Manitowoc County Health Needs Assessment

A summary of key stakeholder interviews

2022

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Introduction

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

- Questions related to the COVID-19 pandemic:

    - What needs or gaps have developed from the COVID-19 pandemic that have affected the community your organization serves, including any special populations or groups?

    - What are the existing strategies to address the gaps? What is working well?

    - What additional strategies are needed to address the gaps? Which community stakeholders are needed for the strategies to be successful?

    - How would you suggest organizations reach out to community members to implement health initiatives?

    - What is one key learning that you (or your organization) have had from the COVID-19 pandemic?

- Ranking of two social determinants of health issue areas, based on a list vetted by Manitowoc County Health Department, Aurora Health Care, Holy Family Memorial in affiliation with Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, and United Way Manitowoc County

- For those two social determinants of health, identification of:

    - The populations most affected and how they are affected

- o One major effort the community could rally behind to improve the issue

  - o The community stakeholders that are critical to addressing the issue

- Ranking of two health conditions and behaviors that are the most important issues for the county, based on a list vetted by Manitowoc County Health Department, Aurora Health Care, Holy Family Memorial in affiliation with Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, and United Way Manitowoc County

- For those two health issues, identification of:

  - o The populations most affected and how they are affected

  - o Existing strategies to address the issue

  - o Additional strategies needed and barriers to addressing the issue

  - o The community stakeholders that are critical to addressing the issue

  - o One major effort the community could rally behind to improve the issue

  - o One thing the organization needs to address this issue

  - o How social determinants of health impact this issue

All stakeholders were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2022 key stakeholder interviews for Manitowoc County.

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

Limitations: Thirty-two key stakeholder interviews were conducted with 35 respondents in Manitowoc County. This report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of stakeholders had been interviewed. Results should be interpreted with caution and in conjunction with other Manitowoc County data (e.g., community health survey and secondary data).

A. COVID-19

What needs or gaps have developed from the COVID-19 pandemic that have affected the community your organization serves: The key themes that emerged from the responses are gaps in housing, healthcare, employment, use of technology, financial assistance, food assistance, childcare, normal routines, social connection, children and families' lives, and an increase in mental health issues and substance use.

Housing: About one-third of responses named gaps in housing. Some respondents identified more needs emerging for shelter for people who are not stably housed, limited shelter space, limited beds available, lack of housing units to transition people into, a need for warming shelters. Others commented on the lack of affordable housing, lack of safe and stable housing, and a lack of housing units.

Healthcare: Some patients delayed their primary care visits, which led to more unmanaged chronic conditions, delayed care for chronic conditions, and declining health. People who were isolated at home experienced more accidental injuries and falls. There are barriers to receiving healthcare via telemedicine for people who do not have reliable internet connections, technology to connect, or comfort meeting through a phone or computer. People had more mental health needs during this time, and there are large gaps in mental healthcare. Generally, there were more difficulties accessing healthcare during the pandemic.

Related to COVID-19 specifically, some gaps include lack of testing and treatment available, lack of transportation to access testing sites, COVID-19 messaging has been inconsistent, and people feeling unsafe or vulnerable to go into public spaces, not knowing who is vaccinated or how much risk they are at for being exposed. For the Hispanic population, there was a lack of information about how to get tested, how the vaccine works, and where to get the vaccine.

Social connections: People experienced more isolation, which was especially hard on the recovery community, seniors who live alone, and people who are homebound. People were unhappy to be stuck at home and lacking in face-to-face personal interactions. There was more loneliness, stress, and mental health issues because of this.

Workforce, staffing, and employment: Over half of responses mentioned gaps in some element of employment. One issue mentioned is "the great resignation" and resulting staffing shortages. Along with this, people, especially mothers, had to involuntarily leave the workforce to care for children who could not attend in-person school. Another issue is related to childcare providers, healthcare workers, teachers, staff in jails, staff in treatment facilities, and other professions who have experienced burnout from the conditions of working through COVID-19. There are staffing shortages when people are exposed to COVID-19 at work or have to isolate and cannot work, which puts more stress on other employees. Some workplaces closed down for a period of time, leaving employees without work. In

other cases, there are jobs available, but a shortage of childcare providers limits opportunities for parents to fill those positions.

Childcare and school: A lack of access to childcare and younger children doing virtual school from home during the pandemic meant parents, usually moms, or grandparents had to leave the workforce to stay home with children. People who used to volunteer in the community now stay home to provide childcare. There is still a shortage of accessible and affordable childcare providers, which prevents some parents from taking employment opportunities. Issues with illness and COVID-19 transmission in childcare and school settings leads to unpredictability in schedules and parents having to stay home from work if kids cannot attend school or childcare. Some key stakeholders mentioned school-aged children need more educational support and resources, a safe place to spend time during non-school hours, and some need more support from social services. Babies, toddlers, and young children were developing without as much human interaction so they may be behind in social skills. When Birth to Three and early intervention programs are virtual, it is harder to detect delays, early learning, and social issues in children. The greater stress on parents being home with children and isolated has lead to more stress and depression in parents and caregivers. The Human Services Department is responding to so many needs and being challenged with gaps in in-person home visits and other in-person appointments.

Technology: Key stakeholders mentioned a few issues related to technology and the use of technology to meet needs that were formerly taken care of in-person prior to the pandemic. It was positive to have telemedicine appointments, virtual schooling, and options to meet or gather with online platforms in the absence of in-person appointments, school, and meetings. However, this was only helpful to those who have reliable internet access, devices to connect, and literacy in how this technology works. Many people, including elderly Hmong people, seniors, lower income people, people in rural areas with less reliable internet connections, and students, were not able to consistently access the needed technology and had gaps in healthcare, learning, social connection, engagement in faith activities, and increased loneliness and isolation. Other challenges were scheduling COVID-19 testing or vaccines when much of that relied on access to online platforms. For support groups and recovery community meetings, meeting through a computer changes the dynamics and isn't the same as an in-person connection. A newer challenge is some meetings or appointments have returned to in-person only, which is a barrier to access for some who were able to attend meetings or events virtually, but not in-person.

Mental health and substance use: An increase in these other stressors led to more anxiety, stress, depression, and mental illness and substance use among the population. There is a need for more providers and suicide prevention efforts to address these new needs.

Other: Three key stakeholders mentioned gaps income and financial struggles as stressors. Three key stakeholders named gaps in access to food and basic hygiene products as FoodShare amounts were temporarily increased and are now lowered, and community food programs have ended. Three responses generally mentioned disruption to everyday life, routines, and normalcy.

Existing strategies to address these gaps: Key stakeholders' responses discussed the ways they have adapted and addressed the gaps that emerged.

Housing: Manitowoc County has a housing coalition that is working on strategies, but there is still limited access to affordable housing. There are some rental assistance, mortgage assistance, and housing assistance programs to address some needs. A hotel voucher program helped to provide shelter to people who were homeless when the shelters were full, and additional funding is being sought for new shelter space.

Healthcare: Healthcare providers were working to see their chronic disease patients to manage their conditions, but another wave of COVID-19 cases presented a barrier to safe in-person services, so there is still a need for healthcare providers and systems to figure out how best to get people the care they need. Increased availability of testing, home testing, vaccine boosters, and the Health Department's services have helped connect people to testing and vaccines. Spanish-speaking and Hmong health aides have helped to build trust with the Hispanic and Hmong communities, and they can answer questions over the phone or help with scheduling, applying for BadgerCare, interpreting, and connection to resources.

Social connections: To help people stay connected, key stakeholders have dropped care packages at homes, kept relationships going by calling and texting, used social media for outreach, offered virtual options for meetings, held gatherings outdoors, increased the frequency of gatherings, and the Hmong radio station in Sheboygan has been used to disseminate messages to the Hmong population.

Workforce, staffing, and employment: Workplaces have developed COVID-19 protocols to keep people working while preventing transmission of illness. Some businesses have moved to a remote work model that helps keep people working through the pandemic and allows for more flexibility in their schedules. The long-term consequences of that model of working are unknown. Educating the community about the benefits of a diverse workforce is another strategy.

Childcare and school: Maintaining smaller class sizes, planning for ways to have childcare embedded in other organizations, using personal networks to trade childcare, and recruiting and retaining staff in the childcare field are some strategies used to try to meet the needs. In Human Services, some visits are able to be delayed or conducted remotely when COVID-19 cases are spiking.

Technology: Some strategies key stakeholders are using to address gaps in access to technology are working to increase bandwidth in rural areas, upgrading systems, reaching out to people who may need assistance, and the library is offering Wi-Fi, hot spot borrowing, accessible computers, and virtual library cards. There are expanded virtual options for mental health services, though some people still prefer to wait for in-person appointments. Zoom meetings and online education options have increased access for people who have access are comfortable using them.

Mental health and substance use: To address mental health workforce shortages, there are new innovative supervision and educational programs to train new people to enter the workforce as

therapists for children and adults. A need for long-term, upstream suicide prevention strategies was identified. There have been partnerships to provide programs collaboratively to support access to good mental health programs. Schools have assessed where their needs are with staff training and programming for students to support mental health. Expanded mindfulness and self-care classes have been helpful to volunteers who were experiencing pandemic stress. The jail has increased their onsite mental health hours. Alcohol and substance use treatment services have continued to be offered, with virtual options for people who have COVID-19 symptoms, so they don't have to miss treatment. The jail increased their AODA counseling services to three days per week.

Other: The state expanded the economic support program and benefits to address needs during the pandemic. Food pantries who receive federal food commodities have a higher income threshold than pre-pandemic. One key stakeholder indicated they feel more programs emerged during the pandemic to be responsive to the community's needs and collaboration was better.

Additional strategies needed to address these gaps: Key stakeholders shared information about how gaps can be filled by efforts to hire and retain staff, offer more services, work together with other organizations and sectors to meet needs, fill gaps in access to technology, and keep people healthy so they can continue their regular school, work, and services during COVID-19.

Hiring and retaining providers and staff: More providers are needed, especially for mental healthcare and services, and alcohol and substance use treatment. Another suggestion is to have peer supports in the emergency department and peer mental health supports available to lessen the burden on emergency department staff and providers. Another element of staffing is identifying when staff are burning out and providing encouragement and opportunities for self-care. Schools, childcare settings, social services, and other community-serving organizations also need the funding to become or remain fully staffed so they can continue to meet the community's needs.

More services: In addition to needing the staff to provide services, there are some gaps in services that need to be addressed. The community needs a detox center because there are no accessible options for this community. There are also a limited number of crisis beds available. The community needs more substance abuse and mental health services. Another service that is needed is a better continuum of care for people released from the hospital. There is a need for more childcare providers, especially available to second and third shift workers. Another service that is needed is a warming shelter

Working together: Key stakeholders proposed ways organizations and sectors can partner, work together, and break down silos to better serve the community and meet people where they are at. One example is businesses and mental health providers partnering and bringing mental health services or supports on-site at workplaces to meet their employees' needs. Another opportunity would be social service providers, or a community services navigator or caseworker coming to the library to help patrons there who need help having their basic needs met. Librarians are great at helping people find resources, but there may be some social issues that are beyond their scope, where a warm hand-off to services or resources on-site might be a good fit.   Another example is for government, businesses, and childcare

providers to think about better models of delivering childcare that support employees' childcare needs, create jobs for childcare providers, and give employers the confidence that they won't lose staff or have absent staff due to childcare barriers. Key stakeholders also suggested social service and mental health providers could partner with schools at all age levels and make sure lower income students and families have access to the mental health supports, food, transportation, and other basic things they need. A final opportunity mentioned is collaboration between landlords, developers, lenders, and rent assistance programs to work together to develop additional quality rental units for the community and encourage landlords to participate in rent assistance programs.

Technology: One suggestion to fill the gaps in access to technology is to make internet access a public utility that is free and accessible. Increasing bandwidth and access to the internet would require working with the county's infrastructure and internet providers in the area. There is a need for more virtual options to connect people in nursing homes.

COVID-19: To prevent gaps in services, employment, school attendance, and social connections, the community needs more COVID-19 testing sites, access to home tests, and more education on the basics of vaccines, testing, and how communicable diseases are spread.

Other: There were a couple other suggestions that did not fit well with the themes above. Specifically for the Hmong community, they used to have a Hmong Community Center. Reopening a central hub for the community would help with so many things: job searches, training, interpreting, connecting the community to services, providing health literacy education, focusing on elders' needs, and providing education to the general community that doesn't understand Hmong culture or history. Another suggesting is offering financial literacy courses and resources to the community, especially as some cash benefits and other benefits had been increased during the pandemic, but will eventually be decreased again, leaving people with fewer financial resources. Another suggestion is to fill the gap in programming and services for younger teens. An example of this working well is PATH with Rawhide in Sheboygan.

Suggestions for how organizations can reach out to community members to implement health initiatives: Key stakeholders suggested methods of communicating, meeting people where they are, partnering with service providers, and using a coalition to do this work.

Different methods of communication: Key stakeholders shared several methods they use to reach out to the community, their stakeholders, or their clients. Different methods work to reach different groups. Some suggested mailing post cards, texting, or social media posts work well, while others shared that building rapport face-to-face is really important. Others have had luck with using telehealth to connect to people, using Constant Contact to send newsletters via email, and others indicated radio, billboards, and television work well for campaigns. Radio was cited as effective specifically for reaching people aged 40 and over, and the Hispanic radio station in Green Bay reaches many people in the Hispanic community in Manitowoc County.

Going where people are: Some key stakeholders focused on the importance of identifying who you are trying to reach and going where they are. Some suggestions are going where people work, where they go to school, where they live, or leverage contact with places they go frequently, such as gas stations, pediatrics offices, police stations, post offices, check cashing stores, churches, and libraries.

Another way to do this is to partner with organizations who are already serving the communities to deliver the message as a trusted source. They can share printed information with clients or patients or utilize their networks and mailing lists to spread the word. There is an opportunity to build community among service providers so people have a better sense of who offers which services and where they can tell their clients or patients to find certain resources.

Coalitions: Some key stakeholders suggested a coalition approach for implementing health initiatives to drive the messaging. One suggestion is to create a community health coalition, or build awareness around it if it already exists, to plan and implement health initiative programming. Another suggestion is that the Housing Coalition should be used to do this work.

Other: Other suggestions that did not fit within the thematic recommendations presented include reaching out to decision makers with a clear message or request and data to support it (e.g. how onsite mental health services or childcare in the workplace would benefit employers by retaining staff and having less absenteeism, or how affordable housing benefits the local economy and the community). Another suggestion is to remove barriers to participation in health initiatives by providing childcare, transportation, interpreting, and communicating in multiple languages.

Key learnings from the COVID-19 pandemic: Lessons learned included the need to adapt, the ability to get more done by working together for a common goal and trying to overcome the siloed nature of the non-profit sector, the importance of using technology while understanding it is not perfect, and understanding the burdens of the pandemic have not been equally distributed across the community and working to address those inequities.

Be flexible and adaptable: Almost half of key stakeholders explicitly expressed that working during COVID-19 taught them to be flexible, to be creative, to adjust, to adapt, to pivot, to try new ways of doing things, new ways of delivering services, new ways of working, and to be ready for anything to happen. Some cited examples of moving to remote or virtual service delivery, examples of communicating in different ways, and changing to meet COVID-19-related requirements and sharing changing guidelines to keep staff and clients or other stakeholders safe.

Working together: Some stakeholders shared lessons learned about how COVID-19 gave their organizations a common goal to rally around and how they were able to reach so many people with staff working at capacity to serve the community, handing out resources and connecting people with testing. As a counterpoint, another lesson learned was that the non-profit sector in the county was not that cohesive, and that organizations were siloed in their efforts. City and county government should support the non-profit sector with better funding to keep them going because the work is important and provides services the business sector cannot provide.

Technology: Several stakeholders learned the importance of technology. They provided examples of ways technology enabled them to keep working, even when they couldn't meet in-person. Zoom, other online platforms, and telehealth enabled meetings and appointments to continue. Meeting virtually or talking by phone doesn't replace personal connection, but it can be helpful to keep things going. The VA had a recent software upgrade that helped them keep operations going. Gaps in access to technology, the internet and literacy about how to navigate technology also became evident.

Equity: Two stakeholders identified that the pandemic revealed inequities that already existed. It magnified inequities in the community, exposing how vulnerable some people were already and how the impacts of the pandemic were not equally distributed across the population. One stakeholder shared that those community members with the most needs are often mist-trustful. Finally, a lesson learned was that the community has work to do to ensure such gaps don't persist so that people aren't impacted as harshly the next time a crisis occurs.

B. General Themes

The 2022 interview guide was revised extensively from the guide used in 2019. Items were added to hear key stakeholders' experiences with the COVID-19 pandemic. In 2022 the guide included a new section with rankings and questions about social determinants of health. Key stakeholders were asked to rate and discuss two social determinants of health. Another change in 2022 was to the section about health behaviors and conditions. As with social determinants of health, key stakeholders were asked to rank and discuss only their top two health behaviors and conditions. The list of health behaviors and conditions was somewhat different than the health issues that were ranked and summarized in 2019. For example, in 2022, mental health was expanded to include other mental conditions and suicide, alcohol and substance use were combined into one issue, adverse childhood experiences was eliminated from ranking, access to healthcare was ranked as a social determinant of health, physical activity and nutrition were combined into one issue along with obesity, which previously would have been ranked with chronic disease, injury and violence were separated, with a separate issue areas for unintentional injury and intimate partner/domestic violence, while community violence was ranked as a social determinant of health.

In 2019, 31 interviews were conducted with 32 key stakeholders, and in 2022, 32 interviews were conducted with 35 key stakeholders, making the quantity of rankings quite similar. Social determinants were not explicitly acknowledged or ranked as such in 2019, though some social determinants were included in the health issue area rankings, such as access to healthcare, (community) violence, and environmental health. The addition of social determinants of health to the interview guide allowed key stakeholders to think more holistically about the health and wellbeing of residents of the county, rather than focusing mainly on health conditions and behaviors.

In 2019, the top-ranked health issue area was mental health, followed by substance use and abuse in second, and alcohol abuse in third. Mental health, mental conditions, and suicide remained the top-ranked health condition and behavior area in 2022, followed closely by the combined issue of alcohol and substance abuse. In 2019, physical activity was ranked as the number six health issue area and in 2022 it was the third-ranked issue (now combined with nutrition and obesity).

In 2022, across topics, stakeholders mentioned the need for coordination of services and collaboration among providers and organizations to better meet the community's needs. Stakeholders suggested strategies like a coordinated entryway to services across multiple organizations, with warm handoffs, peer support, navigation, and collaboration around a plan to meet the individual's needs would be a way to support people who don't know where to start. This could cut across many of the social determinants of health and health conditions and behaviors stakeholders were asked to rank, including mental health resources and health care, substance abuse treatment, chronic disease management, finding resources for housing, childcare, transportation, and other needs. Another strategy stakeholders suggested is more community education and awareness of resources so there are no wrong doors for seeking help. Another commonly recommended strategy across issues is to have more funding allocated for services in the community. This is needed for housing, for a warming shelter, for an inpatient behavioral health facility, for more treatment providers and social services staff, and for dental care for those who cannot afford it, among other needed services.

C. Social Determinants of Health Focus Area Rankings

In 32 interviews, 35 key stakeholders were asked to rank two social determinants of health issues from a list of 14 focus areas identified by Manitowoc County Health Department, Aurora Health Care, Holy Family Memorial in affiliation with Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, and United Way Manitowoc County (See Appendix A for the full list of stakeholders). The table below presents the results, including a summary of the number of times an issue was mentioned as a top two social determinant of health, and the number of times stakeholders ranked the issue as the most important social determinant of health. More details about these social determinants of health are included in the Social Determinants of Health Issue Summaries section of this report.

| | Key Stakeholder Rankings | |
Social Determinants of Health	Top 2	Number 1
Safe and Affordable Housing	19	11
Affordable Childcare	14	6
Economic Stability and Employment	6	2
Family Support	5	4
Social Connectedness and Belonging	5	1
Access to Social Services	4	2
Accessible and Affordable Healthcare	4	2
Racism and Discrimination	2	2
Accessible and Affordable Transportation	2	1
Food Insecurity	2	1
Community Violence and Crime	0	0
Education Access and Quality	0	0
Environmental Health	0	0
Quality of Healthcare	0	0

D. Top Three Social Determinants of Health

The three areas ranked most consistently as top two social determinants of health for Manitowoc County were:

1. Safe and Affordable Housing
2. Affordable Childcare
3. Economic Stability and Employment

Summaries of themes for each issue are presented below in the order listed in the table above. As a guide, issues ranked as the top three priorities for Manitowoc County are marked with this thermometer symbol:

E. Social Determinants of Health Issue Summaries

Safe and Affordable Housing

This issue was ranked as a top two social determinant of health by 19 key stakeholders, with 11 of those respondents ranking it number one.

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

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

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

Affordable Childcare

Fourteen key stakeholders ranked Affordable Childcare among their top two social determinants of health, and six of them ranked it as their top issue.

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

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

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

Economic Stability and Employment

Six key stakeholders rated this social determinant of health among their top two, with two of them ranking it first.

Populations most affected and how they are affected: Recent immigrants may face language barriers to finding employment. People who are experiencing economic instability may face barriers like lack of childcare or need for further education that prevent them from accessing jobs that do exist. People of color are affected by having fewer opportunities for quality education and lower rates of higher

education attainment that lead to lower income jobs and racism as a barrier to getting jobs. Individuals in recovery or living with mental illness may find the job search process difficult or overwhelming. People experiencing homelessness may have trouble finding jobs due to lack of housing stability and lack of employment skills. People who do not have post-secondary education, training, certificates, degrees, or apprenticeships and people who lack "soft skills" may struggle to find employment or keep employment that provides a living wage. Other key stakeholders identified all working adults as affected because there is generally a shortage of jobs that pay high enough wages which often forces people to have multiple part-time, low wage jobs, often without benefits.

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

Community stakeholders critical to addressing this issue: Local government, elected officials, schools and educators at all levels, tutors, religious organizations and church communities, civic organizations, people to help with resume development and job searches, chambers of commerce, employers, and labor unions are the key partners to addressing this issue in the county.

Family Support

Five key stakeholders ranked this issue among their top two social determinants of health, with four of them rating it number one.

Populations most affected and how they are affected: Single parent families, immigrant families, adult children caring for elder parents, and families affected by mental illness are groups that may be facing more stress, depression, and suicide, not knowing who can assist them, and that stress can affect their own health. Children and families are affected by the lack of support from schools and community organizations. School staff could be better trained on how to support families around various issues that may be impacting them.

An effort that the community could rally behind to improve this issue: The community needs financial assistance programs, mentorship and informal supports for families, and more discussions about how to support families. One suggestion is creating a Children and Families Resource center because resources are scattered among different organizations and there isn't a clear entry point or connection to get families all the things they need or make them aware of everything that is offered. If this were centralized in one building, like the ADRC, it could benefit more people. Another suggestion is more after school programs for children and funding for these programs that do exist (for example, the Boys

and Girls Club is doing this, but they are at capacity) because there is so much need and demand for these types of programs. Another suggestion is increased collaboration, like gathering leaders from different faith communities to network and discuss how to move forward, or re-starting Healthy Manitowoc County to bring people together, or hold a community family day with health screenings, refreshments, childcare, and job opportunities. Another set of suggestions is to strengthen childcare services offered to low-income or other vulnerable communities, with care offered in multiple languages.

Community stakeholders critical to addressing this issue: Representatives from diverse groups, community agencies, law enforcement, social services agencies, schools and educators, school counselors, Aging and Disability Resource Center, food banks, healthcare systems and providers, government and elected officials, pastors and faith leaders, local non-profit organizations, business community members, United Way, Manitowoc County Human Services, Lakeshore CAP, YMCA, Big Brothers Big Sisters, Boys and Girls Club, and community members were identified as the key stakeholders to improve family support.

<u>**Social Connectedness and Belonging**</u>

Five key stakeholders rated this determinant of health among their top two, with one of them rating it number one.

Populations most affected and how they are affected: There was agreement among the respondents that it affects everyone, and people have become more isolated due to COVID-19. Some specific groups especially affected are people who live alone, seniors and aging populations, homebound individuals, and people with disabilities and/or mental illness. These groups were identified as having less of a built-in social support network in their homes due to living alone and having limited interactions with others, exacerbated by COVID-19.

An effort that the community could rally behind to improve this issue: Key stakeholders suggested developing a Center of Excellence where everyone can go for development, inter-generational technology training to help aging and homebound populations, education session for caregivers and employers of caregivers to address this issue among the people they care for and the increased burnout caregivers experience. Another suggestion is programs like LINKED that connect people to their community through volunteer or paid work. LINKED allows people to explore jobs, interviews, and opportunities to have fun while connecting with community. Another suggestion is to discuss how to bring people together, removing political divisiveness from opportunities to connect. More community organizations and businesses could accept Ascend to come in for job shadows and short-term work experiences.

Community stakeholders critical to addressing this issue: Manitowoc and Two Rivers Senior Centers, ADRC, mental health providers, Painting Pathways Clubhouse, mental health and wellness organizations, the YMCA, schools, employers, elected officials, community members, representation from diverse

groups, community agencies, law enforcement, and social service agencies were named as the key stakeholders to engage around this issue.

Access to Social Services

Four key stakeholders ranked Access to Social Services as a top two social determinant of health, with two of them ranking it as their number one issue.

Populations most affected and how they are affected: Underemployed and single parent households are affected because there is not a centralized system, making it difficult to find the assistance needed, and confusing to navigate different systems. The recovery community is affected because there is an increasing number of people coming out of treatment without a warm handoff to find the assistance they need to continue their recovery or address other stressors. People with lower incomes are affected because they may not know what services they are eligible for and feel the need to handle everything on their own. Racial and ethnic minorities may be affected if there is a lack of awareness of which services are out there or how to access them, and the community doesn't have many culturally-specific services. Additionally, there may be a hesitancy for people to access services if they don't speak English and interpreters are not available, if they are worried about their immigration status, if they lack trust in government programs, or if they are unfamiliar with public systems in the county or in the country. Some populations are more individualist or have cultural beliefs that cause them to feel shame about needing help or seeking help from the community. People living with mental illness may be affected because if they aren't able to access services, illnesses will go untreated, and they may get worse or try substance use instead. Families of people with mental illnesses may be affected because they experience the stress of wanting to help, but not knowing how to help, what resources exist, and are also worried for their loved one. Individuals in jail are affected when mental health services are not available or delayed and they may be lacking assistance or use substances to cope.

An effort that the community could rally behind to improve this issue: One recommendation is a focused effort to build a centralized mechanism for intake into all services that offers one number for a person to call and a way to identify which organizations to connect them with, or a way of coordinating with multiple organizations to make a plan for how to meet that individual's needs. Similarly, another respondent suggested a community caseworker who can help all social service organizations and offer warm handoffs to resources at different organizations. Another recommendation is better collaboration between organizations that offer services because it is hard to know what every organization is doing and how best to get in touch with them. There aren't many meetings or opportunities for collaboration. Another recommendation is hiring more staff from underrepresented backgrounds within organizations to offer people a welcoming face. Another recommendation is more funding for existing resources so they can be fully staffed. Another recommendation is education to address cultural taboos and stigmas to break down barriers and make people feel more comfortable accessing services. Hispanic-led education to the Hispanic community addressing social services topics and resources can help. Some gaps in the community are immigration law services and a lack of Hispanic human service workers to help this community. There is a gap in mental health services, and drop-in centers for mental health are

needed. Increased capacity for Lakeshore Community Health Care. They are offering the needed mental health services in one location. They also have long wait times, trouble responding to phone calls, lack of staff to explain issues. Human services and hospitals should work together to offer drop-in mental health options.

Community stakeholders critical to addressing this issue: Non-profit organizations, community members, city and county officials, Manitowoc County Human Services, health departments, businesses, the county board and the County Executive, trusted Hispanic leaders and advocates, Lakeshore Community Health Care, and private health care providers are community stakeholders who can address this issue.

Accessible and Affordable Healthcare

Four key stakeholders ranked Accessible and Affordable Healthcare as a top two social determinant of health issue, with two of them ranking it as their top issue.

Populations most affected and how they are affected: People with low-income are a population affected because they may not be able to afford health insurance or co-payment and deductible costs associated with accessing health care. Medicaid may be an option for these populations. Small and mid-size businesses are affected because it costs a lot of money to cover the health insurance for employees. Employees who make enough money not to qualify for Medicaid, but do not have employer sponsored health insurance may face problems affording out of pocket costs for insurance or healthcare. The population of Hmong elders who have Medicaid, but do not really understand how it works and don't believe in preventive medicine, so they only seek healthcare when they are sick. Younger Hmong people learn habits from their elders, so if it is common not to seek out preventive healthcare, they may not understand how to access healthcare and health insurance. Some other specific populations named are people with mental illness, people who are unemployed and without insurance, the jail population, and people who use drugs and alcohol because they may not have access to preventive services or care, which makes it more difficult for them to be successful.

An effort that the community could rally behind to improve this issue: Some ideas to improve access to health care are to have a holistic mindset, to work with The Chamber and local businesses educate and support employers about ways they can offer health insurance benefits and how it will improve their workforce, to have a clinic open evenings and weekends that can bill care to Comprehensive Community Services for those patients who do not have insurance or a medical home, community and employer-based education about the importance and value of preventive healthcare and other health-related employee benefits, employees understanding their duty of self-care, and schools educating students on the healthcare system and health insurance. Specific to the Hmong community, education about prevention, Hmong-specific clinics, and Hmong interpreters available would be helpful.

Community stakeholders critical to addressing this issue: Medical providers, healthcare systems, insurance companies, employers and employees, the League of Women Voters, The Chamber of Manitowoc County, elected officials, public health departments, and schools are the key partners identified by respondents to this issue.

Racism and Discrimination

Two key stakeholders ranked Racism and Discrimination among their top two social determinants of health issues, with both of them ranking it number one issue.

Populations most affected and how they are affected: One key stakeholder shared that it affects all facets of life and access to things people need every day for people of color and low-income families. Another key stakeholder named the Hmong community specifically, especially middle age to elder members, who have experienced anti-Asian racism and violence related to the pandemic (e.g. blame for bringing the "China Disease" to the community) as well as having experienced things thrown at them, name calling, and people requesting to speak with someone else when they hear their accents.

An effort that the community could rally behind to improve this issue: Awareness-raising and support of the organizations already doing the work, and education to the community about Hmong culture. Specifically, schools could offer programming about Hmong culture to address attitudes at younger ages. There could be general community education about the history of Hmong people in the U.S. and Wisconsin, how they came here, and why they were forced to leave their homes, to promote general understanding. Public libraries have done some of this work and should continue. The dioceses could get involved if they had the funding to. Healthcare systems should hire in-person Hmong interpreters because telephone and online systems work, but in-person interpreters are better at seeing visual cues of understanding.

Community stakeholders critical to addressing this issue: Local organizations, city and county officials, public libraries, dioceses and other religious communities, and health care systems.

Accessible and Affordable Transportation

Two key stakeholders ranked Accessible and Affordable Transportation among their top two social determinants of health, with one raking it as their top social determinant.

Populations most affected and how they are affected: Anyone with social service needs who does not have access to the bus system, older populations who need to get to medical appointments, younger or lower income people. The VA and their partners help to fill these gaps for some veterans.

An effort that the community could rally behind to improve this issue: One suggestion is better transportation options to rural areas in general, or services that can go to people where they are. Another suggestion is to expand what is currently offered by volunteer drivers, to include all hours and distances outside of the county. Barriers to volunteer drivers for veterans could be addressed by giving them money for gas and changing the policy so they don't have to use personal care because it isn't covered by insurance.

Community stakeholders critical to addressing this issue: Local government, the non-profit sector, Maritime Metro Transit and county transit, medical facilities, and the 16 veteran organizations within Manitowoc County.

Food Insecurity

Food Insecurity was ranked as a top two social determinant of health by two key stakeholders, and as the top social determinant by one of those respondents.

Populations most affected and how they are affected: People, especially families, living below the poverty level without access to resources were identified as a specific population affected by food insecurity. One respondent noted that free lunch programs serve students during the school year, but when students aren't in school this population experiences food insecurity.

An effort that the community could rally behind to improve this issue: One key Stakeholder suggested a mandate to support Grow it Forward to make food more affordable. Another suggested lobbying state and federal government for USDA food program to provide more complete meal coverage outside of the school calendar.

Community stakeholders critical to addressing this issue: The non-profit sector, legislators, educational leaders, and families were identified as the critical community stakeholders.

Community Violence and Crime; **Education Access and Quality**; **Environmental Health**; and **Quality of Healthcare** are the social determinants of health not ranked among the top two by any key stakeholders. Specific populations, efforts to improve these issues, and key stakeholders critical to addressing these issues were not discussed.

F. Health Conditions and Behaviors Focus Area Ranking

In 32 interviews, 35 key stakeholders were asked to rank two health conditions/ behaviors from a list of 11 focus areas identified by Manitowoc County Health Department, Aurora Health Care, Holy Family Memorial in affiliation with Froedtert & the Medical College of Wisconsin, Lakeshore Community Action Program (CAP), Lakeshore Community Health Care, and United Way Manitowoc County. The table below presents the results, including a summary of the number of times an issue was mentioned as a top two health condition or behavior, and the number of times stakeholders ranked the issue as the most important health condition or behavior. More details about these health issues and behaviors are included in the Health Condition and Behavior Issue Summaries section of this report.

	Key Stakeholder Rankings	
Health Conditions & Behaviors	Top 2	Number 1
Mental Health, Mental Conditions, and Suicide	27	17
Alcohol and Substance Use	23	9
Nutrition, Physical Activity, and Obesity	5	2
Intimate Partner/ Domestic Violence	3	2
Oral Health	1	1
Chronic Diseases	1	0
Communicable Diseases/ COVID-19	1	0
Reproductive and Sexual Health	1	0
Maternal, Infant, and Child Health	0	0
Tobacco and Vaping Products	0	0
Unintentional Injury	0	0

G. Top Three Health Conditions and Behaviors

The three areas ranked most consistently as top two social determinants of health for Manitowoc County were:

1. Mental Health, Mental Conditions, and Suicide

2. Alcohol and Substance Use

3. Nutrition, Physical Activity, and Obesity

Summaries of themes for each issue are presented below in the order listed in the table above. As a guide, issues ranked as the top three priorities for Manitowoc County are marked with this thermometer symbol:

H. Health Conditions and Behaviors Issue Summaries

Mental Health, Mental Conditions, and Suicide

Twenty-seven key stakeholders ranked Mental Health, Mental Conditions, and Suicide as a top two health issue, and 17 of them ranked it as number one.

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

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

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

Community stakeholders critical to addressing this issue: All mental health providers, schools, youth-serving organizations, healthcare providers and systems, behavioral health clinics, local government, the business community, local non-profit organizations, local city and county leadership, the county Human Services Department, first responders, Veteran's Affairs, CORE Treatment Services, Lighthouse Recovery, Prevent Suicide, NAMI, Painting Pathways, local civic organizations, and committed advocates are the

key stakeholders needed to address mental health in the county. It was also noted that everyone needs to work together, end the competition mindset, and collaborate to create a sustained change.

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

What is needed address this issue: Key stakeholders' needs were largely reflected in the "needed strategies" section. The most commonly identified needs are financial support, staff support, and increased access to mental health resources. Another need is more awareness of resources and services among the community. Another need is trauma informed care training and QPR training for staff. Other ideas are making 2-1-1's online platform easier to navigate, more sober options for healthy activities in the community, a mental health court, and more cooperation with other organizations for training and community programs.

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

Alcohol and Substance Use

Twenty-three key stakeholders ranked Alcohol and Substance Use as a top two health issue, and nine of them ranked it as number one.

Populations most affected and how they are affected: Regarding alcohol use, there are cultural norms and permissive attitudes around drinking in our state that make it an issue that affects everyone. For alcohol and substance use, key stakeholders said they see use among all populations and entire family systems and communities are affected. People who have a lot of stress in their lives from social determinants of health (unemployment, lack of financial stability, lack of education, lack of access to services and housing, lack of family support and belonging, etc.), other health issues, or trauma they

haven't dealt with may be more inclined to use alcohol or other substances to cope or self-medicate. Some key stakeholders discussed how family systems are affected, whether it be the stress or worry about a family member who is using drugs, or children in a family who experience their parents or caregivers using substances and how that affects them, as this can lead to removal from the home, interactions with the foster care system, or if they see substance use normalized in the home, it can become a multigenerational cycle or lead to codependence within families who use substances together. Some key stakeholders mentioned the overlap with mental health, mental illness, and substance use because people experiencing depression, stress, or other mental health problems without access to services or treatment may self-medicate to deal with problems. Another subpopulation mentioned by more than one key stakeholder are adolescents and young adults who are more easily influenced and use drugs and alcohol to fit in with their peers.

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

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

Community stakeholders critical to addressing this issue: The whole community, treatment providers, hospitals and health systems, recovery programs, jails, schools, local government, elected officials, community organizations, non-profit organizations, employers, public health, the Human Services Department, law enforcement, local faith communities, civic organizations, representatives from racial and ethnic minority communities, funders and donors, and youth were named as key stakeholders to engage in addressing alcohol and substance use.

An effort that the community could rally behind to improve this issue: Suggestions from key stakeholders are growing to have more inpatient treatment providers, building a detox center, making sure all

treatment options are affordable because Medicaid does not cover a lot of existing programs and they can be very expensive to pay for out-of-pocket. Another set of recommendations is the prevention, health promotion, and education work and culture change ideas mentioned in the "needed strategies" section above.

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

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

Nutrition, Physical Activity, and Obesity

Five key stakeholders included Nutrition, Physical Activity, and Obesity among their top two health issue areas, including two who rated it number one.

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

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

Needed strategies: Community support, education, communication, starting fresh foods earlier in child care systems can help to build healthy nutrition for the next generations, and easier access to healthy food and exercise facilities that are free or subsidized for people from all income levels to participate,

and more culturally-specific options for the Hmong community, such as dance classes, exercise facilities, and walking clubs that can help to create healthy behaviors and connect people with their culture.

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

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

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

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

Intimate Partner/ Domestic Violence

Three key stakeholders ranked Intimate Partner and Domestic Violence among their top two health issues for the county, with two of them rating it as the top health issue area.

Populations most affected and how they are affected: One key stakeholder shared that everyone can be affected by violence, but stereotypes about women and children being victimized may overshadow men's victimization. Queer people, especially queer people of color, are disproportionally affected and may be reluctant to seek services if they aren't out as queer. Making decisions about services based on available data may not lead to decisions about services or resources that address groups that are vulnerable, but less likely to report abuse. A more holistic way to make decisions that increase access to services and resources for all people who are victimized is needed. Another way people are affected is lack of access to services or care to process and heal from trauma. Lack of access to Trauma Care affects mental health, physical health, and has financial and other implications that keep people in survival mode, rather than thriving.

Other populations most affected are women with young children, people who are unstably housed, people with substance use disorders and people with low socioeconomic status. One key stakeholder shared their observation that domestic violence isn't the root cause, rather it is a "boil over" of stress and stress is caused by many other things that might need to be addressed. Specific to children, there is emotional and physical harm for children who experience their home as a place that is not safe.

Existing strategies: Shelters, crisis lines, advocacy groups, InCourage in Manitowoc County, and screening for safety in emergency departments are some measures in place to address domestic and intimate partner violence. Key stakeholders mentioned that these only work as well as they are funded and staffed, so there may be room to improve existing resources. Other strategies mentioned include training in de-escalation techniques, Child Protective Services, and law enforcement (though it was mentioned that police presence can sometimes help and sometimes make things worse, depending on the situation).

Needed strategies: One main strategy is increased funding for the organizations and staff who are already doing this work so there is capacity to have more staff and help more people. Another strategy is more training for staff in trauma informed care and QPR (question, persuade, refer), and having more school staff trained to understand and approach these situations so students have more people around them they feel safe to talk to about their experiences. Another recommended strategy is prevention and education to address the lack of awareness of these issues. At the K-12 level, this education is working well in Sheboygan and Bloom365 is doing this work in Arizona. Another strategy is addressing the root causes of violence and increasing the quality of life and reducing stressors for everyone to prevent violence.

Community stakeholders critical to addressing this issue: InCourage, schools, health care providers, victim services non-profits, the Health Department, and Law enforcement were identified as specific critical stakeholders, though multiple respondents identified it is an issue for everyone in the community.

An effort that the community could rally behind to improve this issue: More money for people to provide more services, organizing for non-profits and health care to better partner together, a change in how systems work to allow people victimized by these situations to get assistance, programming or events like "Take Back the Night" to raise general awareness about violence prevention and changing rigid understandings of gender roles and norms were offered as suggestions for how the community can improve this issue.

What is needed address this issue: Organizations need more funding, more staff or any staff who can be dedicated to this issue, and people in the community who can be trained in the resources that are available and help with connecting people to resources with warm hand-offs.

Relationship to social determinants of health: Domestic and Intimate Partner Violence are related to social determinants issues because if people are lacking or unstable in having their needs met, they may be vulnerable to stay in unsafe situations, or other people in their home can use these needs to exercise

power and control over them. Risk factors in food insecurity, lack of childcare resources, housing instability, unemployment or employment instability, and social isolation may play a role in how impacted a person might be by violence. Lack of family support, social connection, access to social services may make it difficult to find solutions. The lack of availability of safe and affordable housing can make leaving home difficult and scary.

Oral Health

One key stakeholder ranked Oral Health as their top health issue priority area.

Populations most affected and how they are affected: Hmong people, especially elders on Medicare are unable to access dental services other than Lakeshore Community Health Care due to the cost of dental services and Medicare's lack of coverage of dental services. It can be hard to get appointments when there are long wait times and people can become frustrated. Additionally, there is a cultural element of resistance to preventive care and dental care, with Hmong people holding beliefs that scraping and removing teeth damages them, and they may not understand that dental care is helpful to the health of their teeth.

Existing strategies: Lakeshore Community Health Care providing dental care is a good existing resource, however it can be hard to access appointments if the waiting times are too long.

Needed strategies: On an individual level, education on preventive care and addressing misinformation within the Hmong community would be helpful. On a system level, it would make access easier if more dentists would be incentivized to see Medicare patients.

Community stakeholders critical to addressing this issue: Lakeshore Community Health Care could ask their Hmong dentist to do community outreach and education. Generally, there could be more outreach to the Hmong community encouraging them to seek dental care by telephone, through churches, and with the Hmong radio station.

An effort that the community could rally behind to improve this issue: In-person education is recommended.

What is needed address this issue: There is a need for more bilingual (Hmong/English) staff in healthcare, generally.

Relationship to social determinants of health: This issue is related to issues to lack of education and lack of access and affordability in healthcare and health services.

Chronic Diseases

One key stakeholder ranked Chronic Diseases among their top two health issues for the county. Specific diseases were not discussed, rather there was a focus on the approach to help patients access care and understand treatment.

Populations most affected and how they are affected: The key stakeholder indicated all populations are affected equally.

Existing strategies: Though there are always difficulties preventing and managing chronic disease, the key stakeholder suggested we need to think about things differently to help people access medical care. One idea is to increase broadband access outside of the cities, so patients can use telemedicine more fully in rural areas.

Needed strategies: This key stakeholder suggested there could be additional medical staff or another touchpoint with the healthcare system, like nurses to monitor and manage patients with chronic conditions between their appointments with a provider. They also recommended strategies to help patients with health literacy.

Community stakeholders critical to addressing this issue: Government, economic development organizations, large businesses, and schools were named as key partners to reimagine how chronic disease healthcare is provided, to focus on health equity and health literacy, and to create more opportunities.

An effort that the community could rally behind to improve this issue: There needs to be a multi-level approach to find organizations that are working on broadband forward as healthcare, making mental health services more accessible through telehealth. On the payer side, mental health providers could encourage all insurance companies to cover audio mental health services and telemedicine.

What is needed address this issue: None were identified.

Relationship to social determinants of health: The respondent identified that COVID-10 has interrupted people's abilities to have their basic needs met, and if those needs aren't met people have difficulties focusing on anything else above and beyond meeting those immediate needs.

Communicable Diseases/ COVID-19

This was ranked as a top two health issue by one key stakeholder.

Populations most affected and how they are affected: Everyone is affected because there are not enough workers, there are unmet childcare needs, people are experiencing burnout as a result. There are generally more mental and physical health issues due to fear-based reporting and misinformation about COVID-19. Children are a specific population affected by missing school and not having their social needs met due to COVID-19 illness.

Existing strategies: County organizations have tried to dispel rumors and report data frequently.

Needed strategies: There is a need for increased testing and treatment options for COVID-19, especially outpatient to alleviate some hospital space and to help workers and students return to their normal routines faster. Onsite testing at organizations and businesses is a strategy suggested to eliminate

sending home workers and students unnecessarily, making it easier for quick testing, detection, and saving the effort of trying to find community-based testing.

Community stakeholders critical to addressing this issue: The Manitowoc County Health Department, health care providers in the county, businesses, local government, in-home care agencies, and the non-profit sector were the stakeholders named as critical to improving this issue. The Salvation Army may also be able to help with this.

An effort that the community could rally behind to improve this issue: Quick and easy access to outpatient testing and treatment options is the main effort recommended.

What is needed address this issue: This key stakeholder's organization does not have a specific need.

Relationship to social determinants of health: A lack of housing leads people into shelters to staying with friends and family, which means there are larger numbers of people in close quarters. This makes COVID-19 transmission prevention more difficult.

Reproductive and Sexual Health

One key stakeholder ranked Reproductive and Sexual Health among their top two health conditions and behaviors.

Populations most affected and how they are affected: Women face issues accessing health care and services, especially pregnant teenagers. There are access issues for the queer community because a lot of services assume heterosexuality and reinforce the gender binary and there is a lack of services in general. People of color are another population disproportionately affected by these services.

Existing strategies: PrEP (pre-exposure prophylaxis) medication for HIV prevention is working well, but there are barriers to access for uninsured residents.

Needed strategies: Comprehensive, dynamic sex education that is less focused on heterosexuality is needed.

Community stakeholders critical to addressing this issue: County and local human services and public health entities are needed to address this issue.

An effort that the community could rally behind to improve this issue: Comprehensive sex education in schools was the suggestion from this key stakeholder.

What is needed address this issue: Support is needed from the community, from health care provides, from the county, and from other agencies and professionals that work in this area.

Relationship to social determinants of health: This respondent indicated this is related to social support and belonging because people need to feel safe and supported in the spaces they move through and relationships they are engaged in.

Maternal, Infant, and Child Health; **Tobacco and Vaping Products**; and **Unintentional Injury** were the health issue areas not ranked among the top two by any key stakeholders. Specific populations, strategies, needs, and relationships to social determinants of health were not discussed.

Appendix A. Interview Participants for Manitowoc County

Key Stakeholder Interview Participants

Thirty-five individuals participated in 32 key stakeholder interviews about Manitowoc County's most pressing health needs. Of the organizations listed here 38% indicated they serve all populations, 16% serve people experiencing low SES, 9% specifically rural communities, and 3% serve communities of color. Forty-four percent serve other specific populations, including homeless men, survivors of domestic abuse and sexual violence, veterans, the Hmong community, the Hispanic community, individuals who are or have been involved with corrections, adults diagnosed with mental illness, children and youth, families, pregnant and parenting persons, elders, people with disabilities, people experiencing or affected by substance abuse.

Name	Title	Organization
Abby Abbet	Director	Hope House of Manitowoc County
Father Dave Beaudry	Pastor	St. Thomas the Apostle
Todd Brehmer	Department Director	Manitowoc County Veteran's Services Office
Kristoffer Brown	Superintendent	Reedsville School District
Michael Etheridge	Executive Director	The Haven of Manitowoc County, Inc.
Donna Firman	Board President	Prevent Suicide- Manitowoc County
Deanna Genske	Executive Director	Ascend Services, Inc.
Chris Gilbert	Co-Executive Director	CORE Treatment Services, Inc.
Julie Grossman	CEO	Manitowoc- Two Rivers YMCA
Douglas Hamm	Dean- Business, Technology, and Hospitality	Lakeshore Technical College
Karen Hansen	Public Services Manager	Manitowoc Public Library
Colleen Homb	Executive Director	Lakeshore CAP, Inc.
Wendy Hutterer	Director	ADRC of the Lakeshore
Lori Joas	Economic Support Manager	Manitowoc County Human Services Department
Natasha Khan	Operations Coordinator	United Way Manitowoc County
Yer Kue	Bilingual Health Aide	Manitowoc County Health Department
Julia Lee	Youth Services Manager	Manitowoc Public Library
Daniel Lor	Pastor	Trinity Hmong Lutheran Church
Megan Marchant	President	PFLAG-Manitowoc County Chapter
Dawn Matte	Client Services Director	The Crossing of Manitowoc County
Sara Meier	Executive Director	InCourage
Michael Morgen	Mental Wellness & Safety Coordinator	Manitowoc Public School District
Patrick Neuenfeldt	Vice President	PFLAG-Manitowoc County Chapter
Karen Nichols	Executive Director	The Chamber of Manitowoc County
Carmen Persaud	Co-Executive Director	CORE Treatment Services, Inc.
Nancy Randolph	Manager, Children and Family Services Division	Manitowoc County Human Services Department
Luarmarie Rosado	Bilingual Health Aide- Spanish	Manitowoc County Health Department
Christma Rusch	Executive Director	Lighthouse Recovery Community Center

Jennifer Schmoldt	Executive Director	Painting Pathways Clubhouse, Inc.
Sara Schuette	Registered Nurse	Manitowoc County Sheriff's Office
Nancy Slattery	Co-President/President	League of Women Voters of Manitowoc County & RUTH, the Interfaith Justice Group in Manitowoc County
Kristin Stearns	Chief Executive Officer	Lakeshore Community Health Care
Colleen Steinbruecker	Executive Director	Family Connections
Lisa Stricklin	Program & Outreach Director, Pathway of Hope Coordinator	The Salvation Army Manitowoc
Denise Wittstock	Chief Executive Officer	Big Brothers Big Sisters Wisconsin Shoreline