Manitowoc County
Health Needs Assessment
A summary of key stakeholder interviews

2024

This report was prepared by JKV Research, LLC

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Introduction

As a supplement to the community online survey, key stakeholders who represent the diverse sectors of Manitowoc County were interviewed.

A total of 37 key stakeholders participated between August 28 and October 21, 2024. See Appendix A for a complete list of participants.

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

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

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

All stakeholders were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Team members interviewed the key stakeholders and provided transcripts or notes for analysis.

The interviews used a standard script that included the following elements:
Social Determinants of Health (SDOH):

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

Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue?

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

Additional Questions/Comments

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

This qualitative data, while useful, has limitations. The sample was developed by team members to represent Manitowoc County. Inadvertent exclusions may have an impact on the results. Use this in conjunction with quantitative research data.

Key Findings

1) The top tier social determinants of health were safe & affordable housing and affordable childcare. The next tier included accessible, affordable & quality health care; access to social services; economic stability & employment; and social connectedness & belonging. Populations affected varied somewhat, but people with low income, “everyone,” families, with mental health issues or youth crossed several social determinants of health. Barriers/challenges included high-cost burden/finances, lack of accessibility to facilities/staff or long wait list for care. Key partners included collaborations/partnerships, nonprofits, government agencies, housing resources, student programs and health care systems. To improve the issue, collaborations/coalitions, increased accessibility to resources, more funding or better communication/awareness of resources were listed.
2) The top tier health conditions/behaviors were mental health, mental conditions & suicide and alcohol & substance use followed by nutrition, physical activity & obesity. “Everyone” was listed as the most affected population. People with low income, youth, teens or adults through middle-age were listed next. Barriers/ challenges included stigma, lack of access, high-cost burden, long wait list and lack of education. Key partners included nonprofits, treatment facilities, AODA providers, mental health providers, government agencies, collaborations/partnerships, schools, health care providers and law enforcement. To support organizations, stakeholders included more collaborations, more referrals, increase awareness, health care system participation, support existing services, more providers, increase education, support continuum of care or just in time help.

A. Social Determinants of Health Rankings

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

Table 2. Top Two Social Determinants of Health

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

General Themes

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

Top Social Determinants of Health Summaries

☑ Safe and Affordable Housing

Eighteen key stakeholders' interview rankings included safe and affordable housing as a top social determinant of health, and thirteen (72%) ranked it number one.

Populations Affected: The most often cited populations affected were households with low to mid income or near/below poverty level. People with new employment opportunities, families or "everyone" were listed next. People of color, with mental health issues, the elderly or incarcerated people were also listed.

Barriers/Challenges Addressing Issues and Could Do Differently: High-cost burden was the most often cited barrier to address safe and affordable housing. Limited finances or lack of available affordable houses were listed next. Expanding affordable housing was most often cited as what could be done differently. Collaborations/ coalitions or increasing funding were listed next. Government services, housing resources, increasing access to resources, policy changes to control high cost, implementing housing safety protocols or landlords accepting vouchers were also listed.

Existing Strategies and Key Partners: Housing resources was the most often cited existing strategy. Top key partners included nonprofits, housing coalitions/partnerships, government agencies and city planner/ administrator.

Best Way to be Supported: Of the 13 organizations who worked in the housing sector, collaborations were the best way organizations could be supported. Better communication, awareness of resources or health care system participation were listed next. Building more affordable housing, increasing support of existing services, increasing access or more funding were also listed.

One Major Effort to Improve Issue: Housing resources was listed as a major effort to improve the issue. Affordability, collaborations or increasing awareness of the problem were listed next. More landlords accepting vouchers, more funding, nonprofit involvement, access to resources, determine root causes or decrease stigma were also listed.

☑ Affordable Childcare

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

Populations Affected: The most often cited populations affected were households with low to mid-income or near/below poverty level. Families, "everyone," single parents, people of color, people with language barriers or employers were listed next.

Barriers/Challenges Addressing Issues and Could Do Differently: High-cost burden, lack of access to facilities/staff or long waiting list were the most often cited barriers and challenges addressing affordable childcare. Stress, employment issues or lack of finances were listed next. Increasing the number of providers was most often cited as what could be done differently. Increasing access to resources, offering higher wages/benefits to childcare employees, making childcare more affordable or increasing funding were also listed. Employment childcare sites, offering second shift and swing shift hours or increasing awareness of the problem were listed next.

Existing Strategies and Key Partners: Funding for families or childcare providers were the most often cited existing strategies. Collaborations/coalitions, government services or employers providing on-site childcare or helping with childcare costs were listed next. The YMCA was also listed. Top key partners included government agencies, nonprofits and collaborations/partnerships. Childcare providers and college involvement were listed next. Employers, schools, communication and workforce development/chamber of commerce were also listed.

Best Way to be Supported: Of the 10 organizations who worked in the childcare sector, better communication among organizations or more collaborations were the best ways organizations could be supported. Employer-based/sponsored childcare or finding new alternatives were listed next. Increasing access, conducting a needs assessment or increasing funding were also listed.

One Major Effort to Improve Issue: Affordability or increasing funding were listed as major efforts to improve the issue. Increasing access to resources or having more providers were listed next. Increasing awareness of resources, collaborations or more training were also listed.

☑ Accessible, Affordable and Quality Health Care

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

Populations Affected: The most often cited populations affected were "everyone", the middle class, households with low to mid-income or near/below poverty level. People with mental health issues, the elderly or youth were listed next.

Barriers/Challenges Addressing Issues and Could Do Differently: Lack of access to facilities/staff or long waiting list care were the most often cited barriers and challenges addressing accessible, affordable and quality health care. High-cost burden, lack of transportation services or long travel distance were also listed as barriers or challenges to address. Increasing health care providers, increasing mental health care services, more collaborations, increasing access to resources, affordability or offering higher wages/benefits were most often cited as what could be done differently.

Existing Strategies and Key Partners: Collaborations were the most often cited existing strategies. Top key partners included health care providers/systems, government agencies and mental health providers.

Best Way to be Supported: Of the six organizations who worked in the health care sector, better communication or increasing accessibility were the most often mentioned ways the organizations could be supported. Health system participation, increasing affordability or Medicare should pay for health care were listed next.

One Major Effort to Improve Issue: More mental health service providers, increasing accessibility to resources or voluntary inpatient care were listed as major efforts to improve the issue.

☑ Access to Social Services

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

Populations Affected: The most often cited populations affected were households with low to mid-income, near/below poverty level or with a substance use disorder. People who were jobless, underinsured, unhoused, incarcerated, with mental health issues or youths were listed next.

Barriers/Challenges Addressing Issues and Could Do Differently: Lack of access to facilities/staff, long wait list, limited resources/support or stigma were the most often cited barriers and challenges addressing access to social services. The cyclical nature of needing services was also noted. Increasing accessibility to resources was most often cited as what could be done differently. Increasing awareness of services, more funding, increasing the number of providers or social support agencies were also listed.

Existing Strategies and Key Partners: Collaborations, social support agencies or nonprofits were the most often cited existing strategies. Housing resources, health care providers or increasing awareness of services were listed next. Top key partners were nonprofits. Health care providers/systems, emergency shelters/housing coalitions, collaborations/partnerships and substance use providers were also listed.

Best Way to be Supported: Of the seven organizations who worked in the social services sector, more collaborations, better communication or having navigators were listed as the best way organizations could be supported. Increasing funding was also listed.

One Major Effort to Improve Issue: Increasing collaborations, accessibility to resources or awareness of services were listed as major efforts to improve the issue. Having navigators, increasing funding or more mental health services were also listed.

☑ Economic Stability and Employment

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

Populations Affected: The most often cited populations affected were households with low to mid income, near/below poverty level, families or "everyone".

Barriers/Challenges Addressing Issues and Could Do Differently: High-cost burden was the most often cited barrier and challenge addressing economic stability and employment. Childcare issues such as affordability as well as hours of operation that don't coincide with parents' work schedule were also listed. More training/ education, fair wages with benefits or affordable childcare were most often cited as what could be done differently. Offering transportation or corporate buy-in of recognizing barriers were listed next.

Existing Strategies and Key Partners: Collaborations, education or increasing accessibility to resources were the most often cited existing strategies. Student programs or nonprofits were listed next. Top key partners were collaborations/partnerships and nonprofits. Schools, childcare services and economic development agencies/workforce development were also listed.

Best Way to be Supported: Of the five organizations who worked in the economic stability and employment sector, more collaborations, increasing awareness of high-need careers or increasing available services were listed as the best way organizations could be supported.

One Major Effort to Improve Issue: Education, increasing accessibility to support resources (affordable childcare, housing resources, affordable transportation services), employers offering high wages/benefits or family friendly workplace options were listed as major efforts to improve the issue.

☑ Social Connectedness and Belonging

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

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

Barriers/Challenges Addressing Issues and Could Do Differently: Social media/technology causing the inability to socially connect was the most often cited barrier and challenge addressing social connectedness and belonging. Increasing accessibility to opportunities or more community programs were most often cited as what could be done differently.

Existing Strategies and Key Partners: Safe social groups that increase connectedness and belonging, education, community programs or nonprofits were the most often cited existing strategies. Accessibility to resources was listed next. Top key partners were nonprofits, the faith-based community, schools, youth programs, volunteers and collaborations/partnerships.

Best Way to be Supported: Of the four organizations who worked social connectedness and belonging sector, more collaborations or health system participation were listed as the best way organizations could be supported.

One Major Effort to Improve Issue: More collaborations or phone free zones were listed as major efforts to improve the issue.

Remaining Social Determinants of Health

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

Family Support

Three stakeholders' interview ranking included family support as a top social determinant of health, and two ranked it number one.

Populations affected were low-income households, children, the elderly or people with substance use disorder. Breakdown of family connectedness/support/values or lack of understanding the resources available were listed as barriers/challenges. Education, health and human services, nonprofits, mentoring programs, public health programs, health care system and community programs were listed as key partners. More parenting/family support education or more funding were listed as a major effort to improve the issue.

Food Insecurity

Three stakeholders' interview ranking included food insecurity as a top social determinant of health, and two ranked it number one.

Populations affected were seniors, families or low-income households. Accessibility to resources and stigma were listed as barriers/challenges. Key partners included schools, nonprofits, the faith-based community, collaborations/partnerships and the UW-Extension. More funding, encourage volunteering or providing transportation services were listed as the best way organizations could be supported. Access to healthy and ethnically correct foods, more funding or raising awareness were listed as major efforts to improve the issue.

Accessible and Affordable Transportation

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

Populations affected were low-income households, families or seniors. Awareness of current transportation services was listed as a barrier/challenge. Key partners included transportation services, government agencies, health care systems, nonprofits and partnerships. Increasing awareness of services, increasing accessibility, more funding, collaborations or navigators were listed as the best way organizations could be supported. Collaborations or having a needs assessment to determine gaps in current criteria and scheduling policies were listed as a major effort to improve the issue.

Racism and Discrimination

Two stakeholders' interview ranking included racism and discrimination as a top social determinant of health, and one ranked it number one.

The LGBTQ+ community or people of color were populations most affected. Awareness of the issues, accessibility to resources or providing safe community events that are judgement free were most often cited as what could be done differently and the best way organizations could be supported.

Education Access and Quality

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

Low-income households were the most affected populations. Schools, guardians, social services and nonprofits were listed as key partners. Looking at the needs of the whole person or knowing resources available were listed as an effort to improve the issue.

Environmental Health

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

Low-income households, children, pregnant women or others with special needs/disabilities or with chronic health conditions were populations affected. Collaborations, nonprofits, the faith-based community, government services and emergency shelters were listed as key partners. Education or awareness of resources available were listed as major efforts to improve the issue.

B. Health Conditions/Behaviors Rankings

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

Table 3. Health Conditions/Behaviors Rankings

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

General Themes

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

Top Health Conditions/Behaviors Summaries

☑ Mental Health, Mental Conditions, Suicide

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

Populations Affected: Two-thirds of key stakeholders reported the most affected population was “everyone”. Youth, people with substance use disorder or all adults were listed next. Households with low to mid-income, the unhoused, teens, elderly or LGBTQA+ were also listed.

Barriers/Challenges Addressing Issues and Could Do Differently: Stigma was the most often cited barrier and challenge to address mental health, mental conditions or suicide. Lack of access to facilities/staff, long waiting list/timely care or high-cost burden were listed next. Substance use disorder, stress, financial instability, poor access, no healthcare coverage, lack of education around mental health care or long travel distance were also listed. Increasing accessibility to resources was most often cited as what could be done differently. Increasing the number of providers and services, increasing awareness or making it more affordable were listed next. Crisis management, collaborations or decreasing stigma were also listed.

Existing Strategies and Key Partners: Collaborations/coalitions, increasing access to resources or nonprofits were the most often cited existing strategies. Increasing the number of providers as well as mental health services, crisis management or increasing awareness were listed next. Peer coaching, telehealth, government services, school-based mental health access or decreasing stigma were also listed. Nonprofits were the top key partner. Mental health providers, health care providers/systems, schools, government agencies, collaborations/ partnerships and behavioral health were listed next. Emergency shelters, housing coalitions, law enforcement, crisis workers, colleges and support groups were also listed.

Best Way to be Supported: Of the 27 organizations who worked in the mental health sector, more collaborations or communication/awareness of resources were the best way organizations could be supported. More mental health providers and referrals, increasing accessibility, providing mental health education, supporting existing services or reducing mental health stigma were listed next. Just in time help, navigators, healthcare system participation, more affordable, free therapy, school-based programs, alternative funding were also listed.

One Major Effort to Improve Issue: Increasing accessibility to resources was listed as a major effort to improve the issue. Collaborations, increasing awareness or more funding were listed next. Voluntary inpatient care, residential treatment, more providers, decrease stigma, more affordability, education, navigators, crisis management, community programs or increase offers and wages to encourage people into the field were also listed.

☑ Alcohol and Substance Use

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

Populations Affected: Seven out of ten key stakeholders reported the most affected population was "everyone". Low to mid income households, or adults through middle age were listed next. Youth/teens were listed next.

Barriers/Challenges Addressing Issues and Could Do Differently: Stigma or lack of access to facilities/staff was the most often cited barrier. Financial insecurity, the high cost of treatment or the long travel distance were listed next as barriers or challenges to address. A person/s mental health issues or behavioral issues were also listed. Changing the alcohol culture, restricting/reducing access or more education of the problems alcohol/substance use can create were most often cited as what could be done differently. More funding, increasing accessibility to resources for treatment, reducing stigma, increasing the number of residential treatment sites as well as substance use disorder providers, better affordability or increasing awareness of services were listed next. Collaborations, more insurance coverage, crisis management, community programs, determining root causes, involving the criminal justice system, working on prevention with parents and families or focusing on a continuum of care were also listed.

Existing Strategies and Key Partners: Residential treatment facilities or nonprofits were the most often cited existing strategies. Peer coaching/recovery coaches/support groups, criminal justice system or collaborations/ coalitions were listed next. Government services, outpatient services, education, decrease stigma, increase awareness, sober housing, student programs, more funding, Narcan or restrict access was also listed. Nonprofits,

treatment facilities and substance use disorder providers were the top key partners. Support groups, law enforcement, collaborations/partnerships, government agencies and emergency shelters were listed next. Neighborhood/community, public health, people in recovery, healthcare systems, schools and ambulatory services were also listed.

Best Way to be Supported: Of the 20 organizations who worked in the alcohol and substance use sector, collaborations were the best way organizations could be supported. Communication/awareness, healthcare system participation or referrals were listed next. Just in time help, substance use disorder facilities or early intervention/prevention, education, support existing services, or providing alternatives were also listed.

One Major Effort to Improve Issue: Increasing awareness or accessibility to resources were listed as a major effort to improve the issue. School-based programs, residential treatments, collaborations, community campaigns, peer coaching, community programs, more funding, mental health services, parent/family involvement or restrict access to alcohol were listed next.

☑ Nutrition, Physical Activity and Obesity

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

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

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

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

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

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

Remaining Health Conditions/Behaviors

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

Maternal, Infant, and Child Health

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

People who were 35 and younger, low-income households, undocumented people, children or families were listed as people most affected. Schools, nonprofits, health department and collaborations were listed as key partners. More funding, collaborations, health care system participation, increasing funding, perinatal coordinator, parent education or support existing services were listed as major efforts to improve the issue. Increase awareness or decrease stigma were listed next.

Intimate Partner/Domestic Violence

Two key stakeholders' interview ranking included intimate partner/domestic violence as a top health condition/behavior, and zero ranked it number one.

Minorities or "everyone" were listed as people most affected. Barriers/challenges included language barriers, a lack of information, not aware of services or afraid to come forward. Health care systems, partnerships, schools and nonprofits were listed as key partners. More funding, referrals, collaborations, bilingual aides or mental health therapists were listed as a major effort to improve the issue.

Unintentional Injury (Falls, Motor Vehicle Crashes)

One key stakeholder's interview ranking included unintentional injury (falls, motor vehicle crashes) as a top health condition/behavior, and they ranked it number one.

Older adults were listed as people most affected. Funding or lack of education about falls were listed as barriers/challenges. Government agencies, nonprofits and senior centers were listed as key partners. Coalitions focusing on improving the number or severity of falls were listed as a major effort to improve the issue.

Oral Health

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

Minorities or the elderly were listed as the most affected populations. Long waiting list, provider doesn't accept Medicaid or Medicare doesn't include dental coverage were listed as barriers/challenges. Increasing the number of free clinics or more dentists at current facilities were listed as a major effort to improve the issue.

Reproductive Health, Sexual Health, STIs

One key stakeholder's interview ranking included reproductive health, sexual health, STIs as a top health condition/behavior, and zero ranked it number one.

The LGBTQIA+ community was the listed population most affected. Accessibility of resources or affordability were listed as barriers/challenges. Health care system, health department, parents and schools were listed as key partners. Collaborations, increasing accessibility to resources, more affordability or referrals were listed as a major effort to improve the issue.

C. Additional Questions/Comments

Key stakeholders were asked to include how they would suggest organizations reach out to community members to implement health initiatives and provide any additional comments.

General Suggestions on Reaching Community

Most suggestions involved collaborations, communication/marketing/regular updates to their clients/list or go to where the people are for community involvement. Grassroots involvement or social media were also listed several times. Navigator/case management team/transition process team, health department involvement, faith-based community or recovery organizations were also mentioned.

How Community Health Needs Assessment Benefits Organization

Better understanding of community health needs and issues to be addressed was the most often cited benefit of the assessment. The assessment helps to customize services was listed next. Collaborations, reduce duplication of services, writing grants, learning organizations initiatives or navigating systems were also listed.

Additional Comments

Key stakeholders also mentioned needing the referral process to be documented, working with partners to fill in gaps, there is stereotyping about the unhoused, wanting access to the ALICE survey, sharing the results with the community, needing de-escalation tools training, operationalizing the data or having limited resources to do the job.

Potential Questions for Future Assessments

Nearly all stakeholders did not have a suggestion for future assessments. One suggested asking about human trafficking.

Appendix A: Social Determinants of Health Definitions

Accessible, Affordable and Quality Healthcare: This category emphasizes the importance of ensuring that healthcare services are accessible to all individuals, regardless of their socioeconomic status, and that healthcare costs are affordable and not a barrier to receiving necessary medical care, and emphasizes the importance of providing high-quality healthcare services that meet established standards, ensuring effective treatments, patient safety, and positive health outcomes.

Accessible and Affordable Transportation: This category focuses on ensuring all individuals have reliable means to reach essential services, employment opportunities, and engage in their communities.

Access to Social Services: This category focuses on ensuring individuals have equitable access to a range of social services such as welfare programs, counseling, housing assistance, and support networks to address their various needs.

Affordable Childcare: This category centers around the availability and affordability of quality childcare services, including early childhood education, to support working parents and ensure the well-being and development of young children.

Community Violence and Crime: This category addresses the prevention of community violence and crime, focusing on strategies such as community policing (developing relationships with community members), crime prevention programs, and fostering safe and supportive neighborhoods.

Economic Stability and Employment: This category focuses on promoting economic stability by ensuring employment opportunities, livable wages, job training programs, and social safety nets to reduce financial insecurity and its impact on health.

Education Access and Quality: This category addresses the importance of equitable access to quality education at all levels, including early childhood education, primary and secondary schooling, and higher education opportunities.

Environmental Health (Clean Air, Safe Water, Etc.): This category addresses the importance of a clean and safe environment, including access to clean air, safe drinking water, waste management, and the mitigation of environmental hazards.

Family Support: This category recognizes the significance of providing support systems and resources to families, including parenting education, childcare assistance, financial aid, and programs that strengthen family bonds.

Food Insecurity: This category addresses the issue of insufficient access to nutritious food, highlighting the importance of ensuring individuals and communities have consistent access to affordable and healthy food options.

Racism and Discrimination: This category recognizes the negative impact of racism and discrimination on health and well-being, highlighting the importance of promoting equality, combating systemic racism, and fostering inclusive communities.

Safe and Affordable Housing: This category emphasizes the importance of safe and affordable housing options, addressing the unhoused, housing discrimination, and housing-related health risks to promote stable and healthy living environments.

Social Connectedness and Belonging: This category recognizes the significance of social connections, community engagement, and a sense of belonging in promoting mental and physical well-being, and it focuses on initiatives that foster social support networks and reduce social isolation.

Appendix B: Health Conditions/Behaviors Definitions

Alcohol and Substance Use: Refers to the excessive or problematic consumption of alcohol or the misuse and addiction to various substances.

Chronic Diseases: Denotes long-term medical conditions that typically progress slowly and persist over an extended period, such as heart disease, diabetes, and cancer.

Communicable Diseases/COVID-19: Encompasses infectious diseases that can be transmitted from one person to another, or from an animal to a person, or from a surface or food, with COVID-19 specifically referring to the respiratory illness caused by the SARS-CoV-2 virus.

Intimate Partner/Domestic Violence: Involves abusive behaviors, physical or emotional, within an intimate or domestic relationship.

Maternal, Infant, and Child Health: Focuses on the well-being and care of mothers during pregnancy, childbirth, and the postpartum period, as well as the health and development of infants and children.

Mental Health, Mental Conditions, Suicide: Relates to emotional, psychological, and behavioral well-being, including conditions such as depression, anxiety, bipolar disorder, and the act of intentionally taking one's own life.

Nutrition, Physical Activity, and Obesity: Relates to the dietary choices, level of physical exercise, and the condition of being significantly overweight or obese.

Oral Health: Pertains to the overall health and well-being of the mouth, teeth, and gums, including practices like regular brushing, flossing, and dental check-ups.

Reproductive Health, Sexual Health, STIs: Refers to the overall well-being and functioning of the reproductive and sexual systems, including issues related to fertility, contraception, sexually transmitted infections (STIs), and overall sexual health.

Tobacco and Vaping Products: Encompasses the use and addiction to tobacco products such as cigarettes, cigars, and chewing tobacco, as well as the use of electronic cigarettes or vaping devices.

Unintentional Injury (Falls, Motor Vehicle Crashes): Refers to injuries that occur without intent, such as falls or accidents involving motor vehicles.

Appendix C: Key stakeholder List

Organization	Position	Name
ADRC of the Lakeshore	Director	Wendy Hutterer
Advocate Health	Urgent Care Physician	Dr. Bryan Mulheron
Ascend Services, Inc.	Executive Director	Deanna Genske
Big Brothers Big Sisters	Mentoring Support Specialist	Kara Hall
Boys and Girls Club of Manitowoc	Branch Director	Connor Schultz
Family Connections	Executive Director	Colleen Steinbrueker
Felician Village	President & CEO	Luke Schubert
Haven	Executive Director	Alex Hunt
Hope House	Executive Director	Jan Graunke
InCourage	Executive Director	Sara Meier
Lakeshore CAP	Director	Colleen Homb
Lakeshore College	Trio Advisor	Stacy Backus
Lakeshore Community Health Care	Executive Director	Kristin Stearns
Lakeshore's United Visionaries	President	Natasha Khan
League of Women Voters	Vice President	Nancy Slattery
Lester Public Library	Director	Jeff Dawson
Lighthouse Recovery Community Center	Drug Court Coordinator	Jason Latva
Manitowoc City Police Department	Lieutenant	Lt. Cooper Schmidt
Manitowoc Cooperative Ministry	Pastor	Matthew Sauer
Manitowoc County Emergency Services	Director	Rhonda Green
Manitowoc County Health Department	Bi-lingual Health Aide	Norma Medrano
Manitowoc County Health Department	Bi-lingual Health Aide	Yer Kue
Manitowoc County Human Services	Director	Lori Fure
Manitowoc County Human Services	Deputy Director of Children and Family Services Division	Sue Ader
Manitowoc County Jail	Nurse	Sara Schuette
Manitowoc County Sheriff's Department	Investigator	Lt. Andy Beck
Manitowoc County Veteran Services Office	Department Director	Todd Brehmer
Manitowoc Public Library	Public Services Manager	Karen Hansen
Manitowoc Public School District	Student Services Program Support & Homeless Liaison Mental Wellness & Safety Coordinator	Lynette Simonar Nermana Turajlic
Manitowoc-Two Rivers YMCA	CEO	Julie Grossman
Painting Pathways	Executive Director	Amber Hutchison
Peter's Pantry	General Manager	Woody Shulander
PFLAG, Manitowoc County	Board Treasurer	Greg Jageman
The Chamber of Manitowoc County	Executive Director	Abbey Quistorf
The Crossing of Manitowoc County, Inc.	Executive Director	Belinda Esquinas
Two Rivers Senior Center	Supervisor	Heather Ihlenfeldt
United Way of Manitowoc County	Executive Director	Ashley Bender