



# **Community Health Needs Assessment (CHNA) Report**

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Holy Family Memorial  
Doing Business As:

Froedtert Holy Family Memorial Hospital

Fiscal Year 2023  
Effective July 1, 2022

Approved on 11/30/2022 by  
Froedtert Holy Family Memorial  
Hospital Board of Directors

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## Executive Summary

### Community Health Needs Assessment for Froedtert Holy Family Memorial Hospital

A community health needs assessment (CHNA) is a tool to gather data and important health information on the communities Froedtert Holy Family Memorial Hospital serves. This assessment guides our investments and helps us identify and measure community health needs and assets, which we are then able to better tailor our engagement with communities and allocate resources.

Froedtert Holy Family Memorial Hospital in partnership with Advocate Aurora Health, Manitowoc County Public Health Department, United Way of Manitowoc County, Lakeshore Community Action Program (CAP), and Lakeshore Community Health Care aligned resources to participate in a shared data collection process. Supported by additional analysis from JKV Research, LLC and the Center for Urban Population Health, this robust community-wide data collection process includes findings from a community health survey, informant interviews, focus groups, a compiling of secondary source data and internal hospital data. The data is taken into consideration in order to create an independent CHNA specific to Froedtert Holy Family Memorial Hospital's service area and community health needs. The CHNA is the basis for the creation of an implementation strategy to improve health outcomes and reduce disparities in Manitowoc County and the hospital's service area.

The CHNA was reviewed by the Froedtert Holy Family Memorial Hospital CHNA/Implementation Strategy Advisory Committee (**Appendix A**) consisting of members of the Mission Effectiveness Committee, Froedtert Holy Family Memorial Hospital Board of Directors, community partners in Manitowoc County, and Manitowoc County Public Health Department along with hospital and health system leadership/staff. Members of the committee were selected based on their specific knowledge of health needs and resources in Manitowoc County for a collective analysis of the findings from the Community Health Needs Assessment. Under the direction of the Community Engagement Leadership Team a and trained meeting facilitator, findings from the assessment were categorized and ranked to identify the top health needs in Manitowoc County.

Following the review of the CHNA, an implementation strategy was developed, targeting evidence-based programs and allocating resources appropriately. Froedtert Holy Family Memorial Hospital Community Engagement leadership and staff will regularly monitor and report on progress towards the Implementation Strategy objectives and provide quarterly reports to the Mission Effectiveness Committee and the health system's Community Engagement Steering Committee. Additional progress on the Implementation Strategy will be reported annually through the hospital's IRS Form 990 Schedule H filing and other reporting sources associated with strategic partners and community coalitions.

# Froedtert Holy Family Memorial Hospital Community Service Area

## Overview

Froedtert Holy Family Memorial Hospital, in affiliation with the Froedtert & the Medical College of Wisconsin health network, is the recognized leader and largest provider of comprehensive health care services in Manitowoc County. Founded by the Franciscan Sisters of Christian Charity, Holy Family Memorial, rooted in the healing ministry of Jesus Christ, is committed to providing high quality medical care and dedicated to helping individuals in the communities Holy Family Memorial serves to achieve healthier lives. The Froedtert & MCW health network operates eastern Wisconsin's only academic medical center and adult Level I Trauma Center at Froedtert Hospital, Milwaukee. The health network includes 11 hospital locations, more than 2,000 physicians and more than 45 health centers and clinics.

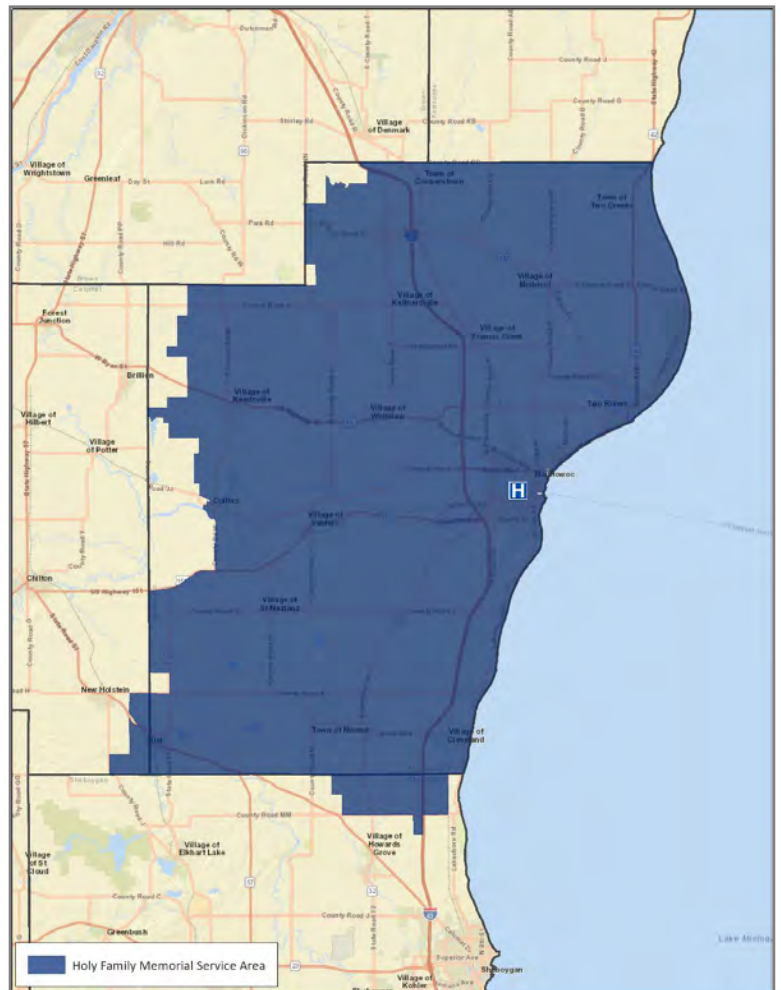
## Mission Statement

Froedtert & the Medical College of Wisconsin advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.

## Froedtert Holy Family Memorial Hospital Service Area and Demographics

For the purpose of the Community Health Needs Assessment, the community is defined as Manitowoc County, because 86.7% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Manitowoc County. Froedtert Holy Family Memorial Hospital determines its primary service area by completing an annual review and analysis of hospital discharges and market share according to various determinants.

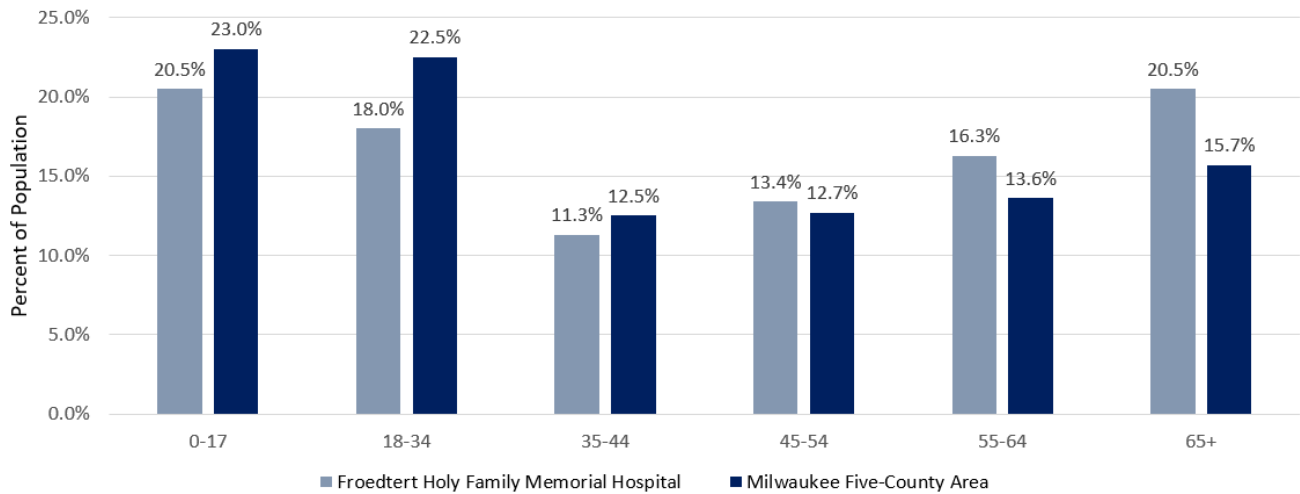
The Froedtert Holy Family Memorial Hospital total service area in Manitowoc County consists of 14 zip codes. – 53015 (Cleveland), 53042 (Kiel), 53063 (Newton), 54207 (Collins), 54214 (Francis Creek), 54215 (Kellnersville), 54220 (Manitowoc), 54227 (Maribel), 54228 (Mishicot), 54230 (Reedsville), 54232 (Saint Nazianz), 54241 (Two Rivers), 54245 (Valders), 54247 (Whitelaw).



# Froedtert Holy Family Memorial Hospital Primary Service Area Demographics

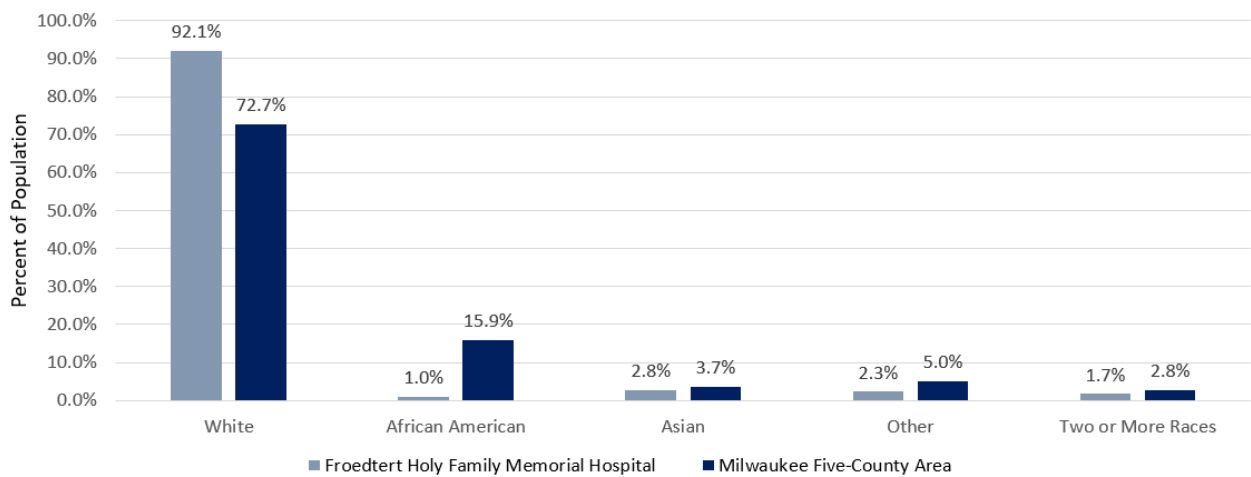
**Age** – Froedtert Holy Family Memorial Hospital service area has a larger older population compared to the Milwaukee Five-County area. The 45 and older age groups are larger in the Froedtert Holy Family Memorial Hospital service area with 50.2% of population while the Five-County area 45 and older age groups make up 42% of the population.

**2020 Age Distribution**

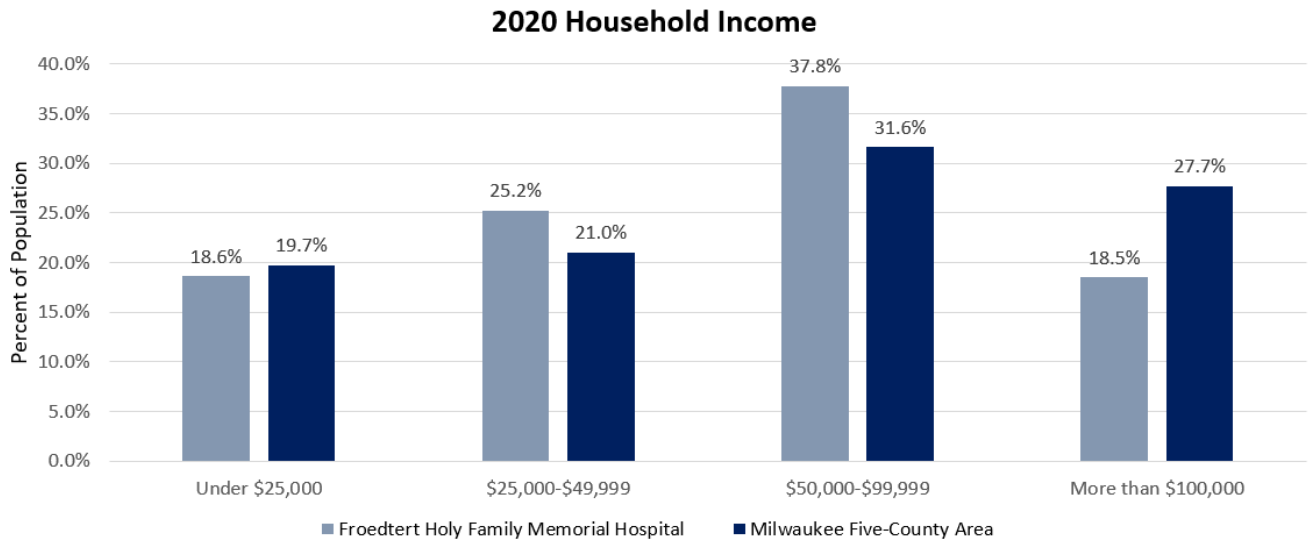


**Race** – The racial distribution in Froedtert Holy Family Memorial Hospital is predominantly White (92.1%). The Milwaukee Five-County Area is 72.7% White and 15.9% African American.

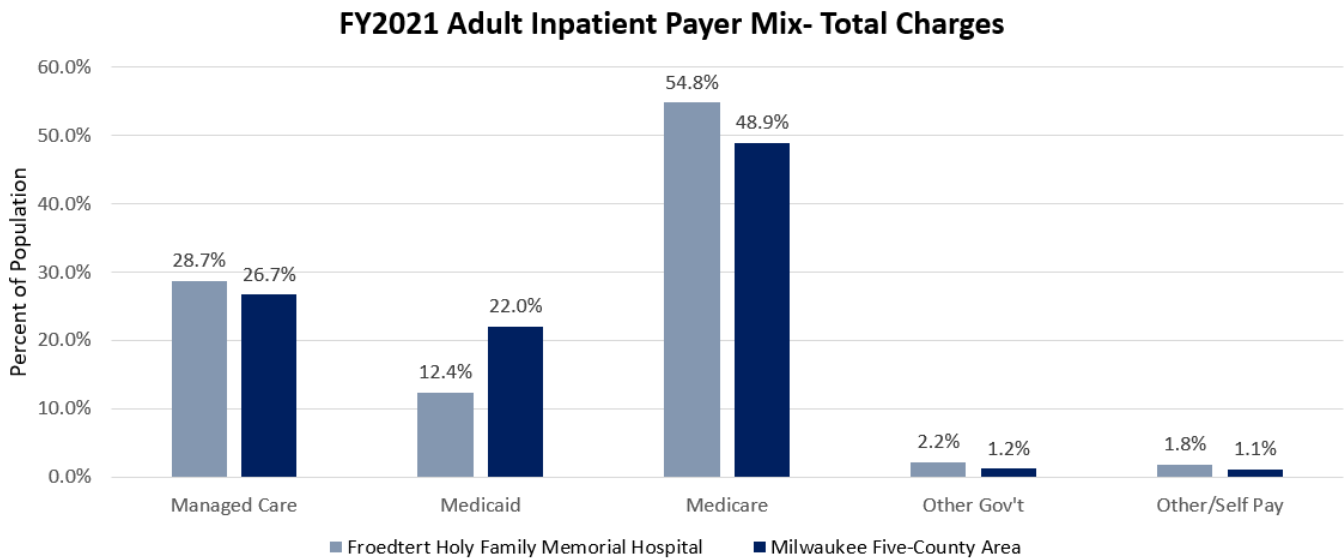
**2020 Racial Distribution**



**Household Income** – Households where income is less than \$50,000 is 43.8% of the distribution in the Froedtert Holy Family Memorial Hospital service area. Within the Milwaukee Five-County area, the percent of households that income is less than \$50,000 is 40.7%.



**Payer Mix** – For adult inpatients, Froedtert Holy Family Memorial Hospital service area has 14.2% of patients consist of Medicaid and Self Pay payers. The Milwaukee Five-County area has 23.1% of patients with Medicaid and Self Pay in the payer mix.



\*Milwaukee Five-County Area: Milwaukee, Ozaukee, Racine, Waukesha, Washington

## Community Health Needs Assessment Process and Methods Used

In 2022, a CHNA was conducted to 1) determine current community health needs in Manitowoc County, 2) gather input from persons who represent the broad interest of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs. Froedtert Holy Family Memorial Hospital assessed the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources were collected and taken into consideration for assessing and addressing community health needs:

**Community Health Survey:** A phone and online survey of 1,358 residents was conducted by Froedtert Holy Family Memorial Hospital in collaboration with community partners. The full report of these surveys can be found at <https://www.hfmhealth.org/about/community-impact/>.

**Key Stakeholder Interviews:** Froedtert Holy Family Memorial Hospital Community Engagement team and leaders conducted 32 phone interviews with community leaders of various school districts, non-profit organizations, health & human service department and business leaders. A list of organizations can be found in **Appendix H**. The full key stakeholder interview results can be found at <https://www.hfmhealth.org/about/community-impact/>.

**Secondary Data Report:** Utilizing multiple county and community-based publicly available reports, information was gathered regarding: mortality/morbidity data, injury hospitalizations, Froedtert Holy Family Memorial Hospital inpatient and outpatient data, Manitowoc County Health Rankings, public safety/crime reports and socio-economic/social driver data. A full summary of secondary data can be found at <https://www.hfmhealth.org/about/community-impact/>.

**Internal Hospital Data:** Internal data was gathered from Froedtert Holy Family Memorial Hospital's service area to gain a better understanding of specific health needs impacting the hospital's patient population.

### Disparities and Health Equity

Froedtert & the Medical College of Wisconsin's mission is to advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery. Froedtert Holy Family Memorial Hospital has a commitment to being an inclusive and culturally competent organization that provides exceptional care to everyone; therefore, equity, diversity and inclusion are priorities for not only the hospital but the entire health network. Health equity focuses on minimizing these differences and drives us to increase opportunities for good health by eliminating systemic, avoidable, unfair and unjust barriers. Equity was a focus of consideration during the entire community health needs assessment, the identification of significant health needs and the prioritization of those needs. Furthermore, equity will be considered as Froedtert Holy Family Memorial Hospital identifies strategies to address those prioritized significant health needs.

### Data Collection Collaborators

Froedtert Holy Family Memorial Hospital completed its 2022 data collection in collaboration with multiple community organizations serving Manitowoc County. These organizations were heavily involved in identifying and collecting the data components of the CHNA:

- Froedtert Holy Family Memorial Hospital
- Advocate Aurora Health
- Manitowoc County Public Health Department
- Lakeshore Community Health Care
- United Way of Manitowoc County
- Lakeshore Community Action Program (CAP)

## **Data Collection Consultants**

JKV Research, LLC was commissioned to support report preparation for the 2022 shared Manitowoc County data collection process. The Center for Urban and Population Health (CUPH) provided analysis of the key stakeholder interviews.

## **Community Health Needs Assessment Solicitation and Feedback**

Froedtert Holy Family Memorial Hospital is committed to addressing community health needs collaboratively with local partners. Froedtert Holy Family Memorial Hospital used the following methods to gain community input from January to April 2022 on the significant health needs of the Froedtert Holy Family Memorial Hospital's community. These methods provided additional perspectives on how to select and address top health issues facing Froedtert Holy Family Memorial Hospital's community.

### **Input from Community Members**

**Key Stakeholder Interviews:** Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs ("informants") in Froedtert Holy Family Memorial Hospital's community, including Manitowoc County, were identified by organizations and professionals that represent the broad needs of the community as well as organizations that serve low-income and underserved populations. A list of key stakeholders can be found in [Appendix H](#). These local partnering organizations also invited the stakeholder to participate in and conducted the interviews. The interviewers used a standard interview script that included the following elements:

- Questions related to the COVID-19 pandemic:
  - What needs or gaps have developed from the COVID-19 pandemic that have affected the community your organization serves, including any special populations or groups?
  - What are the existing strategies to address the gaps? What is working well?
  - What additional strategies are needed to address the gaps? Which community stakeholders are needed for the strategies to be successful?
  - How would you suggest organizations reach out to community members to implement health initiatives?
  - What is one key learning that you (or your organization) have had from the COVID-19 pandemic?
- Ranking of two social determinants of health issue areas
  - For those two social determinants of health, identification of:
    - The populations most affected and how they are affected
    - One major effort the community could rally behind to improve the issue
    - The community stakeholders that are critical to addressing the issue
- Ranking of two health conditions and behaviors that are the most important issues for the county
  - For those two health issues, identification of:
    - The populations most affected and how they are affected
    - Existing strategies to address the issue
    - Additional strategies needed and barriers to addressing the issue
    - The community stakeholders that are critical to addressing the issue
    - One major effort the community could rally behind to improve the issue
    - One thing the organization needs to address this issue
    - How social determinants of health impact this issue

**Underserved Population Input:** Froedtert Holy Family Memorial Hospital is dedicated to reducing health disparities and input from community members who are medically underserved, low-income and minority populations and/or organizations that represent those populations are important in addressing community health needs. With that in mind, Froedtert Holy Family Memorial Hospital took the following steps to gain input:

- Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status.
- Key Stakeholder Interviews: The key stakeholder interviews included input from members of organizations representing medically underserved, low-income and minority populations.



## Summary of Community Member Input

The top five Manitowoc County health issues/behaviors and social needs ranked most consistently or most often cited in the community health survey and by key stakeholders were:

### Community Health Survey (Health Issues/Behaviors):

- Alcohol and Substance Use
- Mental Health, Mental Conditions and Suicide
- Nutrition, Physical Activity and Obesity
- Communicable Diseases or COVID-19
- Chronic Diseases

### Community Health Survey (Social Needs):

- Economic Stability and Employment
- Education Access and Quality
- Safe and Affordable Housing
- Accessible and Affordable Health Care
- Racism and Discrimination

### Key Stakeholder Interviews (Health Issues/Behaviors):

- Mental Health, Mental Conditions and Suicide
- Alcohol and Substance Use
- Nutrition, Physical Activity and Obesity
- Intimate Partner/Domestic Violence
- Oral Health

### Key Stakeholder Interviews (Social Needs):

- Safe and Affordable Housing
- Affordable Childcare
- Economic Stability and Employment
- Family Support
- Social Connectedness and Belonging

## Prioritization of Significant Health Needs

Froedtert Holy Family Memorial Hospital in collaboration with community partners, JKV Research, LLC, and the Center of Urban Population Health (CUPH), analyzed secondary data of several indicators and gathered community input through online and phone surveys, and key stakeholder interviews to identify the needs in Manitowoc County. Based on the information from all the CHNA data collection sources, the health needs were identified as:

- Mental Health & Access to Mental Health Services;
- Alcohol Use;
- Other Drug Use;
- Tobacco Use;
- Obesity;
- Safe and Affordable Housing;
- Affordable Childcare;
- Economic Stability & Employment;
- Equitable Access to Health Services; and
- Chronic Diseases

The CHNA was reviewed by the Froedtert Holy Family Memorial Hospital CHNA/Implementation Strategy Advisory Committee (**Appendix A**) consisting of members of the Mission Effectiveness Committee, Froedtert Holy Family Memorial Hospital Board of Directors, community partners in Manitowoc County, and Manitowoc County Public Health Department along with hospital and health system leadership/staff. Members of the committee were selected based on their specific knowledge of health needs and resources in Manitowoc County for a collective analysis of the findings from the Community Health Needs Assessment. Under the direction of the Community Engagement Leadership Team and a trained meeting facilitator, the planning process included five steps in prioritizing Froedtert Holy Family Memorial Hospital's significant health needs:

1. Reviewed the Community Health Needs Assessment results for identification and prioritization of community health needs
2. Reviewed previous implementation plan programs and results
3. Reviewed current hospital and community health improvement initiatives and strategies
4. Ranked and selected priority areas
5. Selected evidence-based strategies, partnerships and programs to address community health needs

During a facilitated workout session in September 2022, members of the CHNA/Implementation Strategy Advisory Committee were asked to rate each health need based on the following criteria to identify the significant health needs:

- **Alignment:** the degree to which the health issue aligns with Froedtert Health’s mission and strategic priorities.
- **Feasibility:** the degree to which Froedtert Holy Family Memorial Hospital can address the need through direct programs, clinical strengths and dedicated resources.
- **Partnerships:** the degree to which there are current or potential community partners/coalitions.
- **Health Equity:** the degree to which disparities exist and can be addressed.
- **Measurable:** the degree to which measurable impact can be made to address the issue.
- **Upstream:** the degree to which the health issue is upstream from and a root cause of other health issues.

Based on those results, three overarching themes were identified as priorities for Froedtert Holy Family Memorial Hospital’s Implementation Strategy for fiscal 2023-2025:

- **Mental Health**
- **Chronic Disease; and**
- **Workforce Development**

## **Community Resources and Assets**

Froedtert Holy Family Memorial Hospital Community Engagement staff, leaders and external community partners work collaboratively to address the significant health needs of the community by leveraging existing resources including in-kind donations, financial contributions, dedicated staff, marketing/IT, and clinical and medical expertise. Specific resources leveraged by the hospital are identified in the Implementation Strategy. In addition, community resources are noted by key stakeholder in **Appendix G**.

## **Approval of Community Health Needs Assessment**

The completed Community Health Needs Assessment (CHNA) report was adopted by the Froedtert Holy Family Memorial Hospital Board of Directors on November 30, 2022 and made publicly available on December 1, 2022.

## **Summary of Impact from the Previous Implementation Strategy**

An abridged version of the results and evaluation of the impact of actions taken to address the significant health needs identified in Froedtert Holy Family Memorial Hospital’s prior CHNA can be found in **Appendix K** of this CHNA. A copy of the complete prior CHNA can be found on Froedtert Holy Family Memorial Hospital website at <https://www.hfmhealth.org/about/community-impact/>.

## **Public Availability of CHNA and Implementation Strategy**

After adoption of the CHNA Report and Implementation Strategy, Froedtert Holy Family Memorial Hospital publicly shares both documents with community partners, key stakeholder, hospital board members, public schools, non-profits, hospital coalition members, Manitowoc County Public Health Department, and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on <https://www.hfmhealth.org/about/community-impact/>.

Feedback and public comments are always welcomed and encouraged, and can be provided through the contact form on the Froedtert & the Medical College of Wisconsin website at <https://www.froedtert.com/contact>, or contacting Froedtert Health, Inc.’s Community Engagement leadership/staff with questions and concerns by calling 414-777-3787. Froedtert Holy Family Memorial Hospital received no comments or issues with the previous Community Health Needs Assessment Report and Implementation Strategy.

## Appendix A: Froedtert Holy Family Memorial Hospital CHNA/Implementation Strategy Advisory Committee

Name	Title	Organization	Hospital Affiliation
Michael DeGere, DPM	Vice President and Chief Medical Officer	Froedtert Holy Family Memorial Hospital	HFM Board Member
Heather Feest	Nurse Manager	Manitowoc County Health Department	
Donna Firman	Board President	Prevent Suicide Manitowoc County	
Sydney Herman	Community Health Strategist	Manitowoc County Health Department	
Patti Glaser	Manager – Marketing & Community Relations	Froedtert Holy Family Memorial Hospital	MEC
Chris Gilbert	Co-Executive Director	CORE Treatment Services	
Brian Graf	Executive Director, MSK and Specialty	Froedtert Holy Family Memorial Hospital	
Sr. Nancy Kinate	Community Member	Franciscan Sisters of Christian Charity	HFM Board Member/ MEC
Sr. Kay Klackner	Vice President of Mission	Franciscan Sisters of Christian Charity Sponsored Ministries	MEC
Sr. Mary Frances Maher	Community Member	Franciscan Sisters of Christian Charity	HFM Board Member/ MEC
Steve Little	President of Froedtert Holy Family Memorial Hospital/Senior Vice President of Froedtert Health Network Development	Froedtert Holy Family Memorial Hospital	HFM Board Member/ MEC
Scott McConnaha	President and CEO	Franciscan Sisters of Christian Charity Sponsored Ministries	
Roxanne Miner	Director of Mission and Pastoral Care	Froedtert Holy Family Memorial Hospital	HFM Board Member/ MEC
Christma Rusch	Executive Director	Lighthouse Recovery Community Center	
Kristin Stearns	CEO	Lakeshore Community Health Care	
Michelle Birschbach	Attorney	Steimle Birschbach, LLC	HFM Board Member
Matthew Campbell, MD	Physician – General and Vascular Surgery	Froedtert Holy Family Memorial Hospital	HFM Board Member
Dessa Johnson	Director, Diversity and Inclusion	Froedtert Health	
Thomas Veaser	Vice President of Quality/Chief Nursing Officer	Froedtert Holy Family Memorial Hospital	
Andy Dresang	Executive Director, Community Engagement	Froedtert Health	
Larry Dux	Director, Clinical Informatics	Froedtert Health	
Kate Nickel	Sr. Community Engagement Coordinator	Froedtert Holy Family Memorial Hospital	
Amanda Wisth	Community Engagement Data Analyst	Froedtert Health	
Xue Yang	Community Relations/Communications Specialist	Froedtert Holy Family Memorial Hospital	

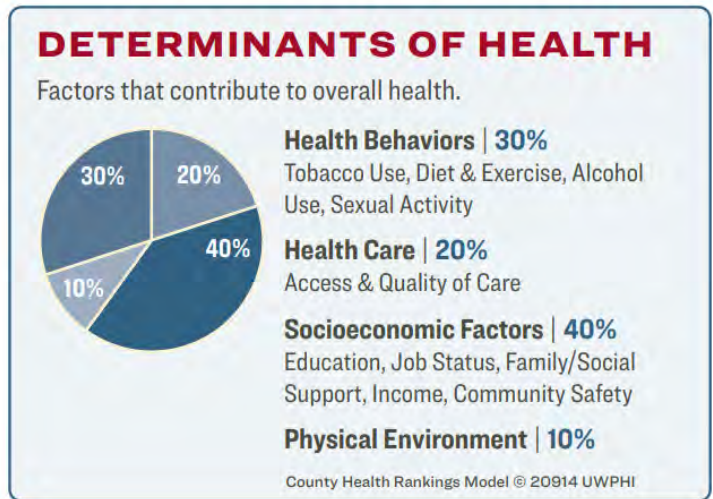
## Appendix B: Disparities and Health Equity

Health equity and health disparities are complex and closely connected, as are their root causes. This assessment derived language and context for these definitions from the Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute and the American Public Health Association.

**Racism** affects opportunity and assigns value based on how a person looks. It unfairly advantages some individuals and communities and unfairly disadvantages others. Racism hurts the health of our nation by preventing some people from attaining their highest level of health. Racism can be intentional or not, and it impacts health in many ways; driving unfair treatment through policies, practices, and resource allocation. It is a fundamental cause of health disparities across numerous health issues.

**Determinants of health** reflect the many factors that contribute to an individual's overall health. In addition to health care and health behaviors, it is estimated that socioeconomic conditions and the physical environment represent 50% of an individual's opportunity for good health. The determinants of health reflect a growing area of focus, research, and investment in areas like housing, education, community safety, and employment to help build healthier communities.

**Health disparities** are preventable differences in *health outcomes* (e.g. infant mortality), as well as the *determinants of health* (e.g. access to affordable housing) across populations.



**Health equity** is the principle that opportunities for good health in vulnerable populations are achievable by eliminating systemic, avoidable, unfair, and unjust barriers. Progress towards achieving health equity can be measured by reducing gaps in health disparities.

### Health Disparities

Identifying health disparities and barriers to good health are important components in assessing community health needs. Once identified, understanding upstream policies, systems, and social determinants that drive health disparities can help create practical, community-driven solutions that support individual and community health improvement. Analysis by race and place is utilized throughout the shared Manitowoc County CHNA.

National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes in communities of color, low-income populations, and for LGBTQ+ individuals. Health disparities in these and other vulnerable populations described in the shared Manitowoc County CHNA are informed by both community input (primary data) and health indicators (secondary data).

## Appendix C: 2022 Manitowoc County Community Health Needs Assessment: Community Health Phone Survey

The Manitowoc County Community Health Needs Assessment survey results are available at <https://www.hfmhealth.org/about/community-impact/>

The Community Health Survey is conducted approximately every three years and is used to identify community trends and changes over time. The health topics covered by the phone survey are provided in the Manitowoc County Community Health Needs Assessment (**Appendix D**). The purpose of this project is to provide Manitowoc County with information for an assessment of the health status of residents.

Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information will also be collected about the respondent's household.
2. Gather data on a random child (17 or younger) in the household through an adult who makes health care decisions for the child.
3. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
4. Compare, where appropriate, health data of residents to previous health studies.
5. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

Respondents were scientifically selected so the survey would be representative of all adults 18 years old and older in the county. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer and based on the number of adults in the household (n=220). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=180). At least 8 attempts were made to contact a respondent in each sample. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated. A total of 400 telephone interviews were completed between January 26 and April 2, 2022.

With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than  $\pm 5$  percent from what would have been obtained by interviewing all persons 18 years old and older with telephones in the county. This margin of error provides us with confidence in the data; 95 times out of 100, the true value will likely be somewhere between the lower and upper bound. The margin of error for smaller subgroups will be larger than  $\pm 5$  percent, since fewer respondents are in that category (e.g., adults who were asked about a random child in the household).

In 2020, the Census Bureau estimated 61,644 adult residents lived in Manitowoc County. Thus, in this report, one percentage point equals approximately 620 adults. So, when 25% of respondents reported their health was fair or poor, this roughly equals 15,500 residents  $\pm 3,100$  individuals. Therefore, from 12,400 to 18,600 residents likely have fair or poor health. Because the margin of error is  $\pm 5\%$ , events or health risks that are small will include zero.

**Limitations:** The breadth of findings is dependent upon who self-selected to participate in the phone survey. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. However, findings did show that the community survey participant sample was representative of the overall demographics of Manitowoc County. A limitation to the survey was that it was conducted in English and Spanish only.

**Partners & Contracts:** This report was commissioned by Advocate Aurora Health, Froedtert Holy Family Memorial Hospital, Lakeshore Community Health Care, Manitowoc County Public Health Department, Lakeshore Community Action Program (CAP), and United Way of Manitowoc County in



partnership with the Center for Urban Population Health. The data was analyzed and prepared by JKV Research, LLC.

## Appendix D: 2022 Manitowoc County Community Health Phone Survey Results

### Manitowoc County Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of county residents. This summary was prepared by JKV Research for Aurora Health Care, Holy Family Memorial—Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department and United Way of Manitowoc County.

	Manitowoc					WI	US
	2010	2013	2016	2019	2022	2020	2020
<b>Overall Health</b>							
Excellent/Very Good	57%	52%	51%	45%	34%	57%	57%
Good	30%	32%	31%	36%	41%	30%	30%
Fair or Poor	14%	16%	17%	19%	25%	13%	13%
<b>Health Care Coverage</b>	Manitowoc					WI	US
Not Covered	2010	2013	2016	2019	2022	2020	2020
Personally (Currently, 18 Years Old and Older)	15%	6%	2%	3%	2%	8%	11%
Personally (Currently, 18 to 64 Years Old) [HP2030 Goal: 8%]	19%	7%	3%	4%	3%	9%	13%
Household Member (Past Year)	23%	13%	6%	8%	6%	NA	NA
<b>Did Not Receive Care Needed in Past Year</b>	Manitowoc					WI	US
Unmet Need/Care in Household	2010	2013	2016	2019	2022	2020	2017
Prescription Medication Not Taken Due to Cost [HP2030 Goal: 3%]	--	10%	12%	9%	7%	NA	3%
Medical Care [HP2030 Goal: 3%]*	--	11%	10%	7%	10%	NA	4%
Dental Care [HP2030 Goal: 4%]*	--	11%	11%	16%	17%	NA	5%
Mental Health Care Services or Alcohol/Substance Abuse Treatment	--	--	--	--	9%	NA	NA
<b>Economic Hardships</b>	Manitowoc					WI	US
Household Went Hungry (Past Year)	--	1%	2%	4%	5%	NA	NA
Household Able to Meet Needs with Money and Resources Strongly Disagree/Disagree (Past Month)	--	--	--	--	8%	NA	NA
Issue with Current Housing Situation	--	--	--	--	3%	NA	NA
<b>Health Information</b>	Manitowoc					WI	US
Primary Source of Health Information	2010	2013	2016	2019	2022	2020	2020
Doctor or Other Health Professional	--	--	62%	65%	73%	NA	NA
Internet	--	--	18%	20%	10%	NA	NA
Family/Friends	--	--	1%	6%	5%	NA	NA
Myself/Family Member in Health Care Field	--	--	8%	4%	5%	NA	NA
<b>Health Services</b>	Manitowoc					WI	US
Have a Primary Care Physician [HP2030 Goal: 84%]	2010	2013	2016	2019	2022	2020	2020
Primary Health Services	--	--	88%	90%	88%	83%	77%
Doctor/Nurse Practitioner's Office	77%	78%	63%	65%	63%	NA	NA
Urgent Care Center	3%	9%	20%	18%	19%	NA	NA
Quickcare Clinic/Fastcare Clinic	--	--	--	--	7%	NA	NA
Public Health Clinic/Community Health Center	8%	6%	4%	5%	2%	NA	NA
Hospital Emergency Room	2%	1%	4%	2%	3%	NA	NA
Hospital Outpatient Department	3%	1%	<1%	3%	<1%	NA	NA
No Usual Place	5%	4%	8%	7%	4%	NA	NA
Advance Care Plan	33%	38%	47%	43%	43%	NA	NA

--Not asked. NA-WI and/or US data not available.

\*Since 2019, the question was asked about any household member. In previous years, the question was asked of the respondent only.





	Manitowoc					WI	US
<b>Delta-8 (Marijuana-lite, Diet Weed, Dabs) Use in Past Month</b>	<u>2010</u>	<u>2013</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Delta-8	--	--	--	--	2%	NA	NA
	Manitowoc					WI	US
<b>Alcohol Use in Past Month</b>	<u>2010</u>	<u>2013</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Heavy Drinker*	9%	5%	--	--	9%	10%	7%
Binge Drinker** [HP2030 Goal 5+ Drinks: 25%]	23%	20%	40%	30%	22%	23%	16%
	Manitowoc					WI	US
<b>Mental Health Status</b>	<u>2010</u>	<u>2013</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Felt Sad, Blue or Depressed Always/Nearly Always (Past Month)	4%	6%	5%	5%	8%	NA	NA
Considered Suicide (Past Year)	4%	3%	2%	7%	5%	NA	NA
Find Meaning & Purpose in Daily Life Seldom/Never	5%	5%	4%	6%	6%	NA	NA
	Manitowoc					WI	US
<b>Children in Household</b>	<u>2010</u>	<u>2013</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Personal Health Care Doctor/Nurse Who Knows Child Well and Familiar with History	--	--	96%	88%	96%	NA	NA
Visited Personal Doctor/Nurse for Preventive Care (Past Year)	--	--	84%	94%	94%	NA	NA
COVID-19 Vaccine Status (Children 5 to 17 Years Old)	--	--	--	--	47%	NA	NA
Mental Health Condition	--	--	--	--	26%	NA	NA
Overweight or Obese	--	--	--	--	15%	NA	NA
Current Asthma	--	--	4%	4%	13%	NA	NA
Diabetes	--	--	--	--	0%	NA	NA
Safety in Community (Children 5 to 17 Years Old)	--	--	0%	4%	0%	NA	NA
	Manitowoc					WI	US
<b>Top County Social or Economic Issues</b>	<u>2010</u>	<u>2013</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Economic Stability and Employment	--	--	--	--	34%	NA	NA
Education Access and Quality	--	--	--	--	9%	NA	NA
Safe and Affordable Housing	--	--	--	--	8%	NA	NA
Accessible and Affordable Health Care	--	--	--	--	8%	NA	NA
Racism and Discrimination	--	--	--	--	8%	NA	NA
Community Violence and Crime	--	--	--	--	7%	NA	NA
Food Insecurity	--	--	--	--	6%	NA	NA
Social Connectedness and Belonging	--	--	--	--	6%	NA	NA
Family Support	--	--	--	--	5%	NA	NA
Politics/Government	--	--	--	--	4%	NA	NA
Accessible and Affordable Transportation	--	--	--	--	4%	NA	NA
	Manitowoc					WI	US
<b>Top County Health or Behavioral Issues</b>	<u>2010</u>	<u>2013</u>	<u>2016</u>	<u>2019</u>	<u>2022</u>	<u>2020</u>	<u>2020</u>
Alcohol and Substance Use	--	--	--	--	40%	NA	NA
Mental Health, Mental Conditions and Suicide	--	--	--	--	26%	NA	NA
Nutrition, Physical Activity and Obesity	--	--	--	--	17%	NA	NA
Communicable Diseases or COVID-19	--	--	--	--	12%	NA	NA
Chronic Diseases	--	--	--	--	7%	NA	NA
Tobacco and Vaping Products	--	--	--	--	5%	NA	NA
Access to Affordable Health Care	--	--	--	--	4%	NA	NA

--Not asked. NA-WI and/or US data not available.

\*Heavy drinking is defined as 61 or more drinks for males and 31 or more drinks for females in the past month.

\*\*Since 2013, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used; in 2010, "5 or more drinks on an occasion" was used for both males and females.



### **General Health**

In 2022, 34% of respondents reported their health as excellent or very good; 25% reported fair or poor. Respondents in the bottom 40 percent household income bracket, who were unmarried or smokers were more likely to report fair or poor health. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor, as well as from 2019 to 2022.*

### **Health Care Coverage**

In 2022, 2% of respondents reported they were not currently covered by health care insurance. Six percent of respondents reported someone in their household was not covered at least part of the time in the past year; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2010 to 2022, the overall percent statistically decreased for respondents 18 and older or 18 to 64 years old who reported no current personal health care coverage while from 2019 to 2022, there was no statistical change. From 2010 to 2022, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past year while from 2019 to 2022, there was no statistical change.*

In 2022, 7% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past year; respondents in the bottom 40 percent household income bracket were more likely to report this. Ten percent of respondents reported in the past year someone in their household did not receive the medical care needed; respondents who were in the bottom 60 percent household income bracket or unmarried were more likely to report this. Seventeen percent of respondents reported in the past year someone in the household did not receive the dental care needed; respondents in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported in the past year they did not receive the mental health care services or alcohol/substance abuse treatment they needed or considered seeking; respondents 18 to 34 years old or with a college education were more likely to report this. *From 2013 to 2022, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically remained the same for respondents who reported unmet medical care for a household member in the past year, as well as from 2019 to 2022. From 2013 to 2022, the overall percent statistically increased for respondents who reported unmet dental care for a household member in the past year while from 2019 to 2022, there was no statistical change. Please note: since 2019, unmet medical and dental care need was asked of the household. In prior years, it was asked of the respondent only.*

### **Economic Hardships**

In 2022, 5% of respondents reported their household went hungry because they didn't have enough food in the past year; respondents who were in the bottom 60 percent household income bracket, unmarried or without children were more likely to report this. Eight percent of respondents disagreed or strongly disagreed "During the past month, my household has been able to meet its needs with the money and resources we have." Respondents in the bottom 40 percent household income bracket were more likely to disagree overall their household was able to meet its needs. Three percent of respondents reported they had an issue with their current housing situation. *From 2013 to 2022, there was a statistical increase in the overall percent of respondents who reported their household went hungry because they didn't have enough food in the past year while from 2019 to 2022, there was no statistical change.*

### **Health Information**

In 2022, 73% of respondents reported they trust a doctor or other health professional the most for health information while 10% reported the Internet. Five percent each reported family/friends as the most trusted source or they were/family member was in the health care field and their source for health information. Respondents 45 to 54 years were more likely to report the Internet. Respondents with a high school education or less were more likely to report family/friends. Respondents with some post high school education were more likely to report themselves or a family member in the health care field and their most trusted source for health information. *From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust their doctor or other health professional the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical decrease in the overall percent of respondents who reported they trust the Internet the most as their source of health information, as well as from 2019 to 2022. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported they trust family/friends the most as their source of health information while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they were/family member was in the health care field and their source of health information, as well as from 2019 to 2022.*

### **Health Services**

In 2022, 88% of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 55 and older, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a primary care physician. Sixty-three percent of respondents reported their primary place for health services when they are sick was from a doctor's or nurse practitioner's office while 19% reported an urgent care center. Seven percent reported a Quickcare clinic/Fastcare clinic while 2% reported a public health clinic/community health center. Respondents who were female, 55 and older, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a doctor's or nurse practitioner's office as their primary health care when they are sick. Respondents 18 to 34 years old or with a college education were more likely to report an urgent care center as their primary health care. Forty-three percent of respondents had an advance care plan; respondents who were 65 and older or married were more likely to report an advance care plan. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported they have a primary care physician, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a doctor's/nurse practitioner's office while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported their primary place for health services when they are sick was an urgent care center while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who reported their primary place for health services when they are sick was a public health clinic/community health center, as well as from 2019 to 2022, there was a statistical increase in the overall percent of respondents with an advance care plan while from 2019 to 2022, there was no statistical change.*

### **Vaccinations**

In 2022, 29% of respondents reported they were not vaccinated against COVID-19; respondents 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Personal choice was the most often listed reason for not being vaccinated. Excluding the COVID-19 vaccine, 7% of respondents reported someone in their household was not up-to-date with vaccines.

### **Fallen/Injury Limited Activities**

In 2022, 17% of respondents 55 and older reported in the past three months they have fallen at least once; male respondents were more likely to report this. Of the respondents who had fallen in the past three months, 21% reported at least one of the falls caused an injury that limited their regular activities for at least a day or caused them to see a doctor.

### **Health Conditions**

In 2022, out of six health conditions listed, the most often mentioned in the past three years was high blood pressure (32%), high blood cholesterol (29%) or a mental health condition (25%). Respondents who were 65 and older or overweight were more likely to report high blood pressure. Respondents 65 and older were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Fifteen percent of respondents reported diabetes; respondents who were 55 and older, in the bottom 40 percent household income bracket, overweight or smokers were more likely to report this. Eleven percent reported they were treated for, or told they had heart disease/condition in the past three years. Respondents who were male, 65 and older, in the bottom 40 percent household income bracket or unmarried were more likely to report heart disease/condition. Thirteen percent reported current asthma; respondents who were female, with some post high school education, in the bottom 40 percent household income bracket or married respondents were more likely to report this. Of respondents who reported these health conditions, at least 80% reported they were regularly seeing a doctor, nurse or other health care provider for their health condition. *From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol or heart disease condition, as well as from 2019 to 2022. From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported a mental health condition, diabetes or current asthma while from 2019 to 2022, there was no statistical change.*

### **Physical Health**

In 2022, 79% of respondents were classified as at least overweight while 41% were obese. Respondents who were male or in the top 60 percent household income bracket were more likely to be at least overweight. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who were at least overweight or obese while from 2019 to 2022, there was no statistical change.*



### **Women's Health**

In 2022, 77% of female respondents 18 to 65 years old reported a pap smear within the past three years; married respondents were more likely to report this. *From 2010 to 2022, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported a pap smear within the past three years while from 2019 to 2022, there was a statistical decrease.*

### **Tobacco Use**

In 2022, 15% of respondents were current tobacco cigarette smokers; respondents who were male, 55 to 64 years old, with some post high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to be a smoker. Eight percent of respondents used electronic vapor products in the past month; respondents who were 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Five percent of respondents used smokeless tobacco in the past month while 2% of respondents used cigars, cigarillos or little cigars. Respondents who were male, 18 to 34 years old, in the top 60 percent household income bracket or unmarried were more likely to report smokeless tobacco use. *From 2010 to 2022, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported electronic vapor product use in the past month while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was no statistical change in the overall percent of respondents who used smokeless tobacco or used cigars/cigarillos/little cigars in the past month, as well as from 2019 to 2022.*

In 2022, 81% of respondents reported smoking is not allowed anywhere inside the home. Respondents with children in the household were more likely to report smoking is not allowed anywhere inside the home. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home while from 2019 to 2022, there was no statistical change.*

### **Delta-8 Use**

In 2022, 2% of respondents used Delta-8, also known as marijuana-lite, diet weed or dabs, in the past month.

### **Alcohol Use**

In 2022, 67% of respondents had an alcoholic drink in the past month. Nine percent of respondents were heavy drinkers in the past month (females 31+ drinks per month and males 61+ drinks) while 22% of respondents were binge drinkers (females 4+ drinks in a row and males 5+ drinks). Respondents 18 to 34 years old were more likely to report heavy drinking. Respondents who were male or 18 to 34 years old were more likely to have binged at least once in the past month. *From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported heavy drinking in the past month. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported binge drinking in the past month while from 2019 to 2022, there was a statistical decrease.*

### **Mental Health Status**

In 2022, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past month; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 18 to 34 years old or unmarried were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, 18 to 34 years old, in the bottom 60 percent household income bracket or unmarried were more likely to report this. *From 2010 to 2022, there was a statistical increase in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month while from 2019 to 2022, there was no statistical change. From 2010 to 2022, there was no statistical change in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life, as well as from 2019 to 2022.*

### **Children in Household**

In 2022, the respondent was asked if they make health care decisions for children living in the household. If yes, they were asked a series of questions about the health and behavior of a randomly selected child. Ninety-six percent of respondents reported they have one or more persons they think of as the child's personal doctor or nurse, with 94% reporting the child visited their primary doctor or nurse for preventive care during the past year. Forty-seven percent of respondents reported the 5 to 17 year old child received at least one dose of the Moderna or Pfizer COVID-19 vaccine or the single dose of Johnson and Johnson vaccine. Twenty-six percent of respondents reported the child had a diagnosed mental health condition. Fifteen percent of respondents reported the child is overweight or obese. Thirteen percent of respondents reported

the child currently had asthma. Zero percent of respondents reported the child had diabetes. Zero percent of respondents reported the child was seldom/never safe in their community. *From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child had a personal doctor or nurse while from 2019 to 2022, there was a statistical increase. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child visited their personal doctor/nurse in the past year for preventive care while from 2019 to 2022, there was no statistical change. From 2016 to 2022, there was a statistical increase in the overall percent of respondents who reported the child currently had asthma, as well as from 2019 to 2022. From 2016 to 2022, there was no statistical change in the overall percent of respondents who reported the child was seldom/never safe in their community, as well as from 2019 to 2022.*

#### **Top County Social or Economic Issues**

In 2022, respondents were asked to list the top two social or economic issues in the county. The most often cited were economic stability and employment (34%) or education access and quality (9%). Respondents with a college education were more likely to report economic stability and employment as a top social or economic issue. Respondents who were 35 to 44 years old or married were more likely to report education access and quality. Eight percent of respondents reported safe and affordable housing. Eight percent of respondents reported accessible and affordable health care as a top issue; respondents who were female, 18 to 34 years old or married were more likely to report this. Eight percent of respondents reported racism and discrimination. Seven percent of respondents reported community violence and crime. Six percent of respondents reported food insecurity as a top issue; respondents 55 to 64 years old were more likely to report this. Six percent of respondents reported social connectedness and belonging; respondents with a high school education or less were more likely to report this. Five percent of respondents reported family support; respondents with a college education were more likely to report this. Four percent of respondents reported politics/government; respondents who were male, 18 to 34 years old or unmarried were more likely to report this. Four percent of respondents reported accessible and affordable transportation as a top issue; respondents 55 and older were more likely to report this.

#### **Top County Health Conditions or Behaviors**

In 2022, respondents were asked to list the top two health or behavioral issues in the county that must be addressed in order to improve the health of county residents. The most often cited were alcohol and substance use (40%) or mental health, mental conditions and suicide (26%). Respondents 35 to 44 years old or in the middle 20 percent household income bracket were more likely to report alcohol and substance use as a top health or behavioral issue. Respondents 55 to 64 years old or with a college education were more likely to report mental health, mental conditions and suicide. Seventeen percent of respondents reported nutrition, physical activity and obesity; respondents who were male, 45 to 54 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report this. Twelve percent of respondents reported communicable diseases or COVID-19 as a top issue; respondents with a high school education or less were more likely to report this. Seven percent of respondents reported chronic diseases. Five percent of respondents reported tobacco and vaping products. Four percent of respondents reported access to affordable health care as a top issue; married respondents were more likely to report this.

## **Appendix E: 2022 Manitowoc County Community Health Needs Assessment: Community Health Online Survey**

To supplement the Community Health Survey phone survey, an online survey was created by partners: Aurora Health Care, Froedtert Holy Family Memorial Hospital, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, Manitowoc County Public Health Department, and the United Way of Manitowoc County. The health topics covered by the online survey are provided in the Manitowoc County Community Health Needs Assessment (**Appendix F**).

An English, Hmong and Spanish version were entered in to Survey Monkey with links and QR codes for easy access. Partners marketed the survey throughout the county. A total of 958 online surveys were completed between April 8 and June 1, 2022. Post-stratification was conducted at the age-group level by sex of the 2019 characteristics of the American Community Survey. The margin of error is  $\pm 3$  percent. The margin of error for smaller subgroups will be larger than  $\pm 3$  percent, since fewer respondents are in that category.

The survey was conducted by JKV Research, LLC.



# Appendix F: 2022 Manitowoc County Community Health Online Survey Results

1. Do you live in Manitowoc County?

Yes .....96%  
No..... 4

2. Do you work in Manitowoc County?

Yes .....74%  
No.....26 → AND Q1=No.

“I’m sorry, you are not eligible for this survey. We are looking to collect data from those who live or work in Manitowoc. Thank you for your time.”

3. Below are some statements about health care services and providers (doctors, nurse practitioners, physician assistants or primary care clinics) in Manitowoc County. Select an option for your response in each row below. [Respondents who selected “not applicable” were excluded.]

		Yes	No	Not Sure
a.	I have a health care provider where I regularly go for check-ups and when I am sick .....	84%	14%	2%
b.	I can get an appointment for my health needs quickly.....	76	15	9
c.	I can easily get to my health care provider or clinic .....	93	5	2
d.	I am heard, seen and listened to when receiving health care .....	85	7	7
e.	I am treated differently because of my race or ethnicity when receiving health care .....	4	88	8
f.	I am treated differently because of my gender when receiving health care .....	6	83	12
g.	I am treated differently because of my sexual orientation when receiving health care .....	1	91	7
h.	My family/support people are seen and listened to when I receive health care.....	82	7	11
i.	I am seen and listened to when my child/children are receiving health care.....	88	9	3

4. In the past year, did you seek community resource support from an organization in Manitowoc County?

Examples include food pantries, support groups, energy assistance, pregnancy resources or housing assistance.

Yes .....10% → CONTINUE WITH Q5  
No.....89 → GO TO Q8  
Not sure..... 1 → GO TO Q8

5. What resource(s) did you seek? (open-ended) [93 Respondent: Multiple Responses Accepted]

Food Assistance/Pantry/Salvation Army/St. Vincent DePaul .....44%  
Energy/Heat/Utility Assistance.....32  
Health Care/Badger Care/Medicaid/Pink Heals/The Crossing/Planned Parenthood.....26  
Aging and Disability Resource Center.....17  
Rental/Housing Assistance/CAP.....14  
Food Stamps..... 4  
Vaccinations/Immunizations/COVID-19 Vaccines ..... 5  
Mental Health or AODA Services/Painting Pathway/CCS ..... 6  
Human Services/WIC ..... 3  
211 ..... 3  
Other (2% or less) ..... 3

6. How supported did you feel by [Resource] offered to you? Would you say... [93 Respondents Listing 149 Resources]

Not at all supported.....11%  
Slightly supported ..... 4  
Somewhat supported.....23  
Very supported.....57  
Extremely supported.....64  
Not sure..... 2

7. What is the reason or reasons you answered the way you did? [29 Respondents Listing 35 Resources]

Finances .....	34%
Stigma related to needing help/disapproval .....	22
Lack of knowledge of where to go.....	20
Poor quality of care.....	9
Inconvenient hours.....	7
Other, please specify.....	75
• Availability.	
• Caregiving issues.	
• Got turned away.	
• Medicaid recipients' quality of care suffers because of the low pay scale offered to physicians who take part in the program. Dentists, physicians, etc. can't afford to accept Medicaid people, much less provide the higher quality of care offered to private pay individuals.	
• Never got a response back. Maybe they didn't get me emails.	
• No one was available when needed.	
• Not lots of options.	
• They were unable to provide assistance.	
• Felt limited in options.	
• It seems more of an inconvenience that you are there for help/immunizations, etc. I've had to wait for almost an hour on more than one occasion. I could understand if I had just shown up and expected them to drop everything and take care of me, but that wasn't the case. I had made appointments well in advance. It's tiring that somehow being poor equals less than.	
• No help was given, had to pay for all remodeling of bathroom out of my own savings. A hardship!	
• Not enough gluten-free options – allergy related of course.	
• Waiting on response.	
• They were unable to provide assistance.	
• The heartless comment I received in a snide tone was "Your breast cancer's just not bad enough." (I assure you, breast cancer has destroyed my life.)	

8. During the past year has anyone made you afraid for your personal safety?

Yes .....	11%	→CONTINUE WITH Q9
No.....	88	→GO TO Q10
Not sure.....	<1	→GO TO Q10

9. What relationship is this person or people to you? Please remember, all your responses are strictly confidential. [103 Respondents: Multiple Responses Accepted]

Stranger.....	33%
Acquaintance.....	15
Ex-spouse.....	7
Friend.....	7
Child.....	6
Coworker.....	5
Brother or sister.....	4
Boyfriend or girlfriend.....	3
Parent .....	2
Spouse.....	<1
Separated spouse.....	0
Someone else .....	40
Not sure.....	<1



211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to <https://211.wisconsin.communityvos.org>.

10. Below are some statements about Manitowoc County. Select an option for your response in each row below. [Respondents who selected “not applicable” were excluded.]

		Yes	No	Not Sure
a.	There are quality health care services in my community.....	81%	9%	10%
b.	There are affordable health care services in my community .....	59	21	20
c.	Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc.....	63	5	32
d.	There are enough well-paying jobs available for those who are over 18 years old.....	62	20	18
e.	There are enough jobs available for those who are under 18 years old .....	63	9	28
f.	There are job trainings or employment resources for those who need them.....	60	6	34
g.	There are resources for individuals in my community to start a business (financing, training, real estate, etc.) .....	33	10	57
h.	Childcare (daycare/pre-school) resources are affordable and available for those who need them.....	12	49	39
i.	The K-12 schools in my community are well funded and provide good quality education.....	40	34	27
j.	Our local university/community college provides quality education at an affordable cost.....	53	13	34
k.	There are affordable places to live in my community.....	57	22	21
l.	Streets in my community are typically clean and buildings are well maintained.....	64	28	8
m.	Public transportation is easy to use if I need it.....	48	15	37

11. What are the **two** largest **social** or **economic issues** in our community that must be addressed in order to improve the quality of life of county residents? (Check up to two responses.)

- Accessible and affordable health care (medical, dental, mental health) ....28%
- Community violence and crime .....26
- Affordable and accessible childcare .....23
- Safe and affordable housing.....18
- Education access and quality .....14
- Economic stability and employment.....14
- Social connectedness and belonging..... 9
- Racism and discrimination..... 9
- Environmental health (clean air, safe water, etc)..... 8
- Family support ..... 8
- Quality of health care..... 7
- Access to social services ..... 5
- Food insecurity..... 5
- Accessible and affordable transportation ..... 2
- Other, please specify ..... 5
- Not sure..... 6
- Do not want to answer ..... 2



12. What are the **two** largest health conditions or behaviors that must be addressed in order to improve the health of county residents? (Check up to two responses.)

Alcohol and substance use .....	72%
Mental health, mental conditions and suicide .....	55
Nutrition, physical activity and obesity .....	20
Tobacco and vaping products .....	11
Intimate partner and domestic violence .....	8
Communicable diseases or Covid-19.....	5
Chronic diseases.....	5
Oral health.....	3
Reproductive and sexual health .....	2
Maternal, infant, and child health .....	2
Unintentional injury, including falls and motor vehicle accidents.....	1
Other, please specify .....	2
Not sure.....	3
Do not want to answer .....	1

Finally, a few questions about you to make sure we have a good representation of the people in Manitowoc County.

13. In what zip code do you live? Please enter your five-digit zip code. [812 Respondents]

54220 .....	68%
54241 .....	11
54230 .....	4
54228 .....	3
54214 .....	2
54247 .....	2
53015 .....	2
Other (1% or less).....	7

14. What is your age? [891 Respondents]

18-34.....	23%
35-44.....	15
45-54.....	17
55-64.....	21
65 and Older .....	25

15. What is your gender? Which gender identity do you most identify with? [880 Respondents]

Male.....	49%
Female .....	50
Transgender Male .....	0
Transgender Female .....	0
Non-binary.....	<1
Or, if you feel comfortable doing so, please list another gender identity you most identify with.....	0

16. Are you Hispanic or Latino? [885 Respondents]

Yes.....	3%
No.....	97

17. What is your race? [871 Respondents]

White .....	94%
Black, African American.....	<1
Asian.....	2
Native Hawaiian or Other Pacific Islander.....	0
American Indian or Alaska Native .....	<1
Another race (please specify) .....	<1
Multiple races .....	2

18. Which of the following best describes your highest level of education completed? [891 Respondents]

8th grade or less.....	<1%
Some high school .....	<1
High school graduate or GED .....	13
Some college .....	14
Technical school graduate .....	14
College graduate.....	39
Master's degree or higher .....	20

19. What is your annual household income before taxes? [878 Respondents]

Less than \$10,000.....	1%
\$10,000 to \$20,000 .....	3
\$20,001 to \$30,000 .....	7
\$30,001 to \$40,000 .....	9
\$40,001 to \$50,000 .....	11
\$50,001 to \$60,000 .....	10
\$60,001 to \$75,000 .....	8
\$75,001 to \$90,000 .....	11
\$90,001 to \$105,000 .....	8
\$105,001 to \$120,000 .....	8
\$120,001 to \$135,000 .....	5
Over \$135,000 .....	11
Not sure .....	9

20. How many total adults, including yourself, live in your household? [873 Respondents]

One .....	18%
Two .....	66
Three .....	11
Four.....	3
Five .....	<1
Six .....	0
Seven.....	0
Eight.....	<1
Nine.....	0
Ten or more.....	<1

21. Who currently lives in your household, besides yourself? [876 Respondents]

Spouse/Partner .....	72%
Parent(s)/In-law(s) .....	3
Grandparent(s) .....	<1
Child(ren) Under 18 .....	29
Child(ren) 18 or Older.....	13
Friend/Roommate(s) .....	2
Sibling(s).....	2
Extended Family Member(s) Not Listed Above.....	2
Other (please specify) .....	<1

22. What is your living situation today? [876 Respondents]

I have a steady place to live .....	95%
I have a place to live today, but I am worried about losing it in the future.....	4
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).....	<1

23. Did someone help you complete this survey today? [879 Respondents]

Yes .....	<1%
No.....	100

24. Please list any additional thoughts or comments you have about helping us improve the health of county residents.

- Human Services needs an overhaul! That is a broken system. Make medicine more affordable. Be proactive instead of reactive. Parenting strategies/positive parenting ideas/classes that help parents to feel empowered not judged. Take mental health in kids more seriously.
- Questions in this survey could be answered differently depending on how the question is interpreted. For example: regarding schools...the funding of schools and the quality of education should have been 2 separate questions. For example: are schools adequately funded? Do you feel that children are getting a quality education in your neighborhood school? Also, providers may hear what a patient is saying but they may not act upon a patient's concern, obviously for various reasons. Perhaps the question could read: Does your provider listen to your concerns? Does your provider act upon your health care needs in a way that addresses your concern?
- -In response to who made me scared/concerned for my personal health in the last year, my answer is our government. -We need more focus on keeping drugs out of our community, a lot is being trafficked into Manitowoc, you can see it happening in daylight. Why are we making Manitowoc such an attractive city for individuals who are unemployed (or trafficking drugs) to come to, and receive so many free handouts. - Too many free "handouts" for individuals, need to get these people into jobs and make it harder to live off of free government options. -Too easy to get "disability" and live that way, it should be more difficult to get and urge individuals to take the initiative to work hard for the things they want, rather than getting for free from the working class's taxes.
- I think we need to stop putting a band aid on these problems and realize we have to go back in time to understand that when mothers were able to stay home with their children and nurture them from a young age, the problems we see today, for the most part were not the norm. If one parent, whether it's a mom, dad, 2 moms, 2 dads, whatever, is able to stay home to provide that crucial molding of values, respect and empathy, so that they have a solid base before entering school, drug use, racism, assaultive behaviors would be far less. Financial insecurity and/or greediness has caused many to neglect their children's basic emotional needs and directly corresponds with the problems like drug abuse and violence that we have had major increases in.



- Nurse practitioners making house calls, especially during winter months, would help prevent falls in the elderly. HFM goes to homes for blood testing and this is a great service. Something similar for primary care would be helpful. It could even be private pay if Medicare won't pay.
- Stop mandating masks. Even in schools. It's a disruption for students and staff. There's no evidence that supports masks work affectively. And it goes against 1st amendment.
- A steady income is important for all citizens so they can support themselves and their families. Many people aren't working due to the lack of affordable and available child care. The county needs more affordable housing so that a family doesn't have to spend their whole paycheck on rent or mortgages. We also need to address the major negative impacts that substance use is having on our community. Some efforts have been made, but more needs to be done to assist individuals and families in living their best lives.
- Address obesity and make people accountable for themselves and their children. We have an abundance of jobs that include health insurance. Sadly, people get more benefits and freebies for not working.
- Affordable and available drug abuse rehab and counseling.
- Affordable and safe housing is a big challenge in our community which can lead to and exacerbate other issues like mental health and substance use. Those issues spiral into one another and require a great many more resources to alleviate.
- Affordable mental health. This county needs to learn how to be nice to their neighbors (community members) regardless of political affiliation. Young people need jobs with benefits and pay that makes existence affordable. Stop saying "Nobody wants to work" when reality is no one wants to pay. Do something about the obvious racism in the community.
- Again, as educated healthcare professionals you should not be confusing people, especially young people about the sex identification. We all studied biology and know what our DNA tells us. There are only two genders. When educators and healthcare professionals tell otherwise, they are doing more damage mentally to those who hear it. Be the professionals that you are to be and stop spreading these false ideas.
- Aging resources that are not for people who are already in poor condition. Treat people BEFORE this happens. Youngest "Boomers" want to age differently than older ones. Help us STAY healthy, active, alert, relevant and seen. This is a challenge in our small towns especially. Also, UNIVERSAL DESIGN to include people of all abilities regardless of age. Our four-year-old granddaughter is in a wheelchair, she has NO or very limited access to playgrounds, etc. So disappointing.
- Alcohol and substance abuse is a major issue. I feel there is not a lot of activities here, winter time being the worst. People turn to going to bars and using drugs because that is all there is to do. If there were more ways to socialize, outside of a tavern, in the winter I think the citizens of Manitowoc County would greatly benefit. Jobs need to pay more, the cost of living, the cost of rent, the cost of food, etc. is increasing. People don't want to live in poverty, but are pretty much forced to due to low paying jobs. Affordable housing is needed, there's plenty of apartments, however, the rent cost is ridiculous! How do you expect people to pay for these \$800-\$900 apartments making \$15/hour? And the whole "income driven" rent cost is even more so ridiculous. People who make \$15/hour make "too much" to qualify for these income-based apartments, but then can't afford the \$800/month rent. Most citizens of Manitowoc fall in this category, at least in my experience as a 30 year old. All of this leads to unnecessary stress, which then turns people to the taverns or the drugs. Don't even get me started on childcare, again, another stressor on people. Manitowoc County has a lot of issues that need to be addressed and I don't think Manitowoc County is the issue. I think it's just the way of the world now. But maybe if we could learn to adapt, and attempt to ease the issues, that's a start.
- Along with more support for alcohol, drug and mental health issues, we need more availability to see a specialist such as rheumatology, geriatrics, etc.
- A lot of homeless people don't know what can be done.
- A lot of homeless people in Manitowoc.
- Although not checked alcohol and drug abuse are also a top concern in the county. The number of bars/breweries does not have to increase but shows the importance of alcohol on people's lives. The quality of health care is also a concern as witnessed by the number of referrals to health centers outside the county. There is no doubt that the joke about excess weight being in Mishicot units not only reflects the overweight people in Mishicot but whole county in general. It's time for the county to start addressing physical activity of its residents - increased bike and walking paths would be a good initial step.
- Anger management perhaps is needed.

- Any additional support for folks with disabilities is vital.
- Any job for an adult that does not pay enough to have quality childcare for young family members is not a living job. Working and leaving the children in substandard care - either with private individuals or a group site is not "pro-family or pro-life". It is "pro-corporate". Raising a child is important and not something to "deal with" after the fact. It is like starting a war without taking into account the cost of health care physical and mental of the soldiers who are sent off to battle then and into the future. Death benefits are included by law, but how about the trauma dealt to the individuals and their family members who are affected by the returning survivors.
- As a business owner in Manitowoc County our biggest hurdle for employment is childcare accessibility. Manitowoc county NEEDS more childcare centers.
- As a medical doctor since 1975, I have watched the health of this nation plummet! We now have a great decline in neurological health of all kinds, autism, anxiety, depression, suicide, M-S, Parkinson's, neuropathy, stroke, dementia and Alzheimer's. This is on top of the earlier rise in C-V disease, cancer, metabolic and immunologic disease. I.e., we are falling apart as is our environment and social order! I would love to share my perspective as to how we might proceed, but I wonder if anyone will really listen. If someone is serious about wanting my input, I will gladly expand upon my brief comments here. Please contact me [Name and Phone Number Provided Upon Request]. God is the source of all good things, including our health. Pray for His help. Worship is as important as food, but not a replacement for our physical needs, it is the source. We also need a healthy environment. Our toxic world is cause of over 50% of chronic disease. Nutrition is another huge factor and is part of environment. Factory farms and processed food are the death of our people. Health restoring medicine! Modern drugs are made from the waste products of refining gasoline. They are great for the petroleum and pharmaceutical industries, but not for our health. Lifeway. How we spend our time is equally important. We need balance of work, rest, nature, worship, etc. Thank you for reading this!! May your efforts truly help us all!!
- As a teacher we are seeing more and more mental health problems in our schools. Funding and resources are going to be needed more than ever to address the mental issues our students have.
- Awareness of what services are available in our community. Accessibility to what services are available. Educational tools (brochures, social media, organizations) of what is available and how to reach these resources. Promote positive stories. How someone found help, secured help and the end result was a positive outcome.
- Better health care doctors that care about you as an individual and take the time with you that's needed and affordable prices for doctor visits.
- Business and school connections for employment.
- Can you improve people's critical thinking skills?
- Consistent ready access to health information in the county. Such as current communicable disease trends, injury, prevention approaches. What is being done and how citizens can help. This should be done on social media sites, the radio and newspaper.
- Continue to encourage all types of vaccines for children and adults. Mental health needs must be met to decrease abuse and crime.
- County and city officials need to be more involved in the issues surrounding health.
- Crime is getting worse, nobody can afford anything, groceries, utilities, etc. No one can find a decent apartment to live in or house for that matter. Can't afford to get sick, health care is outrageous.
- Doctors come and go too frequently. Hard to establish a patient/doctor relationship. After dealing with our local hospital for the last several years, I personally feel something isn't right with the nursing staff. They're just not on the ball with things. Example: birth delivery difficulties. I had three different deliveries at three different hospitals and the one at HF was terrible. No medications given even though I asked for them. This resulted in a long labor with baby heart rate dropping into the forties. Another child had 104 fever due to a ruptured appendix and nothing was done for it until he later reached 106. Hospitalized for four days. I had to come and get him washed up in the mornings and changed. The nurse thought nothing of this. I walked him in the hallway. My mother needed another blood transfusion once. Got to hospital at 11:00. Finally started giving her one unit of blood at 3:00. Didn't have a chair for her, had to lay in bed. I personally feel they didn't want to toilet her. She got back to her assisted living at 9:00. Husband needed a routine colonoscopy. Ended up not being able to get all the way up his colon. Pulse dropped in the 30's. Five years later, just now had another one done with no problems at Aurora. Also, due to my mother not



getting properly diagnosed years back by two Manitowoc doctors, we ended up taking her to Bellin. She was diagnosed with several clots in her lungs and CHF. She excreted 17 pounds of urine. Since this episode, my family has turned to Bellin Health for our health care.

- Does there have to be alcohol at every community event? Drug use at middle and high school needs to be looked at. If we can't hold students accountable - hold their parent(s) accountable. More indoor space for kids and teens to be active in the cold weather. YMCA has too many rules on what pre-teens and teenagers cannot do to be active at their facility. Boys and Girls club is a great addition but really meant for kids with lack of resource (or at least that's how it feels).
- Don't go "woke".
- Don't make it so easy for people to collect unemployment and get them back. Too many lazy people out there and too easy for them to collect unemployment. The jobs are out there.
- Don't ignore the spiritual needs of men and women and children you propose to help. Without it, you will not be able to cure or improve anyone's health.
- Drugs, both use of and trafficking of is a big issue I believe. I know the metro drug unit works hard on this issue, but I'd like to see more of the "see something, say something" type of public education. Also, STDs are more of a problem than some folks realize, I fear. Knowledge seems scarce about the dangers of HPV and how it's spread, including through oral/anal sex. It would seem this may be an area where our schools (public and private) may be falling short. Obviously, you can't force this info on people, but are there posters in bar bathrooms like there were for abuse or pregnancy support as I recall from my bar days? I can't remember the last time my doctor even brought up safe sex, condoms, etc. unless I brought it up first. Obesity. I just don't even know what to offer in terms of what to do - I weigh over 400# myself so I certainly don't have the answers, but I sure have the problem. I don't envy you your jobs.
- Education needs more funding.
- Employers complain they can't man their business but if they paid a LIVING WAGE and benefits and train employees and not treat them like crap, they would have all they need and then retain!
- Encourage self-sufficiency. Many people could work more hours, but decline because then they would not qualify for programs that no longer be able to use services that provide food, heat assistance etc. These programs should be temporary, not a way of life. Use parks and trails for walks and entertainment. Read. Cook. Bake.
- Financial literacy is non-existent for most people. The effects of government spending and mandates that manipulate a "free market" are killing the American dream. Affordable housing and health care are only achievable when financial well-being is taught properly and we can start that by highlighting government monetary policies that cause wealth gap increases. Publicly funded healthcare is failing millions of people and senior care facilities are going broke. The facilities that manage to operate out of the red cannot keep skilled labor or afford to pay livable wages.
- For me, the issue of healthcare is that the quality of healthcare professionals in the area is not up to par. It seems like "good" physicians don't stick around. Another major issue is lack of skilled laborers in the manufacturing sector.
- Good health care has seemed to be going downhill. A full physical used to include checking one's skin, listening to someone's heart, blood work, checking ears and nose. Giving needed boosters or shots. At least a stool sampling thing to check for colon cancer every few years. I've spoken to my doctor many times about the pain. She might ask for test, but there's never ever any follow-up and at times you have to call to get results. I'm lucky if they listen to my heart during a physical and maybe they'll look at my ears. And charge \$600 and something dollars for that. A full physical requires a lot more than what we're getting
- Good luck, I'm afraid that the current political climate makes your job much more difficult than it should be. Hope you're doing well.
- Have affordable apartments available for less than \$500 per month, without an income limit and no background check regarding court or jail records. Housing and apartments available no matter what background someone has. Everyone needs a place to live.
- Health care is difficult to find. In 4 years, my family doctor has changed 3 times. I currently do not have a doctor as they are hoping to get a new one. The clinic is 30 minutes from my home. I have to use urgent care most of the time. Specialist doctors do not stay either and constantly change. I now drive to Green Bay for medical appointments which is 40 minutes away. Also, racism has become more of an issue in the past 2 years and needs to be addressed to avoid more community violence and separation.

- When someone has a disability and is looking for some kind of financial help for remodeling their home, to make it safe to live in by themselves, there is nowhere to go unless you are a vet! Then agencies bend over backwards to help. What about us seniors that have worked our whole life and paid taxes to fund these agencies, (ADRC) and cannot get any help? It is a sad thing to have to deplete your savings just to make your home safe to live in by yourself and then have to go begging for food and financial assistance to pay for utilities.
- Homes that have trash, debris, multiple cars, boats etc. in poor condition in their yards. Haven for rats, etc.
- Human services including economic support division has been helpful too.
- I am in the V.A. System.
- I am treated differently as a female because of my body parts. Please separate the school funding question and quality of education. These are very separate thoughts! Schools are not funded adequately. Regarding personal safety an added thought could be where the person feels unsafe...I am thinking about what just happened in the shootings in Texas.
- I believe resources that were taken away years ago by the urging of County Executive Ziegelbauer have had drastic far-reaching negative impacts to our county. Our county needs to put funds back into these resources. For public education, I believe we have become subpar under the leadership of Mark Holzmann. This is a top-down issue. We continue to lose good teachers because of lack of support by administration. I am not sure how a new superintendent is going to be able to turn it around.
- I believe that access to care (particularly mental health/substance abuse services) is too difficult in this community. I think those reaching out for support and those in need deserve returned phone calls and a few less hoops to jump through in order to prove they're "serious". That mentality is outdated and irresponsible. I also think that communication between agencies (even within agencies) is lacking. I have never lived anywhere else that keeps resources so secret. You have to know someone it seems to get anywhere. I am concerned about the future of our already failing school district with the recent school board election. I am less worried about the outcome than the precedent that the negative behaviors set. Same goes for the County Board. The behaviors of our leaders need to be healthy if you want the behaviors in the community to be healthy. I think if we all just decided to play on the same team we'd be in a better place.
- I believe that there needs to be more options for mental health in our community. The waitlist to receive mental health treatment in our area is too long. Also, there is a shortage of treatment options for substance use. I believe that the community needs to focus more on these areas.
- I can't compare my care level with someone of another gender or race. How do I know if I am treated differently? Also, you did not include "retired" people in any response. Also, there are many people in the county who live in the country and cannot compare housing and transportation with those from the city. Just saying.
- I currently see VERY little evidence of the health department doing anything to make our community better other than occasional vaccine clinics.
- I don't believe that people's mental issues should become that of the community. They created the problem. They need to take care of themselves and not make it everyone's problem. I am tired of paying for everybody else. There are many jobs out there for people to apply for. They should go find a job and learn to support themselves. Manitowoc County would be a much better different place and their health would also improve by getting out and working on a regular basis.
- I don't have any additional thoughts but I appreciate the survey and the information you are working to gather. I assume that once the info is gathered work will occur to resolve these issues. Thank you!
- I don't live here, but I do work in Manitowoc County. There is a serious lack of mental health care resources. Most clinics are maxed out and there are very long wait lists to be seen. We also do not have a nearby inpatient mental health clinic. Lack of mental health care, the stigma associated with not understanding mental illness, and access to services due to high costs leads to self-medicating and drug/alcohol overuse.
- I felt some of your questions about education had too many moving parts for me to provide an appropriate answer. I think the schools are well funded but not getting the quality of education we should be providing. Teach the basics and give them a good foundation and forget all this woke and trendy items. Health care is available but short on general family practitioners. Used to be if you had a heart attack Holy Family had a cath lab you could be taken to. Now you have to time your heart attack for when they're open.

- I have said this several times before as a member of the Board of Health and County Board. Our county's number one health and community problem are the effects of hard drugs. Not only does our County suffer from the large number of deaths but the increase in violence, property crime and econ cost to our community is huge.
- I live in rural Manitowoc County. Transportation for non- drivers is a big issue.
- I see gender identity with the youth as a real problem. I feel social media has played a huge part in allowing children to change their name or change their gender. I am curious to know how many Lincoln high school students identify as another gender. It's all social media influenced and is ridiculous. A teenager hasn't even lived or experienced life yet, they should not be allowed to freely change their name or gender.
- I strongly believe that our schools need additional resources. I am worried about students not receiving services that they need to learn and thrive. I also believe that vaping is a major issue especially in our public schools. I think that between vaping and the state of mental health following the COVID-19 pandemic MUST be addressed if we want to continue to better our community.
- I think the biggest thing that turns people away from Manitowoc is the drug and violence issue. I was born and raised in Manitowoc and I know that it hasn't always been this way but Manitowoc definitely has a reputation now.
- I wanted to mention more about abuse from earlier. The abuse is coming from healthcare and health depts, CDC. They are dishonest and aren't looking out for any one's best interest regarding covid. The best treatments have been demonized and worst treatments such as vaccines, and remdesivir are given without a thought because of "order followers" and those fearful of others. I wonder how many would have been alive if politically demonized affordable treatments were given. Those pushing covid vaccines should qualify as abuse when people die from them. The number was 20,000 deaths from covid vaccines last time I checked. Know the TV or other "authoritative sources" (also known as, known liars) aren't going to tell you that. Go research and find out on your own.
- I was not happy with the scare-reporting of Covid in our county on the Facebook page. I think much of it was exaggerated and thus pitted families and friends against each other. So sad.
- I was raised in Manitowoc County, left, and have returned in the last three years. I think a question that was missing is what is your occupation and industry. In education, my observation would be that the local economy (providing middle-class wages) greatly affects the quality of education available. The quality of education available affects the desirability of the area. A desirable area creates community engagement. Community engagement increases available services through that engagement. We need employers that invest in our communities in Manitowoc County. Also, regarding health care, all of my providers (medical, dental, vision) are all outside of Manitowoc County in Sheboygan and Brown counties. I have never found or regularly seen an acceptable healthcare provider in Manitowoc County in my life. This county has many gaps to address. Thankfully some of Sheboygan County's influence has seeped North. Also, the Mayor is doing a great job for Manitowoc proper, but how about the rest of the county? We need connections.
- I would like to see a quality Neurology practice and more emphasis on self-care and maintenance and preventative medicine. I would also like to see functional and/or holistic medical practitioner availability.
- I've filled out many surveys and can't believe some of the (leading) questions and answers you have offered for response. This is not a well written survey and will provide biased answers. Still shaking my head!
- If you want to attract more working families then we need more childcare. Daycare has such low profit and such high regulation that not many want to get involved. City/county could find a way to fund daycare startups. We have no overnight options in the city.
- Improve all races to obtain a good job and a good paycheck with benefits.
- Improved lighting and button triggered flashing lights at crosswalks like by Wilson Middle School. At frequently used intersections near all schools to promote walking as a healthy and safe transportation.
- In addition to racial discrimination and sexual orientation discrimination one of the other large problems in this county and community is age discrimination.
- It would be nice once you reach age 70 -75 if we would get rent assistance at a normal senior apartment complex
- It would have been helpful to have some basic demographic, morbidity and mortality data before answering the questions regarding the most important health issues.



- It would help if mental health issues were taken more seriously in the community because I feel it's an overall issue contributing to other factors in the community such as alcohol and drug use, violence, and suicide. There are numerous community resources available but not everyone in the community is aware.
- It's hard to find a new doctor when my current doctor leaves the area. The doctors in this area leave often.
- Jobs are available, but not reliable, affordable housing, transportation and child care. Lakeshore Community Clinic is available for affordable health care, but the need is greater than what they can serve. Mental health needs well exceed treatment capacity in the county. Wait lists are long, and people who need the most help are often excluded because they miss appointments due to transportation and child care issues. Public transportation is not the best in the community; undocumented persons are forced to drive "illegally" in order to transport themselves and their families to medical appointments, work or their jobs.
- Just be honest and truthful when reporting to the media. Check your facts and report accordingly.
- Lead water pipe in blood stream.
- Lived in this community my entire life and never felt scared to go out until the past 2 years. Violence, drugs and crime has increased so much that our family does not feel as safe as we use to.
- Manitowoc County is a great place to live and does well in trying to provide resources to our residents in all areas of need, however; needs to work on mental health more & crime.
- Manitowoc County is broken and until it is adequately funded and invested in by the community, and there are county board changes we will continue to remain stagnant. Also, you all do good work even though your hands are tied by working in the public sector.
- Manitowoc County severely needs mental health resources; psychiatrists, hospital beds, counseling. It's unfathomable to me how bad it is here, how hard it is to be seen.
- Manitowoc needs a few psychiatrists to choose from. Currently there are none. We need well-educated and experienced M.D. psychiatrists, NOT nurses. Mental health services are extremely poor in Manitowoc.
- Masks and vaccination SHOULD NOT BE FORCED ON ANYONE IN ANY PLACE! It is causing anxiety, anger, depression, people to NOT seek healthcare needs. Higher pay, better quality restaurants, stores, government officials who represent everyone not just 1 side or the other. More opportunity for small businesses along lakeshore.
- Mental health - two people recently had crisis that was not handled well and both had psychiatrist.
- Mental health and drug/alcohol abuse typically go hand in hand. Both need addressed.
- Mental health is the biggest concern facing everyone, not just Manitowoc County.
- Mental health needs to be a priority. 6+ month wait lists are not acceptable to those who are in need of help. Providers and the county are truly failing at this.
- Mental health resources are abysmal!!!! We need more psychologists. Waiting 5-8 weeks for an appointment is unacceptable!
- Mental health services for children and elderly are seriously lacking in our community. It can take months to be seen. Social Services puts more of an emphasis on the parents and not doing enough to support the child(ren) in our community.
- Mental Health Services, specifically those available to youth, are in great need. Resources are limited. Schools within Manitowoc County, especially rural schools, lack police presence. The increase in drug use and alcohol abuse is on the increase. Schools and communities like Valders need police presence and support from area resources.
- Misinformation and politics are a leading cause of problems with education, disease and other social problems out there.
- More activities and opportunities to connect as we have been so isolated. So many are obese in this area. We need opportunities/incentives for fitness. More affordable child care options. More education on the dangers of vaping/marijuana uses and other mind-altering substances. So many think it is "harmless," because of states legalizing it. More education and help for kids and parents with the use of internet/social media.
- More affordable childcare options, especially for new and working parents.
- More eye doctors - not many available!
- More health classes in schools. Nurses being able to go to homes to give vaccines to children or help with elderly. More doctors, seems all we can see now are physician assistants which might mean we need to see doctor so two visits and even more delays. Not enough women doctors in Manitowoc

- More mid-range price apartments are needed, in the 450-650 range. Also, there's a lot of drug problems.
- More organized physical activities to battle diseases and obesity. Get people out moving and doing things. Money should be set aside to run contests to encourage community involvement and participation via the rec department, etc. Drug and alcohol abuse in this community is at an all-time high. More resources to combat these huge problems.
- More people would be working if there was adequate childcare in our community. Drugs are a huge issue in this community - we have a huge lack of programs for those that want to get clean. Lack of mental health services and support is a huge shortfall in this community.
- More primary care providers that establish a practice and remain in Manitowoc for an extended period of time are needed. Dental health costs need to be reduced for senior citizens or be covered in the same way medical costs are covered by Medicare and supplements. Work needs to be done to help students who are struggling in our schools. Support services for families with school age kids are needed.
- Much of this I answered for myself, however, I have been working at [Organization] for 18 years and I know I would have answered those beginning questions very differently if I were answering for the hundreds of families we see. Access to health care, being treated equally, living conditions, transportation, all these and more would have been answered much less positively. Thank you!
- My biggest concern is alcohol and drug abuse.
- My daughter is raising 2 children alone and needs to work 2 jobs to make ends meet. Rent was raised to \$825 for a dump and landlord will not fix anything. This community needs decent and affordable housing.
- My husband is currently in a local nursing home. Apparently, the place is understaffed. At times he waits up to an hour for someone to help him when he calls. Unacceptable!
- Need better access to good mental health services. Get rid of drugs AND the drug dealers in our community.
- Need more kayak launches - one down town would be nice. More activity - our entertainment revolves heavily around alcohol many people are "at risk" drinkers and don't even realize the connection between drinking and health issues for example hypertension.
- Need more senior housing in Kiel and have it by income level.
- Need neurologist, need mental health professions and higher grade medical so people don't have to go to Milwaukee.
- Need to address senior citizens in the community.
- Need to deal with the homeless in Manitowoc County. Hope House and The Haven are not enough.
- Obesity seems to be a major health risk for many people in Manitowoc County, including many in the health field.
- Offer more opportunities for the sedentary people to get outside and do activities.
- Offer rewards for the arrest of local drug dealers, then make the dealers pay it back.
- One question I would have liked to see is "I am treated differently in a medical setting because of my weight." A lot of times, people who are "overweight" are overlooked for serious medical conditions because physicians say it is because of the person's weight without even running any other tests. That is completely unacceptable. Telling someone to "lose weight" is NOT a prescription or a valuable piece of advice.
- Our society needs to be more preventative and less reactive. We need to work together to prevent situations for our community members, rather than wait until things are a mess. Provide ideas and assistance to help establish a household, healthy relationships, and quality nutrition. Give lots of ideas and aid in helping implement rather than working to fix.
- People are overweight with bad diets creating poor health conditions, coupled with excessive drinking and substance abuse.
- People need more help with their chronic conditions and obesity. There needs to be more one-on-one help.
- Please inform residents as to the air quality by the brewery in Manitowoc.
- PLEASE stop all the COVID-19 stuff. Everyone who wants the vaccine has it. Concentrate on encouraging chastity and getting some quality mental health services in our community.
- Police the public schools. Crack down on the discipline problems, insist on more respect for elders and make sure the administration backs up the staff.
- Promote better nutritional issues - get people to exercise. This will help Covid related issues and obese.

- Replace all of the trees being cut down. Provide healthy public activities. Too bad the Visitors Center is no longer open. People would stop by and go in to find out what there is to do - not any more.
- Retaining physicians in the community.
- Rising theft and people who are able to work but don't and collect benefits. Plenty of jobs out there. Let's fill those positions before handing out benefits.
- Safe, affordable, supervised, places for school age youth to gather and socialize when their parents are at work.
- Schools have fantastic teachers - more funding is needed. Our district is an extremely low spending district with less state aide than many other districts in the state. Fix the formula - it is not fair our community has lost millions of dollars over the past decades simply because they were fiscally responsible, which caused our district (Manitowoc) to receive less funding.
- Sex is not a choice. Male has a penis...Female does not. No other options!!! This is why our mental health is declining!
- Sexual health is an area lacking in education. Example, at age 40 I had to specifically request an HPV test from my healthcare provider. She said it was only recommended every 5 years, however I'm not in a monogamous, committed relationship. She did not recommend the HPV vaccine to me which CAN and SHOULD be given to adults up to age 46. Additionally, when I was up front about having more than one sexual partner, I was labeled a "sexual worker" in my medical chart. Is small town mentality the cause? I felt it prudent to give my healthcare provider accurate information so she could give proper medical advice, not to be judged. I'm not going around hooking up with men I meet in bars, I have two partners that I'm committed to. How many of those women who ARE hooking up with different men are getting proper care? I assumed as an educated person who was a strong advocate for my own healthcare that I would be treated with respect and dignity, and with the most current information out there; this was not the case. How are other people who may not feel the need to educate themselves on their own situations supposed to believe they're getting reliable health advice?
- Should be more groups for LGBT families. So, we all can feel safe and welcomed anywhere
- Staffing of nursing home's needs (understaffed).
- Stop educators from teaching their ideologies in the public sector.
- Stop promoting masks and the shot for C-19 to anyone under the age of 50.
- Stop pushing the covid vaccine. There is enough evidence out there now between adverse events and Pfizer documents that prove this is causing more harm than good in children especially.
- Stop studying the problem and move on to finding the solution. Frankly, we've been studied to death and the answers to this study won't be a surprise. Seems like a smoke screen to doing the hard work of solution implementation.
- Stop wasting everyone's time with this Covid bs. People are sick of it.
- Substance abuse and alcoholism leads to many of the other issues we are concerned about.
- Thank you for putting this survey together, and for the work you do to keep Manitowoc County safe and informed. I appreciate you!
- Thanks for all you are trying to do for the community.
- The community needs more behavioral health providers and more family practice providers.
- The Crossings is the greatest place to learn and for help!!
- The drug and alcohol addiction here is very prevalent. Crime has also been on an upward trajectory. I live in what I used to consider a "safe" neighborhood. Recently, I have seen a large uptick in property crimes and police calls.
- The drug problem in Manitowoc County is of major concern. Also, the welfare programs are available in plenty, and the state has been giving out maximum Food Share benefits to clients who may only qualify for \$20/month based on their income. As much as this assistance is needed, it also creates a great deal of dependency and laziness when people become used to getting handouts vs. hands up. Laziness does not make a society productive.
- The food card program needs to be revamped. As a cashier, I've seen people buy family packs of steak, crab legs and lobster on food cards. Money misused could be used to help people in other ways. Also, children are not being taken care of. Some students go to school hungry, with inappropriate clothing for the weather. Tank tops in winter. I don't know how to fix this, but parents need to take care of their children.



- The health care training for doctors needs to change. They are too computer reliant and lack practical experience and common sense. They don't ask about your symptoms or read past medical information. Chronic illnesses are overlooked as they want to specialize in more fascinating illnesses.
- The health care we have in Manitowoc does not meet the needs. If a person needs quality care, they are sent to Green Bay or Milwaukee. Why is that? Any cardiac care/surgeries are not done in Manitowoc because we have no faith in the local hospitals. Manitowoc hospitals only stabilize - then think you should just wait till later to see what's going on with you. Just be sure to pay the bill or be sent to collections. I would never stay at a Manitowoc hospital. I personally see providers at the little Bellin clinic then if needed, I go to Green Bay Bellin for treatment. Mental health is nonexistent in Manitowoc. There are no providers that care - just collect money when the insurance money runs out, they are discharged to wherever. Manitowoc county chose not to support any mental health services many years ago. Closed down facilities that the people lived at for many years and put them on the streets - in rooms for rent with no supervision. Others they moved outside of town. This meant they could no longer go to the bank, church, restaurants. Manitowoc county just shut them out of life. Sad.
- The local funding to MPSD needs to increase to get us on par with the per pupil spend or neighboring school districts. Also, we don't have enough low-income housing in our community. This needs to be addressed.
- The restrictions on Covid-19 in Manitowoc County are causing the quality of healthcare to plummet. Due to restrictions nursing home residents are suffering and denied healthcare due to vaccination status. Health care is poor for the elderly because they are unable to effectively communicate with their providers due to masks. They have respiratory issues, hearing and vision deficits which are significantly impacted by unnecessary use of masks in populations where most residents are vaccinated.
- The streets are poor. The area is slummy and dirty. People have garbage and unkept yards. People and businesses do not shovel their snow in winter. Walmart is scary to shop at due to the people that are in the store and in the parking lot. I do not feel safe in this town. There are too many burglaries and people stealing things off/from vehicles. I wish I could move.
- There are meth or drug houses all over the south side. I see it when I walk my dogs.
- There are plenty of affordable senior living apartments but not enough for the other generations.
- There is a horrible lack of teenage and children's counseling.
- There is affordable housing but not enough for the need. Seems more luxury apartments are being built but not affordable or income driven housing. It is also difficult to find housing if you have felonies or are in recovery. Affordable and quality childcare is also an issue. Hard to get ahead once living in poverty. Government assistance cuts off once you're making a certain amount even though you still can't make it by with the low amount of money you make especially after high rent and childcare expenses.
- There needs to be more emphasis on mental health, drug/substance abuse, healthy parenting, and racism/discrimination. It's a continuous cycle that needs to be addressed and controlled. Too many minorities are being racially profiled that has been exacerbated due to COVID. This all stems from ignorance and poor parenting. Mental health is worsening throughout the community and world along with drug/substance abuse all causing a more dangerous environment for our kids and families.
- This community has been hit hard with manufacturing jobs leaving and it shows when most of the employers are restaurants and big-box retailers. It spills over into schools. There is a lack of understanding that school is a place to build a foundation. People are struggling with being homeless and there is not enough housing to go around. I could go on and on, but there are so many deep issues that are affecting people and kids.
- This community needs more options for homeless people and more affordable housing and childcare for those with low income.
- This place loves alcohol too much. It's all around here and at every turn. Sad. All the other problems follow. You reading this are probably working for the weekend and that next glass of wine or beer.
- This survey repeatedly had two questions rolled into one. Example: "The K-12 schools in my community are well funded and provide a quality education." These are two very separate ideas that should be addressed individually. The public schools in Two Rivers are grossly over funded for the poor quality of the education provided. The question regarding available & affordable healthcare has the same issue. Yes, healthcare is available, but the cost is well above the national average and out of reach for anyone with a serious or life-threatening illness.

- This survey seems quite biased. It's one thing to feel that I'm being underserved by my community. It's quite a leap for me to presume that the reason I'm being underserved is due to some genetic attribute I possess or lifestyle choices I've made in order to answer these questions. Am I treated differently by my healthcare provider due to my gender? I am. Is that a negative? Absolutely not. I am very appreciative that my healthcare provider is familiar with common maladies and treatments unique to my gender. However, in this survey I felt compelled to answer no, I am not treated differently, since the question implies some sort of inequality or mistreatment.
- Though I answered we have affordable places to live, there are NOT enough DECENT, low cost, affordable housing options!!
- Treat those who do not have insurance better. They are humans as well. Advocate with the government for better and affordable health care. Employee doctors who do not leave the area as rapidly as they do.
- Trick question: the K-12 schools in my community are well funded and provide good quality education. A school can be well funded but not provide a good quality education.
- Develop a culture of non-discrimination. Since COVID-19, people have hated our Hmong because they think we are the cause of COVID-19. This makes us unsafe.
- Universal access to mental health care. Parenting classes/support beyond 0-5yr.
- Use the old mall site for a community vegetable garden. You could even use the old concrete to build raised garden beds and pathways. Ask that people not sell what they grow. If they can't use it all, donate to neighbors or the community. Gets people outside in the fresh air. A little exercise. Activity that doesn't involve booze and loud music. Healthy food. Make some new friends. Happiness in seeing things grow. Clean up a huge eye sore.
- Very pointed questions and answer choices.
- We are constantly looking for good workers/employees at [Organization], Manitowoc.
- We have a huge alcohol/drug problem. The poor people are being priced out of housing. I do know rents/house prices have gone up a lot! My daughter works in the domestic violence field, and a big problem is child care! Affordable child care, decent care. So, we have more than two issues to work on. We are retired and need help around our house and yard. It's cheaper to stay in our house, but there are jobs we cannot do and cannot afford to have done. Where are the teens who have a heart for helping plus could use some cash??? We had to pay \$350 to have our yard raked!
- We have a huge need for better mental health services. I waited 1.5 years to get a new therapist. I asked repeatedly, was dropped on phone calls, never called back, referred to do e-visits with Milwaukee but they never called me back after 3 attempts to call them, etc. Thank God I have had enough prior therapy that I could make it through, but there are people who really need attention immediately. I know there is no quick fix, but we need to address this issue locally. People are hurting and need help, especially the homeless. Also, the drug and opioid crisis is growing causing increasing crime and out of county people coming here. Thank you for presenting this survey.
- We have lost trust in local health care and often travel to Milwaukee for the best care
- We need a trusted Hispanic community center.
- We need more affordable childcare. I am moving out of the area due to educational options. Roncalli is an old boys club, Lutheran doesn't support women, and I fear for MPSD under the new insurrectionist leadership.
- We need more programs for mentally ill people and addicts. There needs to be more help for family problems. We need more low-income housing. Single people don't have the money to pay a high rent.
- We need our own mental health facility instead of transferring the patients out of town after they show up in crisis at a hospital. Why does it take so long to be able to see a psychologist? We need affordable oral care open to all. Most people cannot afford to pay the entire bill up front. More attention needs to be addressed for abused children. The court system is far too lenient on those found guilty.
- We need places for the low-income elderly. Rent in Manitowoc is way too high.
- We need specialty Medical Providers. We should not have to travel out of town to see a specialist. Now that Holy Family is part of Froedtert, why don't we have more specialists?
- We need support for young teens and young adults. Bullying in schools need to stop, teachers are too scared to discipline cause of race.

- We need to tear down blighted areas of our community and build low-income housing that will be made available to those who are not able to currently afford housing. It's accomplish this we need to allow those who live in those homes to participate in the appreciation of those properties. I.e., build equity.
- We need well educated and experienced mental health professionals! This area is very sadly lacking, and always has been in Manitowoc.
- We recently moved to the area, I am disabled, my spouse recently became disabled. The health care system in this area is sadly lacking in so many areas. Being new to the area we have received no guidance from anyone.
- What maternal/child programs are available besides the Crossing and WIC???
- When planning new projects and housing, the low to mid income groups need to be given more consideration. Is it affordable? Enough bars already.
- While I don't directly experience difficulties in access to health care or have difficulties in social areas that impact health, I work with those that do and access to quality, consistent and immediate mental health care is a deficit in our area. The resources we have are either unaffordable for many on our community or insufficient to meet the need of those accessing services due to high demand of patient loads. Care is often superficial and a "band-aid" approach rather than actual treatment. Providers don't have the time or the ability to handle the issues effectively. People who have attempted to access immediate assistance for immediate severe suicidal ideation are sent on a goose chase from agency to agency to find services and are often left at the end of the chase being told there isn't anything that can be offered other than a crisis number if issues persist. It's frustrating as caseworker in attempting to assist clients and if these are the road blocks a professional runs into in attempting to access services with clients, how are others in the community who do not have the assistance from a professional able to do so.
- While I may be stable, I work with many who are not. I am concerned about their access to care, the affordability of that care. I find many of my contacts facing discrimination for not fitting in culturally whether that be race, politics, gender, etc. Acceptance of differences is a big issue.
- Working in a school I see families struggle to find mental health services in our area. Waiting lists are long, insurance can be a problem for some families, and even transportation from a rural area can be a challenge. In addition, I often feel like so many committees and organizations focus on the City of Manitowoc, which leaves the smaller, rural communities, having to advocate for themselves.
- You all are doing a good job.

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

211 connects you with thousands of nonprofit and government services in your area. If you want personal assistance, call the three-digit number 211 or 877-947-2211. **A friendly voice to talk with you 24/7/365.** You can also go to <https://211wisconsin.communityos.org>



## Appendix G: 2022 Manitowoc County Community Health Needs Assessment: A Summary of Key Stakeholder Interviews

The Manitowoc County Community Health Needs Assessment key stakeholder interview results can be found at <https://www.hfmhealth.org/about/community-impact/>

This report presents a summary of public health priorities for Manitowoc County, as identified and reported in 2022 by a range of providers, policymakers, and other local experts and community members (“key stakeholders”). These findings are a critical supplement to the Manitowoc County Community Health Survey conducted through a partnership between Manitowoc County Health Department, Advocate Aurora Health, Froedtert Holy Family Memorial Hospital, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, and United Way Manitowoc County. 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 stakeholders in Manitowoc County were identified by the Manitowoc County Health Department, Advocate Aurora Health, Froedtert Holy Family Memorial Hospital, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, and United Way Manitowoc County. These organizations also invited the stakeholders to participate and conducted the interviews from January and March 2022. The interviewers used a standard interview script that included the following elements:

- Questions related to the COVID-19 pandemic:
  - What needs or gaps have developed from the COVID-19 pandemic that have affected the community your organization serves, including any special populations or groups?
  - What are the existing strategies to address the gaps? What is working well?
  - What additional strategies are needed to address the gaps? Which community stakeholders are needed for the strategies to be successful?
  - How would you suggest organizations reach out to community members to implement health initiatives?
  - What is one key learning that you (or your organization) have had from the COVID-19 pandemic?
- Ranking of two social determinants of health issue areas
  - For those two social determinants of health, identification of:
    - The populations most affected and how they are affected
    - One major effort the community could rally behind to improve the issue
    - The community stakeholders that are critical to addressing the issue
- Ranking of two health conditions and behaviors that are the most important issues for the county
  - For those two health issues, identification of:
    - The populations most affected and how they are affected
    - Existing strategies to address the issue
    - Additional strategies needed and barriers to addressing the issue
    - The community stakeholders that are critical to addressing the issue
    - One major effort the community could rally behind to improve the issue
    - One thing the organization needs to address this issue
    - How social determinants of health impact this issue

All stakeholders 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 2022 key stakeholder interviews for Manitowoc County.

The report first presents a summary of the COVID-19 specific questions asked in the interview guide. It then presents the social determinants of health issue rankings, including a list of the three issues which were ranked most frequently by respondents, followed by summaries of the key stakeholders’ responses to the social determinants of health items from the interview guide. It then presents the health conditions and behaviors issue rankings, including a list of the three issues which were ranked most frequently by

respondents, followed by summaries of the key stakeholders' responses to the health conditions and behaviors items from the interview guide.

**Limitations:** Thirty-two key stakeholder interviews were conducted with 35 respondents in Manitowoc County. 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 stakeholders had been interviewed. Results should be interpreted with caution and in conjunction with other Manitowoc County data (e.g., community health survey and secondary data).

A total of 32 key stakeholders were asked to identify major health-related issues in Manitowoc County. The five health issues identified most consistently were:

1. Safe and Affordable Housing
2. Affordable Childcare
3. Economic Stability and Employment
4. Mental Health, Mental Conditions, and Suicide
5. Alcohol and Substance Use
6. Nutrition, Physical Activity, and Obesity

Summaries of barriers/challenges, needed strategies and priority populations for each health issue are presented below in the order listed above. In addition, community identified resources, and partners are listed below.

### **Safe and Affordable Housing**

*Populations most affected and how they are affected:* The Asset Limited, Income Constrained, Employed (ALICE) population is affected because people are working but still at or below 100% of the poverty level, but apartments are very expensive to rent, so people have to choose between housing or healthy food or other expenses. People in recovery who are trying to do better but cannot find basic, affordable housing in a safe neighborhood, so they are stuck. People with a poor rental history or eviction in their past or criminal background are affected because landlords will not rent to them. Anyone who has a low income is affected because there are not enough quality affordable housing units available.

*An effort that the community could rally behind to improve this issue:* Generally, the main theme that emerged from this question is the need for more affordable and safe rental units. The county could consider a community land trust model to support people in purchasing their first home in an unconventional way. Another suggestion is working to transition Catholic Diocese buildings into supportive housing, with partners and stakeholders at the table to work collectively to address this issue. Another recommendation is a system of subsidizing renters and providing housing vouchers rather than spending money on subsidizing landlords and affordable rental units because so far that hasn't worked to solve this issue. The community could consider alternative housing options like tiny house communities. Another suggestion is more education for tenants on their rights and how they can properly address issues with their housing units if landlords will not work with them. This kind of education also needs to be offered in Spanish to Spanish-speaking workers who are hard to reach in shift work or agricultural settings. Though most respondents provided suggestions related to the housing market and rental options, a couple of respondents identified a need for the county to have a year-round, basic warming shelter that accepts anyone who needs it because there are barriers that keep people out of homeless shelters, but they still need a place to get out of the elements and a place to sleep.

*Community stakeholders critical to addressing this issue/resources:* Local city and county government, elected officials, employers and the business community, Lakeshore CAP, Partners in Community Development, Manitowoc County subsidized housing, Manitowoc Housing Authority, construction companies, landlords and property management companies, builders, Grow it Forward, Salvation Army, faith-based organizations, non-profit organizations, local hospitals and healthcare systems, workforce development, Habitat for Humanity, shelters, long-term care organizations, social service agencies, eviction court, financial institutions, donors, people who want to build the community, and Lakeshore Continuum of Care are the key community partners to work on this issue. It was noted that more partnerships and collaboration are needed to address this issue, rather than keeping resources siloed.



## **Affordable Childcare**

*Populations most affected and how they are affected:* People who are working, but not making enough money to afford childcare and other expenses. Parents, especially moms, who had to stay home with their children during COVID-19 and changed their lifestyle because taking time away from the paid workforce may affect their employment or earning potential in the long-term. Single parents or low wage workers who have to work more than one job in different shifts are affected because childcare providers mainly operate during daytime/first shift hours. Parents and families who cannot afford childcare are kept out of the workforce while they raise their children. Children who do not have access to high quality childcare are affected because they miss out on early learning, development, and socialization.

*An effort that the community could rally behind to improve this issue:* Developing a pipeline for high school students to work toward a childcare degree, work in that field for a period of time, and then be supported in further training and education to become a teacher and work in the school system for a period of time. Investigating how to implement a model of community-based childcare with a network of other families or relatives in the area, taking turns providing childcare together, so the burden isn't as great for each individual parent. Garnering support for the existing affordable childcare taskforce. Making childcare more affordable for families. Working with businesses or incentivizing businesses to provide childcare on-site or provide families with childcare stipends, and to provide temporary on-site sick and well childcare options so parents don't have to miss work when children are out of school with illness. Expanding the availability of childcare for nontraditional work hours and shifts beyond a typical first shift or workday, overlapping work hours, and being flexible with scheduling. Expanding school-based programming before and after school hours in public schools.

*Community stakeholders critical to addressing this issue/resources:* Organizations that serve children and families, Big Brothers Big Sisters, Boys and Girls Club, YMCA, Family Connections, schools, child care providers, employer groups and local employers, legislators, local elected officials, Lakeshore Technical College, Wisconsin Department of Children and Families, public health departments, Healthiest Manitowoc County, United Way, non-profit organizations that work with families like Lakeshore CAP, Head Start, Hope House, InCourage, and The Crossing, healthcare systems and providers, faith-based organizations, and funders like private foundations, churches, and donors are the key partners in the community to work on this issue.

## **Economic Stability and Employment**

*Populations most affected and how they are affected:* Recent immigrants may face language barriers to finding employment. People who are experiencing economic instability may face barriers like lack of childcare or need for further education that prevent them from accessing jobs that do exist. People of color are affected by having fewer opportunities for quality education and lower rates of higher education attainment that lead to lower income jobs and racism as a barrier to getting jobs. Individuals in recovery or living with mental illness may find the job search process difficult or overwhelming. People experiencing homelessness may have trouble finding jobs due to lack of housing stability and lack of employment skills. People who do not have post-secondary education, training, certificates, degrees, or apprenticeships and people who lack "soft skills" may struggle to find employment or keep employment that provides a living wage. Other key stakeholders identified all working adults as affected because there is generally a shortage of jobs that pay high enough wages which often forces people to have multiple part-time, low wage jobs, often without benefits.

*An effort that the community could rally behind to improve this issue:* The community could address barriers to employment, such as offering mentoring, job skills training, job search assistance, English tutoring, transportation, and childcare. City and county leadership could promote resources that are available to their constituents. Employers could be educated about policies that they have in place that are creating barriers to employment. Stronger community partnerships could be built to focus on addressing barriers to employment and coordinate the resources to help. Work on changing the majority community's towards newer members and marginalized groups to be more empathic and welcoming. Bringing union training program and training human resources at local companies about how to support employees who are struggling, to hold them accountable while keeping them employed.

*Community stakeholders critical to addressing this issue/resources:* Local government, elected officials, schools and educators at all levels, tutors, religious organizations and church communities, civic

organizations, people to help with resume development and job searches, chambers of commerce, employers, and labor unions are the key partners to addressing this issue in the county.

### **Mental Health, Mental Conditions, and Suicide**

*Populations most affected and how they are affected:* Most key stakeholders indicated that anyone, everyone, or all/most populations are affected by stress, anxiety, depression, lack of social connection, and mental illness, which may have been exacerbated due to the conditions of living through the COVID-19 pandemic and other stressful current events. Some respondents named populations that would be less likely to access or afford mental healthcare or services and who therefore may need more tailored outreach or connection to services they do qualify for, such as low-income populations, people experiencing homelessness, the uninsured, people who live alone and are isolated, people in remote areas who may not physically have access to services, or veterans who may not be aware of the services they qualify for. A few key stakeholders mentioned white men as a group that is particularly affected because this population makes up most of the deaths by suicide. School-aged kids may be particularly affected by the changes related to virtual or online schooling and transitioning to in-person school and isolation from and re-integration into peer groups. Another population are those who already have mental health issues or a mental illness diagnosis and they may be affected if they cannot access healthcare, services, prescriptions or other things they need to support their health. People with trauma histories are another population who may need more support or connection to resources for healing to support their mental health. One population who may need more support are Hispanic men, particularly immigrants, because they may be more likely to have trauma histories, and culturally it is taboo to discuss mental health, depression, or feelings and this population has seen a rise in deaths by suicide.

*Existing strategies:* Mental healthcare, services, outpatient behavioral health clinics, support groups, early intervention, counseling, therapy, peer support, managed care organizations, and community organizations and efforts like NAMI, Prevent Suicide Manitowoc County, Zero Suicide, Painting Pathways, Lakeshore Community Health Care, resources provided by the jail, and the VA's services for veterans were named as existing strategies in place to address mental health, mental illness, and suicide prevention in the county. There is also work being done to combat the stigma of mental illness and suicide.

*Needed strategies:* Though the services and resources named as "existing strategies" do exist in the county, there needs to be more work done to support access to these services, such as more funding and staffing for mental healthcare, behavioral health, and service providers, more providers who accept patients who are uninsured or cannot pay, more in-patient facilities and treatment options, and crisis service availability for immediate needs. Another suggestion is more collaboration, working together, breaking down silos, and coalition-building among mental health providers. For staff across the county, there is a need for more trauma informed care training and QPR (question, persuade, refer) training.

*Community stakeholders critical to addressing this issue/resources:* All mental health providers, schools, youth-serving organizations, healthcare providers and systems, behavioral health clinics, local government, the business community, local non-profit organizations, local city and county leadership, the county Human Services Department, first responders, Veteran's Affairs, CORE Treatment Services, Lighthouse Recovery, Prevent Suicide, NAMI, Painting Pathways, local civic organizations, and committed advocates are the key stakeholders needed to address mental health in the county. It was also noted that everyone needs to work together, end the competition mindset, and collaborate to create a sustained change.

*An effort that the community could rally behind to improve this issue:* An effort that could improve this issue is providing sustained funding to organizations providing mental health care and services so they can be consistently fully staffed and meet the needs of community members who require the services, regardless of their ability to pay. Another effort would be a community approach with all organizations working on mental health coming together in a coordinated effort to address prevention, treatment, care and related services for the community. A mental health court would be helpful for the community. Suicide prevention training at all businesses, training the police to respond to mental health crises, and offering services to people in jail and a warm handoff to services for those released from jail are other suggestions for efforts the community could support.

*What is needed address this issue:* Key stakeholders' needs were largely reflected in the "needed strategies" section. The most commonly identified needs are financial support, staff support, and

increased access to mental health resources. Another need is more awareness of resources and services among the community. Another need is trauma informed care training and QPR training for staff. Other ideas are making 2-1-1's online platform easier to navigate, more sober options for healthy activities in the community, a mental health court, and more cooperation with other organizations for training and community programs.

*Relationship to social determinants of health:* Key stakeholders identified that having any unmet social needs (social determinants of health) can impact stress levels and increase feelings of hopelessness, contribute to stress, increased anxiety, depression, and suicide. Lacking things like stable housing, income, employment, transportation, childcare, food, and social support can make it difficult to focus on behaviors or activities that support mental health because there are too many other things to work on or worry about. Some key stakeholders identified lack of financial stability as a key social determinant because it can prevent people from accessing the care, treatment, and supports they need. This goes hand in hand with access to social services and access to healthcare.

### **Alcohol and Substance Use**

*Populations most affected and how they are affected:* Regarding alcohol use, there are cultural norms and permissive attitudes around drinking in our state that make it an issue that affects everyone. For alcohol and substance use, key stakeholders said they see use among all populations and entire family systems and communities are affected. People who have a lot of stress in their lives from social determinants of health (unemployment, lack of financial stability, lack of education, lack of access to services and housing, lack of family support and belonging, etc.), other health issues, or trauma they haven't dealt with may be more inclined to use alcohol or other substances to cope or self-medicate. Some key stakeholders discussed how family systems are affected, whether it be the stress or worry about a family member who is using drugs, or children in a family who experience their parents or caregivers using substances and how that affects them, as this can lead to removal from the home, interactions with the foster care system, or if they see substance use normalized in the home, it can become a multigenerational cycle or lead to codependence within families who use substances together. Some key stakeholders mentioned the overlap with mental health, mental illness, and substance use because people experiencing depression, stress, or other mental health problems without access to services or treatment may self-medicate to deal with problems. Another subpopulation mentioned by more than one key stakeholder are adolescents and young adults who are more easily influenced and use drugs and alcohol to fit in with their peers.

*Existing strategies:* Treatment and recovery programs were the main existing strategy mentioned, including CORE Treatment Services, Lighthouse Recovery Program, local mental health providers, vivitrol program in the jail, AODA program in the jail, and VA providers. Others mentioned some related programs and systems such as transitional housing providers, Hope House shelter requiring sobriety during their stay, the Drug Court Program, organizations that provide respite space for individuals and families, and community AA and NA meetings.

*Needed strategies:* Key stakeholders suggested the community need more focus on education, awareness, and prevention so that 1) root causes can be addressed before substance use and alcohol use emerge, 2) families, employers, teachers know what signs or behaviors could indicate someone has a problem before it gets worse, and 3) more people know how to help or are aware of resources when people have issues with alcohol and substance use. They also suggested funding for more treatment capacity, particularly inpatient beds locally, would be helpful to people who are already experiencing alcohol and substance use. Some key stakeholders suggested we need to continue support and funding for law enforcement to address this issue. Another set of recommendations are to work on changing cultural norms around alcohol and some substance use, but also challenging stereotypes and stigma related to addiction and recovery. Finally, there were some suggestions related to meeting people where they're at for treatment and recovery, including mobile unit solutions, working with employers to provide services to employees on site, and building relationships among community resources and providers so there is "no wrong door" for people seeking help.

*Community stakeholders critical to addressing this issue/resources:* The whole community, treatment providers, hospitals and health systems, recovery programs, jails, schools, local government, elected officials, community organizations, non-profit organizations, employers, public health, the Human Services Department, law enforcement, local faith communities, civic organizations, representatives from



racial and ethnic minority communities, funders and donors, and youth were named as key stakeholders to engage in addressing alcohol and substance use.

*An effort that the community could rally behind to improve this issue:* Suggestions from key stakeholders are growing to have more inpatient treatment providers, building a detox center, making sure all treatment options are affordable because Medicaid does not cover a lot of existing programs and they can be very expensive to pay for out-of-pocket. Another set of recommendations is the prevention, health promotion, and education work and culture change ideas mentioned in the “needed strategies” section above.

*What is needed address this issue:* One suggestion is better access to alcohol and substance abuse services for those who can’t pay for them. A few respondents mentioned direct funding or networking with investors. Others mentioned a greater awareness of community resources and the ability to navigate people through treatment and recovery resources and services (e.g. a mental health navigator position to connect people to what they need in the community). Other needs are engagement with religion, access to a peer support specialist to work with clients experiencing addiction, harm reduction training, trauma informed care training, Narcan training, and a greater understanding of the issue.

*Relationship to social determinants of health:* Many key stakeholders drew connections between alcohol and substance use and underlying stressors in people’s lives such as lack of employment, low income, lack of safe housing, lack of childcare, lack of access to social supports, lack of reliable transportation, and past experiences with trauma/Adverse Childhood Experiences. Lack of family support and social connection and general lack of social support and stability were also named as social determinants of health that can lead to substance use.

### **Nutrition, Physical Activity, and Obesity**

*Populations most affected and how they are affected:* Two respondents indicated all populations are affected. Other specific populations named are people who have obesity, families with low socioeconomic status, and the Hmong population in the county. Key stakeholders mentioned this issue affects people with limited financial resources because it can be difficult to afford less processed foods. For Hmong people, historically in their homelands they were farmers and walked everywhere, and that is not the lifestyle in Manitowoc County. Physical activity and nutrition were not things they had to be taught to think about because food was passed down through generations and they ate what was available.

*Existing strategies:* The YMCA, parks, playgrounds, education, prescriptions from healthcare providers for exercise and nutrition, meal programs, Silver Sneakers program, and Hmong community meals were identified as strategies in place to address these issues.

*Needed strategies:* Community support, education, communication, starting fresh foods earlier in child care systems can help to build healthy nutrition for the next generations, and easier access to healthy food and exercise facilities that are free or subsidized for people from all income levels to participate, and more culturally-specific options for the Hmong community, such as dance classes, exercise facilities, and walking clubs that can help to create healthy behaviors and connect people with their culture.

*Community stakeholders critical to addressing this issue/resources:* The YMCA, Grow it Forward, public and private education systems, healthcare providers and systems, childcare providers, churches and faith-based groups, family advocates, health departments, and Hmong community leaders were the key partners identified to address this issue.

*An effort that the community could rally behind to improve this issue:* The most common recommendations were education and messaging around these topics. Methods suggested included billboards, radio advertising, and outreach to church groups. Repetition of messaging was suggested. One recommendation is to target youth with these messages to build long-term healthy behaviors. An idea for church outreach is organizing healthy potlucks and snack programs. Two final suggestions are increasing access to affordable organic foods and creating a Hmong Community Center.

*What is needed address this issue:* A greater understanding of nutrition, building in measurements and benchmarks, tying nutrition into math and other subjects’ curricula, funding for more people and better products to prepare fresh food, a Hmong Community Center, and faith-based nutrition and physical activity education were named as the needs they have to address these issues within their organizations.

*Relationship to social determinants of health:* The social determinants of health related to nutrition, physical activity, and obesity that were named by key stakeholders are education access and quality, and family support. One key stakeholder indicated more understanding of the relationship between social determinants of health and nutrition is needed.

## Appendix H: Key Stakeholder Organizations Interviewed for purposes of conducting the Froedtert Holy Family Memorial Hospital CHNA

Key Stakeholder Organizations	Description of Organizations
ADRC of the Lakeshore	Provides information, assistance, and supportive services to older adults in the community.
Ascend Services, Inc.	Ascend provides services to individuals with exceptional abilities, promoting individual growth through community experiences, education and employment opportunities.
Big Brothers Big Sisters Wisconsin Shoreline	Nonprofit youth serving agency providing academic and recreational programming.
CORE Treatment Services, Inc.	Provides treatment services through residential and day treatment, and professional resource connections for substance use.
Family Connections	Child Care Resource & Referral Agency. Providing education to childcare providers, connecting, and supporting family's childcare needs.
Hope House of Manitowoc County	Provides shelter and supportive services to individuals and families experiencing homelessness.
InCourage	Provides shelter, Crisis intervention, and supportive services for survivors of domestic and sexual abuse and their families.
Lakeshore CAP, Inc (Community Action Program)	Help individuals and families achieve economic self-sufficiency and well-being through results-based programming in Manitowoc, Door, Sheboygan and Kewaunee counties
Lakeshore Community Health Care	Provide primary and preventive medical, behavioral (mental) health and dental care.
Lakeshore Technical College	Higher education institute.
League of Women Voters of Manitowoc County	The league is women-led political grassroots network and membership organization that believes the freedom to vote is a nonpartisan issue.
RUTH (Responding with Understanding Truth and Hope), the Interfaith Justice Group in Manitowoc County	The members of RUTH (Responding with Understanding Truth and Hope), the interfaith justice group in Manitowoc County, are committed to building relationships and forming a community of neighbors to advocate together for structural change in the critical justice issues that face all of Wisconsin.
Lighthouse Recovery Community Center	Provides substance use treatment services through resources, education, and recovery support service in a safe and social atmosphere
Manitowoc County Health Department	Government department that prevents disease and promotes health.
Manitowoc County Human Services Department	Government department that provides behavioral health services.
Manitowoc County Sheriff's Office	Emergency response.
Manitowoc County Veteran's Services Office	Provides information, assistance, and supportive services to veterans in the community.
Manitowoc Public Library	Provides education and learning opportunities in the community.
Manitowoc Public School District	Provides public education for youth.
Manitowoc-Two Rivers YMCA	Provide youth, adult, and family programs that build healthy spirit, mind, and body for all.
Painting Pathways Clubhouse, Inc	Empowers Adults with diagnosed mental illness by building community, supporting recovery, and changing lives.
PFLAG-Manitowoc County Chapter	Chapter-based organization supporting, educating, and advocating for LGBTQ+ people and their families
Prevent Suicide Manitowoc County	Educate, support, and advocate for those affected by suicide and mental health illness.
Reedsville School District	Provides public education for youth.
St. Thomas the Apostle	Faith-based organization.
The Chamber of Manitowoc County	Organization of local businesses that promotes economic development and business activity
The Crossing of Manitowoc County	Christian-based organization providing emotional, educational, material, and spiritual support to families.
The Haven of Manitowoc County, Inc.	Provides shelter, housing services, and resources for homeless male individuals.
The Salvation Army of Manitowoc County	Organization that provides support to families in need and crisis.
Trinity Hmong Lutheran Church	Faith-based organization.
United Way of Manitowoc County	Mobilizes the caring power of communities to advance the common good. Helping communities tackle tough challenges and work with private, public, and nonprofit partners to boost education, economic mobility, and health resources.

## Appendix I: 2022 Secondary Data Report

In 2022, the Center for Urban Population Health was enlisted to create a report detailing the health of Manitowoc County using secondary data. This health data report is one piece of a variety of data sources being used by local health systems to describe their communities and the health priorities of their service areas. Indicators for which primary data are being collected were excluded from this report. In addition, rather than repurposing data from the comprehensive county rankings report created by the University of Wisconsin Population Health Institute (2022), the county level data from the rankings report is included in its entirety at the end of this report.

All of the data used in this report come from publicly available data sources. Data for each indicator were presented by race and ethnicity and gender when the data were available. Race data categorized as 'unknown' or 'missing' were rarely included in this report. Therefore, not all races are represented in the data that follow.

In some cases data were not presented by the system from which they were pulled due to their internal confidentiality policies which specify that data will not be released when the number is less than five. In other cases, data were available, but the rates or percentages are not presented in this report. This is due to the indicator having small numbers in the numerator or denominator resulting in rates or percentages that were subject to large year-to-year fluctuations and, as such, would not have provided a meaningful representation of the data for the population subset.

When applicable, Healthy People 2030 objectives are provided for each indicator. These objectives were not included unless the indicator directly matched with a Healthy People 2030 objective.

The charts and graphics used to summarize the key stakeholder top five health condition and behavior issues were created in Metopio. Access to Metopio data was provided by Advocate Aurora Health. The charts and graphics utilized publicly available data.

### Publicly available data sources used for the Secondary Data Report

- U.S. Census Data (CENSUS)
- Wisconsin Department of Health Services (DHS)
- Wisconsin Family Health Survey (FHS)
- Behavioral Risk Factor Surveillance System (BRFS)
- Community Health Survey (CHS)
- Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
- Wisconsin Interactive Statistics on Health (WISH)
- University of Wisconsin Population Health Institute. *County Health Rankings 2022*. Accessible at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

**Limitations:** Secondary data is limited to availability of data, with some health topic areas having a robust set of indicators while others were more limited. Some secondary data sources do not include subpopulation data and others only display values for a select number of race/ethnic groups.

**Partners & Contracts:** This report was commissioned by Advocate Aurora Health, Froedtert Holy Family Memorial Hospital, Lakeshore Community Health Care, Manitowoc County Public Health Department, Lakeshore Community Action Program (CAP), and United Way of Manitowoc County in partnership with the Center for Urban Population Health.



## Appendix J: 2022 Internal Hospital Data

Internal health care data can provide a unique window into the health needs of community members who have received care. Custom Froedtert Holy Family Memorial Hospital datasets and other information resources were produced to help benchmark patient data against the community health needs assessment.

### Froedtert Health data sources used

- **Health Equity Strategy Alignment Tool: Community Vulnerability Assessment**
  - Per Vizient, “the community assessment is determined by the Vizient Vulnerability Index, a measure used to summarize data on social determinants of health at the neighborhood level. A vulnerability index can provide context for the obstacles that patients face in accessing health care and can quantify the direct relationship between these obstacles and patient outcomes. National health equity indices were evaluated to determine alignment with key relevant metrics that are available on a national level, encompass a broad scope and have a known relationship to health equity risks. Metrics that met these criteria were identified to serve as the foundation for the Vizient Vulnerability Index.”
- **EPIC: Social Determinants of Health Screening**
  - Patients are screened using the SDOH questionnaire released by Epic, which leverages evidence-based screening tools when available. SDOH data is used at the patient level to enable care teams to address specific social needs of their patients and incorporate into their care plan or refer the patient to community-based resources as appropriate. At the patient population level, SDOH data is analyzed to understand the prevalence of social needs of our patients by race and ethnicity, geography, payer, clinical service area, etc. This information will then be used in planning new programs and services, advocacy efforts, and community engagement.
- **Impact 211**
  - IMPACT 211 provides a central access point for people to take the first step toward regaining stability. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents of Manitowoc County to get connected to information and assistance. Data reports are generated to summarize demographics, total calls and referrals, requested services and unmet services by county and zip code.
- **Wisconsin Hospital Association CHNA Dashboard**
  - The Wisconsin Hospital Association Information Center created a Community Health Needs Assessment (CHNA) Mapping Tool to allow hospitals, and community partners, the opportunity to identify areas of need in their community by analyzing clinical conditions and community characteristics. Using data from both the WHA Information Center and American Community Survey, the tool allows for specific analysis down to the census tract level of individual communities.

## Appendix K: Review of the Fiscal Year 2020-2022 Froedtert Holy Family Memorial Hospital CHNA Implementation Strategy

Froedtert Holy Family Memorial Hospital’s previous CHNA implementation strategy addressed the following priority health needs: Alcohol Use or Abuse, Prescription or Over-the-Counter Drug Abuse, and Overweight or Obesity.

The table below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement.

Significant Health Need	Program	Actions	Outcomes
<b>Alcohol Use or Abuse</b>	Improve substance abuse and care services for our community.	<ul style="list-style-type: none"> <li>Partner with CORE Treatment Services to open residential AODA treatment beds and additional outpatient services in a facility on HFM’s campus in 2020.</li> <li>Participate in Healthiest Manitowoc County AODA initiatives to assist with community-wide education and outreach.</li> <li>Provide AODA education to area Veterans through outreach/community education initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>CORE Treatment Services opened in 2020.</li> <li>Due to COVID-19 Healthiest Manitowoc County discontinued meeting and implementing initiatives.</li> <li>Conducted Question, Persuade, Refer (QPR) training.</li> <li>Created a Coping with COVID video series to guide individuals through coping with the unique situations related to COVID-19 instead of following negative alternatives.</li> </ul>
<b>Prescription or Over-the-Counter Drug Abuse</b>	Reduce prescription and over-the-counter drug abuse in Manitowoc County.	<ul style="list-style-type: none"> <li>Provide provider education on opioid and other drug abuse.</li> <li>Implement EMR opioid tracking.</li> <li>Participate in Healthiest Manitowoc County AODA committees and initiatives.</li> <li>Providers offer medication-assisted-treatment in collaboration with HFM Behavioral Health.</li> </ul>	<ul style="list-style-type: none"> <li>Due to COVID-19 Healthiest Manitowoc County discontinued meeting and implementing initiatives.</li> <li>Collected more than 553 pounds of unused medications at the Medication Drug Take events.</li> <li>Implemented provider education on opioid and other drug abuse.</li> <li>Implemented the EMR opioid tracking system.</li> <li>Provide a MedSafe drug disposal box that collected more than 600 pounds of unused medications.</li> </ul>
<b>Overweight or Obesity</b>	Model and inspire healthy nutrition and exercise to address overweight and obesity.	<ul style="list-style-type: none"> <li>Enhance existing HFM Lean on the Lakeshore event to keep focus on weight loss.</li> <li>Expand Move Manitowoc efforts to include more businesses and share the health benefits of being active.</li> <li>Increase utilization of prescriptions for services through the Wellness Center.</li> </ul>	<ul style="list-style-type: none"> <li>The Lean on the Lakeshore and Move Manitowoc programs were canceled due to COVID-19.</li> <li>Implemented free summer pop-up workouts.</li> <li>Implemented a fall hike.</li> <li>Provided Wellness Center prescriptions.</li> <li>Implemented a bi-monthly diabetes support group for individuals with prediabetes, Type 1 diabetes and Type 2 diabetes.</li> </ul>