A summary of key informant interviews

2021
This report was prepared by the Center for Urban Population Health, a partnership of Aurora Health Care/Aurora Research Institute, LLC, the University of Wisconsin- Milwaukee, and the University of Wisconsin School of Medicine and Public Health. Carrie Stehman, MA prepared this report.

The funding to prepare this report comes from Ascension Wisconsin, Aurora Health Care, and Children’s Wisconsin, in partnership with the Central Racine County Health Department, City of Racine Public Health Department, and Health Care Network.
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Introduction

This report presents a summary of public health priorities for Racine County, as identified in 2020 and reported in 2021 by a range of providers, policymakers, 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 Wisconsin, Aurora Health Care, and Children’s Wisconsin, in partnership with the Central Racine County Health Department, City of Racine Public Health Department, and Health Care Network. 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 by Ascension Wisconsin, Aurora Health Care, and Children’s Wisconsin, in partnership with the Central Racine County Health Department, City of Racine Public Health Department, and Health Care Network. These organizations also invited the informants to participate and conducted the interviews from October to December 2020. 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;

- For those five public health issues:
  - Existing strategies to address the issue
  - Barriers and challenges to addressing the issue
  - Additional strategies needed
  - Key groups in the community that hospitals should partner with to improve community health
  - Identification of subgroups or subpopulations where efforts could be targeted
  - Ways efforts can be targeted toward each subgroup or subpopulation; and

- To be responsive to the current conditions during the COVID-19 pandemic, the following additional questions were added to the interview guide:
  - What community needs or gaps have developed since the coronavirus pandemic began?
  - How can health care organizations support the community during this pandemic?
  - What methods of communication and outreach have been successful to reach partners and community members during the pandemic?
  - How would you suggest health care organizations outreach to community partners and members to implement health initiatives?
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 2021 key informant interviews for Racine County.

The report first presents a summary of the COVID-19 specific questions asked in the interview guide. It then presents the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. The next section describes the themes that presented themselves across the top ranked health topics. Finally, summaries of the strategies, barriers, partners, and potential targeted subpopulations described by participants are provided as well.

**Limitations:** Sixteen key informant interviews were conducted with respondents in Racine County. This 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 survey and secondary data).

**A. COVID-19**

**Community needs or gaps that have developed since the coronavirus pandemic:** The key themes that emerged from the responses have to do with lack of funding to meet residents’ basic needs before the pandemic has only made conditions worse during the pandemic, policy issues related to safety, gaps in medical care and treatment, unemployment, emerging mental health needs, access to testing and PPE, and moving to virtual settings.

Lack of funding to meet basic needs: Key informants indicated the current systems were not meeting basic needs of everyone prior to the pandemic. Now key informants are seeing an increase in food insecurity and are less able to accommodate needs because of physical distancing requirements and an inability to offer all of the referral services they used to at food pantries. People are also struggling with other basic needs like economic resources, housing, childcare, transportation, and social services.

Policy issues related to safety: Because issues related to safety during the pandemic have been politicized and public health is under-resourced, basic practices like physical distancing, masking, disease investigation, contact tracing, outbreak investigation, vaccine development, testing, and policies to implement these measures have become divisive. It becomes harder to keep people safe when the information and messaging about the pandemic is understood as controversial and people are not well informed of the facts.

Gaps in medical care: Key informants noted that people are deferring medical care and treatment, avoiding medical settings, lacking access to primary care appointments, and while some are able to do telehealth, others are not able to connect this way.
Unemployment: Two key informants mentioned rising unemployment has been an issue during the pandemic.

Emerging mental health needs: Key informants noted that increased isolation, gaps in mental health care systems, lack of community engagement, fear of contracting COVID-19, grief from losing loved ones to COVID-19, depression, feelings of despair, and separation from social supports are leading to a need for more mental health services at this time.

Access to testing and PPE: Key informants indicated there is a gap in COVID-19 testing, with some saying it is too sporadic, unreliable, or they have to travel to Milwaukee to get tested, and there has been a gap in PPE beyond what the county has offered.

Meeting in virtual settings: Key informants have tried to move meetings and services to a virtual setting when possible, but some have lost people who had previously been attending in-person, some meetings have had to be discontinued for the time being, and there have been gaps in education with the move to virtual schooling. Gaps in communication and internet connectivity are concerns.

Other: Some of the gaps key informants mentioned did not fit in with these themes, such as the difficulties meeting the needs of the homeless population, and gaps in communication between the hospital and everybody else, specifically the gaps in communication between local government and the hospital was named as a challenge.

Ways health care organizations can support the community during this pandemic: Key informants’ responses discussed how health care organizations can continue to offer their services, expand access to mental health care, partner with public health, provide COVID-19 testing, share consistent messaging, and provide supplies.

Continue offering care and expanding care to reach more people: Health services are needed now, and patients need to be able to consistently access health care. Provide health care to those who are un- or under-insured, expand services to reach those who cannot pay, expand hours for non-emergency services, use mobile units to reach those who need help, but cannot access it. Protect health care workers so they can continue to provide services.

Expand mental health services: Key informants suggested the need for mental health services is even greater now that people are isolated at home without their regular networks of support. People need access to free counseling.

Partner with public health: Provide support for disease investigation, contact tracing, outbreak investigation, testing, vaccination, and policy development. One key informant suggested one centralized health department for the county would streamline things and make for a more effective partnership with health care.
Provide testing: Key informants suggested there needs to be more testing that is easier to access, available locally, available on weekends, and it needs to be available to everyone regardless of their insurance or connection to a health system.

Share consistent messaging: There is the need for the community to hear clear consistent messaging from trusted local health care experts on the local conditions and statistics in the county. Health care can help with outreach and consistent communication about available resources, and integration of incident commands at the hospital and in the community.

Provide supplies: Health care organizations can help distribute masks, hand sanitizer, and information sheets.

Methods of communication and outreach that have been successful to reach partners and community members during the pandemic: Key informants reported communicating electronically through email, social media, and virtual meeting platforms like Zoom. Phone calls, word of mouth, more traditional communications like mailings, flyers, newsletters, and traditional mass media such as PSAs and newspapers were also used.

Electronic and web-based communications: Most key informants indicated success communicating through email, social media (specifically Facebook), their organization’s website, and Zoom meetings. Those who reported using these kinds of communication noted that Facebook updates are an easy way to do outreach, virtual meetings have led to more participation for at least one person. Another said Zoom was the most successful virtual meeting platform they have used.

Phone calls: Three key informants noted they prefer to use phone communication. One shared that it works the best to call and ask people how they’re doing.

Word of mouth: Four key informants noted that word of mouth is helpful to get the word out, especially to those who do not have access to a computer or the internet. They also said spoken or written word from agency to agency helps other partners in the community stay updated on meetings or resources.

Mailings, flyers, newsletters: Printed materials that can be hung up at specific locations are helpful for those who cannot get information online.

Mass media, print media, public service announcements: Key informants mentioned these as being good for disseminating information about public health measures that should be followed. One key informant felt this was not the most successful due to the national narrative about the pandemic.

Other: One key informant mentioned that data dashboards and statistics are the kind of information they are conveying to the public at this time.

Suggestions for how health care organizations can reach out to community partners and members to implement health initiatives: Key informants suggested using technology to reach more people,
partnerships with local organizations, working toward better integration across systems, and other suggestions that did not fit within themes.

**Utilize technology:** Use email, websites, Facebook, Instagram, and Twitter to reach out to community partners and community members. Social media has been an effective way to reach clients during COVID-19. Advocating for free wireless internet services in the community would be helpful.

**Partnerships and listening:** Health care organizations should meet with the community in listening sessions that are in locations that are accessible and at times that are accessible to essential workers. Include community partners and members in the planning of outreach efforts to learn what will and will not work for the community. Utilize the networks of local non-profit organizations who have large membership bases and supporters and partner to get information out about health initiatives. It can also be helpful to call or stop by organizations to get information. This type of contact is important when working on community issues. Other ideas are to meet with department heads of organizations you want to work with or make a presentation to community leaders if that is more efficient. Use success stories to help drive the goals and use partners to help spread messages. Using the voices of key messengers can be helpful in reaching people.

**Better integration:** Health care needs to be better integrated to reduce confusion. There is a need to better integrate the tax paying organizations and the non-profit health systems and they need to better understand each other’s financial situations. Nobody has been in charge during the pandemic because every state, every local community, and every local organization has their own work happening, even if their policies are similar and based off CDC guidelines. There are several major players in Racine County and there is no coordination in rolling out the vaccines.

**Other:** One key informant offered that health care could reach out to community organizations by providing workshops or training for staff and volunteers to help them better serve the community. Another key informant suggested that health care organizations can help the community by working to address root causes by doing policy work that can help to level the playing field for individuals who have limited opportunities (e.g., living wage, sick leave, equal educational opportunities, training for advancement, effective mass transit, appropriate police intervention, universal health insurance).

### B. Focus Area Ranking

In 16 interviews, key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 15 focus areas identified in the State Health Plan. (See Appendix A for the full list of informants). 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 informants ranked the issue as the most important health issue. Importantly, not every informant ranked five issues and not every informant provided rankings within their top selections. In addition to these rankings, key informants were able to write in and rank other issues they perceived as top-five health issues for the county. One informant named systemic racism and discrimination against marginalized populations, and one named...
disparities in health, education, housing, transportation, job opportunities, food, disenfranchised individuals, poverty, and lack of available/comprehensive services including health care. More details about these topics are included in the Issue Summaries section of this report.

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<th>Health Focus Area</th>
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C. Top Five Health Issues

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

1. Mental Health
2. Substance Use and Abuse
3. Alcohol Abuse
4. Tie: Adverse Childhood Experiences (ACEs) and 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 Racine County are marked with this thermometer symbol:
D. General Themes

The 2021 interview guide was very similar to the one used in 2017, with Alcohol Abuse remaining separate from Substance Use and Abuse, Adverse Childhood Experiences remaining as a focus area to be ranked, and key informants able to write in and rank other health issues that are priorities, but not specifically present in the State Health Plan. The interview guide used in 2021 was updated to include questions specific to the COVID-19 pandemic.

In 2017, 22 key informant interviews were conducted with 24 total key informants contributing to those interviews, which represents the views of 8 more key informants than were included in 2021. The top five health issues for the county have remained very similar from 2017 to 2021. Mental Health was the top issue in 2017 and remains such in 2021. Substance Use and Abuse was ranked second in 2017 and remains the number two issue for 2021. Alcohol Abuse is ranked third in 2021, while it was tied for fourth in 2017 (when disaggregated from Substance Use and Abuse). Chronic Disease Prevention and Management was ranked third in 2017 and is ranked seventh in 2021. Access to Health Services was ranked fourth in 2017 and the comparable category, Access to Health Care, is ranked sixth in 2021. Nutrition was ranked fifth in 2017 and is tied for fourth in 2021, along with Adverse Childhood Experiences, which was ranked near the bottom of the list in 2017. This increase in the ranking of Adverse Childhood Experiences is a notable change in 2021. Among health issue areas not ranked in the top 5, Environmental and Occupational Health and Oral Health were ranked less highly in 2021 than they had been in 2017. Communicable Disease is ranked more highly in 2021 than in 2017 (moving from being ranked last to eighth in 2021).

In 2021, the COVID-19 pandemic informed how key informants thought about the health focus areas. Some key informants mentioned that services were interrupted, groups could no longer meet face-to-face, and some services, like shelters and food pantries, had to make large changes to the way they operate. Key informants shared that COVID-19 has decreased access to health care for some people, while needs for some physical and mental health care have increased due to the pandemic.

E. Issue Summaries

Mental Health

Thirteen key informants ranked Mental Health as a top five health issue, and six ranked it number one.

Existing Strategies: The Racine County crisis line, mental health services exist (though aren’t accessible to all), perinatal home visiting programs, Children’s Collaborative for Mental Health, school-based mental health clinics, Racine County Assessment Center (Mobile Response and SAIL), National Alliance on Mental Illness- Racine County, senior adult activities and senior adult clubs, Racine Friendship
Clubhouse, school social workers and psychologists on staff, acknowledgement that we have mental health needs in our community, support groups, referrals to national LGBTQ+ organizations like the Trevor Project, bringing parents into the conversation, de-escalating situations and providing appropriate referrals, stigma reduction efforts, and some efforts to expand access to services are examples of strategies in place to improve mental health in the county.

**Barriers and Challenges:** Lack of access to mental health care, lack of money to pay for mental health care, lack of resources to support mental health, uneven access to care, services that aren’t culturally appropriate or not available in one’s preferred language, services that are not in an accessible location, patients’ uninsured or undocumented status, services that don’t accept Medicaid, lack of internet access to search for services or engage in virtual appointments, individuals who need help but don’t accept or follow through with available resources, co-occurring alcohol or substance use, stigma, fear of encountering a provider who doesn’t understand their identity or needs (i.e. providers who are racist, transphobic, etc.), the mental health system is overtaxed and slow to respond, loss of inpatient care in Racine for children, and people lacking consistency in their use of medication were all named as barriers or challenges to improving mental health.

**Needed Strategies:** Increased funding for prevention and treatment, efforts to make mental health services and physical health services equally accessible and on par with each other by payors, better access to care, policy changes to support the needs, early childhood interventions (e.g., home visiting, high quality early care and education), social supports for older adults, programs targeted to vulnerable populations, promotion of mental health interventions in the workplace, mental health promotion in schools, violence prevention programs, addressing root causes such as ACEs, providing services in more locations/ increasing access points, hiring bilingual staff and providers to assist people, spreading the message that it is okay to seek help, designing marketing campaigns to get the word out about the help that is available, stronger community-based services, better Medicaid reimbursement, education about how to speak to those in crisis and support them to get the services they need, more funding for fire departments to have more community information available, collaboration with NAMI-Racine County, training to support people who work at universities, offering psychiatric care focused on pregnancy and post-partum, and expanding CIT training for officers are ideas to improve mental health in the county.

**Key Community Partners to Improve Health:** Local, state, and federal governments, health care providers, public health, human services, non-profit organizations, faith communities, businesses, school systems, school nurses, homeless shelters, Racine Friendship Clubhouse, Family Service of Racine, NAMI- Racine County, fire and police departments, emergency medical services, Racine County Behavioral Health, YMCA, Big Brothers Big Sisters, Health Care Network, Child Protective Services, LGBT Center of SE Wisconsin, and C2MH were all named as key partners to improve mental health in the county.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:**
• People without a lot of economic resources need the same, if not more, access to mental health services. Funding needs to be allocated to this group.
• People who have experienced a higher number of ACEs may need more support and services.
• People who are unhoused or recently housed can be reached through HALO’s case managers.
• The LGBTQ+ community and other marginalized communities may need targeted support. Trans people and younger people (teens and early twenties) may be especially vulnerable and facing discrimination at school or work. Awareness campaigns and education about how to be inclusive and queer-friendly in the workplace, in medical settings, etc. can be supportive.
• Middle school and high school students can be reached at schools and take the information home to their families.
• Isolation is damaging to mental health, and there may be a need to support elders or people who live alone at this time.

Substance Use and Abuse

Eleven key informants ranked Substance Use and Abuse as a top-five health priority for the county, with two of them ranking it as their first health priority area.

Existing Strategies: Addiction support groups, perinatal home visiting programs, Racine County Overdose Fatality Review Team, YMCA PREP Program, school systems, law enforcement, medication collection programs and drop boxes, Al-Anon, mental and behavioral health providers, employee assistance programs, health care providers, free Narcan, needle exchanges, informational cards for families of people who have had substance use or mental health issues to let them know how they can help, Focus on Community, using Screening, Brief Intervention, and Referral to Treatment (SBIRT), motivational interviewing training for school counselors, and goal setting are strategies named by key informants.

Barriers and Challenges: Lack of access to services, lack of funding for services, lack of Medicaid reimbursement for treatment, lack of programs and treatment services that are accessible to the uninsured, ACEs, poverty, stress, cultural norms, getting individuals to acknowledge they need help, people in treatment living and socializing with people who are abusing drugs and alcohol, lack of prevention education in schools, lack of awareness that LGBTQ+ people are more at risk for substance use, public stigma, and inter-generational cycles that need to be broken are barriers and challenges to addressing substance use and abuse.

Needed Strategies: Implementation of broad initiatives to reduce drug use such as mentoring programs, addressing root causes such as ACEs and mental illness, increasing access to care, attacking this issue as an emergency, removing insurance and reimbursement barriers to treatment, providing more professional development for staff, providing additional outreach to target audiences, education for
youth and adults alike, and creating shelter programs for people in treatment to support them are ideas for strategies that could address substance use and abuse in the county.

**Key Community Partners to Improve Health:** Government, health care systems, public health, social services, Child Protective Services, law enforcement, emergency medical services, the Medical Examiner’s office, non-profit organizations, faith communities, businesses, school systems and higher education, private citizens, first responders, support groups, Focus on Community, and health departments were named as key partners to address substance use and abuse in the county.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Youth can be reached through schools, social media, health care settings, and through other youth-serving organizations. Public health and law enforcement may also be helpful in reaching youth. The unhoused and recently housed can be reached through HALO’s case managers. People with lower income may need specific outreach to help link them to resources that are accessible to them and can support them with basic needs as they are also seeking treatment, such as food access and meal programs, and shelters that are safe and supportive of their treatment.

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**Alcohol Abuse**

Six key informants included Alcohol Abuse in their top-five health issues for the county and one ranked it as their number one issue.

**Existing Strategies:** Alcohol misuse treatment options, outreach, and programs that exist to help those in need, such as Alcoholics Anonymous, rehab, group therapy, and jail-based programs, special programs to reach people experiencing homelessness, and efforts to create sober queer spaces were named as strategies in place to address alcohol abuse in the county.

**Barriers and Challenges:** A lack of treatment options that support people in recovery outside of traditional business hours, the difficulties of getting those who need help to accept and follow through with it, lack of insurance coverage for treatment, lack of accessible programs, Wisconsin’s cultural acceptance of alcohol use, and systems that are slow to respond are examples of barriers and challenges to addressing alcohol abuse.

**Needed Strategies:** Raising the price of alcohol/increasing the alcohol excise tax, supporting responsible marketing and provision of alcohol, enforcing existing underage drinking laws, mass media campaigns to reduce alcohol-impaired driving, blood alcohol concentration laws, breath testing checkpoints and ignition interlock devices, alcohol screening and brief intervention, trainings about substance abuse and alcohol education for staff, increased funding for services, increased number of access points, better Medicaid reimbursement rates for treatment, greater follow through by providers and support groups, more check-ins and follow-up support for those seeking treatment, an awareness building strategy for
health care providers and staff, and more events that do not include alcohol are examples of strategies needed.

**Key Community Partners to Improve Health:** State and federal government involvement is needed to increase Medicaid reimbursement rates, public health and human services, health care providers, social services, non-profit organizations, emergency medical services, the Medical Examiner’s office, support groups, Alcoholics Anonymous, HALO, Racine County Child Protective Services, treatment service providers, schools, and the communities most affected were named as potential partners to improve health related to alcohol abuse.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** The unhoused and recently housed can be reached by working with HALO’s case managers. People in their 50s and older should have alcohol use addressed at their health care provider visits. It is important to reach the LGBTQ+ population, even if they aren’t out, which can be done by working with colleges and universities, and having conversations or providing education about healthy decision making about alcohol use when working with young people in general. Lower income individuals may need targeted outreach, and examples of how to reach this group were not provided. Middle and high school students can be reached through programs at schools.

**Adverse Childhood Experiences (ACEs)**

Five key informants included Adverse Childhood Experiences (ACEs) as a top health issue for the county. One of these ranked it as their top health priority area for the county.

**Existing Strategies:** Key informants named quite a few strategies currently in place to address ACEs in the county such as home visiting programs for parents and babies, Head Start and Early Head Start, school-based mental health clinics in some districts, school social workers and psychologists, trauma-sensitive schools, the Racine County crisis line, a suicide prevention workgroup, trauma informed care trainings, Child Protective Services and Juvenile Justice, Children’s Wisconsin community programs, the Racine County Fetal, Infant, and Child Death Review Team, Racine Vocational Ministries, Family Service of Racine, Women’s Resource Center, Sexual Assault Services, law enforcement work, support groups, community education like the REI training offered through United Way, and the opening of a community mental health clinic.

**Barriers and Challenges:** Key informants shared that a lack of recognition of ACEs and their relation to health outcomes leads to ACEs not being considered when policies and programs are developed outside of health and education settings. Other barriers and challenges are a lack of high-quality childcare, economic conditions, educational conditions, uneven access to health care, financial barriers to providing expansive community-wide training, services that aren’t always culturally appropriate and desired, the presence of systemic racism, and funding and resources are focused on crisis response rather than prevention.
**Needed Strategies:** Policies and programs developed across institutions should be trauma-sensitive and trauma-informed, work on these issues should be collaborative and incorporate buy-in from the communities affected, partnerships should address the issue together rather than in isolation, work to reduce the stigma related to ACEs and mental illness, increased funding is needed for Early Head Start, perinatal home visiting, parent and family engagement programs, and trauma-focused therapies, address barriers to health care access, address high rates of incarceration among African American men, a community-wide awareness campaign, and a way to navigate the resources that are available are examples of strategies needed to improve health.

**Key Community Partners to Improve Health:** Government, health care systems and providers, public health, human services, non-profit organizations, faith communities, businesses, public and private school systems, private citizens, the LGBT Center, the YMCA, Big Brothers Big Sisters, and human trafficking organizations are examples of partners who can improve health related to ACEs.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** One key informant suggested population-based programs might best serve people with ACEs and reduce the stigma of services. Those with greater need should be triaged to receive additional services. Solutions include economic, health, and policy changes to address ACEs. Another key informant suggested LGBTQ+ and other marginalized populations could be reached through community centers, health care organizations, churches, schools, and non-profit organizations who are already serving them. One key informant thought the workforces in schools, clinics, and other health care settings should be targeted to receive training and education about the higher incidence rates of ACEs among LGBTQ+ people and their effects on queer people so they can provide better services and care to this population.

**Nutrition**

Nutrition was ranked as a top-five issue by five key informants and the number one issue by one of them.

**Existing Strategies:** Some key informants could not identify anything that is active or working well right now. Before COVID-19, UW-Extension’s nutrition program was working well, and a recent policy is working at Love, Inc. and Hispanic Roundtable, Inc. in Racine County.

**Barriers and Challenges:** COVID-19 has been a challenge in continuing work that had been done because there are currently no volunteers or workgroups meeting. Other barriers outside of those related to the pandemic are lack of access to healthy foods, food deserts, lack of education about the benefits of healthy foods, financial and economic barriers, lack of transportation to get to healthy food options, requirements of those seeking assistance (e.g., Social Security Number), and the added complexity of other conditions related to nutrition, such as chronic disease and the systemic nature of the disproportionate impact of disease burden on Black, Indigenous, and people of color, as well as queer and trans people.
Needed Strategies: Key informants suggested working on policies and programs to address the barriers and challenges named previously, such as increasing access to nutrition education, healthy foods, transportation, community meal programs, and removing requirements in place that keep people from seeking the aid they need. Key informants also suggested continuing and expanding the programs that are working, such as meal programs, UW-Extension’s cooking and nutrition program, and getting more people involved.

Key Community Partners to Improve Health: Health care providers and systems, UW-Extension, Love, Inc., 211, faith-based organizations, community COP houses, restaurants, school systems, non-profit organizations, grocery stores, insurance companies, farmers markets, and agencies that provide Supplemental Nutrition Assistance Program benefits can work together to improve health.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Key informants noted this issue affects all groups, but some noted people without housing, youth, people living with chronic disease, low-income communities, and communities of color may be particularly vulnerable. Key informants suggested working with HALO’s case managers to reach the un-housed or recently housed, to get to know the group to develop the right messages to meet them, and to increase the amount of information available in general to reach the other subgroups they mentioned.

Access to Health Care

Four key informants included Access to Health Care as a top health issue.

Existing Strategies: Key informants named Health Care Network as the main resource in the county to provide services to people. Commercially insured individuals are able to access health care. Emergency Departments are an access point for receiving health care and could also be an opportunity for linking patients to primary care providers. In terms of referrals to care and services, when people are able to meet face-to-face again, the screening and referral that happens at food pantries helps connect people to the health care organizations who can help them.

Barriers and Challenges: Barriers and challenges to accessing health care include lack of health insurance, or inadequate health insurance to meet patients’ needs, gaps in what is covered by Medicaid, high prescription costs, and undocumented status is a barrier for some people. COVID-19 has been a barrier to reaching people at pantries who would have otherwise been given referrals. A lack of transportation to get to appointments and pharmacies is another challenge for some people.

Needed Strategies: Funding for additional access points for care, such as clinics in schools or expansion of the services Health Care Network is providing, stronger community-based services, better reimbursement rates and coverage for Medicaid insurance, and a health care coalition for Racine to work on solutions to barriers to access were suggested as strategies to improve health. To substitute for in-person referral services at community spaces like pantries, email communications could be used to disseminate information from health care organizations to participant mailing lists. Additional
education from health care to consumers could be done over the phone or verbally in-person without close contact.

**Key Community Partners to Improve Health:** State and federal government representatives to work on Medicaid coverage and reimbursement issues, health care systems, community-based programs who are serving populations that might need to be connected to health care resources, Health Care Network, the new Community Health Clinic, The Y, and local health departments are key partners to engage in the work of expanding access to health care.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** People with lower incomes are most vulnerable to not being able to access health care. Those disproportionately affected or more at-risk for health issues and communities of color may also need targeted outreach. Key informant suggested meeting lower income people where they are already, such as meal sites, food pantries, and target efforts at those locations. It is also important to get to know the population you would like to reach to tailor communication to that audience.

**Chronic Disease**

Three key informants included Chronic Disease as a top health issue for the county.

**Existing Strategies:** Key informants indicated programs exist, but there are no active strategies or widespread interventions at this time.

**Barriers and Challenges:** One challenge is that people are not aware of what chronic illnesses are and what the short- and long-term effects might be. Another challenge is the food environment and poor diets that have health consequences.

**Needed Strategies:** Community education, helping people understand the effects of chronic disease, especially within low-income communities and communities of color, education about the connection between chronic disease and COVID-19, public service announcements or news stories to promote locations for health screenings, offering telehealth services, offering childcare at health care appointments, forming a chronic disease section/committee within the health care coalition, getting school systems involved to work on healthy habits and prevention early in life, workplaces could promote healthy movement throughout the day, and generally there needs to be a cultural change toward healthier habits that will lead to lower health care costs in the long run.

**Key Community Partners to Improve Health:** Health systems, schools, gyms and fitness centers, health insurers, Love, Inc., The United Way, SC Johnson, Racine Community Foundation, and Racine Area Manufacturers and Commerce (RAMAC) were named as key community partners to work on this issue.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Key informants named the elderly, low-income communities, and communities of color as subgroups who may be particularly vulnerable and need specific outreach. It was suggested it is important to understand these
groups to reach them with salient messages. Also, it is important to reach them where they are at and to make community-level improvements that are accessible to everyone such as parks and trails.

**Communicable Disease**

Three key informants included Communicable Disease as a top health issue for the county. They focused their responses on COVID-19.

**Existing Strategies:** Educating the public about COVID-19, including how to prevent the spread, statistics about cases and death, and the use of social media to provide education and community awareness are strategies in place.

**Barriers and Challenges:** One set of challenges to providing community education and awareness is that public health has been attacked locally, statewide, and nationally. There are a lack of consistent policies, messaging, funding, uneven access to care, and apathy about the virus. Further it is hard to help people understand the information when there are conflicting messages and policies, misinformation, preconceived notions about public health, unfounded rumors, conspiracy theories, and a lack of funding for actual public health efforts to combat some of these misunderstandings.

**Needed Strategies:** Better funding for public health locally and statewide, better alignment of strategies and policies across the state, pressure on elected officials to support public health and medical messages, consistent data gathering, messaging, and increased access to health care are all strategies needed to improve the response to this pandemic.

**Key Community Partners to Improve Health:** The government, health care, public health, businesses, schools, non-profit organizations, faith communities, and private citizens are all needed to improve health related to COVID-19.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** Better funding and more resources are needed to reach adults, those who are more vulnerable due to underlying health conditions and older age, and communities of color. A targeted response to nursing homes and care facilities is also needed.

**Injury and Violence**

Three key informants included Injury and Violence as a top health issue for the county.

**Existing Strategies:** Key informants named public education about how someone can safely seek help, access to health care, the work of the Urban League and other local organizations on gun violence prevention, and case managers at HALO working closely with domestic violence shelters and services.

**Barriers and Challenges:** Some barriers and challenges are victims’ fear of reporting violence or abuse without retaliation or further violence, community fear of police and calling for help, and COVID-19 has presented some challenges to what the work environment can look like.


*Needed Strategies:* Key informants believe the county needs more community education about how to seek safety, more places for victims to seek safety, more welcoming messages for victims and survivors, sexual assault nurse examiner (SANE) and domestic violence support programs, and workshops and trainings for staff about how to assist people safely in the pandemic.

*Key Community Partners to Improve Health:* Domestic violence shelters and services, health care professionals, law enforcement, sexual assault services and prevention, and the United Way were named as partners who can work on these issues.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* One key informant shared that youth are more prone to violence, but these issues affect everyone. Working with the community, using text messaging, and working with the United Way were suggestions offered for how to reach youth and the community as whole to address violence. Another key informant identified people who are without housing or recently housed as a population who may be vulnerable to violence. This group can be reached by working with HALO’s case managers.

**Tobacco Use and Exposure**

Two key informants ranked Tobacco Use and Exposure as a top health issue for the county.

*Existing Strategies:* Key informants both noted nothing is working well right now. COVID-19 has slowed things even more. National efforts have reached out locally, but these efforts haven’t gained traction.

*Barriers and Challenges:* One challenge is that marketing of vaping has been very successful and younger people think vaping is safe. Another barrier is individuals’ lack of motivation to quit using tobacco.

*Needed Strategies:* One needed strategy is raising consciousness within the health community that LGBTQ+ people are at higher risk for tobacco use and abuse, as well as higher rates for cancer, among other health issues. Another needed strategy is protecting children with better education campaigns, partnering with organizations that serve children, and decreasing the accessibility of tobacco products to young people.

*Key Community Partners to Improve Health:* Health care providers, cancer treatment providers, law enforcement, school systems (especially middle schools), parents, and the LGBT Center of Southeast Wisconsin are key groups to engage when working on this issue.

*Subgroups/populations where efforts could be targeted and how efforts can be targeted:* One key informant shared that this problem is widespread and there is no specific subgroup to focus on.

**Reproductive and Sexual Health**

Two key informants included Reproductive and Sexual Health among their top five health issues for the county.
**Existing Strategies:** There are several organizations working on issues related to reproductive and sexual health, including the health departments, Racine County Fetal, Infant, and Child Death Review Team, UW-Extension’s parenting programs, the Racine County Visiting Nurses Network, Parent Life, the YMCA PREP program, Family Preservation West, and perinatal and parenting programs. Health care providers, obstetricians, gynecologists, pediatricians, and Planned Parenthood were also named as direct health services in place to address these issues.

**Barriers and Challenges:** Key informants named lack of condom distribution in schools and doctors’ offices at Catholic organizations, curriculum limitations in health classes, limitations on reproductive health services at some hospitals, lack of response from Planned Parenthood to requests for information during COVID-19, fear of going to health care settings during COVID-19, lack of transportation to services and appointments, lack of access to childcare during medical appointments has gotten worse during COVID-19, insurance barriers for pregnant minors and their children, adverse childhood experiences, poverty, lack of access to birth control, lack of school-based clinics, cultural mores, and uneven access to health care as examples of barriers and challenges to addressing these issues.

**Needed Strategies:** Increased access to birth control, work to prevent adverse childhood experiences and their effects across the lifespan, increased economic opportunities for families, removing religious restrictions from health care organizations, increased promotion of how health care organizations are keeping patients save from COVID-19 at medical appointments, remove obligations for pregnant minors’ parents to be involved and give consent for insurance and provision of health care, more support for teens and young parents in the community, financial support for the School Age Parenting program to sustain positive impacts on graduation rates and successful pregnancies, decrease barriers to partner treatment, more mentorship opportunities for teen parents, and policy changes to allow for all of these recommended strategies were suggested by key informants.

**Key Community Partners to Improve Health:** Government, health care organizations, public health, non-profit organizations, faith communities, business leaders, school systems, and private citizens were named as key partners to improve health.

**Subgroups/populations where efforts could be targeted and how efforts can be targeted:** People with economic disadvantages are more impacted and could be provided resources, economic opportunities to succeed like education and job opportunities. LGBTQ+ populations and pregnant or parenting teens may need to be reached through efforts tailored to them. Work with the RUSD School Age Parenting Program to reach pregnant and parenting teens, collaborate with these students, work with OB/Gyn providers, mental health providers, and pediatricians to talk at the INSPIRE program at RUSD, bring a Centering class to school for pregnant and parenting students, create closer relationships between schools and health care, and a lactation consultant to visit schools are all ideas to support these groups.

**Physical Activity**

One key informant ranked Physical Activity as a top five health issue for the county.
Existing Strategies: This key informant indicated there are not any widespread interventions related to physical activity at this time.

Barriers and Challenges: It can be difficult to be honest with people about lifestyle changes they need to make.

Needed Strategies: It could be helpful to take ideas from what other corporations are doing to promote physical activity, such as the NFL. There need to be multiple systems working on changes, like schools being involved in increasing activity with students, companies encouraging physical activity and nutrition for their employees, putting policies in place that encourage it, making cultural change, and demonstrating that physical activity is important and will pay off in the long term with lower health care costs.

Key Community Partners to Improve Health: Schools and health care systems can partner together. Other key partners are gyms and fitness centers, and the private health insurance industry.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: Because there is a lack of education on this issue, it could be helpful to focus on reaching children with the information in schools. This key informant noted that lower-income community members and minority groups may be more affected and could be addressed in schools as well as places like job centers or the Social Security Office. They also recommended efforts and grant funding to focus on improving the trail and park system could be a way to reach people.

Healthy Growth and Development

One key informant included Healthy Growth and Development as a top health issue for the county.

Existing Strategies: Racine Unified School District’s child development programs and Higher Expectations were named as current strategies in place to address this issue.

Barriers and Challenges: A challenge is an overall lack of education right now. There is not currently a county- or city-wide strategy regarding this education.

Needed Strategies: This key informant suggested education for the community on healthy growth and development from birth through old age, and emphasized the importance of going where the people are to reach them with the education, such as community centers and basketball games.

Key Community Partners to Improve Health: Health Care Network, The Y, health care systems, local health departments, and Racine County were named as the key partners to work on this issue.

Subgroups/populations where efforts could be targeted and how efforts can be targeted: The key informant identified low-income communities and communities of color as key groups who could be reached with tailored communications.
**Other Health Issues**

Two key informants wrote-in and ranked issues beyond those included in the State Health Plan.

**Systemic racism and discrimination against marginalized populations:** One key informant wrote-in and ranked this as a top five health issue for the county. They suggested that strategies to address systemic racism and discrimination should focus on community-wide educational efforts about the impacts of systemic racism, the history of trauma locally and nationally, and current research in epigenetics and inequities in healthcare, education, employment, and other sectors. Barriers to addressing this issue include lack of knowledge, lack of access to the medical community and the general population, and lack of time and money to educate large groups of people. Efforts to address this issue will require cooperation among large health care organizations, health departments, employers, community groups, governmental agencies, non-profit organizations, religious organizations, school systems, and the general public. Advocacy is needed at all levels for marginalized populations. LGBTQ+ groups should be included as well.

**Disparities, disenfranchised individuals, poverty, and lack of available/comprehensive services:** One key informant wrote-in and ranked one issue, described in their words as “disparities including health/education/housing/transportation/job opportunities/food, disenfranchised individuals, poverty, lack of available, comprehensive services including health care, etc.” They believe the health issues outlined in the State Health Plan and ranked in this report are symptoms of the larger issues they have outlined. They named existing initiatives like the City of Racine’s Housing/RENTS program, the establishment of the Racine Community Health Center, the GED Advancement Program, and mentoring programs as strategies in place currently to address this issue. They believe the barriers and challenges to addressing these issues to be focusing exclusively on the health issues outlined in the State Health Plan. They identified the government and politicians as the key groups in the community to partner with to improve community health related to these issues. They identified those who are adversely affected by current policies as a specific population where efforts could be targeted. They recommended supporting and assisting them to engage those that make the policies.

**Oral Health**

Oral Health was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided.

**Environmental and Occupational Health**

Environmental and Occupational Health was not ranked as a top five health issue by key informants. Examples of existing strategies, barriers and challenges, needed strategies, key partners, and affected subpopulations were not provided.
Appendix A. Interview Participants for Racine County

Key Informant Interview Participants
Sixteen individuals participated in 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: the elderly, youth, individuals with disabilities, faith communities, law enforcement, and those living with mental illness, substance abuse, and homelessness. Geographically, about 60% of key informants work for organizations that serve all the people of Racine County, about 27% serve only people in the part of Racine County East of I-94, about 7% serve only people in the part of Racine County West of I-94, and about 7% serve people everywhere in Racine County, except for the City of Racine.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Dottie-Kay Bowersox</td>
<td>Public Health Administrator, City of Racine</td>
<td>City of Racine Public Health Department</td>
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<tr>
<td>Jackie Bratz</td>
<td>911 Director</td>
<td>Racine County Communications Center</td>
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<tr>
<td>Barb Farrar</td>
<td>Executive Director</td>
<td>The LGBT Center of SE Wisconsin</td>
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<tr>
<td>Margaret Gesner</td>
<td>Health Officer</td>
<td>Central Racine County Health Department</td>
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<tr>
<td>Michelle Goggins</td>
<td>Administrator</td>
<td>Racine County Human Services Department/Behavioral Health Services/Aging and Disability Resource Center</td>
</tr>
<tr>
<td>Kimberly L. Granger</td>
<td>Supervisor of Health Services</td>
<td>Racine Unified School District</td>
</tr>
<tr>
<td>William Jeschke</td>
<td>Patrol Sergeant</td>
<td>Town of Waterford Police Department</td>
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<tr>
<td>Matt J. Montemurro</td>
<td>President/CEO</td>
<td>Racine Area Manufacturers and Commerce</td>
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<tr>
<td>Michael Payne</td>
<td>Medical Examiner</td>
<td>Racine County</td>
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<tr>
<td>Steve Plank</td>
<td>Superintendent of Burlington Schools</td>
<td>Burlington School District</td>
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<tr>
<td>Ahmad Qawi</td>
<td>President/CEO</td>
<td>Racine Family YMCA</td>
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<tr>
<td>Dan Taivalkoski</td>
<td>Executive Director</td>
<td>Racine County Project Emergency, Inc. Dba Racine County Foodbank</td>
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<tr>
<td>Cristalina ‘Nina’ Thillemann</td>
<td>Executive Director</td>
<td>Homeless Assistance Leadership Organization (HALO, Inc.)</td>
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<tr>
<td>Mike Wienke</td>
<td>Battalion Chief</td>
<td>South Shore Fire Department</td>
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<tr>
<td>Jennifer Winter</td>
<td>Treasurer</td>
<td>Hispanic Round Table</td>
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<tr>
<td>Brian Wolf</td>
<td>Division Chief</td>
<td>Racine Fire Department</td>
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