are still silos across systems, people have some trouble accessing appointments due to challenges with transportation and child care, patients with unmet basic needs like food and shelter can struggle with treatment adherence, people

are unsure of where to start or how to access care, and co-occurring problems with chronic disease or substance use are barriers and challenges to improving mental health.

Needed Strategies: More providers, more psychiatry extenders, shorter waiting periods, better access with and without insurance, small group support and counseling, peer support, telehealth appointments, virtual appointments, "drop in" phone calls and doing more to reach people, health care systems need to be the hubs of services, expand social and emotional wellness supports, more community partnership and collaboration, continued public messaging to decrease stigma around mental illness and better understanding of the issues with less judgement, work with NAMI to identify additional strategies, inpatient facilities in Waukesha County for protective custody, more beds for uninsured mental health patients, more work against bullying in schools, especially related to social media, strategies to address substance use and mental health together, increasing access for businesses to get help from health care organizations on trainings and education, partner with business chambers to get the message out, people need more information and proactive messaging about mental health, more supports for homelessness and joblessness, more community resources for housing, more case management or social services, stronger suicide prevention efforts, better recruitment and retention into behavioral health careers, supports for practitioners to prevent burn out, and being proactive about what we can do to address gaps and be better prepared for a situation like the pandemic in the future are suggestions for strategies that could potentially improve mental health in Waukesha County.

Key Community Partners to Improve Health: Health systems, health care providers, non-profit organizations, county programs, NAMI Waukesha, Waukesha County, Aging and Disability Resource Center, public health, school districts, funders, churches and faith-based organizations, YMCA's afterschool programs, law enforcement, Homeless Engagement and Resource Team, homeless shelters and outreach programs, school groups, social service agencies, senior centers, chambers of commerce, criminal justice, public safety, law enforcement, municipalities, food pantries, local colleges and universities who have psychology and mental health or behavioral health-oriented programs, Suicide Awareness Task Force, Children and Family Services Advisory Committee, Hispanic Community Center, The Women's Center, James Place, Salvation Army, Community Action Coalition, La Casa de Esperanza, LSS Clubhouse, Hebron House, and community members with lived experience should work on improving mental health.

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

- Seniors and people with disabilities, especially those who have lost their jobs and cannot afford COBRA, can be reached through social media, mailings, and at places where they already go like senior centers, recreation centers, food pantries, meal programs, medical appointments, and their care givers. There could also be partnerships with assisted living facilities to do education on site.
- Medically underserved populations can be reached through free clinics and Federally Qualified Health Centers and there should be a focus on changing policies so more people can be covered by insurance.

- People experiencing homelessness may need extra support and can be reached where they are at, by outreach programs that already exist or in shelters.
- Youth can be reached through schools, afterschool programs, sports, and other places they spend their time. There is a need to focus on stressors and how they deal with stress to cope and prevent mental health issues. A curriculum taught by mental health professionals would be helpful.
- Men who are experiencing chronic homelessness and mental illness can be reached by working with the Salvation Army and Hebron House as these organizations have the closest contact. There are also street outreach resources. It would be good to have a physical space or walk-in clinic where they could go for help.
- Some key informants suggested it is important to be there for Black people and other people of color to support mental health and address trauma. It is also important to hire staff and mental health professionals who reflect the community served.
- For the Hispanic community it is important to address the stigma around counseling and treatment and address the cultural challenges around mental health. It is also important for organizations to hire more bilingual staff.
- Some key informants mentioned that it affects everyone and there should be community-wide strategies like media messaging to reach everyone with information.

Substance Use and Abuse

Twenty-four key informants ranked Substance Use and Abuse as a top-five health priority for the county, with two of them ranking it as their first health priority area.

Existing Strategies: Naloxone training offered by the county, prevention education, Your Choice presentations, good collaborations like the Waukesha County Heroin Task Force, medication assisted treatment (MAT), support groups and other supportive transitions out of rehab, drug testing of athletes in schools, FACT- tobacco and vaping outreach to students, partnerships between schools and law enforcement, drug collection programs, responsive services after students have gotten in trouble, individual, family, and group therapy for substance use disorders (SUD), outreach through the Aging and Disability Resource Center, drug treatment courts and referrals to treatment services rather than jails, the county and law enforcement work well together, support for mothers with SUD, attention is being given to the opioid crisis, and intensive outpatient treatments are the strategies in place to address substance use and abuse in the county.

Barriers and Challenges: Key informants named a number of challenges to addressing this issue, including a lack of crisis services or any services outside of 9am-5pm business hours, inpatient care is limited, services and treatment are expensive, it can be hard for people with Medicaid or without health insurance to find treatment options, COVID-19 has made it difficult for people to access services in person and loss of jobs has meant loss of insurance so people may no longer have access to services they need, lack of transportation, lack of follow up after leaving a rehab setting, peer pressure, cultural

norms, ease of access to substances, and the social acceptability of alcohol abuse, vaping, and use of other drugs, and on the other hand, the stigma of addiction and use of certain drugs and some perceptions that it is a moral failing, the use of alcohol and drugs to relieve or cope with stress, co-occurring unmanaged mental health issues are masked with substance use, when people are isolated the issue can be hidden, some parents are unaware of the issue and challenges in the county, competing services in the community rather than collaboration or a cohesive approach, and there are siloed approaches in different sectors without anyone "owning" the problem, though the county is a leader there is not enough funding.

Needed Strategies: Some examples of strategies that could potentially address this issue are crisis services and treatment or support services available outside of 9am-5pm business hours, walk-in services with open door services beyond scheduled appointments, more collaboration among those doing prevention and treatment work, universal health care or treatment options for people who are uninsured and cannot pay out of pocket, broader offerings for MAT so it is accessible everyone who needs it, more counseling services, more funding for programs, continuous outreach to patients leaving rehab and support across various stages of recovery, better integration of the justice system with treatment, better strategies to address vaping through education, vape detectors, making products harder for young people to obtain, address vaping at pediatric and primary care appointments, better public messaging about the dangers of vaping any substances, education for parents to see signs their children are using substances and support for those parents and families, more resources for addressing root causes upstream, more peer support and case management models for SUD so people don't encounter gaps, outreach to the business community and to employees, messaging to address stigma of addiction and seeking help, and resources to support people seeking help.

Key Community Partners to Improve Health: Case workers, hospitals and health systems, non-profit organizations, county resources, public health, health care providers, law enforcement, emergency services, the justice system, legislators, school districts, churches, shelters, mental health care providers, liquor stores, bars, libraries, parks and recreation departments, Sixteenth Street Community Health Centers, Rogers, Waukesha Memorial, Narcotics Anonymous, NAMI Waukesha, The Women's Center, American Lung Association, Your Choice to Live, Waukesha County Heroin Task Force, Substance Use Advisory Committee, Intoxicated Driver Committee, WisHope Recovery, Waukesha Comprehensive Treatment Center, Addiction Resource Council, Hope Center, Elevate, and Lutheran Social Services were named as the key partners in the community to work on this issue.

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

- Some key informants believed children and teens need education through schools, social media, sports, therapy, and collaboration with experts. Parents also need education and support about signs to look for and remaining engaged in their children's lives and understanding that families may need help if parents are using as well.

- People experiencing homelessness can be reached through HEART, the Homeless Engagement And Response Team subgroup of the collaborative with NAMI Waukesha, health care organizations, emergency services, and housing services.
- The elderly and people with disabilities can be reached through existing programs developed to work with these populations.
- One key informant named a few different key groups: integrated SUD treatment and MAT, SUD groups for women, SUD groups for clients who have behavioral health and co-occurring disorders, and SUD services for teens. These would require adequate staffing of providers and improved marketing of the programs.
- The Hispanic population may need specialized outreach because there can be fear about seeking treatment, especially if they are not legal residents. It was suggested they could be reached in health care settings. Materials should be available in multiple languages and be culturally appropriate. Another idea is targeted marketing in Spanish communicating the idea that it is okay to talk about this issue.
- Some key informants emphasized that this is a community wide issue and there needs to be a community effort to address it. There could be a better review of data to determine where there may be disparities and realign the taskforce to review the data and determine what the targets should be.

Access to Health Care

Eighteen informants included Access to Health Care in their top-five health issues for the county and eight ranked it as their number one issue.

Existing Strategies: Health systems are creating more satellite locations, there are options for care for people who have health insurance and money, organizations that have a "medical home" model, there are some safety net options for people who have Medicaid or are un- and under-insured, such as Sixteenth Street Community Health Centers, Lake Area Free Clinic, Community Outreach Health Clinic, telehealth/telemedicine appointments, transportation to appointments for the elderly and disabled, school nurses on staff in school districts, community resources are shared with families from the schools, after hours care is expanding for those who work during normative office hours, there are discharge planners at emergency departments and urgent care centers, some senior housing and assisted living offer skilled nursing and consulting doctors onsite, apps that help people save money on prescriptions, social workers that help connect families to appropriate resources, care coordination and focus on meeting wraparound needs beyond medical care, communication and collaboration between organizations that serve vulnerable patients, and strong partnerships between schools, public health, and health care are examples of strategies in place to increase access to health care.

Barriers and Challenges: One challenge often mentioned was lack of access to care for uninsured patients, lack of insurance coverage, especially as people have been losing employment in the

pandemic, and lack of coverage for mental health services. Other major barriers seem to be lack of transportation to appointments, lack of appointments outside of traditional business hours, lack of capacity to care for everyone, trouble navigating the insurance marketplace, Medicaid paperwork, Medicare enrollment without navigators to provide support, language barriers at appointments, especially for Spanish-speaking patients, and obstacles to using technology for appointments including the hardware needs, internet access, and literacy about how to use these systems. Other barriers and challenges named by key informants are staff turnover, medical racism and discrimination, people being unsure of where to go for help, lack of basic resources like food, housing, and other social determinants of health-related needs, lack of understanding of signs of trauma from some providers, and fear of seeking services during COVID-19.

Needed Strategies: Political and systemic changes that allow more people access to health care, financial assistance, partnerships to provide more care in schools, increasing access to transportation for appointments, navigators to help people with insurance, appointments, finding transportation, more bilingual staff in health care and community organizations, more opportunities for virtual visits, better communication between primary and specialty care, health care organizations need to be less siloed, community health nurses, better utilization of the Family Medicine Residency Program, care coordination, focus on connecting people to basic needs like food and housing, meeting patients where they are at, taking care of patients without exposing clinic providers and staff to COVID-19, and community-focused collaborative efforts/collective impact are potential strategies to improve access to health care.

Key Community Partners to Improve Health: Health systems, health care providers, Sixteenth Street Community Health Centers and other Federally Qualified Health Centers, free clinics, Wisconsin Association of Free and Charitable Clinics, National Association of Free Clinics, Family Medicine Residency Program, skilled nursing facilities, assisted living facilities, transportation agencies, Aging and Disability Resource Center, Eras, National Alliance on Mental Illness (NAMI) Waukesha, school districts, faith-based groups and churches, Sussex Area Outreach Services, community health workers, food pantries, law enforcement, Sussex Community Summit, non-profit organizations, Waukesha County Health and Human Services, public health, United Way of Greater Milwaukee and Waukesha County, business community, chambers of commerce, library systems, La Causa, 211, the Salvation Army, Hispanic Resource Center, Hope enter, James Place, The Women's Center, and La Casa de Esperanza were named as the important partners to include in efforts to improve access to health care.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants named several subpopulations where efforts to improve access could be targeted.

- People experiencing homelessness could be helped with outreach nurses to provide one-on-one help and with organizations who are already serving this population, like shelters.
- Seniors and people who may be isolated should be reached through partnerships with organizations who are already serving seniors like recreation departments and senior centers to help identify what

needs they are seeing. It may also be helpful to do targeted outreach at churches and in medical settings, and conduct focus groups to better understand their needs.

- Low-income people need to be linked to appropriate information and resources and may be reached through apartment managers and schools.
- The Latinx community can be served through Sixteenth Street Community Health Centers and other organizations that support this community and are trusted partners. It is important to deliver linguistically and culturally appropriate messages.
- People who recently lost their jobs and insurance during the pandemic and do not know how to access care could be helped by working with the community organizations who already offer services to help identify what their needs are and what kinds of assistance they might qualify for.

Chronic Disease

Seventeen respondents' rankings included Chronic Disease as a top health issue for the county. One of these ranked it as their top health priority area for the county. One respondent focused on obesity, one on cancer, one on hypertension and diabetes, and one focused on the importance of addressing physical activity, nutrition, chronic disease prevention, and mental health at the same time. Other respondents provided general examples of strategies, barriers, partners, and potential interventions for subpopulations.

Existing Strategies: Medical treatment, telehealth appointments and nurse follow up, health care providers working with patients on healthy lifestyles, diet, and medication management, clinic programs for chronic disease patients, free clinics, Waukesha County Public Health, evidence-based programs, the prescription outreach program helps people get medications for free, direct relief program provides access to donated medications and supplies, school health rooms and staff, discharge planners from medical care, warm handoffs to follow up appointments after a patient is discharged, partnerships with community-based wellness programs, Fit in the Parks through Waukesha County, employer sponsored health assessment and wellness programs with rewards for healthy living, early education and outreach programs in the community, the Live Well group for obesity, the Women, Infants, and Children (WIC) program's Family Fit program, nutrition education through UW-Extension, Live Well Waukesha County, and a Hispanic Wellness Program were examples of health care, public health, and community health strategies to prevent and manage chronic disease in the county.

Barriers and Challenges: People need more time and education, there is a need for medication, supplies, and medical care, there are a lack of providers at free clinics, volunteer providers are unable to help during COVID-19, lack of transportation to get to appointments, patients need more support and guidance after diagnosis, health care settings can be stressful and patients are often given a lot of information in a short period of time, there is some uncertainty about root causes of disease and why certain groups are able to manage their health better than others (e.g. gender differences), medical care and prescriptions are very expensive, there is a lack of general awareness and education about chronic

disease, culturally there is a lot of confusing information about fad diets, outdated nutrition guidelines, body image issues, and a cultural acceptance of alcohol and unhealthy food consumption, lack of investment of time in preventive measures for wellness, incompatible medial records between health systems, lack of case management and patient outreach, lack of a strong referral network for Medicaid and uninsured patients, and not connecting patients with resources in the community are examples of barriers and challenges to improving health.

Needed Strategies: There is a need for cost-effective and easily accessible health services and supports such as medications, healthy meals, and physical activity opportunities, as well as education about why these are important. Community education and outreach programs, community screenings, upstream solutions, awareness of what works and how to access it, better connections to the services and programs that already exist, streamlined referral processes between systems, outreach staff or community health navigators, more telehealth services, and assistance with transportation to get to appointments are examples of strategies that could help prevent and manage chronic disease.

Key Community Partners to Improve Health: Health care providers, health care systems, hospital outreach programs, insurance companies, state and national free clinic associations, free clinics, Federally Qualified Health Centers, Waukesha County Public Health, Department of Health and Human Services, the Aging and Disability Resource Center, municipalities, libraries, school districts, faith organizations, UW-Extension, food pantries, senior centers and other groups for elders, the business community, Live Well, parks and recreation departments, Carroll University's student clinic for physical therapy, occupational therapy, and exercise physiology, fitness clubs, and non-profit organizations in the community were named as the key partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants offered quite a few suggestions for tailoring outreach related to chronic disease.

- Working parents could be reached at doctors' appointments is providers start conversations at primary care appointments. They can also be reached through social media.
- The age group of 45-65 years with chronic disease need more support than a free clinic can offer, so there should be better connections to case workers.
- Related to congestive heart failure patients, physicians and the medical community need to deliver a comprehensive message from the physician to the scheduler and deliver the message at multiple touchpoints within the care of the patient.
- Diabetic patients, especially men who seem less likely to receive help.
- People who chronically experience homelessness may benefit from bringing medical care to the shelters where they are already. Comorbidities should be addressed together.
- Low income families or those with Medicaid may need support accessing health services and county-level help.
- Seniors who may have trouble leaving home, or in assisted or skilled nursing living situations may need more support and can be reached by working with organizations that support seniors or places seniors are going, such as food pantries.

- Adolescents should receive this health care and education to address it early. They can be reached at schools.
- Cancer support groups.
- Undocumented Hispanic immigrants can use services at Sixteenth Street Community Health Centers as well as screenings in partnership with health systems.
- Adults and the community in general need more education and can be reached with mainstream messaging about healthy lifestyle, a county-wide campaign, outreach nurses, print and video educational materials, parish nurses, and community organizations.

Nutrition

Nutrition was ranked as a top-five issue by eleven key informants and the number one issue by three of them.

Existing Strategies: Food pantries and food banks, Hunger Task Force, farmers markets and winter markets, incentivizing shopping for produce at markets through doubling FoodShare, local farms, community gardens, and gardeners, farm to table boxes, nutrition education from hospitals, information about how to prepare food, FoodWise Nutrition Education program, Teen Cuisine cooking and nutrition education, Waukesha County Nutrition Coalition, senior meal program and other community meal programs, public health and ADRC programs, and public education campaigns are strategies in place to address nutrition.

Barriers and Challenges: The financial and time costs of purchasing, growing, and preparing fresh produce and other healthy foods make them inaccessible to some people, lack of transportation and social isolation make it hard for some people to get to healthy food options, a lack of community level nutrition education and health promotion, COVID-19 related constraints and stress, food insecurity and food deserts in the county, challenges related to behavior change among adults, lack of funding for programs, and eligibility criteria for some programs are barriers and challenges to improving nutrition.

Needed Strategies: Key informants' suggestions are to focus on food insecurity and reaching the most vulnerable, expand mobile food pantries, expand public education on nutrition and cooking and how to do it efficiently/quickly, partner with local restaurants on nutrition education, provide vouchers for farmers markets, provide social opportunities to get people eating together, especially for elderly, deliver nutrition education to the families of young children to create good habits and engage families, have retired nurses as volunteers at the food pantry help with nutrition education, do more outreach with evidenced-based and research-based programs, and develop more community garden concepts or school gardens.

Key Community Partners to Improve Health: Feeding America, Hunger Task Force, food pantries, senior centers, Meals on Wheels, farmers markets, grocery stores, churches and faith groups, school districts, ADRC, UW-Extension, Waukesha County Nutrition Coalition, Waukesha County Public Health, health

care systems, non-profits and community groups focused on this area, and the business community were the key partners identified by respondents.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The subpopulations most frequently named as being higher risk for poor nutrition are youth and families, women as influencers in the home, low income people and families, people experiencing homelessness, Latino families, and seniors and other adults who are isolated and have difficulty leaving home. Youth and families can be reached at schools, non-profits where they receive other services, and food pantries and may need help learning how to prepare foods and what kind of foods make healthy meals. Women should be reached at health care appointments and given information without judgement. People who have low income or are experiencing homelessness can be reached with social media messaging and meeting them with resources and education where they are at already. Latino families can be reached at St. Joseph's Church in Waukesha, which has a large Latino membership and works with Latino families and businesses. They have hired bilingual educators. Seniors and other isolated adults can be reached through senior housing, partnering with Eras Senior Network, partnering with the Aging and Disability Resource Center's Senior Wellness Programs, providing handouts with information and recipe ideas, provide education about what to do with ingredients that may be unfamiliar, and find out what the Nutrition Coalition has done and what type of programs need more funding or advocacy.

Adverse Childhood Experiences (ACEs)

Nine key informants' rankings included Adverse Childhood Experiences as a top health issue, with three of them rating it the top health issue for the county.

Existing Strategies: School systems are identifying this earlier and referring students, more staff have training in ACEs as part of their professional development and are interested in helping students with trauma, there is more trauma-informed care education for school teachers and staff and schools are integrating social emotional learning into the curricula, there are specific organizations and programs like The Women's Center, St. Vincent de Paul, and Safe Babies, eye movement desensitization and reprocessing (EMDR) therapy and brain-spotting, ongoing face to face contact with mothers of children at risk for ACEs, and an increased interest in ACEs and trauma with pockets of implementation in businesses and communities becoming trauma-informed and trauma-responsive are strategies key informants shared for addressing ACEs.

Barriers and Challenges: There are waiting lists to see providers, trauma is cyclical, it can be hard to treat ACEs because there isn't one distinct approach that works for everyone, the health care community has not fully embraced screening for ACEs as part of a patient's health history, and there is some stigma to talking about these issues.

Needed Strategies: Increased training in trauma-informed care because it needs to be embedded in the work people do every day, help parents without judgement, access to transportation, financial education, more education to understand what ACEs are and the long-term health outcomes, school partnerships, education for parents and caregivers, expanded maternity and paternity leave, more

resources for safety nets for families, focus on healthy relationships, parenting classes and support, prenatal care, more support for pregnant women, youth mental health first aid training, addressing ACEs in primary health care appointments, and focus on identifying relevant trauma histories at mental health and substance use treatment appointments are suggestions to address ACEs in the county.

Key Community Partners to Improve Health: County-based behavioral health programs, social service programs and non-profit organizations, peer support groups, law enforcement, teachers and school staff, faith communities, health care providers and systems, experts in treating trauma, groups that focus on birth to school age children, including child are providers, The Women's Center of Waukesha, Hamilton Connects, The Care Center, NAMI, and Parents Place are the partners identified to work on this issue. In addition, it was suggested ACEs screening and trauma treatment could be better integrated into health care through stronger partnerships to address these issues.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Most key informants responded that this issue affects all groups and demographics. The specific subgroups identified are: youth, especially young children; pregnant women, new or young parents, and grandparents who are doing caregiving again; and Medicaid beneficiaries who have more than three chronic diseases. The suggestions for how to address this issue is overlapping across subgroups and includes these ideas: broadly provide education about ACEs and that is a problem everywhere and requires broad solutions, work with young adults and families to encourage parent engagement and support for young families, support for new working parents, and broad understanding about early childhood development and learning and encouraging the importance of reading; integrate ACEs screening into health care settings and have a process in place to follow up with higher scoring patients; make connections among organizations who can provide training, education, support and programming, including faith communities, non-profits, Children's Wisconsin, and the Parents as Teachers program; and one informant noted it is best to address the most vulnerable and most affected subpopulations and the whole community will benefit.

Communicable Disease

Nine key informants' rankings included Communicable Disease as a top health issue for the county, with two of them rating it as the top health issue.

Existing Strategies: Local news and health care facilities help to get the word out about COVID-19, strategies targeting African American communities regarding COVID-19 testing and safety as they may be more vulnerable, health care organizations have COVID-19 hotlines, county nurse meetings, team work throughout the district to address COVID-19, awareness of the importance of hand hygiene, physically distancing, and posting signs to remind people to practice these behaviors, mask requirements, disinfecting practices, working with schools and health care providers, contact tracing, data sharing among health systems and public health, keeping patients with COVID-19 out of clinics to avoid exposing providers, staff, and other patients, delivering positive patients COVID-19 kits with PPE and cleaning supplies, medication, food, electrolyte supplements, a thermometer, pulse oximeter, multi-

lingual educational materials, and a journal to log symptoms, and (non-COVID) vaccine clinics at the Expo are strategies in place to address communicable diseases.

Barriers and Challenges: There are challenges to testing and contact tracing, there is a disconnect between providers and public health regarding the length of quarantine, difficulty addressing students' needs when they are learning virtually, the pandemic is stressful on families and parents might need support and education about what they can do to support their kids, politics are getting in the way and there is mistrust of experts, children learn non-compliance with mask wearing from their families, people need help discerning what information is valid and trustworthy, there is a lot of misinformation and the climate is hard to navigate, there is mistrust of the government and public health, there are challenges with data availability from health systems, there are challenges to telehealth appointments if patients have technology barriers, and lack of PPE are challenges and barriers to addressing communicable diseases.

Needed Strategies: Faster testing and results, especially for the best contact tracing protocols, everyone needs to know and follow the rules, people need to come together and do what is necessary to stop the spread, there needs to be an identified strategy and communicate it effectively, there is a role for media in the messaging, gaining back the public's trust, share data between partners, create an action/impact team, and efforts to work on preparedness for future disasters, epidemics, or pandemics were suggestions for addressing this issue.

Key Community Partners to Improve Health: All levels of government, health care systems, Department of Health Services, Department of Public Instruction, school districts, social workers, CDC, Health and Human Services, business community, and emergency preparedness and response teams are key partners to engage around this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Seniors, people with preexisting conditions, African Americans, and Latinos are most impacted by COVID-19 and could receive outreach from health care organizations and the state with targeted mailings. Single parents and low-income families might need extra support with childcare and what to do if children are learning virtually from home. They should receive information on state support systems and information about where to go for resources and help. There can be stigma around asking for help so information should be shared readily with everyone at this time. The pandemic affects everyone, and people should do what they can to control the spread of misinformation. Public health needs to do damage control and physicians should support the field because their patients trust them. People experiencing homelessness can be reached through the HEART group at the Housing Coalition. Underserved minority communities can be reached with the free clinics or Sixteenth Street Community Health Centers.

Alcohol Abuse

Nine respondents' rankings included Alcohol Abuse as a top health issue for the county. One of them rated it as the top health issue.

Existing Strategies: Support groups like Alcoholics Anonymous (AA) and Celebrate Recovery, treatment options, halfway and sober living houses, and continuing awareness-building efforts were named as strategies in place to address alcohol abuse in the county.

Barriers and Challenges: Some barriers named are related to lack access to treatment or support, such as lack of health insurance, treatment programs that are only available during business hours, lack of resources for Medicaid patients, limited inpatient care options, lack of transportation to get to meetings, and lack of enough sober housing options. Another set of barriers are related to COVID-19, such as meetings only being virtual at this time and people are drinking more at home to manage stress. Another barrier to addressing this issue is the social acceptance of alcohol abuse in Wisconsin culture, and the political power the Tavern League has here. Finally, the nature of alcohol abuse overlapping with mental health issues can make addressing the causes of abuse complex.

Needed Strategies: Some ways to improve this issue are to increase access to treatment and support are to offer services outside of conventional business hours, including crisis services, addressing barriers for the un- or under-insured, offering services or support groups in multiple languages and in culturally relevant ways, having peer support specialists and case managers for people with substance use disorders to support people with treatment and wraparound services like meeting employment and housing needs, focusing on addressing root causes rather than criminal punishment, offering more continuing education about available resources and often co-occurring mental health issues for first responders, making connections easier by meeting people where they are rather than expecting them to seek out treatment or support, collaboration between organizations who work on this issue, and hospital systems sharing building space with nonprofit organizations to provide more spaces for programming to occur.

Key Community Partners to Improve Health: Healthcare organizations, non-profit organizations like NAMI, Parents Place, White Stone Warrior, Misfits for Jesus, Community Advocates, AA, peer mentors, school districts, counselors, law enforcement, athletic programs, youth programs/activities, Waukesha County Department of Health and Human Services, Waukesha County Heroin Task Force, Substance Use Advisory Committee, Intoxicated Driver Program Committee, WisHope Recovery, and Addiction Resource Council.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The Hispanic population may need specialized outreach because there can be fear about seeking treatment, especially if they are not legal residents. It was suggested they could be reached in health care settings. Materials should be available in multiple languages and be culturally appropriate. Another idea is targeted marketing in Spanish communicating the idea that it is okay to talk about this issue. Another population who may need targeted outreach are people experiencing homelessness and they can be reached by meeting them where they already are and partnering with outreach organizations doing this work. Youth should receive early education in schools. One key informant named a few different key groups: integrated substance use disorder (SUD) treatment and medication assisted treatment (MAT) services, SUD groups for women, SUD groups for clients who have behavioral health and co-occurring

disorders, and SUD services for teens. These would require adequate staffing of providers and improved marketing of the programs.

Physical Activity

Nine key informants' rankings included Physical Activity as a top health issue for the county. One of them rated it the top issue.

Existing Strategies: Key informants emphasized the natural resources of the county as an important part of promoting physical activity, such as the county parks, local parks and recreation departments, Fit in the Parks through Waukesha County's Community Health Improvement Plan and Process, opportunities to access lakes and trails around lakes for recreation, outdoor work out classes, and community gardens provide an opportunity for some outside activity. One key informant mentioned elements of the built environment that encourage physical activity, such as dog parks and revitalized downtown areas that include sidewalks. A messaging strategy in place that seems to be working is framing physical activity as a stress-reduction measure. One key informant mentioned the variety of activities as being important to engaging people: meeting people where they are at in terms of interest, offering virtual classes for people who prefer to work out at home, and having groups available for specific age groups. One key informant mentioned education as a strategy that is working, by focusing on the population age 60 and older because data show 70 percent of adults in the county have a body mass index (BMI) of 25 or greater.

Barriers and Challenges: Physical activities may not be accessible to everyone because of costs and fees associated with participation and programs may not have enough funding to reach everyone affordably. Another barrier is time and busy schedules. A concern for some people is safety and how to work out safely during the pandemic without exposing oneself to risk. Another barrier for some people is lack of motivation, confidence, and/or accountability and lack of support or feelings of judgement from others.

Needed Strategies: To address financial costs, key informants suggested more funding for education about the importance of physical activity and programs to engage people. Another suggestion is emphasizing that physical activity can be free and done independently at home or in parks, or with others through walking clubs or other activities outdoors. Another suggestion is better community messaging about the importance of physical activity as well as messaging about goal setting, what a healthy lifestyle is, what a healthy community is, and how being physically active can have benefits for mental health and stress reduction. Other ideas are engaging young people early in their lives through sports clubs, youth sports, and family activities, engaging people in activities virtually during the pandemic, and partnering with organizations who are already doing a good job either with community engagement or with physical activity and expanding upon what is already working well.

Key Community Partners to Improve Health: Municipalities, school districts, fitness clubs, YMCA, health and wellness oriented businesses, grocery stores, food pantries, health care systems, Oconomowoc Area Foundation, Silver Circle Sports Events, parks and recreation departments, early learning programs, health care providers and systems, Sixteenth Street Community Health Centers, UW Extension health

and well-being programs, and Waukesha County Public Health Division were identified as the key partners who can work together to improve this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Several key informants believed this is an issue for everyone/ the whole community, but some emphasized the importance of engaging people early in life, seniors who may need certain kinds of messaging or programming, and people with lower incomes who may have particular constraints in terms of time and finances. It was suggested that youth could be reached through schools and clubs and that this is an important demographic because their participation can influence the entire family. Seniors should be engaged in a group or social setting to bring people together and prevent isolation and promote continued engagement in the social aspect. Lower income people could be engaged with accessible activities and perhaps at locations where they are already receiving services or going to programming, such as non-profit organizations.

Healthy Growth and Development

Four key informants' rankings included Healthy Growth and Development as a top health issue for the county.

Existing Strategies: The Women, Infants, and Children (WIC) program is a great resource and provides good education. Schools teach a healthy growth and development curriculum in schools. Some schools also integrate teaching outside and incorporating the environment into education. There are more opportunities for young people to get exposed to potential careers and opportunities for learning in the trades and school partnerships with the County Business Alliance. There is an element of this topic in recovery, within their programming and transitioning to employment that provides self-worth and is critical to the recovery process.

Barriers and Challenges: Some of the main barriers named are related to parental knowledge, experience, and access to programming and education to support their children's growth and development. This includes new or first-time parents' lack of experience or knowledge of child development, language barriers, lack of access to childcare, lack of transportation, and financial challenges. Some of these are compounded during the pandemic, and there are additional barriers to attending appointments or programming like difficulty using technology for virtual appointments or lessons, fear of using public transportation or going places without proper PPE, less money due to job loss or furlough, and more difficulty for providers and staff to observe children or parent-child interactions or to do developmental screening in a virtual encounter. WIC requires well-visits separate from medical well-visits and there are also barriers to accessing those visits.

Needed Strategies: To help parents connect with the necessary support, education, and programming, there need to be more social service agencies and community partners able to start important conversations about necessary referrals, more and different types of media used to share information about child development, and more primary care providers referring to WIC if they collect information about economic status to know a family qualifies for the program. For career development, there needs

to be a broader discussion about career opportunities for people and how to retain talent. This could include more intergenerational volunteer opportunities, more internships for high school level students, and building pathways for people into trades and health care careers.

Key Community Partners to Improve Health: County programs, local programs and non-profits, peer to peer groups, families, childcare providers, physicians, schools, health systems, mental health care providers, WIC program, vaccine clinics, early childhood programs, the Birth to 3 program, and trades or manufacturing companies were named as the key partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants suggested information could best benefit parents, all ages of children, high school students, and a focus on the un- or under-insured. It was suggested that parents and children can be reached through all types of media, parents can be reached where they are out in the community, and high school students can be reached through internships and career development education.

Injury and Violence

Three rankings included Injury and Violence among their top three health issues for the county.

Existing Strategies: Some key organizations, programs, and positions currently in place to prevent and address injuries and violence include local Sexual Assault Nurse Examiner (SANE) responders, threat assessment teams (regarding prevention of mass shootings), The Women's Center generally, and specifically their assessment protocols in partnership with the Sheriff's Department and municipalities across Waukesha County, Lad Lake, Family Service of Waukesha, crisis intervention and emergency services, domestic and sexual violence advocates, and the Duluth Model and other violence intervention programs. More generally, access to ongoing counseling and support for families of survivors to unlearn patterns of unhealthy relationships are other strategies in place in the county.

Barriers and Challenges: Key informants named a variety of barriers and challenges to addressing this issue. Isolation, stress (financial and emotional), other mental health concerns, and cultural tension in this polarized political climate are social- or community-level barriers. The widespread nature of problems like elder abuse, domestic violence, sex trafficking make them hard to address, but especially at this time when people are staying at home-- where abuse or violence may be occurring, learning virtually, and more isolated, it may be difficult to notice the signs of abuse, especially for mandatory reporters, such as in a virtual learning school setting. Another set of barriers are workforce issues: there are not enough trained SANE examiners, on smaller law enforcement teams there aren't as many resources to dedicate to this. Other barriers are issues of access, such as lack of insurance to get the help that is needed or to manage medications appropriately for underlying mental health issues, and in a geographically diverse county, there can be difficulty accessing services.

Needed Strategies: Regarding elders' injuries and abuse, hospitals should follow up if they have not seen a patient regularly to target what issues might be going on but are not diagnosed yet to prevent injuries from falls or dementia-related issues. There should also be more training for physicians in this

area. There should be nurses who consult with clients and review medications, trainings for how community organizations and health care workers should be trained, implementing best practices, long-term tracking and connection to clients or patients, and more connectivity, partnership, and commitment from health care organizations to support work being done by community-based organizations. One key informant believes the strategies are already there, but they need additional support.

Key Community Partners to Improve Health: The Women's Center, domestic violence and sexual assault Coordinated Community Response, anti-human trafficking task force, law enforcement, churches, financial institutions, Waukesha County ADRC, and organizations who are already doing this work are the key community partners named by key informants.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One key informant named school-aged children and teens as a group to focus efforts toward by providing programs and education about domestic violence, abuse, and assault. Another key informant thought undocumented individuals and families, minority groups, kids aging out of the foster care system, and people who identify as part of the LGBTQ community might be particularly vulnerable to these issues and suggested a broad sweep of the community, such as the school systems, higher education systems, and non-profit social services systems and a connection to United Way because they fund agencies in multiple communities and are involved with a lot of different subgroups and populations. They also named Waukesha County Health and Human Services and ADRC as ways to reach these groups. Another key informant did not believe this issue affects specific groups, but that there should be increased awareness in general, use of infographics on social media, ensuring providers are trained to see the signs, and utilizing health care providers to spread awareness of resources that do exist to their patients.

Oral Health

Three informants' rankings included Oral Health as a top five health issue for the county. A main theme across responses is lack of access to dental providers/services.

Existing Strategies: Key informants named referral and oral health services offered by Sixteenth Street Community Health Centers, the Marquette University School of Dentistry clinic, free clinics, an oral and medical pilot program through Froedtert Health, and 211 as examples of strategies in place to help serve more people, especially the uninsured or those who cannot afford care. One key informant mentioned messaging about the importance of oral health to overall health is becoming more understood as health care providers are having those conversations with patients.

Barriers and Challenges: Key informants mentioned issues related to lack of access and lack of knowledge of available resources, including lack of providers to meet demand, low reimbursement through Medicaid, lack of providers who accept Medicaid, ineligibility for appointments, trouble connecting to services and making appointments, lack of transportation to appointments, language barriers, and a lack of widespread knowledge among social service agencies and health systems about

what resources do exist for patients. One key informant mentioned a lack of understanding of the importance of oral health is a barrier to getting people to seek care.

Needed Strategies: There is a need for more funding to pay for more providers and more services for people who cannot afford care, funding for transportation strategies to get people to appointments, connections to dental providers throughout the county, and up-to-date information about where to refer patients for dental care. More health care providers need to be having conversations with patients about the importance of oral health.

Key Community Partners to Improve Health: Health systems, local dentists, social service agencies, Marquette University School of Dentistry, community and free clinics that provide dental services, transportation companies, county government, local and state legislators, 211, and the ADRC's booklet of community resources should be working together to make improvements related to oral health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The adult Medicaid population can be reached through health systems, dentists, food pantries, shelters, and other social service agencies. Adults, especially the elderly can be reached through posters, brochures, flyers, and handouts that can be distributed because not everyone has internet access.

Environmental and Occupational Health

One key informant included Environmental and Occupational Health as a top health issue for the county, particularly related to job loss and working conditions during the pandemic.

Existing Strategies: When there is job loss, additional unemployment funds and FoodShare benefits are beneficial.

Barriers and Challenges: COVID-19 is the main barrier. Additionally, fear and people's fear of leaving their houses is a barrier, especially older populations. Businesses being closed and people unable to work is another challenge.

Needed Strategies: It seems that there is nothing anyone can do to fix it, and people are waiting it out.

Key Community Partners to Improve Health: The state and community officials need to set the rules and regulations to support the issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Those people particularly impacted by the virus, such as seniors, people with pre-existing conditions, African Americans, and Latinos may benefit from targeted mailings with information.

Other Health Issues

Four key informants wrote-in and ranked issues beyond those included in the State Health Plan. Summaries of these issues are included, along with current and suggested strategies to address these issues, barriers and challenges to addressing these issues, partners in the county that could work

together on these issues, and subpopulations to whom efforts to work on these issues could be targeted.

Housing: One key informant ranked housing as the top health issue for the county. They indicated there are not many existing strategies in place to address this issue. Some barriers include the community's resistance to people who are low income or unhoused living there, the high cost of new housing units, and few housing options and waiting lists for elderly low-income residents. They suggested the medical community could put some of their influence and money behind this issue by supporting affordable housing developments and hearing about what is happening on the ground. They indicated there are churches interested in helping with this issue. Other key partners to engage around this issue are non-profit organizations. They believe this issue particularly effects the senior population and young, low-income families. One suggestion to address this issue for low-income people is to champion a project to use a piece of land in Mukwonago for low-income housing, but they need financing and support of churches in the area.

Resiliency of youth: One key informant ranked youth resiliency, particularly their ability to function in a fast-paced life, as the top health issue for the county. They identified the Y partnering with the school district to provide leadership volunteer programs, life skills classes, internship experience, family-strengthening programs, and emergency childcare for children of health care workers during the pandemic as examples of strategies in place to address this issue. Barriers to addressing this issue include busy families, challenges reaching children and families virtually, and the length of the programming. Virtual programming is becoming more prevalent, but it is hard to have families slow down and commit to it. Additional strategies needed to address the issue are expanded virtual offerings and other opportunities for families to slow down, be in nature, and develop new skills. They key partners to work in this issue are the YMCA, school districts, and churches and religious institutions. They key population to focus on are youth, but also their families, which requires good communication, focus on parents and how to work with them as they decide what their children do or don't participate in. A good connection with parents and caregivers is important.

Skilled Nursing Beds: One key informant ranked this as the number three issue for the county. Currently there are partnerships between health systems, health care providers, and skilled nursing organizations. Some barriers to addressing this issue are the lack of funding, lack of Medicaid reimbursement, the survey process because it takes a lot of time and energy to focus on the "hot button" of the day and it gives doubt toward high-performing nursing homes. The system needs to change a little bit, but there is no incentive to take that on. Some suggestions are to raise awareness of this from a fundraising perspective, rebrand skilled nursing, come up with a different regulatory structure, and allow for more decision-making at the local level. The key partners to engage in this are health care systems and providers. A vulnerable population are Medicaid patients because the nursing homes that are doing well have few beds available for these patients, so they end up going to lower level facilities. This could be addressed by reducing the financial criteria to allow for more diversity among their resident populations.

Dementia: One key informant ranked dementia among their top five health priority issues for the county (a specific ranking was not assigned). Existing strategies include the Purple Tube Program and a referral program. A challenge to addressing this issue is the growth of aging populations. Better screening processes and referrals are needed to figure out how to address issues with the growing aging population. A Challenging Behaviors Response Initiative and legislation are also needed. The key informant believed this issue mainly impacts elders and did not provide suggestions for targeted outreach to this group.

Tobacco Use and Exposure

Tobacco Use and Exposure was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided. See the "Substance Use and Abuse" topic for some discussion of vaping.

Reproductive and Sexual Health

Reproductive and Sexual Health was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided.

Appendix A. Interview Participants for Waukesha County

Key Informant Interview Participants

Forty-seven individuals participated in 41 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: the elderly, youth, individuals with disabilities, faith communities, ethnic minorities, law enforcement, and those living with mental illness, substance abuse, and homelessness.

Name	Title	Organization
Kerri Ackerman	Behavioral Health Administrative Director	Sixteenth Street Community Health Centers
Maureen Atwell	Executive Director	Hebron Housing Services
Lynda Biedrzycki	Waukesha County Medical Examiner	Waukesha County Medical Examiner's Office
Christine Bowden	Director of Pupil Services	Mukwonago Area School District
Jerry Braatz	Extension Area Director	UW Extension Waukesha County
Paul Decker	County Board Chair	Waukesha County
Patricia Deklotz	Superintendent	Kettle Moraine School District
Peter Engel	President, CEO	Easterseals Southeast Wisconsin
Cindy Eggleston	Executive Director	Mukwonago Food Pantry
Paul Farrow	Waukesha County Executive	Waukesha County
Tony Fus	Officer	New Berlin Police Department
Kathy Gale	Executive Director	Eras Senior Network
Corey Golla	Superintendent	Menomonee Falls Schools
Trisha Heller	School District Nurse	Mukwonago Area School District
Jenn Hoggatt	Director of James Place Waukesha	Elmbrook Church
Babette A. Honore	Executive Director	HOPE Network for Single Mothers
Steve Howard	Fire Chief	Waukesha County Fire Chiefs' Association
Barbara Jacob	Director	New Berlin Food Pantry
Ben Jones	Health Officer/ Public Health Manager	Waukesha County Department of Health and Human Services, Public Health Division
Lindsay Just	Executive Director	Addiction Resource Council, Inc.
Allison Katula	Executive Director	Family Service of Waukesha
Suzanne Kelley	President, CEO	Waukesha County Business Alliance
Paula Knox	Executive Director	Menomonee Falls Area Food Pantry
Joe Koch	Deputy Superintendent	School District of Waukesha
Mary Madden	Executive Director	NAMI Waukesha, Inc.
Angela Mancuso	Executive Director	The Women's Center
Shawn McNulty	District Superintendent	Mukwonago Area School District
Noel Menghe	District Nurse	Mukwonago Area School District
Paul Mielke	Superintendent	Hamilton School District
Jess Mieling	Branch Executive Director	YMCA at Pabst Farms
Colleen Peebles	Waukesha Clinic Manager	Sixteenth Street Community Health Centers

John Peterson	Special Services Supervisor	Hamilton School District
Renee Ramirez	CEO	Waukesha County Community Dental Clinic
Mary Reich	Executive Director	Lake Area Free Clinic
Roger Rindo	Superintendent	Oconomowoc Area School District
John Roubik	Director of Human Resources & Organizational Development	Hamilton School District
Anna M. Ruzinski	Chief of Police	Menomonee Falls Police Department
Kellie Sanders	Chief Academic Officer	School District of New Berlin
Barton Smith	New Berlin Campus Administrator	LindenGrove Communities
Linda Smith	Nurse Practitioner/ Clinic Coordinator	Community Outreach Health Clinic
Mary Smith	Division Manager	Aging and Disability Resource Center of Waukesha County
Cherie Sonsalla	Executive Director	Oconomowoc Area Chamber of Commerce
Karen Tredwell	Executive Director	The FOOD Pantry Serving Waukesha County
Amy Vega	Interim Executive Director	Waukesha Free Clinic
Vickie Walsh	Portfolio Manager, Health	United Way Greater Milwaukee and Waukesha County
Jennifer Waltz	Executive Director	Sussex Area Outreach Services
Kirk Yauchler	Clinical Services Division Manager	Waukesha County Department of Health and Human Services