Community Health Needs Assessment (CHNA) Report

Holy Family Memorial
Doing Business As:

Froedtert Holy Family Memorial Hospital

Fiscal Year 2026
Effective July 1, 2025

Approved on 05/21/2025 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 Aurora Health Care, Manitowoc County 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, this robust community-wide data collection process includes findings from a community health survey, stakeholder interviews, 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 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, 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 Froedtert Holy Family Memorial Hospital Board of Directors. Additional progress on the Implementation Strategy is 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, Froedtert Holy Family Memorial Hospital, rooted in the healing ministry of Jesus Christ, is committed to providing high quality medical care and dedicated to helping people in the communities it serves 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.

In 2024, Froedtert Health and ThedaCare became one organization, making it possible for the health network to enhance access to care for more people in Wisconsin. Froedtert ThedaCare Health includes 22,000+ employees and 3,400+ providers offering services in 18 hospitals and more than 360 outpatient locations including primary care, health centers and clinics. The combined organization is a partner to the Medical College of Wisconsin, working in concert to expand its mission of patient care, innovation, medical research and education.

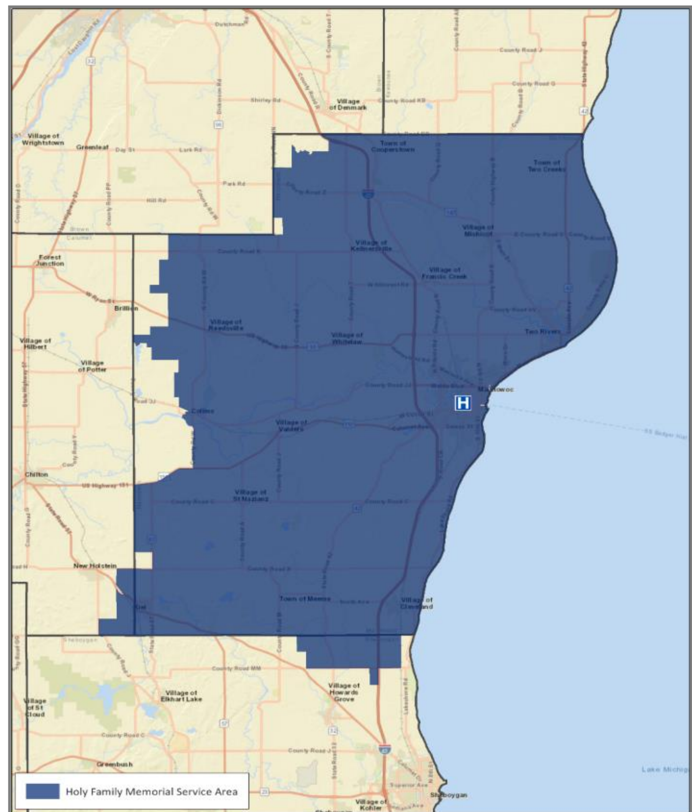
Mission Statement

The Froedtert & the Medical College of Wisconsin health network advances the health of the representative of the communities we serve through exceptional care enhanced by innovation and discovery.

Froedtert Holy Family Memorial Hospital Service Area and Demographics

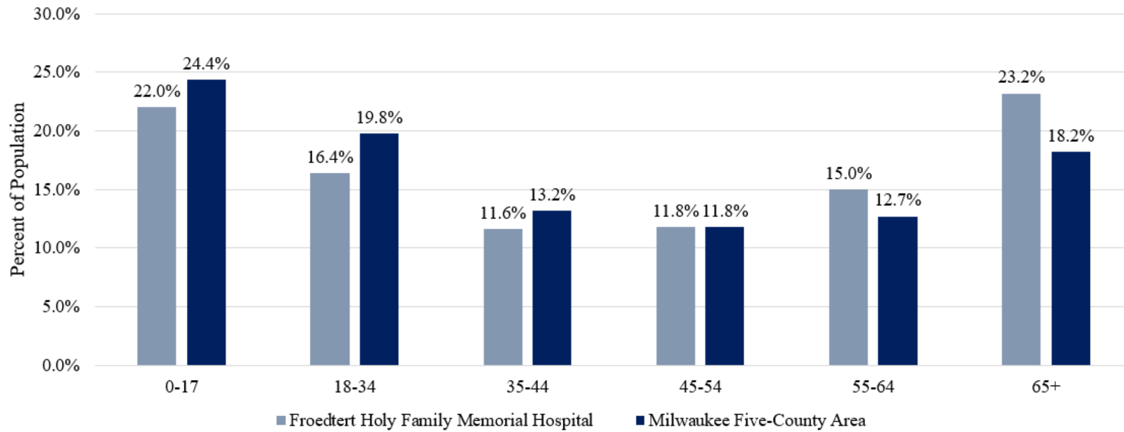
For the purpose of the Community Health Needs Assessment, the community is defined as Manitowoc County, because 91.6% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Manitowoc County. Froedtert Holy Family Memorial Hospital determines 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).

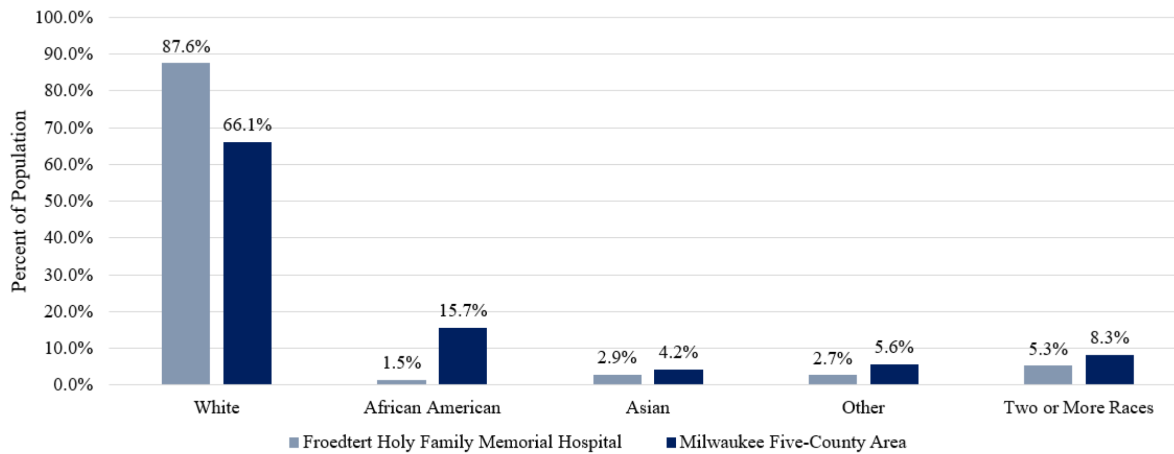


Froedtert Holy Family Memorial Hospital Primary Service Area Demographics

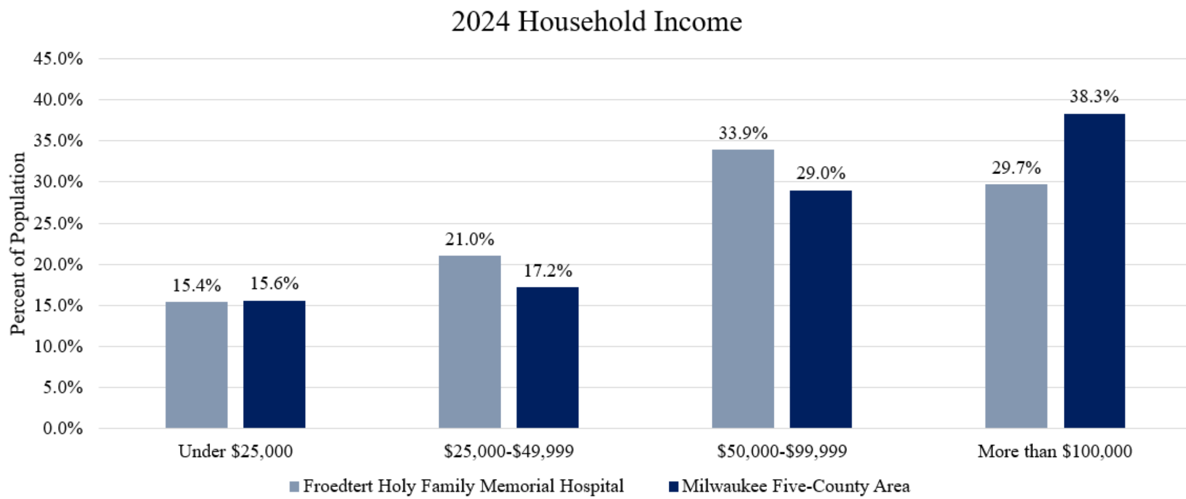
Age – The Milwaukee Five-County Area has a comparable age distribution as the Froedtert Holy Family Memorial Hospital Service Area. The 65+ age group is larger in the Froedtert Holy Family Memorial Hospital Service Area with 23.2% of population while the Milwaukee Five-County Area 65+ age group is 18.2% of the population.



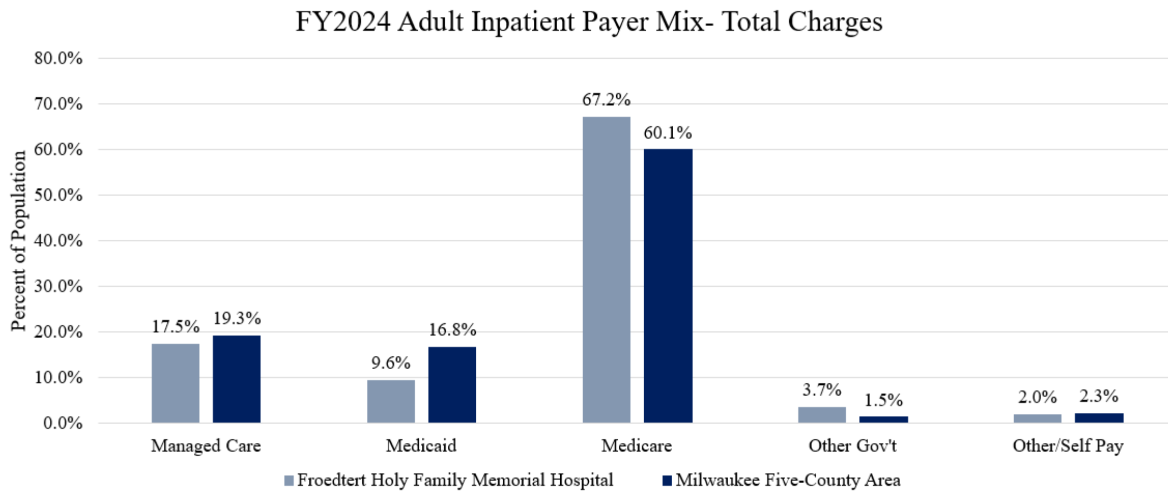
Race – The racial distribution in Milwaukee Five-County Area is predominantly Caucasian (66.1%). Milwaukee Five-County Area is more diverse with 15.7% as African American and 18.1% as other races. The Froedtert Holy Family Memorial Hospital Service Area is 87.6% White and 1.5% African American.



Household Income – Households where income is less than $50,000 is 32.8% of the distribution in the Milwaukee Five-County Area. Within the Froedtert Holy Family Memorial Hospital Service Area, the percent of households that income is less than $50,000 is 36.4%.



Payer Mix – For adult inpatients, the Milwaukee Five-County Area has 19.1% of patients consist of Medicaid and Self Pay payers. The Froedtert Holy Family Memorial Hospital Service Area has 11.6% of patients with Medicaid and Self Pay in the payer mix.



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

Community Health Needs Assessment Process and Methods Used

In 2024, 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: An online survey of 458 residents was conducted by Froedtert Holy Family Memorial Hospital in collaboration with community partners. The full report of these surveys can be found at Froedtert Holy Family Memorial Hospital Community Engagement | Froedtert & MCW.

Key Stakeholder Interviews: Froedtert Holy Family Memorial Hospital Community Engagement team and leaders conducted 37 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 F**. The full key stakeholder interview results can be found at Froedtert Holy Family Memorial Hospital Community Engagement | Froedtert & MCW.

Secondary Data Sources: Utilizing multiple county and community-based publicly available reports and Metopio, information was gathered regarding mortality/morbidity data, health care utilizations, health behaviors, chronic diseases, public safety/crime reports and socio-economic/social driver data.

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.

Health Impact

Froedtert Holy Family Memorial Hospital has a commitment to being a culturally competent organization that provides exceptional care to everyone; therefore, belonging is a priority for not only the hospital but the entire health network. Health impact focuses on minimizing these differences and drives us to increase opportunities for good health by eliminating systemic, avoidable, unfair and unjust barriers. Health impact 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, health impact 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 ThedaCare Health
- Aurora Health Care
- Manitowoc County 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 2024 shared Manitowoc County data collection process and provided analysis of the community health survey and 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 August to October 2024 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 F**. 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:

Social Determinants of Health (SDOH):

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?
- What are the barriers/challenges to addressing this issue? What could we do differently? What are the existing strategies addressing the health issue - what is working well? Who are the key partners working on this?
- If your organization works in this space, what is the best way that public health or health care organizations can support you?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?
- What are the barriers/challenges to addressing this issue? What could we do differently?
- What are the existing strategies addressing the health issue - what is working well? Who are the key partners working on this?
- If your organization works in this space, what is the best way that public health or healthcare organizations can support you?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?

Additional Questions/Comments:

- How would you suggest organizations reach out to community members that have been affected by these issues to implement health initiatives?
- How can or does the CHNA benefit you/your agency/organization?
- Are there any additional questions that you feel we should ask in the future to better benefit you/your agency/organization?
- Do you have any additional comments you would like to share?

Underserved Population Input: Froedtert Holy Family Memorial Hospital is dedicated to reducing health disparities. 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 Online Survey	Key Stakeholder Interviews
Health Issues and Behaviors	• Drug/Substance Use • Mental Health, Mental Conditions and Suicide • Alcohol Use • Nutrition, Physical Activity and Obesity • Chronic Diseases	• Mental Health, Mental Conditions and Suicide • Alcohol and Substance Use • Nutrition, Physical Activity and Obesity • Intimate Partner/Domestic Violence • Unintentional Injury
Social Determinants of Health	• Safe and Affordable Housing • Accessible and Affordable Childcare • Accessible and Affordable Mental Health Care • Economic Stability • Accessible and Affordable Healthy Food	• Safe and Affordable Housing • Affordable Childcare • Accessible, Affordable and Quality Health Care • Access to Social Services • Economic Stability and Employment

Prioritization of Significant Health Needs

Froedtert Holy Family Memorial Hospital in collaboration with community partners and JKV Research, LLC, analyzed secondary data of several indicators and gathered community input through an online survey 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 and access to mental health services
- Substance use and abuse
- Access to Care
- Chronic diseases
- Safe and affordable housing
- Affordable childcare
- Education
- Transportation
- Falls prevention
- Workforce development
- Social connectedness

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, the planning process included five steps in prioritizing Froedtert Holy Family Memorial Hospital's significant health needs:

1. Review the 2024 Community Health Needs Assessment results for identification and prioritization of community health needs.
2. Review previous 2023-2025 Implementation Strategy programs and results.
3. Rank and select priority areas.
4. Brainstorm contributing and restricting factors and root causes that impact community health needs.

During a facilitated workout session in February 2025, 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 the health network's mission and strategic priorities.
- **Feasibility:** the degree to which the 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 Impact:** 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 2026-2028:

- **Access to Health Services**
- **Mental Health**
- **Housing**

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 E**.

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 05/21/2025 and made publicly available on 05/30/2025.

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 I** of this CHNA. A copy of the complete prior CHNA can be found on Froedtert Holy Family Memorial Hospital website at Froedtert Holy Family Memorial Hospital Community Engagement | Froedtert & MCW.

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 stakeholders, hospital board members, public schools, non-profits, hospital coalition members, Manitowoc County 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 Froedtert Holy Family Memorial Hospital Community Engagement | Froedtert & MCW.

Feedback and public comments are always welcomed and encouraged and can be provided through the contact form on the Froedtert & MCW 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

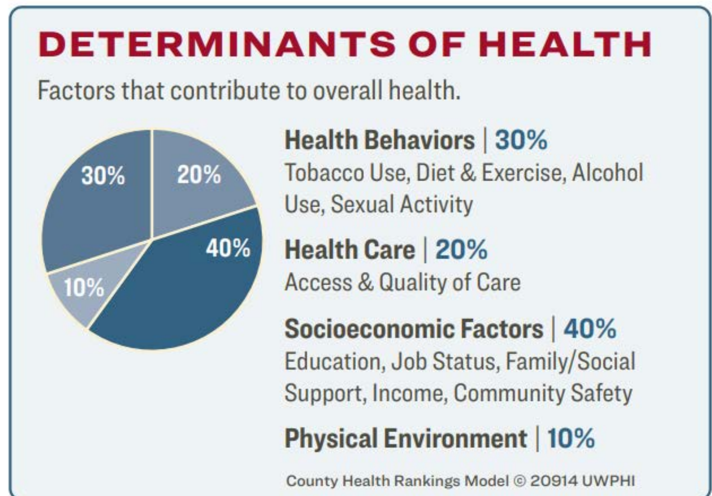
Name	Title	Organization	Hospital Affiliation
Korina Aghmar	Health Officer	Manitowoc County Health Department	
Tony Bieri	Manager of Wellness Center	Froedtert Health	
Andy Dresang	Executive Director, Community Engagement	Froedtert Health	
Patti Glaser	Manager – Marketing & Community Relations	Froedtert Holy Family Memorial Hospital	MEC
Andres Gonzalez	Vice President, Chief Belonging and Community Engagement Officer	Froedtert Health	
Brian Graf	Executive Director, MSK and Specialty	Froedtert Health	
Jan Graunke	Executive Director	Hope House of Manitowoc County	
Colleen Homb	Executive Director	Lakeshore CAP	
Deb Holschbach	Registered Nurse	Froedtert Health	
Amber Hutchison	Executive Director	Painting Pathways	
Heather Ihlenfeldt	Executive Director	Two Rivers Senior Center	
Natasha Khan	Community Health Strategist	Manitowoc County Health Department	
Sr. Nancy Kinate	Community Member	Franciscan Sisters of Christian Charity	HFM Board Member/ MEC
Margaret Klatt	Physician	Froedtert Health	HFM Board Member
Jason Latva	Executive Director	Lighthouse Recovery Community Center	
Sr. Mary Frances Maher	Community Member	Franciscan Sisters of Christian Charity	HFM Board Member/ MEC
Sara Meier	Executive Director	InCourage	
Roxanne Miner	Director of Mission and Pastoral Care	Froedtert Health	HFM Board Member/ MEC
Kari Mueller	Executive Director	Northeastern WI Area Health Education Center	
Kate Nickel	Sr. Community Health Coordinator	Froedtert Health	MEC
Lexi Otis	Community Health Strategist	Manitowoc County Health Department	
Ben Peters	Community Outreach	United Way of Manitowoc County	
Abbey Quistorf	Executive Director	The Chamber of Manitowoc	
Matt Sauer	Chaplain	Froedtert Health	
Heather Sohlden	Sr. HR Business Partner	Froedtert Health	
Frank Soltys	President and CEO	Felician Village	HFM Board Member
Kristin Stearns	CEO	Lakeshore Community Health Care	
Jonathan Tamayo	Executive Director	Salvation Army	
Tracey Ratzburg	Community Health Coordinator	ThedaCare	
Thomas Veeser	Vice President of Quality/Chief Nursing Officer	Froedtert Health	HFM Board Member/ MEC
Amanda Wisth	Director, Community Benefit	Froedtert Health	MEC

Appendix B: Health Impact

Health impact 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.

People who are marginalized by society or who come from disadvantaged communities tend to have more chronic diseases and poorer health outcomes. Individuals' health outcomes are deeply influenced by factors such as race, ethnicity, socioeconomic status, geographic location, gender and other social determinants.

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 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.

Overall, the health disparities faced by marginalized communities are the result of complex interactions between socioeconomic, environmental and systemic factors. Addressing these disparities requires not only improving access to health care but also addressing the broader social and economic inequalities that disproportionately affect these communities.

Appendix C: 2024 Manitowoc County Community Health Needs Assessment: Community Health Online Survey

The Manitowoc County Community Health Needs Assessment survey results are available at Froedtert Holy Family Memorial Hospital Community Engagement | Froedtert & MCW.

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.
2. Gather data on the prevalence of risk factors within the adult population.
3. Compare, where appropriate, health data of residents to previous health studies.
4. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

A 42-question online survey was developed by the Healthiest Manitowoc County Coalition. Flyers with the survey QR code and web address were placed in public locations throughout the county including government agencies, health care systems, non-profit organizations, public businesses and events. Press releases and website postings were also used to alert residents to the study. A Spanish version of all communication tools and the survey were also available. Data collection was conducted between Aug. 28 and Oct. 21, 2024. A total of 458 valid completed surveys were used for analysis. Post-stratification was conducted by age group and sex from the 2023 American Community Survey to be representative of all adults 18 years old and older in the county.

With a sample size of 458, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older 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 ±5 percent, since fewer respondents are in that category (e.g., adults who were asked about child health care).

In 2023, the Census Bureau estimated 65,098 adult residents lived in Manitowoc County. Thus, in this report, one percentage point equals approximately 650 adults. So, when 87% of respondents reported they have a health care provider where they regularly go for check-ups and when they are sick, this roughly equals 56,550 residents ±3,250 individuals. Therefore, from 53,300 to 59,800 residents likely have a health care provider where they regularly go for check-ups and when they are sick. Because the margin of error is ±5%, events or health risks that are small will include zero.

In 2023, the Census Bureau estimated 35,669 occupied housing units in Manitowoc County. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Using the 2023 household estimate, each percentage point for household-level data represents approximately 360 households.

Partners & Contracts: This report was commissioned by Aurora Health Care, 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. The data was analyzed and prepared by JKV Research, LLC.

Appendix D: 2024 Manitowoc County Community Health Online 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, Froedtert Health, Lakeshore Community Action Program (CAP) Lakeshore Community Health Care, Manitowoc County Health Department and the United Way of Manitowoc County.

Health Care Services and Providers	**2022**	**2024**
Health Care Provider for Regular Check-Ups and When Sick	84%	87%
Get Appointment for Health Needs Quickly	76%	69%
Get to Health Care Provider or Clinic Easily	93%	91%
Heard, Seen and Listened to When Receiving Health Care	85%	88%
Family/Support People are Seen and Listened to When Respondent Receives Health Care	81%	82%
Seen and Listened to When Child/Children are Receiving Health Care	87%	93%
Somewhat Satisfied/Not Too Satisfied/Not at All Satisfied with Health Care Provider Taking Into Account Age, Gender, Sexual Orientation, Race, Ethnicity or Health Status	--	24%
Reason for Somewhat/Not Too/Not at All Satisfied with Health Care Provider		
Health Status	--	35%
Age	--	20%
Did Not Receive Care Needed in Past Year	**2022**	**2024**
Unmet Medical Care [HP2030 Goal: 6%; WI 9% & US 11% (2023)]	--	11%
Unmet Dental Care [HP2030 Goal: 19%; US 18% (2023)]	--	20%
Reason for Unmet Dental Care		
Long Wait Time	--	40%
Cannot Afford	--	35%
Unable to Get Appointment	--	31%
Insurance Did Not Cover	--	29%
Unable to Find Dentist to Take Medicaid/Other Insurance	--	23%
Unmet Mental Health Care [US 6% (2023)]	--	13%
Unmet Alcohol/Substance Abuse Treatment	--	<1%
Vaccinations	**2022**	**2024**
Not Up-to-Date with Vaccinations, Excluding COVID-19 and Flu Vaccinations	--	9%
Physical Activity in Usual Week	**2022**	**2024**
Moderate Physical Activity (5 Times/30 Min)	--	45%
Vigorous Physical Activity (3 Times/20 Min)	--	34%
Recommended Moderate or Vigorous Physical Activity [HP2030 Goal: 53%; US 48% (2022)]	--	55%
Muscle Strengthening Activity (2 Days or More) [HP2030 Goal: 37%; WI 39% & US 41% (2023)]	--	42%
Mental Health	**2022**	**2024**
Always/Nearly Always Felt Sad, Blue or Depressed (Past Month)	--	9%
Seldom/Never Find Meaning & Purpose in Daily Life	--	8%
Always/Nearly Always Felt Lonely or Isolated	--	9%
Considered Suicide (Past Year) [US 5% (2023)]	--	13%
Attempted Suicide (Past Year) [US 0.6% (2023)]	--	4%
Personal Safety Issues in Past Year	**2022**	**2024**
Afraid for Their Personal Safety	11%	9%
Harmed/Threatened to be Harmed Because of Race, Ethnicity, Sexual Orientation, or Gender Identity (Respondents of Color or LGBT)	--	21%
Housing Issues	**2022**	**2024**
Have Steady Place to Live	95%	94%
Have Place to Live Today, but Worried about Losing it in Future	5%	3%
Do Not Have Steady Place to Live	<1%	3%

--Not asked.

Housing Issues (Continued)	2022	2024
Issues with Current Housing Situation (Respondents Who Have Steady Place to Live or Have Place to Live, but Worried about Losing it in Future)		
Do Not Have Issues	--	67%
Utilities Too Expensive	--	16%
Mortgage Too Expensive	--	7%
Rent/Facility Too Expensive	--	7%
Too Run Down or Unhealthy Environment	--	4%
County Services	**2022**	**2024**
Affordable Health Care Services	--	62%
Quality Health Care Services	--	78%
Enough Jobs Pay Living Wage for Adults	--	31%
Job Trainings or Employment Resources Available	--	64%
Childcare Daycare/Pre-School Resources are Affordable	--	10%
Childcare Daycare/Pre-School Resources are Available	--	21%
Affordable Places to Live	--	32%
Safe Places to Live	--	84%
Variety of Accessible Places to Walk	--	89%
Feel Safe Walking	--	84%
Affordable Public Transportation Options	--	61%
Public Transportation Easy to Use	--	37%
Top County Social or Economic Issues [Up to 3 Accepted]	**2022**	**2024**
Safe and Affordable Housing	--	44%
Accessible and Affordable Childcare	--	40%
Accessible and Affordable Mental Health Care	--	35%
Economic Stability, Including Income and Employment	--	27%
Accessible and Affordable Healthy Food	--	21%
Access to Social Services Including Welfare Programs, Housing Assistance, Etc.	--	18%
Accessible and Affordable Dental Health Care	--	17%
Accessible and Affordable Medical Health Care	--	16%
Education Access and Quality	--	11%
Community Violence and Crime	--	8%
Food Insecurity	--	7%
Social Connectedness and Belonging	--	6%
Family Support	--	6%
Environmental Health, Clean Air, Safe Water, Etc.	--	5%
Racism and Discrimination	--	5%
Accessible and Affordable Transportation	--	4%
Top County Health Conditions or Behaviors [Up to 3 Accepted]	**2022**	**2024**
Drug/Substance Use	--	67%
Mental Health, Mental Conditions and Suicide	--	48%
Alcohol Use	--	46%
Nutrition, Physical Activity and Obesity	--	30%
Chronic Diseases Including Cancer, Diabetes and Heart Disease	--	24%
Intimate Partner and Domestic Violence	--	11%
Maternal, Infant, and Child Health	--	9%
Vaping Use	--	9%
Tobacco Use	--	6%
Oral Health	--	5%
Communicable Diseases Including Flu and RSV	--	4%

--Not asked.

Health Care Services and Providers

In 2024, 87% of respondents reported they have a health care provider where they regularly go for check-ups and when they are sick; respondents who were 45 to 54 years old, 65 and older, white or with at least some post high school education were more likely to report this. Sixty-nine percent of respondents reported they can get an appointment for their health needs quickly; respondents who were 45 to 54 years old, white or in the top 40 percent household income bracket were more likely to report this. Ninety-one percent of respondents reported they can easily get to their health care provider or clinic; respondents 65 and older were more likely to report this. Eighty-eight percent of respondents reported they are heard, seen and listened to when receiving health care; respondents in Two Rivers were more likely to report this. Eighty-two percent of respondents reported their family/support people are seen and listened to when they receive health care; respondents 45 to 54 years old, with a high school education or less, a college education or in the top 40 percent household income bracket were more likely to report this. Ninety-three percent of respondents reported they are seen and listened to when their child/children are receiving health care. Twenty-four percent of respondents reported they were somewhat satisfied/not too satisfied/not at all satisfied with their health care provider in meeting their needs, taking into account their age, gender, sexual orientation, race, ethnicity, or health status. Respondents of color, in the bottom 40 percent household income bracket or in Manitowoc City were more likely to report this. The most often listed reasons for low satisfaction were health status or age. *From 2022 to 2024, there was no statistical change in the overall percent of respondents who reported they have a health care provider where they regularly go for check-ups/when sick, they can easily get to their health care provider/clinic, they are heard/seen/listened to when receiving health care or their family/support people are seen/listened to when they receive health care. From 2022 to 2024, there was a statistical decrease in the overall percent of respondents who reported they can get an appointment for their health needs quickly. From 2022 to 2024, there was a statistical increase in the overall percent of respondents who reported they are seen and listened to when their child/children are receiving health care.*

Health Care Needed

In 2024, 11% of respondents reported in the past year they did not receive the medical care needed; respondents of color wer more likely to report this. Twenty percent of respondents reported in the past year they did not receive the needed dental care respondents who were of color, LGBT or in the bottom 40 percent household income bracket were more likely to report this. Of respondents who reported not receiving dental care needed, 40% reported long wait as the reason for the unmet need whil 35% reported they cannot afford the care. Thirty-one percent of respondents reported they were unable to get an appointment 29% reported insurance did not cover it while 23% reported they were unable to find a dentist to take Medicaid or other insurance. Thirteen percent of respondents reported in the past year they did not receive the needed mental health care; respondents in the middle 20 percent household income bracket were more likely to report this. Less than one percent of respondents reported in the past year they did not receive the needed alcohol or drug/substance abuse treatment.

Vaccinations

In 2024, 9% of respondents reported they are not up-to-date with the recommended vaccinations, not including COVID-19 and flu vaccinations. Respondents of color, with a high school education or less or in the bottom 40 percent household incom bracket were more likely to report they are not up-to-date with the recommended vaccinations.

Physical Activity

In 2024, 45% of respondents did moderate physical activity five times in a usual week for 30 minutes. Thirty-four percent of respondents did vigorous activity three times a week for 20 minutes. Combined, 55% met the recommended amount of physical activity; straight-cisgender respondents were more likely to report this. Forty-two percent of respondents reported exercising to strengthen or tone muscles, such as yoga, sit-ups or push-ups and those using weight machines, free weights or elastic bands two or more days in a usual week.

Mental Health

In 2024, 9% 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, LGBT or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were LGBT, in the bottom 40 percent household income bracket or live in Manitowoc City were more likely to report this. Nine percent of respondents reported they always or nearly always felt lonely or isolated from those around them; respondents who were 35 to 44 years old, LGBT or in the bottom 40 percent household income bracket were more likely to report this. Thirteen percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 18 to 34 years old, 55 to 64 years old, LGBT, with a high school education or less, in the bottom 40 percent household income bracket or who did not live in either Manitowoc City or Two Rivers were more likely to report this. Four percent of respondents reported they attempted suicide in the past year; respondents who were male, 55 to 64 years old, LGBT, with a

high school education or less, in the bottom 40 percent household income bracket or who did not live in either Manitowoc City or Two Rivers were more likely to report this.

Personal Safety Issues
In 2024, 9% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 35 to 44 years old, LGBT or in the bottom 40 percent household income bracket were more likely to report this. Twenty-one percent of respondents of color or LGBT reported in the past year they were harmed or threatened to be harmed because of their race, ethnicity, gender identity or sexual orientation; respondents 35 to 44 years old, with a college education or who lived in Manitowoc City were more likely to report this. *From 2022 to 2024, there was no statistical change in the overall percent of respondents who reported they were afraid for their personal safety in the past year.*

Housing Issues
In 2024, 94% of respondents reported they have a steady place to live. Six percent reported they have an unsteady place to live (3% have place to live today, but are worried about losing it in the future and 3% live in a temporary place); respondents in the bottom 40 percent household income bracket were more likely to report this. Sixteen percent of respondents who reported they have a steady place to live or have a place to live today, but are worried about losing it in the future reported utilities, water, heat, electric are too expensive followed by 7% each reporting mortgage is too expensive or rent/facility is too expensive. And 4% of respondents reported the place they live was too run down or had an unhealthy environment, for example, mold and lead. Respondents in the bottom 40 percent household income bracket were more likely to report utilities are too expensive, rent/facility is too expensive or the place they live was too run down/had an unhealthy environment. *From 2022 to 2024, there was no statistical change in the overall percent of respondents who reported they have an unsteady place to live (worried about losing it in the future or temporary housing). However, from 2022 to 2024, there was a statistical increase in the overall percent of respondents, specifically reporting living in temporary housing (<1% to 3%).*

County Services
In 2024, 62% of respondents reported there are affordable health care services in the county; respondents who were straight-cisgender, with a college education or in the top 40 percent household income bracket were more likely to report this. Seventy-eight percent of respondents reported there are quality health care services; respondents 45 to 64 years old, white or in the top 40 percent household income bracket were more likely to report this. Thirty-one percent of respondents reported there are enough jobs that pay a living wage for adults; respondents who were male or straight-cisgender were more likely to report this. Sixty-four percent of respondents reported there are job trainings or employment resources available; respondents who were 55 to 64 years old or white were more likely to report this. Ten percent of respondents reported childcare daycare/pre-school resources are affordable for those who need them; respondents 18 to 34 years old or in Two Rivers were more likely to report this. Twenty-one percent of respondents reported childcare daycare/pre-school resources are available for those who need them; respondents who were male, 55 to 64 years old, LGBT, with a high school education or less or who did not live in either Manitowoc City or Two Rivers were more likely to report this. Thirty-two percent of respondents reported there are affordable places to live; respondents who were male, 18 to 34 years old, straight-cisgender or in the top 40 percent household income bracket were more likely to report this. Eighty-four percent of respondents reported there are safe places to live; respondents who were 55 to 64 years old, white, straight-cisgender or in the top 40 percent household income bracket were more likely to report this. Eighty-nine percent of respondents reported the county has a variety of accessible places to walk; straight-cisgender respondents were more likely to report this. Eighty-four percent of respondents reported they feel safe walking; respondents who were male, straight-cisgender or in the top 40 percent household income bracket were more likely to report this. Sixty-one percent of respondents reported there are affordable public transportation options; respondents who were male, 18 to 34 years old, respondents of color, in the bottom 40 percent household income bracket or not in Two Rivers were more likely to report this. Thirty-seven percent of respondents reported the public transportation is easy to use; respondents who were 18 to 34 years old, respondents of color, straight-cisgender, with a high school education or less, in the bottom 40 percent household income bracket or in Manitowoc City were more likely to report this.

Top County Social or Economic Issues
In 2024, respondents were asked to select the top three social or economic issues in the county out of 16 listed. The most often cited were safe and affordable housing (44%), accessible and affordable childcare (40%) or accessible and affordable mental health care (35%). Respondents who were female or 65 and older were more likely to report safe and affordable housing. Respondents who were 35 to 44 years old, straight-cisgender, with a college education, in the top 60 percent household income bracket or who lived in Manitowoc City were more likely to report accessible and affordable childcare. Respondents who were female, 45 to 54 years old, 65 and older, white, straight-cisgender, with some post high school education or in the middle 20 percent household income bracket were more likely to report accessible and affordable mental

health care. Twenty-seven percent of respondents reported economic stability including income and employment as a top social or economic issue; respondents who were 35 to 54 years old, straight-cisgender or with a college education were more likely to report this. Twenty-one percent of respondents reported accessible and affordable healthy food; respondents who were LGBT, with a high school education or less, in the bottom 40 percent household income bracket or who did not live in either Manitowoc City or Two Rivers were more likely to report this. Eighteen percent of respondents reported access to social services including welfare programs, housing assistance, etc. as a top issue; respondents 18 to 34 years old, respondents of color, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Seventeen percent of respondents reported accessible and affordable dental health care; respondents who were male, 18 to 34 years old, 65 and older, respondents of color, with a high school education or less, in the bottom 40 percent household income bracket or who lived in Manitowoc City were more likely to report this. Sixteen percent of respondents reported accessible and affordable medical health care; respondents who were male, 55 to 64 years old, LGBT, with a high school education or less, in the bottom 60 percent household income bracket or who did not live in either Manitowoc City or Two Rivers were more likely to report this. Eleven percent of respondents reported education access and quality as a top issue; respondents who were male, 18 to 34 years old, 45 to 54 years old or with a college education were more likely to report this. Eight percent of respondents reported community violence and crime as a top issue; female respondents were more likely to report this. Seven 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 who were male, 18 to 34 years old or lived in Two Rivers were more likely to report this. Six percent of respondents reported family support; respondents 18 to 34 years old, respondents of color, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Five percent of respondents reported environmental health including clean air and safe water as a top issue; respondents 18 to 34 years old were more likely to report this. Five percent of respondents reported racism and discrimination as a top issue; respondents who were 18 to 34 years old or LGBT were more likely to report this. Four percent of respondents reported accessible and affordable transportation as a top issue.

Top County Health Conditions or Behaviors
In 2024, respondents were asked to select the top three health conditions or behaviors out of a list of 13 that must be addressed to improve the health of county residents. The most often cited were drug/substance use (67%), mental health, mental conditions and suicide (48%) or alcohol use (46%). Respondents who were female or white were more likely to report drug/substance use as a top health condition or behavior. Respondents who were female, white or with some post high school education were more likely to report mental health, mental conditions and suicide. Respondents who were 65 and older, white, LGBT, in the middle 20 percent household income bracket or did not live in either Manitowoc City or Two Rivers were more likely to report alcohol use. Thirty percent of respondents reported nutrition, physical activity and obesity; respondents who were straight-cisgender or in the middle 20 percent household income bracket were more likely to report this. Twenty-four percent of respondents reported chronic diseases including cancer, diabetes and heart disease; respondents with a college education were more likely to report this. Eleven percent of respondents reported intimate partner and domestic violence; respondents who were LGBT, with a high school education or less, in the bottom 40 percent household income bracket or who did not live in either Manitowoc City or Two Rivers were more likely to report this. Nine percent of respondents reported maternal, infant, and child health; respondents 18 to 34 years old, respondents of color or with some post high school education or less were more likely to report this. Nine percent of respondents reported vaping as a top issue; respondents 35 to 44 years old, respondents of color, with a college education or in the top 40 percent household income bracket were more likely to report this. Six percent of respondents reported tobacco use; respondents who were male, with a college education or in the top 40 percent household income bracket were more likely to report this. Five percent of respondents reported oral health; respondents of color or in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported communicable diseases including flu and RSV; respondents in the bottom 40 percent household income bracket were more likely to report this.

Appendix E: 2024 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 Froedtert Holy Family Memorial Hospital Community Engagement | Froedtert & MCW

This report presents a summary of public health priorities for Manitowoc County, as identified and reported in 2024 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, Aurora Health Care, 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, Aurora Health Care, 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 August and October 2024. The interviewers used a standard interview script that included the following elements:

Social Determinants of Health (SDOH):

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?
- What are the barriers/challenges to addressing this issue? What could we do differently? What are the existing strategies addressing the health issue - what is working well? Who are the key partners working on this?
- If your organization works in this space, what is the best way that public health or health care organizations can support you?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?
- What are the barriers/challenges to addressing this issue? What could we do differently?
- What are the existing strategies addressing the health issue - what is working well? Who are the key partners working on this?
- If your organization works in this space, what is the best way that public health or health care organizations can support you?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?

Additional Questions/Comments:

- How would you suggest organizations reach out to community members who have been affected by these issues to implement health initiatives?
- How can or does the CHNA benefit you/your agency/organization?
- Are there any additional questions that you feel we should ask in the future to better benefit you/your agency/organization?
- Do you have any additional comments you would like to share?

All stakeholders were made aware that participation was voluntary and that responses would be shared with JKV Research, LLC for analysis and reporting. Team members interviewed the key stakeholders and provided transcripts of notes for analysis. Based on the summaries provided to JKV Research, LLC, this report presents the results of the 2024 key stakeholder interviews for Manitowoc County.

The report first presents the social determinants of health issue rankings, including a list of the top six 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 six 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: This qualitative data, while useful, has limitations. The sample was developed by team members to represent Manitowoc County. Inadvertent exclusions may have an impact on the results. Use this in conjunction with quantitative research data.

A total of 37 key stakeholders were asked to identify major health-related issues in Manitowoc County.

As shown in the table below, a variety of community populations were represented. Nearly two out of five stakeholders each indicated they served all populations or people experiencing low socio-economic status. In addition, several wanted to clarify their served population by specifying an "other."

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

	Count
All populations	14
People experiencing low socio-economic status	14
Communities of color	9
LGBTQIA+	7
Rural communities	6
Youth	5
Seniors (65+)	4
Other specific populations	9
-Incarcerated -Veterans -Mental health and substance use disorder -Business community -People with disabilities -People with developmental disabilities -Families with children -Homeless people -Adults	

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.

Social Determinants of Health Rankings
Key stakeholders were asked to select the top two social determinants of health in the community they serve. See Table 2 for the selected determinants. See Appendix A for definitions. The top six social determinants of health are listed in detail. The remaining determinants are limited in the amount of information available.

Table 2. Top Two Social Determinants of Health

	Count	
	Top 2	Number 1
Safe and Affordable Housing	18	13
Affordable Childcare	13	4
Accessible, Affordable and Quality Health Care	8	3
Access to Social Services (welfare programs, housing assistance, etc.)	7	4
Economic Stability and Employment	6	1
Social Connectedness and Belonging	5	3
Family Support	3	2
Food Insecurity	3	2
Accessible and Affordable Transportation	3	1
Racism and Discrimination	2	1
Education Access and Quality	1	1
Environment Health (clean air, safe water, etc.)	1	1
Community Violence and Crime	0	0
Other Social Determinant	2	0

General Themes
The top tier social determinants of health were safe and affordable housing and affordable childcare. The next tier included accessible, affordable and quality health care; access to social services; economic stability and employment; and social connectedness and belonging. Populations affected varied somewhat, but people with low income, "everyone," families, with mental health issues or youth crossed several social determinants of health. Barriers/challenges included high-cost burden/finances, lack of accessibility to facilities/staff or long wait list for care. Key partners included collaborations/partnerships, nonprofits, government agencies, housing resources, student programs and health care systems. To improve the issue, collaborations/coalitions, increased accessibility to resources, more funding or better communication/awareness of resources were listed.

<u>Safe and Affordable Housing</u>
Eighteen key stakeholders' interview rankings included safe and affordable housing as a top social determinant of health and thirteen (72%) ranked it number one.

Populations Affected: The most often cited populations affected were households with low to mid income or near/below poverty level. People with new employment opportunities, families or "everyone" were listed next. People of color, with mental health issues, the elderly or incarcerated people were also listed.
Barriers/Challenges Addressing Issues and Could Do Differently: High-cost burden was the most often cited barrier to address safe and affordable housing. Limited finances or lack of available affordable houses were listed next. Expanding affordable housing was most often cited as what could be done differently. Collaborations/ coalitions or increasing funding were listed next. Government services, housing resources, increasing access to resources, policy changes to control high cost, implementing housing safety protocols or landlords accepting vouchers were also listed.
Existing Strategies and Key Partners: Housing resources was the most often cited existing strategy. Top key partners included nonprofits, housing coalitions/partnerships, government agencies and city planner/ administrator.
Best Way to be Supported: Of the 13 organizations that worked in the housing sector, collaborations were the best way organizations could be supported. Better communication, awareness of resources or health care system participation were listed next. Building more affordable housing, increasing support of existing services, increasing access or more funding were also listed.
One Major Effort to Improve Issue: Housing resources was listed as a major effort to improve the issue. Affordability, collaborations or increasing awareness of the problem were listed next. More landlords accepting vouchers, more funding, nonprofit involvement, access to resources, determine root causes or decrease stigma were also listed.
<u>Affordable Childcare</u>

Thirteen key stakeholders' interview rankings included affordable childcare as a top social determinant of health and four (31%) ranked it number one.

Populations Affected: The most often cited populations affected were households with low to mid-income or near/below poverty level. Families, "everyone," single parents, people of color, people with language barriers or employers were listed next.
Barriers/Challenges Addressing Issues and Could Do Differently: High-cost burden, lack of access to facilities/staff or long waiting list were the most often cited barriers and challenges addressing affordable childcare. Stress, employment issues or lack of finances were listed next. Increasing the number of providers was most often cited as what could be done differently. Increasing access to resources, offering higher wages/benefits to childcare employees, making childcare more affordable or increasing funding were also listed. Employment childcare sites, offering second shift and swing shift hours or increasing awareness of the problem were listed next.
Existing Strategies and Key Partners: Funding for families or childcare providers was the most often cited existing strategies. Collaborations/coalitions, government services or employers providing on-site childcare or helping with childcare costs were listed next. The YMCA was also listed. Top key partners included government agencies, nonprofits and collaborations/partnerships. Childcare providers and college involvement were listed next. Employers, schools, communication and workforce development/chamber of commerce were also listed.
Best Way to be Supported: Of the 10 organizations that worked in the childcare sector, better communication among organizations or more collaborations were the best ways organizations could be supported. Employer based/sponsored childcare or finding new alternatives were listed next. Increasing access, conducting a needs assessment or increasing funding were also listed.
One Major Effort to Improve Issue: Affordability or increasing funding were listed as major efforts to improve the issue. Increasing access to resources or having more providers were listed next. Increasing awareness of resources, collaborations or more training were also listed.

Accessible, Affordable and Quality Health Care
Eight key stakeholders' interview rankings included accessible, affordable and quality health care as a top social determinant of health and three ranked it number one.

Populations Affected: The most often cited populations affected were "everyone", the middle class, households with low to mid-income or near/below poverty level. People with mental health issues, the elderly or youth were listed next.
Barriers/Challenges Addressing Issues and Could Do Differently: Lack of access to facilities/staff or long waiting list care were the most often cited barriers and challenges addressing accessible, affordable and quality health care. High-cost burden, lack of transportation services or long travel distance were also listed as barriers or challenges to address. Increasing health care providers, increasing mental health care services, more collaborations, increasing access to resources, affordability or offering higher wages/benefits were most often cited as what could be done differently.
Existing Strategies and Key Partners: Collaborations were the most often cited existing strategies. Top key partners included health care providers/systems, government agencies and mental health providers.
Best Way to be Supported: Of the six organizations who worked in the health care sector, better communication or increasing accessibility were the most often mentioned ways the organizations could be supported. Health system participation, increasing affordability or Medicare should pay for health care were listed next.
One Major Effort to Improve Issue: More mental health service providers, increasing accessibility to resources or voluntary inpatient care were listed as major efforts to improve the issue.

Access to Social Services
Seven stakeholders' interview rankings included access to social services as a top social determinant of health, and four ranked it number one.

Populations Affected: The most often cited populations affected were households with low to mid-income, near/below poverty level or with a substance use disorder. People who were jobless, underinsured, unhoused, incarcerated, with mental health issues or youths were listed next.
Barriers/Challenges Addressing Issues and Could Do Differently: Lack of access to facilities/staff, long wait list, limited resources/support or stigma were the most often cited barriers and challenges addressing access to social services. The cyclical nature of needing services was also noted. Increasing accessibility to resources was most often cited as what could be done differently. Increasing awareness of services, more funding, increasing the number of providers or social support agencies were also listed.
Existing Strategies and Key Partners: Collaborations, social support agencies or nonprofits were the most often cited existing strategies. Housing resources, health care providers or increasing awareness of services were listed next. Top key partners were nonprofits. Health care providers/systems, emergency shelters/housing coalitions, collaborations/partnerships and substance use providers were also listed.
Best Way to be Supported: Of the seven organizations that worked in the social services sector, more collaborations, better communication or having navigators were listed as the best way organizations could be supported. Increasing funding was also listed.
One Major Effort to Improve Issue: Increasing collaborations, accessibility to resources or awareness of services were listed as major efforts to improve the issue. Having navigators, increasing funding or more mental health services were also listed.

Economic Stability and Employment
Six stakeholders' interview rankings included economic stability and employment as a top social determinant of health and one ranked it number one.

Populations Affected: The most often cited populations affected were households with low to mid income, near/below poverty level, families or "everyone."
Barriers/Challenges Addressing Issues and Could Do Differently: High-cost burden was the most often cited barrier and challenge addressing economic stability and employment. Childcare issues such as affordability as well as hours of operation that don't coincide with parents' work schedule were also listed. More training/ education, fair wages with benefits or affordable childcare were most often cited as what could be done differently. Offering transportation or corporate buy-in of recognizing barriers were listed next.
Existing Strategies and Key Partners: Collaborations, education or increasing accessibility to resources were the most often cited existing strategies. Student programs or nonprofits were listed next. Top key partners were collaborations/partnerships and nonprofits. Schools, childcare services and economic development agencies/workforce development were also listed.
Best Way to be Supported: Of the five organizations that worked in the economic stability and employment sector, more collaborations, increasing awareness of high-need careers or increasing available services were listed as the best way organizations could be supported.
One Major Effort to Improve Issue: Education, increasing accessibility to support resources (affordable childcare, housing resources, affordable transportation services), employers offering high wages/benefits or family friendly workplace options were listed as major efforts to improve the issue.

Social Connectedness and Belonging
Five stakeholders' interview rankings included social connectedness and belonging as a top social determinant of health, and three ranked it number one.

Populations Affected: The most often cited populations affected were people with technology or "everyone."

Barriers/Challenges Addressing Issues and Could Do Differently: Social media/technology causing the inability to socially connect was the most often cited barrier and challenge addressing social connectedness and belonging. Increasing accessibility to opportunities or more community programs were most often cited as what could be done differently.
Existing Strategies and Key Partners: Safe social groups that increase connectedness and belonging, education, community programs or nonprofits were the most often cited existing strategies. Accessibility to resources was listed next. Top key partners were nonprofits, the faith-based community, schools, youth programs, volunteers and collaborations/partnerships.
Best Way to be Supported: Of the four organizations that worked social connectedness and belonging sector, more collaborations or health system participation were listed as the best way organizations could be supported.
One Major Effort to Improve Issue: More collaborations or phone free zones were listed as major efforts to improve the issue.

Remaining Social Determinants of Health
The remaining social determinants of health are listed below along with populations affected, barriers/challenges addressing issues, key partners, best way to be supported and one major effort to improve issue. Please be aware of the limited number of key stakeholders who listed these as one of their top two rankings.

Family Support
Three stakeholders' interview ranking included family support as a top social determinant of health and two ranked it number one. Populations affected were low-income households, children, the elderly or people with substance use disorder. Breakdown of family connectedness/support/values or lack of understanding the resources available were listed as barriers/challenges. Education, health and human services, nonprofits, mentoring programs, public health programs, health care system and community programs were listed as key partners. More parenting/family support education or more funding were listed as a major effort to improve the issue.

Food Insecurity
Three stakeholders' interview ranking included food insecurity as a top social determinant of health and two ranked it number one. Populations affected were seniors, families or low-income households. Accessibility to resources and stigma were listed as barriers/challenges. Key partners included schools, nonprofits, the faith-based community, collaborations/partnerships and the UW-Extension. More funding, encourage volunteering or providing transportation services were listed as the best way organizations could be supported. Access to healthy and ethnically correct foods, more funding or raising awareness were listed as major efforts to improve the issue.

Accessible and Affordable Transportation
Three stakeholders' interview rankings included accessible and affordable transportation as a top social determinant of health and one ranked it number one. Populations affected were low-income households, families or seniors. Awareness of current transportation services was listed as a barrier/challenge. Key partners included transportation services, government agencies, health care systems, nonprofits and partnerships. Increasing awareness of services, increasing accessibility, more funding, collaborations or navigators were listed as the best way organizations could be supported. Collaborations or having a needs assessment to determine gaps in current criteria and scheduling policies were listed as a major effort to improve the issue.

Racism and Discrimination
Two stakeholders' interview ranking included racism and discrimination as a top social determinant of health and one ranked it number one. The LGBTQ+ community or people of color were populations most affected. Awareness of the issues, accessibility to resources or providing safe community events that are judgement free were most often cited as what could be done differently and the best way organizations could be supported.

Education Access and Quality
One informant's interview ranking included education access and quality as a top social determinant of health and they ranked it number one. Low-income households were the most affected populations. Schools, guardians, social services and nonprofits were listed as key partners. Looking at the needs of the whole person or knowing resources available were listed as an effort to improve the issue.

Environmental Health
One informant's interview ranking included environmental health as a top social determinant of health and they ranked it number one. Low-income households, children, pregnant women or others with special needs/disabilities or with chronic health conditions were populations affected. Collaborations, nonprofits, the faith-based community, government services and emergency shelters were listed as key partners. Education or awareness of resources available were listed as major efforts to improve the issue.

Health Conditions/Behaviors Rankings

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

Table 3. Health Conditions/Behaviors Rankings

	Count	
	Top 2	Number 1
Mental Health, Mental Conditions, Suicide	30	18
Alcohol and Substance Use	26	10
Nutrition, Physical Activity and Obesity	8	6
Maternal, Infant, and Child Health	4	2
Intimate Partner/Domestic Violence	2	0
Unintentional Injury (falls, motor vehicle crashes)	1	1
Oral Health	1	0
Reproductive Health, Sexual Health, STIs	1	0
Chronic Diseases	0	0
Communicable Diseases	0	0
Tobacco and Vaping Products	0	0
Other Health Condition/Behavior	1	0

General Themes
The top tier health conditions/behaviors were mental health, mental conditions and suicide and alcohol and substance use followed by nutrition, physical activity and obesity. "Everyone" was listed as the most affected population. People with low income, youth, teens or adults through middle-age were listed next. Barriers/challenges included stigma, lack of access, high-cost burden, long wait list and lack of education. Key partners included nonprofits, treatment facilities, AODA providers, mental health providers, government agencies, collaborations/partnerships, schools, health care providers and law enforcement. To support organizations, stakeholders included more collaborations, more referrals, increase awareness, health care system participation, support existing services, more providers, increase education, support continuum of care or just-in-time help.

Mental Health, Mental Conditions, Suicide
Thirty key stakeholders' interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 18 (60%) ranked it number one. Stakeholders were asked if they wanted to talk about one specific area (mental health, mental conditions or suicide). Half of stakeholders selected mental health, 13% selected mental conditions while 7% selected suicide. Thirty percent did not choose a specific area.

Populations Affected: Two-thirds of key stakeholders reported the most affected population was "everyone." Youth, people with substance use disorder or all adults were listed next. Households with low to mid-income, the unhoused, teens, elderly or LGBTQA+ were also listed.
Barriers/Challenges Addressing Issues and Could Do Differently: Stigma was the most often cited barrier and challenge to address mental health, mental conditions or suicide. Lack of access to facilities/staff, long waiting list/timely care or high-cost burden were listed next. Substance use disorder, stress, financial instability, poor access, no health care coverage, lack of education around mental health care or long travel distance were also listed. Increasing accessibility to resources was most often cited as

what could be done differently. Increasing the number of providers and services, increasing awareness or making it more affordable were listed next. Crisis management, collaborations or decreasing stigma were also listed.
Existing Strategies and Key Partners: Collaborations/coalitions, increasing access to resources or nonprofits were the most often cited existing strategies. Increasing the number of providers as well as mental health services, crisis management or increasing awareness were listed next. Peer coaching, telehealth, government services, school-based mental health access or decreasing stigma were also listed. Nonprofits were the top key partner. Mental health providers, health care providers/systems, schools, government agencies, collaborations/ partnerships and behavioral health were listed next. Emergency shelters, housing coalitions, law enforcement, crisis workers, colleges and support groups were also listed.
Best Way to be Supported: Of the 27 organizations that worked in the mental health sector, more collaborations or communication/awareness of resources were the best way organizations could be supported. More mental health providers and referrals, increasing accessibility, providing mental health education, supporting existing services or reducing mental health stigma were listed next. Just-in-time help, navigators, health care system participation, more affordable, free therapy, school-based programs and alternative funding were also listed.
One Major Effort to Improve Issue: Increasing accessibility to resources was listed as a major effort to improve the issue. Collaborations, increasing awareness or more funding were listed next. Voluntary inpatient care, residential treatment, more providers, decrease stigma, more affordability, education, navigators, crisis management, community programs or increase offers and wages to encourage people into the field were also listed.

Alcohol and Substance Use

Twenty-six key stakeholders' interview rankings included alcohol and substance use as a top health condition/behavior and ten (38%) ranked it number one.

Populations Affected: Seven out of ten key stakeholders reported the most affected population was "everyone." Low to mid income households or adults through middle age were listed next. Youth/teens were listed next.
Barriers/Challenges Addressing Issues and Could Do Differently: Stigma or lack of access to facilities/staff was the most often cited barrier. Financial insecurity, the high cost of treatment or the long travel distance were listed next as barriers or challenges to address. A person/s mental health issues or behavioral issues were also listed. Changing the alcohol culture, restricting/reducing access or more education of the problems alcohol/substance use can create were most often cited as what could be done differently. More funding, increasing accessibility to resources for treatment, reducing stigma, increasing the number of residential treatment sites as well as substance use disorder providers, better affordability or increasing awareness of services were listed next. Collaborations, more insurance coverage, crisis management, community programs, determining root causes, involving the criminal justice system, working on prevention with parents and families or focusing on a continuum of care were also listed.
Existing Strategies and Key Partners: Residential treatment facilities or nonprofits were the most often cited existing strategies. Peer coaching/recovery coaches/support groups, criminal justice system or collaborations/coalitions were listed next. Government services, outpatient services, education, decrease stigma, increase awareness, sober housing, student programs, more funding, Narcan or restrict access was also listed. Nonprofits, treatment facilities and substance use disorder providers were the top key partners. Support groups, law enforcement, collaborations/partnerships, government agencies and emergency shelters were listed next. Neighborhood/community, public health, people in recovery, health care systems, schools and ambulatory services were also listed.
Best Way to be Supported: Of the 20 organizations that worked in the alcohol and substance use sector, collaborations were the best way organizations could be supported. Communication/awareness, health care system participation or referrals were listed next. Just-in-time help, substance use disorder facilities or early intervention/prevention, education, support existing services or providing alternatives were also listed.
One Major Effort to Improve Issue: Increasing awareness or accessibility to resources were listed as a major effort to improve the issue. School-based programs, residential treatments, collaborations,

community campaigns, peer coaching, community programs, more funding, mental health services, parent/family involvement or restrict access to alcohol were listed next.

Nutrition, Physical Activity and Obesity

Eight key stakeholders' interview rankings included nutrition, physical activity and obesity as a top health condition/behavior and six ranked it number one. Stakeholders were asked if they wanted to talk about one specific area (nutrition, physical activity or obesity). Three stakeholders selected physical activity, two selected nutrition while one selected obesity. Two did not choose a specific area.

Populations Affected: "Everyone" was the most often listed affected population. Low to mid income households or youth were listed next.

Barriers/Challenges Addressing Issues and Could Do Differently: Nutritious food is more expensive and not as convenient, lack of education about nutrition/physical activity or affordability of physical activity options were the most often cited barriers and challenges. Educating or promoting healthy eating/healthy nutrition/physical activity options were most often cited as what could be done differently. School programs, parent/family involvement were listed next.

Existing Strategies and Key Partners: Healthy eating/healthy nutrition programs or walking paths/parks/recreation were the most often cited existing strategies. Collaborations/coalitions, school nutrition programs, farmers market, community programs, government agencies, nonprofits, the YMCA, fitness centers and food assistance programs were listed next.

Best Way to be Supported: Of the seven organizations that worked in the nutrition, physical activity or obesity sector, increasing communication/awareness of healthy nutrition or supporting existing services were the best ways organizations could be supported. Collaborations or education about health or nutritional support were listed next.

One Major Effort to Improve Issue: Community programs, being physically active, collaborations/coalitions or accessibility to food pantries were listed as a major effort to improve the issue.

Remaining Health Conditions/Behaviors

The remaining health conditions/behaviors are listed below along with populations affected, barriers/challenges addressing issues, key partners, best way to be supported and one major effort to improve issue. Please be aware of the limited number of key stakeholders who listed these as one of their top two rankings.

Maternal, Infant, and Child Health

Four key stakeholders' interview rankings included maternal, infant and child health as a top health condition/ behavior and two ranked it number one. People who were 35 and younger, low-income households, undocumented people, children or families were listed as people most affected. Schools, nonprofits, health department and collaborations were listed as key partners. More funding, collaborations, health care system participation, increasing funding, perinatal coordinator, parent education or support existing services were listed as major efforts to improve the issue. Increase awareness or decrease stigma were listed next.

Intimate Partner/Domestic Violence

Two key stakeholders' interview ranking included intimate partner/domestic violence as a top health condition/behavior and zero ranked it number one. Minorities or "everyone" were listed as people most affected. Barriers/challenges included language barriers, a lack of information, not aware of services or afraid to come forward. Health care systems, partnerships, schools and nonprofits were listed as key partners. More funding, referrals, collaborations, bilingual aides or mental health therapists were listed as a major effort to improve the issue.

Unintentional Injury (Falls, Motor Vehicle Crashes)

One key stakeholder's interview ranking included unintentional injury (falls, motor vehicle crashes) as a top health condition/behavior and they ranked it number one. Older adults were listed as people most affected. Funding or lack of education about falls were listed as barriers/challenges. Government

agencies, nonprofits and senior centers were listed as key partners. Coalitions focusing on improving the number or severity of falls were listed as a major effort to improve the issue.

Oral Health

One key stakeholder's interview ranking included oral health as a top health condition/behavior and zero ranked it number one. Minorities or the elderly were listed as the most affected populations. Long waiting list, provider doesn't accept Medicaid or Medicare, doesn't include dental coverage were listed as barriers/challenges. Increasing the number of free clinics or more dentists at current facilities were listed as a major effort to improve the issue.

Reproductive Health, Sexual Health, STIs

One key stakeholder's interview ranking included reproductive health, sexual health, STIs as a top health condition/behavior and zero ranked it number one. The LGBTQIA+ community was the listed population most affected. Accessibility of resources or affordability were listed as barriers/challenges. Health care system, health department, parents and schools were listed as key partners. Collaborations, increasing accessibility to resources, more affordability or referrals were listed as a major effort to improve the issue.

Appendix F: 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.
Advocate Health	Provides services in Manitowoc County.
Ascend Services, Inc.	Provides services to individuals with exceptional abilities, promoting individual growth through community experiences, education and employment opportunities.
Big Brothers Big Sisters Wisconsin Shoreline	Provides academic and recreational programming to youth.
Boys and Girls Club of Manitowoc	Provides youth development programming.
Family Connections	Childcare resource and referral agency providing education to childcare providers and connecting and supporting family's childcare needs.
Felician Village	Senior living facility.
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 College	Higher education institute.
Lakeshore Community Health Care	Provides primary and preventive medical, behavioral (mental) health and dental care.
Lakeshore's United Visionaries	Brings unity to community through education, understanding and love.
League of Women Voters of Manitowoc County	A women-led political grassroots network and membership organization that believes the freedom to vote is a nonpartisan issue.
Lester Public Library	Offers resources and materials related to reading and literacy.
Lighthouse Recovery Community Center	Provides substance use treatment services through resources, education and recovery support service in a safe and social atmosphere.
Manitowoc City Police Department	Provides emergency response.
Manitowoc Cooperative Ministry	Partnership of First Presbyterian and Peace United Church of Christ.
Manitowoc Emergency Services	Provides emergency response.
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 Jail	Government agency and law enforcement.
Manitowoc County Sheriff's Department	Provides 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	Provides 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.
Peter's Pantry	Non-profit that provides food and other items for those that need assistance.
PFLAG-Manitowoc County Chapter	Supports, educates and advocates for LGBTQ+ people and their families.
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	Provides support to families in need and crisis.
Two Rivers Senior Center	Provides service for elderly and seniors.
United Way of Manitowoc County	Mobilizes the caring power of communities to advance the common good Helps communities tackle tough challenges and work with private, public and nonprofit partners to boost education, economic mobility and health resources.

Appendix G: 2024 Secondary Data Sources

In 2024, data was collected through a secondary data analysis using Metopio and other publicly available sources. This health data 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. Data for each indicator were presented by race and ethnicity and gender when the data were available. A secondary data analysis was completed in November 2024. All of the data come from publicly available data sources.

Publicly available data sources used for the Secondary Data Analysis

- Behavioral Risk Factor Surveillance System (BRFS)
- Center for Disease Control. SVI Interactive Maps – Social Vulnerability
- Center for Health Disparities Research, UW- Madison School of Medicine and Public Health, Area Deprivation Index
- Metopio
- United Way ALICE Report
- University of Wisconsin Population Health Institute. *County Health Rankings*. Accessible at www.countyhealthrankings.org.
- U.S. Census Data (CENSUS)
- Waukesha County Youth Risk Behavior Survey
- Wisconsin Department of Health Services (DHS)
- Wisconsin Department of Justice
- Wisconsin Family Health Survey (FHS)
- Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
- Wisconsin Interactive Statistics on Health (WISH)

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

Appendix H: 2024 Internal Hospital Data

Internal health care data can provide a unique window into the heath 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

- **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 I: Review of the Fiscal Year 2023-2025 Froedtert Holy Family Memorial Hospital CHNA Implementation Strategy

Froedtert Holy Family Memorial Hospital's previous CHNA implementation strategy addressed the following priority health needs: mental health, chronic disease and workforce development.

The table below describes the actions taken during the 2023-2025 CHNA implementation strategy to address each priority need and indicators of improvement.

Note: At the time of the report publication in May, the last fiscal year fourth quarter data was not entirely collected. The table reflects results submitted by that time.

Significant Health Need	Objective	Actions	Outcomes
Mental Health	Increase access to mental health services targeted at priority populations through hospital and community-based partnerships.	• Explore current mental health screenings practices during primary care and specialty care visits. • Explore a partnership with St. Francis of Assis Parish to increase mental health awareness and access, specifically for the Latino/Hispanic population in Manitowoc County. • Support Drug Take Back Day and the MedSafe disposal program at Froedtert Holy Family Memorial Hospital. • Support school-based mental health services in local school districts.	• FHFM provides behavioral health screenings for depression at PCP visits. Screenings occur on all new patients ages 12+ using the PHQ9 assessment and are recorded in EPIC. Ideally patients are screened at each following visit. • 120 individuals participated in Hispanic Resource Socials at St Francis Assisi and St Thomas of the Apostle. • 458 pounds of unused medications were collected in FY23 and FY24, • BH department provides therapeutic services at 3 local high school and middle schools. Staff carried an average case load of 48 students each month. 434 student sessions occurred FY23-December FY25.
	Support and enhance collaboration with community organizations to increase mental health outreach, education and awareness within hospital and community-based settings.	• Participate in Healthiest Manitowoc County to increase collective impact to address mental health challenges. • Partner with community organizations to implement educational and training programs such as QPR, Mental Health First Aid and Crisis Intervention Training. • Strengthen partnerships with community organizations through in-kind and financial support.	• HMC created the Access Navigation Committee in which FHFM actively participates. • In partnership with NAMI, Boys & Girls Club and Law Enforcement; 98 individuals participated in trainings, education and panel discussions. • $22,115 has been contributed through sponsorship to local partners focused on mental health initiatives.
Chronic Disease	Increase screening, navigation to resources and treatment of chronic diseases targeted at priority populations.	• Increase access to preventative screenings for chronic diseases and other cancer-related conditions. • Explore a partnership with Lakeside Foods and St. Francis of Assisi Parish to increase access to health care services, specifically for the LatinX population in Manitowoc County. • Support the integration of Health Impact efforts into the Froedtert Holy Family	• 259 individuals received free community screenings including prostate screening, diabetes and blood pressure screens. • Hispanic outreach noted previously within MH initiatives. Additionally, the Hispanic Outreach Community group has further developed to include broader scope of community partners and quarterly education.

		Memorial Hospital market. Support the integration of a Social Determinants of Health screening and referral platform to address patient social needs.	• Achieved the yearly composite measure goal of 85.9% for BIPOC+A patients in areas of breast cancer screening, colorectal cancer screening, pneumococcal vaccinations, high blood pressure, HbA1c poor control and 30-day readmission.
	Increase prevention efforts through collaborations with community organizations.	• Partner with Healthiest Manitowoc County to implement physical activity, nutrition and obesity initiatives. • Implement community education initiatives such as Fit in the Parks and senior health talks. • Support the diabetes and cancer support groups.	• HMC created SOAR (Safe Opportunities for Activity & Recreation). The committee successfully promoted a safe indoor walking space and launched Walk Bike Roll to school initiative. 205 youth and adults participated in the two one-day programs. • 1,188 community members participated in Fit in the Park as well as senior focused programs including education series, health fairs, and advance directives. Partners included Manitowoc and Two Rivers senior centers as well as HMC and Manitowoc Parks and Rec. • 436 individuals participated in support groups including care givers, cancer and diabetes groups.
Workforce Development	Increase opportunities for students to gain exposure to all health care careers including medical, dental and behavioral health.	• Support Lakeshore Technical College through a financial investment to increase the number of students who graduate with a health care degree. • Partner with Northeastern Area Health Education Center and Lakeshore CAP to implement workforce development opportunities. • Implement a scholarship program for students interested in participating in health care career exploration programs. • Promote mission critical careers at Froedtert Holy Family Memorial Hospital in areas such as nursing, behavioral health, technicians and medical assistants.	• $625,000 donated to LTC • NEWAHEC supported the increase of Youth Apprentice programs and partnered to include FHFM in panel discussion and career day events. • Scholarship funding was not created; however, schools were provided in-kind donations of education and volunteer services. • Manitowoc Chamber was a key partner in WFD initiatives. The health care bus tour was successfully launched reaching 167 students. Over 900 students participated in the annual Career Expo during which FHFM hosts a panel presentation on career pathways and opportunities. Finally, the leadership programs for adult and youth visit FHFM annually, highlighting strong leadership and exposing business models.