



Ozaukee County
Health Needs Assessment
A summary of key informant interviews

2022

This report was prepared by JKV Research, LLC

This report was commissioned by Ascension Wisconsin, Aurora Health Care, Froedtert & the Medical College of Wisconsin and the Washington Ozaukee County Public Health Department.

Table of Contents

Introduction.....	1
Key Findings.....	2
A. Social Determinants of Health Rankings.....	3
General Themes.....	3
Top Social Determinants of Health Summaries.....	3
Safe and Affordable Housing.....	3
Accessible and Affordable Health Care	4
Accessible and Affordable Transportation.....	4
Access to Social Services	4
Economic Stability and Employment	5
Remaining Social Determinants of Health	5
B. Health Conditions/Behaviors Rankings.....	7
General Themes.....	7
Top Health Conditions/Behaviors Summaries.....	7
Mental Health, Mental Conditions, Suicide	7
Alcohol and Substance Use	8
Nutrition, Physical Activity and Obesity.....	9
Remaining Health Conditions/Behaviors	9
C. Additional Questions/Comments	11
Appendix A: Key Informant List	12

Introduction

As a supplement to the community health phone and online surveys, key informants who represent the diverse sectors of Ozaukee County were interviewed.

A total of 21 key informants participated between August and October 2022. A few interviews had more than one person participating in the call, but were considered one interview for the purpose of identification. See Appendix A for a complete list of participants.

As shown in the table below, a variety of community populations are represented. Most informants (81%) selected one population served.

Table 1. Community/Population Served (More Than One Response Accepted)

	Count
All populations.....	13
Youth	5
People experiencing low SES	4
Communities of color	2
Rural communities.....	1
Other specific populations	
Person/family/works with LGBTQ community.....	1
Domestic and sexual violence	1
Elders 60+ and adults with disabilities	1
General – business population	1
Special need and disability/background in service area	1
Primarily young adults but range to 65	1
Substance use.....	1
Young adult, employees	1

All informants were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Members from the team interviewed the key informants and entered responses into Survey Monkey for analysis.

The interviews used a standard script that included the following elements:

Social Determinants of Health:

- Top Rank, Second Rank
- How has COVID-19 impacted this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- Which community stakeholders are critical to addressing this issue?

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue? How are they affected?
- What are the existing strategies to address the health issue? What is working well?
- What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
- Which community stakeholders are critical to addressing this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- How has COVID-19 impacted this issue?

Additional Questions/Comments

- How would you suggest organizations reach out to community members to implement health initiatives?
- Do you have any additional comments you would like to share?

This qualitative data, while useful, has limitations. The sample was developed by team members to represent Ozaukee County. Inadvertent exclusions may have an impact on the results. Use this in conjunction with quantitative research data.

Key Findings

- 1) The top social determinants of health were safe & affordable housing; accessible & affordable health care and accessible & affordable transportation. Access to social services and economic stability & employment followed. The complexities of the inter-connected determinants were highlighted often. Starting or expanding collaborations was mentioned as a strategy to address the issue. Often, more funding for additional resources was an organizational need to meet the issue. Key stakeholders varied somewhat on the determinant, but typically included government agencies, elected officials, advocates, employers, community leaders and schools.
- 2) The top health condition/behavior in their community was mental health, mental conditions & suicide. Alcohol & substance use was followed by nutrition, physical activity & obesity. "Everyone" was listed by half of key informants as the affected population for each of the top three conditions/ behaviors. Strategies and organizational needs were similar to Key Finding 1. Key stakeholders varied somewhat on the condition/behavior, but typically included government agencies, elected officials, health care systems, nonprofits, advocates, employers, community leaders and schools.

A. Social Determinants of Health Rankings

Key informants were asked to select the top *two* social determinants of health in the community they serve. Table 2 indicates the selected determinants and the number of key informants who ranked it as the top social determinant of health. The top five social determinants of health are listed in detail. The remaining determinants are limited in the amount of information available.

Table 2. Social Determinants of Health Rankings

	Count	
	Top 2	Number 1
Safe and Affordable Housing	8	5
Accessible and Affordable Health Care	7	6
Accessible and Affordable Transportation	7	3
Access to Social Services	4	1
Economic Stability and Employment	4	0
Affordable Childcare	3	1
Social Connectedness and Belonging	3	2
Family Support	2	1
Community Violence and Crime	1	1
Education Access and Quality	1	1
Quality of Health Care	1	0
Racism and Discrimination	1	0
Environment Health (Clean air, safe water, etc.)	0	0
Food Insecurity	0	0

General Themes

Several key informants indicated it was difficult to identify two social determinants of health because they were so inter-related. For example, safe and affordable housing, the top social determinant of health, is invariably linked to accessible and affordable health care, accessible and affordable transportation, access to social services and economic stability and employment. Stakeholders included government agencies, elected officials, advocates, community businesses, community leaders and any current collaborations.

Top Social Determinants of Health Summaries

Safe and Affordable Housing

Eight key informants' interview rankings included safe and affordable housing as a top social determinant of health, and five ranked it number one.

COVID-19 Impact: About half of key informants stated COVID-19 exacerbated the issue with an increased demand for affordable housing. The increase in rent/housing costs when the rent moratorium ended along with a decrease in employment had made finding safe and affordable housing more difficult. COVID-19 safety procedures in shelters reduced the total capacity allowed.

One Major Effort: All key informants indicated that communities need to build more affordable rentals and permanent supportive housing. A planning effort to identify all the resources available was mentioned to

determine gaps. Housing close to transportation was also a major effort that could radically change the issue as well as legislative/policy changes.

Critical Community Stakeholders: Top critical stakeholders included government agencies and developers/builders. Housing authority, affected persons, emergency shelter/housing coalitions, nonprofits, economic development agencies and workforce development were also listed as critical stakeholders.

Accessible and Affordable Health Care

Seven key informants' interview rankings included accessible and affordable health care as a top social determinant of health, and six ranked it number one.

COVID-19 Impact: Half of key informants stated COVID-19's impact was making access more difficult because services were mostly virtual. Long wait lists to receive services delayed health care. Isolation/social distancing caused increased anxiety/stress/mental health, which caused an increased need for providers. Loss of employment/stable income also made health care less affordable.

One Major Effort: Some key informants indicated to make a radical change in the issue there needed to be an increase in accessibility, funding, affordability and/or staffing. Having collaboration of services, more mental health providers or increased awareness were also listed.

Critical Community Stakeholders: Critical stakeholders included health care providers/systems. Government agencies, insurance companies, granting agencies, AODA providers and nonprofits were also mentioned.

Accessible and Affordable Transportation

Seven informants' interview rankings included accessible and affordable transportation as a top social determinant of health, and three ranked it number one.

COVID-19 Impact: All seven key informants stated COVID-19's impact was related to the cut of transportation services through a shortage of staff offering the services.

One Major Effort: Most key informants indicated expanded transportation services was a major effort to make a radical change in the issue. Collaboration, increased funding or affordability were also listed as strategies.

Critical Community Stakeholders: Top critical stakeholders included government agencies, elected officials/government leaders and nonprofits. Employers and collaborations/partnerships were also mentioned.

Access to Social Services

Four informants' interview rankings included access to social services as a top social determinant of health, and one ranked it number one.

COVID-19 Impact: COVID-19 exacerbated the issue, causing access to become more difficult as services became mostly virtual and there became a greater need for services.

One Major Effort: The most often listed effort to radically improve the issue included greater local access or collaboration of services.

Critical Community Stakeholders: Critical stakeholders included government agencies, health care providers/systems and nonprofits. Elected officials, government leaders, collaborations/partnerships, public health and “everyone” were also mentioned.

Economic Stability and Employment

Four informants’ interview rankings included economic stability and employment as a top social determinant of health, and zero ranked it number one.

COVID-19 Impact: All key informants stated COVID-19’s impact was an increase in unemployment/business closures/income instability. Some mentioned the lack of jobs with livable wages, inflation or an increase in mental health issues.

One Major Effort: Several key informants indicated focusing on the economy was a major effort to radically change the issue.

Critical Community Stakeholders: Most often cited critical stakeholders were employers.

Remaining Social Determinants of Health

The remaining social determinants of health are listed below along with COVID-19 impact, strategies and stakeholders. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Affordable Childcare

Three informants’ interview rankings included affordable childcare as a top social determinant of health, and one ranked it number one.

COVID-19 had the most impact on childcare closures or reduced staff. Strategies to meet the issue included identifying a reasonable living wage or increasing marketing/awareness for the childcare field (with possible incentives) to increase the number of providers. A few recognized that maintaining a cost-effective structure will be a challenge. Elected officials/government leaders, schools and government agencies were listed as critical community stakeholders.

Social Connectedness and Belonging

Three informants’ interview rankings included social connectedness and belonging as a top social determinant of health, and two ranked it number one.

COVID-19’s impact was an increase in isolation. More social connectedness programs were listed as a strategy to improve the issue. Health care providers/systems, schools, nonprofits, media and “everyone” were listed as critical community stakeholders.

Family Support

Two informants' interview rankings included family support as a top social determinant of health, and one ranked it number one.

COVID-19's increased isolation increased mental health issues and family stress. More marketing/communication/awareness to focus on family was a major effort to change the issue. The faith community, schools, government agencies, families and "everyone" were listed as critical stakeholders.

Community Violence and Crime

One informant's interview ranking included community violence and crime as a top social determinant of health, and one ranked it number one.

COVID-19 increased mental health issues or substance abuse, which can lead to criminal violence and crime. Support programs that address the cycle of mental health, substance use and crime was a strategy to address the issue. Government agencies, nonprofits, law enforcement and advocates were listed as critical community stakeholders.

Education Access and Quality

One informant's interview ranking included education access and quality as a top social determinant of health, and one ranked it number one.

COVID-19 increased chronic absenteeism, which can impact success. Supporting education attendance was listed as a strategy. Families and neighborhood/community were listed as critical community stakeholders.

Quality of Health Care

One informant's interview ranking included quality of health care as a top social determinant of health, and zero ranked it number one.

COVID-19 limited resources which made it difficult for people to engage in mental health care. Increasing collaboration between health care systems and community organizations was listed as strategy to meet needs. Health care systems and community-based organizations that work with mental health were critical stakeholders.

Racism and Discrimination

One informant's interview ranking included racism and discrimination as a top social determinant of health, and zero ranked it number one.

COVID-19 increased the equity gaps that already existed for people of color. Exposing racism and discrimination is needed. Elected officials and community leaders were listed as critical community stakeholders.

B. Health Conditions/Behaviors Rankings

Key informants were asked to select the top *two* health conditions/behaviors in their service area. Table 3 indicates the conditions/behaviors that were selected as well as the number of key informants who selected it as the top condition/behavior. The top three health conditions/behaviors are listed in detail. The remaining conditions/behaviors are limited in the amount of information available.

Table 3. Health Conditions/Behaviors Rankings

	Count	
	Top 2	Number 1
Mental Health, Mental Conditions, Suicide	18	13
Alcohol and Substance Use	12	6
Nutrition, Physical Activity and Obesity	4	0
Communicable Diseases/COVID-19	2	1
Intimate Partner/Domestic Violence	2	0
Tobacco and Vaping Products	2	0
Other	2	1
Maternal, Infant, and Child Health	0	0
Chronic Diseases	0	0
Oral Health	0	0

General Themes

“Everyone” was listed by half of key informants when asked about the populations affected for each of the top three health conditions/behaviors. Some provided more specific populations after this general response. Similar to social determinants of health, the health conditions/behaviors are not necessarily singular. As a result, holistic approaches and collaboration were often listed as strategies to best meet the inter-connected conditions/behaviors.

Top Health Conditions/Behaviors Summaries

Mental Health, Mental Conditions, Suicide

Eighteen key informants’ interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 13 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was “everyone”. Youth was listed next and followed by the elderly. People with low income/poverty level, young adults or people who experienced trauma were also listed. Poor mental health can affect their: social connectedness, employment status, relationships, finances, safety, school success and behavior.

Existing Strategies: Government services, mental health services or mental health screenings in schools were the most often cited strategies. Student programs, accessibility, collaboration, navigator, nonprofits, stigma reduction or awareness were also existing strategies. Training around crisis management, peer coach/recovery coach/support groups or parent programs were also listed.

Additional Strategies Needed: Additional strategies included more providers, collaboration or mental health services. School-based mental health screenings, more staff, education or awareness to help reduce stigma were

also mentioned. Government services, increased funding, access, employer support/training, programs (adult and children), insurance covering mental health or crisis management were also listed.

Critical Community Stakeholders: Health care systems, government agencies, including public health, mental health providers and schools were the most often listed critical stakeholders. Law enforcement, nonprofits, collaboration and the community followed. Elected officials, granting agencies, the faith community, crisis workers, colleges and adult living facilities were also mentioned.

One Major Effort: Collaboration, marketing/communication, collaboration, or mental health education to reduce stigma were major efforts listed to meet the needs of the community. More mental health providers, just in time help, navigators, legislative/policy changes, needs assessment/planning efforts, or employer education were also mentioned.

Organization Needs: Partnership/collaboration, increased funding, more mental health providers or keeping up-to-date on available resources were the most often mentioned critical items organizations needed. Increased staffing, resources, crisis programs/people, support from government agencies or community involvement were also mentioned.

COVID-19 Impact: Isolation and social disconnectedness increased stress levels and anxiety which increased the need for mental health services. Access became more difficult because services were virtual. Some waiting lists became quite long with an increased caseload for providers. COVID-19 also increased awareness of mental health issues.

Alcohol and Substance Use

Twelve key informants' interview rankings included alcohol and substance use as a top health condition/behavior and six ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Young adults, middle age or youth were listed next, followed by families or employers. Alcohol and substance use affected families, employment status and overall mental health.

Existing Strategies: The criminal justice system, education or nonprofits were the most often cited existing strategies. Some mentioned student programs, community campaigns, collaboration, outpatient services or peer coaching/recovery coaching/support groups.

Additional Strategies Needed: More collaboration/coalitions, stigma reduction, education, increased access or awareness were additional strategies needed. More providers, funding, community campaigns or increase support/treatment in the criminal justice system were also mentioned. School-based mental health screenings, mental health professions (with incentives), student programs, safe social groups, community programs or early intervention were also listed as additional strategies needed.

Critical Community Stakeholders: Critical stakeholders health care providers/systems, government agencies including public health, law enforcement, employers, schools and nonprofits. Elected officials, parents and alcohol/other drug programs were also listed.

One Major Effort: Collaboration, awareness or a community wide behavioral health facility were the most often mentioned efforts to focus on. More mental health/ATODA providers, a long-term patient focus, prevention or alternative activities with no alcohol available were also mentioned.

Organization Needs: Increased awareness, resources or funding were the most often organizational needs listed. Others listed more partnerships/collaboration or more mental health providers.

COVID-19 Impact: COVID-19 exacerbated stress and anxiety levels from isolation, disconnectedness or job security issues. Alcohol and substance use may often be used as a coping mechanism when access for support is limited.

Nutrition, Physical Activity and Obesity

Four key informants' interview rankings included nutrition, physical activity and obesity as a top health condition/behavior and zero ranked it number one.

Populations Affected and How: The elderly was the most often specified population. Affected populations may have an unhealthy quality of life, well-being or limited access to physical activities.

Existing Strategies: Community programs or collaboration/coalitions were existing strategies listed.

Additional Strategies Needed: Community programs/education were most often listed as additional strategies needed.

Critical Community Stakeholders: Critical stakeholders included government agencies and park/recreation departments.

One Major Effort: Increased marketing/communication/awareness or community programs were the most often mentioned efforts to address the issue. Planning, a transportation program, health education, school-based programs, employer education, collaboration efforts, increase funding or increased access were also listed to address the issue.

Organization Needs: More resources or educational programs were organizational needs to address the issue.

COVID-19 Impact: COVID-19 caused a more sedentary life with less activity and poor nutrition as well as cuts in programs and staffing.

Remaining Health Conditions/Behaviors

The remaining health conditions/behaviors are listed below along with populations affected, strategies, critical stakeholders and COVID-19 impact. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Communicable Diseases/COVID-19

Two key informants' interview rankings included communicable diseases/COVID-19 as a top health condition/behavior and one ranked it number one.

Older people were listed as affected populations due to comorbidities. People with low income or with special needs/disabilities were also mentioned as affected population. More prevention education, resources or partnerships were additional strategies needed. Health care systems and community health organizations were listed as critical stakeholders. Prevention education or vaccination education were the most often mentioned efforts to focus on. Easy access to vaccinations or collaboration were the most often organizational needs listed. COVID-19 made vaccinations a political issue.

Intimate Partner/Domestic Violence

Two key informants' interview ranking included intimate partner/domestic violence as a top health condition/behavior and zero ranked it number one.

Women, children and "everyone" were listed as people most affected by intimate partner/domestic violence. More agency or community involvement were listed as additional strategies needed. Schools, law enforcement, health care systems and nonprofits were listed as critical stakeholders. More funding, awareness and legal help were mentioned as efforts to focus on. Increased funding or safe affordable housing were the most often organizational needs listed. COVID-19 impact included a decrease in services with fewer housing options (result of COVID-19 safety protocols) as well as fewer support services available.

Tobacco and Vaping Products

Two key informants' interview ranking included tobacco and vaping products as a top health condition/behavior and zero ranked it number one.

Adolescents were listed as people most affected by tobacco and vaping products. More education for parents and students were additional strategies needed. Families were listed as critical stakeholders. Limit/restrict online purchasing of tobacco/vaping products was mentioned as an effort to focus on.

C. Additional Questions/Comments

Key informants were asked to include how they would suggest organizations reach out to community members to implement health initiatives and provide any additional comments.

General Suggestions on Reaching Community

Most suggestions involved collaboration because the issues were complex and inter-related. Communication was listed next through promoting one common vision/goal. Being involved with the community and going to where the people are was reiterated. Needs assessments/planning was also listed to best understand the issue.

Additional Comments

A few key informants wanted to rank more than two items for social determinants of health or conditions/behaviors the community is facing. Another comment was a coordinated transportation system would help with a better quality of life.

Appendix A: Key Informant List

Organization	Position	Name
ADRC of Ozaukee County	Director and Aging and Disability Services Manager	Kay-Ella Dee
Advocates of Ozaukee	Executive Director	Barb Fischer
Cedarburg School District	Superintendent	Dr. Jeridon Clark
City of Mequon	City Administrator	William Jones
Concordia University	President	Dr. Bill Cario
CSM-Ozaukee	Hospital Administrator	Sharon Streff
Feith Family Ozaukee YMCA	Branch Director	Matt McCann
Grafton Area Chamber of Commerce	Executive Director	Pam King
Independence First	Branch Offices Service Specialist & Director of Independent Living Services	Tonya Vilwock & Gerald Hay
MATC Mequon	Interim Vice President	Richard Busalacchi
Mequon-Thiensville School District	Superintendent of Schools	Matt Joynt
NAMI Ozaukee	Board President	Sue Siewert
Ozaukee County	Coroner	Timothy Deppisch
Ozaukee County Sheriff's Office	Undersheriff	Christy Knowles
Ozaukee Division of Sirona Recovery	Program Director	Melissa Drews
Ozaukee Economic Development	Executive Director	Kathleen Schilling
Ozaukee Family Services	Executive Director	Lisa Holtebeck
Saukville Food Pantry	Executive Director	Mark Gierach
United Way of Northern Ozaukee County	Executive Director	Barbara Bates-Nelson
Washington Ozaukee Public Health Department	Director/Health Officer	Kim Buechler
Washington Ozaukee Waukesha Workforce Development Board	Board Director	Laura Catherman