Walworth County
Health Needs Assessment
A summary of key informant interviews

2023
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Introduction

As a supplement to the community health online survey, key informants who represent the diverse sectors of Walworth County were interviewed.

A total of 19 key informants participated between December 15, 2022 and February 10, 2023. 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 (74%) 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>8</td>
</tr>
<tr>
<td>People experiencing low SES</td>
<td>4</td>
</tr>
<tr>
<td>Youth</td>
<td>3</td>
</tr>
<tr>
<td>Rural communities</td>
<td>3</td>
</tr>
<tr>
<td>Communities of color</td>
<td>0</td>
</tr>
<tr>
<td>Other specific populations</td>
<td></td>
</tr>
<tr>
<td>Aging/older adults/adults with disabilities</td>
<td>2</td>
</tr>
<tr>
<td>Deaf</td>
<td>1</td>
</tr>
<tr>
<td>People with skilled needs, including mental health</td>
<td>1</td>
</tr>
<tr>
<td>Veterans/spouses and minor children</td>
<td>1</td>
</tr>
<tr>
<td>Young adult</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:
Social Determinants of Health:
- Top Rank, Second Rank
- How has COVID-19 impacted this issue?
- 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?
- How has COVID-19 impacted this issue?

Additional Questions/Comments
- How would you suggest organizations reach out to community members to implement health initiatives?
- Do you have any additional comments you would like to share?
This qualitative data, while useful, has limitations. The sample was developed by team members to represent Walworth County. Inadvertent exclusions may have an impact on the results. Use this in conjunction with quantitative research data.

Key Findings

1) The top social determinants of health were safe & affordable housing; accessible & affordable transportation, economic stability & employment and social connectedness & belonging. The complexities of the inter-connected determinants were highlighted often. Starting or expanding collaborations was mentioned as a strategy to address the issue. Key stakeholders varied somewhat on the determinant, but typically included government agencies, elected officials, advocates, employers, community leaders and schools.

2) By far, the top health condition/behavior in their community was mental health, mental conditions & suicide. Alcohol & substance use and nutrition, physical activity & obesity followed. Youth, older people or “everyone” were the most often listed affected populations. Additional providers/services, increasing awareness, education or access were the most often listed strategies needed. Key stakeholders varied somewhat on the condition/behavior, but typically included government agencies, schools, health care systems, including mental health, employers and community leaders. If they had to support only one effort to address the need, increasing awareness was most often listed followed by more collaboration or more education.
A. 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 four 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>Determinant</th>
<th>Count</th>
<th>Number 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Affordable Housing</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Accessible and Affordable Transportation</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Economic Stability and Employment</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Social Connectedness and Belonging</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Accessible and Affordable Health Care</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Affordable Childcare</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Access to Social Services</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Family Support</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Quality of Health Care</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Community Violence and Crime</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education Access and Quality</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Environment Health (Clean air, safe water, etc.)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Racism and Discrimination</td>
<td>0</td>
<td>0</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 accessible and affordable transportation and economic stability and employment. COVID-19 exacerbated the existing issue. Stakeholders included government agencies, elected officials, advocates, employers, community leaders and schools.

Top Social Determinants of Health Summaries

☑ Safe and Affordable Housing

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

COVID-19 Impact: About half of key informants stated COVID-19’s impact was an increase in rent/housing costs and a decrease in employment, thus increasing the demand for safe and affordable housing. The ending of COVID assistance has also contributed to the increased need.

One Major Effort: Nearly all key informants indicated that communities need to build more affordable rentals and permanent supportive housing. Increased awareness of the issue, more collaboration, or more education to
reduce the stigma of low-income housing were major efforts that could radically change the issue. A planning effort, legislative/policy changes or inclusive efforts were also mentioned.

**Critical Community Stakeholders:** Top critical stakeholders included government agencies and developers/builders. Elected officials/government leaders, housing authority, employers, contractors, landlords/property managers and collaborations/partnerships were also listed as critical stakeholders.

**☑ Accessible and Affordable Transportation**

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

**COVID-19 Impact:** Some key informants stated COVID-19’s impact was fewer transportation services offered, as a result of fewer staff and limiting COVID-19 safety procedures.

**One Major Effort:** Most key informants indicated expanded transportation services or public busing were major efforts to make a radical change in the issue.

**Critical Community Stakeholders:** Top critical stakeholders included government agencies and elected officials/government leaders.

**☑ Economic Stability and Employment**

Five informants’ interview rankings included economic stability and employment as a top social determinant of health, and four ranked it number one.

**COVID-19 Impact:** About half of key informants stated COVID-19’s impact was an increase in unemployment/business closures/income instability as well as the current impact of inflation.

**One Major Effort:** Several key informants indicated focusing on encouraging employment was a major effort to radically change the issue. Supporting a living wage was also listed.

**Critical Community Stakeholders:** Most often cited critical stakeholders were government agencies and employers.

**Social Connectedness and Belonging**

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

**COVID-19 Impact:** All key informants stated COVID-19’s impact was an increase in isolation and social disconnectedness. COVID-19 exacerbated the issue, causing an increase in stress levels/anxiety/mental health.

**One Major Effort:** Nearly all key informants indicated more programs for social connectedness and belonging were needed. Increased activities that are fun, affordable, educational and healthy would increase connectedness and belonging.

**Critical Community Stakeholders:** Most often cited critical stakeholders were schools and neighborhoods/communities. Government agencies, employers, faith communities and the tourism board were also listed as critical community stakeholders.
Remaining Social Determinants of Health

The remaining social determinants of health are listed below along with COVID-19 impact, strategies and stakeholders. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

☑ Accessible and Affordable Health Care

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

COVID-19 had an impact on people delaying health care because services were mostly virtual, although the telehealth option was a positive change for some community members who did not have access to reliable transportation. Strategies to meet the issue included navigators as well as an increase in accessibility and affordability. Removing the stigma of needing assistance was also listed. Critical stakeholders included collaborations with health care providers/systems, employers, schools and fire departments/emergency medical services.

Affordable Childcare

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

COVID-19 increased childcare closures as well as reduced the number of childcare slots due to COVID restrictions/safety procedures. The cost of childcare also increased due to inflation. Strategies to meet the issue included on-site childcare at businesses, increased funding for families and childcare providers or before/after care at schools. Schools, employers and parents were listed as critical community stakeholders.

Access to Social Services

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

COVID-19 caused access to become more difficult as services became mostly virtual. In addition, there became a greater need for services with a decline in employment, an increase in isolation/disconnectedness as well as an increase in mental health issues. Critical stakeholders included government agencies, schools, and health care providers/systems.

Food Insecurity

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

COVID-19 decreased income through unemployment/closures, which then increased food insecurity. More funding or health education were efforts to impact the issue. Government agencies, community leaders, businesses, food banks, grocery stores/local food sellers and non-profits were listed as critical stakeholders.
Family Support

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

COVID-19 increased isolation, impacting social relationships. Communication/awareness of available resources that focus on family support was a major effort to improve the issue. Nonprofits were listed as critical 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.

COVID-19 affected quality of health care as hospitals/clinics had an influx of patients. In addition, there became a shortage of staff due to burnout and getting sick. Health care systems supporting each other was listed as a strategy to meet needs.
B. 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>Count</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health, Mental Conditions, Suicide</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Alcohol and Substance Use</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition, Physical Activity and Obesity</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Intimate Partner/Domestic Violence</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Oral Health</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Communicable Diseases/COVID-19</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Maternal, Infant, and Child Health</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tobacco and Vaping Products</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Reproductive Health, Sexual Health, STI’s</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unintentional Injury (Falls, Motor Vehicle Crashes)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### General Themes

Youth, older people and “everyone” were listed most often when asked about populations affected for each of the top three health conditions/behaviors. Mental health/conditions/suicide was overwhelmingly listed as the top priority. 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. Awareness and education were often listed as well.

### Top Health Conditions/Behaviors Summaries

**☑ Mental Health, Mental Conditions, Suicide**

Fourteen key informants’ interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 12 (86%) ranked it number one.

*Populations Affected and How:* Nearly half of key informants reported the most affected population was youth or the elderly. Young adults were listed next. People with low income or middle age were also listed, rounding out most age categories. Stigma prevented people to seek mental health care. Poor mental health can affect their: social connectedness, stress level and addiction issues. Affected populations may have a high-cost burden, lack of mental health education or poor access to health care. Social media was listed as a problem as well.

*Existing Strategies:* Mental health services, mental health screenings/services in schools or 211 were the most often cited strategies. Student programs or behavioral health services were also existing strategies. Collaborations or peer coach/recovery coach/support groups were listed by a few informants as well.
Additional Strategies Needed: Most key informants reported more providers or staff were needed. Increase access/resources, reduce stigma, increase awareness, expand behavioral/mental health services were also mentioned. Collaboration, peer coaching/recovery coaches/support groups, community programs, social support agencies, identifying root causes, training or early intervention were also listed by a few key informants.

Critical Community Stakeholders: Health care providers/systems, government agencies, including public health, schools and mental health providers were the most often listed critical stakeholders. Employers, youth programs, service clubs and collaborations were also mentioned.

One Major Effort: Collaboration or marketing/communication to increase awareness were major efforts listed to meet the needs of the community. Mental health education, reduce stigma or more mental health providers were also mentioned. Legislative/policy changes or EAP’s including mental health were listed by a few informants.

Organization Needs: Keeping up-to-date on available resources, more mental health providers, increasing accessibility or increasing awareness were the most often mentioned critical organizational needs. More funding, partnership/collaboration or parent/caregiver support were also mentioned.

COVID-19 Impact: Mental health issues were exacerbated and became more prevalent during the COVID pandemic. Isolation and social disconnectedness increased stress, anxiety, grief, trauma, unemployment, as well community divisions were listed. Mental health services were also cut, delayed or had longer wait lists.

✅ Alcohol and Substance Use

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

Populations Affected and How: Over half of key informants reported the most affected population was “everyone”. Alcohol and substance use may affect relationships, employment, home stability, overall mental health or quality of life.

Existing Strategies: Peer coaching/recovery coaching/support groups or Narcan were existing strategies listed.

Additional Strategies Needed: Increase awareness of the issue or change alcohol’s normalcy in activities were the most often identified additional strategies needed. Residential treatment, especially for women was also listed.

Critical Community Stakeholders: There was little duplication on critical stakeholders. One key informant each listed the following: elected officials/government leaders, community leaders, people who recovered, employers, health care providers/systems, mental health providers, tavern league, government agencies, law enforcement and schools.

One Major Effort: Increased awareness or collaborations were the most often mentioned efforts to focus on.

Organization Needs: Increased awareness was the most often organizational need listed.

COVID-19 Impact: Alcohol and substance use may be used as a coping mechanism as a result of an increase of stress levels/anxiety/mental health issues, isolation or social disconnectedness.
Nutrition, Physical Activity and Obesity

Six key informants’ interview rankings included nutrition, physical activity and obesity as a top health condition/behavior and one ranked it number one.

Populations Affected and How: Youth was the most often listed affected population followed by low-income households. Affected populations may have a lack of education about nutrition/physical activity, an unhealthy quality of life, chronic disease or limited access to physical activities.

Existing Strategies: Community programs, collaboration/coalitions, school nutrition programs, farmers market or fitness centers were existing strategies listed.

Additional Strategies Needed: Education or awareness were most often listed as additional strategies needed. Affordability of healthy food or of physical activity options were also mentioned.

Critical Community Stakeholders: Schools were the most often listed critical stakeholders. Government agencies, health care providers/systems, community leaders and employers were also mentioned.

One Major Effort: An increase in communication/awareness or in activity options were the most often mentioned efforts to address the issue. Health education or collaboration efforts were also listed to address the issue.

Organization Needs: Public health/educator, increased access or staffing were organizational needs to address the issue.

COVID-19 Impact: COVID-19’s isolation/social disconnectedness caused a more sedentary life with less activity and poor nutrition as well as cuts in services.

Remaining Health Conditions/Behaviors

The remaining health conditions/behaviors are listed below along with populations affected, strategies, critical stakeholders and COVID-19 impact. Please be aware of the limited number of key informants who listed these as one of their top two rankings.

Intimate Partner/Domestic Violence

Three key informants’ interview ranking included intimate partner/domestic violence as a top health condition/behavior and one ranked it number one.

Younger veterans, young adults not experienced in relationships or marginalized groups were listed as people most affected by intimate partner/domestic violence. Awareness of the issue, accessibility of services or education on building relationships were listed as additional strategies needed. Health care systems, faith communities, nonprofits, government agencies, including public health, law enforcement, first responders, schools, housing authority or elected officials/government leaders were listed as critical stakeholders. Increased staffing, awareness or communication were the most often organizational needs listed.
Chronic Diseases

Two key informants’ interview ranking included chronic diseases as a top health condition/behavior and one ranked it number one.

Low-income households, minorities or the older population were listed as people most affected by chronic diseases. Accessible and affordable health care, medication or screenings were each listed by one informant as additional strategies needed.

Oral Health

One key informant’s interview ranking included oral health as a top health condition/behavior and they ranked it number one.

Low-income families were listed as the affected population most often by poor oral health. More funding was listed as an additional strategy needed. Health care systems and community leaders were listed as critical stakeholders. Increased staffing was a listed need.

Communicable Diseases/COVID-19

One key informant’s interview ranking included communicable diseases/COVID-19 as a top health condition/behavior and zero ranked it number one.

The older population was listed as the most affected population due to comorbidities. Affordability was listed as an additional strategy needed. Education on early identification/prevention was mentioned as an effort to focus on.

Maternal, Infant, and Child Health

One key informant’s interview ranking included maternal, infant, and child health as a top health condition/behavior and zero ranked it number one.

“Everyone” was listed as the most affected population by poor maternal, infant and child health. More mental health providers were listed as an additional strategy needed. Mental health/behavioral health facility was mentioned as an effort to focus on.

Tobacco and Vaping Products

One key informant’s interview ranking included tobacco and vaping products as a top health condition/behavior and zero ranked it number one.

“Everyone” was listed as the population most affected by tobacco and vaping products. Increase campaigns/awareness was listed as an additional strategy needed. Health care providers/systems, schools, fitness centers and social media were listed as critical stakeholders.
C. Additional Questions/Comments

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

General Suggestions on Reaching Community

Most suggestions involved communication/marketing/regular updates. Going to where the people are with community involvement and collaborations were also repeated here.

Additional Comments

The inter-connectedness of social determinants of health or conditions/behaviors made it difficult for some to select only two. Affordable services, especially prevention and early identification of health conditions were indicated. Another comment included the crisis level for oral health care in the community. A needs gap analysis was mentioned by one respondent.
## Appendix A: Key Informant List

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging and Disability Resource Center</td>
<td>Manager</td>
<td>Randy Kohl</td>
</tr>
<tr>
<td>Aurora Health Care</td>
<td>Program Director Rural Family Medicine Residency</td>
<td>Dr. Jeff Tiemstra</td>
</tr>
<tr>
<td>Child Advocacy Center (The Tree House)</td>
<td>Director</td>
<td>Koko Cooper</td>
</tr>
<tr>
<td>Delavan Health Services</td>
<td>Director of Nursing</td>
<td>Laura Holstrom</td>
</tr>
<tr>
<td>Fort Healthcare</td>
<td>Community Health and Wellness Dept. Coordinator (Tiffany), Population Health Director (Chris)</td>
<td>Tiffany Pernat, Chris Barron</td>
</tr>
<tr>
<td>Holton Manor</td>
<td>Director of Nursing</td>
<td>Jessica Ciura</td>
</tr>
<tr>
<td>Lake Geneva YMCA</td>
<td>Senior Youth &amp; Family Director</td>
<td>Jami Golz</td>
</tr>
<tr>
<td>Lakeland Community Church</td>
<td>Groups Pastor overseeing Freedom &amp; Care</td>
<td>Jeff Hendrychs</td>
</tr>
<tr>
<td>Mt. Zion House &amp; Food Pantry</td>
<td>Pastor/Director</td>
<td>Bo Boilek</td>
</tr>
<tr>
<td>New Beginnings</td>
<td>Director</td>
<td>Suzi Schoenhoff</td>
</tr>
<tr>
<td>Open Arms Free Clinic</td>
<td>Director</td>
<td>Sara Nichols</td>
</tr>
<tr>
<td>Rock River Community Clinic</td>
<td>Director</td>
<td>Olivia Nichols</td>
</tr>
<tr>
<td>UW-Madison Division of Extension</td>
<td>4-H Youth Development Educator</td>
<td>Debbie Harris</td>
</tr>
<tr>
<td>Walworth County</td>
<td>Health Clinic Director</td>
<td>Julie Martindale</td>
</tr>
<tr>
<td>Veterans Services</td>
<td>Director</td>
<td>Nathan Bond</td>
</tr>
<tr>
<td>Walworth County Health and Human Services</td>
<td></td>
<td>Erica Bergstrom (Health Officer), Carlo Nevicosi (Director), Trista Piccola (Deputy Director), Amy Hart (Behavioral Health Division Manager), Lisa Broll (Children and Families Manager)</td>
</tr>
<tr>
<td>Walworth County Lakeland Health Care Center</td>
<td>Nursing Home Administrator</td>
<td>Denise Johnson</td>
</tr>
<tr>
<td>Walworth County Medical Examiner</td>
<td>Medical Examiner</td>
<td>Gina Carver</td>
</tr>
<tr>
<td>Wisconsin School for the Deaf</td>
<td>Nursing Supervisor and Social Worker</td>
<td>Lance Weldgen and Leah Haag</td>
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</table>