Racine County Health Needs Assessment

A summary of key informant interviews

2017

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Introduction

This report presents a summary of public health priorities for Racine County, as identified in 2017 by a range of providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement to the Racine County Community Health Survey conducted through a partnership between Ascension, Aurora Health Care, and Children’s Hospital of Wisconsin. 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 Racine County were identified and interviewed by Ascension, Aurora Health Care, Central Racine County Health Department, Children’s Hospital of Wisconsin, City of Racine Public Health Department, Health Care Network, Racine County Human Services Department, and United Way of Racine County. The partnership invited the informants to participate, and conducted the interviews in July and August 2017. 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/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 2017 key informant interviews for Racine 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, a summary of the strategies, barriers, and partners described by participants is provided as well.
Limitations: Twenty-two key informant interviews were conducted with 24 respondents in Racine County. 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 Racine County data (e.g., community health surveys and secondary data reports).

A. Focus Area Ranking

A total of 24 key informants in 22 interviews were asked to rank up to 5 of the major health-related issues in their county from a list of 15 health focus areas, based on those identified in the State Health Plan. (See Appendix A for the full list of informants). The State Health plan presents Alcohol and Other Drug Use as one health focus area, but for the purposes of these interviews key informants were able to rank Alcohol and Substance Use and Abuse as two separate health issues. Adverse Childhood Experiences was added as health focus area. Key informants were also able to add and rank health issues that did not appear on the list. 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 and discussed five issues.

<table>
<thead>
<tr>
<th>Health Focus Area</th>
<th>Key Informant Rankings</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Top 5</td>
<td>Number 1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>20</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Alcohol and Other Drug Use</td>
<td>16</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Substance Use and Abuse</td>
<td>14</td>
<td>2</td>
<td></td>
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<tr>
<td>Alcohol</td>
<td>8</td>
<td>2</td>
<td></td>
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<tr>
<td>Chronic Disease Prevention and Management</td>
<td>10</td>
<td>2</td>
<td></td>
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<tr>
<td>Access to Health Services</td>
<td>8</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>7</td>
<td>1</td>
<td></td>
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<tr>
<td>Physical Activity</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Injury and Violence Prevention</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Environmental and Occupational Health</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>Oral Health</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Reproductive and Sexual Health</td>
<td>2</td>
<td>0</td>
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<td>Tobacco Use and Exposure</td>
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<tr>
<td>Adverse Childhood Experiences</td>
<td>2</td>
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<td></td>
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<tr>
<td>Healthy Growth and Development</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Communicable Disease Prevention and Control</td>
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<td>0</td>
<td></td>
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</tbody>
</table>
In addition to this list of health focus areas, key informants were able to write in and rank other important issues affecting the health of the county. Four key informants identified the following issues.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Key Informant Rankings</th>
<th>Number 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Jobs and Income</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Abuse and Neglect*</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*Key informant did not discuss this issue. Issue summary not provided.

B. Top Five Health Issues

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

1. Mental Health
2. Alcohol and Other Drug Use/Substance Abuse
3. Chronic Disease Prevention and Management
4. Access to Health Services
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 2015, the report has changed slightly. Many more key informants were interviewed in 2017 than in 2015. To better assess the needs of the county, the interview process was modified to give key informants the ability to rank and discuss important issues affecting the health of the county that are not part of the State Health Plan. Because Alcohol and Other Drug Use remains one of the top health concerns for key informants in the county, this year’s interview process gave informants the flexibility to separately rank and discuss Alcohol Use and Substance Use and Abuse. As in 2015, Mental Health is the number one health priority for key informants, and Alcohol and other Drug Use has remained the second ranked health priority. Chronic Disease Prevention and Management, Nutrition, and Access to Health Services have all maintained rankings as top 5 health focus areas for the county in 2017, while Injury and Violence Prevention was ranked slightly lower, moving from number three to number seven since 2015. In 2017, key informants were also asked questions about special populations or subgroups who may be uniquely affected by each health focus area, and if such a
group is identified, key informants were asked how efforts may be targeted specifically toward that group.

Across health focus areas, lack of access emerged as a major theme. Respondents identified a shortage of providers for mental health care, addiction treatment, dental care, and some other specialty care. In addition, lack of insurance, inability to pay for care and medication out of pocket, inability to afford co-payments, time off of work, and low insurance re-imbursement rates impede residents from accessing the care they need. Across many of the health focus areas, lack of transportation was named as a barrier to get to appointments, larger grocery stores, and programming. Access is further limited for residents who do not speak English, and those residents who are undocumented and may be fearful to seek help.

Across health issues, there was also a sense that many good resources and services do exist in the county, but people do not know about them. Key informants identified better marketing and advertising of programs or services as a strategy that may be needed to improve awareness. They also recommended stronger health promotion messaging and education for the general public for many of the health focus areas. Social media was mentioned as a potentially useful tool for reaching many people.

Across issues, there was also a strong focus on children, providing children with good education, and teaching them about healthy habits early in life. Schools were mentioned as a site of intervention and as a key community partner for almost every health issue. Additionally, three key informants added Education to their ranking and discussion of their top-five health priority areas. Other than children and their families, key informants identified groups that may be the most vulnerable or especially in need of support. These included residents who are low-income, African American or Hispanic, elderly, homeless, or veterans.

Importantly, the health issues that the key informants indicated as priorities for Racine County affect residents across the life span and require engagement across sectors to adequately address the residents’ needs. Key informants named a wide variety of partners across sectors employing strategies to address the health issues of residents. They named some specific partnerships and initiatives that are yielding collaboration across business, law-enforcement, health care, county, and human service sectors.

D. Issue Summaries

Mental Health

Twenty key informants’ interview rankings included Mental Health as a top five health issue and six of these ranked it as the top health priority for the county. Within the interviews, issues related to Access to Health Services were by far the largest barrier and greatest need. A shortage of mental
health providers, both in-patient and out-patient, and difficulty accessing the ones who do exist due to lack of insurance coverage, low insurance reimbursement, inability to pay out of pocket, months-long waiting lists, and lack of transportation were identified as major issues affecting the health of the county’s residents. Alcohol and other drug abuse was also identified as a health issue that overlaps with Mental Health.

Existing Strategies: Key informants identified the following assets, services, and strategies in the county related to Mental Health: Large employers have resources to offer employees; the senior center has resources for coping with age related mental health issues; Aurora Health Care offers resources; people are talking about mental health more now than in the past; patients are asked more questions about mental health at primary care visits; health systems are actively recruiting providers that specialize in Mental Health; the work of National Alliance on Mental Illness (NAMI) Racine County; nonprofits collaborating with health care to provide services; the Racine County crisis hotline is available at all hours; adult protective services; VA programs and services; counseling and intensive outpatient services at Racine Counseling Center and Racine Behavioral Health Services; the Racine County short-term crisis stabilization center (SAIL); Safe Haven; and free counseling services offered by the Hope Center.

Barriers and Challenges: Though there are many assets and existing strategies in the county, key informants identified some barriers and challenges to addressing Mental Health: There are not enough providers; a lack of resources to refer mental health patients to; a lack of rehab and counseling facilities; a lack of insurance reimbursement for mental health services; a lack of support for patients after they are released from inpatient facility; stigma about mental illness; shortage of mid-level and advanced practice providers to see patients; lack of community awareness of what resources are available and how they can benefit; the SAIL program is short term and a limited number of beds; long waiting lists for appointments due to lack of providers; lack of inpatient beds; overuse of law enforcement to handle mental health crises; and group home staff need more training.

Needed Strategies: Key informants discussed strategies that could be employed to improve Mental Health in the county: Ongoing education to employers and managers to keep services top of mind; more group homes for residents with mental illness; more community support for patients with mental illness; partner with more resources to provide guidance and support to patient; more training and education for community and public workers about mental health and how to recognize symptoms; provide education about mental health to youth and to the community to understand that these issues affect everyone; teach youth about the impact of bullying and suicide; hire more mental health providers in schools to help kids and train school staff in how to work with students around mental health; train primary care providers on mental health issues and how to prescribe properly; increase awareness and advertising about where services can be obtained; medication assistance programs; more group therapy options; and attract and retain mental health professionals in the county.
Key Community Partners to Improve Health: Churches, schools, Racine County Department of Human Services, Aurora Wellness Center, police, fire, rescue, public services, community centers, Higher Expectations, Adult Protective Services, the VA, Journal Times, Racine County Behavioral Health Services, Ascension All Saints Hospital and Medical Groups, City of Racine Health Department, State Department of Health Services, NAMI, Love, Inc., Central Racine County Health Department, local colleges, Health Care Network, and group homes were all identified as partners in the county who are working to improve Mental Health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants shared the following recommendations: Youth can be targeted at schools to support kids who have stress and life issues. Have more activities in the schools and use guidance counselors. Reduce stigma by reaching kids early. The general community needs education, support, and services, but especially low-income and those with least access to care should be targeted with information about where to go, what symptoms are, and bring in mental health providers to meet people where they already go so that providers are more visible in the community. Social media campaigns can also help to reach people. Tie in mental health screening or assessment with the Imagination Library program or similar programming. Incorporate parent education/involvement in community school programs. Bring education and services to where teenagers and young adults already are. Create a strong outreach team so people know what to do and how to access them when there is a need. Target incarcerated people with services in jails and prisons. Reach the homeless population at HALO, Inc. Target veterans at the VA.

Alcohol and Other Drug Use/ Substance Abuse

Sixteen informants included Alcohol and Other Drug use in their rankings of top health issues for the County. Some of these key informants ranked and discussed Substance Use and Abuse only, Alcohol only, and some ranked and discussed both together. Common between the responses for both Alcohol and other Substance Abuse are lack of providers, treatment options, and detox facilities; a need for more early education and prevention messages in the community; more supportive community and family approaches to treatment; a need to change community ideas about addiction as a choice and movement toward understanding addiction as a chronic disease; social norms around alcohol and drug use and ease of accessing these substances lead to a normalization of use and abuse, even among young teens; and a need for increased awareness about the resources that do exist in the county. For clarity and specificity, the key informants’ responses to these issues are separated below.

Substance Abuse

Existing Strategies: Key informants shared strategies in the county that exist to address this issue: More people are talking and asking questions about this issue; there is a police partnership with health care providers; education about drugs in schools; there is a new prescription drug monitoring website to help control abuse of narcotics from multiple providers; there are programs in the
community like Women of Worth at HALO, Inc.; counseling and treatment are available at Ascension All Saints and Racine Behavioral Health Services; police and corrections officers are trained; Narcan use decreases deaths; medication drop boxes are available to public; some businesses offer employee supports; and there is an Alcohol and Other Drug Abuse unit in the Jail.

**Barriers and Challenges:** Key informants discussed these barriers to addressing Substance Abuse: Lack of adequate detox and rehab facilities in the county and not enough follow up care for people leaving rehab; lack of providers who can prescribe medication for withdrawal symptoms; patients end up going through rehab multiple times; younger and younger kids are using; mental health and substance abuse are often co-occurring and need to be treated together; people don’t know where to get help; increased opioid production and consumption, over-prescribing of addictive drugs, and drug abuse in the home with legally prescribed drugs; cost of treatment, lack of insurance coverage for treatment and difficulty paying co-payments; and Narcan is controversial.

**Needed Strategies:** Key informants recommended there need to be more providers, more inpatient and outpatient treatment options, and more community supports after rehab. These services also need to be available to those who lack insurance or who cannot afford to pay out of pocket. Other ideas include: A “no questions asked” program for turning in substances, like a drop box at hospitals or police stations; team approaches to treatment that involves the whole family; work with policy makers to create stiffer penalties for drug dealers; focus more on prevention programs to get ahead of the problem; more support for children and families affected when a family member uses; greater understanding of the science of addiction; and community-based research to find the best solutions.

**Key Community Partners to Improve Health:** Law enforcement, health care providers and medical systems, legislators, schools, rehab facilities, the Medical Examiner, community support groups, emergency medical services, counseling centers, City of Racine Health Department, Racine Behavioral Health Services, suboxone providers, Racine County Human Services, churches, community centers, student advocacy groups, employers, Senior Citizen groups, and Drug/Substance Abuse courts were named as important partners in the community to work together on this issue.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Start education with young kids at schools and community centers and include peer speakers or peer conversations. Key informants identified the most vulnerable residents as those who live in low-income, high-crime neighborhoods. Other groups who may need targeted interventions are veterans and homeless residents in the county.

**Alcohol**

**Existing Strategies:** Education in schools, Mothers Against Drunk Driving (MADD), Alcoholics Anonymous (AA) groups, Racine County Behavioral Health, the Women of Worth program at HALO, Inc., and Focus on Community in Racine were provided as examples of groups working on this issue.
Existing strategies include the city restricting liquor licenses and enforcement of penalties for convenience stores that sell to minors.

**Barriers and Challenges:** Key informants shared the following challenges to addressing Alcohol Abuse: The socially acceptable nature of drinking makes it more prevalent, drunk driving laws are not strict enough, people who need treatment don’t pursue it, there is no overall comprehensive strategy to support people, there is need for a detox facility, there are few resources for low-income residents, alcohol is easy to access for everyone and present at every public or social event, and residents’ ability to receive public benefits and services if they are drunk or under the influence does not serve as a deterrent to drink.

**Needed Strategies:** The following were identified as strategies that could improve health in the community related to Alcohol: Increase severity of DUI penalties, expand Uber and public transportation to smaller communities, develop a coordinated approach for where to go with intoxicated people, develop a detox facility, provide more education, more rehab centers, start education with kids earlier, stop public services and benefits to people who use, create more job opportunities so people can work instead of drinking all day.

**Key Community Partners to Improve Health:** Bars and restaurants, churches, medical rehab facilities, medical systems, health care providers, City of Racine Health Department, Central Racine County Health Department, nonprofit organizations, AA groups, HALO, Inc., and employers in the county were identified as they important partners to work on this issue.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Informants discussed the following groups: Help young black men by making resources available to improve life in urban areas. Younger adults and middle-age, low-income or not working residents, and persons with disabilities might need to be targeted with extra education and support groups.

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**Chronic Disease Prevention and Management**

Ten key informants ranked Chronic Disease Prevention and Management as a top health priority for the County. Two key informants ranked it as their top health priority area. Some key informants named specific conditions in their responses such as diabetes, hypertension, asthma, and heart disease. Responses to this issue overlap with other health focus areas: Nutrition, Physical Activity, and Access to Health Services.

**Existing Strategies:** Wellness programs in the community and at work sites, support groups for diabetics, community fitness and recreation programs, National Night Out programs, farmers markets, food banks, church programs, Head Start programs, community messaging about wellness and healthy eating, wellness visits and preventive medicine covered by insurance, follow up for specific patients reduce readmission rates to the hospital, mobile integrated health (MIH) program.
following up with patients with chronic health conditions, patient relationships with primary care providers, specialty clinics and education classes, bike trails, gyms, beaches, insurance incentives for wellness, and youth sports and activities were identified as strategies currently supporting Chronic Disease Prevention and Management in the county.

**Barriers and Challenges:** Unhealthy lifestyles, transportation issues, patients not taking medicine because they can’t afford them, lack of investment in prevention, lack of knowledge and utilization of resources that do exist, the expense of healthy eating and gym memberships, and lack of motivation to change were identified as challenges to preventing and managing chronic disease.

**Needed Strategies:** Health education, food pantries, farmers markets, and church programs need to be more varied and flexible, and offered where the people are to make them more useful and accessible. The community needs more education about the long term outcomes for personal health, family, and increased insurance costs related to chronic disease. Other suggestions are to offer more local medication delivery services in the community, enroll more patients in MIH program, expand affordable transportation services, expand prescription assistance programs, have support groups to refer to, increase access to affordable healthy foods, teach people how to eat healthily on a budget, offer more complete insurance coverage to meet patients’ needs, require physical education in schools, and policy change to require Medicare to pay for preventive strategies.

**Key Community Partners to Improve Health:** Schools, fitness centers, churches, farmers markets, health departments, grocery stores, pharmacies, libraries, Racine County, health care systems and providers, charity organizations that could offer prescription assistance, home health agencies, food pantries, businesses, local government, and community service organizations were identified as key partners to improve health related to chronic disease.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Key informants named middle-aged residents, kids of all ages, and low-income families who rely on food pantries as key population who may need specific outreach or education at community gardens, homeless shelters, food pantries, and meal program sites. Appropriate, culturally-tailored education for African American and Hispanic communities was suggested, especially the aging and low-income subgroups, where need is the greatest. The population aged 50 and older could be addressed with home visits and free meal delivery, with a special focus on those who are non-compliant with treatment.

**Access to Health Services**

Eight informants ranked Access to Health Services as a top health issue for the county, and two of these ranked it as their top health priority area.
Existing Strategies: Community collaborations, partnerships between health care and Racine County Aging and Disability Resource Center (ADRC) to get patients into appointments, community education on the importance of primary care, policies that increase access to health insurance, volunteer medical and dental providers through Health Care Network, school systems’ focus on student health, the Mobile Integrated Health (MIH) Program helps prevent hospital re-admissions and visits to the emergency department, existing health care providers throughout the county, including major medical systems with multiple locations, the City of Racine Health Department and Central Racine County Health Department, and Planned Parenthood are examples of health care provision and strategies to increase Access to Health Services in the county.

Barriers and Challenges: Though there are health care providers in the county, key informants identified barriers to accessing services. These include the costs related to health care access: health insurance, time off of work, co-payments, medication, and transportation to get to services. Additionally, there are not enough providers in some parts of the county or for some specialties, and providers tend to be clustered in certain areas of the county or around large medical campuses. It can be hard for people to get to appointments if they cannot leave work and there are no evening or weekend options. There is a lack of a robust transportation system to get around the county to get to appointments. Though some providers volunteer their time to provide services, there are not enough volunteers to meet all of the need. There are greater restrictions to Badger Care coverage than in the past. Additionally, two key informants provided examples of challenges to working in the health care field: some medical support staff positions earn low wages, there is difficulty finding available sites for clinical rotations, and these careers are inaccessible to some due to background check requirements.

Needed Strategies: Additional mobile medical units in areas where public transportation does not exist, additional appointments offered outside of traditional business hours, neighborhood or community-based approaches to providing services at churches or through human service organizations, stronger advertising or communication about programs and services offered, increased availability of free health screenings, clearly defining the role of the community and charitable organizations in health and health care access, partnerships across the public and private sectors to provide services, additional transportation services in the county, increased opportunities to access appointments for mental health and substance abuse treatment and offering expanded hours for these services, increase community education about health insurance options and finding the right plan, offering an urgent care option at emergency departments for patients who do not have emergencies but are seeking care and educating the public to know when it is appropriate to use the emergency department, and additional state funding for the strategies mentioned to address the barriers to access are recommendations for increasing access.

Key Community Partners to Improve Health: Health care systems and providers, dental providers, counselors, clinics, fire departments, police departments, emergency medical services, local government, policy makers, transportation providers, local businesses, health departments, and churches are examples of community partners who can work together to improve health care access.
Subgroups/populations where efforts could be targeted and how efforts can be targeted: Though everyone in the county should have access to the health services they need, residents who are uninsured or using Medicaid or Medicare, residents with disabilities, low-income residents, undocumented immigrants, residents without access to transportation, and residents who live in areas without a lot of services were identified as potentially the most vulnerable by key informants. These groups may need access to translation services, transportation, access to volunteer or charity care, assistance enrolling in health insurance, or help navigating these systems. It was suggested community members should be asked about their needs and have community and health care partners in place to respond to the needs. On the provider side, it was suggested that incentives such as student loan forgiveness could be offered to attract providers to the county.

Nutrition

Seven key informants ranked Nutrition as a top five health priority for the county. One of these respondents ranked it as their top health priority area. Key informants discussed food access and hunger, making healthier food choices, and Nutrition as a strategy for Chronic Disease Prevention and Management. One informant drew connections between Physical Activity and Nutrition within health and wellness.

Existing Strategies: Local food pantries, Meals on Wheels, school nutrition programs, the Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) program education, home visiting education, UW-Extension’s nutrition education program, and classes offered at Ascension All Saints were named as current efforts in promote nutrition in the county.

Barriers and Challenges: Programs are underfunded or people do not know about them, lack of transportation services to get to larger grocery stores with more healthy options (especially outside of Racine), lack of grocery stores and healthier options in high-poverty neighborhoods, lack of nutrition education programs, high stress levels and lack of time to focus on healthy meal preparation, and a lack of places to get fresh fruits and vegetables were named as barriers to improving nutrition in the county.

Needed Strategies: More opportunities for public nutrition education or better marketing of existing programs, more neighborhood gardens and involving children and adults in learning about food, free cooking classes, expanded transportation options to help people access larger grocery stores and farmers markets, and increased public awareness of obesity as a health concern were identified as strategies that are needed to improve nutrition.

Key Community Partners to Improve Health: Meal programs, grocery stores, community gardens, health departments, community centers, UW-Extension, health care systems, shelters, food banks, County Human Services, food and nutrition programs, transportation providers, economic
development staff, and child care providers were identified as partners to work together to improve nutrition in the county.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The elderly may need more help with transportation to buy food. Low-income households and families with small children may need special outreach to be connected to appropriate services at libraries, food banks, and shelters. Children should be engaged in programs that encourage healthy cooking from a young age.

Physical Activity

Five respondents ranked Physical Activity as a top health issue for the county, with two of them ranking it as their top health priority area. Key informants’ responses overlapped with related health focus areas of Nutrition and Chronic Disease Prevention and Management.

Existing Strategies: Respondents identified workplace wellness programs and efforts, WIC program education, home visiting program education, YMCA programming, youth recreation programming, youth sports, the Aurora Wellness Center’s services and facility, and the upcoming opening of an aquatics center as strategies in place to promote physical activity in the county.

Barriers and Challenges: Barriers to increasing physical activity include: Stress and lack of time for families, lack of status for community centers, increasingly sedentary lives and time spent with technology, high cost of youth camps or programs, school funding cuts to physical activity programs, lack of interest or motivation, injuries, and difficulty identifying who needs help.

Needed Strategies: Key informants recommended social media could be used to market programs, employers and health care providers should partner in a physical activity campaign, expand and revitalize the community centers, expand community center hours and activities, focus efforts on child care providers and the food and activities they offer, implement policies to require daily physical activity in schools and child care, increase the number of these services in the community, open school pools to the public, increase public awareness of obesity as a serious health concern, increase the amount of preventive strategies Medicare can pay for, encourage community activities such as 5k walks, and increase community outreach.

Key Community Partners to Improve Health: Primary care providers, health management organizations, rehabilitation clinics, local businesses, health systems, YMCA, community centers, child care providers, schools, fitness centers, recreation programs, government, and community service organizations were identified as the key partners needed to work on this health focus area.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Workplace wellness efforts can be targeted to employees at their job site to incentivize physical activity. Parents or guardians raising children alone could be targeted with outreach that connects them to activities in the community to build relationships and increase physical activity. Youth could be
targeted with program that connects them to programs that are interactive and teach healthy lifestyle skills like healthy cooking and fun physical activity options. People who are rehabilitating after illness or injury may need programming tailored to their needs for movement. Low-income and minority residents might be subgroups to target.

**Injury and Violence Prevention**

Four respondents included Injury and Violence Prevention as a top health issue for the county. One of these key informants ranked it as their top health priority area. These respondents discussed a number of topics related to this focus area, including fall injury prevention for the elderly, domestic and sexual violence, gangs, and violent crimes.

*Existing Strategies:* Regarding injuries from falls, no strategies were identified as being in place to address this issue. Regarding violence and crime, there are shelters for people victimized by abuse, the Sexual Assault Nurse Examiner (SANE) program works well in the emergency departments, and the police are involved in a task force on gangs. It was also noted there is less major street crime in the inner city than in the past.

*Barriers and Challenges:* Community resources are needed to address safety and fall prevention. Some barriers to addressing crime and violence include a high rate of repeat offenders for domestic violence, a lack of education or lasting incentive for offenders, families can be barriers to reporting or cause problems, ease of access to weapons, lack of follow through from witnesses, people do not want to press charges, and the juvenile justice system is not strict enough.

*Needed Strategies:* Evaluations and education for staff are needed to address fall injury prevention. Strategies needed to address violent crime include harsher penalties, education that criminal behavior is not acceptable, interventions to get to the root causes of abuse, additional law enforcement, hospital policies, and protocols to follow to control crime scenes.

*Key Community Partners to Improve Health:* Assisted living and community-based residential facilities are key community partners who are needed to address fall injury prevention and safety. Key partners needed to address violence and crime in the county include health care systems and hospitals, emergency medical services, law enforcement, gun educators, and the juvenile justice system.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* The elderly need special education or resources about fall injuries and prevention. It was suggested education, outreach, and crime prevention efforts could be targeted toward minority communities, men, young adults, and residents of the inner city.
**Education**

Three key informants added, ranked, and discussed Education as a priority health focus area for the county.

**Existing Strategies:** Public education, partnership with Gateway Technical College to continue free education beyond high school, high schools becoming academies to better prepare youth for jobs, new schools and better buildings, and neighborhood schools are examples of how schools are improving education. United Way of Racine County initiatives, the Higher Expectations collective impact initiative, YMCA initiatives, and home visiting programs are examples of ways community organizations are engaged in improving education.

**Barriers and Challenges:** A lack of support for children, lack of personal motivation, lack of family units, and not prioritizing education were identified as barriers to better education outcomes in the county.

**Needed Strategies:** Head Start Programs, all day 4-K and kindergarten for kids with working parents, connecting education with W-2 benefits, promotion of the benefits of staying in school, and expanding collaborative efforts between businesses, government, and community service organizations were named as strategies to improve education in the county.

**Key Community Partners to Improve Health:** Racine Unified School District, Racine County Human Services, Child Protective Services, law enforcement, businesses, local government, and community service organizations were identified as key stakeholders to be engaged around this health focus area.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Key informants identified minority and low-income individuals as populations in need of more support. Key informants thought they could be reached at schools or community centers.

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**Environmental and Occupational Health**

Two key informants included Environmental and Occupational Health as a top health issue for the county. Both of these informants ranked it as their number one priority area. These key informants discussed education, job training, and safe housing.

**Existing Strategies:** Key informants named rent assistance programs, the W-2 program, state childcare benefits, education and job training, local judges holding landlords responsible for housing quality, team approaches across departments for building inspections, more jobs coming to the area, decreases in violent crime, teen pregnancy, and unemployment, and a good location on the lakefront as community assets or strategies in place to support Environmental and Occupational Health.
**Barriers and Challenges:** Challenges exist in educating and training youth to make positive changes, bringing better paying jobs that can support families, finding affordable child care, and getting local alders and politicians engaged and committed to making positive changes. A poor economy and poor living conditions lead to other health problems.

**Needed Strategies:** Consequences for landlords who do not keep buildings up to code, education and job training, and affordable child care are strategies the community needs to improve health.

**Key Community Partners to Improve Health:** Local contractors, builders, legislators, and landlords are needed to keep housing safe and compliant to codes. School partnerships are needed to educate and provide skills or job training to youth.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Efforts to provide low-income residents, unemployed residents, and youth with education, job training, skill building, and mentoring could help people get into better paying jobs and help them to be successful.

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**Oral Health**

Two key informants included Oral Health as a top health issue for the county. Key informants discussed issues of Access to Health Services and public education about oral hygiene.

**Existing Strategies:** The dental and orthodontics providers in the area are a strategy in place to address oral health for those who have dental insurance and money to pay out of pocket for expenses insurance does not cover.

**Barriers and Challenges:** One main barrier to oral health is lack of access: out of pocket costs, expenses of service, and lack of free or low-cost service providers. Another barrier is lack of education on oral hygiene. People neglect to take care of their teeth until they become painful or fall out. Other barriers to personal oral care are drug use and smoking.

**Needed Strategies:** The county needs more free or low-cost oral health service providers, providers who are willing to see patients without insurance or set up payment plans, and more publicized information about such providers who do exist so people can know what the resources are in the county.

**Key Community Partners to Improve Health:** Dental providers in the county were named as a community partner able to improve oral health.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Targeting low-income populations with information about the dental assistance programs that do exist was one strategy named to improve oral health for this group.
Reproductive and Sexual Health

Two key informants included Reproductive and Sexual Health in their rankings as a top health issue. The topics discussed related to this issue overlap with some other health focus areas, including Communicable Disease Prevention and Control (sexually transmitted diseases and infections and HIV), Access to Health Services (contraception, prenatal care, STD testing and treatment, and Sexual Assault Nurse Examiner services), Injury and Violence Prevention (sexual assault and human trafficking), and Healthy Growth and Development (parenting and infant mortality prevention).

Existing Strategies: Task force work on the birth rate to teenage mothers led to improvement in the teen birth rate. The county’s infant mortality rate used to be among the highest in the state and task force work on this has yielded some improvement. School partnerships with child care providers have allowed teenage parents to care for their children and stay in school. The Sexual Assault Nurse Examiner (SANE) nurses are working well with law enforcement and having the SANE program in both major hospitals is an asset. Free sexually transmitted disease (STD) testing through the Central Racine County Health Department is a benefit to the county’s health.

Barriers and Challenges: Lack of public education about reproductive health, lack of funding and resources as led to some closures of free clinics for STD testing and cuts to some nurse staffing and programs, and discomfort or difficulty talking about issues like sexual assault, sexual abuse, trafficking, HIV and STDs have been barriers to improving health in this area. Additionally, it can be difficult for young teenagers to access reproductive health services and lack of transportation to health care providers can be a further barrier for many. Poor nutrition and drug addiction are challenges for healthy birth outcomes.

Needed Strategies: Better access to health services (more providers and more transportation options to get to them), more public education and K-12 education about sexual and reproductive health, and more nurses trained in the SANE program were identified as areas for improvement.

Key Community Partners to Improve Health: SANE programs in hospitals, urgent care clinics, parent organizations at schools, school districts, and transportation providers were partners identified as playing an important role in improving health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Teenagers were identified as a specific group who should be receiving reproductive health education. Middle and high school aged children are also an important group to educate about sexual violence and trafficking because girls and young women aged 12 to 19 are more likely to be victimized. They could also be reached through education programs with 4-H, churches, school groups, and other youth programs. Raising awareness about these issues through programming in partnership with local bars was suggested as another strategy to address sexual violence in the county.
**Tobacco Use and Exposure**

Two key informants included Tobacco Use and Exposure in their rankings as a top health priority for the County.

*Existing Strategies:* Health care providers asking about smoking, cessation support groups at work sites and health care settings, police work to stop tobacco product sales to under age residents, the success of the We Card program, and public advertising campaigns are strategies in place to address this issue in the county.

*Barriers and Challenges:* Despite the high cost and health risks, it can be difficult to quit, especially for those who are experiencing a lot of stress or who have been lifelong smokers. Another barrier to quitting is the ease of access to tobacco products.

*Needed Strategies:* Residents of the county could benefit from additional free or low-cost tobacco cessation support, and additional marketing about the risks of tobacco use could be targeted toward school-aged children in school settings.

*Key Community Partners to Improve Health:* The health departments, hospitals and health care systems, schools, veterans groups, senior living facilities and senior centers, church groups, and civic groups are the community partners needed to address this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* Veterans, young adults, and adults over age 50 were identified as particular groups who might benefit from specific marketing efforts, education, and cessation support and activities.

**Adverse Childhood Experiences**

Adverse Childhood Experiences was ranked as a top five health issue for the county by two key informants. Responses to this focus area overlap with the Mental Health and Access to Health Services health focus areas.

*Existing Strategies:* Strategies in place to address Adverse Childhood Experiences are the WIC program and home visiting programs.

*Barriers and Challenges:* Barriers to addressing this issue are lack of support for children and families, lack of resources and knowledge of where to get resources, challenges educating families about support that exists, lack of funding for programs, lack of access to mental health care, and stress in families’ lives coupled with lack of time to address or manage that stress.

*Needed Strategies:* Strategies suggested to improve health are access to mental health care and more funding to address mental health in the county, more services and relationships in the community related to mental health and trauma, community change through support and
education, policy changes, and training teachers and school staff to identify Adverse Childhood Experiences and how to address them.

Key Community Partners to Improve Health: The partners who can work together on this issue include schools, health departments, health care providers, Racine County, and nonprofit organizations in the community.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants recommended efforts be targeted to all students at the schools as well as single parents or grandparents raising children alone. These guardians could be supported by increased relationships with services in the community.

Jobs and Income

Two key informants added and ranked this health focus area in their top-five health focus areas for the county. One of them discussed this issue in their interview.

“A child needs nutrition and health care for a healthy brain. In turn, a healthy brain can help a child receive a good education. With a good education, there are more options for post-secondary education. And then with post-secondary education, there are more opportunities for good jobs.”

Existing Strategies: High quality education was named as a strategy in place to address employment.

Barriers and Challenges: It may be challenging to take time off of work to access additional education. Lack of access to post-secondary education and lack of transportation to jobs were named as additional barriers.

Needed Strategies: This key informant identified “a combination of economic and education policies and programs” as a strategy needed to address jobs.

Key Community Partners to Improve Health: All of the sectors and organizations who impact education, health, housing, and business need to be engaged in work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The key informant identified economically disadvantaged residents as a group in need. They did not provide suggestions about how efforts could be targeted.

Healthy Growth and Development

Healthy Growth and Development was ranked as a top five health issue by one key informant. This person also ranked the issue as their top health priority for the county.

Existing Strategies: This key informant believes expanding current services when grants become part of the budget is the way the county is addressing this issue.
Barriers and Challenges: The key challenges are lack of family and community involvement and a need for more education and outreach.

Needed Strategies: To address this health focus area, this key informant suggested beginning with the budget, planning, and an effort to reach everyone.

Key Community Partners to Improve Health: Social service agencies that serve families and children are important to improving health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Starting with low-income families in the county is important because education and access may be barriers for them. It would be important to gather economic data to determine where these efforts might be most needed.

Affordable Housing

One key informant added, ranked, and discussed Affordable Housing as a top-five health focus area for the county.

“To address health, income, etc., we need to make sure that people have an affordable place to live. If a person does not have housing, they cannot store, prepare, and eat the correct foods. Housing cannot take up too big a proportion of one’s pay. If it does, then people will not be able to access nutritional foods, health care, and education... Nutrition, housing, healthcare access, mental health care and jobs are all inter-related.”

Existing Strategies: None provided

Barriers and Challenges: Housing is not affordable and it is a very difficult issue to address.

Needed Strategies: A combination of economic and education policies and programs.

Key Community Partners to Improve Health: Racine County Housing Authority and government programs that provide assistance were named as the partners to engage in the work on this focus area.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Economically disadvantaged residents were named as the key population affected, but information about targeted efforts was not provided.

Communicable Disease Prevention and Control

Zero respondents ranked Communicable Disease Prevention and Control as a top five health issue for the county. Existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not discussed.
Appendix A. Interview Participants for Racine County

Key Informant Interview Participants
Twenty-four individuals participated in 22 key informant interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority, and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: racial and ethnic minorities, the elderly, youth, veterans, faith communities, individuals with disabilities, rural and agricultural communities, survivors of domestic and sexual violence, and those living with mental illness and substance abuse. These organizations serve the urban and rural communities of Racine County, with approximately one-third serving the county east of Interstate 94, approximately one-third serving the county west of Interstate 94, and approximately one-third serving all of Racine County.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Bryan Albrecht, Ed.D.</td>
<td>President and Chief Executive Officer</td>
<td>Gateway Technical College</td>
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<tr>
<td>Brad Behling</td>
<td>County Veterans Services Officer</td>
<td>Racine County</td>
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<tr>
<td>Dottie-Kay Bowersox, MSA</td>
<td>Public Health Administrator</td>
<td>City of Racine Public Health Department</td>
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<tr>
<td>Linda Boyle</td>
<td>Co-President</td>
<td>Racine Interfaith Coalition</td>
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<tr>
<td>Claribel Camacho</td>
<td>Division Manager</td>
<td>Racine County Human Services Department</td>
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<tr>
<td>Margie Carrington</td>
<td>Executive Director</td>
<td>Health &amp; Nutrition Service of Racine, Inc.</td>
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<tr>
<td>Jeff Collen</td>
<td>President/Chief Executive Officer</td>
<td>Racine Family YMCA</td>
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<tr>
<td>Rachel Cortez, RN</td>
<td>Sexual Assault Treatment Center Coordinator, Unit Leader</td>
<td>Ascension Wisconsin All Saints Emergency Room</td>
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<tr>
<td>Gerald Demers, MD</td>
<td>Medical Director</td>
<td>Wisconsin Veterans Home at Union Grove</td>
</tr>
<tr>
<td>Cathy Duchow-Cross, RN, BSN</td>
<td>Sexual Assault Nurse Examiner Coordinator</td>
<td>Aurora Lakeland Medical Center/Aurora Memorial Hospital of Burlington</td>
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<tr>
<td>Tammy Hayward</td>
<td>Co-President</td>
<td>Racine Interfaith Coalition</td>
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<tr>
<td>Julie Hueller</td>
<td>Manager, Mental Health Collaborative</td>
<td>Racine Unified School District</td>
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<tr>
<td>Matt Johnson</td>
<td>Police Chief</td>
<td>Waterford Police Department</td>
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<tr>
<td>Gail Kopp, RN, BSN</td>
<td>Sexual Assault Nurse Examiner Coordinator</td>
<td>Aurora Memorial Hospital of Burlington</td>
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<tr>
<td>Scott Leslie</td>
<td>Police Officer</td>
<td>Racine Police Department</td>
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<tr>
<td>Gai Lorenzen</td>
<td>Executive Director</td>
<td>Homeless Assistance Leadership Organization, Inc. (HALO)</td>
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<tr>
<td>Jan Ludtke</td>
<td>Executive Director</td>
<td>Burlington Area Chamber of Commerce</td>
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<tr>
<td>Donna Lueth</td>
<td>Manager</td>
<td>Aurora Wellness Center</td>
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<tr>
<td>Melissa Milne</td>
<td>Nurse Practitioner for Addiction Services</td>
<td>Ascension Wisconsin All Saints</td>
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<tr>
<td>Ned Murphy, DDS</td>
<td>Dentist and President of Wisconsin Dental Association</td>
<td>Spring Dental Group</td>
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<tr>
<td>Michael Payne</td>
<td>Medical Examiner</td>
<td>Racine County</td>
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<tr>
<td>Peter Smet</td>
<td>Superintendent</td>
<td>Burlington Area School District</td>
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<tr>
<td>Michelle Wagner, MD</td>
<td>Physician</td>
<td>Aurora Health Care</td>
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<tr>
<td>Brian Zwiebel</td>
<td>Chief EMS</td>
<td>City of Burlington Rescue</td>
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