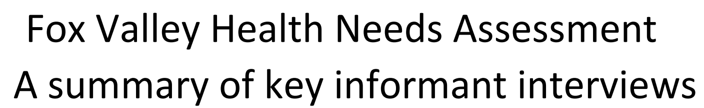

Fox Valley Health Needs Assessment
A summary of key informant interviews

2021

This report was prepared by JKV Research, LLC

This report was commissioned by the Fox Valley Community Health Improvement Coalition, a collaboration between the Appleton Health Department, Ascension Wisconsin, Aurora Health Care, Calumet County Public Health, Children's Wisconsin, Menasha Health Department, Outagamie County Public Health Department, ThedaCare, and Winnebago County Public Health Department.

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Introduction

As a requirement for state and governing statutes, health departments and health care organizations need to conduct a comprehensive assessment of health needs on a 3-year basis. These assessments help identify key health priorities and issues facing the Fox Valley. A vital part to this data collection is the input from key informants and community members who represent the diverse sectors of our community.

The preliminary list of key informants included primary and secondary (if any) sector served, primary and secondary (if any) community reached and geography served. See Appendix A for sector definitions. A total of 56 key informants participated in July and August 2021. A few interviews had more than one person participating in the call, but were considered one interview for the purpose of identification. See Appendix B for a complete list of participants.

As shown in the tables below, FVCHIC reached a variety of sectors, community populations and geographic areas.

Table 1. Sector Served (Primary or Secondary)

Population Focused	13	Faith	3
Basic Needs	8	Government/Civic	3
Behavioral Health	8	Youth and Child Serving Organization	2
Education	6	Emergency Services	2
Health Care	6	Social Connectedness	2
Coalition	5	Economic Development	1
Community Safety	5	Advocacy	0
Public Health	5		

Table 2. Community Reached (Primary or Secondary)

General Community	21	Under/Un-Insured	2
Youth	12	Disabilities	2
Low Income	9	English as a Second Language	1
Aging	4	LGBTQ	1
Rural	4	Formerly Incarcerated	1
Pre-school	3	African American	1
Substance Use Disorder	2	Hmong	1
Latinx	2	Muslim Community	0
Refugees	2	Sexual Assault	0
Families	2	Multiple Groups	4

Table 3. Geography Served

All	23
Outagamie County	10
Calumet County	7
Winnebago County	7
Appleton, Menasha and/or Oshkosh	7
Winnebago County and Outagamie County	2

All informants were made aware that participation was voluntary and that responses would be shared with JKV Research for analysis and reporting. Members from FVCHIC 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 samples were developed by FVCHIC members to represent the tri-county area. 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. Needs included economic, technological, mental health and medical health. Collaboration and the use of navigators/case managers were strategies that were recommended to expand. It is important to meet people where they are and communicate with them as a trusted ally. Using all forms of communication are necessary to reach all populations.
2) The top social determinants of health were safe and affordable housing; social connectedness and belonging; economic stability and employment; accessible and affordable health; and affordable childcare. Collaboration initiatives were the most common strategies needed to meet the complexities of the inter-connected determinants. Key stakeholders varied somewhat on the determinant, however, involving people with lived experience and being inclusive carried over the issues.
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. To address the health conditions/behaviors, collaborations were needed because of the inter-connectedness of the issues. Key stakeholders varied somewhat on addressing the condition/ behavior, however, involving people with lived experience and being inclusive crossed over the issues.

A. COVID-19

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

<u>Community needs or gaps developed since the coronavirus pandemic</u>
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 economic, technological, mental health and medical health. Oftentimes the needs were not singular and often crossed over more than one grouping.

Economic needs: Since the pandemic began, many people lost their jobs as businesses closed according to Safer at Home guidelines. When reopening began, some businesses opened in a limited capacity, delayed opening or did not reopen at all. The service sector and other low wage positions were often identified as most impacted; positions were in-person and unable to switch to online. People who were already struggling had now lost their already limited income. As a result, housing instability, food insecurity and childcare issues occurred. Online schooling created another issue as younger children needed an adult home when the parent was typically working.

Technological needs: Related to economic needs, access to adequate technology was a challenge for many communities in the area. With online school, high speed internet became a necessity. In addition, libraries which also provided resources were closed, not just for students who needed internet access, but also for job hunting and other offerings.

Mental health needs: Most key informants also indicated mental health needs. Isolation, loneliness, lack of social connectedness and the stress of the unknown were all mentioned. All populations were affected, although in different ways. Elderly 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 and substance abuse services were also listed as a need.

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), loss of insurance/coverage, the cost and disinformation about the virus/vaccination.

<u>Existing strategies to address the needs/gaps</u>
Key informants identified collaboration, navigators/case managers, re-evaluating current service models and new ways of client communication as strategies addressing the gaps. Being more mindful of cultural inclusivity was a noted strategy to ensure all populations have access and feel comfortable.

Collaboration: the housing coalition, Catalpa collaboration and partnerships with other agencies/organizations were listed as existing strategies. These interconnected strategies were used since the needs and gaps are not singular. Navigators and case managers were often listed as an effective strategy to address the complexities of the issue.

Re-evaluation of services: Several organizations reported their services were limited or needed to be revised to meet safety protocols. Some populations struggled more with these changes. Older clients, persons with a disability or persons who lacked transportation struggled to receive services when curbside pickup and drive through options were initiated. Several key informants indicated the need to meet the client where they were, rather than the client coming to them. This involved more community and grassroots efforts to reach clients.

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

<u>Additional strategies needed and community stakeholders to be successful</u>
In order to decrease the impact of the coronavirus pandemic, most key informants reported the intertwined economic need, collaboration and addressing mental health. Strategies need to be culturally sound and inclusive.

Economic: There have been some short-term government assistance for clients, but as those sources run out, a more holistic approach will be needed. Support for livable wages, more housing options and varying childcare options were all listed as key strategies. Stakeholders that need to be involved to be successful include elected officials, city and county officials, policymakers, housing authority, business leaders, community leaders, grassroot community organizations, current coalitions, advocates and persons who have been affected.

Collaboration: The coalitions and collaborations already in place should expand since the needs are larger than what can be delivered. Using the current collaborations as a template, create additional ones to address the complexity of the needs.

Mental health: The mental health needs have surpassed what is available. Additional mental health providers, staff education reimbursements, expanded insurance coverage, access to free therapy along with more mental health screenings and education (importance of social connectedness and reducing stigma) in schools and the general population were all listed as additional strategies needed.

<u>How to reach community members to implement health initiatives.</u>
It is important to meet people where they are at, with people they trust. It cannot be all "top down" but rather grassroots community involvement. The faith community, business leaders, local leaders, health care providers, schools, community centers and organizations were all listed as ways to reach community members. Using technology like e-blasts, social media, radio, new channels will connect with certain populations. Also, be culturally inclusive. Finally, setting aside funds for telling the community what has been done and what is available is important to maintain services.

<u>One key learning from the COVID-19 pandemic.</u>
Key informants often listed more than one key learning. Learnings included internal, external, collaboration and communication.

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. Finally, they learned the whole person needs to be addressed, rather than issue by issue.

External: Several organizations reported additional funds and donations that they were not expecting. However, the needs have outpaced the current community resources. And, as some government funds reach their deadlines, there is a concern of what additional needs the community will face.

Collaboration: Several key informants identified current systems were not ready for the increased needs the pandemic triggered. Additional collaboration 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.

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 4 indicates the selected determinants and the number of key informants who ranked it as the top social determinant of health. The top five social determinants of health are listed in detail. The remaining determinants are limited in the amount of information available.

Table 4. Social Determinants of Health Rankings

	Top 2	Number 1
Safe and Affordable Housing	23	15
Social Connectedness and Belonging	20	8
Economic Stability and Employment	14	6
Accessible and Affordable Health	11	6
Affordable Childcare	9	5
Access to Social Services	7	4
Family Support	6	3
Racism and Discrimination	5	4
Accessible and Affordable Transportation	4	2
Education Access and Quality	3	1
Community Violence and Crime	2	0
Food Insecurity	2	0
Quality of Healthcare	1	0
Other	3	1
• Community Navigation • Benefits Cliff • Family Support and Social Connectedness & Belonging (Tied)		

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, affordable transportation and food security. Regardless of determinant, diverse sectors and persons with lived experience were important stakeholders. Other stakeholders included government agencies, elected officials, advocates, community businesses, community leaders and current coalitions. Having broad collaborations will help community members navigate the complex systems.

Top Social Determinants of Health Summaries

☑ Safe and Affordable Housing

Twenty-three key informants' interview rankings included safe and affordable housing as a top social determinant of health, and 15 ranked it number one.

Populations Affected and How: Multiple populations were identified as being affected by the lack of safe and affordable housing. The most often cited populations were low to mid income, the unemployed, underemployed or homeless persons. Older clients, persons with special needs or disabilities, persons with mental health issues or substance abuse were listed often. People of color or persons with English as their

second language were identified a handful of times followed by people with poor rental history or community members who were not near personal supports. The high cost-burden of safe and affordable housing creates a deficit for other basic needs such as food security, employment, healthcare and quality of life.

One Major Effort: About half 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. Many other key informants reported that there needs to be more housing navigators/case managers who are aware of all the resources available to assist community members. Living wage support, free mental health and substance use therapy were also listed.

Critical Community Stakeholders: Critical stakeholders to be involved in a housing initiative was quite long. The most often listed were city planners/administrators, elected officials, government leaders and policymakers. Government agencies, housing authorities and granting agencies were listed next. Emergency shelters, housing coalitions, community leaders, business leaders, community advocate groups, Pillars and Housing First were also listed often.

☑ Social Connectedness and Belonging

Twenty informants' interview rankings included social connectedness and belonging as a top social determinant of health, and eight ranked it number one.

Populations Affected and How: Multiple populations were identified as being affected by the lack of social connectedness and belonging. The older population, persons with special needs or disabilities, people of color or with English as a second language were most often cited populations. Youth/teens, people with low income, single adults or rural community members were also mentioned. The populations have fewer relationships, increased stress and other mental health issues and a decrease in well-being/quality of life.

One Major Effort: Nearly half of key informants indicated there needs to be more social connectedness programs. Collaborations with local organizations, the faith community and school community were solutions to meet the need. A coordinated plan would help develop effective efforts. In addition, inclusiveness efforts are needed to reach marginalized groups.

Critical Community Stakeholders: Critical stakeholders were local community organizations, community leaders, the faith community, advocacy groups, government agencies, youth programs, community centers and schools. City planners/administrators, elected officials, employers, granting agencies and mental health providers were also included.

☑ Economic Stability and Employment

Fourteen informants' interview rankings included economic stability and employment as a top social determinant of health, and six ranked it number one.

Populations Affected and How: Similar to affordable housing, multiple populations were identified as being affected by the lack of economic stability and employment. The most often cited populations were near or below poverty, low income/SES, the unemployed, underemployed or persons with AODA issues. People with mental health issues, low education, people of color or the previously incarcerated were also listed. The cycle of poverty is difficult to conquer when a person has limited finances to meet their basic needs.

One Major Effort: Living wage support was most often mentioned as an effort to combat economic and employment instability. Childcare, housing and food assistance were also listed to meet the needs of

community members. Job assistance, just in time help along with free mental health and substance use therapy were listed by a handful of key informants.

Critical Community Stakeholders: Critical stakeholders to be involved in an initiative were elected officials, government leaders, policymakers, government agencies and employers. City planners, affected persons, college/adult education programs and financial institutions were also mentioned.

☑ Accessible and Affordable Healthcare

Eleven key informants' interview rankings included accessible and affordable healthcare as a top social determinant of health, and six ranked it number one.

Populations Affected and How: The most often cited populations were low income, near or below poverty, as well as the unemployed. People of color or persons with English as their second language were also identified a handful of times along with older people or community members with mental health issues. Without affordable healthcare, a person's quality of life is affected. Delaying or not following up/managing chronic health issues, along with limited access to wellness screenings/assessments or other proactive healthcare services can result in a more major health issue later.

One Major Effort: About half of key informants indicated universal health care and more free access to health care services are the way to address the lack of healthcare insurance. Other efforts included free mental health care, screenings in schools and employer-based mental health services.

Critical Community Stakeholders: Critical stakeholders include healthcare systems, insurance companies, community advocates and employers.

☑ Affordable Childcare

Nine informants' interview rankings included affordable childcare as a top social determinant of health, and five ranked it number one.

Populations Affected and How: The most often cited populations were low income, near or below poverty, young families and single parents. If a parent cannot find affordable quality childcare, they are less likely to work, which then impacts their economic stability, housing stability and healthcare coverage.

One Major Effort: Child subsidies/allowances were most often mentioned as an effort to address the need for affordable childcare. Flexible daycares would also help parents and employers.

Critical Community Stakeholders: Critical stakeholders to be involved were elected officials, government leaders, policymakers, community advocates and government agencies. Employers and persons who are affected should be included as well.

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.

Access to Social Services

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

The most often cited populations affected were low income, lower education, persons with English as a second language or transient people. Expansion of 211, easier access to services and removing stigma were efforts to better access social services. Hospitals, service providers, crisis workers, 211, social workers and law enforcement agencies were listed as critical community stakeholders.

Family Support

Six informants' interview rankings included family support as a top social determinant of health, and three ranked it number one.

The most often cited populations affected were low income, older, people of color or parents with children. Providing more support, easier navigation and linking with community organizations were efforts to increase family support. Service providers, schools, churches and local community service organizations were listed as critical community stakeholders.

Racism and Discrimination

Five informants' interview rankings included racism and discrimination as a top social determinant of health, and four ranked it number one.

The most often cited populations affected were people of color, LGBTQ persons or non-Christian families. Hiring practices reflecting community percentages and being culturally inclusive were listed as efforts to address racism and discrimination. Community leaders, local government officials, employers, healthcare organizations and persons affected by racism and discrimination were listed as critical community stakeholders.

Accessible and Affordable Transportation

Four informants' interview rankings included accessible and affordable transportation as a top social determinant of health, and two ranked it number one.

The most often cited populations affected were low income, persons with a disability or older persons. Creative rideshares and transportation that runs across jurisdiction lines were efforts to meet the needs for accessible and affordable transportation. County agencies, funders, transportation providers and persons affected by the problem were listed as critical community stakeholders.

Education Access and Quality

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

Populations affected were low income, low literacy families, children with disabilities or students of color. Additional support for public education and needed resources were efforts to increase access to quality education. Federal, state and local governments, school districts, school administrators, Department of Public Instruction (DPI), education organizations and advocates were listed as critical community stakeholders.

Community Violence and Crime

Two informants' interview rankings included community violence and crime as a top social determinant of health, and zero ranked it number one.

Populations affected were low income, single women or older persons. Strengthening neighborhood relationships and community ties along with aging in place were listed efforts to address community violence and crime. Community development, housing coalitions, community services, law enforcement and affected persons were listed as critical community stakeholders.

Food Insecurity

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

Populations affected were low income or older adults. Transportation access to grocery stores, access to affordable nutritious food and onsite gardens were efforts to address food insecurity. Food pantries, funders, local and state leaders, elected officials, the medical community and people with lived experience were listed as critical community stakeholders.

Quality of Healthcare

One informant's interview rankings included access to social services as a top social determinant of health, and zero ranked it number one.

Populations affected were low income, lower education, people of color or persons with English as a second language. Healthcare system, education system and insurance companies were listed as critical community stakeholders.

C. Health Conditions/Behaviors Rankings

Key informants were asked to select the top *two* health conditions/behaviors in their service area. Table 5 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 5. Health Conditions/Behaviors Rankings

	Top 2	Number 1
Mental Health, Mental Conditions, Suicide	44	32
Alcohol and Substance Use	27	12
Nutrition, Physical Activity and Obesity	22	5
Maternal, Infant, and Child Health	6	1
Communicable Diseases/COVID-19	4	3
Chronic Diseases	3	1
Oral Health	3	1
Intimate Partner/Domestic Violence	2	0
Other	1	0
• Fear, Loneliness		

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.

Top Health Conditions/Behaviors Summaries

☑ Mental Health, Mental Conditions, Suicide

Forty-four key informants' interview rankings included mental health, mental conditions and suicide as a top health condition/behavior and 32 ranked it number one. This issue is significantly higher than the second-ranked issue.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Teens and children were listed next followed by persons with high ACES, low income, near or below poverty or with alcohol and other drug abuse. Poor access to healthcare, added stress, long waiting list and no timely care were all areas that were affected. Stigma, relationships, feelings of isolation, overall wellbeing, employment, finances or physical health were also reported by a handful of key informants.

Existing Strategies: Collaborations/coalitions and education programs were the most often cited strategies. Residential and outpatient treatment options and mental health screenings at some schools were also listed. Community campaigns and telehealth options were more recent strategies.

Additional Strategies Needed: Nearly all additional strategies included more mental health providers, quicker access, crisis care, more affordable services, more education and more collaborations for a holistic approach.

Dual diagnoses and treatment of alcohol and other drug abuse along with mental health was indicated several times by key informants. Continuing telehealth appointments were also listed by a handful of key informants.

Critical Community Stakeholders: Critical stakeholders were numerous. The mental healthcare system and providers, the medical healthcare system, government agencies, insurance companies, employers, elected officials, community advocates and collaborations/partnerships all need to be at the table. Granting agencies, affected persons and crisis workers also need to be included.

One Major Effort: More mental health providers, increase access and more affordable were the most often mentioned major efforts to meet the needs of the community. Collaborations focusing on the whole person, stigma and just in time help/crisis care were additional efforts.

Organization Needs: Crisis care, increased access, additional education programs, people and funding were the most often mentioned critical items organizations needed. More collaboration was also listed quite often.

Social Determinants of Health Impact: Nearly all social determinants of health can have an impact on mental health by increasing stress, depression and feelings of hopelessness. Economic, housing and transportation social determinants of health will impact the ability to receive care, therapy and/or medication. The cyclical issue of social determinants of health on mental health can continue cycle of poverty.

☑ Alcohol and Substance Use

Twenty-seven key informants' interview rankings included alcohol and substance use as a top health condition/behavior and 12 ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Persons with low income, near or below poverty or with mental health issues were listed next. Teens/children as well as middle age persons were also listed. Employment, relationships, finances and mental health/stress were areas affected followed by overall quality of life, domestic violence and poor access to health care.

Existing Strategies: Residential and outpatient treatment and collaborations/coalitions were the most often cited existing strategies along with student programs/education, peer coaching, recovery coaches and support groups.

Additional Strategies Needed: Additional strategies included more education to combat alcohol as a cultural norm, easier access to services, quicker access, more insurance coverage and youth programs. Dual diagnoses and treatment of alcohol and other drug abuse along with mental health was indicated several times by key informants. Parent programs, peer coaching, recovery coaches and support groups were also listed.

Critical Community Stakeholders: Critical stakeholders included AODA providers, government agencies, healthcare organizations, collaborations/partnerships, elected officials/government leaders, policymakers and community advocates. Law enforcement, schools, granting agencies, affected persons, crisis workers and social support agencies were also listed.

One Major Effort: Increased access and just in time help/crisis care were the two most often mentioned efforts to focus on. School based programs, health education and marketing/communication were also listed.

Organization Needs: Crisis care, quicker access, more programs, people and funding were the most often organizational needs listed. More collaboration was also listed quite often. Compliance checks, cultural inclusiveness, earlier intervention, staff training of de-escalation strategies and supportive legislators were also listed.

Social Determinants of Health Impact: Economic and social connectedness social determinants of health can impact the ability to receive care. The social determinants of health can continue the cycle of poverty.

☑ **Nutrition, Physical Activity and Obesity**

Twenty-two key informants' interview rankings included nutrition, physical activity and obesity as a top health conditions/behaviors and five ranked it number one.

Populations Affected and How: Half of key informants reported the most affected population was "everyone". Persons with low income, near or below poverty, who were older, or homebound were the most often populations mentioned. In general, convenient and cheap food are not as healthy as more expensive food. Chronic diseases/physical health, unhealthy quality of life and safe neighborhoods are affected.

Existing Strategies: School nutrition programs/free lunch, walking paths and parks and recreation activities are existing strategies. Collaborations/coalitions, community programs, community campaigns, employer-based education and farmers' markets were also current existing strategies.

Additional Strategies Needed: Additional safe walking paths, more funding, more access and health education were most often listed additional strategies. Collaborations were also needed.

Critical Community Stakeholders: Critical stakeholders included government agencies, city planners/administrators, schools, healthcare providers along with park and recreation centers. Health insurance companies, community advocates, direct services and grocery stores were also listed.

One Major Effort: Increase access, safety, community gardens, community activities, health education and incentives were the most often mentioned efforts.

Organization Needs: Community involvement, increased funding and access were the needs to address the issue.

Social Determinants of Health Impact: Economic, housing, transportation and social connectedness social determinants of health can impact the nutrition, physical activity and obesity of community members.

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.

Maternal, Infant, and Child Health

Six key informants' interview rankings included maternal, infant, and child health as a top health conditions/behaviors and one ranked it number one.

Persons with low income, who do not have access to healthcare, people of color, who live in at-risk conditions, with ACES, infants, children and adolescents were all listed as populations affected. More resources for families, funding, additional staff, implementing programs with fidelity, breastfeeding support, well child visits and simplifying process for assistance were listed as additional strategies needed. Public health, healthcare systems, social services agencies, childcare advocates, schools, daycares and insurance companies were critical stakeholders. More comprehensive programs and policies to support mothers, list of resources, cultural

sensitivity and child development information were things the organization needed now. Economic, social connectedness and housing social determinants of health can impact maternal, infant and child health.

Communicable Diseases/COVID-19

Four key informants' interview rankings included communicable disease/COVID-19 as a top health conditions/behaviors and three ranked it number one.

Older persons, school-age children, persons of color or LGBTQ persons were listed as affected populations. Increase vaccination education, population-specific vaccine clinics and standardized communication addressing misinformation were listed as additional strategies needed. Public health, healthcare systems, government, vulnerable communities, business leaders and community leaders were listed as critical stakeholders. Organizations needed funding for supplies. Lower education and racism are social determinants of health that can impact communicable diseases/COVID-19.

Chronic Diseases

Three key informants' interview rankings included chronic diseases as a top health conditions/behaviors and one ranked it number one.

Persons with low income, living with disabilities, who were older or who do not have access to healthcare were affected by chronic diseases. More prevention, medication management education and nutrition education were additional strategies needed. Schools, public health, healthcare systems, gyms and grocery stores were listed as critical stakeholders. Economic, social connectedness and healthcare social determinants of health can impact chronic diseases.

Oral Health

Two key informants' interview rankings included oral health as a top health conditions/behaviors and zero ranked it number one.

Families with low income or the underinsured were populations listed. Collaboration with dental providers, going into schools, supplemental insurance and cultural awareness were listed as additional strategies needed. Community dental partners, healthcare organizations, advocates, schools, policymakers and funders were critical stakeholders. Economic, healthcare and transportation social determinants can impact oral health.

Intimate Partner/Domestic Violence

Two key informants' interview rankings included intimate partner/domestic violence as a top health conditions/behaviors and zero ranked it number one.

Persons of color, women, persons with AODA issues, with poor family dynamics or mental health issues were listed as people affected by intimate partner/domestic violence. Addressing stigma, child and youth prevention, community-wide trauma-based training and culturally specific behavioral health initiatives were listed as additional strategies needed. Domestic violence houses, sexual assault crisis center, law enforcement, justice department, medical/health community, behavioral health and education systems were listed as critical stakeholders. Economic, education, transportation and social connectedness social determinants of health can impact intimate partner/domestic violence.

Appendix A: Sector Definitions

Sector	Definition
Advocacy	Some focus on protecting or promoting legal rights for individuals
Basic needs	Housing, food insecurity, transportation
Behavioral health	Substance use, mental health
Coalition	Leadership of a multi-organizational collaborative
Community safety	Violence prevention, law enforcement, fire safety
Economic development	Economic development
Education	Schools and early childhood education (e.g., Head Start)
Emergency Services	Hospital emergency departments
Faith	Affiliated with a religious group/org
Government/Civic	Elected officials, library
Health care	Any of the 4 health care systems + FQHC
Population focused	Focused on a specific set of individuals (e.g., aging)
Public health	Health departments
Social connectedness	Community and other efforts to strengthen social connections
Youth & Child serving organization	Youth programming (e.g., YMCA)

Appendix B: Key Informant List

Organization	Position	Name
211 United Way	Director	Lisa Smith
Appleton Public Library	Hispanic Outreach Specialist	Norma Oliveras
Apricity	Executive Director	Michelle Devine Giese
Ascension	Director of Behavioral Health for the Fox Valley	Tina Lechnir
Ascension Calumet Hospital	Emergency Room Supervisor	Susan Schneider
Aurora Medical Center Oshkosh	ED Manager and SANE Program Director	Nicole Slusser and Brenda Doolittle
B3 Winnebago & Outagamie	Early Intervention Director	Wendy Hein
Be Well Fox Valley/United Way	Director	Wendy Krueger
Calumet County	Community Economic Development Director	Mary Kohrell
Catalpa Health	President & CEO, Chief Clinical Officer	Mary Downs and Scott Radtke
Child Care Resource and Referral	Executive Director	Judy Olson
Children’s Wisconsin – Fox Valley	Hospitalist	Dr. Todd McKenzie
Chilton Police Department	Police Chief	Craig Plehn
City of Appleton Fire Department	Fire Chief	Jeremy Hansen
City of Appleton Health Department	Deputy Director/Interim Health Officer	Sonja Jense
City of Menasha Health Department	Public Health Director	Kristine Jacobsen
Common Grounds	Community Volunteer	Dean Gruner
Day by Day Warming Shelter	Executive Director	Molly Yatso-Butz
Diverse and Resilient	Director	Kathy Flores
ESTHER	Organizer	Bill Van Lopik
Evergreen Retirement Community	Unit Manager, Infection Preventionist	Kelly Rollo
Family Services	Manager	Kelly Hinz
Father Carr's Place 2B	Executive Director	John Nieman
Fox Valley Literacy	Executive Director	Brian Leone Tracy
Hmong American Partnership	Board President	Kou Vang
Imagine Fox Cities	Board member	Beth Flaherty
Leaven	Executive Director	Mary Parsons
Menasha Senior Center	Recreation Program Leader & Senior Activity Coordinator	Chloe Hansen-Dunn
Multi-Cultural Communication Team	Representative	Lisa Cruz
New Holstein City	Mayor	Jeff Hebl
NEW Mental Health Connection	Executive Director	Beth Clay
Oshkosh Area Food Pantry	Executive Director	Tom Fojtik
Oshkosh Area School District	Director of Pupil Services	Matt Kaemmerer
Outagamie County	District Attorney	Melinda Tempelis

Organization	Position	Name
Outagamie County ADRC and Aging Division	Manager / Aging & Nutrition Program Supervisor	Amie Bastian and Kalie Erickson
Outagamie County Health and Human Services	Director	John Rathman
Outagamie County PH	Health Officer	Natalie Vandeveld
Outagamie County Sheriff	Lieutenant	Travis Linskens
People of Progression	Co-Chair	Kristen Gondek
Pillars	Executive Director	Joe Mauthe
REACH	Program Coordinator	Annie Von Neupert
Rock Ledge Intermediate School, Seymour School District	School Counselor	Jen Siudzinski
Rural Health Initiative	Manager	Rhonda Strebel
Salvation Army-Calumet County	Director	John Kost
School District of Hilbert	District Administrator	Tony Sweere
SOAR Fox Cities, Inc.	Executive Director	Erin Schultz
ThedaCare	VP Clinically Integrated Network	Jennifer Frank, MD
ThedaCare	Mental Health Clinician	Denise Pannebaker
Thompson (Senior) Center on Lourdes	Executive Director	Elizabeth Neuman
US2 Behavioral Health	Executive Director	Sheng Lee Yang
UW Oshkosh Head Start	Associate Director of Health Related Services	Valeri Donnelly
Winnebago County Health Department	Community Health Strategist	Stephanie Gyldenvand
Winnebago County Health Department	WI Well Woman Program Specialist, Fox Valley Multi-Cultural Communications Committee	Susan Garcia Franz
Winnebago County Health Department	Health Officer	Doug Gieryn and staff
World Relief Fox Valley	Director	Tami McLaughlin
YMCA of the Fox Cities	COO	Dani Englebert