

Sheboygan County Health Needs Assessment



A summary of key informant interviews

2020

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Introduction

This report presents a summary of public health priorities for Sheboygan County, as identified in 2020 by a range of providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement to the Sheboygan County Community Health Survey conducted through a partnership between Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services- Division of Public Health, and United Way of Sheboygan 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 informants in Sheboygan County were identified by Aurora Health Care, HSHS St. Nicholas Hospital, Lakeshore Community Health Care, Sheboygan County Health and Human Services- Division of Public Health, and United Way of Sheboygan County. These organizations also invited the informants to participate and conducted the interviews from February to May 2020. The interviewers used a standard interview script that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin’s State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
 - Existing strategies to address the issue
 - Barriers and challenges to addressing the issue
 - Additional strategies needed
 - Key groups in the community that hospitals should partner with to improve community health
 - Identification of subgroups or subpopulations where efforts could be targeted
 - Ways efforts can be targeted toward each subgroup or subpopulation

All informants 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 2020 key informant interviews for Sheboygan County.

The report first presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. The next section describes the themes that presented themselves across the top ranked health topics. Finally, summaries of the strategies, barriers, partners, and potential targeted subpopulations described by participants are provided as well.

Limitations: Thirty key informant interviews were conducted with 36 respondents in Sheboygan County. Some interviews incorporated the views of more than one person from an organization. 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 informants had been interviewed. Results should be interpreted with caution and in conjunction with other Sheboygan County data (e.g., community health survey and secondary data reports).

A. Focus Area Ranking

In 30 interviews, a total of 36 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. (See Appendix A for the full list of informants). Key informants were also able to write in other health issue areas they believed to be top health issues for the county. The table below presents the results, including a summary of the number of times an issue was mentioned as a top five health issue, and the number of times informants ranked the issue as the most important health issue. Importantly, not every informant ranked five issues and not every informant provided rankings within their top selections. In interviews with more than one participant, only one set of rankings was provided. The results in the table below reflect the 30 rankings.

Key Informant Rankings		
Health Focus Area	Top 5	Number 1
Mental Health	28	10
Substance Use and Abuse	19	4
Access to Health Care	14	1
Adverse Childhood Experiences	13	5
Alcohol Abuse	11	4
Physical Activity	7	1
Nutrition	6	0
Chronic Disease	4	0
Healthy Growth and Development	3	0
Injury and Violence	2	0
Oral Health	2	0
Environmental and Occupational Health	1	1
Tobacco Use and Exposure	1	0
Other Issue: Housing	1	0
Communicable Disease	0	0
Reproductive and Sexual Health	0	0

B. Top Five Health Issues

The five health issues ranked most consistently as top five health issues for the County were:

1. Mental Health
2. Substance Use and Abuse
3. Access to Health Care
4. Adverse Childhood Experiences
5. Alcohol Abuse

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 five priorities for Sheboygan County are marked with this thermometer symbol:



C. General Themes

Since the last release of this report in 2017, the health focus areas have changed slightly. Alcohol Abuse has been separated from Substance Use and Abuse, whereas they used to be ranked as one category. Adverse Childhood Experiences has been added as a focus area to be ranked. Finally, key informants are now able to write in and rank other health issues that are salient to them, but not present in the State Health Plan.

In 2017, 32 key informant interviews were conducted, which is very similar to this year's report. Mental Health was the top issue in 2017 and remains such in 2020. Alcohol and Other Drug Use was ranked second in 2017, and both issues remain in the top five in 2020, ranked fifth and second respectively. Nutrition was ranked third in 2017 and is ranked seventh in 2020. Chronic Disease Prevention and Management was ranked fourth in 2017 and is ranked eighth in 2020. Access to Health Services was ranked fifth in 2017 and is ranked third in 2020. Finally, Adverse Childhood Experiences (ACEs) is ranked fourth in 2020.

In 2020, though Access to Health Care is ranked third, it was a major theme across many health focus areas, particularly Mental Health, Substance Use and Abuse, Alcohol Abuse, Nutrition, Physical Activity, and Oral Health. Some of these access issues are related to the geography of the county. Parts of the county are more rural and there are few transportation options to get people to services and appointments. Another theme key informants discussed across issues is a lack of medical, dental, and behavioral health providers that accept Medicaid. A final issue related to access that emerged across focus areas is the need for bilingual services and information. Key informants expressed the need for services in Spanish and Hmong, as well as culturally sensitive

providers and services. Another theme across issues was an emphasis on children and families, providing relevant services to children, youth, and teens, while honoring family systems, and focusing on building healthy habits and resilience in people starting from a young age. Finally, across issues key informants emphasized the importance of working together, within and across systems, and providing warm handoffs to help people navigate complicated systems.

D. Issue Summaries



Mental Health

Twenty-eight key informants' interview rankings included Mental Health as a top five health issue, and 10 ranked it number one. Themes from this topic overlap with Access to Care, Substance Use and Abuse, and Adverse Childhood Experiences.

Existing Strategies: Mental health services are offered by Lakeshore Community Health Care (LCHC), larger health systems, private providers, and faith-based groups. Behavioral Health services are offered by Sheboygan County's Department of Health and Human Services, including the Crisis Team and Mobile Crisis prevention planning. United Way of Sheboygan County's Providing Access to Healing (PATH) Program is a school-based program to improve access to mental health services for children and youth who may not have access to other mental health care. There has been crisis intervention training with law enforcement and support for first responders. Mental Health America offers educational programming to the public in an effort to reduce stigma around mental illness and have a provider resource guide. Sheboygan Calm Harbor supports those who are struggling because of a mental health crisis. Trauma Informed Care (TIC) training and practice has become more widespread across the county's services. Healthy Sheboygan County has a Mental Health and Substance Abuse committee to collaborate to make lasting change. In schools there are more services and referrals available, as well as screening for suicide risk, and proactive interventions like mindfulness practice and a focus on social and emotional learning from the Wisconsin Department of Public Instruction.

Barriers and Challenges: There is still a general lack of providers, including counselors, therapists, and clinical social workers, and barriers to accessing existing providers persist for many of the county's residents. In particular, it is difficult to access psychiatrists, especially for children, teens, and the geriatric population. Reimbursement for psychiatrists is not comparable with other medical specialties which poses a challenge in attracting medical students. For the general community, there is a lack of awareness of where people can go for their needs. There are added challenges of navigating insurance, paying for services that aren't covered, lack of coverage for patients who have

Medicare and Medicaid, and figuring out eligibility for existing resources. Stigma related to seeking care still exists as a challenge to accessing services. Other less frequently mentioned challenges are a lack of group therapy options for adolescents, men's mental health is an underserved area, lack of specialty treatment options (e.g. for sex offenders, domestic violence, anger management), lack of safe spaces for the LGBTQ+ population, and lack of peer support and peer specialists. Other challenges noted are an increase in young people struggling with depression, and chronic stress related to work.

Needed Strategies: Additional providers at all levels to serve the needs of the county, case management services, family-centered services, more resources to accommodate the need, increased access to the county's services, increased integration of alcohol and substance abuse treatment and mental health care, breaking down silos between systems that care for the same patients, additional community education so people can identify when they or someone else needs help and know where to go to get what they need, and additional work to reduce the stigma of mental illness. Focusing on ways to provide care that reduce the burden, such as combining resources with other counties to serve more people, hiring traveling doctors, and making better use of telemedicine/telepsychiatry were offered as potential solutions. Workforce development needs to be addressed, by attracting students to mental health careers and fully preparing students in mental health and allied fields by providing training in motivational interviewing, suicide assessment, and trauma informed care. Proactive approaches like increasing social supports across the lifespan, earlier interventions, identifying and addressing trauma, and supporting adults who are raising kids were also suggested. Some legislative advocacy is needed to change Medicare and Medicaid coverage and reimbursement for mental health services and reimbursement for telehealth services. Schools need more resources, social workers, and psychologists to meet their students' needs.

Key Community Partners to Improve Health: Health care systems, LCHC, Sheboygan County Health and Human Services, independent counselors and therapists, faith communities, Mental Health America, school systems, employers, PATH Program, court system, Rainbow Kids, Sharon S. Richardson Hospice, all facilities in the health care continuum of care, local service organizations, Community Partnership for Children, support groups, and UW-Madison Extension were suggested as partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Many respondents noted this is an issue for everyone and the whole community needs to be engaged. Some ideas include raising awareness of mental illness and resources for everyone so that issues can be identified and addressed sooner. One respondent suggested the county should do a gap analysis to document what is missing.

- Children and their families were one group commonly identified as needing particular focus in addressing mental health. It was suggested that school-aged children could be reached through school, sports, and primary health care, expanding school programs, focusing on the family and

school dynamic, having earlier education to build coping skills, focusing on social-emotional learning, more parent education about how to support children, utilizing developmental screening, and reaching young children and their parents in child care.

- Another population in need of focused outreach are seniors and the aging population. It was suggested they could be reached with these conversations through health care providers sharing information about mental health, and through assisted living facilities and senior centers as opportunities to engage around these topics and offer mindfulness practice and related mental health supports.
- A few other groups who may be underserved were identified. There are few Hmong clinicians, so there may be a need to work more closely with Hmong-centered groups to figure out how best to meet their mental health needs. The LGBTQ+ community in the county may be underserved. Low income individuals may struggle to find affordable services and may need information about what is available to them through the Health and Human Services Department. Farmers and agricultural workers may need more outreach and support from UW-Madison Extension programs. Men may have more difficulty having conversations about their mental health and needs.



Substance Use and Abuse

Nineteen key informants ranked Substance Use and Abuse as a top-five health priority for the county, with four of them ranking it as their first health priority area.

Existing Strategies: Key informants named a number of strategies in place including Suboxone providers, Alcohol and Other Drug Abuse (AODA) physicians, community support groups moving in the right direction with increased options like Narcotics Anonymous (NA), Crystal Meth Anonymous, some services in Sheboygan County such as County Health and Human Services AODA therapists and Samaritan's Hand that provide support groups and in-patient facilities, improving treatment options, supportive housing, outpatient options, peer support programs, and medication assisted treatment (MAT) program options. The Healthy Sheboygan County Mental Health and Substance Abuse Committee is talking about solutions. There are resources in the community like recovery coaches through Wisconsin Recovery Community Organizations (WIRCO), sober living through Samaritan's Hands and The Abode, Vivitrol is available in the jail, there is a detox program, first responders can provide naloxone, doctors are following policies related to prescription narcotics, prescription drug drop box locations, and drug treatment court were also named as positive strategies.

Barriers and Challenges: One major barrier named by many key informants is the cost of treatment and the lack of coverage by insurance, especially Medicaid. This is a barrier to residential programs and treatment in hospitals in particular. There can also be long wait times for treatment and services. Other barriers are a lack of AODA counselors, lack of support for families impacted by

addiction, lack of services and support groups offered in Spanish, lack of substance abuse support groups for teenagers, lack of education in schools about unhealthy behaviors and the long-term consequences of addiction, the ease of availability of drugs, and the difficulty overcoming addiction, especially if people have waited until a lot of things are going wrong in their life. The stigma of addiction may also keep people from accessing the services they need.

Needed Strategies: Key informants suggested the county needs more detox and treatment options at all levels, case management services to help people transition between levels of treatment, more support groups and non-12-step options, more peer support, more general education about the dangers and the resources that exist for help, efforts to address the stigma of addiction, more harm-reduction efforts such as naloxone and needle exchange programs, more support for teenagers specifically, a focus on creating a recovery community, and more screening, brief intervention, and referral to treatment (SBIRT).

Key Community Partners to Improve Health: AODA counselors, school counselors and nurses, first responders, treatment and recovery organizations, health care providers and health systems, schools, social groups, local government, faith communities, translators to different cultural groups, youth-serving organizations, family support organizations, law enforcement, Department of Corrections, Department of Health and Human Services, higher education, the District Attorney's Office, the Aging and Disability Resource Center, Mental Health America, Lakeshore Community Health Care, United Way, housing organizations, and NA and other support groups are the key groups that should work on Substance Abuse issues.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants provided a number of examples, including:

- Early teens and teens, and all adults in general. They can be reached at schools and health care providers to receive referrals to AODA services and the County Health and Human Services Department.
- Those living with addiction may need help getting into recovery.
- Working with law enforcement, jails, and corrections to reach the population that is in custody or preparing for re-entry and provide referrals to recovery groups and treatment.
- Anyone who wants to be in recovery and those are on their way to recovery, including people who are identified in emergency rooms or by law enforcement. Getting those key partners around the table and have resources at emergency rooms. Educating health staff or public authorities on what services there are and what substance use and abuse may look like. Implementing recovery coaches.
- The aging population (ages 50+) can be reached at physicians' offices.
- Individuals who are high risk for trauma or have high Adverse Childhood Experiences (ACE) scores may benefit from an improved referral network, focusing on skill-building across the life span, developing positive skills, develop resilient skills early on to support positive behaviors, developing protective factors, and addressing basic needs like housing, economic security, etc.

- High schoolers can be reached through opportunities for positive activities outside of school.



Access to Health Care

Fourteen informants included Access to Health Care in their top-five health issues for the county and one ranked it as their number one issue. These key informants' discussions overlapped with Oral Health, Physical Activity, Nutrition, Mental Health, and Substance Use and Abuse.

Existing Strategies: Aurora Health Care has a financial assistance program for people who cannot pay for medical services (Helping Hands), some clinics offer sliding fee scales and payment plans, there are many options for providers and specialists throughout the county, and Lakeshore Community Health Care (LCHC) has more affordable options for health care, including medical, dental and behavioral health. Most organizations that provide medical and mental health care have interpreters. There are also some Spanish-speaking and Hmong providers. Some innovative practices are used to better serve medical patients such as same day appointments with primary care to keep some cases out of urgent care and the emergency department, and some primary care providers traveling to assisted living sites to see patients at home. Some useful resources are the Mental Health America Resource Guide, 211, and the Aging and Disability Resource Center Guide and Public Health resources. Another resource that increases access to care is the transportation provider for Medicaid patients.

Barriers and Challenges: Many key informants mentioned the cost of services and care as a major barrier for residents to access health care. This includes the actual cost of health, mental health, and dental care, the cost of health insurance, co-payments, and deductibles. Many people do not have health insurance, or the coverage they have doesn't meet all of their needs and they cannot afford to pay for services out-of-pocket. Medicaid and Medicare have their own barriers to accessing health care. Another barrier frequently mentioned is a lack of transportation to get to appointments, especially for patients in more rural areas of the county where it is harder to get around. Other barriers to access are lack of childcare, lack of availability of appointments outside of traditional office hours, and lack of providers who serve patients in languages other than English. Another barrier to accessing care is that people aren't aware of all the services and programs that they might qualify for. There isn't broad awareness of all the resources in the community. Another barrier is difficulty navigating the system of insurance, providers, specialists, and the continuum of care. Some specialties are not available in the county, such as child psychiatry. Some people might feel stigmatized or have a negative association with the County Health and Human Services building and may be reluctant to seek help there. Finally, some key informants share that poor communication between organizations can be a barrier to care.

Needed Strategies: Key informants shared some ideas for how to increase access to care, such as implementing a community paramedic program to meet with people in their homes, navigators to

help people with insurance options and providing a warm hand-off for people to access the services they need in their networks, expanding telehealth services or telemedicine, and having satellite clinic locations in less population dense areas. They also mentioned the need for more transportation services to health appointments and after-hours and weekend appointments. Key informants believed there needs to be more communication in the community about resources that do exist, especially for low-income and uninsured people, and that this information should be advertised in English and Spanish in public places like churches, libraries, and schools. Another strategy suggested is offering prevention education (e.g. nutrition education and healthy cooking, physical activity, taking care of themselves, preventive health care) in the community to prevent chronic disease and major health issues. Another strategy recommended is advocacy for lower health care costs and ways to keep these costs under control. This includes lobbying for tighter restriction on insurance profits, expansion of Medicaid, increasing Medicaid reimbursement where it is currently low, working with health systems to keep co-pays and out-of-pocket costs low, and strategizing partnerships that can offset long-term costs. Another recommendation is a coordinated referral system between organizations.

Key Community Partners to Improve Health: Hospitals, health care providers (including dental and behavioral health), health care systems, health care case managers, the county's Aging and Disability Resource Center, emergency medical services, long-term care facilities, caregivers, LCHC, community centers, Mental Health America, United Way, Division of Public Health, local government, Labor Council, Food Bank, Boys and Girls Club, Big Brothers Big Sisters, law enforcement, non-profit organizations, 211, MTM transportation, and Medicare were identified as important partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The most commonly named subpopulation was low income and un- or underinsured populations. Some suggestions to reach them are:

- Better use of BadgerCare and other insurance available.
- Build a coordinated referral system and test it with a small group.
- Provide navigation services to help people determine what they might be eligible for and help to schedule appointments.

Another group in particular need are those residents for whom English is a second language, including immigrants and refugees. Some suggestions to reach them are:

- Have posters and brochures in different languages of the services that are available.
- Education about the services available and make them more available.
- Educate providers about being culturally aware and sensitive (so these groups feel comfortable going to the doctor).
- Concerted efforts towards cultural literacy.



Adverse Childhood Experiences (ACEs)

Thirteen respondents' rankings included Adverse Childhood Experiences (ACEs) as a top health issue for the county. Five of these ranked it as their top health priority area for the county.

Existing Strategies: Several key informants highlighted the trauma informed care (TIC) efforts of the Sheboygan County Health and Human Services Department, noting their leader has done a great job providing ACEs and TIC training and education to staff of many community and system partners, changing how they interact with clients, and changing the culture. Some noted there seems to be much more awareness in the county now. Many organizations who work with children and families to address resilience-building and ACEs were named, such as Love, INC of Sheboygan County, the PATH Program, Lakeshore Regional Child Advocacy Center, Rainbow Kids, a local partnership with Saint A, Mental Health America, Safe Harbor of Sheboygan County, United Way, Child Protective Services, Big Brothers Big Sisters, Boy Scouts and Girl Scouts, Runaway and Youth Services (RAYS) Sheboygan, and Parent Cafés that teach resilience and protective factors for families. Some key informants noted the community works well together on this issue and there are strong partnerships within the county.

Barriers and Challenges: The major challenges noted by key informants are lack of community awareness and education about trauma and resilience, lack of resources to address the vast needs, and a lack of infrastructure or systems that aren't currently meeting people's needs, to some extent. Regarding a lack of general community awareness and education, key informants believed education about trauma and ACEs and how to be trauma-informed should be more widespread in the community. Regarding a lack of resources to address the vast need, key informants specified intergenerational trauma is widespread, some family structures are not the best fit for those individuals, trauma is often happening because of a variety of factors in the environment, and there are many demands on teachers, program staff, and parents. Meeting everyone's needs is a challenge. Staff are busy and have many demands on their time. Regarding infrastructure and systems, key informants expressed concern that there are roadblocks for law enforcement to protect children in the system, some systems are broken, ACEs is broad issue and can be the root cause resulting in multiple other major health issues and there is no formalized process to address them, a lack of supports to build resiliency skills, no central agency or backbone agency focused on ACEs, and it is difficult to get general funding for primary prevention. Funding is often granted for specific issues or initiatives, so it is difficult to build a central infrastructure to address ACEs.

Needed Strategies: There is a need for greater support of people addressing trauma, such as easier access to therapy, treatment, and/or working on root causes with Social Workers, more providers of mental health services and substance abuse treatment for parents and families, more support for families' continuous learning and application of protective factors, more widespread education and awareness of ACEs and protective factors in the community, more ACEs and trauma assessment

done by pediatricians or other health care providers during pediatric appointments, removing silos for staff in schools to increase resources and education for problems, requiring training for all individuals working with children, and examining more formal development of a team to address and develop best practices and recommendations for target audiences and key stakeholders in Sheboygan County. This team could identify a backbone agency, provide training and support for the best practices, including ACEs scoring, evidence-based strategies that focus on behaviors and reactions, support programs, and outcomes to measure reduction, and utilization, distribution, and reporting of ACE scoring.

Key Community Partners to Improve Health: Key informants identified the Sheboygan Community Partnership for Children, school districts, teachers youth serving organizations and services, youth programming, social service organizations, law enforcement, criminal justice, pediatricians and other health care providers, health systems, LCHC, emergency medical services, community members, social workers, childcare providers, and Sheboygan County Health and Human Services as the partners doing the work to improve health related to ACEs.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: A variety of suggestions were offered, with many focusing on families, parents, and caregivers of children. Some examples include:

- A targeted approach to families served by Child Protective Services (CPS). This could be accomplished with a targeted approach to neighborhoods referring highest numbers of CPS and youth justice cases.
- Programs that are working with families with young children such Connections Count. Work on building wrap around protective factors with the social workers that are working with those groups. Having general classes at the library, YMCA, childcare center, etc. that anyone can take, versus making the concept feel stigmatized, or that it's only for parents who are struggling.
- Target pre-school parents with parenting skill-building.
- Target families with an intergenerational approach, targeting individuals being served at organizations where it would be a fit to screen for ACEs, looking at then contacting and screening children or other family members at these organizations. Reach people with education, but the best way to do that would depend on the target and is a bigger conversation.
- Target families with need (referred into "systems"), folks who have already been identified as needing additional support. Build trauma-informed systems with robust referral networks connecting families with services they need. Current gaps in access are related to young parents, service provision, needed services.
- Lower income individuals can be reached with a case manager approach for families, and offer wrap around programming.



Alcohol Abuse

Alcohol Abuse was ranked as a top-five issue by eleven key informants and the number one issue by four of them.

Existing Strategies: There is more education and programming in schools and other systems about the risks of alcohol abuse and drunk driving prevention. UBER, Lyft, and free ride programs reduce driving under the influence. There are legal consequences for driving under the influence and serving alcohol to underage people. There are compliance checks for alcohol retailers. For those seeking treatment for alcohol abuse, there are Alcoholics Anonymous (AA) groups, Samaritan's Hand, services through Sheboygan County's Health and Human Services Department, inpatient and outpatient treatment options through Aurora and other health systems, the Wisconsin Recovery Community Organization (WIRCO) offers recovery coaches, and there are some sober living options in the county (The Abode, Samaritan's Hand). At a systems level, the Healthy Sheboygan County Mental Health and Substance Abuse Committee is working on the issues of alcohol use, substance abuse, and mental health to make lasting change.

Barriers and Challenges: One barrier cited by many is the cultural norms and acceptance of alcohol consumption in Sheboygan County and Wisconsin as a whole. There is a strong German heritage, bars and microbreweries are common, alcohol is commonplace and is served at every community gathering, drinking is acceptable, and kids grow up seeing their parents and families consume alcohol. Due to this acceptance there may be a misunderstanding about what "normal" drinking looks like, versus heavy or binge drinking. Somewhat relatedly, sale and promotion of alcohol makes a lot of money and there is influence from alcohol producers, retailers, and the Tavern League with legislators. Some key informants suggested there is a need for more education starting in the schools to develop awareness of how unhealthy that behavior is and the consequences of the addiction that could develop as an adult. There should be more early intervention focused on the reasons people are drinking, underlying stress and trauma, and the potentially hidden nature of problematic behaviors. In terms of treatment and related services, key informants cited some barriers such as a lack of bi-lingual or Spanish language AA groups and Spanish-speaking health care providers, long wait times for providers in the community, lack of Medicaid funding for residential treatment, detox systems aren't working, lack of engagement in long-term sobriety/recovery, and a lack of county support and options for people with chronic issues.

Needed Strategies: Key informants suggested the need for widespread school, parent, and community education about the consequences of alcohol use, and efforts to change attitudes toward alcohol use away from acceptance and toward addressing factors related to heavy consumption. Some suggested offering alternative activities, creating more avenues for social support, social connectedness, and positive environments, screening and brief intervention at primary care visits, and creating stability in people's lives through efforts that focus on affordable,

stable housing. Key informants suggested there need to be more accessible treatment options, more continuing education and training for peer support and recovery coaches available, more support groups and non-12-step program options, more sober housing options, and detox and inpatient programs. Other suggestions are to start an “OWI court,” have breathalyzers at bars to raise awareness about impairment and safe driving, review and decrease the numbers of liquor licenses available, and continue collaborative approaches that break down silos.

Key Community Partners to Improve Health: Treatment providers such as AODA counselors, WIRCO, support groups, health care providers, inpatient behavioral health units, hospitals, detox centers, Samaritan’s Hands, Pathways to a Better Life, Sheboygan County Health and Human Services, and Alcoholics Anonymous should be included. Law enforcement, schools, school nurses, translators to reach non-English speaking groups, the Tavern League, sites of higher education, churches and faith communities, transportation companies, media outlets, and families should also be included in this work. Of partnerships, one respondent shared: *“I believe a coordinated effort around awareness, education, prevention and recovery support could be incredibly successful if the social, public, and private sectors all joined forces.”*

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Some key informants believed this was widespread across the general population. One suggestion is to help everyone understand the issue better and put general awareness and prevention measures in place. Help people understand their stress and trauma and provide healthier ways to cope.

Other key informants suggested the following groups may have specific needs:

- Youth, early teens, teens, young adults, and families: schools and health care providers can refer them to alcohol and other drug abuse (AODA) services and Sheboygan County Health and Human Services. Or for prevention, schools can be a site for raising awareness about the physical consequences. Early education is a site to promote positive behaviors, positive parenting/parenting support, and access support from counselors, educators, and coaches.
- Target youth who are facing their first legal consequence, such as underage drinking tickets.
- Seniors and the aging population need interventions that decrease isolation and increase positive social connections.
- Unemployed individuals and people below the poverty level may need links to supportive services and a focus on root cause analysis.

Physical Activity

Seven key informants’ rankings included Physical Activity as a top health issue for the county.

Existing Strategies: Sheboygan County has multiple opportunities for activities, accessible outdoor areas for public use, businesses that are promoting wellness programs and offering on-site fitness

options, Healthy Sheboygan County's Activity and Nutrition Coalition (SCAN), YMCA programming, physical education requirements in schools, after school sports and activities, messaging about physical activity and healthy aging, physical infrastructure improvements, health insurance incentives with gym memberships, and more gym options than in the past.

Barriers and Challenges: Society in general is less active as many people work in sedentary jobs or participate in technology-oriented activities rather than physical activities, in the winter there are fewer options for physical activity indoors, there is no mall or other large indoor space to walk for free, there are more limited resources in the western part of the county, gym memberships and classes can be expensive, and people lack of time to exercise and need to prioritize their time to participate in physical activity.

Needed Strategies: Key informants suggested finding ways to use technology to promote and support increased physical activity, using an awareness campaign to encourage people to get moving throughout the year, partnering with schools and using their resources to promote activities, engaging employees with incentive programs and wellness coordinators, encouraging employers to offer active work breaks, standing desks, on-site fitness facilities, and walking meetings, increasing access to trails for walking, running, and biking, and partnering with insurance companies and encouraging them to offer wellness incentives and discounted gym memberships.

Key Community Partners to Improve Health: Gyms and the YMCA, employers, doctors, clinics, physical therapists, local community organizations, insurance providers, SCAN, and school staff are key partners in this effort.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One respondent indicated this issue is relevant to the entire/general community. One respondent suggested focusing on youth to establish solid habits for life. This can be done by sharing resources for ongoing opportunities for physical activity, maybe through folders sent home from the school that share community program offerings. Encourage healthy eating and physical activity in schools because it is the hub of the neighborhood. One respondent identified that 30- to 50-year-olds seem underserved and could potentially be reached through their employers.

Nutrition

Six respondents' rankings included Nutrition as a top health issue for the county. Some key informants focused on food security for Sheboygan County, and others focused on healthy foods and nutrition promotion.

Existing Strategies: Sheboygan has some healthier options: Nourish Farms partners with camps, the farm to table movement, and the school backpack program. Regarding food security, the Sheboygan County Food Bank is addressing providing food for people but tackling the long-term causes and

roots of food insecurity takes a massive effort of many agencies throughout the county. The Food Bank should strive to provide more fresh produce and healthier food. The Sheboygan Anti-Hunger Coalition has begun making an impact in this area so this group should be encouraged to grow to provide for better collaboration between appropriate agencies.

Barriers and Challenges: Some barriers to healthy eating are the faster and cheaper options are less healthy, restaurants' "value" sized portions are too large, it is challenging to make quick meals at home that are also healthy, there are less fresh produce options during winter months, school lunches are not as healthy as they could be, and modern work demands do not leave much time for meal breaks or time to prepare healthy meals. Another issue is low income children who qualify for free or reduced lunch at school, but may struggle to access healthy meals outside of school hours or the school calendar.

Needed Strategies: Overall there is a need for better general nutrition education, more collaboration between government and agencies who provide services, and advocacy for restaurants to offer healthy choices and portion sizes. In a perfect world, work environments would offer better time management, pre-planned work schedules, hour-long lunch breaks, etc. to provide time for a healthier life.

Key Community Partners to Improve Health: Restaurants, food providers, the anti-hunger coalition, Sheboygan County Food Bank, Healthy Sheboygan County, school lunch staff, health care systems, UW-Madison Extension, Sheboygan County Public Health, and churches, especially in more rural areas, are the key partners to improve Nutrition in Sheboygan County.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: It is important for families with school-aged kids to be reached through schools to develop healthy habits early. Hispanic agricultural laborers may be more vulnerable. They may be more aware of resources like Lakeshore Community Health Care, so they may be able to access information about nutrition there. They could also be reached through farm owners and operators.

Chronic Disease

Four key informants' rankings included Chronic Disease as a top health issue for the county.

Existing Strategies: Key informants identified overall education for the community, employers' efforts with wellness programs, a newer emphasis on palliative care, a chronic disease management education series, wellness programs through health insurance with incentives for positive behavior change, health coaching, physician referrals to health programs, people who listen to physician related to recommendations about onset of chronic disease, and more awareness of chronic disease.

Barriers and Challenges: Barriers to navigating the health care system, such as multiple specialists, lack of communication between systems, and hospitals discharging patients who do not fully understand new conditions can be overwhelming to patients. Other challenges are the difficulties inherent to making sustained behavioral changes, the low cost and easy accessibility of less healthy food options, and barriers to learning how to prepare healthy meals at home. There is some stigma because chronic disease diagnosis is perceived as a “death sentence.” Another barrier is busy lives with work and family commitments, lack of time to take care of oneself, and decreased physical labor or physical activity build into modern life.

Needed Strategies: Key informants suggested increased education in schools promoting physical activity and healthy eating, implementing care managers in health systems, connections between health promotion and health care, subsidizing or decreasing costs of medical exams, utilizing community health workers, and encouraging people to take ownership and time for their health, as well as encouraging more prevention-focused and proactive measures like establishing a medical home and engaging in healthy habits.

Key Community Partners to Improve Health: Hospitals, clinics, medical providers, employers, schools, nutrition education programs, farmers, higher education, exercise facilities, Meals on Wheels, the Aging and Disability Resource Center, and Healthy Sheboygan County were identified as important partners in managing Chronic Disease.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: It was suggested that everyone can benefit from learning lifelong healthy behaviors like healthy eating habits and regular physical activity. It is important to increase access to activities that promote healthy bodies by offering options at low or no cost. The aging population may require focused outreach and could be identified through doctors’ offices, home care agencies, senior centers, or Meals on Wheels.

Healthy Growth and Development

Three key informants’ rankings included Healthy Growth and Development as a top health issue for the county.

Existing Strategies: Key informants shared examples like investing in youth and families through mentoring programs, United Way’s work focused on healthy children, the county’s child protective services, the Sheboygan County Community Partnership for Children, child care providers, Sheboygan County Head Start, Sheboygan Area School District programming, various child-related activities in Sheboygan County (Above & Beyond Children’s Museum, Bookworm Gardens, Mini Mocha Play Café), programs at the Family Resource Center of Sheboygan County, Big Brothers Big Sisters Sheboygan County, Rainbow Kids, Boy Scouts and Girl Scouts, Runaway and Youth Services

(RAYS) Sheboygan, life skills courses, and a growing knowledge and awareness of trauma informed care.

Barriers and Challenges: One major barrier is a lack of community knowledge and awareness of the science and best practices behind intentionally promoting positive growth and development. While there may be many supports, the community needs to know about them and have access to them. Especially for families lacking financial resources, there are many barriers to parent involvement, such as expensive fees, conflicting scheduling with work hours, concerns about transportation, childcare, providing meals, and access to technology to complete any associated work. Other challenges are roadblocks for law enforcement to “protect children in the system,” and “broken systems.”

Needed Strategies: The community needs to address brain development and trauma, work to break the cycle of all of the root causes of Adverse Childhood Experiences that create a cycle of inequality, support healing from trauma with therapy, treatment, and addressing root causes with Social Workers and other mental health care providers, and invest in mental health care and substance use treatment for parents. Parenting and family support programs should be inclusive and accessible.

Key Community Partners to Improve Health: Youth serving organizations and services, schools, social services, youth programming, charitable groups, the Sheboygan County Partnership for Children, law enforcement, and criminal justice should be engaged in an effort to support Healthy Growth and Development.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants suggested some parents may need particular outreach and support, such as:

- Parents living with mental illness or substance abuse and those who have had contact with the criminal justice system, what are currently or formerly incarcerated, and re-entry populations. Make available treatment within correctional facilities, with a need to address some short stays versus long sentences.
- Parents who are non-participatory due to barriers or feeling like they do not belong. Make sure programming is culturally competent and inclusive to nontraditional participants in planning, incentives, and leadership opportunities.

Injury and Violence

Though two rankings included Injury and Violence as a top health issue for the county, only one provided examples of strategies to address this issue and key groups to partner to improve health.

Existing Strategies: The work of Safe Harbor, health care providers (doctors, nurses, and counselors), and police to address injuries and violence.

Barriers and Challenges: This key informant shared that a lack of education of what abuse looks like, and fear of reporting violence to police are barriers to addressing the issue. Additionally, immigrants may be reluctant to report if they don't want police involved due to fear of punishment or deportation.

Needed Strategies: A strategy could be more education for different age groups, including teenagers, to help children and teens identify and understand what abuse can look like. Educating children to speak with parents and teachers about concerns could be helpful. It is important to start at a very young age and continue to reach the elderly.

Key Community Partners to Improve Health: Health care providers, teachers, school staff, police, counselors, and domestic violence shelters can play a key role in improving health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: This key informant believes that this topic affects the whole population, but there might be specific sub-populations who are vulnerable for specific reasons, such as low income people because they may not have the means to leave a violent situation, or women with children who may need to stay in abusive situations for financial support, or people with health problems who do not have other options for a caregiver, or parents who are abused by adult children, but also depend on their adult children financially or for care and do not want to report abuse because they feel it is better than being alone. Strategies suggested to reach these groups include having posters and brochures about resources in the community that they can request services from. Another suggestion is to develop awareness in the community and encourage people not to remain silent. Educate people who aren't mandated reporters. Make people aware of resources of "safe" places. There is also an increased fear with immigrants reporting abuse, so something should be done to protect victims so they can come forward without being afraid of being deported.

Oral Health

Two informants' rankings included Oral Health as a top-five health issue for the county. The main concern about oral health is lack of access to dental services.

Existing Strategies: LCHC was named as a key provider of Oral Health services. Other strategies include promotion of oral health education, school dental programs, and a hygienist in the medical clinic at LCHC to provide a link between oral and medical health services.

Barriers and Challenges: Most of the barriers mentioned are issues of lack of access. People do not have dental insurance, or if they do it does not cover all of the expenses, and people lack the ability to pay out-of-pocket costs. There is a lack of dentists to provide care to people who do not have insurance and cannot pay. LCHC's dentists are at capacity. There are a lack of specialty dental

providers for the underserved. There is a lack of education about oral health and its connection to physical health.

Needed Strategies: There is a need to expand existing services to meet the needs of the underserved, especially for urgent needs and evaluations. More dental therapists and dental extenders are needed.

Key Community Partners to Improve Health: Dental providers in the county, LCHC, schools, legislators, and health care providers are the key entities to partner with to improve oral health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: It was suggested schools could reach students with a prevention message by incorporating oral health into the curriculum. It was suggested low income individuals and families could be served if there were grants or sponsorships to cover the costs of care.

Environmental and Occupational Health

One key informant included Environmental and Occupational Health as a top health issue for the county, particularly related to agricultural work.

Existing Strategies: Advances in equipment have made this work safer. Some examples include tractors and combines with controlled environments to improve air quality and reduce noise for the operator, improved safety features on farm equipment, steering and guidance systems on equipment that reduce fatigue, and the use of robotics for milking cows to reduce some of the physical requirements for herding cattle.

Barriers and Challenges: From the perspective of a farm owner, lack of financial resources is a barrier to purchasing technologies that would decrease some of the physical demands and challenges. Another barrier is an information gap, and lack of education or training about understanding and utilizing new technologies.

Needed Strategies: There is a need for safety education around tractor and other farm equipment operation in the fields and on the roads, and a need to address occupational safety in confined areas, such as barns, silos, and manure pits.

Key Community Partners to Improve Health: The key partners are agricultural equipment dealers, banks, farm supply cooperatives, farm organizations like the Farm Bureau, the Wisconsin Farmers Union, and AgrAbility of Wisconsin.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The key informant suggested there should be more tractor safety programs for youth, and equipment operating safety training for immigrant farm labor, and the way to reach them would be through

working with farm owners to put these programs in place. AgrAbility of Wisconsin through UW Madison Extension was also recommended as a good resource for farming communities.

Tobacco Use and Exposure

One key informant included Tobacco Use and Exposure as a top health issue for the county.

Existing Strategies: Cigarette tax increases, cultural norms around smoking have changed the nature of peer pressure around cigarettes, primary care providers ask about smoking behavior, and successful messaging around risk of use are examples of strategies that have addressed tobacco use.

Barriers and Challenges: Smoking is still a social norm for some generations. Nicotine is addictive and quitting is difficult even with medical advances. It may still be too easy for minors to purchase tobacco products.

Needed Strategies: Higher taxes on tobacco products, raising the legal age to purchase products to 21, more youth education about the harmful effects of use, emphasis on this issue from medical providers and dentists, and more incentives to quit, such as lower health insurance premiums are some strategies that may decrease use.

Key Community Partners to Improve Health: No specific organizations or sectors were named as partners who should work on this issue, but it was noted that youth and “minorities” should be involved in the conversation.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: This key informant thought people with persistent mental illness may be particularly in need of intervention but did not present examples of ways to reach this group.

Housing

One key informant wrote in and ranked Housing as a top health priority for the county.

Existing Strategies: The Sheboygan County Housing Coalition and social services providers in the county who are providing housing and shelter assistance.

Barriers and Challenges: There is limited capacity and lack of affordable housing.

Needed Strategies: Working with government organizations and developing support for landlords who would be willing to work with lower income residents.

Key Community Partners to Improve Health: Social service agencies that provide housing-related services, local government—including city planning, and landlords should work together on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: This issue is particularly salient for low-income individuals. First, the scope of housing needs should be assessed, and then prioritize what needs to be done to address the needs.

Communicable Disease

Communicable Disease was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided.

Reproductive and Sexual Health

Reproductive and Sexual Health was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided.

Appendix A. Interview Participants for Sheboygan County

Key Informant Interview Participants

Thirty-six individuals participated in 30 key informant interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority, and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: the elderly, youth, individuals with disabilities, rural and agricultural communities, and those living with mental illness and substance abuse.

Name	Title	Organization
Lucila Angulo de Araujo	Behavioral Health Therapist	Catholic Charities
Mike Ballweg	Agriculture Educator	University of Wisconsin-Madison Extension Sheboygan County
Michelle Boeldt	Service Coordinator	Sheboygan Housing Authority
Patrick Boyle	Executive Director	Sheboygan County Food Bank
Tanya Bricco	Behavioral Health Outpatient Services Supervisor	Sheboygan County Health and Human Services Department
Kevin Bruggink	Superintendent	Oostburg School District
Chuck Butler	Assistant Fire Chief	City of Sheboygan Fire Department
Paul Carlsen	President	Lakeshore Technical College
Charmaine M. Conrad	Director of Development and Communications	Sharon S. Richardson Community Hospice
Gina Covelli	Director of Community Impact	United Way of Sheboygan County
William Goehring	Supervisor	Sheboygan County Board
Starrlene Grossman	Health Officer/Public Health Division Manager	Sheboygan County Health and Human Services Department
Colleen Gumm	Nurse Practitioner	Ascension
Colleen Homb	Executive Director	Lakeshore Community Action Program (CAP)
Lori Knitt	Vice President of Nursing	Advocate Aurora Health
Troy Krepsky	Behavioral Health Services Supervisor	Sheboygan County Health and Human Services Department
Shelby Kuhn	Vice President of the Board of Directors	Wisconsin Recovery Community Organization (WIRCO)
Deborah Lee	Executive Director	Safe Harbor of Sheboygan County, Inc.
Mary Martin	Chief Nursing Officer	HSHS St. Nicholas Hospital
James Meyer	President	Sheboygan County Labor Council
Jaclyn Moglowsky	Behavioral Health Services Manager	Sheboygan County Health and Human Services Department
Christopher Nehring	Medical Examiner	Sheboygan County Medical Examiner's Office
Angela Panosh	Executive Assistant	Advocate Aurora Health
Matricia Patterson	Executive Director	Family Connections, Inc.
Mary Pitsch	Founder	Embrace Care Management & Managed Home Care

Katie Popp	Executive Director	Love INC of Sheboygan County
Julie Preder	Executive Director	Mental Health America in Sheboygan County
Cory Roeseler	Sheriff	Sheboygan County Sheriff's Department
Marty Schaller	Chief Financial Officer/Chief Operating Officer	Lakeshore Community Health Care
Angelica Schmitt	Administrative Assistant	Lakeshore Community Health Care
Michele Schmitt	Clinic Administrator	Lakeshore Community Health Care
Marie Seger	Supervisor of Aging and Disability Resource Center (ADRC)	Sheboygan County Health and Human Services Department
Matt Strittmater	Department Director	Sheboygan County Health and Human Services Department
Donna Wendlandt	Chief Executive Officer	Sheboygan County YMCA
Denise Wittstock	Chief Executive Officer	Big Brothers Big Sisters of Sheboygan County
Lena Zinuticz	Behavioral Health Case Management Supervisor	Sheboygan County Health and Human Services Department