Tri-County
Community Member
and Stakeholder Survey
Report

2018
Introduction

In 2017, the Fox Valley Community Health Improvement Coalition (FVCHIC), a broad group of health departments, healthcare systems and related organizations in Calumet, Outagamie and Winnebago counties, began a comprehensive project to assess the health of residents. A multi-pronged approach was developed and included several quantitative data sources.

1) General population telephone survey of 1,500 adult residents.
2) A survey-subset within the adult telephone survey about a randomly selected youth in the household.
3) Support to school districts in conducting the Youth Risk Behavior Survey.

On occasion, certain populations may be under-represented in telephone surveys because of the difficulty to reach them. As a result, FVCHIC developed a survey for community members who receive services from non-profit organizations as well as government entities. A similar survey was developed for stakeholders of these organizations to obtain their perspective of the climate in the three counties. This is a summary report from these two key informant groups.

Community Members: The paper survey was available at designated service sites throughout the three counties to complete on their own or a FVCHIC member was available to conduct it as a face-to-face interview with scripts and cue cards. All items were available in Spanish. FVCHIC created a list of key sites that served a variety of specific populations and asked for their assistance in administering the survey. Participants were informed it was voluntary, their responses were confidential and that the data was to be presented in summary format only. A total of 53 community member surveys were completed in June 2018.

Community Stakeholders: A nearly identical paper survey for community leaders/managers who worked at the same service sites. Participants were informed their answers were voluntary, confidential and would be grouped in summary format only. A total of 50 stakeholders completed the survey in May 2018.

This qualitative survey, while useful, has limitations. The samples were developed by FVCHIC members to represent the tri-county area. Inadvertent exclusions may have an impact on the results. Percentages should not be projected to the larger population with statistical reliability. Use this in conjunction with quantitative research data.

Key Findings

1) The tri-county area has many support strengths, including good schools, community involvement and some access to affordable health care (medical, dental and mental health) as well as access to some affordable housing and transportation.
2) There is a significant infrastructure that is present and collaborations are occurring. But there appears to be additional opportunities to strengthen these relationships to improve support and make healthy living more accessible to all.

Survey Demographics

Community Members: About one out of five community members did not answer most of the demographic questions. Eleven percent indicated they lived in Calumet county, 51% Outagamie County and 15% Winnebago County. About one-half lived in an urban area. About half of respondents were female. The largest age group selected was 55 to 64 years old (23%), with all other age groups ranging from 9% to 15%. Sixty-three percent of members had a high school education or less. About half of respondents were white. Another half were employed. See page 10 for demographic breakdowns for community members.

Community Stakeholders: Community stakeholders varied in area served and population served. See page 22 for demographic breakdowns of community stakeholders.
Findings

Community Resources and Support for Being Healthy

Both sample groups were given the project’s definition of community. “Community is where you live, learn, work, and play: your neighborhood, city/town, or county in which you live.” Respondents were then asked to provide what the greatest strengths or resources in their community that supports being healthy. The follow-up question was about areas for improvement that support being healthy in their community. These two questions were open-ended and the respondents provided “top-of-mind” answers. Community members provided shorter responses to these two questions than community stakeholders.

Community member responses for greatest strengths centered around services offered to low income families, including access to health care, food and housing. Community stakeholders also indicated these strengths and added collaboration between service organizations, opportunities for physical activity and access to healthy food and good education.

“The greatest strength/resources in our community are the non-profit organizations that do everything they can to help the low-income families. It is also the people in our community who are always willing to help.” – Community Member

“Large number of assets and community-based organizations that help/can help those in need. Community is safe, lots of job opportunities, reasonable cost of living relative to other communities. Partnerships are abundant.” – Community Stakeholder

Unfortunately, these resources were not always enough. When asked to provide areas for improvement that support being healthy, the term “access” was listed quite often. Community member responses reported access to affordable health insurance, housing and healthy food. Community stakeholder responses included these same issues and expanded to include mental health care and AODA issues.

“Not having access to the proper care. Not having the resources or transportation to access that care.” – Community Member

“Connecting initiatives to achieve more together.” – Community Stakeholder

Please review all comments in Appendix A, page 6 for community members and Appendix B, page 12 for community stakeholders. Some organizations work with very specific populations with very specific issues which may not have been captured in the above generalizations. This is valuable information nonetheless.

Community Strengths

After the open-ended questions, respondents were asked about the greatest strengths in their community. This closed question contained a list of 23 categories for their review and then asked to select the top five most important strengths. On occasion, some respondents selected more than five categories. If this occurred, five were randomly included from the list of selected categories.

Community members and community stakeholders both selected good schools most often as a top strength. Levels of crime/safe neighborhoods and good jobs/strong economy were in the top five for both groups. Community members selected access to affordable health care (family doctors) and access to affordable healthy foods. Parks and recreation opportunities were listed by community stakeholders. In addition, opportunities for faith and clean environment were tied for fifth by community stakeholders as top strengths.
When looking at an expanded list of the 11 most often listed strengths (2 were tied for 10th for community stakeholders), community members included two strengths that community stakeholders did not: access to affordable dental care and access to affordable housing. Community stakeholders listed arts and cultural events, access to social services and ability to age in place.

Community Areas for Improvement

With the same list of 23 categories, respondents were asked what the top five areas for improvement in their community were. Four of the top areas were listed by both community members and community stakeholders. These include levels of poverty, access to affordable health care (family doctor), access to affordable housing and racial and ethnic diversity. It is interesting to note that the first area for improvement for community stakeholders was access to affordable mental health care while it was seventh on the community member’s list.

When looking at an expanded list of the most often listed 11 improvement areas (2 were tied at 10th place for community members), most were the same areas; however, a few were different. Community members were more likely to include health behaviors/lifestyles, levels of crime/safe neighborhoods and good jobs/strong economy as top areas for improvement. Community stakeholders were more likely to list access to affordable dental care and levels of child abuse as areas for improvement.
Top Community Health Conditions Concern

The next question asked respondents to select from a list of 20 health conditions, the top three community health conditions that concerned them the most. Mental health, including depression, anxiety, stress and self-harm, was listed most often by both groups, although community stakeholders significantly selected this at a higher rate than community members. Looking at the top six conditions (community stakeholders tied), drug abuse (including illegal substances, prescription drugs or opioids) alcohol misuse and obesity were listed by both groups. Diabetes and cancer were listed at a higher rate by community members while violence and suicide were listed by community stakeholders more often.
Better Community Health in the Next Few Years

Finally, respondents were asked another open-ended question. “In the next few years, the health of your community will be better if...?” Community members provided shorter responses to this question than community stakeholders.

Community member responses centered around eating better, increased physical activity and a general increase in services offered. Community stakeholder responses were the same, but with more specifics on access to mental health care, medical, and dental care, access to affordable housing and working together more as a community. Embracing diversity, acceptance and common courtesy were also mentioned.

“People adopt a healthier lifestyle.” – Community Member

“There is good work being done! Lots of collaboration already. Improve access to affordable care, med/dental/MH.”
– Community Stakeholder

“We continue to work together to connect people to the resources they need. Less divisiveness existed.” – Community Stakeholder
Appendix A: 2018 Community Member Health Survey

Q1. Thinking about your community, what are the greatest strengths or resources in your community that support being healthy? In other words, what is working well in your community?

- Sports activities - Healthy eating - Resources! -> Working Well Community
- “Working on the farm has always kept me active” “We have plenty of good Dr. Offices.” “I have a daughter who is a great mother that helped my grandson through who mental health issues, being a good mother can go a long way.”
- *Answered in group setting* “This right here is pretty neat” (referring to Meal site) “We have a really good group here” “There are plenty of doctor offices”
- *Answers were in group setting discussion* “People who come here (meal site) love to walk and they are as old as 92!” “I’ve never felt unsafe walking even on main roads, people are just too lazy to walk.”
- A lot of help for the low-income citizens. Food pantries, shelters, etc.
- Access to affordable housing.
- All the resources available
- Close knit and easy to get around.
- Experience in community development.
- Friendly and open community. Inclusive of others.
- Good community resources.
- Good health clubs. Senior center.
- Having doctors that understand, and easy to talk to.
- Having Partnership as a resource for those without insurance. Homeless shelters and COTS. But lack of affordable independent housing.
- Health education in our schools as well as the different check-ups conducted in the schools (i.e. vision, dental). Healthy food choices at schools.
- Health services are very good and cover all areas of health.
- Hospitals and schools walking distance.
- I have the services I am able to take advantage of. I have no complaints.
- Medical access, history and very complex
- Opportunities for those in need, many benefits, resources and possibilities.
- Parent Connection Program
- Partnership
- Programs they offer me
- Quiet, Nice neighbors
- Reasonably well-developed city (Appleton). Money to work with (in the community). Library
- Services being offered, Community Support
- The clinic at COTS and the girl that does appointments had her do 2 things for me. She took care of both and followed up on them.
- The Community Clinic as well as Dental Clinic. Makes it affordable for people who do not have insurance.
- The greatest strength/resources in our community are the non-profit organizations that do everything they can to help the low-income families. It is also the people in our community who are always willing to help!
- Trails, vaccine clinics. School nurses.
- Trust with humanity.
- Very good medical assistance. Fine police, ambulance as well.
- WIC works really well, but not sure of very many programs. W2 is very helpful.
Q2. Thinking again about your community, what are some areas for improvement in your community that would support being healthy? In other words, what is NOT working well in your community?

- "Answered in group setting* “People have an old school mind set and aren’t very smart when they choose to not use things like this (meal site).”
- Overdose - Suicide rates - Healthcare coverage
- “I talk to my sister who lives in Milwaukee about how many suicides of young kids happen up here” “There are many churches around here but not enough people who go to them.” “I don’t understand how kids can be at school and how teachers can’t tell they have depression” “There is so much bullying that goes on today”
- Access to affordable health insurance. Racial issues.
- All employers should offer price reduced gym access.
- An exercise post along the new trail to have certain stretches, etc. along the way.
- Create goals and strategies when necessary.
- Exercise Opportunities - more needed Bus route doesn't take you to routes
- Finding affordable housing
- Have your providers remind you of how to stay healthy - lower the cost of organic products.
- Having access to affordable healthy food, healthy food is expensive, education on nutrition, healthy nutrition.
- Healthy eating options for those in need.
- Junk Food and/or high sugar items in school lunches/breakfast or for purchase. Also, inactivity in evenings for children.
- Lack of mental health and addiction [services]
- Not having access to the proper care. Not having the resources or transportation to access that care.
- People that work. Actually, work with homeless to improve on change. Homelessness.
- Prioritize problems and monitor patient health.
- Provide and connect with all patients with accessible health services that are in accordance with their income.
- Racism.
- Streets could be cleaner
- There is nothing in my community
- Too many beer joints
- Too much alcohol abuse in transit center.
- Traffic, homeless people
- Transportation
- Unable to get to some appointments.
- Well for one the news about people losing Medicaid is not helping. In addition, cutting funding for programs that help the people in our community.
Q3. In the following list, what do you think are the TOP FIVE most important strengths in YOUR community?

<table>
<thead>
<tr>
<th>Strength</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to age in place</td>
<td>19%</td>
</tr>
<tr>
<td>Access to affordable healthy foods</td>
<td>30%</td>
</tr>
<tr>
<td>Access to affordable dental care</td>
<td>28%</td>
</tr>
<tr>
<td>Access to affordable health care (family doctor)</td>
<td>32%</td>
</tr>
<tr>
<td>Access to affordable mental health care</td>
<td>17%</td>
</tr>
<tr>
<td>Access to social services</td>
<td>17%</td>
</tr>
<tr>
<td>Access to affordable transportation</td>
<td>19%</td>
</tr>
<tr>
<td>Access to affordable housing</td>
<td>23%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>13%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>28%</td>
</tr>
<tr>
<td>Good jobs and strong economy</td>
<td>32%</td>
</tr>
<tr>
<td>Good schools</td>
<td>53%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>21%</td>
</tr>
<tr>
<td>Levels of crime/safe neighborhoods</td>
<td>34%</td>
</tr>
<tr>
<td>Levels of child abuse</td>
<td>4%</td>
</tr>
<tr>
<td>Levels of incarceration (jail/prison)</td>
<td>0%</td>
</tr>
<tr>
<td>Levels of poverty</td>
<td>6%</td>
</tr>
<tr>
<td>Levels of stress related to discrimination</td>
<td>8%</td>
</tr>
<tr>
<td>Opportunities to practice faith</td>
<td>19%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>26%</td>
</tr>
<tr>
<td>Positive racial relations</td>
<td>6%</td>
</tr>
<tr>
<td>Racial and ethnic diversity</td>
<td>13%</td>
</tr>
<tr>
<td>Strong family life/relationships</td>
<td>25%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>2%</td>
</tr>
</tbody>
</table>

Q3 Other
- Welcome and inclusive

Q4. In the following list, what do you think are the TOP FIVE areas for improvement in YOUR community?

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to age in place</td>
<td>6%</td>
</tr>
<tr>
<td>Access to affordable healthy foods</td>
<td>21%</td>
</tr>
<tr>
<td>Access to affordable dental care</td>
<td>19%</td>
</tr>
<tr>
<td>Access to affordable health care (family doctor)</td>
<td>40%</td>
</tr>
<tr>
<td>Access to affordable mental health care</td>
<td>25%</td>
</tr>
<tr>
<td>Access to social services</td>
<td>8%</td>
</tr>
<tr>
<td>Access to affordable transportation</td>
<td>21%</td>
</tr>
<tr>
<td>Access to affordable housing</td>
<td>38%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>6%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>11%</td>
</tr>
<tr>
<td>Good jobs and strong economy</td>
<td>25%</td>
</tr>
<tr>
<td>Good schools</td>
<td>13%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>26%</td>
</tr>
<tr>
<td>Levels of crime/safe neighborhoods</td>
<td>28%</td>
</tr>
<tr>
<td>Levels of child abuse</td>
<td>13%</td>
</tr>
<tr>
<td>Levels of incarceration (jail/prison)</td>
<td>9%</td>
</tr>
<tr>
<td>Levels of poverty</td>
<td>40%</td>
</tr>
<tr>
<td>Levels of stress related to discrimination</td>
<td>15%</td>
</tr>
<tr>
<td>Opportunities to practice faith</td>
<td>9%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>8%</td>
</tr>
<tr>
<td>Positive racial relations</td>
<td>25%</td>
</tr>
<tr>
<td>Racial and ethnic diversity</td>
<td>26%</td>
</tr>
<tr>
<td>Strong family life/relationships</td>
<td>8%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>9%</td>
</tr>
</tbody>
</table>

Q4 Other
- Access to affordable transportation in GRAND CHUTE
- Bullying
- Need more bus routes and sidewalks for transportation
- People not using services offered
- Teachers need to be able to pick up on mental health issues that kids have
Q5. Chose the TOP THREE health conditions in your community that concern you the most:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging problems (hearing/vision loss, dementia)</td>
<td>9%</td>
</tr>
<tr>
<td>Alcohol Misuse</td>
<td>25%</td>
</tr>
<tr>
<td>Cancer</td>
<td>15%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30%</td>
</tr>
<tr>
<td>Drug Abuse (Illegal substances, prescription drugs, opioids)</td>
<td>30%</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>13%</td>
</tr>
<tr>
<td>Infectious Disease (flu, whooping cough)</td>
<td>6%</td>
</tr>
<tr>
<td>Tuberculosis [TBI]</td>
<td>6%</td>
</tr>
<tr>
<td>Injuries (accidents, falls, motor vehicle crashes)</td>
<td>6%</td>
</tr>
<tr>
<td>Lack of Sleep</td>
<td>6%</td>
</tr>
<tr>
<td>Mental Health (depression, anxiety, stress, self-harm)</td>
<td>34%</td>
</tr>
<tr>
<td>Obesity</td>
<td>17%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>15%</td>
</tr>
<tr>
<td>Poor Oral Health</td>
<td>2%</td>
</tr>
<tr>
<td>Respiratory/Lung Disease (asthma, emphysema)</td>
<td>2%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (chlamydia, HIV/AIDS)</td>
<td>6%</td>
</tr>
<tr>
<td>Suicide</td>
<td>9%</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>6%</td>
</tr>
<tr>
<td>Tobacco/Nicotine use (cigarettes, cigars, chewing tobacco, e-cigarettes, smokeless)</td>
<td>8%</td>
</tr>
<tr>
<td>Unhealthy Eating</td>
<td>9%</td>
</tr>
<tr>
<td>Violence (child abuse, domestic violence, homicide)</td>
<td>13%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>6%</td>
</tr>
</tbody>
</table>

Q5 Other
- Schools being better about helping kids with mental illness
- Arthritis
- Schools should be better about noticing when kids are depressed

Q6. In the next few years, the health of your community will be better if...

- Appleton has more mental health professionals.
- Everyone keeps doing the same
- Everyone put aside their differences and work together for a better community.
- Fewer criminals
- Free exercise services are provided for low income families.
- Health facilities provided more for insurance coverage
- Healthy eating, more active
- Helping kids with drugs and mental illness so there are less suicides.
- If kids are helped by their schools for depression and other disabilities they have.
- Older generation dies off and younger can have influence.
- Parents stop relying on technology to help take care of their kids. Schools helping kids who need help drugs, depression, etc.
- People adopt healthier lifestyle.
- People eat well. Watch your diet.
- People tried to get healthier.
- Physical activity increases.
- Social media use is monitored by parents.
- The community works together. Have better health care and dental.
- The services kept growing with the population.
- There was less violence
- There was more mental health resources and easier access.
- We would address racism.
Demographics

Q1a. County:
- Calumet ........................................... 11%
- Outagamie ....................................... 51%
- Winnebago ....................................... 15%
- No answer ........................................ 23%

Q1b. City/town:
- Appleton city (Calumet) ....................... 8%
- Appleton city (Outagamie) ................. 34%
- Greenville town (Outagamie) ............ 2%
- Hortonville (Outagamie) ................... 6
- Little Chute village (Outagamie) ....... 2
- Menasha city (Calumet) ..................... 4
- Menasha city (Winnebago) ............... 9
- No answer ....................................... 36%

Q2. Setting:
- Urban .......................................... 47%
- Rural .......................................... 21%
- No answer ....................................... 32%

Q3. Are you (check all that apply):
- Male ........................................... 36%
- Female ......................................... 47%
- LGBTQ+ ......................................... 6%
- Prefer to self-describe ...................... 0%
- No answer ....................................... 15%

Q4. Your age group:
- 18-24 ........................................... 9%
- 25-34 ........................................... 9%
- 35-44 ............................................ 13%
- 45-54 ........................................... 15%
- 55-64 ............................................ 23%
- 65+ .............................................. 13%
- No answer ....................................... 17%

Q5. Your highest education level:
- Less than a high school graduate ....... 17%
- High school diploma ......................... 45%
- College degree or higher ................ 19%
- No answer ....................................... 19%

Q6. Which best describes your ethnicity?
- Hispanic/Latino ............................... 13%
- Not Hispanic/Latino ......................... 66%
- No answer ....................................... 21%
Q7. Which best describes your race? (Check all that apply)
   American Indian or Alaskan Native .................. 6%
   Asian .............................................................. 17
   Black/African American ................................. 6
   Native Hawaiian or Pacific Islander ................ 0
   White ............................................................... 51
   Other ..................................................................... 0
   No answer ........................................................... 17

Q8. Are you currently... (check all that apply)
   Employed ......................................................... 51%
   Underemployed ................................................ 9
   Not working, by choice ...................................... 2
   Not working, not by choice ............................... 8
   Student ............................................................... 15
   Retired .............................................................. 15
   Other ..................................................................... 0
   No answer ........................................................... 8

Q9. Household income per year:
   Less than $20,000 ............................................ 38%
   $20,000-$34,999 ................................................ 21
   $35,000-$49,999 ................................................ 6
   $50,000-$74,999 ................................................ 2
   $75,000 or more ............................................... 6
   No answer .......................................................... 28

Q10. Please check one:
   Key community member completed by self .................. 23%
   Key community member interview facilitated by interviewer .... 23
   No answer .......................................................... 55
Appendix B: 2018 Key Stakeholder Survey

Q1. Thinking about your community, what are the greatest strengths or resources in your community that support being healthy? In other words, what is working well in your community?

- (Appleton area) YMCA is an incredible resource-nerve center. At some point, everyone comes to the Y. Walkable generally speaking, and pretty - good throughout the area. - In Appleton, pretty decent access to food. In 2009 Columbus school area neighborhood identified grocery store as a need but did not happen.
- A beautiful place/environment - Generous people - Strong philanthropy - Excellent schools - Long-term relationships with healthcare providers (family Dr.) - A local farmers market - Good produce at grocery stores - Commitment to creation of trails, bike lanes, etc. - Lots of family activities offered - Options for gyms and trainers
- Access to healthy eating - Farmers market, restaurants, grocery stores - Parks & Rec - trails, lakes, activities - Access to medical care - more options & online, fast care, etc. but not necessarily for uninsured. - United Way - supports a lot.
- Access to high quality healthcare - Safety - Strong social service/non-profit organizations - Good schools and wrap and support programs - Good labor market / jobs - County services that support a wide range of needs - Resources - parks, recreation, YMCA and other activities and organizations - Relatively affordable housing
- Bike/Ped paths - Balance between rural and suburban communities promoting access to recreation - Partnerships
- Community has gotten better at identifying people in need and getting them to help (i.e. counselors in schools, etc... where to get help) - Better communication between players (i.e. TCBH & County, Probation and Parole, Drug Centers, etc... Due in part to NEW Mental Health Connection. - TCBH more involved in community efforts.
- Community-wide knowledge and commitment to improvement - Weight of the Fox Valley - Public health initiatives -Collaborations between health systems/health depts/CHC’s - 211’s involvement as health/social services resources - Healthy behaviors and lifestyles - walking trails
- Education about physical activity & healthy eating choices - CCR&R - Youngstar childcare rating system. - Day care licensing rules that support health - Walking & biking trails - Parks for activity - playgrounds, swimming pools
- Evidence-based decision-making program - Bernie Vitrone program to reduce repeat offenses - Volunteer programs - Community programs
- Food pantry volunteers. - Bike lanes/pedestrian lanes more accessible. - Walk-in clinic accessibility. County mental health services and medical clinics. - Outagamie County Public Health coalitions involvement. - Fox Valley United Way investing $ in initiatives like WOTFV, FVECG, CELC. - FCHQ - partnership clinic valuable to community. - Outagamie County financial support of community efforts.
- Good support for non-profits - focused on important issues. Volunteer support, philanthropy, social innovation leadership. Non-profit next - resources for NP leadership. - Focus on environment/trails, etc. - Good collaboration - Wholistic view - Access to affordable dental care - a lot of improvement
- Large number of assets & community-based organizations that help/can help those in need. - Community is safe, lots of job opportunities, reasonable cost of living relative to other communities. - Partnerships are abundant
- Numerous recreational opportunities (parks, courts, trails) throughout the Fox Cities. Organized races/events as well as health promotional opportunities for community members to engage in. - Schools- health and wellness proposed within their curriculum. Facilities (Kimberly HS/my community) available for students as well as the community to utilize. - Multiple eateries with healthy choices (supporting local farmers). - Farmers markets within the Winnebago and Outagamie area. - Promotion of organized health activities (gun lock safety, suicide awareness, QPR) involving mental health
- Resource rich for programs and services. - Clusters of connections such as programs working well together. - Government programs strong cohesive especially Outagamie.
• West side of community - access to trails, walkable neighborhoods, community events, abundant parks, farm market, senior center and ability to age in place, healthcare providers and hospital nearby. - East side of Community - access to natural areas. - Entire Community - safe neighborhoods, good education system, access to secondary education system, access to social services.

• -- Continuing to build infrastructure for community members to be physically active. -- Increasing the amount of opportunities through events, educational events, to learning about bicycling. -- Access to healthy foods through farmers market and other grocery stores such as Aldi’s and Woodmans. -- Strong Safe Routes to School Programs through the community and continuing to grow. -- Complete Streets policies. -- City of Appleton’s Heath in All policy.

• -So many NPs/service providers - medical, dental, MH care. Try to meet people where they are. - Opportunities for exercise - indoor & outdoor - trails, YMCA, etc.

• Hmong open to helping each other. When sick, help out and share info/responsibility. Help out spiritually too. 2. Two Hmong groups younger-- those here < 15 years, more traditional - less open to Western Medicine -- those here 20+ years are more open. 3. Good to have Hmong professionals in health care field - will listen. 4. Trend to be more active - all ages.

• Providers who work with their patients to help them be in control of their help. 2. Businesses who work with their employees to get healthcare, work on challenges to give incentives for better health. 3. Community groups who work with Health Dept. to work on goals. 4. Strong males/females

• There is a lot of opportunity for outdoor wellness such as trails, parks, natural areas and rural outdoor recreation. 2. There are mental health de-stress opportunities, which is a part of being healthy. 3. Some private investors, for example large employees such as Sargento’s, support wellness efforts with their money and their time. 4. Regarding senior health, the health department, ADRC, senior housing, the hospital, medical clinics and senior apartments are strengths/resources that support health in the community. 5. CMC has connection to providers in the Fox Cities that is an asset to the community.

• We have a safe community which allows for opportunities to walk outdoors, including some walking trails. 2. Our local hospital and clinic providers recognize the need for collaboration in meeting the goals for a healthier county and there is a liaison from the hospital that is part of our CHIP steering committee. 3. We have several large parks in our community that people can go to for hiking/physical activity.

• A lot of collaboration - housing coalition, United Way, 211

• A spirit of collective "ownership" of our community. (Beyond collaboration)

• Access to mental health care, through community collaboration. Public education for stigma reduction on mental health, suicide prevention, intervention and post-vention.

• Boys and Girls Club programming. Christine Anne Center breadth of services. Advocacy agencies are great resources for sexual assault patients.

• Coalitions YMCA Community/City Programs (Menasha Senior Center)

• Everyone knows everybody.

• Great health systems - healthcare [with] community initiatives (outreach) Public health - WIC programs Rural health - populations missed without this Natural Resources - environment, water, bike/walk Worksite wellness programs

• If you want to live a healthy lifestyle, there are lots of opportunities; bike paths, green space, walking paths, many recreational opportunities especially water activities. There is a good mentality (ethos) here about health and being healthy including spirituality, physical and mental health. Lots of Prius’ in the parking lots.

• Increased interest in diversity, better support system and events that help people connect (i.e. cultural events )

• Initiatives that change population level thinking such as the Weight of the Fox Valley. Increased attention to prevention and early childhood education (YOUNGSTART). Advocacy efforts by local organizations/initiatives. Increased biking and hiking trails (although they are not as a safe as they could be) Health systems (Ascension, Aurora, Theda care etc.) promotion of health lifestyles. Their outreach and education to the public. Increased knowledge of health eating through outreach and education. Lots of other things I can think of roll up to these.
• Looking at the Menasha community, I think it is easy to see that progressive change is inevitable and on the horizon. With that change, we are striving to become a valuable recreational, clean, economically strong city.

• Lots of parks. Sidewalks. Bike lanes. Parks & Rec classes

• Mental health point of view - collaborative drive to address problems (counties, organizations, health systems) Positive impact = bigger goal; employee time on coalitions - QPR zero suicide

• Outagamie County has robust services and programs. Home care agencies and assisted living, non-medical and medical services, ADRC. People have multiple options for program and services. ADRC has many prevention programs that are well used and well liked. We also have an advanced directives program and Fox Valley Memory Project.

• Partnerships/ collaborations offered to the community with education and programming (QRP)

• Resource rich community and great public/private sector partnerships.

• Schools are at the forefront of promoting physical and behavioral health among young people. We are blessed to have corporate and business leaders that care about these issues and are willing to lend their support. We have a strong culture of philanthropy in the Valley.

• Schools teaching kids to be more healthy and active. ADRC classes - stepping on, preventive classes that they are doing. Walking trails by park (Kiwanis) and Solomon Trail. Fitness center at high school. Elder population uses early AM and after school.

• Strong community health organizations, wellness options, United Way and Health Care. WOTFV initiative is helping to bring people together. Trail systems provide a great opportunity to connect our community.

• The collaborations that exist in this area are outstanding. It is not like that in other communities. I have noticed an improved sense of collaboration in the last 10 to 12 years. School districts are partnering with Catalpa Health, Public Health, the Northeast Wisconsin Mental Health Connection and others. These are valuable networks. This continued growth is an overwhelming community strength. Catalpa Health opening in the region has done wonders to improve accessibility to mental health issues and it continues to improve. I have also noticed an emphasis, to be more accommodating to active lifestyles, (trails, beaches, parks), these I seem to notice, are more accessible to families.

• The fact that we have the community health clinic, Partnership and dental services for underprivileged and underserved community. The services from ThedaCare and Ascension are a strength. Samaritan, NAMI, Catalpa are progressive in their mental health services. - Racial and ethnic diversity - things are in place and seeing improvements.

• The number of programs here in the Fox Cities is remarkable. The quality of our programs and facilities is also great. Increase cooperation between service providers.

• The one thing that is going well is the effort that the University of Wisconsin-Oshkosh is engaging in to increase their commitment to diversify their staff.

• The work that Rethink has done; they are comprehensive; their early work with alcohol awareness was good. The Weight of the Fox Valley. Getting people to think about their whole health. The health care systems collaborating and sharing their information and data with each other, (BMI and Weight of the Fox valley as an example) The work helping refugees in our community with health relate issues. Especially the work the public health department does with refugees. I think the work that Tri -County dental does for kids is wonderful. Catalpa and Samaritan and the work they do in schools and with youth is wonderful. The partnership clinic in town is a strength. It could serve as the medical home for many who do not have one. The city working on bike lanes, and pedestrian walkways. The work to get the Butte Des Morts bridge done to allow people to walk is wonderful. The fact that Father Carr’s is available in that side of town and they offer some clinic and dental services. Growing Oshkosh, Farmers’ markets and the Bonus 10 program. Oshkosh Senior Center is a good resource. Our YMCA system

• UWO LGBT Resource Center offers "Self Care Tuesdays" program which focuses on teaching healthy eating, yoga, massage at home etc. Self care is an important for the LGBTQ community for both physical and mental health - take time for self.

• We think one of the greatest strengths is that there are many agencies who cooperate with each other in this community. There are often opportunities for grants when agencies reach out to connect to find
where the gaps are in the community and how we can work together to fill this need. There were even opportunities this past January when the Results Based Accountability training took place. This was an amazing training to take the Fox Valley to the next level in solving the communities’ wicked problems.

- When I think about “being healthy” I think about the opportunities for people to be outside walking, running, biking, etc. Menasha has great resources and continues to develop these facilities for community members. I also think about the healthcare system for people’s general health is very strong in and around Menasha. There are considerable services available to all. In Menasha we also work well in conjunction with the school district to identify and assist those that may be struggling to meet general healthcare needs.
- Winnebago Co "stepping on" health dept program to prevent falls in the elderly; ARDC home assessments. Hospital coordination with the county services mentioned above. Hospital MWS participation with OH and drug coalition.
- Yoga Studio Access to pool and classes put on FVTC Community offers a lot to health and wellness

Q2. Thinking again about your community, what are some areas for improvement in your community that would support being healthy? In other words, what is NOT working well in your community?

- Access to substance abuse Rx - especially residential Rx (i.e. for opiates), due in part to insurance, 20-30 day only. - Only have Nova in 9 county for residential - but people on MAT can’t go there or if have MH diagnosis! - Medicaid does not pay for residential now.
- Affordable fruits and vegetables for families. - Healthcare & dental care affordable with lower deductibles. - Providers to give needed MH services
- Connecting initiatives to achieve more together. - Increase access to specialty mental health and AODA.
- Diversity - Culture - (ex-thoughts around drinking is hard to change) - Costs of healthcare and shortages in some services like psychiatry - Continued growing concerns with drugs - Transportation - Rental housing costs / access
- Drug and alcohol drive crimes and law enforcement issues (meth, heroin-based opioids). - Disconnect between starting use and addiction. - Need more drug prevention as key, earlier intervention needed.
- Families are on their own - only listen to elders, etc... no one place to go to learn more about health. - Mental health - no Hmong counselors to deal with stress/depression, etc. - Need more workshops on health awareness/education for Hmong leaders. - Need to reach out more! Very stubborn about seeking out care. Only seek care when really serious. - Access to affordable dental care - have to drive to Milwaukee. - Access to affordable mental health care - especially Hmong providers - Healthy behaviors and lifestyles - a lot of alcohol binge drinking when get together. - Levels of stress related to discrimination - don’t feel like can be carefree in public - Positive racial relations - level of stress heightened due to political environment
- Healthy eating - access to those on limited income. Incentive based programs, vouchers that support this. - Cost of aging well...limited housing options and in-home services for those on fixed income.
- Insurance & Medical assistance - people not have access - can’t afford or limited what can access - # providers/cost - Reimbursement rate for provider so low! See at NAMI every day - people can’t access care! - Food options are awful - deep-fried, fatty, everywhere. Portions too big! - Alcohol consumption - binge drinking - Access to affordable housing hard to get to various program (i.e.IRIS Place, Samaritan)
- Lack of adequate access to care to low income people - more people than resources - Not enough available services to substance use disorder - Complexity of accessing adult behavioral health services - Farmers market/healthy foods still cost too much for low income people.
- Lots of mental health services not available in rural areas. - Selfishness-healthy community is for "me" an individual rather than a communal perspective. - People need resources to be healthy-to join a health club or the Y can be costly. - Segmentation of racial /ethnic groups. - Shared vision of healthy

Tri-County Community Member and Community Stakeholder Survey Report
community does not include everyone—i.e. Hispanics playing soccer on a Sunday night and goals were locked up. This situation has since been fixed. Vision of healthy community is not equally distributed—bike paths are in certain neighborhoods.

- Mental health / access. - Lack of accessibility and increase in denials. - Have seen increase in episodes, psychosis. - Also gap in County services (have to be "resident" of the county). - Decreases in behavioral health resources. - Gap in psychiatric needs! - Partnership Community Health - changed model. No counselors/psychiatrist on staff. Now in medical model - BH technician embedded. More low level.

- Mental health affordability and accessibility. People can't afford their meds. Not covered or deductible too costly. Young adults can't admit anywhere, no room. - Focus on healthy eating - especially low-income; obesity is high. Very poor diets. - Parent role models - how to live healthy lifestyle. Hygiene, exercise, risky behaviors, screen time, sleep, reading skills, parent partner choice - Ability to age in place. See people in ED when can't take care of self at home. Family can't afford assisted living. - Access to affordable dental care - especially low-income. See a lot of dental in ED- can't afford.

- Not a lot of healthy eating options at restaurants. - Poor air and water quality. - More access to mental health, (AODA) specialty substance abuse (provider and facility), Autism, and children's mental health services. - Safe affordable housing access to meet basic needs. - Not everyone reached by pantries (rural & elderly).

- Not all programs and services are aware of one another or working well together (connecting the clusters). - Connecting government programs to community-based programs.

- Obesity is a problem. Walkways are good but people need to know more about them. Schools and workplaces could do more around healthy eating. Lack of physical activity—people use their cars because of fast paced society. Better and healthier food more available. - Racism—a family has to move because neighbors are overtly racist. Family is worried about their safety. As the community has more immigrants and diversity, there is also a growing fear of immigrants and anger that immigrants are getting stuff for free.

- People come into services in a crisis mode, such as a fractured hip, care givers are burned out from multiple hospitalizations or if a care giver needs to go in the hospital (it would be good to have the community "know us before you need us). - We need support for family care givers. We need more mental health services for all ages. Social isolation is critical—people are not communicating the way they used to because of technology. - Nursing homes/ long term care facilities refusing care for dementia related behaviors. - Care giver shortages, staffing shortages - Complexities of Medicare Part D - Misuse of prescription drugs, poly pharmaceutical use, high cost of drugs - Not enough docs for dementia care, geriatric care - Dental and vision needs for older adults - The aging population

- People will be better off when they are connected to more people. Close neighborly relationships are important—can have an economic impact. - Lost / lack of community participation in centers of social life such as churches, bowling alleys - People have few connections, even weak connections and loose ties (affiliations) than in the past. More people are working, kids that go to charter schools do not know kids in their neighborhood schools. Charter schools can change relationships in that they are not built on neighborhoods (unintended consequence).

- Racism, gender, class, poverty - lots of opportunity - Achievement gap in schools - Housing - lots of building but not affordable - Clean environment - especially waterways/rivers, paper mills.

- Still have number of medical/mental health professionals not knowledgeable about African/American health issues (i.e. sickle cell info, incense asthma, don't talk about weight or what should focus on. African American like being "curvy." - More outreach - use African American as liaisons or community health workers to decrease suspicion - builds trust with health professions

- The nature of Wisconsin is that alcohol is a part of the culture. Additional prevention, education and a reduction of alcohol being a virtually every community event would be better for the community. - Drug abuse continues to be an issue throughout the country and the Fox Cities is no exception. - While overall healthcare is good, mental health facilities and resource are limited and difficult for community members to access.

- West side of community - poverty, deteriorating housing. - East side of community - lack of walkability. - Entire community - lack of public transit/transportation options, lack of identity as a whole community.
• There is a stigma of seeking or asking for help. - Increasing gap of wealth/income, poverty isn't improving as much as the overall economy. - Two parent working households are too common and necessary to support a family. - Too much discrimination. - Access to affordable transportation is not user friendly
• Continual support for mental health and stress for community members. -- Sometimes a lack of incorporating the “what is best for the community” aspect when decisions are being made about the built environment. -- Transportation access, opportunities and connections (creating a multi-modal system).
• Insurance groups who support getting patients to the gym-like silver sneakers (& you don't have to change insurance to keep program) 2. Cost of healthy eating. 3. Cost of gym membership.
• More on the street outreach is needed to identify and connect those in need with services. 2. Mental health access for youth (in the schools) needs to increase. 3. Consolidating services such as at the New Day Drop-in Center.
• We have a limited number of grocery stores with low cost, healthy food choices available. It's expensive for many people to eat healthier foods. (limited access to healthy foods) 2. Finding good local restaurants offering healthy food options is difficult, especially your fast-food, drive through options. 3. It is difficult to bring community members together to work on improving the health of our community. The movers and shakers in our community have way too much on their plates and they don't typically set this as a top priority in our community.
• Less prescription drug use 2) More funding for screening 3) Health with Aging people staying in their homes
• Access to fresh produce/deli. Restaurants that have healthy choices - limited access. Not healthy choices at Salvation Army
• Affordable care - access & cost Rural area - dental care for Latinos, Spanish speaking people translator Home visitation-expand to more populations (elderly) Driving and texting / Social (face-to-face) / Screen time Coping for youth regarding anxiety leading to opioid issue  Opioid/drug issues
• After hours resources in ERs offered to staff (want to continue care). Organizations are closed; don't want patients falling through the cracks.
• Barriers: Substance Use treatment. The options for treatment are limited. Those options that are available don’t seem to be very successful, at least in terms of availability to minors and school age children. The number of beds are limited in times of a crisis. St Elizabeth turns people away because of limited space; students are told to go elsewhere like Milwaukee saying there are vacancies but by the time the families arrive there, they are full and turned away. This creates a feeling of hopelessness. The system is overburdened. This happens way too frequently than it should. So, while I mentioned before that collaborations are good and that (maintenance) mental health treatment is good, what needs improving is the mental health and substance use treatment in times of crisis. The handling of cases in crisis needs to get better. Just wanted to clarify since it may seem I was contradicting myself.
• Gap in geropsychiatry. St. Francis Clinic at Father Carr's not truly covering for what the Living Healthy Clinic previously did. Perceived barriers to using Partnership CHC - who do they turn away?
• Increased safety for bikers and walkers. This cuts across all regions. I’ve seen homeless people on bikes almost get run over by cars. Cars do not take heed to pedestrians and bikers. We need more education on this. Pedestrians and bikers have rights too! Increased affordable options for older adults who need home repairs, snow shoveling, major yard clean up (etc.). We see this at 2-1-1 as a major gap in services for older adults, especially in the rural areas. Increased walk in treatment of central intake and assessment of AODA. We need a warm hand off for folks who need assistance. We need specialized AODA services and/or peer to peer services to help folks 24/7. At 2-1-1 we are seeing a 40% increase in mental health and AODA calls and we are unable to help them in terms of a warm hand off. We have data about this. Coordinated entry-increased partnership among agencies for homeless especially in Winnebago County. The shelter rules seem to be different in Oshkosh. There is nowhere to send them in Winnebago County, it seems. Father Carr’s can’t seem to take many for whatever reason and the warming shelter is close for the summer. Oshkosh is in serious need for more affordable housing and emergency housing services. Especially for families. Homeless and housing are our number 1 calls at 2-1-1. We need to do a better job to create more affordable housing for people in our community.
• Lots of challenges with health care providers/staff not being well informed or welcoming; assumptions are made that are not helpful and create hesitancy for LGBTQ individuals to use needed services.
• Mental Health resources, drug dependency issues
• More access to 24-hour Urgent Care Centers.
• One area that I see needs improvement that can impact many other underlying issues is housing. The City needs to improve the affordable and dated housing stock. With that will come more community pride, less crime, less poverty, and a stronger community perception.
• Ongoing fight to beat stigma! Dissemination of resources. We, at Community for Hope, must provide our own funding to provide services.
• The gap between the "haves" and "have nots" ... income gap, achievement gap, equitable access to health services, including mental health and dental.
• The loss of the Living Healthy Community Clinic. Would like to see more healthy options on restaurant menus. Biking and pedestrian plans could be better; even though we have come a long way. There has to be more ways for pedestrians and bikers to walk and ride their bikes safely. We need more green space (parks) and more opportunities for casual sports to be played (more baseball diamonds as an example but not the only example). Parks with exercise equipment or balance beams or benches for people out for a stroll to do some exercises. We need more alternatives for people in recovery such as sober living homes; or supportive living homes. To help people in transition. A person gets out of recovery and then goes back to their toxic environment, how is that person to get out of that system? We need to help them.
• There are many overlapping services that could be cleaned up and a stronger commitment to mental health and AODA services from Outagamie Co. is needed.
• Timely access to treatment and recovery services for mental health and substance use disorders. While progress is being made, lack of knowledge and stigma are still barriers to acceptance and help seeking especially among adult males.
• Transportation - public, more walking. Affordable insurance for underserved Substance abuse
• UW Oshkosh Head Start is experiencing a high number of child abuse and neglect reports this year. Families in crisis continues to grow. They are struggling with being able to find mental health resources, especially at the 3-4 year old age level. Their access to housing can be limited, especially if they have a criminal record. Affordable transportation can still be a barrier to getting appointments completed since BadgerCare will only transport the parent and child who has the appointment. It is a challenge for some families to secure child care for the other children in their family. If the family misses an appointment, often the clinic will not allow them to make another appointment. Also, our families who live in the city of Appleton do not have a source to receive a car seat like the other communities in the Fox Valley.
• Waiting list to get in at Reach for counseling. More shelter space needed for human trafficking victims. Efforts to prevent teen suicide need new ideas.
• We need to address the affordability of childcare and healthy foods for families. Many people lose their wellness momentum during the winter months.
• We need to hire more black and brown teachers. That representation is important. If kids can’t see it, they won’t be it. The Chamber of Commerce is problematic in their attitude regarding diversity and equity. As an example, when we asked them how many people of color are in the chamber; they couldn’t tell us. Really? Don’t they even know the make-up of their own membership? To me that signals that they probably don’t have a member of color at all. They don’t have any materials in other languages. They are not really invested in ensuring that people of color in business are thriving. Greater Oshkosh Economic Development Corporation (GOEDC.) I can say the same thing about them. They have wonderful resources but they are not ensuring their resources are going to people of color. The lack of people of color in business is problematic and the fact that don’t have a good pulse on it is also problematic. Lack of representation of people of color in law enforcement, the fire department, the city and other public service organizations is really worrisome. We have one person on the city council in Oshkosh who is Latina and how they treat her (talking over her etc.) is terrible. When this community talks about diversity it is often referred to in a negative light (“oh no, our community is becoming more diverse”). We need to turn that around and highlight and focus on the benefits of having a diverse city.
• Why do we still have obesity, increased drinking (alcohol) and individuals that are not engaging in the opportunities previously mentioned? There are unrealized opportunities. We need more employers to get involved. Work life balance. The county has wage issues. Commuting without mass transit equals wasted time, time away from wellness activities. There is unmet needs for workforce (low income) housing. If not financially solid, financial stress can get in the way of mental health and physical health. Work with inadequate pay and high cost of childcare needs, and a long commute can increase stress. What is a negative effect on mental and physical health in a rural county area is farm economy. Milk prices are low. Farmers feeling very stressed. Employees are going back to Mexico and workers are more difficult to find.

• Would like a walking club, not individual. Healthy options menus. No medical provider in community.

Q3. In the following list, what do you think are the TOP FIVE most important strengths in YOUR community?

<table>
<thead>
<tr>
<th>Strength</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to age in place</td>
<td>22%</td>
</tr>
<tr>
<td>Access to affordable healthy foods</td>
<td>12%</td>
</tr>
<tr>
<td>Access to affordable dental care</td>
<td>6%</td>
</tr>
<tr>
<td>Access to affordable health care (family doctor)</td>
<td>16%</td>
</tr>
<tr>
<td>Access to affordable mental health care</td>
<td>12%</td>
</tr>
<tr>
<td>Access to social services</td>
<td>30%</td>
</tr>
<tr>
<td>Access to affordable transportation</td>
<td>10%</td>
</tr>
<tr>
<td>Access to affordable housing</td>
<td>8%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>32%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>36%</td>
</tr>
<tr>
<td>Good jobs and strong economy</td>
<td>42%</td>
</tr>
<tr>
<td>Good schools</td>
<td>72%</td>
</tr>
<tr>
<td>Good jobs and strong economy</td>
<td>42%</td>
</tr>
<tr>
<td>Health care inclusiveness (LGBTQ individuals do not feel welcome)</td>
<td>2%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>2%</td>
</tr>
</tbody>
</table>

Q3 Other
• Emphasis on healthy lifestyles and behaviors.

Q4. In the following list, what do you think are the TOP FIVE areas for improvement in YOUR community?

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to age in place</td>
<td>12%</td>
</tr>
<tr>
<td>Access to affordable healthy foods</td>
<td>26%</td>
</tr>
<tr>
<td>Access to affordable dental care</td>
<td>26%</td>
</tr>
<tr>
<td>Access to affordable health care (family doctor)</td>
<td>36%</td>
</tr>
<tr>
<td>Access to affordable mental health care</td>
<td>70%</td>
</tr>
<tr>
<td>Access to social services</td>
<td>14%</td>
</tr>
<tr>
<td>Access to affordable transportation</td>
<td>32%</td>
</tr>
<tr>
<td>Access to affordable housing</td>
<td>36%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>10%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>4%</td>
</tr>
<tr>
<td>Good jobs and strong economy</td>
<td>2%</td>
</tr>
<tr>
<td>Good schools</td>
<td>4%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>20%</td>
</tr>
<tr>
<td>Levels of crime/safe neighborhoods</td>
<td>8%</td>
</tr>
<tr>
<td>Levels of child abuse</td>
<td>2%</td>
</tr>
<tr>
<td>Levels of incarceration (jail/prison)</td>
<td>24%</td>
</tr>
<tr>
<td>Levels of poverty</td>
<td>16%</td>
</tr>
<tr>
<td>Levels of stress related to discrimination</td>
<td>44%</td>
</tr>
<tr>
<td>Levels of stress related to discrimination</td>
<td>20%</td>
</tr>
<tr>
<td>Opportunities to practice faith</td>
<td>0%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>0%</td>
</tr>
<tr>
<td>Positive racial relations</td>
<td>26%</td>
</tr>
<tr>
<td>Racial and ethnic diversity</td>
<td>34%</td>
</tr>
<tr>
<td>Strong family life/relationships</td>
<td>6%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>12%</td>
</tr>
</tbody>
</table>

Q4 Other
• Access to treatment and housing alternatives for people struggling with addiction.
• Child development and welfare
• Drug Abuse/drug rehab especially outpatient
• Health care inclusiveness (LGBTQ individuals do not feel welcome)
• Lack of transportation options/transit
• Social Connectedness
Q5. Chose the TOP THREE health conditions in your community that concern you the most:

- Aging problems (hearing/vision loss, dementia) ........................................... 12%
- Alcohol Misuse ................................................................................................. 36
- Cancer ............................................................................................................... 6
- Diabetes ......................................................................................................... 14
- Drug Abuse (illegal substances, prescription drugs, opioids) ......................... 68
- Heart Disease & Stroke .................................................................................. 2
- Infectious Disease (flu, whooping cough, tuberculosis [TBI]) ......................... 0
- Injuries (accidents, falls, motor vehicle crashes) ........................................... 2
- Lack of Sleep ................................................................................................... 0
- Mental Health (depression, anxiety, stress, self-harm) .................................. 78
- Obesity ......................................................................................................... 16
- Physical Inactivity .......................................................................................... 8%
- Poor Oral Health ............................................................................................ 0
- Respiratory/Lung Disease (asthma, emphysema) ........................................... 2
- Sexually Transmitted Infections (chlamydia, HIV/AIDS) .............................. 2
- Suicide ........................................................................................................... 16
- Teen pregnancy .............................................................................................. 0
- Tobacco/Nicotine use (cigarettes, cigars, chewing tobacco, e-cigarettes, smokeless) ....................................................... 2
- Unhealthy Eating ............................................................................................ 4
- Violence (child abuse, domestic violence, homicide) .................................... 22
- Other, please specify ...................................................................................... 8

Q5 Other
- Child parenting/mentoring
- Drug Usage Opioids
- High incarceration rate
- Racial Stress

Q6. In the next few years, the health of your community will be better if...

- Could provide better access to affordable AND attainable housing (i.e. barriers like criminal background, eviction, etc.) - Access to mental health care.
- Focusing on improving access/follow through in oral healthcare (WI lowest state in Nation) - Access to affordable housing - Improved access to behavioral health care for adults - Affordable healthy food choices / decrease costs at Farmers market / more low-income subsidies.
- Mental health issues are not considered crimes that lead to incarceration - More mental health services, declining number of people in jail and prison
- More community members feel hopeful, less despair/loneliness. - We reduce suicide attempts/completions. - We increase activity level, decrease obesity. - We increase social connection for the isolated
- More inclusion and connection - Healthy active younger generation
- More satellite clinics/services in rural area-right now Appleton has the majority of services. - Increased accessibility to services in rural areas. - Higher wages for long term care workers, nursing home staff, home care agencies, assisted living facilities, etc. How does the community benefit from the large hospital mergers?
- Support for young parents - parent better. - Address obesity - Manage electronics use
- The identified concerns /issues improve - Develop better metrics to see if issues are improving
- We are invested more in our schools/teachers to help prepare youth for life skills - We assure that new families are better ready and mentally equipped to raise children. - Reduce stigma related to mental health. - Decrease social acceptability of excessive alcohol consumption.
- We continue more outreach to engage diverse populations. - strengthen relationships between medical and mental health professionals and African American population.
- We continue to improve access to affordable healthcare and mental healthcare. - Strengthen our focus on diversity. - Increase access to affordable daycare and rental housing
- Worked to make FV more inclusive (i.e racial/ethnic diversity). Better understanding of oppression, etc. - Addressing issues of gender & men's violence - Looking at solving problems rather than managing them (i.e. POINT).
• [Improve] access to mental health services. Focus and continue work on suicide (coalitions/research). Lack of sleep. Decrease number of suicide, not only focus on youth, there are more adults
• Healthy foods were available for cost that is affordable. 2. Healthy weights.
• More alcohol prevention education. 2. Access to Hmong mental health services. Children and women stressed - trend among Hmong is for men to divorce wife and go to Laos and get another wife and bring back (i.e. Wausau - Hmong man tried to force wife to divorce him so could go another). Status of divorced Hmong woman is low - don’t want. Need to change cultural acceptance of that practice.
• We can get more community involvement and people that will work towards making our community healthier. 2. We can have easier access to healthier dining options and foods.
• Better housing. Better job access. Better and more diverse transportation options
• Break the stigma surrounding mental health and suicide.
• Continued education, younger generation teaching older generation. Implementation of healthy programs that we are lacking.
• Government and community members work together we could get further with a plan that everyone has ownership of. We would work harder together. Prevention is key.
• Mental health and drug abuse gets addressed; Appleton would have fewer homeless citizens and more contributors to tax-paying brackets.
• More people of color are in business. More teachers of color are in our schools. Incarceration rates decrease. More employment of black and brown people in position of leadership occurs. If the community understands and can articulate the values of diversity to their community. More cultural events that are not just for white people and/or organized just by white people are offered. Cultural events that are informed from the start by people of color. More people of color are in the medical field. Better access to transportation is available. (transportation is affordable but access is problematic). Access to affordable housing is evident (housing here is affordable relative to other cities but there needs to be more access to them). Black and brown people have better and more access to capital. There is more representation of people of color in our city council. The community commits to needing more intercultural competence. Currently they blame people of color for not coming to “the table” when they are invited. In order for people of color to feel they are true participants, the current make up of the city has to create safe spaces for them to be invited to and succeed in. 2 Our stakeholders in our community increase their own intercultural competence so they are more aware how their cultural norms subvert that effort of being inclusive to all.
• More resources would be available for drug dependent and mental health consumers in the community.
• Private and non-profit organizations work together to increase “just in time” solutions for residents experiencing homelessness, mental illnesses and AODA issues. Private and non-profit organizations support current initiatives and programs instead of duplicating efforts. We stop competing and work together.
• Provide adequate access to Rx (especially in rural areas) for substance abuse.
• Reduce the number of people who are overweight and obese which may in turn reduce the levels of diabetes. Transportation on evenings and weekends were more readily available. Mental health and behavioral health for children in particular would be more available. Bring in/create jobs that pay a living or family sustaining wage. Not all events in the “EVENT CITY” provided alcohol. We were more tolerant and accepting of people’s faith and traditions. If we were more willing to learn from others. We become a community that respects diversity and engages with the LGBT community. We provided better transitional or sober housing for people in recovery.
• Reinvest in efforts to prevent child abuse and neglect, expand timely access for treatment and recovery services for adults and youth, eliminate the misinformation and stigma around addiction and mental illness, create a culture that supports help seeking.
• Schools have access to more counselors and WOTFV receives adequate financial support.
• Teach youth how to cope and just be still and not be stimulated. Conflict modeling for violence Less Drug issues Prevention was a priority
• The State of Wisconsin provided health care coverage for transsexual related health care. Health care providers stepped up their game so that LGBTQ individuals could receive care anywhere. More positive political climate in which people were nicer to each other in general. LGBT education for everyone - e.g. in all nursing core curricula.
• There is good work being done! Lots of collaboration already. Improve access to affordable care - med/dental/MH
• There were better role models politically. Leadership starts from the top. We could come together as a community and be supportive (such as allowing a working mother to be with and care for a sick child) Maybe racial. Provision of mental health services, Kind to one another. Appreciate each other as humans. Less societal split and more low-income housing and senior housing. Stop binge drinking.
• Timely access to mental health services
• Violence prevention is effectively offered at the middle school level. Improve access to mental health care.
• We address the growing geriatric population and its needs. Drug abuse and mental health need to be addressed for middle age and younger populations.
• We adopt healthier lifestyles ... better eating and exercise.
• We all work together as agencies, businesses and government, we can build a stronger community.
• We are able to better identify those in need or supportive services or programs and connected with available resources.
• We can curb rampant use of opioids and meth.
• We can provide adequate access to mental health services, embrace our minority population (ex. Hispanics) and provide healthy alternatives to alcohol consumption and poor eating habits.
• We can work together to consolidate services. Provide more bikeable streets. Be more accepting of those with barriers.
• We continue to integrate public health into aspects of decision making for the built environment (i.e. through ordinances, site reviews, zoning code updates, approval of transportation projects, etc.)
• We continue to work together to connect people to the resources they need. Less divisiveness existed. Perhaps this is a national symptom but it affects all.
• We eliminate drug usage.
• We feel the health of the community would be better if agencies would collaborate and connect at a deeper level and work together to make gains fighting the wicked problems plaguing the community. There also needs to be better marketing of the work that is being done so that the general public is aware of all the resources the community has to offer. Easier access to optometrists and dentists who take BadgerCare for children ages 3-5 years would also be helpful. Families struggle to get these appointments completed when they are referred for further testing after a screening for vision or dental work.
• We find healthy ways to take care of our health, stress. Treat others how we want to be treated.
• We unify services and Outagamie County becomes more involved and committed.
• We work together to improve the root causes of poor health.

Demographics
Q1. What organization does your key community stakeholder represent?
• 2-1-1
• ADRC in Outagamie County
• African American Heritage, Inc.
• AMCO Emergency Department MSW
• Appleton Downtown Inc.
• Ascension Behavioral Health & Security Services
• Ascension Calumet Hospital - ER
• Ascension Health
• Aurora Sexual Assault Center
• Calumet County - Public Health
• Calumet County Economic Development
• Casa Hispana
• Catalpa
• Catalpa Health
• Childcare Resource & Referral
• Chilton Police Dept
• Chilton School District
• Community Development
• Community for Hope
• Elected official City of Menasha
• ESTHER
• Fit Oshkosh
• Goodwill Industries Neighborhood Partners
• Hmong American Partnership
• Homeless Connections
• Menasha Board of Health
• Menasha Police Dept.
• Menasha Senior Center and Neenah-Menasha YMCA
• New Holstein Chamber of Commerce
• NEWMHC - Northeast Wisconsin Mental Health Connection
• Oshkosh Area School District
• Oshkosh Area United Way
• Outagamie & Winnebago Early Intervention (Birth to Three)
• Outagamie County HHS
• Outagamie County PH
• Outagamie Sheriff’s Office
• Rural Health Initiative
• Samaritan Counseling
• The City
• UW Oshkosh Head Start Program (Valeri Donnelly)
• UWO
• Winnebago County
• YMCA

Q2. What population does your organization serve?
• 0-3 year olds and their families in Outagamie and Winnebago Counties experiencing delays in their development.
• 180,000
• 4K through 12 graders, and staff and families
• 74K residents
• African Americans
• All
• All ages, but more of the elderly. Primarily Winnebago County.
• Calumet County
• Calumet County and surrounding area
• Children and families
• Chilton School District
• City of Menasha
• Community as a whole
• Community at large
• Community organizer for social justice issues
• Downtown residents, businesses and visitors.
• Elderly and intergenerational in low income neighborhoods in Appleton, Oshkosh
• Entire Outagamie County
• Entire population of Calumet County
• Families and childcare providers and agencies in Winnebago, Outagamie, Calumet, Green Lake and Waupaca
• Farmers
• General community
• General community within Winnebago County
• Hispanic
• LGBTQIA population
• Mental health/trauma at systems level
• No answer provided
• Older adults
• Older Adults, Adults with Disabilities and their families
• Outagamie County Residents
• Pre-school age children ages 3, 4, 5 and their families
• Primarily women and children; those who are poor, otherwise vulnerable and at increased risk of violence.
• Tri county; individuals struggling with behavioral health issues, their families and caretakers.
• Whole population