Marinette County, WI/Menominee County, MI
Health Needs Assessment
A summary of key informant interviews

2022
This report was prepared by JKV Research, LLC

This report was commissioned by Aurora Health Care, Marinette County Public Health Department and Provident Health Foundation.
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Introduction

As a supplement to the community health phone and online surveys, key informants who represent the diverse sectors of Marinette County, Wisconsin and Menominee County, Michigan were interviewed.

A total of 45 key informants participated between May and July 2022. A few interviews had more than one person participating in the call, but were considered one interview for the purpose of identification. See Appendix A for a complete list of participants.

As shown in the table below, a variety of community populations are represented. Most informants (86%) selected one population served.

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

<table>
<thead>
<tr>
<th>Community/Population</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>All populations</td>
<td>29</td>
</tr>
<tr>
<td>People experiencing low SES</td>
<td>4</td>
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<tr>
<td>Rural communities</td>
<td>3</td>
</tr>
<tr>
<td>Communities of color</td>
<td>0</td>
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<tr>
<td>Other specific populations</td>
<td></td>
</tr>
<tr>
<td>Youth</td>
<td>8</td>
</tr>
<tr>
<td>Elderly or disabled</td>
<td>3</td>
</tr>
<tr>
<td>Underinsured/uninsured/working class</td>
<td>2</td>
</tr>
<tr>
<td>Parents/caregivers</td>
<td>2</td>
</tr>
<tr>
<td>Employers</td>
<td>1</td>
</tr>
<tr>
<td>Severe mental illness</td>
<td>1</td>
</tr>
<tr>
<td>Anyone with substance use</td>
<td>1</td>
</tr>
</tbody>
</table>

All informants were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Members from the team interviewed the key informants and entered responses into Survey Monkey for analysis.

The interviews used a standard script that included the following elements:

COVID:
- What needs or gaps have developed from the COVID-19 pandemic that have affected the community your organization serves, including any special populations or groups?
- What are the existing strategies to address the gaps? What is working well?
- What additional strategies are needed to address the gaps? Which community stakeholders are needed for the strategies to be successful?
- How would you suggest organizations reach out to community members to implement health initiatives?
- What is one key learning that you (or your organization) has had from the COVID-19 pandemic?

Social Determinants of Health:
- Top Rank, Second Rank
- What populations in our communities are most affected by this issue? How are they affected?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- Which community stakeholders are critical to addressing this issue?
Health Conditions/Behaviors:

- Top Rank, Second Rank
- What populations in our communities are most affected by this issue? How are they affected?
- What are the existing strategies to address the health issue? What is working well?
- What additional strategies are needed to address this issue? What is keeping our community from doing what needs to be done to improve this issue?
- Which community stakeholders are critical to addressing this issue?
- If the community rallied behind one major effort to radically improve this issue, what would that initiative be?
- What is one thing your organization needs now to address this issue?
- How do Social Determinants of Health impact this issue?

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

Key Findings

1) The coronavirus pandemic has shown that support systems were stretched thin and needs/gaps widened. These needs/gaps included mental health, economic needs, medical health and student needs. Strategies to address the needs included additional mental health providers, medical providers, housing options, transportation options, childcare options as well as collaboration. Using all forms of communication is necessary to reach all populations.

2) The top social determinants of health were safe and affordable housing; family support; accessible and affordable transportation; affordable childcare; access to social services; accessible and affordable health care; and social connectedness and belonging. Strategies were similar to Key Finding 1. The complexities of the inter-connected determinants, the rural vs. urban differences and Michigan vs. Wisconsin differences were highlighted often. Key stakeholders varied somewhat on the determinant, but typically included government agencies, elected officials, advocates, employers, community leaders and schools.

3) The top three health conditions/behaviors in their community were mental health, mental conditions and suicide; alcohol and substance use; and nutrition, physical activity and obesity. “Everyone” was listed by half of key informants as the affected population for each of the top three conditions/behaviors. Strategies were similar to Key Finding 1. The complexities of the inter-connected determinants, the rural vs. urban differences and Michigan vs. Wisconsin differences were emphasized as well. Key stakeholders varied somewhat on the determinant, but typically included government agencies, elected officials, advocates, employers, community leaders and schools.
A. COVID-19

The first series of questions related to the coronavirus pandemic and its impact on the community they serve.

Community needs or gaps developed since the coronavirus pandemic
Key informants provided numerous community needs/gaps since the pandemic started. These needs/gaps were already present, but increased during the pandemic. The needs/gaps focused around groupings of mental health, economic needs, medical health and student needs. Oftentimes the needs were not singular and crossed over more than one grouping.

Mental health needs: Most key informants indicated mental health as a top need since the start of the pandemic. Isolation, loneliness or lack of social connectedness were all mentioned numerous times. All populations were affected, although in different ways. Older people were unable to socialize, parents struggled to make ends meet and children lacked the connection to fellow students. Access to dual mental health and alcohol-substance abuse services were often listed as a need.

Economic needs: When reopening began, some businesses opened in a limited capacity, delayed opening or did not reopen at all. People who were already struggling lost or lessened their already limited income, in turn, increasing food insecurity and housing instability. Access to quality childcare, especially for second or third shift, affected potential employers. Staff weariness and the lack of employees has also put pressure on businesses.

Medical health needs: Key informants indicated the pandemic has delayed medical procedures, follow-up appointments and wellness checkups. These delays have an impact on health conditions and diagnoses, which can cause future issues. The reasons for delays included fear about contracting COVID (prior to vaccine availability), understanding recommendations that changed often, loss of insurance/coverage, the cost as well as disinformation about the virus/vaccination.

Student needs: Developmental delays, school readiness, adolescent behavioral and mental health issues along with absenteeism were listed as gaps/needs that have occurred during the pandemic.

Existing strategies to address the needs/gaps
Key informants identified new ways of client communication as strategies addressing the gaps, re-evaluating service models, staff flexibility, increase in funding/donations and collaboration.

New ways of communication with clients: Weekly e-blasts, social media, radio, TV channels and informing front line community members of progress were new or expanded communication processes utilized in a rapidly changing landscape.

Re-evaluation of services: Several organizations reported their services were limited or needed to be revised to meet safety protocols. Many services changed to curbside pickup or were able to offer drive through options. Pop up clinics/vaccinations sites and rapid testing assisted in providing services to residents. Although most services have come back to face to face, some will continue via video conference.

Staff issues: Key informants indicated they became more flexible to staff, work from home became more common and incentives/benefits were focused on to retain staff.

Additional funding: The community pitched in and with federal and state aid, organizations were able to develop some new outreach procedures. However, that aid was not offered indefinitely.
Collaboration: Some collaborations of organizations/agencies were mentioned, although most key informants indicated that more was needed.

**Additional strategies needed and community stakeholders to be successful**

In order to decrease the impact of the coronavirus pandemic, most key informants reported strategies around economic needs, collaboration and addressing mental health.

**Economic:** More funding was the most often listed strategy to meet the needs of residents. Better wages, more transportation options, housing options, food sources or transportation as well as varying childcare options were all listed as key strategies. Critical stakeholders included elected officials, city and county officials, policymakers, housing authority, business leaders, community leaders, grassroot community organizations, current coalitions, advocates and people who have been affected.

Collaboration: A few key informants mentioned collaborations across disciplines. Expanding current partnerships and creating additional ones to address the complexity of the needs is important. A centralized information service center was also mentioned. Oftentimes, state lines prevented community members from accessing needed medical or mental health services. Collaboration is needed to provide services and determine gaps.

**Mental health:** The mental health needs have surpassed what is available. Additional mental health providers, retaining current staff, expanding insurance coverage, accessing free therapy, more mental health screening or more education (importance of social connectedness and reducing stigma) were all listed as additional strategies needed.

**How to reach community members to implement health initiatives.**

It is important to meet people where they are at, with people they trust. Using all forms of technology, like e-blasts, social media, radio, TV channels and newspapers will help connect with specific populations.

**One key learning from the COVID-19 pandemic.**

Key informants often listed more than one key learning. Learnings included internal, collaboration and the importance of mental health.

**Internal:** Many key informants recognized how important their services were when they were unable to provide as much of it. They also learned to reassess their delivery models which caused them to be more flexible and innovative. They learned the whole person needs to be addressed, rather than issue by issue. Having a defined plan in preparation of another event was listed by several key informants. Finally, technology was useful for some clients but was unavailable to others.

Collaboration: Several key informants reported that current systems were not ready for the increased needs that the pandemic triggered. Additional collaborations to meet the complexities were listed often.

**Mental health:** Social connectedness and mental health were affected substantially during the pandemic and need to be addressed more. Several key informants mentioned that mental health was, for the first time, seen as a basic need and must be included in a holistic approach to wellness.
B. Social Determinants of Health Rankings

Key informants were asked to select the top two social determinants of health in the community they serve. Table 2 indicates the selected determinants and the number of key informants who ranked it as the top social determinant of health. The top seven social determinants of health are listed in detail. The remaining determinants are limited in the amount of information available.

Table 2. Social Determinants of Health Rankings

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Top 2</td>
</tr>
<tr>
<td>Safe and Affordable Housing</td>
<td>17</td>
</tr>
<tr>
<td>Family Support</td>
<td>15</td>
</tr>
<tr>
<td>Accessible and Affordable Transportation</td>
<td>11</td>
</tr>
<tr>
<td>Affordable Childcare</td>
<td>10</td>
</tr>
<tr>
<td>Access to Social Services</td>
<td>10</td>
</tr>
<tr>
<td>Accessible and Affordable Health Care</td>
<td>7</td>
</tr>
<tr>
<td>Social Connectedness and Belonging</td>
<td>7</td>
</tr>
<tr>
<td>Education Access and Quality</td>
<td>3</td>
</tr>
<tr>
<td>Environment Health (Clean air, safe water, etc.)</td>
<td>3</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>2</td>
</tr>
<tr>
<td>Racism and Discrimination</td>
<td>2</td>
</tr>
<tr>
<td>Economic Stability and Employment</td>
<td>1</td>
</tr>
<tr>
<td>Quality of Health Care</td>
<td>1</td>
</tr>
</tbody>
</table>

General Themes

Several key informants indicated it was difficult to identify two social determinants of health because they were so inter-related. For example, safe and affordable housing, the top social determinant of health, is invariably linked to economic stability and employment, affordable health care, affordable transportation and food security. Stakeholders included government agencies, elected officials, advocates, community businesses, community leaders and any current collaborations. The rural population and the different options across state lines were mentioned as barriers to meet the needs of community members.

Top Social Determinants of Health Summaries

✓ Safe and Affordable Housing

Seventeen key informants’ interview rankings included safe and affordable housing as a top social determinant of health, and nine ranked it number one.

Populations Affected and How: The most often cited populations affected were low to mid income, the unemployed, underemployed, the working class, homeless/transient people or employers. People who were older, with special needs or disabilities, with mental health issues or substance abuse were also listed a handful of times. The high cost-burden of safe and affordable housing creates a deficit for other basic needs such as food security, employment, physical health care, mental health care, safety and quality of life.
One Major Effort: Over two-thirds of key informants indicated that communities need to build more affordable rentals and permanent supportive housing since there are not enough to meet the need. In addition, there should be a planning effort to identify all the resources available and determine gaps. Finally, an attitude shift on who is homeless is also needed.

Critical Community Stakeholders: Top critical stakeholders included elected officials and government leaders. Government agencies, employers and granting agencies were listed next. Finally, city planners, developers, builders, contractors and investors were also listed by a few key stakeholders.

☑ Family Support

Fifteen informants’ interview rankings included family support as a top social determinant of health, and six ranked it number one.

Populations Affected and How: Parents, the low to mid income households, the older population or family caretakers were most often listed populations affected. Without family support, residents’ mental health issues and AODA issues can increase. In addition, there is a generational cycle that needs to be broken.

One Major Effort: Over half of key informants indicated that educational programs on how to be a supportive family member needs to occur along with social connectedness and belonging. Increasing access to these programs was also needed.

Critical Community Stakeholders: Critical stakeholders included schools, government agencies, employers and health care providers.

☑ Accessible and Affordable Transportation

Eleven informants’ interview rankings included accessible and affordable transportation as a top social determinant of health, and four ranked it number one.

Populations Affected and How: Over half of key informants indicated people who were older or with low to mid income level as the most affected populations. Rural residents were also listed. Without transportation access, community members’ overall health and wellbeing can decrease as a result of the isolation and limited access to health care and mental health care.

One Major Effort: About half of key informants indicated free access or more affordable access to a shuttle were major efforts needed. Finding volunteers to drive was also needed.

Critical Community Stakeholders: Critical stakeholders included government agencies, granting agencies, transportation providers and elected officials/government leaders. Health care systems, employers and people affected by the problem were also listed.
☑ Affordable Childcare

Ten informants’ interview rankings included affordable childcare as a top social determinant of health, and seven ranked it number one.

*Populations Affected and How:* The most often cited populations affected by affordable childcare were households with low income, near or below poverty, young families, single parents or employers. If a parent cannot find affordable quality childcare, they are less likely to be fully employed impacting their economic stability, housing stability and health care coverage.

*One Major Effort:* Employer-based/sponsored childcare, child subsidies/allowances or second/third shift childcare were the most often mentioned efforts to address the need for affordable childcare.

*Critical Community Stakeholders:* Critical stakeholders included employers, government agencies, schools and advocacy groups.

☑ Access to Social Services

Ten informants’ interview rankings included access to social services as a top social determinant of health, and four ranked it number one.

*Populations Affected and How:* The most often cited populations affected were people with mental health issues, older people or households with low income, near or below poverty. A waiting list or a lack of timely assistance can impact residents’ health and wellbeing.

*One Major Effort:* The most often listed efforts included just in time help/walk-in mental health, AODA assistance, affordable mental health providers as well as education. Collaborating agencies or having navigators were also mentioned.

*Critical Community Stakeholders:* Critical stakeholders included health care providers/systems, schools and government agencies. Employers and advocacy groups were also mentioned.

☑ Accessible and Affordable Health Care

Seven key informants’ interview rankings included accessible and affordable health care as a top social determinant of health, and all seven ranked it number one.

*Populations Affected and How:* The most often cited populations affected were households with low income, near or below poverty, unemployed or underinsured. People who were older or with disabilities were also identified. Without affordable health care, a person’s overall quality of life is affected. The high-cost burden can affect their economic stability and can cause additional problems if they person delays services.

*One Major Effort:* Some key informants indicated universal health care or some form of free access to address the need. Transportation options or popup/remote clinics were also listed. Addressing the health care differences between Michigan and Wisconsin residents as well as rural residents were mentioned.

*Critical Community Stakeholders:* Critical stakeholders included health care providers/systems, government agencies, employers and granting agencies.
Social Connectedness and Belonging

Seven informants’ interview rankings included social connectedness and belonging as a top social determinant of health, and three ranked it number one.

Populations Affected and How: People who were older, with mental health issues and/or AODA issues or rural residents were most often cited. With a lack of social connectedness, there can be an increase in mental health issues.

One Major Effort: Key informants indicated more social connectedness programs, including school-based, or more mental health providers were major efforts to address social connectedness.

Critical Community Stakeholders: Critical stakeholders were schools, government agencies, employers and granting agencies.

Remaining Social Determinants of Health

The remaining social determinants of health are listed below along with populations affected, strategies and critical stakeholders. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Education Access and Quality

Three informants’ interview rankings included education access and quality as a top social determinant of health, and two ranked it number one.

Populations affected were parents and students without job preparation and economic stability. School districts, community leaders and employers were listed as critical community stakeholders.

Environment Health

Three informants’ interview rankings included environment health as a top social determinant of health, and one ranked it number one.

Rural residents were the most often affected population. Improving water quality and offering free water were listed as strategies to meet the issue. Public health departments, government agencies and local governments were listed as key critical stakeholders.

Food Insecurity

Two informants’ interview rankings included food insecurity as a top social determinant of health, and one ranked it number one.

Rural residents were the most often affected population. Nutrition education or healthy food vouchers were listed as strategies to address the issue. Health care providers/systems, schools and community organizations were listed as critical stakeholders.
Racism and Discrimination

Two informants’ interview rankings included racism and discrimination as a top social determinant of health, and zero ranked it number one.

The most often cited populations affected were people of color. Community education or training in equity, diversity and inclusion were listed as efforts to address racism and discrimination. Employers, schools and universities/technical colleges were listed as critical community stakeholders.

Economic Stability and Employment

One informant’s interview ranking included economic stability and employment as a top social determinant of health, and zero ranked it number one.

Encouraging all types of careers, including two-year programs and apprenticeships was an effort to address economic stability and employment. School systems and employers were listed as critical community stakeholders.

Quality of Health Care

One informant’s interview ranking included quality of health care as a top social determinant of health, and zero ranked it number one.

Populations affected were younger or older community members. Employers and health care systems were critical stakeholders.
C. Health Conditions/Behaviors Rankings

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

Table 3. Health Conditions/Behaviors Rankings

<table>
<thead>
<tr>
<th>Conditions/Behaviors</th>
<th>Count</th>
<th>Top 2</th>
<th>Number 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health, Mental Conditions, Suicide</td>
<td>39</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Alcohol and Substance Use</td>
<td>31</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Nutrition, Physical Activity and Obesity</td>
<td>10</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Communicable Diseases/COVID-19</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Intimate Partner/Domestic Violence</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Maternal, Infant, and Child Health</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

General Themes

“Everyone” was listed by half of key informants when asked about the populations affected for each of the top three health conditions/behaviors. Some provided more specific populations after this general response. Similar to social determinants of health, the health conditions/behaviors are not necessarily singular. As a result, holistic approaches and collaboration were often listed as strategies to best meet the inter-connected conditions/behaviors. Finally, rural vs. urban and Michigan vs. Wisconsin differences were often listed, regardless of condition/behavior.

Top Health Conditions/Behaviors Summaries

☑ Mental Health, Mental Conditions, Suicide

Thirty-nine key informants’ interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 16 ranked it number one.

Populations Affected and How: Over half of key informants reported the most affected population was “everyone”. Teens and children were listed next followed by low to middle income, community members who were older or LGBTQ residents. The inability to socially connect affects family support/relationships, employment/productivity and school success.

Existing Strategies: Outpatient care, student programs or education were the most often cited strategies. Mental health screenings in schools, residential treatment, community groups or telehealth were also existing strategies.

Additional Strategies Needed: Nearly all suggested strategies included more mental health providers, quicker access, crisis care, more affordable services, more education (help reduce stigma) or more collaborations for a holistic approach. Student programs or school-based mental health screenings were also listed. Bridging the gap between counties was listed several times.
Critical Community Stakeholders: The health care system, mental health providers, schools, youth programs and government agencies were the most often listed critical stakeholders. Employers, elected officials, law enforcement and community advocates were also included.

One Major Effort: Marketing/communication of current resources as well as educating people on mental health to reduce stigma were efforts to meet the needs of the communities. More mental health providers, or increased access, including a community-wide behavioral health facility, were also mentioned.

Organization Needs: Crisis care, increased access, additional education programs, more providers, retaining staff as well as additional funding were the most often mentioned critical items organizations needed. More collaboration was also listed quite often.

Social Determinants of Health Impact: Most social determinants of health are intertwined and can impact mental health. Limited family support, inaccessible social services, health care, employment, housing or education were the most common ones listed that have an impact on mental health. In addition, social isolation, limited transportation or food insecurity can also impact the ability to receive care, therapy and/or medication.

☑ Alcohol and Substance Use

Thirty-one key informants’ interview rankings included alcohol and substance use as a top health condition/behavior and 22 ranked it number one.

Populations Affected and How: Over two-thirds of key informants reported the most affected population was “everyone”. Teens or children were listed next, followed by people with low income. Employment, families, finances, mental health/stress or chronic health issues can all be affected by alcohol and substance use. Overall quality of life, relationships and criminal justice were also areas that were affected by alcohol and substance use. The relationship between alcohol and substance use with mental health was also listed several times.

Existing Strategies: Collaborations/coalitions, outpatient services, student programs or education were the most often cited existing strategies. Residential treatment, peer coaching/recovery coaches/support groups or community programs were also listed.

Additional Strategies Needed: Additional strategies included more education to combat alcohol as a cultural norm, easier and quicker access to services, residential treatment options or collaboration. More peer coaching/recovery coaches/support groups, community programs, more providers or more corporate buy-in followed. Navigators to help community members reach all resources was also mentioned.

Critical Community Stakeholders: Critical stakeholders included AODA providers, government agencies, schools, health care systems and law enforcement. Elected officials, collaborations, community advocates, youth programs and families were also listed.

One Major Effort: Just in time help/crisis care as well as health education/awareness/communication were the most often mentioned efforts to focus on. More affordable services, a community-wide behavioral health facility, early intervention or reducing stigma followed. A few mentioned school-based programs. Changing the attitude about alcohol and more recently, marijuana, as a cultural norm was listed as a barrier that need to be addressed.
Organization Needs: Crisis care, quicker access, more programs, people or funding were the most often organizational needs listed. Increased awareness of resources, more collaboration or more housing options were also listed quite often.

Social Determinants of Health Impact: Lack of family support, health care access, employment stability, education or social connectedness were social determinants of health that impact the ability to receive care. Access to social services, childcare or transportation were also listed.

Nutrition, Physical Activity and Obesity

Ten key informants’ interview rankings included nutrition, physical activity and obesity as a top health conditions/behaviors and four ranked it number one.

Populations Affected and How: The most common population listed was “everyone”. Teens or children were the most often specified populations. Affected populations often eat convenient food, which can be cheaper and less healthy. In addition, there are limited recreational activities, especially in winter. This results in increased chronic diseases, poor physical health and an unhealthy quality of life.

Existing Strategies: YMCA/recreational center was listed as an existing strategy most often. Student programs, walking paths and parks were also listed.

Additional Strategies Needed: Education, community/parent/student programs, additional safe walking paths, more funding or more access were most often listed additional strategies.

Critical Community Stakeholders: Critical stakeholders included schools, community advocacy groups, grocery stores, health care providers/dieticians and affected people.

One Major Effort: Increased access to healthy food/vouchers, community activities or health education problems were the most often mentioned efforts to address the issue.

Organization Needs: More time and resources, increased awareness or education tools were organizational needs to address the issue.

Social Determinants of Health Impact: Employment, transportation or family relationships were the most often listed social determinants that impact nutrition, physical activity and obesity. Access to quality healthy food, access to health care or living in an unhealthy environment were also social determinants of health that impact the issue.

Remaining Health Conditions/Behaviors

The remaining health conditions/behaviors are listed below along with populations affected, strategies, critical stakeholders and social determinants of health effect. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Chronic Diseases

Three key informants’ interview rankings included chronic diseases as a top health conditions/behaviors and two ranked it number one.
People who were older, obese, use substances, with lower household income or rural residents were listed as affected populations. More education, healthier community events, public meal programs or more physical activities were strategies needed. Health care systems, health departments and YMCA/rec center were listed as critical stakeholders. Social determinants of health including economic stability, social connectedness, access to transportation or access to health care can impact chronic diseases.

**Oral Health**

Three key informants’ interview rankings included oral health as a top health conditions/behaviors and one ranked it number one.

Families with low income or the underinsured were the most often affected populations. Collaboration with dental providers to accept more Badger Care residents was a strategy needed. Community dental partners, health care organizations and policymakers were critical stakeholders. Social determinants of health including economic stability, access to health care, to social services or to transportation can impact oral health.

**Communicable Diseases/COVID-19**

Two key informants’ interview rankings included communicable disease/COVID-19 as a top health conditions/behaviors and zero ranked it number one.

Older people were listed as affected populations due to comorbidities. Health care systems, health departments and schools were listed as critical stakeholders. More collaboration or education were strategies needed. Social determinants of health including family support or health care access impact communicable diseases/COVID-19.

**Intimate Partner/Domestic Violence**

One key informants’ interview ranking included intimate partner/domestic violence as a top health conditions/behaviors and zero ranked it number one.

Women and children were listed as people most affected by intimate partner/domestic violence. More mental health services or parenting classes were listed as additional strategies needed. Schools, health care systems, employers and faith-based organizations were listed as critical stakeholders. Social determinants of health including economic stability, education, housing, social connectedness or family support impact intimate partner/domestic violence.

**Maternal, Infant and Child Health**

One key informants’ interview ranking included maternal, infant and child health as a top health conditions/behaviors and zero ranked it number one.

People 16 to 40 years old were listed as people affected by maternal, infant and child health. More mental health services, parenting classes or funding were listed as additional strategies needed. Social determinants of health including economic stability or access to health care can impact maternal, infant and child care.
### Appendix A: Key Informant List

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Aging and Disability Resource Center</td>
<td>ADRC Supervisor</td>
<td>Kelly Badker</td>
</tr>
<tr>
<td>Aurora Medical Center - Bay Area</td>
<td>Director of Nursing</td>
<td>Jamie Plunger Riley</td>
</tr>
<tr>
<td>Aurora Medical Center - Bay Area</td>
<td>Emergency Department Manager</td>
<td>Mary Bodam</td>
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<tr>
<td>Aurora Medical Center - Bay Area</td>
<td>Medical Director</td>
<td>Dr. Syed Ali</td>
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<tr>
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<td>ED Doctor</td>
<td>Dr. Jeff Swift</td>
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<td>Aurora Medical Center - Bay Area</td>
<td>Vice President of Nursing</td>
<td>Nicole Swanson</td>
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<td>Chief Clinical Services Officer</td>
<td>Robin Dequaine</td>
</tr>
<tr>
<td>Aurora Medical Center Bay Area</td>
<td>CEO</td>
<td>Ed Harding</td>
</tr>
<tr>
<td>Bellin Health</td>
<td>Family Medicine Physician</td>
<td>Dr. Ivy Vachon</td>
</tr>
<tr>
<td>Bellin Health</td>
<td>Clinic Team Leader</td>
<td>Suzy Ostrenga</td>
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<td>Bellin Health Marinette</td>
<td>RN Team Facilitator - Urgent Care</td>
<td>Stephani Thirion</td>
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<tr>
<td>Bellin Marinette Clinic Pediatrics</td>
<td>Nurse Practitioner</td>
<td>Audra Hermanson</td>
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<td>Bellin Marinette Pediatric Clinic</td>
<td>Nurse Practitioner</td>
<td>Amy Recla</td>
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<tr>
<td>City of Peshtigo</td>
<td>Mayor</td>
<td>Cathy Malke</td>
</tr>
<tr>
<td>CTC/HYC Marinette &amp; Menominee Counties</td>
<td>Prevention Services Coordinator</td>
<td>Cindy Grabowski</td>
</tr>
<tr>
<td>DAR Boys and Girls Club</td>
<td>Executive Director</td>
<td>Koreen Denowski</td>
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<tr>
<td>Faith Church Peshtigo</td>
<td>Senior Pastor</td>
<td>Jay Williams</td>
</tr>
<tr>
<td>Fincantieri Marinette Marine</td>
<td>Benefits Manager</td>
<td>Kathryn Jennings</td>
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<tr>
<td>Former Twin Counties Free Clinic Board Chairman</td>
<td>Retired</td>
<td>Dr. Kelly McGuire</td>
</tr>
<tr>
<td>Harbours Retirement Community</td>
<td>Executive Director</td>
<td>Kathleen Scoggins</td>
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<tr>
<td>Johnson Controls Inc. (JCI)</td>
<td>Human Resource Manager</td>
<td>Jill Kakuk</td>
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<tr>
<td>Libertas</td>
<td>Program Manager</td>
<td>Miranda Behnke</td>
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<tr>
<td>Lloyd Flanders, Menominee School Board</td>
<td>Plant Operations Manager, Board Member</td>
<td>Derek Butler</td>
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<tr>
<td>M &amp; M Area Community Foundation</td>
<td>Executive Director</td>
<td>Paula Gruszynski</td>
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<tr>
<td>Marinette County Elderly Services</td>
<td>Agency Director</td>
<td>Olivia Cherry</td>
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<tr>
<td>Marinette County Health and Human Services</td>
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<td>Marinette County Health and Human Services – ADAPT</td>
<td>Clinical Manager</td>
<td>Melissa Freeman</td>
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<td>Psychiatrist</td>
<td>Dr. Guy Powers</td>
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<td>Marinette County Health and Human Services Department</td>
<td>Treatment Drug Court Coordinator</td>
<td>Sara Plansky-Pecor</td>
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<tr>
<td>Marinette Menominee Area Chamber of Commerce</td>
<td>Executive Director/CEO</td>
<td>Jacqueline Boudreau</td>
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<tr>
<td>Marinette Police Department</td>
<td>Captain</td>
<td>Joe Nault</td>
</tr>
<tr>
<td>Marinette School System</td>
<td>Superintendent</td>
<td>Corry Lambie</td>
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<td>Organization</td>
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<tr>
<td>Menominee Area Public Schools</td>
<td>Coordinator of Student Scheduling and Assessment</td>
<td>Josh Jones</td>
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<tr>
<td>Menominee County Intermediate School District</td>
<td>Executive Director</td>
<td>Steve Martin</td>
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<td>Menominee County ISD Prevention Services</td>
<td>Executive Director</td>
<td>Karianne Lesperance</td>
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<tr>
<td>Menominee Delta County Public Health</td>
<td>Health Officer</td>
<td>Mike Snyder</td>
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<tr>
<td>Newcap</td>
<td>Vice President of Community Health</td>
<td>Sara Charlebois</td>
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<tr>
<td>Northpointe Behavioral Health</td>
<td>Director of Acute Services</td>
<td>Maria Nerat</td>
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<tr>
<td>NWTC Marinette</td>
<td>Dean</td>
<td>Jennifer Flatt</td>
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