



Washington County
Health Needs Assessment
A summary of key informant interviews

2022

This report was prepared by JKV Research, LLC

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Introduction

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

A total of 23 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 (83%) selected one population served.

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

	Count
All populations	15
Youth	7
People experiencing low SES	3
Rural communities	2
Communities of color	2
Other specific populations	
Seniors	2
50+	1
Hispanic and Latino community	1
Special need and disability	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 Washington 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 economic stability & employment and family support. Access to social services; affordable childcare; safe & affordable housing; social connectedness & belonging; and accessible & affordable health care 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 and nutrition, physical activity & obesity followed. “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, 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 seven 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
Economic Stability and Employment	7	5
Family Support	7	2
Access to Social Services	5	5
Affordable Childcare	5	2
Safe and Affordable Housing	5	2
Social Connectedness and Belonging	5	2
Accessible and Affordable Health Care	4	3
Accessible and Affordable Transportation	2	1
Food Insecurity	2	0
Quality of Health Care	1	1
Community Violence and Crime	1	0
Environment Health (Clean air, safe water, etc.)	1	0
Racism and Discrimination	1	0
Education Access and Quality	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, economic stability and employment, the top social determinant of health, is invariably linked to access to social services, affordable childcare, safe and affordable housing and affordable health care. Stakeholders included government agencies, elected officials, advocates, community businesses, community leaders and any current collaborations.

Top Social Determinants of Health Summaries

Economic Stability and Employment

Seven informants' interview rankings included economic stability and employment as a top social determinant of health, and five ranked it number one.

COVID-19 Impact: All key informants stated the most often COVID-19 impact was an increase in unemployment/business closures/income instability. Several mentioned the lack of jobs with livable wages or inflation. An increase of unemployment can increase food insecurities or the affordability of health care, intertwining with other social determinants of health.

One Major Effort: Several key informants indicated the support for a living wage/increase wages was a major effort to radically change the issue. A needs assessment or collaboration to build more affordable rentals and

permanent supportive housing was also listed. Finally affordable health care or childcare were also efforts that could help the issue.

Critical Community Stakeholders: Most often cited critical stakeholders were government agencies, economic development agencies/workforce development, employers and health care providers/systems. Schools, nonprofits and community advocacy groups were listed next.

☑ Family Support

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

COVID-19 Impact: The most often cited COVID-19's impact on family support included isolation and disconnectedness resulting in an increase of stress levels/anxiety/mental health issues.

One Major Effort: Over half of key informants indicated that more marketing/communication/awareness was a major effort to drastically change the issue. Building more affordable rentals and permanent supportive housing, decreasing mental health stigma or increasing collaboration at all levels (childcare, employment, health, etc.) were also listed. Involving parents/guardians/families or increasing the amount of mental health providers for early intervention were also listed.

Critical Community Stakeholders: Top critical stakeholders included schools and government agencies, including public health. Parents, youth/teens and nonprofits were listed next.

☑ Access to Social Services

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

COVID-19 Impact: The most often cited COVID-19 impact was that access became more difficult because services were mostly virtual. There also became a greater need for services.

One Major Effort: The most often listed efforts to radically improve the issue included marketing/communication/awareness or increase support of services already offered.

Critical Community Stakeholders: Critical stakeholders included government agencies, nonprofits, including the faith community, the business community, health care providers/systems and schools.

☑ Affordable Childcare

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

COVID-19 Impact: The most often cited COVID-19 impact was the decrease in access to childcare providers. COVID-19 exacerbated the issue—fewer providers, slots and hours of operation along with some centers not accepting childcare benefits.

One Major Effort: Some mentioned a needs assessment would assist in understanding the issue better. Identifying a reasonable living wage, collaboration between private and public sectors or increasing marketing and awareness for the childcare field to increase the number of providers were also listed.

Critical Community Stakeholders: Critical stakeholders included nonprofits, government agencies, public sector/community centers and childcare. Employers, faith community, schools, career incentives, neighborhood/community and general community leaders were also mentioned.

☑ Safe and Affordable Housing

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

COVID-19 Impact: COVID-19 exacerbated the issue, with an increased demand. 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.

One Major Effort: Most key informants indicated that communities need to build more affordable rentals and permanent supportive housing. A planning effort to identify all the resources available and determine gaps was also a major effort that could radically change the issue. Legislative/policy changes were also listed.

Critical Community Stakeholders: Top critical stakeholders included government agencies, emergency shelter/housing coalitions, developers/builders, economic development agencies and workforce development.

☑ Social Connectedness and Belonging

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

COVID-19 Impact: All key informants stated COVID-19's impact was an increase in isolation and of not feeling like they belong. Virtual learning for children was not as effective. The fear of leaving the house to protect immunocompromised family members or delaying health care were also mentioned.

One Major Effort: Over half of key informants indicated more social connectedness programs was a major effort to radically change the issue. Key informants also indicated breaking down mental health stigma or ensuring inclusiveness.

Critical Community Stakeholders: Critical stakeholders were government agencies, health care providers/systems, schools, neighborhood/community and non-profits.

☑ Accessible and Affordable Health Care

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

COVID-19 Impact: Half of key informants stated COVID-19's impact was federal money to support the health care industry as well as expanded emergency Medicaid application. As funding stops, there will be more delayed health care.

One Major Effort: Some key informants indicated legislative/policy changes. Having collaboration of services, increasing funding to provide accessible transportation or affordable mental health and substance use therapies were all listed as a major effort to make a radical change in the issue.

Critical Community Stakeholders: Critical stakeholders included health care providers/systems and nonprofits. Elected officials, government leaders, policymakers, government agencies, employers and community advocacy groups were also mentioned.

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.

Accessible and Affordable Transportation

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

COVID-19 had the most impact on seniors who did not have transportation to medical appointments. Expanding transportation services was a listed strategy. Government, transportation providers and volunteers were listed as critical community stakeholders.

Food Insecurity

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

COVID-19 impacted the availability and affordability of food at stores. Food programs including school lunches were free, which has now ended. Increasing awareness of available services was listed as a strategy to address the issue. Health care systems, local government agencies, schools and community organizations were listed as critical stakeholders.

Quality of Health Care

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

COVID-19 lessened the availability of appointments and further advanced the shortage of staff and volunteers. Increasing provider hours was listed as a strategy to meet needs. Health care systems were critical stakeholders.

Community Violence and Crime

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

COVID-19 increased existing problems of community violence and crime. Support programs that address the cycle of mental health, substance use and crime was listed as a strategy. Elected leaders, the faith community, law enforcement and social services were listed as critical community stakeholders.

Environment Health (Clean Air, Safe Water, Etc.)

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

COVID-19's impact was taking the focus away from environment health. Education on how the environment can affect health was listed as a strategy to meet the issue. Businesses or government agencies were listed as key 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 gaps that already existed for people of color. A team was created to understand racism and discrimination; however, the key informant was not sure if it still existed.

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 four 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	21	16
Alcohol and Substance Use	10	3
Nutrition, Physical Activity and Obesity	5	2
Maternal, Infant and Child Health	4	1
Chronic Diseases	3	1
Tobacco and Vaping Products	2	0
Oral Health	1	0
Communicable Diseases/COVID-19	0	0
Intimate Partner/Domestic Violence	0	0
Reproductive Health, Sexual Health, STIs	0	0
Unintentional Injury (Falls, motor vehicle crashes)	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

Twenty-one key informants’ interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 16 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was “everyone”. Youth/teens was listed next and followed by residents with behavioral health concerns or the elderly. People with low income, young adults to middle age or people who experienced trauma were also listed. Poor mental health can affect the ability to socially connect, their relationships, quality of life, employment status, AODA/addiction or school success. Long wait times to see someone may have also increased these issues.

Existing Strategies: Education, government services, mental health screenings in schools or nonprofits were the most often cited strategies. Student programs, crisis management, peer coaching/recovery coaches/support groups or mental health services were also existing strategies.

Additional Strategies Needed: Additional strategies included more education and awareness to help reduce stigma. More collaboration, access, funding and staff were also listed. School-based mental health screenings, more mental health professionals, de-escalation training and EAPs with mental health included.

Critical Community Stakeholders: Government agencies, including public health, health care system, mental health providers and schools were the most often listed critical stakeholders. Nonprofits, general community leaders or volunteers followed. Elected officials, law enforcement, crisis workers, colleges, parents or youth were also mentioned.

One Major Effort: Marketing/communication, collaboration as well as educating to reduce stigma were efforts to meet the needs of the communities. Improving mental health staff wages could increase the number of mental health providers. Early identification, insurance coverage, support groups or peer mentors were also mentioned.

Organization Needs: Partnership/collaboration, keeping up-to-date on available resources or having more mental health providers were the most often mentioned critical items organizations needed. Increased awareness, funding or resources along with mental health staff in schools were also mentioned.

COVID-19 Impact: The issue increased as a result of COVID-19. Isolation and social disconnectedness increased stress levels, anxiety or mental health. However, it also increased awareness of mental health issues which removed some of the stigma. The usefulness of telehealth, increased access for some, while it did not work well for others. In addition, there was an increased need for providers and some residents delayed health care.

Alcohol and Substance Use

Ten key informants' interview rankings included alcohol and substance use as a top health condition/behavior and 3 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Youth were listed next, followed by teens. Alcohol and substance use affected overall mental health, employment status, relationships and could reach just about every point of life.

Existing Strategies: The criminal justice system, community campaigns or government services were the most often cited existing strategies. Student programs or other family education were also listed.

Additional Strategies Needed: More education, community campaigns, funding, awareness or increase support/treatment in the criminal justice system were additional strategies needed. Residential treatment, outpatient care, student programs, government services, increased access or more providers were also mentioned.

Critical Community Stakeholders: Critical stakeholders included government agencies, including public health, schools and law enforcement. Employers, the faith community, collaborations, parents/caregivers and nonprofits were also listed.

One Major Effort: Collaboration, a needs assessment, prevention/early intervention or support of existing services were the most often mentioned efforts to focus on.

Organization Needs: More partnerships/collaboration, increased funding or increased awareness of resources were the most often organizational needs listed. Others listed de-escalation training.

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

Nutrition, Physical Activity and Obesity

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

Populations Affected and How: Youth were the most often specified population. Affected populations may lack education around health care/nutrition/physical activity which can result in an unhealthy quality of life.

Existing Strategies: Education, walking paths/trails/parks or school/community nutrition programs were listed as existing strategies most often.

Additional Strategies Needed: Education, collaborations and awareness were most often listed additional strategies needed. Government services, community programs and more staff were also listed.

Critical Community Stakeholders: Critical stakeholders included health care providers, government agencies, schools, park and recreation department, nonprofits and care centers.

One Major Effort: Increased marketing/communication/awareness was the most often mentioned effort to address the issue. Planning, assessing needs or collaboration efforts followed. Youth or adult health education were also listed to address the issue.

Organization Needs: Wellness programs and funding were organizational needs to address the issue.

COVID-19 Impact: COVID-19 caused a more sedentary life with less activity and poor nutrition.

Maternal, Infant and Child Health

Four key informants' interview rankings included maternal, infant and child health as a top health condition/behavior and one ranked it number one.

Populations Affected and How: The key informants reported families with young children as the population affected most often. Unhealthy childhood can continue to affect adulthood.

Existing Strategies: Government services was listed as an existing strategy followed by nonprofits.

Additional Strategies Needed: Awareness, education, funding or more staff to help parents/families were listed as additional strategies.

Critical Community Stakeholders: Critical stakeholders included government agencies, including public health, health care providers/systems, elected officials, childcare and nonprofits.

One Major Effort: The most often cited major effort to radically change the issue would be increased funding for public health department or access to quality childcare.

Organization Needs: Increased awareness, more funding, resources or staffing were organizational needs to address the issue.

COVID-19 Impact: COVID-19 safety procedures of childcare closings, limited staffing or limited hours affected number of children served by centers, affecting the number of hours parents could work.

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.

Chronic Diseases

Three key informants' interview rankings included chronic diseases as a top health condition/behavior and one ranked it number one.

More prevention education, resources or partnerships were additional strategies needed. Health care systems, wellness programs and community agencies were listed as critical stakeholders. Because of COVID-19, residents delayed visits to health care providers, thereby increasing deterioration in patient health.

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 and enforcement of the minimum age were additional strategies needed.

Oral Health

One key informants' interview ranking included oral health as a top health condition/behavior and zero ranked it number one.

Residents delayed dental appointments and now dental providers are overwhelmed. More collaboration or funding are strategies needed. Community, foundations and donors were critical stakeholders.

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. Having a central source of available services, community involvement and going to where the people are were also reiterated.

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 how systemic racism plays a major role in daily life.

Appendix A: Key Informant List

Organization	Position	Name
4C Family Center of Washington County	Site Manager	Kathy Bruni
ADRC of Washington County	Director, ADRC	Tammy Anderson
Albrecht Free Clinic	Executive Director and Clinical Supervisor/Nurse	Ruth Henkle and Alissa Mosal
Boys and Girls Clubs of Washington County	Director of Operations & Executive Director	Maxwell Roy & Jay Fisher
Casa Guadalupe	Executive Director	Noelle Braun
Elevate	Executive Director	Mary Simon
Germantown School District	District School Nurse	Tammy Mamavek
Interfaith Caregivers of Washington County	Executive Director	Janean Brudvig
Kettle Moraine YMCA	Branch Director for Rivershore and West Washington	Ashley Reynolds
Kewaskum School District	Superintendent	Mark Bazata
Marine Park Technical College	Dean	Peter Rettler
NAMI Washington County	Executive Director	Lisa Krenke
Senior Center Activities	Executive Director & Grant Writer	Paula Hader and Lisa Kitzke
Threshold Incorporated	Executive Hoffman	Mike Hoffman
United Way of Washington County	CEO	Kristin Brandner
UW Madison-Extension	Human Development and Relationships Educator	Carol Bralich
Washington County	County Executive	Josh Shoemann
Washington County Economic Development Corp.	Executive Director	Christian Tscheschlok
Washington County Health and Human Services	Chief Health and Human Services Officer	Julie Driscoll
Washington County Sheriff's Office	Sheriff	Martin R. Schulteis
Washington Ozaukee Public Health Department	Director/Health Officer	Kim Buechler
Washington Ozaukee Waukesha Workforce Development Board	Board Director	Laura Catherman
West Bend School District	West Bend Superintendent	Jennifer Wimmer