Kenosha County Health Needs Assessment

A summary of key informant interviews

2019

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# Table of Contents

- Introduction
- Focus Area Ranking
- Top Five Health Issues
- General Themes
- Issue Summaries
  - Mental Health
  - Substance Use and Abuse
  - Access to Health Care
  - Adverse Childhood Experiences
  - Nutrition
- Chronic Disease
- Alcohol Abuse
- Physical Activity
- Injury and Violence
- Oral Health
- Environmental and Occupational Health
- Growth and Development
- Reproductive and Sexual Health
- Tobacco
- Other Health Issues
- Communicable Disease
- Appendix A
Introduction

This report presents a summary of public health priorities for Kenosha County, as identified in 2019 by a range of providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement to the Kenosha County Community Health Survey conducted through a partnership between the Kenosha County Division of Health, Aurora Health Care, Children’s Hospital of Wisconsin, Froedtert South, Kenosha Community Health Center, and United Way of Kenosha County.

The Community Health Needs Assessment incorporates input from persons representing the broad interests of the community served, and from those who possess special knowledge of or expertise in public health.

Key informants in Kenosha County were identified by the Kenosha County Division of Health, Aurora Health Care, Children’s Hospital of Wisconsin, Froedtert South, Kenosha Community Health Center, and United Way of Kenosha County. These organizations also invited the informants to participate and conducted the interviews from June to September 2019. The interviewers used a standard interview script that included the following elements:

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

All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2019 key informant interviews for Kenosha County.

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

Limitations: Thirty-five sets of rankings were collected from 25 key informant interviews and two focus groups, with a total of 39 respondents in Kenosha County. Some interviews incorporated the views of more than one person from an agency or organization, and two focus groups captured the rankings and thoughts of 10 people from different agencies or organizations. The report relies on the opinions and experiences of a limited number of experts identified as having the community’s pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other Kenosha County data (e.g., community health survey and secondary data reports).

A. Focus Area Ranking

In 25 interviews and two focus groups, a total of 39 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. (See Appendix A for the full list of informants). Key informants were also able to write in other health issues that they believed were top health issues for the county. The table below presents the results, including a summary of the number of times an issue was mentioned as a top five health issue, and the number of times an informant ranked the issue as the most important health issue. Importantly, not every informant ranked five issues and most, but not all, informants provided rankings within their top selections. Key informants did not always discuss all of the issues they ranked within their top five. In interviews with more than one participant, only one set of rankings was provided. In the focus groups, each member provided their own set of rankings. The results in the table below reflect 35 sets of rankings from the 39 individuals who participated in interviews and focus groups.
Five key informants identified and ranked other important health issues in Kenosha County. One person identified Obesity as a top-five issue. Four other informants identified social and economic issues that are linked to poorer health outcomes: Homelessness, lack of transportation, systemic racism, and disparities in race and class.

B. Top Five Health Issues

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

1. Mental Health
2. Substance Use and Abuse
3. Access to Health Care
4. Adverse Childhood Experiences (ACEs)
5. Nutrition

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

It is important to note that since the last release of this report in 2016, the report has changed slightly. The Health Focus Areas had some additions and changes. Alcohol and Other Drug Use divided into two separate categories (Substance Use and Abuse and Alcohol Abuse). Another change from 2016 is that key informants were able to write in another health issue if their top five health issues was not on the provided list. This year, respondents were also asked to provide subgroups/populations where efforts could be targeted and how efforts can be targeted for the identified health issue. An additional category that was added in 2019 is Adverse Childhood Experiences (ACEs).

In 2019, Kenosha County had similar health issues as the 2016 report, with four out of the five issues being almost the same. In both years, Mental Health was ranked as the top health issue. The second health issue is similar. In 2019, Substance Use and Abuse was ranked as the top health issue and in 2016, Alcohol and Other Drug Use was ranked as the top health issue. These issues are not exactly the same since in 2019, Substance Use and Abuse was separated from Alcohol Abuse. In 2016, Access to Health Services and Nutrition tied for third as the top health issues. In 2019, Access to Health Care was ranked as number 3 and Nutrition was ranked as number five, highlighting similar priorities in health for 2016 and 2019. The only different health issue in 2016 is Physical Activity, which was ranked as the fifth top health issue. In 2019, Adverse Childhood Experiences (ACEs) was ranked as the fourth health issue, which was a new addition to the health issue topics.

In 2019, informants noted the interconnectedness between health issues and sometimes linked health issues such as Substance Use and Abuse and Alcohol Abuse. Additionally, interviewees had the option to choose other health issues and the issues mentioned were social determinants of health. Issues such as systemic racism and transportation were referenced as social issues that impact community health. Participants noted that addressing these social determinants of health will positively impact other health issues in communities.

As was mentioned in the 2016 report, in 2019, a lack of resources (providers, funding, clinics, etc.) was mentioned as a frequent challenge or barrier to improving health outcomes. Other barriers mentioned included expensive insurance or a lack of insurance coverage. Additionally, stigma and access to appointments were mentioned barriers especially for the top two health issues, Mental Health and Substance Use and Abuse.

Key community partners to improving health included the local health department, providers, the county, law enforcement, schools, local colleges, faith-based organizations, service organizations, neighborhoods and many other groups. To address these health issues, informants mentioned populations to target including youth, the elderly, veterans, low income populations, and additional subgroups. Like in the 2016 report, respondents highlighted the importance of working across sectors to improve health outcomes, especially through education efforts.
D. Issue Summaries

**Mental Health**

30 informants included Mental Health in their top health issues for the county and 18 ranked it as their top health issue. One participant associated mental health with stress and emotional wellness. Overall, participants identified numerous resources and services to address mental health, but many agreed that more resources and funding will help the community address this health issue.

*Existing Strategies:* Participants identified various existing strategies in the community to address mental health including resources and organizations. Some resources include: school-based mental health professionals, Kenosha Community Health Center (KCHC) working with youth, counselors/therapists/psychologists, the crisis hotline, the Veterans Affairs (VA) website, networking and collaborating between agencies/partners, teachers telepsychiatry/satellite visits/telemedicine, programming, more awareness, Positive Behavioral Intervention and Supports (PBIS) System, social workers, alternatives other than hospitalizing patients, halfway house, support groups for families, group homes/transitional homes, committees, Kenosha Human Development Services (KHDS), Kenosha County Mental Health Taskforce, mental health first aid (adult and youth), and Crisis Intervention Partners – training used by police officers (offered by National Alliance for Mental Illness (NAMI) and Gateway Technical College)

Some organizations include: Mental Health Alliance which meets regularly and focuses on adults, KHDS, Oakwood Clinical Associates, KARE Center, KHDS Crisis Prevention Center, Police crisis, Emergency departments, University of Wisconsin professionals, employers, Silber Lake School System, Professional Services Group and Community Impact Programs (PSG/CIP), Social Service Agencies, Kenosha court system (family court, drug court, veterans court, etc.), KARE Center, Kenosha County Division of Health (KCDH – Kenosha County Health Department) Kenosha County Jail (80 mental health service hours for inmates per week), partnership between KCHC and local hospitals, and National Alliance for Mental Illness (NAMI – Kenosha group).

One participant mentioned a policy change which has helped – the Affordable Care Act (ACA) provides parity for mental health services.

*Barriers and Challenges:* Interviewees identified barriers and challenges to addressing mental health including a general lack of resources including providers (especially focused on behavioral health and case management), services (including access to services), and funding for services. One participant mentioned that for every 1,700 individuals in Kenosha County, there is one mental health professional.

Other barriers include: no universal system between school and health systems, no insurance clients self-medicating with alcohol or drugs, clients in denial, primary care providers are not trained or
educated to address mental health, no beds available, transportation, long wait times for emergency response from Kenosha Crisis team, increased wait times in general, resources and services are not local, treating a mental illness takes a large amount of time and effort for students, hospitals cannot provide inpatient treatment, duplicating services, stigma, issues are widespread, there is no hospital in Kenosha and Racine has the closest hospital (with a reduction in psychiatric beds), lacking in compliance, cultural differences, expensive insurance, no local mental health facility, individuals struggling are sent to jail (sent on average for 7 days – not seen as enough time for treatment), limited group homes/transitional homes, and substance use disorder (SUD) comorbidities.

Needed Strategies: In order to address the various barriers and challenges facing Kenosha County, participants identified numerous needed strategies including an increase in awareness, funding, medication, providers, transportation, and clinic hours. Overall, a participant described the strategy to improve retention by increasing the appeal of living in the Kenosha area for mental healthcare providers. Another solution to increasing staff is adding more human resources (HR) employees to recruit for positions.

Another general theme in interviews was coordinating services including: connecting general wellness and psychotherapy, coordinating services specifically with jails to connect individuals with jobs after release and provide inmate classes on dealing with stress, creating partnerships with hospitals, reaching out to community stakeholders, and creating a liaison for insurance companies and local hospitals.

Interviewees also discussed the importance of education on topics such as mental health, mental health first aid, obesity, exercise, and healthy eating. One participant stated the need to educate communities about the nonemergency Kenosha Police department line in order to access the Crisis Intervention Team (CIT) officers. Participants also discussed the need for more focus on youth prevention and identified strategies to work with youth and students including reaching out to VA partners for non-traditional students.

Participants also mentioned strategies such as: same-day behavioral health appointments, Medicaid waivers, a mobile unit, decreasing sigma, having a state level crisis intervention liaison 24-7, increasing compliance with employers by tracking employers that offer benefits, more discussion, advocacy with elected officials, increasing the number of providers, attracting organizations to the community, and using hiring practices based in diversity.

Key Community Partners to Improve Health: Respondents identified numerous community partners including: community mental health providers, counselors, psychiatrists, community members with personal experiences, young adults, primary care providers, everyone, Kenosha County Aging and Disability Resource Center, Kenosha County Division of Health, the hospitals (Aurora, Froedtert, and Rogers), law enforcement, other UW systems, VA partners (Veteran services/Veterans of Foreign Wars (VFW), American Legion), health centers, walk-in clinics, student health center, physicians, small and large business, Professional Service Group, Pleasant Prairie RecPlex, NAMI, KCHC, insurance, schools,
Young Men’s Christian Association (YMCA), Boys and Girls Club, the Sharing Center, church groups, Big brothers, mentors (Kenosha Unified School District (KUSD)), school based mental health, KHDS Crisis Prevention Center, KHDS, trauma informed care, community stakeholders, West Grove Clinic, nursing services – Kenosha County, KUSD Black Nurses Association, Urban League, Birds of a Feather, Dedicated Dads, Impact 2-1-1, and Kenosha Unity Coalition.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Participants highlighted various subgroups/populations to target including youth, college students, health centers, walk-in clinics, student health centers, ex-incarcerated, men (due to more stigma and to address access), 20-50-year-old individuals (veterans), police, hospitals, KHDS Crisis Prevention Center, hospitals, mentors, students in 5th grade, current patients, east of 30th avenue (past and current patients in this location), and KHDS.

One mentioned strategy is increasing awareness among new parents and families with young children through an online website or by using comedy. Educating high school students may help them be informed as adults. KUSD could help with educating staff, students, and parents - one participant mentioned the DARE (Drug Abuse Resistance Education) program. A respondent mentioned partnering with law enforcement in the schools by creating a coordinator position to identify youth that may need help. PTSD (post-traumatic stress disorder) could be treated in veterans. One participant mentioned promoting and funding the Family First program as well as Comprehensive Community Services and the clients there. Another participant also discussed how HR teams can think of solutions for employers and could conduct a mini community survey at these perspective businesses. Low-income populations could be targeted by providing these communities with financial aid forms and literature on resources to get help. Other solutions for the homeless and elderly include support groups, drop-in centers, and mobile outreach. There could also be more awareness campaigns and education targeted towards the Hispanic population. As one participant mentioned, systemic racism is an issue faced by minority populations and this could be addressed by creating zip code maps of income levels. For individuals experiencing homelessness, providing this community with housing (using a Housing First model) is a strategy. Another overall strategy may involve the creation of a task force.

Substance Use and Abuse

Twenty-one key informants’ interview rankings included Substance Use and Abuse as a top five health issue and three participants ranked this issue as their number one health issue. Four interviews combined Substance Use and Abuse and the health issue of Alcohol in their interview responses. One participant highlighted opioids as the focus in their interview responses for Substance Use and Abuse. Participants highlighted the need to work across sectors to address substance use and provide individuals with treatment.
Existing Strategies: Key informant interviewees mentioned many existing strategies in Kenosha including: the health department raising awareness about the issue and general community awareness, connecting treatment, Kenosha County Opioid Task Force, Kenosha County Substance Abuse Coalition with subgroups and social media presence, Hope Council on Alcohol & Other Drug Abuse, Inc., Vivitrol program/medication assisted treatment (MAT) program, Narcan availability and community Narcan trainings, alternatives to narcotics offered by emergency room (ER) doctors, guidelines for prescribing opioids, crisis workers, police, emergency medical services (EMS), suicide prevention, veteran treatment court, the district attorney (DA) office, teaching companies, health briefings, jail, the emergency room, KCHC (renovated 22nd avenue location), communication, mandated referrals for babies facing addition at birth, noting parental drug use, National Night Out, Teen Task Force, Concerned Citizens Coalition for Greater Kenosha, opioid diversion programs substance-use versions of Alcoholics Anonymous (AA), “Don’t Drink and Drive” campaign, the county Narcan initiative, DARE program, counselors in schools, Kenosha County Jail “Living Free” program (addresses alcohol and drug use), Birds of a Feather, Black Nurses Association (provides workshops), drug courts and providing mandatory treatment instead of jail time, and Oxford House.

Barriers and Challenges: Identified barriers and challenges to addressing Substance Use and Abuse in Kenosha County include: overdoses, the life commitment to recovery, the challenge of discussing the issue, confidentiality, lack of resources and access, a growing community and higher need, noncompliance, increase in substance use, Medicaid waiver, lacking motivation to stop using substances, no treatment, access to illegal substances, access to pain medication, younger children educated about effects, lacking providers, stigma, lack of services, the community is on different pages, low income populations have less awareness of the issue, the vaping issue in high schools, denial, and alcohol is cheap.

Needed Strategies: Respondents mentioned numerous needed strategies to target Substance Use and Abuse including: increasing awareness, education (for those on the street, loved ones of those facing substance abuse, and the public), briefings, resources, and services.

In addition to increasing community resources, participants mentioned the need for veteran programing, Narcan availability at places such as Walmart, more individuals trained with Narcan, physicians to speak with employer groups, a therapist at the Boys and Girls Club of Kenosha, working with insurance companies, changing laws to provide individuals with help as an alternative to incarceration, prescription abuse prevention programs, Narcan administration trainings and distribution programs, medication assisted treatment programs, Employee Assistant Programs (EAP), alternatives to the ER, shifting the culture (the Wisconsin alcohol culture), eliminating stigma, stronger systems for identifying drugs or alcohol in schools, holistic treatment, and hospital resources including standardizing teaching and policies in hospitals.

Key Community Partners to Improve Health: Some mentioned key community partners include KCDH; KHDS Crisis Prevention Center; WI drug registry; KUSD; EMS; law enforcement (police and Kenosha
County Sheriff Department (KCSD); service organizations; providers; hospitals; Kenosha County Opioid Task Force; schools and universities; the fire department; Emergency Services Network (ESN) of Kenosha; Hope Council on Alcohol & Other Drug Abuse, Inc.; KHDS; Kenosha Health Briefings; Concerned Citizens Coalition for Greater Kenosha; physician groups; United Way of Kenosha County; KCHC; PSG/CIP; Kenosha County nurses; and the Black Nurses Association.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Respondents described numerous subgroups/populations to target efforts, including low-income populations, community partners schools, primary care providers, faith-based groups, day care centers, Boys and Girls Club, and sports groups. One participant described the importance of targeting youth and young adults, specifically those under age 18 and those in college who may be more likely to binge drink. This population could be targeted through education campaigns. One strategy could involve acting out a scene to educate this population. Other participants highlighted that since this issue impacts everyone, increasing awareness should target all individuals. Respondents also noted targeting high risk individuals who may have a history of substance use. Some further strategies include educating parents, revamping the DARE program, early prevention/education in schools, youth mentorship, working with teachers to identify behavioral change in students, and presentations to students at the middle school level and younger from those who have been addicted.

Access to Health Care

16 informants’ rankings included Access to Health Care as a top health issue for the county and four ranked it as their number one health issue. One respondent linked Access to Health Care to Chronic Disease. Participants noted the need for health care among many vulnerable communities and that some services were less accessible such as behavioral health.

Existing Strategies: Participants described existing strategies to address access to health care including education and awareness. They also described any health care such as school-based community partners to address mental health, providers, staff who are knowledgeable about insurance, walk-in clinics, various insurance plans, KCHC (including the Silver Lake site), PSG/CIP, and WIC (Women, Infants, and Children) services.

Barriers and Challenges: Barriers and challenges to addressing Access to Health Care from the perspective of informants include cultural differences, decrease in resources, cost, transportation, lack of insurance knowledge, distrust of the health care system, the location of the VA medical center in North Chicago, the growing community with increasing needs, fear of healthcare confidentiality from youth on their parent’s plan, no insurance, not qualifying for VA services, long wait times for services
(for example, behavioral health), KCHC is not serving the number of underserved patients the Health Resources and Services Administration (HRSA) has identified, and a decrease in education.

**Needed Strategies:** Participants describe needed strategies for addressing Access to Health Care including: better community integration, community education on health resources, community health navigators, increasing awareness, legislative advocacy, flexible appointments such as on evenings and weekends, expanded clinics, provide transportation to the VA medical center in north Chicago, increased healthcare coverage, increased funding, change policies to protect young adult’s health information when they are on their parent’s insurance, more behavioral health providers, more school resources, mobile integrated medicine, and more social media.

**Key Community Partners to Improve Health:** Respondents listed key community partners to improve health including: EMS, American Cancer Society, providers, medical facilities, college counseling centers (Carthage College, Gateway Technical College, and University of Wisconsin-Parkside), VFW, KUSD, hospital systems, public health, KCHC, social service agencies, Kenosha Public Library, faith-based organizations (FBOs), neighborhood associations, returning citizens, schools, PSG/CIP, Shalom Center, and Dooley & Associates (for marketing).

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Respondents believed a wide variety of subgroups needed to be targeted including all children, parents, and adults. Additionally, interviewees mentioned politicians; chief; chief executive organizations; uninsured and underserved individuals; connecting individuals at ERs to services; the finance department; diverse communities; low-income individuals; specific neighborhoods such as: Uptown, Lincoln, Columbus, Wilson, and Washington; and city administration.

One participant mentioned that college students could be targeted with a free flu shot clinic on campus and how the gaps in services could be identified by learning what services are offered at college health and counseling centers. A respondent also mentioned sharing the videos online from Aurora.org. Another participant mentioned neighborhood mapping by income level to target marginalized groups and people of color. Other strategies mention going door to door, community outreach events, and holding events in schools, neighborhood, grocery stores, and at gas stations.

**Adverse Childhood Experiences**

16 key informants included Adverse Childhood Experiences (ACEs) as a top health issue for the county and three respondents ranked ACEs as their number one health issue. One participant linked this topic to the health issue of Injury and Violence. Overall, respondents noted ACEs are a serious problem, but
individuals may not recognize ACEs in their own life until far later in life. As noted by interviewees, this makes ACEs challenging to target, but a crucial health priority for Kenosha County.

Existing Strategies: Interviewees identified existing strategies in Kenosha County that address ACEs including: professional learning at KUSD to educate on ACEs; public safety; KHDS Crisis Prevention Center is available; support groups; income services at Kenosha County Division of Children & Family Services; YMCA programs for children; KUSD teachers and counselors; Congregation Based Community Organizing Kenosha (CUSH – specific education task force); and school-based mental health interventions.

Participants also mentioned mentoring programs through Kenosha Area Business Alliance (KABA), Boys and Girls Club, and the Aging and Disability Resource Center. Also highlighted is that the Boys and Girls Club works with key partners. Children go to the club based off of the location in their neighborhood. Additionally, an informant mentioned that United Way will be launching an NFL (National Football League) Character Playbook which is a middle school character development program.

Barriers and Challenges: Interviewees discussed barriers and challenges when addressing ACEs, such as a lack of funding sources and the need for an onsite therapist at the Boys and Girls Club. They also discussed the impact of ACEs, but that there is a lack of awareness of the problem. Additionally, participants said ACEs aren’t screened for or found out about until after the fact. This was expanded on as respondents explained some individuals do not realize they are impacted by ACEs until later in their lives. Other barriers include food, service, and diaper deserts throughout the county; homelessness; low-income communities are unable to afford basic needs; some individuals may treat their children negatively because of their own negative childhood; poverty; and some participants discussed how minority children are more likely to live in poverty and have adverse experience.

Needed Strategies: Respondents identified needed strategies to address ACEs including: educating the public, finding more resources, creating a crisis team for child services through the Department of Children and Family Services (DCF), adding a type of service through schools or childcare centers, increasing parental awareness, having appointments at the Boys and Girls Club, increasing therapists, having the community prioritize this topic, intervening early, increasing safety, adding ACEs to social service assessments to raise awareness, teaching strategies to parents, and ending child poverty.

Key Community Partners to Improve Health: Participants highlighted numerous key community partners such as KUSD, domestic violence centers, hospitals, children’s agencies, KCHC, Boys and Girls Clubs, YMCA, Department of Public Instruction, PSG/CIP, psychologists, psychiatrics, pediatricians, school administrators in the west, parents, day care centers/child care centers, Kenosha Life course Initiative for Health Families (LIHF), all individuals who are mandatory reports, and KUSD as well as the county’s protective services.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Interviewees mentioned that children of all ages need to be targeted to address ACEs. Additionally, parents/families
should be targeted, especially those comfortable learning in different ways. These parents can share information about ACEs since there is stigma surrounded around going to events. Grandparents should also be targeted and grandparent day at school could be a way to reach out to these individuals. Other groups to target include specific neighborhoods, pediatricians, Kenosha County Aging & Disability Resource Center, and fatherhood involvement programs (such as the group organized by the Racine/Kenosha community action agency). Respondents highlighted that interventions need to start early for children, so working with head start programs is a potential strategy, but also it is important to work with individuals through college and determine where they would like to be in the workforce. In general, participants note that everyone needs to be aware of this health issue.

**Nutrition**

Nutrition was ranked as a top health issue by fourteen key informants and as a number one health issue by one key informant. One participant linked nutrition to food security and transportation. Overall, the largest barriers to nutrition included food access and education.

*Existing Strategies:* Respondents identified existing strategies to address nutrition including programming for parents, community gardens, farm to table initiatives, WIC and food share programming, University of Wisconsin-Extension programming and education efforts, access on campus, food availability around the county, awareness and discussion, food banks, education on how to use certain types of foods in recipes, and Impact 2-1-1.

*Barriers and Challenges:* Interviewees mentioned some barriers and challenges in Kenosha County related to nutrition, including transportation, the culture in society that wants an easy solution, cultural difference in food selection and preparation, basic resources such as money, the cost of nutritious food versus unhealthy food, an increase in homelessness, food access and food deserts.

*Needed Strategies:* Participants identified needed strategies such as transportation to increase access, education on new food items to prevent food waste, cooking classes, label reading education, culturally relevant options in regards to nutrition, food banks, programming, and healthier school options such as salad bars.

*Key Community Partners to Improve Health:* Mentioned key community partners by respondents include KUSD, public transportation, KHDS Crisis Prevention Center, KCDH, UW-Extension, health systems, WIC, other food pantries, Kenosha County, community food resources, the Sharing Center, Federally Qualified Health Centers (FQHCs), United Way, and Garden of Eatin’ - Kenosha.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* One respondent highlighted the need for an intergenerational strategy to work with the elders in
communities and learn how this knowledge is shared with younger generations. This strategy may lead to an understanding of access issues. This population can be targeted by working with senior centers or programs that serve older individuals and then working with the families of these individuals. Another interviewee highlighted having United Way volunteers identify and work with neighborhood leaders to plant community gardens. Other subgroups to target include low-income individuals, the Hispanic community, young children, underserved neighborhood, and everyone. Some additional strategies include education and programming.

**Chronic Disease**

Twelve key informants ranked Chronic Disease as a top health priority for the county with three informants ranking it as their number one health issue. One informant saw an overlap between Chronic Disease and Access to Care.

*Existing Strategies:* Interviewees identified existing strategies in Kenosha County such as appropriate and timely care, Health Center and Disability Service resources, KCHC grants, preventive care, walk-in clinics, education workshops on living with chronic conditions and healthy living, and management clinics.

*Barriers and Challenges:* Respiratory issues, mobility, no insurance, family member availability, affordability, increase in disease, time, effort, access to support services, lack of knowledge on management, increase in anxiety, increase in depression, and decrease in sleep are all barriers and challenges identified by participants. One respondent stated HRSA provided a number of underserved patients, but KCHC has not served this number of patients, so patients may be going elsewhere or this is an inaccurate number.

*Needed Strategies:* Respondents identified the need for student, staff, and public education as well as Community Health Navigators (CHN). Other identified strategies included telemedicine, funding, and mobile integrated healthcare.

*Key Community Partners to Improve Health:* Low-income populations, geriatric populations, Kenosha Public Library, Kenosha County Falls Prevention Coalition, KUSD, families, staff, Kenosha County Aging & Disability Resource Center, KCDH, hospitals, vocational rehabilitation, the VA, University of Wisconsin systems, public transportation, mobile integrated health care, fire agencies, and social services were all identified by informants as key community partners.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Subgroups to target as identified by respondents included individuals with diabetes, heart failure patients, individuals with mental health, undeserved and uninsured communities, communities with larger health disparities, and the geriatric population. A mention strategy included connecting patients who use the ER to KCHC.
Other strategies include community outreach efforts, virtual check-ins with telemedicine, public education, and prevention.

**Alcohol Abuse**

Ten key informants ranked Alcohol Abuse as a top health priority for the county and one ranked Alcohol Abuse as their number one health priority. Four respondents combined Substance Use and Abuse and Alcohol Abuse; and one participant combined Tobacco and Alcohol Abuse when ranking their top health issues.

*Existing Strategies:* Existing strategies related to Alcohol Abuse overlapped with the Substance Use and Abuse and the Tobacco health issues. Strategies mentioned by respondents included the Kenosha County Opioid Taskforce; the Kenosha County Substance Abuse Coalition; Hope Council on Alcohol and Other Drug Abuse, Inc.; the Vivitrol program; the DARE program; counselor;, “Living Free” program in Kenosha County jails (addresses alcoholism and drug abuse); crisis workers; police; EMS, suicide prevention; Kenosha, Racine Walworth (KRW) Tobacco-Free Coalition advertising, monitoring selling to minors, awareness; decrease in the number of bars; drunk driving penalties; challenging to get a license to start a bar penalties for drug dealers; Don’t Drive Then Drink” campaign; Alcohol and Other Drug Abuse (AODA) organizations; Black Nurses Association workshops; and Birds of a Feather.

*Barriers and Challenges:* Barriers and challenges identified by informants include lenient drunk driving penalties from the state, having the issue in the schools, individual’s willingness to change, providing ongoing case management, the large alcohol industry lobbyist in Wisconsin, a lack of education, a decrease in resources, individuals are noncompliant, the community is growing, denial, and alcohol is affordable.

*Needed Strategies:* Changing the culture around drinking, increasing self-awareness, taxing alcohol, increasing training coordination for individuals abusing alcohol and drugs, raising awareness in schools, offering online classes in middle schools, providing early intervention, creating a stronger system for identifying liquor or drugs in schools, providing holistic treatment, increasing hospital resources, and working with politicians are all identified needed strategies by informants.

*Key Community Partners to Improve Health:* Respondents highlighted key community partners such as the Hope Council on Alcohol and Other Drug Abuse, Inc.; KHDS Crisis Prevention Center; law enforcement; Wisconsin Drug Registry; KUSD, providers; KCDH; mobile integration; hospitals; school administrators in the west; drug treatment court; KCHS; Kenosha County nurses; county agencies; KRW Tobacco-Free Coalition; and the Black Nurses Association.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Identified subgroups to target by informants included youth, KUSD, and partners in the community. One
respondent suggested that teachers identify behavior patterns in students. Another suggested more public education such as presentations on addiction to students and targeting efforts on the radio.

**Physical Activity**

Seven key informants included Physical Activity as a top health issue for the county. Many connected the health issues Nutrition and Chronic Disease to Physical Activity.

**Existing Strategies:** Health insurance reimbursement for healthy lifestyles, high schools teaching lifelong activities such as biking and bowling, area clubs that help individuals move (such as Kenosha rocks which paints rocks, places them in the city, and families search for them), improved county parks, bike and walking paths, access to facilities, door prizes at community events to incentivize attendance, KUSD school sports, city and county collaboration to improve trails and parks, and wellness programs are all existing strategies to provide Physical Activity to communities in Kenosha County. An informant mentioned that trails placed by United Way (Born Learning Trails) and local school playgrounds help children learn while they are active.

**Barriers and Challenges:** Barriers and challenges identified by respondents included weather (limited months in Wisconsin to be outdoors), safety concerns, external and internal motivation, technology/screen time, cuts in funding for physical activity programs, competition for individual time, perceptions of physical activity, access, the time and process for park approvals, caregivers not prioritizing activities and exercise, cost of fitness centers, transportation, obesity, and individuals not wanting to change. One individual highlighted that even if a path or park is built, this does not mean it will be used.

**Needed Strategies:** Informants mentioned needed strategies including education on alternative ways to be active (i.e. other options besides going to a gym), more indoor activities in the winter, introduce exercise to individuals who may not currently participate in this type of exercise, implement more wellness programs with insurance companies, beautify playgrounds, create playgrounds in areas of underserved populations, create a campaign around reducing technology use, provide in-home therapy for those who are aging and/or may have a disability, educate individuals on the dangers of falls (allow the county to assess individual’s living situations for fall risks and educate individuals on addressing these risks), and collaborate with health systems.

**Key Community Partners to Improve Health:** The community as a whole, the medical community, KCDH, KUSD, the faith community, insurance companies, United Way of Kenosha County, City of Kenosha Parks, County of Kenosha, Aurora, Aurora Cancer Care, hospital systems, Kenosha County Falls Prevention Coalition, and Kenosha County Aging & Disability Resource Center are all key community partners identified by informants.
Subgroups/populations where efforts could be targeted and how efforts can be targeted: One respondent highlighted that everyone needs to be targeted when addressing the health issue of Physical Activity. Additionally, other subpopulations mentioned included caregivers, children, chiefs, Chief Executive Officers (CEOs), groups most impacted by lack of movement, administration, Kenosha Area Business Alliance (KABA), KCHD, hospitals, geriatric population, individuals living with obesity, and underserved populations. These populations can be targeted by changing mindsets, increasing access to activities by bringing activities to the population, and increasing programing. For the geriatric population, one interviewee mentioned the senior center which can be used to increase programing for seniors.

Injury and Violence

Six respondents’ rankings included Injury and Violence as a top health issue for the county and one respondent ranked this health issue as their number one health issue. One interviewee also linked Injury and Violence to the health issue Adverse Childhood Experiences.

Existing Strategies: Community task forces, public safety, KHDS Crisis Prevention Center, falls prevention, suicide prevention and the co-sleeping task force were all mentioned by participants as existing strategies to address Injury and Violence in Kenosha County.

Barriers and Challenges: Respondents identified barriers and challenges including lack of resources and safety education, lack of time, and poor insurance coverage.

Needed Strategies: Some needed strategies mentioned by informants were an increase in therapists, trauma crisis workers, services, and trauma support. A respondent identified the overall need to address the increase in population.

Key Community Partners to Improve Health: Key community partners mentioned by respondents included police, EMS, schools, public health, domestic violence centers, children’s agencies, and hospitals.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: No subgroups where efforts could be targeted were discussed.

Oral Health

Five sets of respondents’ rankings included Oral Health as a top health issue for the county.
**Existing Strategies:** Participants mentioned existing strategies such as education, awareness, insurance through employers, and preventive services. One participant stated there are no true existing strategies and individuals live with daily pain.

**Barriers and Challenges:** Identified barrier and challenges by respondents included access for low-income individuals, lack of insurance, a backlog of treatment (a high number of patients makes follow-up care a challenge), individuals with disabilities lack income for dental work, affordability of treatment, lack of available appointments for treatment or surgery, a lack of providers, and a lack of treatment options. One participant mentioned that dental care may be a low priority for individuals. They explained that employees may not use their insurance and may spend income on other health concerns.

**Needed Strategies:** Informants mentioned the following needed strategies: oral care education, a cap on the number of accepted new patients (to address the high number of patients and the inability to complete treatment plans), and potentially referring out services so providers can see more patients.

**Key Community Partners to Improve Health:** Respondents identified the key community partner of KCHC which has dental services for low-income individuals.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Low-income populations, individuals with disabilities, and middle age individuals were all identified by informants as subgroups to target. Some identified strategies include prioritizing oral health and increasing awareness. One participant mentioned that hospital systems have events to receive free oral health care and this could be an opportunity to connect individuals to services who may not have transportation.

**Environmental and Occupational Health**

Environmental and Occupational Health was ranked as a top five health issue by two key informants. Existing strategies, barriers and challenges, needed strategies, key partners, affected subpopulations and how efforts can be targeted were not discussed.

**Growth and Development**

Two key informants included Growth and Development as a top health issue for the county.

**Existing Strategies:** Participants identified existing strategies including the State of Wisconsin’s nutritional program, education on prenatal health, and the Building Our Future (Strive Together) program which helps children with learning and development.

**Barriers and Challenges:** Informants mentioned that some low-income individuals (based on federal poverty guidelines) may not qualify for the SNAP food share program and therefore lack access to food pantries, which is a barrier. Others barriers and challenges mentioned by respondents include alcohol dependence and mental health issues due to a lack of nutrition, negative perceptions of free meals in high schools, unhealthy food options, generational teaching (parents may not know something is not...
healthy based off of their own childhood experience), lack of knowledge of services, sensitivity (how to approach an individual about their parenting), poverty, and lack of readiness/preparedness.

Needed Strategies: Respondents identified needed strategies including data between hospitals, schools, and the state to identify community needs, changing federal poverty guidelines, finding a better way to reach families, and education on milestones (what they are and if they are not reached).

Key Community Partners to Improve Health: KUSD, underserved/underprivileged hospital systems, Building Our Future program, the county as a whole, existing groups that work with families, and fatherhood involvement programs (for low-income families) such as the group organized by the Racine/Kenosha community action agency were all key community partners identified by informants.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: One participant mentioned targeting a younger population or the elderly by having a special news segment each week highlighting information. For underserved communities, a respondent identified relationship building as a way to target and provide education to this community. An informant also mentioned starting a regional campaign that includes networks to share data.

Reproductive and Sexual Health

One key informant included Reproductive and Sexual Health as a top health priority for the county.

Existing Strategies: Local clinics, providers, short wait time for appointments, and low-costs were all identified existing strategies from respondents.

Barriers and Challenges: Respondents note that many college students have not received sex education meaning they lack knowledge about the contraction and transmission of sexually transmitted infections (STIs)

Needed Strategies: Identified needed strategies by informants include targeted outreach and programing to college student in the beginning months (August and September), sex education for adults, promotion of reproductive and sexual health services by primary care providers, and peer education programs.

Key Community Partners to Improve Health: Colleges, clinics, sexual health educators, AIDS Resource Center of Wisconsin, and OB/GYN practices were all identified as key community partners by respondents.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: An informant identified college students as a subgroup, but did not discuss how efforts can be targeted.
**Tobacco**

One key informant ranked Tobacco as a top health priority for the county. One participant combined Tobacco and Alcohol Abuse as linked health issues.

*Existing Strategies:* Respondents identified existing strategies to address tobacco including better advertising by the KRW Tobacco-Free Coalition which has led to less smoking. Other identified strategies include: awareness, checking if stores sell to underage youth (punishment for stores that violate this policy), half of the bars in the community compared to previously (but alcohol is still readily available), penalties for drunk drivers, it is challenging to get a bar license, penalties for drug dealers, the Silver Lake School System, mail and email education to parents, health classes, DARE in 5th grade, and tickets for high school youth who are caught.

*Barriers and Challenges:* Drinking and driving even despite punishment, a large alcohol lobby in Wisconsin, vaping (change in smoking patterns), prevalence of CBD oils, a lack of education specifically among parents, media promotion, ease of access, and lack of awareness among youth about the severity were the mentioned barriers and challenges by informants.

*Needed Strategies:* Respondents stated that the needed strategies were early education for children, more awareness, and working with politicians.

*Key Community Partners to Improve Health:* All county agencies, the KRW Tobacco-Free Coalition, alcohol prevention, healthcare systems, more advertising and DARE were the identified key community partners by survey participants.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Informants identified subgroups to target including school districts, children, parents, and teens. Earlier education and promotion were identified as targeted efforts.

**Other health issues**

Five key informants ranked other health issues, including homelessness, obesity, lack of transportation, systemic racism, and disparities in race and class. The informants that mentioned systemic racism and disparities in race and class labeled their discussion stress/isms, linking these issues to their other identified health issues. Respondents provided additional comments for the topics of homelessness, transportation and stress/isms.

**Homelessness**

*Existing strategies* Respondents identified existing strategies including connecting individuals to mental health, meeting individuals where they are at, and personal finance workshops.
Barriers and challenges: A barrier mentioned by respondents is that some individuals may not be honest about their veteran status when they are experiencing homelessness.

Needed strategies: One participant identified that the surplus of old uniforms from military services could be used.

Key Community Partners to Improve Health: A respondent identified a grant from the U.S. Department of Labor as a key partner to improve health.

No subpopulations and how efforts can be targeted were discussed.

Transportation

A participant ranked Transportation as a top health issue and connected it to nutrition/food security.

Existing strategies: Access on campus was identified as an existing strategy by the informant.

Barriers and challenges: An increase in homelessness, a decrease in resources, and finances are all identified barriers by the respondent.

Needed strategies: The participant described the need for an increase in Transportation to help access to nutrition.

Key Community Partners to Improve Health: Public transportation and KHDS Crisis Prevention Center were identified by the respondent as key community partners to improve health.

No subpopulations and how efforts can be targeted were discussed.

Stress/isms

In one of the focus groups, each individual ranked their top health issues. When answering the discussion questions, they considered all of their ranked health issues, including: Injury and Violence, Mental Health, ACEs, Nutrition, Substance Use and Abuse, and Chronic Disease. They also listed stress/isms to account for two other health issues listed by respondents: 1) disparities – race, class and 2) systemic racism. Respondents felt that improving social determinants of health will improve these health issues. Social determinants such as housing, access to healthy food, and transportation should be targeted in order to improve these health issues.

Existing Strategies: Awareness, trainings on ACEs, Kenosha County Opioid Task Force, medication assisted treatment (Substance Use and Abuse), DA’s public speaking event, drug treatment court, Healthy People Kenosha County (addressing mental wellness and nutrition), school-based mental health programs, increase in providers at Aurora, telepsychiatry, CBD, education, food is medicine, and Courageous Conversations (started conversations on racism) are all existing strategies identified by informants.
Barriers and Challenges: Respondents noted barriers including the connection between health (mental, spiritual/emotional) and physical, access, insurance, retaining providers, lacking an inpatient mental health facility, culturally sensitive providers, implicit bias, being forced to take a side between law enforcement and the African American community, social systemic issues, no show appointment, food choices, transportation, and health equity.

Needed Strategies: The strategies in the Healthy People process were the identified needed strategies by interviewees.

Key Community Partners to Improve Health: All health systems (Children’s Aurora, Froedert, KCHC), service organizations (Kenosha Area Family and Aging Services, Inc., (KAFASI), the Shalom Center, KABA), businesses, colleges and universities (Carthage College, Gateway Technical College, University of Wisconsin-Parkside, and Herzing University), housing, elected officials including village administrators, law enforcement, fire department, schools, community members, churches and service groups were identified by respondents as key community partners to improve health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Identified subgroups by informants included people of color, those who are economically disadvantaged, and those at the youth transition age from youth to adult (especially foster children). The mentioned targeted efforts include relationships, meeting consumers where they are at, and establishing trust.

Communicable Disease

None of the key informants ranked Communicable Disease as a top five health issue for Kenosha County. Existing strategies, barriers and challenges, needed strategies, key partners, affected subpopulations and how efforts can be targeted were not discussed.
Appendix A. Interview Participants for Kenosha County

Key Informant Interview Participants
39 key informants participated in 25 key informant interviews and two focus groups about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority, and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: youth, individuals living with disabilities, faith communities, those living with mental illness, veterans, the elderly, cancer survivors, and college students.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Cindy Altergott</td>
<td>Executive Director</td>
<td>Kenosha YMCA</td>
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<tr>
<td>James Beller</td>
<td>Lieutenant</td>
<td>City of Kenosha Police Department</td>
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<tr>
<td>David Beth</td>
<td>Sheriff</td>
<td>Kenosha County Sheriff’s Department</td>
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<tr>
<td>Tatjana Bicanin</td>
<td>Executive Director</td>
<td>Building Our Future</td>
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<tr>
<td>Molly Calderon</td>
<td>Wisconsin Home Energy Assistance Program Supervisor</td>
<td>UMOS</td>
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<tr>
<td>Tamarra Coleman</td>
<td>Executive Director</td>
<td>Shalom Center</td>
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<tr>
<td>Carolyn Feldt</td>
<td>Elder and Disability Services Manager</td>
<td>Kenosha County Aging and Disability Resource Center</td>
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<tr>
<td>Diane Gerlach</td>
<td>Pediatrician</td>
<td>Advocate Aurora Health Care</td>
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<tr>
<td>Beth Gilbertson</td>
<td>Academic Dean</td>
<td>Herzing University- Kenosha Campus</td>
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<tr>
<td>Kathleen Gloff</td>
<td>President</td>
<td>Congregations United to Serve Humanity</td>
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<tr>
<td>Kelly Hajduk</td>
<td>Health Aide</td>
<td>Riverview Grade School</td>
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<tr>
<td>Pam Halbach</td>
<td>Kenosha Director/ WIC Director</td>
<td>Racine Kenosha Community Action Agency</td>
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<tr>
<td>James Hall</td>
<td>CEO</td>
<td>Urban League of Racine and Kenosha</td>
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<tr>
<td>Cynthia Johnson</td>
<td>Director</td>
<td>Kenosha County Division of Health</td>
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<tr>
<td>Bridget Kotarak</td>
<td>Director of Special Education and Student Support</td>
<td>Kenosha Unified School District</td>
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<tr>
<td>Alan Marshall</td>
<td>CEO/COO</td>
<td>Kenosha Community Health Center, Inc.</td>
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<tr>
<td>Jake McGhee</td>
<td>CEO</td>
<td>Boys &amp; Girls Club of Kenosha</td>
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<tr>
<td>Tammy L. McGuckin</td>
<td>Vice Provost for Student Affairs and Enrollment Services</td>
<td>University of Wisconsin- Parkside</td>
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<tr>
<td>Ali Nelson</td>
<td>Director</td>
<td>Kenosha County Division of Veterans Services</td>
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<tr>
<td>Debra Nevels</td>
<td>Senior Manager, Health Systems-Wisconsin</td>
<td>American Cancer Society</td>
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<tr>
<td>Tim Nikolai</td>
<td>Senior Community Impact Director</td>
<td>American Heart Association</td>
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<td>John O'Day</td>
<td>Board Supervisor</td>
<td>Kenosha County Board of Health</td>
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<tr>
<td>Michael O’Donnell</td>
<td>Dean, School of Allied Health and Veterinary Sciences</td>
<td>Gateway Technical College</td>
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<tr>
<td>Tara Panasewicz</td>
<td>CEO</td>
<td>United Way of Kenosha County</td>
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<tr>
<td>James Poltrock</td>
<td>Division Chief of Emergency Medical Services</td>
<td>City of Kenosha Fire Department</td>
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<td>Sharon Pomaville</td>
<td>Executive Director</td>
<td>Sharing Center, Inc.</td>
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<tr>
<td>Craig Roepke</td>
<td>Chief of Fire &amp; Rescue</td>
<td>Village of Pleasant Prairie Fire &amp; Rescue Department</td>
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<tr>
<td>Jack Rose</td>
<td>Board Member/ Alderperson</td>
<td>NAMI Kenosha County/ City of Kenosha 15th District</td>
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<tr>
<td>Chris Schoen</td>
<td>Vice President</td>
<td>Professional Services Group</td>
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<tr>
<td>Jill Sorensen</td>
<td>Early Childhood Program Supervisor</td>
<td>Kenosha Achievement Center, Inc. (KAC)</td>
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<tr>
<td>Nina Taylor</td>
<td>Director of Division of Workforce Development</td>
<td>Kenosha County Human Services</td>
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<tr>
<td>Nicole Thomsen</td>
<td>Executive Director</td>
<td>1HOPE</td>
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<td>Susan Ventura</td>
<td>Executive Vice President</td>
<td>Froedtert South</td>
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<td>Heather Wessling</td>
<td>Vice President</td>
<td>Kenosha Area Business Alliance (KABA)</td>
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<tr>
<td>Chris Weyker</td>
<td>CEO</td>
<td>Kenosha Achievement Center, Inc. (KAC)</td>
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<tr>
<td>Linda Wohlgemuth</td>
<td>Senior Vice President and COO</td>
<td>Froedtert South</td>
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<tr>
<td>Suzi Wolf</td>
<td>Professional Services Supervisor</td>
<td>Kenosha Achievement Center, Inc. (KAC)</td>
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<tr>
<td>Andrea Zackery</td>
<td>Principal</td>
<td>Riverview Grade School</td>
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<tr>
<td>Lydia Zopf</td>
<td>Director of Health and Counseling Services</td>
<td>Carthage College</td>
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