



Photo Credit: DJHCP, Kim Hiller

2022

Dodge-Jefferson Healthier Community Partnership

Community Health Needs Assessment

Dodge & Jefferson Counties, WI



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Perspective / Overview

About Dodge-Jefferson Healthier Community Partnership

Dodge-Jefferson Healthier Community Partnership (DJHCP), is a partnership of the following organizations:

- Dodge County Human Services & Health Department
- Fort HealthCare
- Greater Watertown Community Health Foundation
- Jefferson County Health Department
- Marshfield Medical Center- Beaver Dam
- Rock River Community Clinic
- Watertown Department of Public Health
- Watertown Regional Medical Center

The Partnership worked together on the community health needs assessment. Information on each partner is below.

Dodge County Human Services and Health Department programming includes, Adult Protective Services and Long Term Support, Aging and Disability Resource Center with senior dining and transportation services, Child Protective Services, Juvenile Justice and Services for Children with Disabilities, Mental Health and Substance Use Disorder Treatment, Economic Support Services including Food Share, Medicaid/Badger Care and Child Care Support, Public Health and WIC Clinic.

Fort HealthCare provides quality healthcare to the residents of an eight-community area and has the only hospital in Jefferson County. The hospital is a modern, fully accredited, acute care facility with 49 beds. In addition to comprehensive inpatient services, Fort HealthCare offers ambulatory surgery and specialty clinics, a birthing center, cardiac rehabilitation, emergency services including the Urgent Care Program for after-hours treatment of minor illnesses and injuries, occupational medicine and more.

Fort Medical Group is a multi-specialty group practice with satellite clinics offering primary and specialty care in Fort Atkinson, Cambridge, Jefferson, Johnson Creek, Lake Mills, and Whitewater. Primary and specialty care physicians from UW Health, Dean Medical Center and other organizations also trust Fort Memorial Hospital to deliver the highest quality medical care to their patients.

The Greater Watertown Community Health Foundation (GWCHF) is a catalyst for positive, lasting and measurable health improvement across the region. Our mission is to create thriving communities where everyone enjoys good health and wellbeing. Our approach centers on collaboration, mobilizing resources and encouraging innovation that measurably contributes to the wellbeing of our community.



About Dodge-Jefferson Healthier Community Partnership, cont.

GWCHF is focused on bringing together the people, organizations and resources needed to create lasting change. We believe that transforming community health requires more than just writing a check. It requires Listening, Engaging, and Empowering the "doers" of our community to apply their talents to create a healthier tomorrow.

Jefferson County Health Department focuses on prevention of illness and promotion of health by offering a variety of services and programs. The Maternal and Childhood Health Division provides Home Visiting, Prenatal Care Coordination, well water sampling for pregnant households, WIC and the Fit Families Program. The Childhood Lead Program provides screening and follow up of elevated blood lead levels. The Communicable Disease Division provides education, follow up, and surveillance of communicable diseases. The Clinical Services Division provides vaccinations, COVID-19 testing, fluoride varnishes, well child checks, pregnancy testing, and TB skin testing. The Community Health Division provides consultation to daycares and schools, outreach, and community educational programs. The Emergency Preparedness Division provides community preparedness, response efforts, information sharing, and other capabilities. In partnership with the City of Watertown Department of Public Health, environmental health services are provided.

Marshfield Medical Center Beaver Dam - In 1972, Beaver Dam Community Hospital (BDCH) became one of the first hospitals in the country to merge a Catholic hospital and a Lutheran hospital. Over the years, BDCH has successfully expanded to meet the growing need for improved facilities and additional health care services. In 2006, the new BDCH opened for service. The 60-bed acute care hospital combines advanced medicine and technology with a state-of-the-art facility to create a healing environment of care for patients and their families.

In 2019, BDCH joined Marshfield Clinic Health System (MCHS) and became Marshfield Medical Center–Beaver Dam (MMC-Beaver Dam). MCHS is an integrated system serving Wisconsin and beyond, with more than 12,000 employees including over 1,600 providers comprising over 170 specialties and subspecialties. Its entities provide service and health care to more than two million residents through over 65 locations and 11 hospitals.

Rock River Community Clinic - Since 2005, the underinsured and uninsured population of Jefferson County and southern Dodge County relied on Rock River Free Clinic and Watertown Cares Clinic for primary health care services, and dental care from the Community Dental Clinic who also served patients insured through Medicaid. Each of these "safety net clinics" were started by volunteers who recognized the need for these services.



About Dodge-Jefferson Healthier Community Partnership, cont.

In 2019, the Rock River Community Clinic (RRCC) was established, combining all three safety-net clinics into one organization to transition into an integrated, community-based health care model under a Federally Qualified Health Center Look-Alike designation. RRCC's overall mission and vision are to improve the quality and coordination of healthcare services and increase community access to such services in order to improve health outcomes for low-income residents. RRCC medical clinics are located in Watertown, Jefferson, and Whitewater, and dental clinic is located in Fort Atkinson.



Photo Credit: Kim Hiller, Get Healthy Watertown Family Bike Ride

Watertown Department of Public Health focuses on creating opportunities for safe and healthy living for all community members. The department provides resources and education, reduces barriers, promotes safety, and advocates for and promotes health equity. Through programs such as Prenatal Care Coordination, TalkReadPlay, Home Visiting, Immunizations, Car Seat Safety,

Communicable Disease, Seal-A-Smile, Childhood Lead Prevention, and the Get Healthy Watertown Coalition staff focus on community health, maternal child health, and family growth and wellbeing. Environmental Health staff focus on food and water safety by conducting inspections through the Department of Agriculture Retail Food Program and well water testing through Department of Natural Resources Transient Non-Community Drinking Water Program. Environmental Health staff also follow up on nuisance complaints, human health hazards, and act as the Radon Information Center for Dodge and Jefferson Counties. Emergency Preparedness staff focus on preparedness, response, recovery, and resiliency for the department and the community.

Watertown Regional Medical Center has been providing the residents of Dodge and Jefferson counties with excellent healthcare for over 115 years. By placing patients' needs first, WRMC's services have grown to include Emergency Services, Primary Care, Women's Health, Orthopedics and Sports Medicine, Heart and Vascular, Neurology, Pulmonology, Ophthalmology, and many other services.

Watertown Regional Medical Center is guided by a strong vision of what healthcare can and should be. At the center of this vision is the patient. Our goal is to provide a personalized experience designed to make each patient feel like our one and only. Watertown Regional Medical Center is dedicated to making our community and surrounding communities healthier.



Creating a Culture of Health in the Community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website:

<http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Dodge and Jefferson Counties, Wisconsin.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.



2022 Community Health Needs Assessment

This document is a collaborating hospitals and health departments community health needs assessment. The Greater Watertown Community Health Foundation and Rock River Community Clinic are also members of the partnership. The partners have similar service areas.

Dodge-Jefferson Healthier Community Partnership, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratason, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews, analyzed the surveys, and facilitated a community health summit to receive community input into the priorities and brainstorm actions the community could take to improve health.



Starting on October 11, 2022, this report was made widely available to the community via DJHCP's partner websites and locations.

Hospitals

- Fort Memorial Hospital, 611 Sherman Ave. E, Fort Atkinson, WI 53538 or by phone 920-568-5000 or via the hospital website <https://www.forthhealthcare.com/>
- Marshfield Medical Center – Beaver Dam, 707 S University Ave., Beaver Dam, WI 53916 or by phone 920-356-6547 or via the website <https://bdch.com/community-health-needs>
- Watertown Regional Medical Center, 125 Hospital Dr., Watertown, WI 53098 or by phone 920-261-4210 or via the website <http://www.watertownregional.com>

Health Departments

- Dodge County Human Services and Health Department, 199 County Rd DF, Juneau, WI 53039 or by phone 920-386-3500 or via the website <https://www.co.dodge.wi.gov/departments/departments-e-m/human-services-health-department>
- Jefferson County Health Department, 1541 Annex Rd, Jefferson, WI 53549 or by phone 920-674-7275 or via the website <https://www.jeffersoncountywi.gov/departments/health/index.php>
- Watertown Department of Public Health, 515 South First Street, Watertown WI 53094 or by phone 920-262-8090 or via the website https://www.ci.watertown.wi.us/departments/health_department/index.php

Foundation & Clinic

- Greater Watertown Community Health Foundation, 600 E Main St., Watertown, WI 53094 or by phone 920-390-4000 or via the website <https://www.watertownhealthfoundation.com/>
- Rock River Community Clinic, 146 West Main Street, Ste. B, Whitewater, WI 53190 or by phone 262-472-6839 or via the website <https://rockrivercommunityclinic.com>



2022 Community Health Needs Assessment

- ✓ The Partners' boards of directors each approved this assessment:

Hospitals

- Fort Healthcare's board of directors approved this assessment on November 1, 2022.
- Marshfield Medical Center – Beaver Dam Community Advisory Board approved this assessment on October 20, 2022
- Watertown Regional Medical Center's board of directors approved this assessment on October 11, 2022.

Health Departments

- Dodge County Human Services and Health Department approved this assessment on November 2, 2022.
- Jefferson County Health Department approved this assessment on October 19th, 2022
- Watertown Department of Public Health approved this assessment on November 9,, 2022.

Foundation & Clinic

- The Greater Watertown Community Foundation approved this assessment on November 30, 2022.
- Rock River Community Clinic board approved this assessment on October 24, 2022

PROJECT GOALS

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making, and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.



“ We continue our health assessments and implementation planning with the goal to improve the health of the community. This process is an affirmation of what we’ve been doing to improve health and has jump started our next implementation plan,” said Carol Quest, Health Officer/Director Watertown Department of Public Health. The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Elizabeth Chilsen, Director/Health Officer with the Jefferson County Health Department.

”

Community

Input and Collaboration

Data Collection and Timeline

In April 2022, Dodge-Jefferson Healthier Community Partnership began a Community Health Needs Assessment for Dodge and Jefferson Counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in May–July 2022.
- Community members participated in focus groups or their perspectives on community health needs and issues on June 6 and 7, 2022 with 71 community members participating in eight focus groups.
- A community online survey was conducted from May 30 – July 12, 2022, with 1,206 respondents.
- A Community Health Summit was conducted on August 11, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.





Photo Credit: Laura Goral, Playground Movement Beaver Dam

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Participants

Seventy-eight individuals from fifty-four community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Dodge and Jefferson Counties. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.



Participation by those Representing the Broad Interests of the Community

Participation in focus groups and the Community Health Summit creating the Community Health Needs Assessment for Dodge and Jefferson counties included, but was not limited to:

Organization	Population Represented (children, low income, minorities, those w/o access)	How Participated
Aging and Disability Resource Center	Seniors, Abilities	Focus Group/Summit
Adult Protective Services	Adults, Seniors	Focus Group
Beaver Dam Community Activities & Services	All, Seniors, Kids	Focus Group
Bright Futures	Abilities	Focus Group
Community Action Coalition	Low income, Unhoused	Focus Group
Church Health Services	All	Focus Group/Summit
Community Action Coalition for South Central Wisconsin, Inc.	Low income, Unhoused	Summit
Community Partners of Jefferson County	All	Focus Group/Summit
Community Pediatrics	Children	Summit
Community Program Coord. (aging)	Seniors	Focus Group
Crisis Counselor-WW P.D.	Mental, behavioral health	Focus Group
Dodge-Jefferson Healthier Community Partnership	All	Summit
Dodge County Dementia Care	Seniors, Abilities	Focus Group
Dodge County United Way	Minorities, Low income	Focus Group
Dodge County - Economic Support	Poverty	Summit
Dodge County Human Services and Health Department	All	Focus Group/Summit
Dodge County Public Health	Public Health	Summit
Dodgeland School District	Children	Summit
Educator behavioral healthcare	Mental, behavioral health	Focus Group
Fort HealthCare	All	Focus Group/Summit
Fort HealthCare Business Health	All	Summit
Get Healthy Watertown	Public Health, Children	Summit
Greater Watertown Community Health Foundation	All	Summit
Housing coalition	Unhoused, Low income	Focus Group
Jefferson County Human Services	All	Focus Group
Jefferson County Headstart	Children	Focus Group, Summit
City of Watertown	All	Summit
Meade Medical Clinic	All	Focus Group
Migrant Worker Education	Minorities	Focus Group
MMC-Beaver Dam	All	Focus Group
Munro Consulting	Community	Summit
PremierBank	Community	Summit



Participation by those Representing the Broad Interests of the Community (cont.)

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Participated
Rainbow Hospice Care	Community	Focus Group/Summit
Rock River Community Clinic	Low income, Community	Focus Group
SSM Health	All	Summit
The Gathering Source	Low income	Summit
Tomorrow's Hope	Cancer, Alzheimer's, Dementia	Summit
Trans Parent (Beaver Dam)	Minorities	Focus Group
Trinity United Methodist	Community	Focus Group
United Way of Dodge County	Low income	Summit
UW Health- Beaver Dam	All	Focus Group
UW Madison Extension	Students	Summit
UW-Whitewater	Students	Focus Group
Watertown Department of Public Health	Public Health	Summit
Watertown Family Connections	Children, Community	Focus Group/Summit
Watertown Family Practice	All	Focus Group
Watertown Fire Department	Community	Summit
Watertown Health Department	Public Health	Summit
Watertown Regional Medical Center	All	Focus Group/Summit
Watertown Senior Center	Seniors	Summit
Watertown Unified School District	Children, Youth	Summit
Watertown Department of Public Health	Public Health	Focus Group
Wisconsin Council of Churches	All	Summit

In many cases, several representatives from each organization participated.

“ Engaged, community well-being work is best performed by those closest to the issues. We’re thrilled to have so many people from a variety of sectors participate in the assessment and planning process,”
Emily Dieringer, Community Benefits Coordinator, Center for Community Health Advancement, Marshfield Clinic Health System. ”





Photo Credit: Kim Hiller

Community Engagement and Transparency

Many members of the community participated in focus groups, community surveys, and the summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact every resident in one way or another; and join in the improvement efforts.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through focus groups, surveys and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups, and summit. The community survey was representative of the whole community – by age, income, and education.

Input of those with Expertise in Public Health

All three health departments in the two counties are members of DJHCP. They were integral contributors to the assessment. They served on the steering committee and coordinated all aspects of the assessment.



Community Selected for Assessment

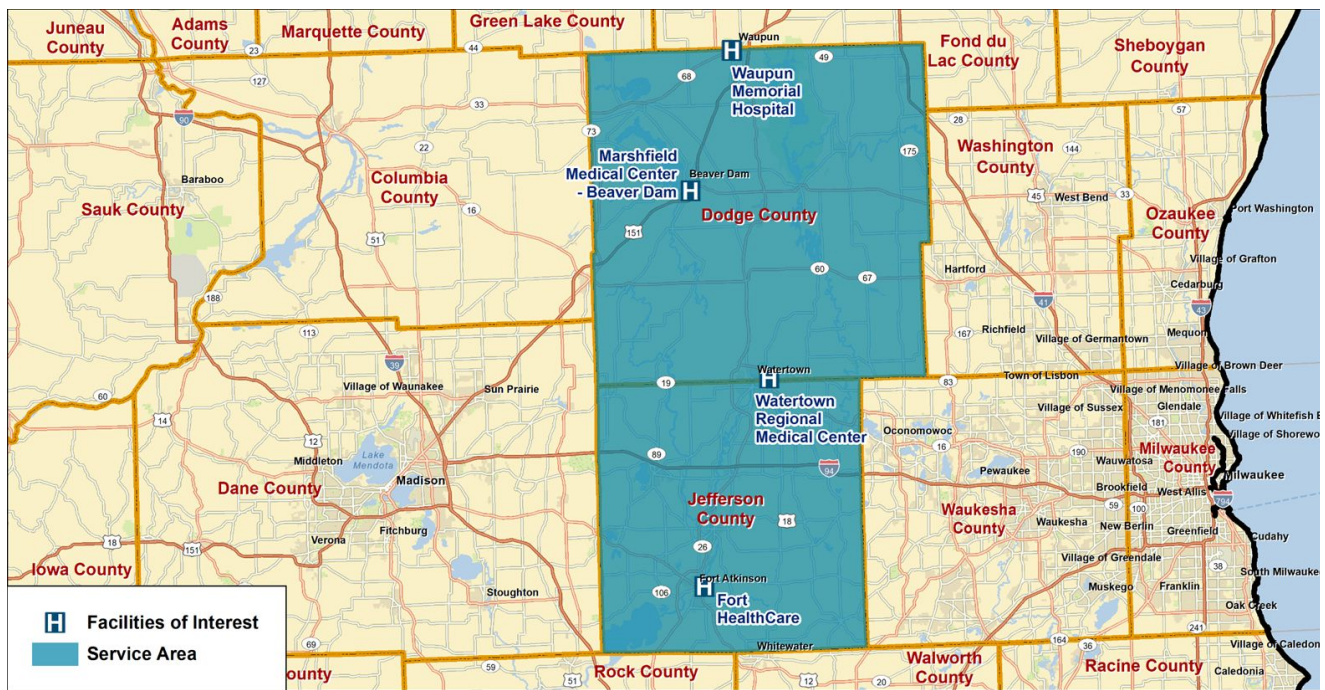
Dodge and Jefferson Counties were the primary focus of the CHNA due to the service area of Dodge-Jefferson Healthier Community Partnership. Used as the study area, Dodge and Jefferson Counties provided the vast majority of inpatient discharges from January 1, 2021, through December 31, 2021, for the participating hospitals. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Dodge-Jefferson Healthier Community Partnership draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under the hospital's Financial Assistance Policy.

	Fort Healthcare	Marshfield Medical Center Beaver Dam	Watertown Regional Medical Center
Dodge	1.3%	84.6%	46.0%
Jefferson	70.9%	0.7%	50.5%
Other	27.8%	14.7%	3.5%

Source: Hospitals; CY 2021

Dodge-Jefferson Healthier Community Partnership Study Area - 2022



Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, focus groups, and surveys, the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. **Access to affordable, quality mental health care**
2. **Access to affordable, quality housing and affordable, reliable transportation**
3. **Access to affordable, quality childcare**
4. **Equitable access to community-based resources and supports**

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Focus groups with community members
- Community online surveys
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: Kim Hiller, Opening of Interurban Trailhead



Description of the Communities Served

Demographics

The table below shows the demographic summary of Dodge and Jefferson Counties compared to Wisconsin and the U.S.

	Dodge County	Jefferson County	Wisconsin	USA
Population	90,186	85,622	5,922,426	333,934,112
Median Age	42.3	40.4	40.2	38.8
Median Household Income	\$61,696	\$71,285	\$63,001	\$64,730
Annual Pop. Growth (2021-2026)	0.19%	0.37%	0.41%	0.71%
Household Population	34,769	33,815	2,404,113	126,470,675
Dominant Tapestry	Salt of the Earth (6B)	Green Acres (6A)	Green Acres (6A)	Green Acres (6A)
Businesses	2,999	3,018	215,273	12,013,469
Employees	42,128	39,005	3,151,581	150,287,786
Health Care Index*	91	98	95	100
Average Health Expenditures	\$5,658	\$6,090	\$5,922	\$6,237
Total Health Expenditures	\$196.7 M	\$205.9 M	\$14.2 B	\$788.8 B
Racial and Ethnic Make-up				
White	92%	92%	84%	69%
Black	3%	1%	7%	13%
American Indian	1%	0%	1%	1%
Asian/Pacific Islander	1%	1%	3%	6%
Other	2%	3%	3%	7%
Mixed Race	1%	2%	2%	4%
Hispanic Origin	5%	8%	7%	19%

Source: Esri

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

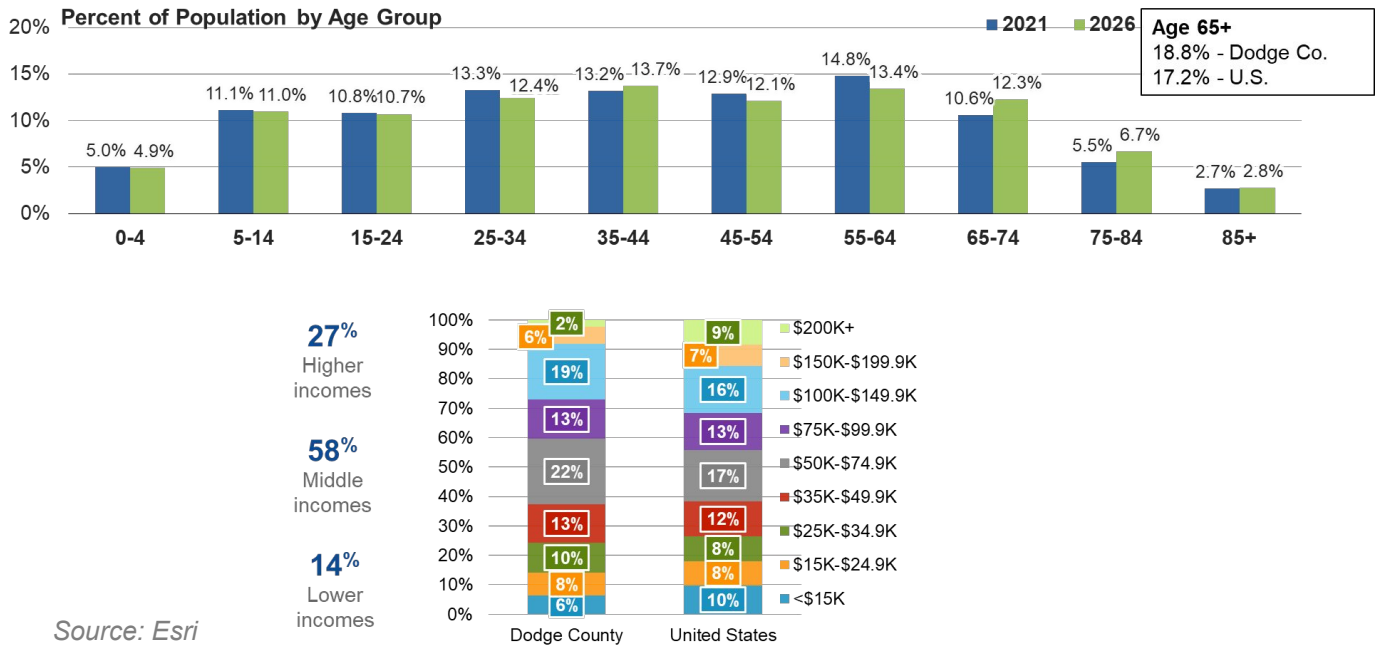
The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

“ With roughly 175,000 individuals living between Dodge and Jefferson County, it is vital that we take the information gathered in this survey to work towards a healthier future for our communities,” Bridget Pritchard, Growth & Outreach Liaison, Watertown Regional Medical Center. ”



Demographics, cont.

Dodge County

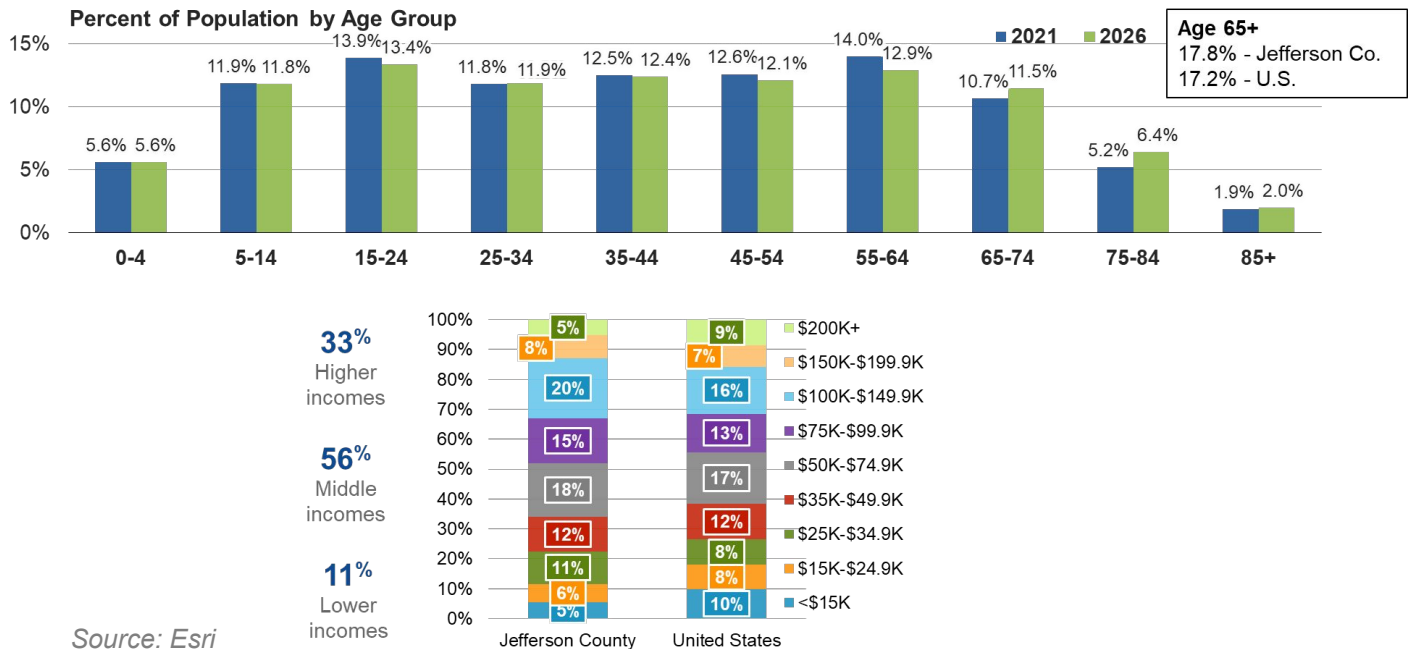


- The population of Dodge County is projected to increase from 2021 to 2026 (.19% per year). Wisconsin is projected to increase .41% per year. The U.S. is projected to increase 0.71% per year.
- Dodge County had a higher median age (42.3 median age) than WI (40.2) and the U.S. (38.8). In Dodge County the percentage of the population 65 and over was 18.8%, higher than the U.S. population 65 and over at 17.2%.
- Dodge County's median household income at \$61,696 was lower than WI (\$63,001) and the U.S. (\$64,730). The rate of poverty in Dodge County was 7.2% which was lower than WI (10%) and the U.S. (11.9%).
- The household income distribution of Dodge County was 27% higher income (over \$100,000), 58% middle income, and 14% lower income (under \$25,000). The largest income group is the 22% making \$50,000 to \$74,900.
- The health care index measures how much the population spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Dodge County was 91, indicating 9% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Dodge County was 92% White, 3% Black, 5% Hispanic origin, 1% more than one race, 1% American Indian, 1% Asian/Pacific Islander, and 2% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)



Demographics, cont.

Jefferson County

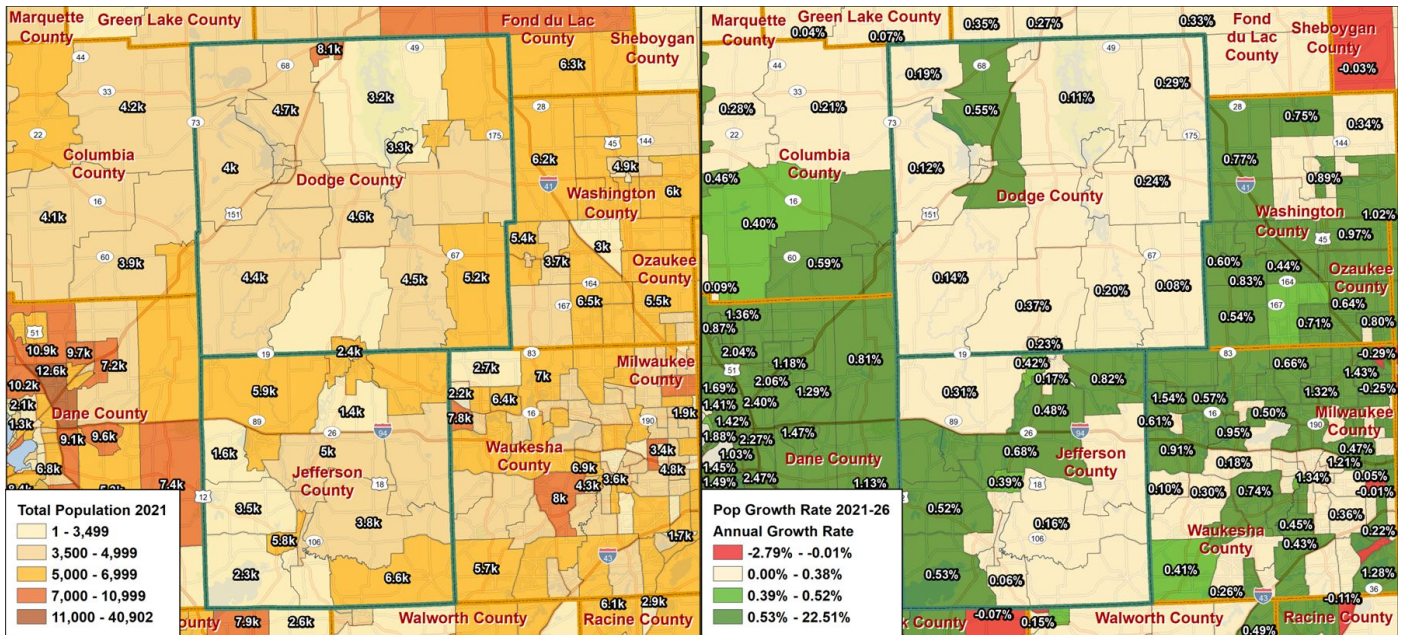


- The population of Jefferson County is projected to increase from 2021 to 2026 (.37% per year). Wisconsin is projected to increase .41% per year. The U.S. is projected to increase 0.71% per year.
- Jefferson County had a higher median age (40.4 median age) than WI (40.2) and the U.S. (38.8). In Jefferson County the percentage of the population 65 and over was 17.8%, higher than the U.S. population 65 and over at 17.2%.
- Jefferson County's median household income at \$71,285 was higher than WI (\$63,001) and the U.S. (\$64,730). The rate of poverty in Jefferson County was 7.3% which was lower than WI (10%) and the U.S.(11.9%).
- The household income distribution of Jefferson County was 33% higher income (over \$100,000), 56% middle income, and 11% lower income (under \$25,000). The largest income group is the 20% making \$100,000 to \$149,000.
- The health care index measures how much the population spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Jefferson County was 98, indicating 2% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Jefferson County was 92% White, 1% Black, 8% Hispanic origin, 2% more than one race, 1% Asian/Pacific Islander, and 3% other. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*



Demographics, cont.

2021 Population by Census Tract and Change (2021-2026)



Source: Esri

Red is population decline
 Yellow is positive up to the WI growth rate
 Green is greater than the WI growth rate
 Dark green is twice the WI growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. The highest populated census tracts contain 5.0K-8K and are generally near towns – Waupun, Beaver Dam, Watertown, and Fort Atkinson.

All census tracts in the two counties are projected to increase. The largest increases are in Jefferson County.

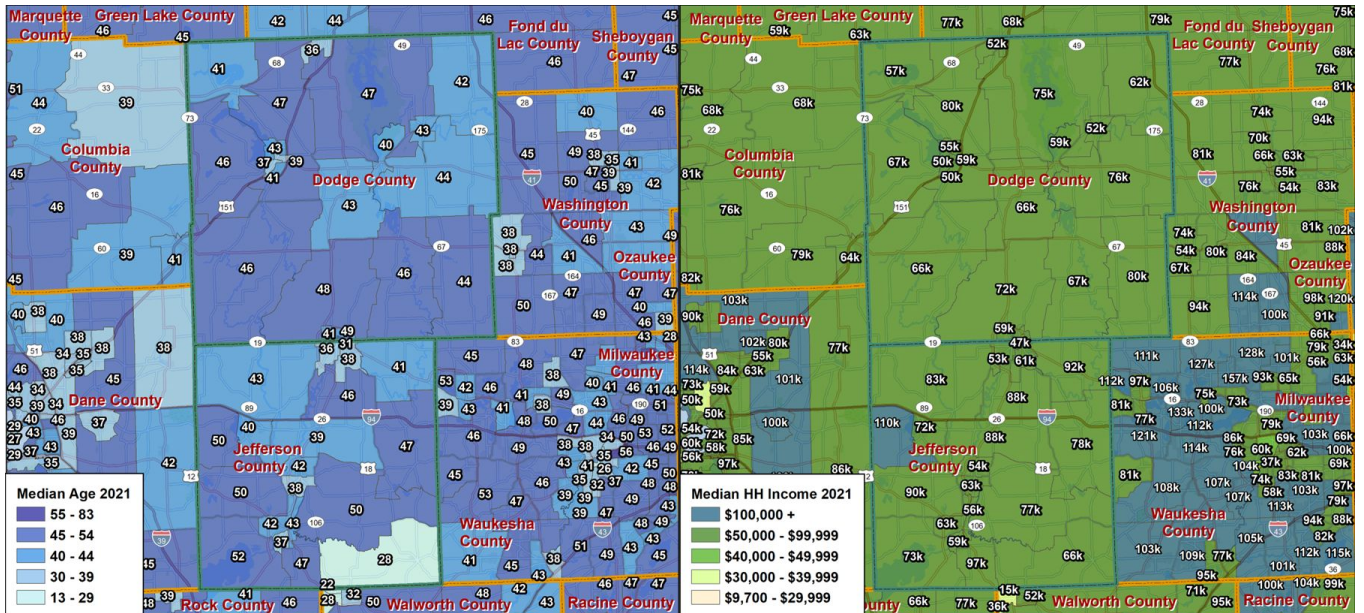


Photo Credit: W3, Inc., Lincoln Elementary School Garden, Whitewater

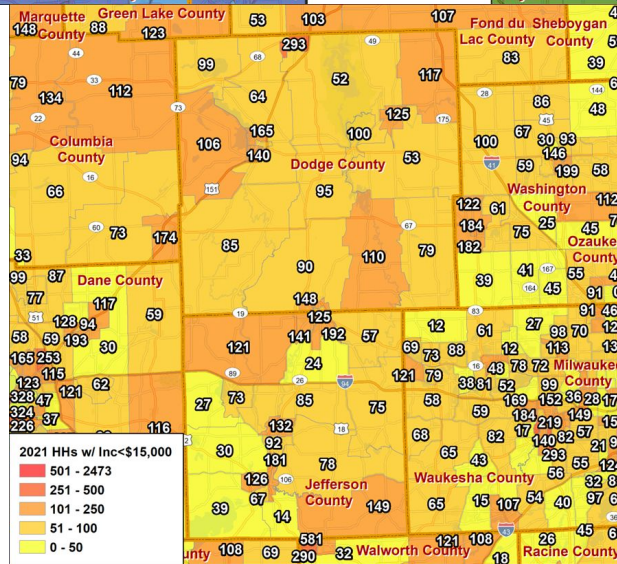


Demographics, cont.

2021 Median Age & Income



Source: Esri



The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate that all areas of a county are not the same. The health needs may be very different in the census tract in the southeast corner of Jefferson County with a lower median age of 28 and the tract in the southwest corner of Jefferson County with a median age of 52.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more resources than the higher income tracts. The census tract in Watertown with \$47,000 median household income will have different health outcomes compared to the census tract to its southwest with \$110,000 median household income.

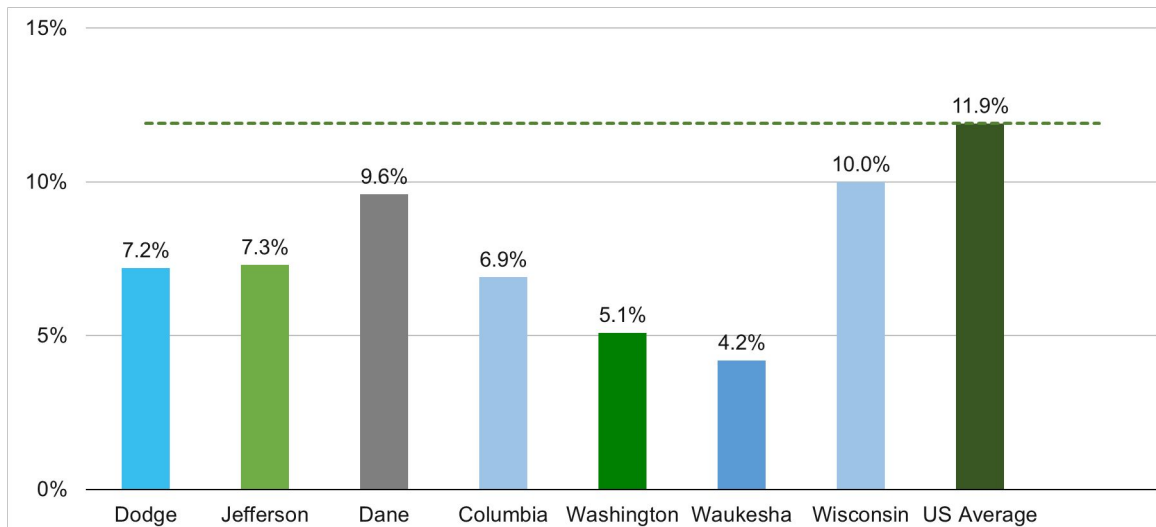
The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. A census tract in Waupun had 293 families making less than \$15,000 per year.



Demographics, cont.

Dodge County's 2020 poverty percentage was 7.2% and Jefferson was 7.3% compared to Wisconsin at 10% and the U.S. at 11.9%. The cost of living in Dodge and Jefferson Counties was lower than WI and the U.S.

Poverty Estimates 2020 for Contiguous Counties, WI, and US



Source: US Census Bureau, Small Area Income and Poverty Estimates

Business Profile

66% percent of employees in Dodge County were employed in:

- Manufacturing (26.8%)
- Health Care & Social Assistance (12.3%)
- Public Administration (11.1%)
- Retail Trade (9.1%)
- Educational Services (6.7%)

65.3% percent of employees in Jefferson County were employed in:

- Retail Trade (18.7%)
- Manufacturing (18.0%)
- Health Care & Social Assistance (12%)
- Educational Services (8.4%)
- Accommodation & Food Services (7.1%)

Source: Esri

Retail, accommodation and food service offer health insurance at lower rates than manufacturing, healthcare, public administration, and educational services. Dodge and Jefferson Counties' May 2022 preliminary unemployment was 2.4% and 2.5% respectively, compared to 2.9% for Wisconsin and 4.0% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.



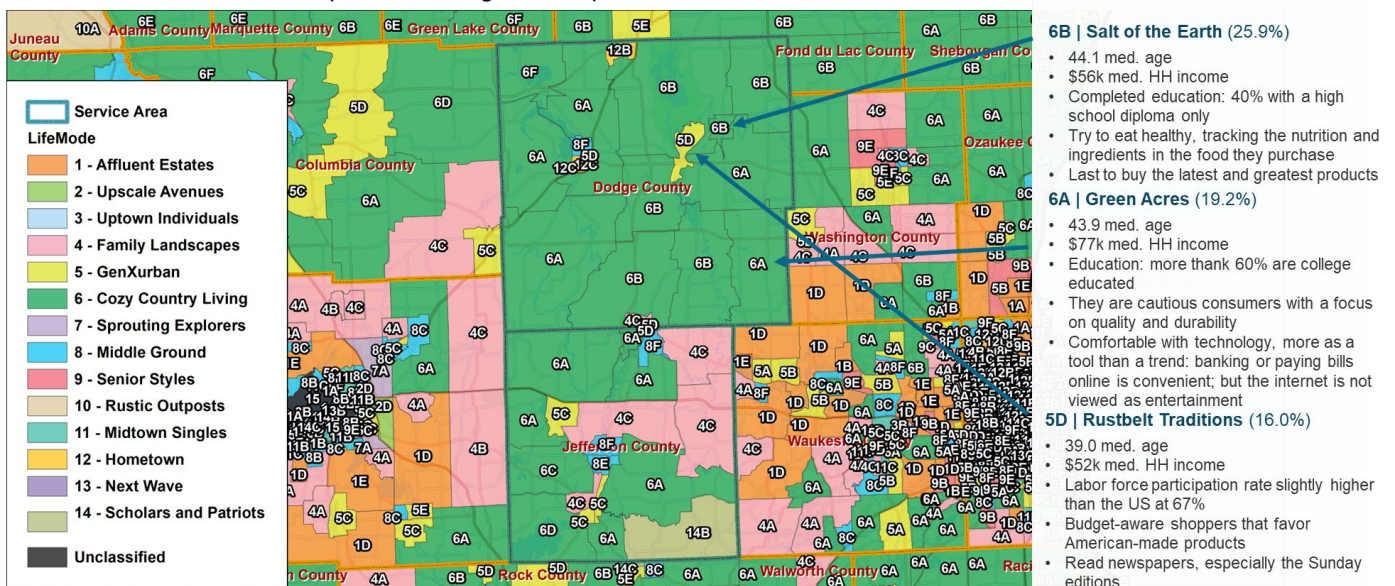
Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Sixty-one percent of Dodge and Jefferson Counties are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the counties were Salt of the Earth (25.9%), Green Acres (19.2%), and Rustbelt Traditions (16%).

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm>. Analyzing the Tapestry Segments in the study area helps determine health habits and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus groups. Studying their Tapestry Segment can help do that.

Top three categories represent 61.1% of total households.



Dominant Tapestry Segmentation of Dodge and Jefferson Counties
Arrows point to the top 3 tapestry segments within the counties. Tapestry segments only appear on map if they are ranked 1st in a census tract.

Source: Esri



Focus Group and Survey Results

Focus Groups

Over 70 community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on June 6 and 7, 2022, for their input into the community's health. There were eight focus groups, each with a specific focus: all abilities/special needs, seniors, youth, social determinants of health, needs of Spanish speakers, LGBTQIA+, mental health, and healthcare providers. Below is a summary of the focus groups. The full summary is included in the Appendices.

The participants defined health as overall wellbeing, encompassing one's physical, mental, social, spiritual, emotional and financial state. Most felt that knowing how and when to access resources is also essential to maintaining good health.

The most significant health issues identified by each group for the communities are summarized as:

- Seniors – aging, isolation, mental health, transportation, lack of prevention
- Special needs/All abilities – isolation, support for caregivers, unhealthy cycles in the home, education, diet and exercise
- Youth – lack of access to resources, lack of knowledge of resources, need more mental health resources in schools, lack of connection after pandemic
- Spanish speaking – mental health, lack of knowledge and comprehension of resources, low levels of education and literacy, fear of immigration status, behavioral health waiting list, need more communication with parents
- Social determinants of health – substance use disorder, mental health, housing, transportation, poverty, childcare
- Providers – depression and anxiety in parents, fear or lack of faith in healthcare system, rise of mental health issues in children
- Mental health – mental health stigmas, social media and isolation affecting mental health, need more resources for children
- LGBTQIA+ – lack of age-appropriate LGBTQIA+ educational resources in school, need safe spaces at home and school for children in the LGBTQIA+ community, access to STD prevention information and testing, lack of awareness in community



Focus Group and Survey Results

Focus Groups (cont.)

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health:

- Provide affordable housing
- Free or affordable healthcare including medications, dental care, focus on prevention
- Create support systems for those dealing with mental health, increase therapists in schools
- Resources for those dealing with crises, eliminate stigmas, substance use education, reduce substance availability
- More gender affirming care, foster a community of forgiveness, unity and acceptance



YOUR VOICE MATTERS!



WE WANT TO HEAR FROM **YOU** ABOUT THE STRENGTHS AND NEEDS OF YOUR COMMUNITIES. HELP US PLAN FOR YOUR **HEALTHIEST FUTURE**.

SHARE YOUR THOUGHTS
NOW THROUGH JUNE 27, 2022

https://www.surveymonkey.com/r/Dodge_Jefferson_Community_Survey
Your answers are anonymous, and if you're uncomfortable answering a question, you may skip it. The survey should take about 10 minutes to complete.

 Coordinated by
Dodge Jefferson Healthier Community Partnership



¡TU VOZ IMPORTA!



QUEREMOS SABER DE USTED ACERCA DE LAS FORTALEZAS Y NECESIDADES DE SUS COMUNIDADES. AYÚDANOS A PLANIFICAR TU FUTURO MÁS HETEROGÉNEO.

COMPARTE TUS PENSAMIENTOS
AHORA HASTA EL 27 DE JUNIO DE 2022

https://www.surveymonkey.com/r/Dodge_Jefferson_Community_Survey_Spanish
Sus respuestas son anónimas, y si no se siente cómodo respondiendo una pregunta, puede omitirla. La encuesta debe tardar unos 10 minutos en completarse.

 Coordinated by
Dodge Jefferson Healthier Community Partnership

Community engagement and marketing materials were created in English and Spanish to reach residents.



Community Survey Results

Dodge-Jefferson Healthier Community Partnership conducted community surveys via SurveyMonkey online and distributed paper copies in Dodge and Jefferson Counties. 1,206 total surveys were completed, 1,195 in English and 11 in Spanish. The surveys were conducted from May 30 - July 12, 2022. Below is a summary of the most significant health issues with full survey results available in the Appendix.

The largest weaknesses in the community were: healthy eating options (for example, at a restaurant), affordability of healthy food, high quality, reliable internet, dental care affordability, mental health affordability, mental health access, childcare affordability, affordable transportation options, and income/wages.

There is large-scale agreement around the following issues:

- Preparing/eating fruits and vegetables is easy
- Fresh fruits and vegetables are close by and/or easy to get to
- I have close friends, family or supports that I can depend on
- I feel safe in my community
- Our community is a good place to raise children
- I get the dental care I need
- I get the medical care I need
- There is a need for leaders in my community to understand more about mental health needs

There were disruptions households experienced as a result of COVID-19 including: isolation, screen time, mental health – depression, anxiety, change in physical activity, postponed/delayed medical care, and access to my doctor/provider.

Because of the pandemic, many are still dealing with mental health – depression and anxiety, and a change in physical activity.

Survey data was disaggregated and analyzed by demographics*. Among the most prominent differences by age, race, Hispanic origin or sexual orientation were:

- Younger population thinks belonging and acceptance and high quality, reliable internet are more of a weakness than the older population.
- Acceptance and belonging, a place to raise children, family support, how often domestic violence occurs, accessing dental care and childcare are more weaknesses for minority populations than for the White population.



Community Survey Results, (con.)

- The Hispanic and Non-Hispanic populations don't differ significantly in most attributes. Acceptance and belonging are more of a weakness for the Hispanic population.
- Community connected is more of a weakness for the Hispanic and non-straight population.
- Family support is more of a strength for the Hispanic population.
- Family support is more of a weakness for the non-straight population.
- How often domestic violence occurs is more of a weakness for the Hispanic and non-straight populations.
- Acceptance and belonging are more of a weakness for the disabled and the non-straight populations.
- Support for individuals to connect is more of a weakness for the non-straight population.
- Dental care, substance misuse treatment, mental health care, childcare, resources in a needed language, receiving support from a faith or civic organization are more weaknesses for the Hispanic population.
- Dental care, mental health care, support from a faith community or civic organization are issues for the disabled population more so than the able population.
- Getting needed medical care, support from a faith community or civic organization are more issues for the non-straight population.

Other results of note related to the Social Determinants of Health:

- 23% do not have a reliable, affordable place to live.
- 17% have pests, bugs, ants or mice
- The under 25 population and those without insurance has more housing issues than any other age group or insured group.

**Some demographics have a very small sample size (e.g. Hispanic origin N = 24). See Appendix for more details regarding demographics of respondents.*



Health Status Data, Rankings and Comparisons

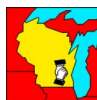
Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Dodge County ranked 43rd out of 72 Wisconsin counties ranked for health outcomes (1= the healthiest; 72 = unhealthiest), and 35th for health factors. Jefferson County ranked 15th for health outcomes and 22nd for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Dodge County were higher adult smoking, higher percentage of adult obesity, higher percentage of excessive drinking, higher ratio of population to dentists, lower percentage of high school completion, and lower percentage of college attendance. The areas of strength were lower percentage of physical inactivity, lower rate of teen births, lower uninsured, lower number of preventable hospital stays, higher number of mammography screenings, higher flu vaccinations, lower percentage of unemployment, lower percentage of children in poverty, and lower income inequality.

County Health Rankings suggested the areas to explore for improvement in Jefferson County were higher adult smoking, higher percentage of adult obesity, higher percentage of excessive drinking, higher percentage of alcohol-impaired driving deaths, higher population to primary care physicians, and higher air pollution-particulate matter. The areas of strength were lower percentage of physical inactivity, lower rate of teen births, lower percentage of uninsured, lower preventable hospital stays, higher flu vaccinations, higher percentage of high school completion and some college, lower percentage of children in poverty, and lower income inequality.

When analyzing the health status data, local results were compared to Wisconsin, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile, where available). Where Dodge and Jefferson Counties' results were worse than WI and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Wisconsin and eventually the nation, Dodge and Jefferson Counties must close several lifestyle gaps. For additional perspective, Wisconsin was ranked the 20th healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better) Wisconsin strengths were low prevalence of non-medical drug use, high rate of high school graduation and high prevalence of having an annual dental visit. The challenges for WI were high prevalence of excessive drinking, high racial disparity in high school graduation rates, and low prevalence of colorectal cancer screening.



Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and focus groups. If a measure was better than Wisconsin, it was identified as a strength, and where an indicator was worse than Wisconsin, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.



Photo Credit: Fort HealthCare, AmeriCorps Farm to School Program

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.



Comparisons of Health Status

In most of the following graphs, Dodge County will be blue, Jefferson County will be red, Wisconsin (WI) will be orange, U.S. will be green and the 90th percentile of counties in the U.S. will be gold.

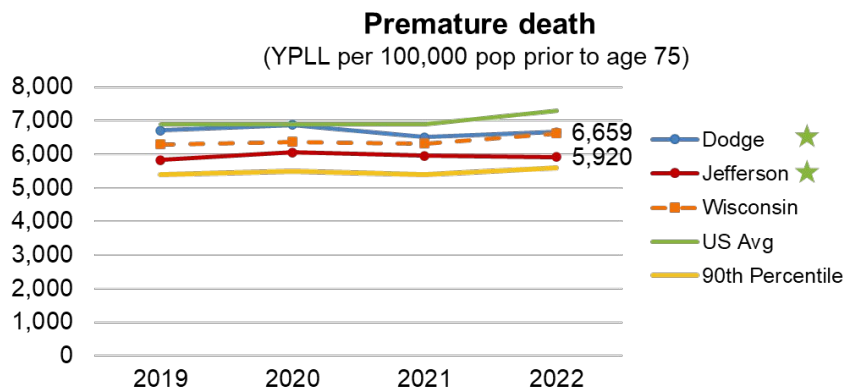
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Dodge and Jefferson Counties ranked 43rd and 15th in health outcomes respectively out of 72 Wisconsin counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Dodge and Jefferson Counties ranked 43rd and 19th in length of life in WI, respectively. Dodge County lost 6,659 years of potential life per 100,000 population, while Jefferson lost 5,920 years of potential life per 100,000 population. Both were lower than the U.S.

Dodge County residents can expect to live 0.4 years longer than U.S. residents and 1.2 years less than WI residents. Jefferson County residents can expect to live 2.2 year longer than U.S. residents and .6 years longer than WI residents.



Life Expectancy
(Average number of years a person can expect to live)

2018-2020	
Dodge County	77.7
Jefferson County	79.5
Wisconsin	78.9
US Avg*	77.3
90th Percentile	80.6

*2020; due to Covid and impacts of Covid, life expectancy in the US decreased 1.87 years in 2020.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020



Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Dodge County	Jefferson County	Wisconsin	US
Heart Disease	187.2	162.8	162.2	168.2
Cancer	164.1	140.6	148.7	144.1
COVID-19*	102.3*	73.9*	70.2	85.0
Accidents (Unintentional Injuries)	78.3	70.8	71.5	57.6
Respiratory Diseases	46.9	38.8	35.6	36.4
Strokes	35.9	36.9	36.4	38.8
Suicide	15.7	15.9	14.5	13.5
Alzheimer's	45.9	34.2	33.2	32.4
Diabetes	18.8	15.9	22.0	24.8
Septicemia	8.0	6.3	8.1	9.7
Influenza and Pneumonia	18.2	8.3	9.7	13.0
Parkinson Disease	13.7	10.7	10.6	9.9
Liver Disease	11.4	8.4	12.2	13.3
Nephritis, nephrosis	15.0	8.9	11.0	12.7

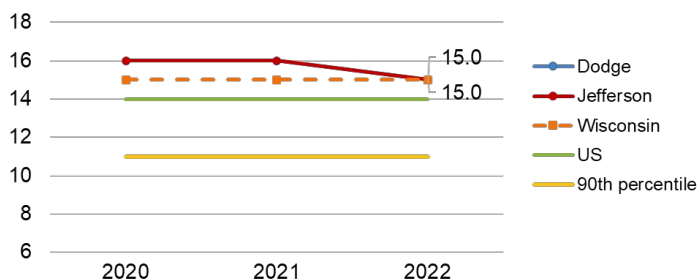
Age-adjusted rates per 100,000 population.

Dodge and Jefferson County data from 2017-2020. US and WI data from 2020.
Rates that appear in red for a county denote a higher value compared to state data.
Age Adjustment Uses 2000 Standard Population.

* COVID-19 Data from 2020 CHR; National Center for Health Statistics - Mortality Files

Rates in red had death rates higher than WI. The leading causes of death in Dodge and Jefferson Counties were heart disease, cancer, COVID-19, accidents, followed by respiratory diseases, Alzheimer's, and strokes.

Suicide Rate
(per 100,000 Population)



Age-adjusted rates per 100,000 population.
Dodge County, Jefferson County, Wisconsin, and US data are from individual years.
Dodge and Jefferson county both had identical numbers for each year so only one graph line is visible
Age Adjustment Uses 2000 Standard Population.

Infant Mortality and Prenatal Care

Indicator	Dodge	Jefferson
Infant Mortality	3.6	4.6
Percentage of adequate prenatal care	76.4%	87.9%

Infant Mortality
Dodge & Jefferson (2017-2020)
Wisconsin = 6.0 (2020)
U.S. = 5.6 (2019)

Dodge and Jefferson Counties' suicide rate was the same as WI, and higher than the U.S. The trend is down.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

WISH, Infant Mortality Module (Wisconsin, 1990 - 2020)

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, 2017.





Photo Credit: Lake Mills Wellness Coalition, Erica Neis, Annual Candlelight Snowshoe & Ski, Korth Park

Length of Life **STRENGTHS**

- Dodge and Jefferson Counties had longer life expectancy at 77.7 and 79.5 years respectively than the U.S. at 77.
 - Jefferson County had a longer life expectancy at 79.5 than both WI at 78.9 and the U.S. at 77.3
 - Dodge County had lower death rates for strokes, diabetes, septicemia and liver disease than WI.
 - Jefferson County had lower death rates of cancer, accidents, diabetes, septicemia, influenza/pneumonia, liver disease and nephritis, nephrosis than WI.
-

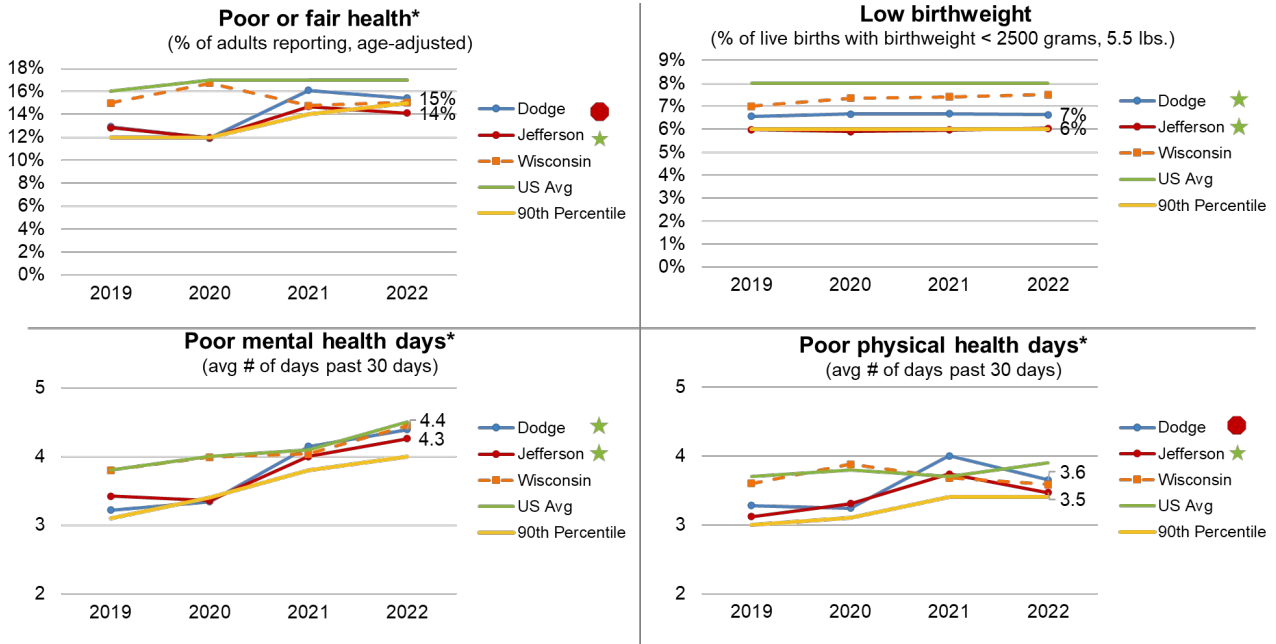
Length of Life **OPPORTUNITIES**

- Dodge and Jefferson Counties had higher death rates for heart disease, COVID-19, respiratory disease, Alzheimer's, Parkinson's Disease, and suicide than both WI and the U.S.
 - Dodge County had higher death rates for accidents, influenza/pneumonia and nephritis, nephrosis than WI.
 - Jefferson County had higher death rate for strokes than WI.
-



Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Dodge and Jefferson Counties ranked 41st and 11th respectively in quality of life out of 72 Wisconsin counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
 Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Quality of Life STRENGTHS

- Jefferson County had a lower percentage of adults reporting poor or fair health than WI.
- Dodge and Jefferson Counties had lower percentages of low birthweight babies at 7% and 6% respectively than both WI and the U.S.
- Dodge and Jefferson Counties had fewer poor mental health days than both WI and the U.S.
- Jefferson County had fewer poor physical health days than WI.

Quality of Life OPPORTUNITIES

- Dodge County had a higher percentage of adults reporting poor or fair health than WI.
- Dodge County had more poor physical health days than WI.



Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30% of ranking), clinical care (20%), social & economic factors (40%), and physical environment (10%). Out of 72 Wisconsin counties, Dodge County ranked 35th and Jefferson County ranked 22nd in health factors.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Out of 72 counties in Wisconsin, Dodge County ranked 55th and Jefferson County ranked 16th in health behaviors.

Adult obesity

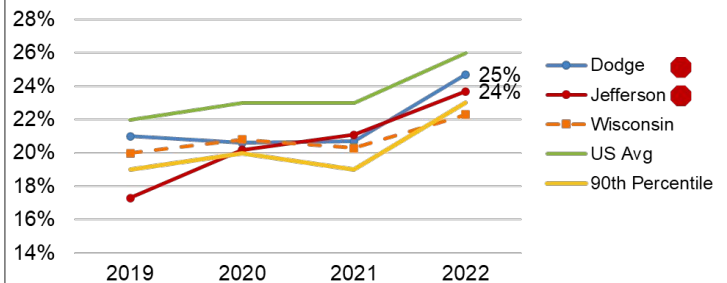
(% of adults that report a BMI of 30 or more)

2022	
Dodge County	39%
Jefferson County	34%
Wisconsin	34%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

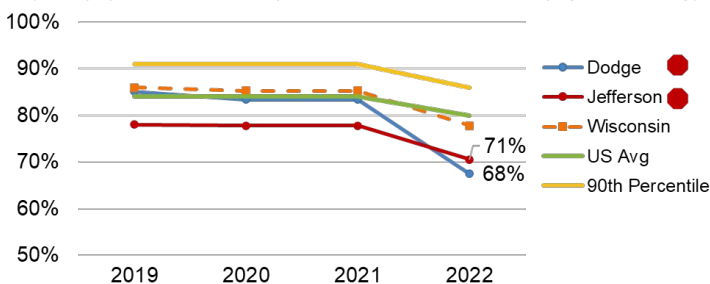
Physical inactivity

(% 20 yo and older reporting no leisure time physical activity)



Access to exercise opportunities

(% of population with adequate access to locations for physical activity)



Adult smoking

(% that report every day or "most days")

2022	
Dodge County	18%
Jefferson County	17%
Wisconsin	16%
US Avg	16%
90th Percentile	15%

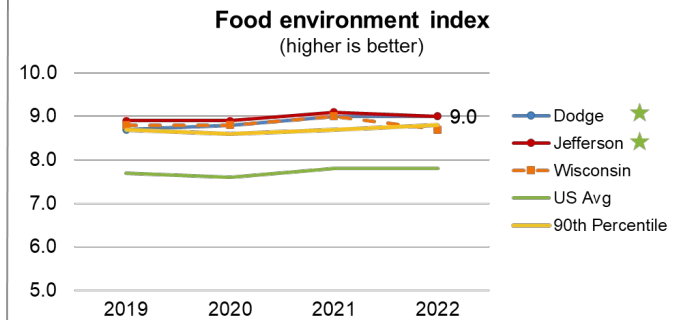
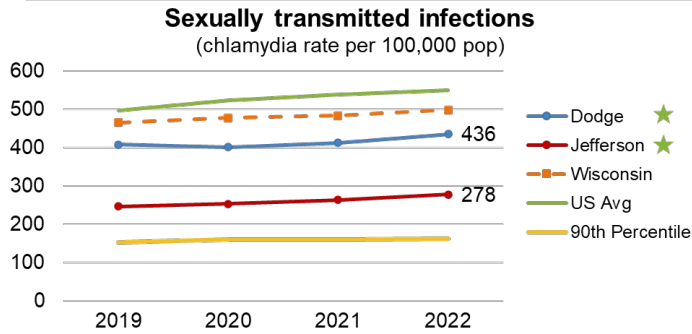
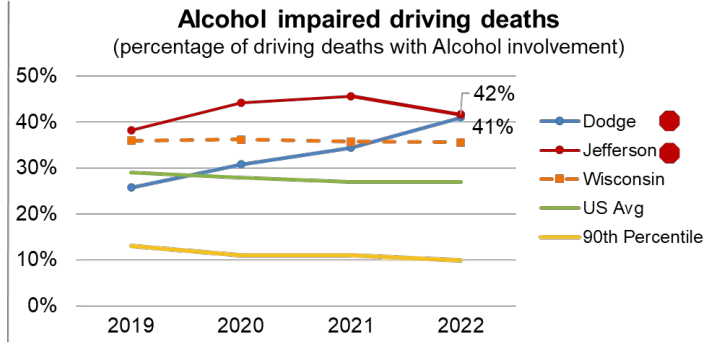
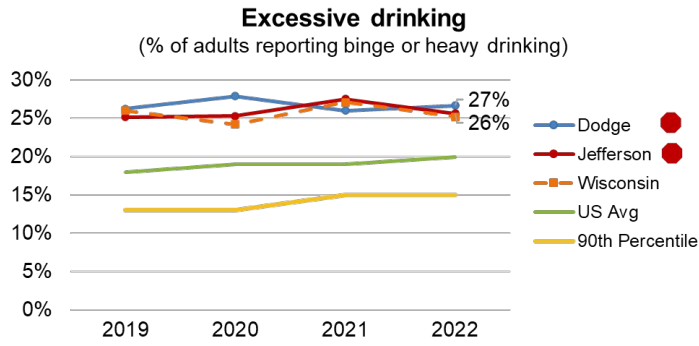
In 1965, 45% of the US smoked

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019
 Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)
 Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019



Health Behaviors, Cont.



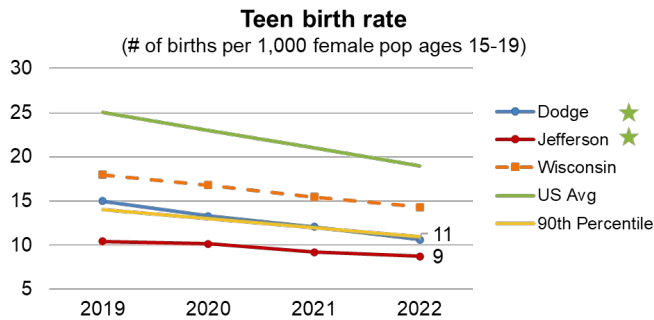
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate
(# of births per 1,000 female pop ages 15-19)

Ethnicity/Race	Dodge	Jefferson
Asian	NA	NA
Black	NA	20
Hispanic	24	23
White	9	7

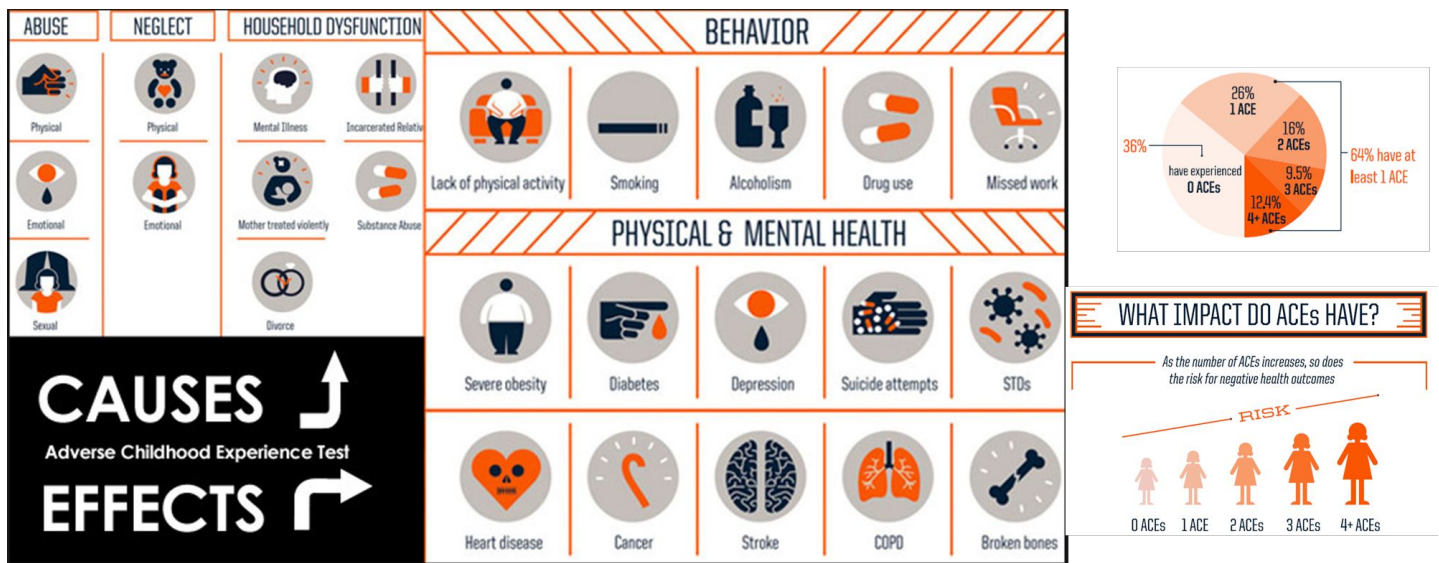
Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020



Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, “Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.” ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
Wisconsin	59%	21%	20%

NSCH 2016: Adverse childhood experiences, Nationwide vs. Wisconsin (childhealthdata.org)

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Dodge and Jefferson Counties. However, Wisconsin had a higher percentage of youth with no ACEs and lower percentages of youth with 1 or 2 ACEs.



Health Behaviors, Cont.

Health Behaviors STRENGTHS

- Adult obesity was 34% in Jefferson County, equal to WI.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Dodge (436) and Jefferson (278) Counties than WI (499) and the U.S. (551).
- The food environment index was higher (better) in Dodge and Jefferson Counties (9.0) than WI (8.7) and the U.S. (7.8).
- The teen birth rate in Dodge and Jefferson Counties was 11 and 9 births per 1,000 female population ages 15-19, lower than WI and the U.S. at 19 births per 1,000. The trend has decreased since 2019.

Health Behaviors OPPORTUNITIES

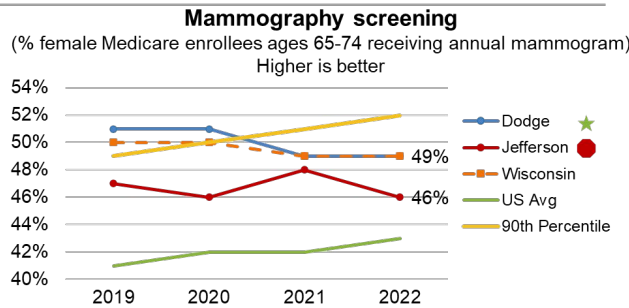
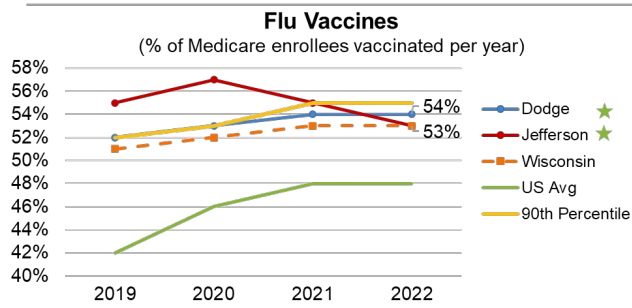
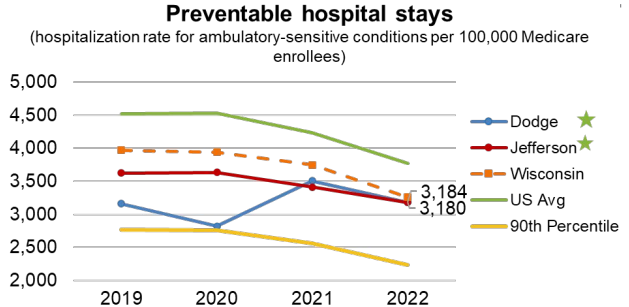
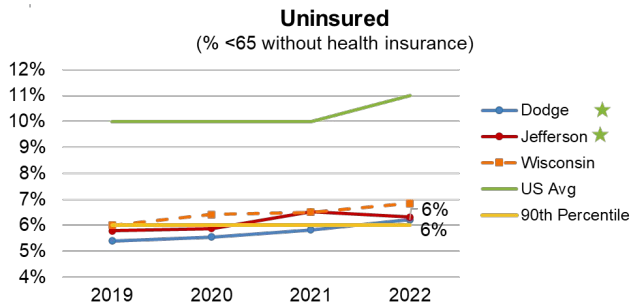
- Dodge and Jefferson Counties reported binge or heavy drinking at 27% and 26% respectively, higher than both WI and the U.S.
- Dodge and Jefferson Counties reported a higher percentage of alcohol impaired driving deaths at 41% and 42% respectively than both WI and the U.S.
- Adult obesity in Dodge County was 39%, higher than WI at 34% and the U.S. at 32%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Dodge and Jefferson Counties both at 25% than in WI at 23% but lower than the U.S. at 26%.
- Dodge (68%) and Jefferson (71%) Counties had access to exercise opportunities compared to 78% of WI and 80% of the U.S.
- Eighteen percent of Dodge and 17% of Jefferson County smoked, higher than WI and the U.S. both at 16%.
- The teen birth rate was higher among Hispanics at 24 for Dodge and 23 for Jefferson for births per 1,000 female population ages 15-19.

“ Understanding the health behaviors of our community members is helpful in determining what strategies we may focus on over the next three years. Centering on policy, systems, and environmental change strategies will help us to ensure that healthy choices are readily available and easily accessible for all long term,” Traci Wilson, Community Program Coordinator, Fort HealthCare. ”



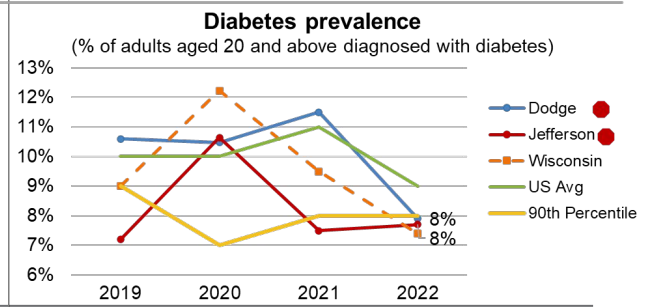
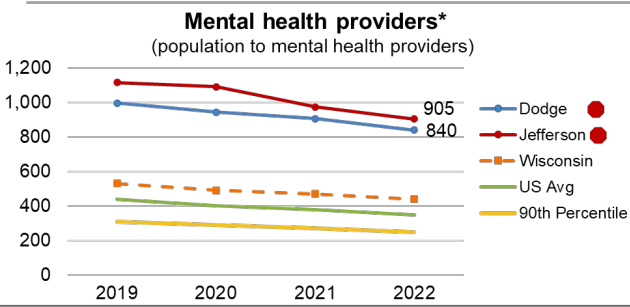
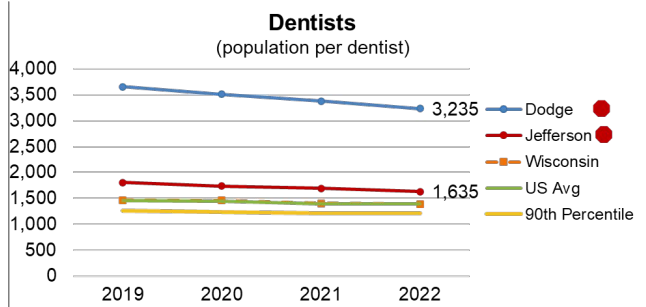
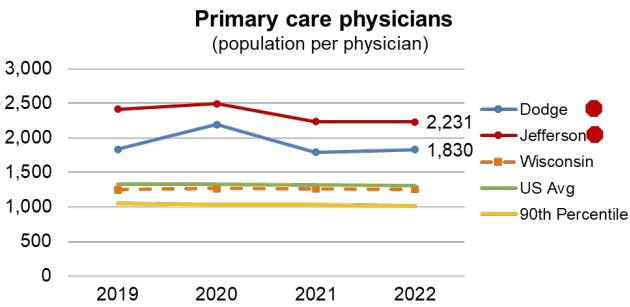
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the health factors county rankings. Dodge County ranked 33rd and Jefferson County ranked 37th in clinical care out of 72 Wisconsin counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021

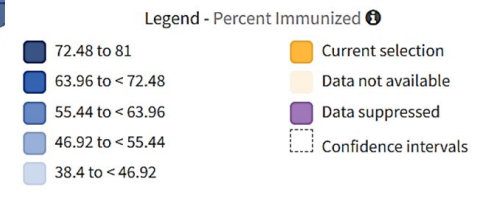
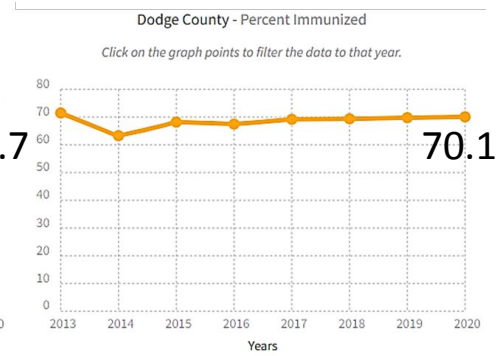
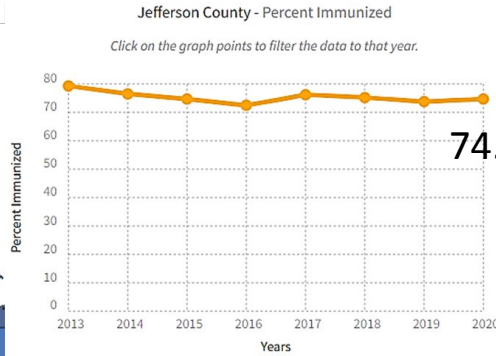
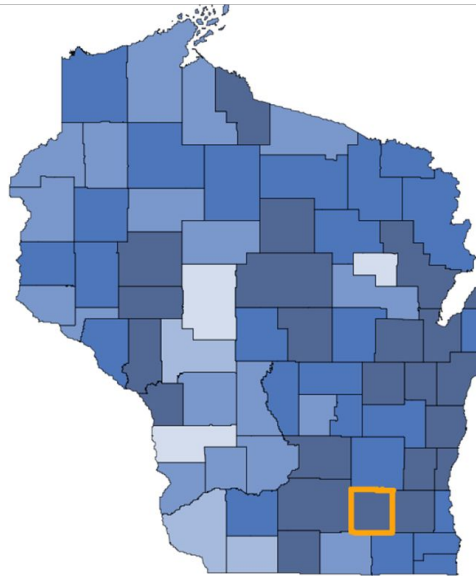
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019



Clinical Care, cont.

Jefferson County had higher vaccination percentages than Dodge County. Jefferson was in the second quintile and Dodge County was in the third.

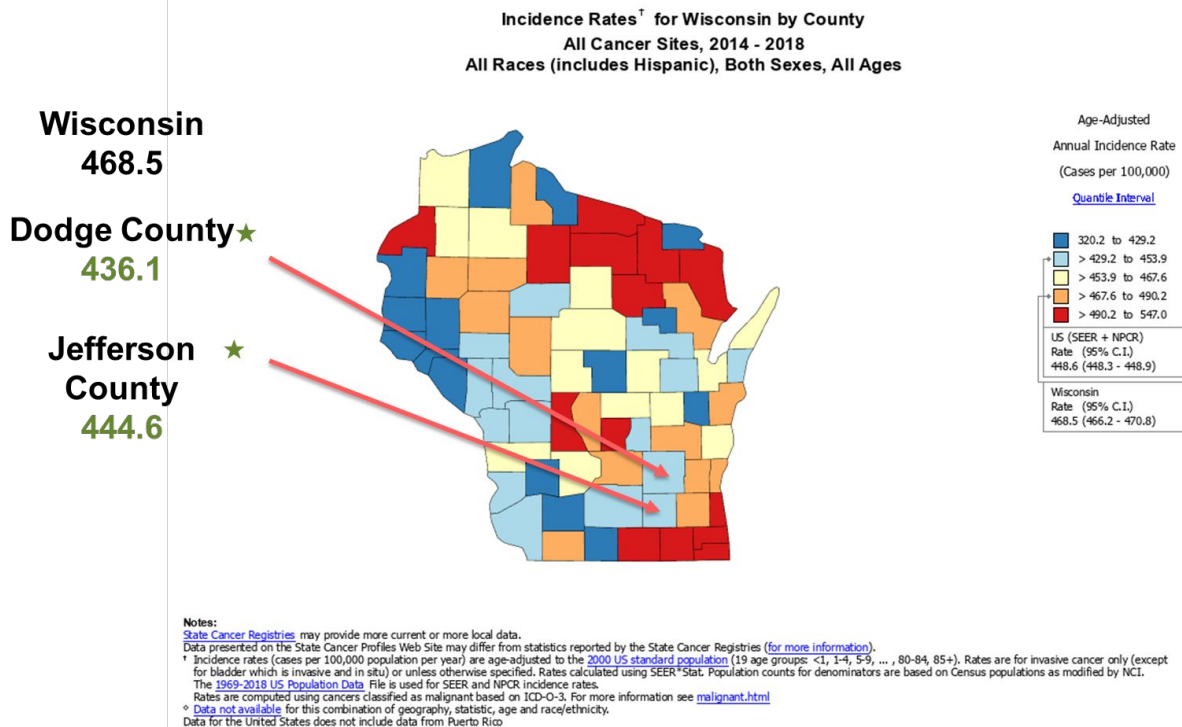
Immunization – 4:3:1:3:3:1:4 – Series 7 Vaccines



WI 2020 = 69.9%

Source: Wisconsin Environmental Public Health Tracking Program (2022), dhsgis.wi.gov/DHS/EPHTracker/#/map

Cancer Incidence Rates – WI Counties



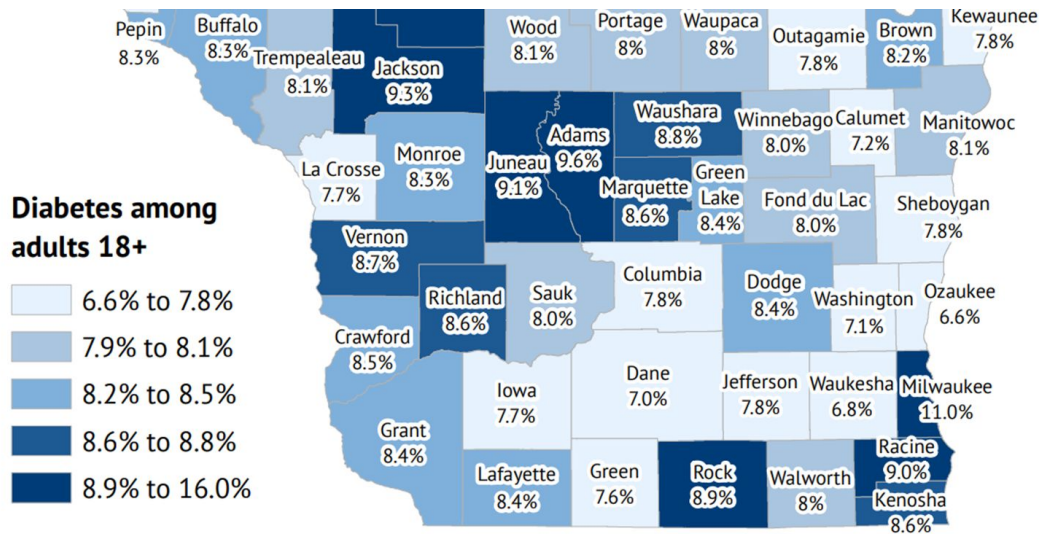
Cancer incidence rates (cases per 100,000 population) were lower in Dodge and Jefferson Counties than in WI and the U.S. (449).



Clinical Care, cont.

Dodge County had higher diabetes prevalence than Jefferson County. Dodge was in the third quintile and Jefferson was in the first.

Diabetes Prevalence by County, Age-Adjusted

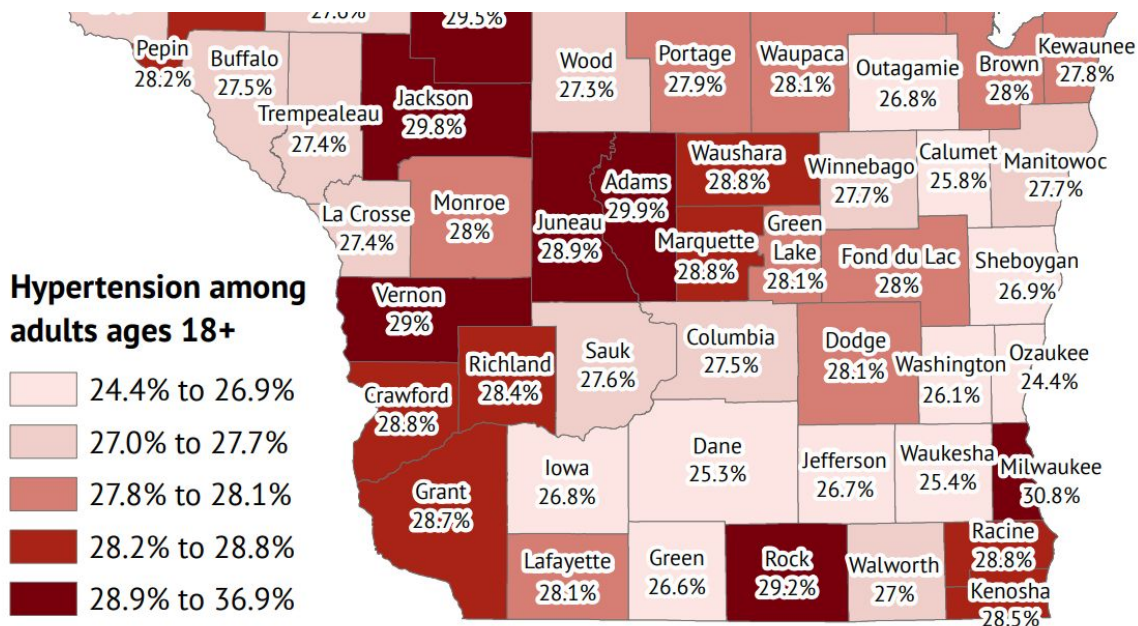


Data source: Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA. Detail: Model-based estimates generated using BRFSS 2018 or 2017, Census 2010 population counts or census county population estimates of 2018 or 2017, and ACS 2014-2018 or ACS 2013-2017. Choropleth breaks use quantile classification, so 14 to 15 counties are in each group.

Source: Wisconsin Department of Health, dhs.wisconsin.gov (2022)

Hypertension Adult Prevalence by County, Age-Adjusted

Dodge County had higher hypertension prevalence than Jefferson County. Dodge County was in the third quintile and Jefferson was in the first.



Data source: Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA. Detail: Model-based estimates generated using BRFSS 2018 or 2017, Census 2010 population counts or census county population estimates of 2018 or 2017, and ACS 2014-2018 or ACS 2013-2017. Choropleth breaks use quantile classification, so 14 to 15 counties are in each group.

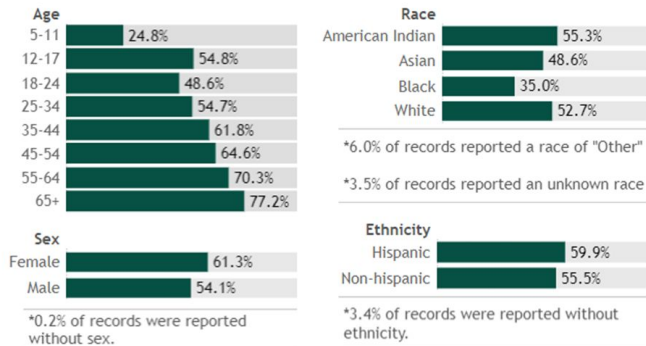
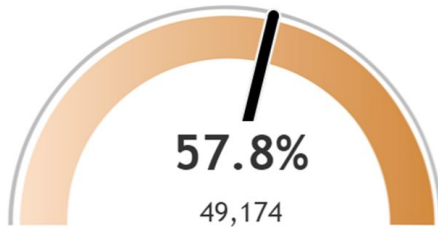


Clinical Care, cont.

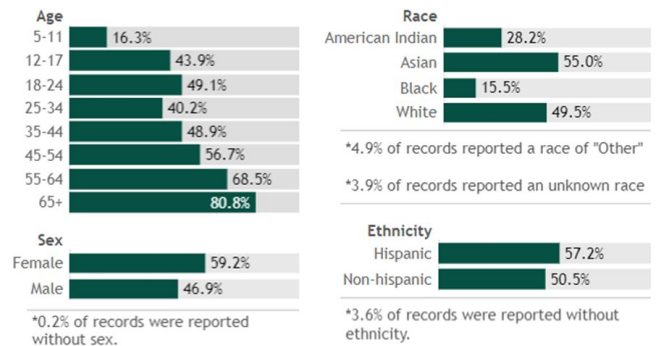
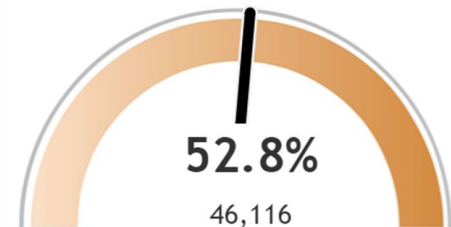
Jefferson County had higher COVID-19 vaccination rates than Dodge County, but both were lower than WI.

COVID-19 Vaccinations

Percent of Jefferson County residents who have received at least one dose

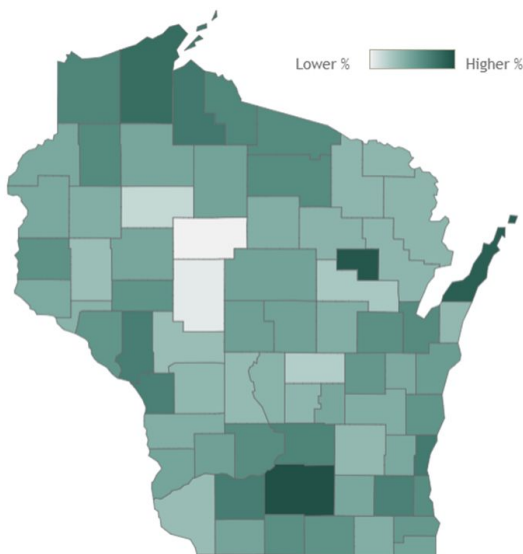


Percent of Dodge County residents who have received at least one dose

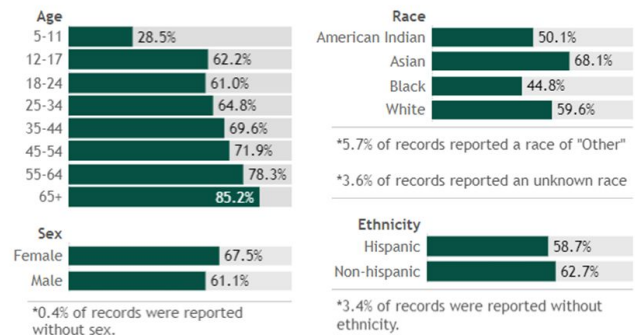
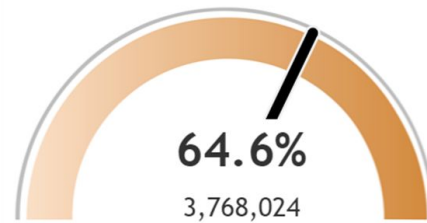


Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data



Percent of Wisconsin residents who have received at least one dose



[View more data on racial and ethnic disparities in Wisconsin](#)



Clinical Care, cont.

Clinical Care STRENGTHS

- The percent of population under sixty-five without health insurance was 6% in Dodge and Jefferson Counties, lower than WI at 7% and the U.S. at 11%.
 - The percent of Medicare enrollees with flu vaccines per year was higher in Dodge County at 54% than WI at 53% and equal to WI in Jefferson County at 53%.
 - Preventable hospital stays in Dodge and Jefferson Counties were lower than WI (3,260) and the U.S. (3,767). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
 - Mammography screening was equal to WI in Dodge County at 49%.
 - The percentage of vaccination coverage among children was 70.1% in Dodge and 74.7% in Jefferson County both higher than WI at 69.9%.
 - The cancer incidence rate in Dodge and Jefferson Counties was lower than WI and the US (449).
-

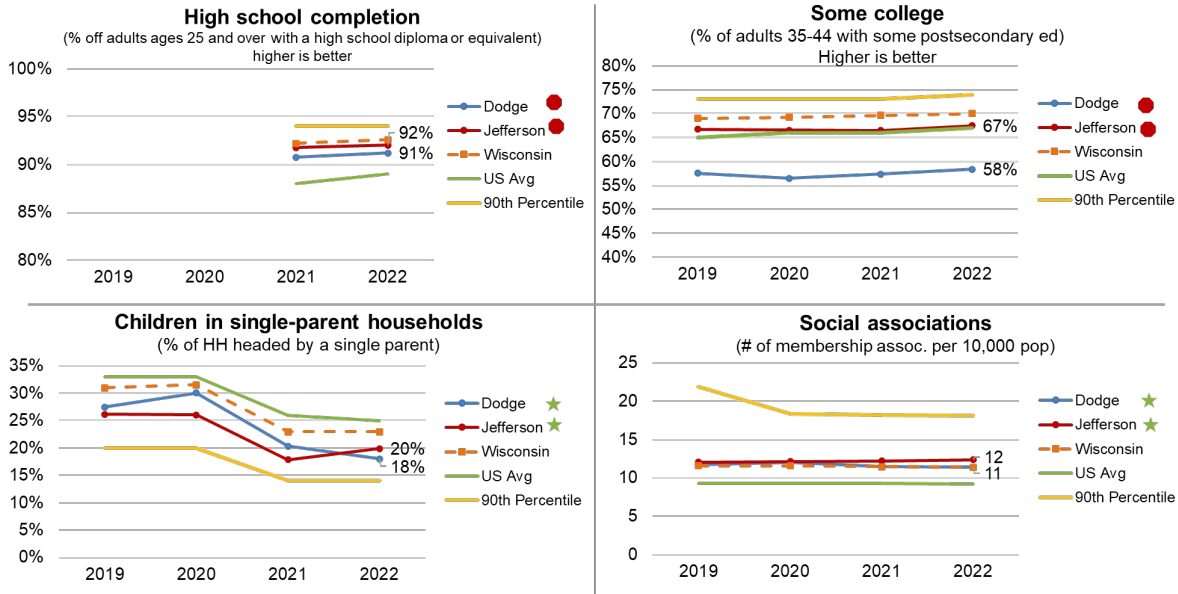
Clinical Care OPPORTUNITIES

- COVID-19 vaccinations were lower in Dodge and Jefferson Counties than WI at 50% and the U.S. at 65%
 - Mammography screening was lower in Jefferson County at 46% than WI at 49%.
 - The percentage of adults with diabetes in Dodge and Jefferson Counties was 8%, higher than WI (7%)
 - The population per primary care physician was higher in Dodge and Jefferson Counties than WI (1,255) and the U.S. (1,310).
 - The population per mental health providers was higher in Dodge and Jefferson Counties than WI (441) and the U.S. (350).
 - The population per dentists was higher in Dodge and Jefferson Counties than WI (1,440).
-

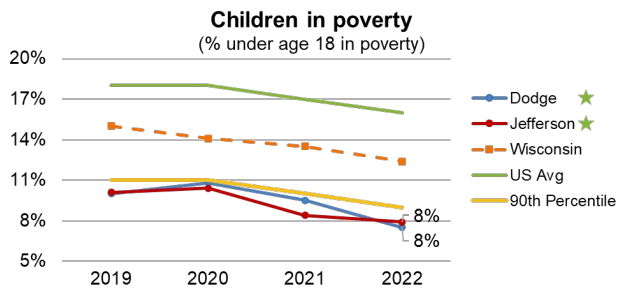


Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Dodge County ranked 22nd and Jefferson County ranked 21st in social and economic factors out of 72 Wisconsin counties.



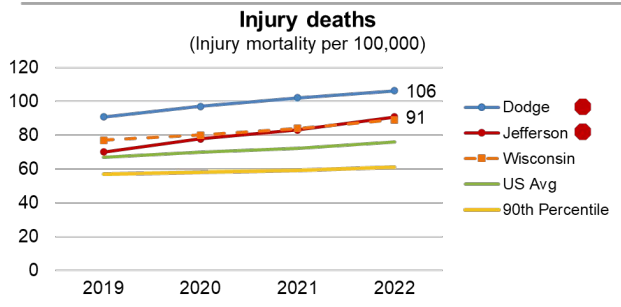
Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016-2020
 Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.
 Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020
 Source: Social associations - CHR; County Business Patterns, 2019



Children in poverty
(% under age 18 in poverty)

Ethnicity/Race	Dodge	Jefferson
American Indian & Alaska Native	NA	NA
Asian	NA	NA
Black	NA	5%
Hispanic	21%	19%
White	9%	8%

40% of children are eligible for free or reduced-price lunches in Dodge County for 2020-2021, compared to 36% for Jefferson County, and 40% for WI



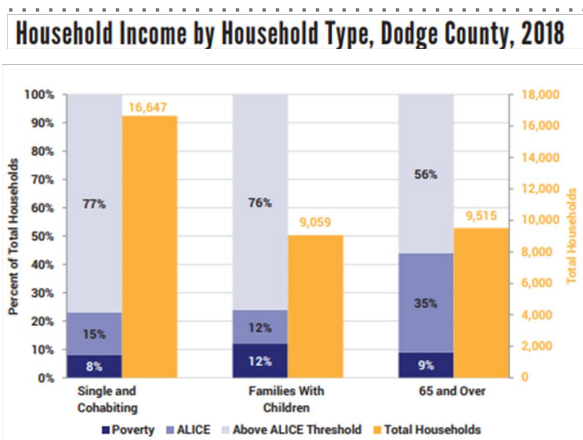
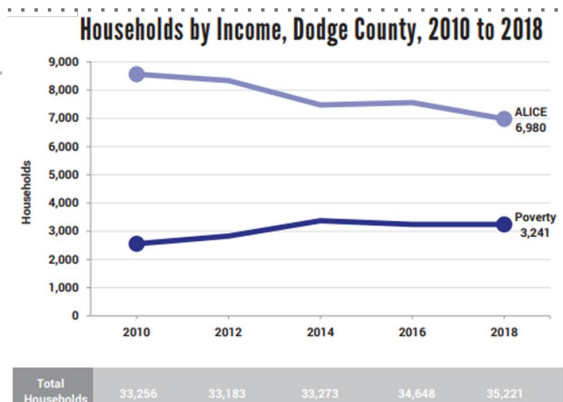
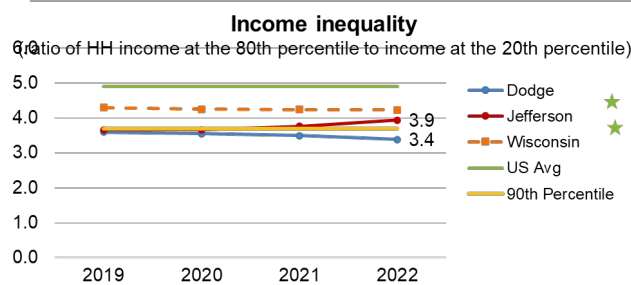
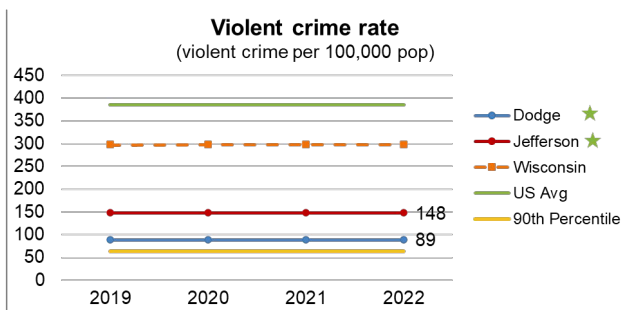
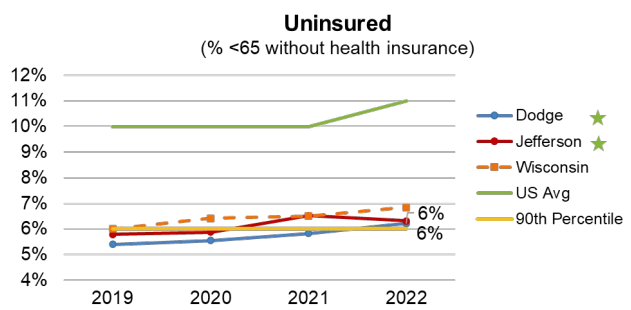
Injury deaths
(injury mortality per 100,000)

Ethnicity/Race	Dodge	Jefferson
American Indian & Alaska Native	NR	NR
Asian	NR	NR
Black	NR	NR
Hispanic	50	NR
White	114	NR

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020
 Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020
 Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

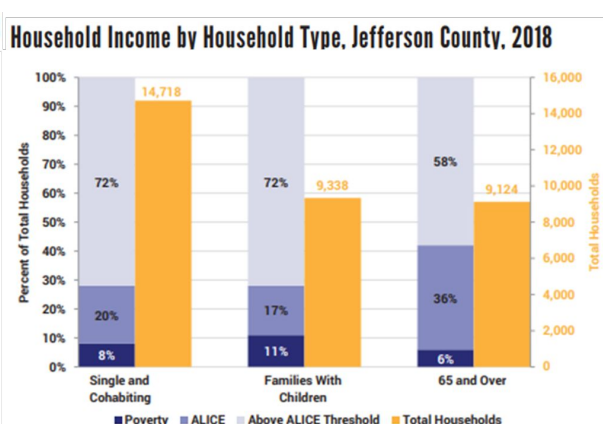
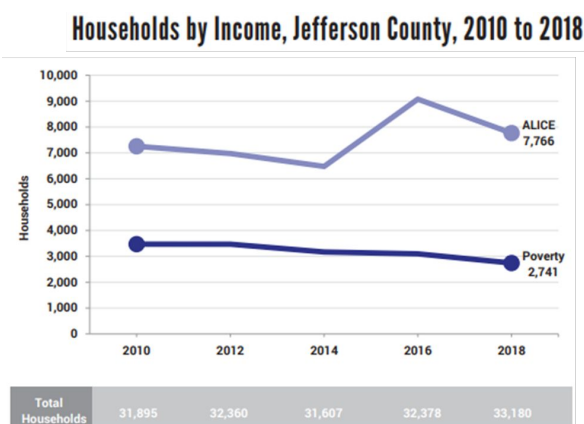


Social & Economic Factors, Cont.



Dodge County:
 ALICE Households: 20% (state average: 23%)
 Households in Poverty: 9% (state average: 11%)

ALICE: Asset Limited, Income, Constrained, Employed



Jefferson County:
 ALICE Households: 23% (state average: 23%)
 Households in Poverty: 8% (state average: 11%)

ALICE: Asset Limited, Income, Constrained, Employed



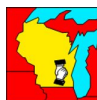
Social & Economic Factors, Cont.

Social & Economic Factors STRENGTHS

- The percentage of children in single-parent households in Dodge and Jefferson Counties was 18% and 20% which was lower than WI (23%) and the U.S at 25%.
 - Social associations in Dodge County are 11 the same as WI, and Jefferson are 12, slightly higher than WI. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations
 - The children in poverty rate was lower for Dodge and Jefferson Counties at 8% than WI at 12% and the U.S. (16%).
 - Six percent of the population under 65 was uninsured in both Dodge and Jefferson Counties, lower than WI at 7%.
 - Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Dodge and Jefferson Counties at 3.4 and 3.9 respectively than WI at 4.2 and the U.S. at 4.9.
 - The violent crime rate in Dodge and Jefferson Counties was 89 and 148 violent crimes per 100,000 population, which was lower than in WI at 298 and the U.S. at 386.
 - The poverty estimates for 2020 showed Dodge and Jefferson Counties at 7.2% and 7.3% respectively, lower than WI (10.0%) the U.S. (11.9%).
 - The median household income in Jefferson County was \$71,285, higher than WI at \$63,001 and the U.S. at \$64,730.
-

Social & Economic Factors OPPORTUNITIES

- The high school completion rate was lower in Dodge and Jefferson Counties at 91% and 92% than WI (93%)
 - Dodge and Jefferson Counties had lower percentages of adults with some postsecondary education at 58% and 67% than WI (70%).
 - Injury deaths were higher in Dodge County at 106 than WI at 91. Jefferson County was the same as WI at 91 per 100,000 population. White injury deaths were higher in Dodge County at 114 than Hispanic deaths at 50.
 - Higher percentage of Hispanic children, in Dodge County at 21% and Jefferson County at 19%, were in poverty than children in the counties as a whole at 8%.
 - The median household income in Dodge County was \$61,696, lower than WI at \$63,001 and the U.S. at \$64,730.
-



Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Dodge and Jefferson Counties ranked 60th and 46th in physical environment out of 72 Wisconsin counties.

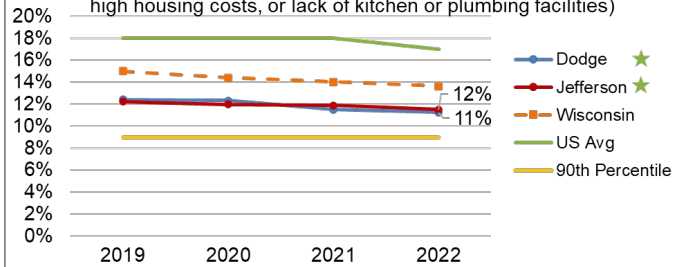
Drinking water violations

	2020	2021	2022
Dodge County	No	Yes	Yes
Jefferson County	Yes	No	No

Source: EPA Safe Drinking Water Information System.

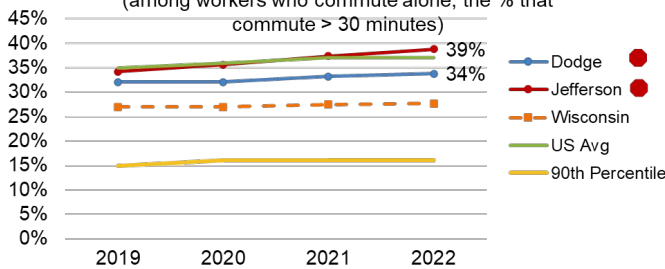
Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)

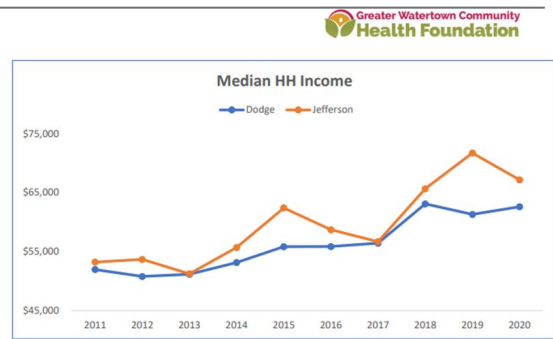
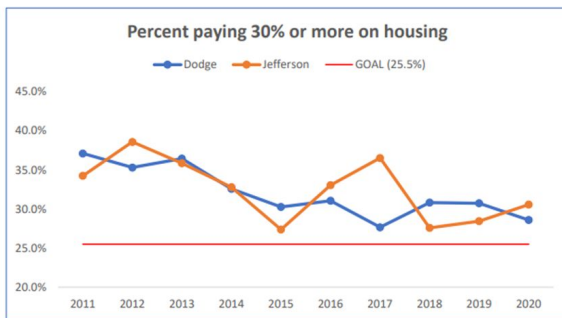


Broadband access

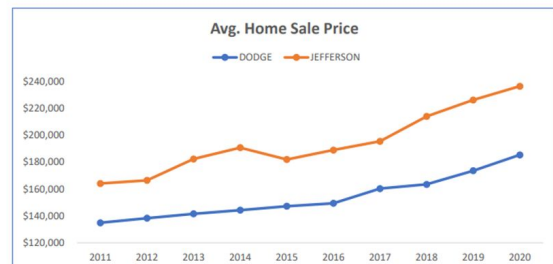
(% of households with broadband internet connection)

	2022
Dodge County	84%
Jefferson County	85%
Wisconsin	85%
US Avg	85%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2018 Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020



Metric	Dodge			Jefferson		
	1yr	5yr	10yr	1yr	5yr	10yr
Percent paying 30% or more	-2.1%	-2.5%	-8.5%	2.1%	-2.5%	-3.7%
Median HH Inc.	2.1%	12.1%	20.5%	-6.3%	14.4%	26.2%
Median Gross Rent	-1.4%	10.2%	15.9%	0.0%	11.8%	15.1%
Avg. Home Sale Price	6.8%	24.1%	37.4%	4.5%	25.1%	44.0%

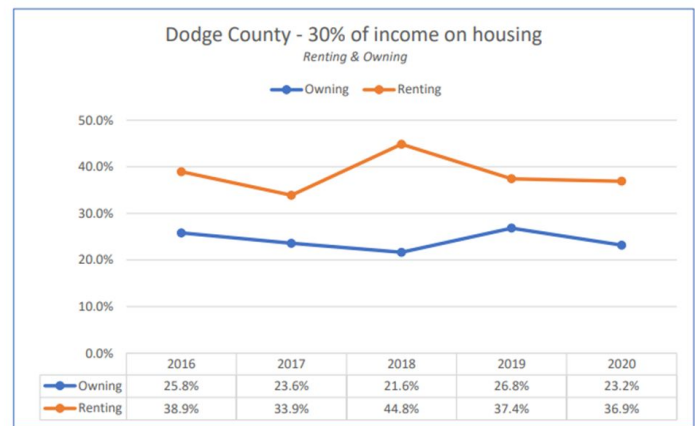
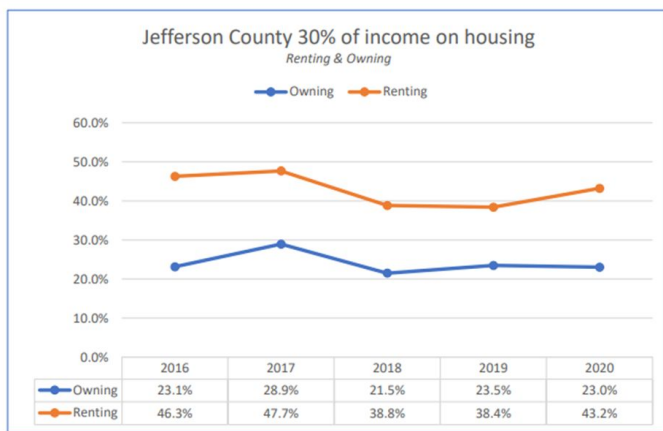


Greater Watertown Community Health Foundation: Affordable Housing Assessment; American Community Survey, WI Dept of Revenue (2022)



Physical Environment, cont.

The percentage paying more than 30% or more of income on housing is above the goal of 25%, but has been declining. Median household income increased from 2011 to 2020, but so did the average home sale price. The average home sale price increased more than the median household income. Forty three percent of those renting were paying 30% of income on housing in Jefferson County and 37% in Dodge County. Whereas only 23% in both counties were paying 30% or more of their income on housing if they own their home.



Greater Watertown Community Health Foundation: Affordable Housing Assessment; American Community Survey, WI Dept of Revenue (2022)

School Safety Jefferson County

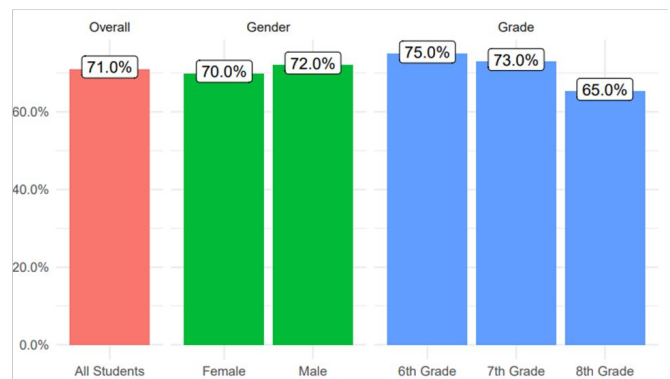
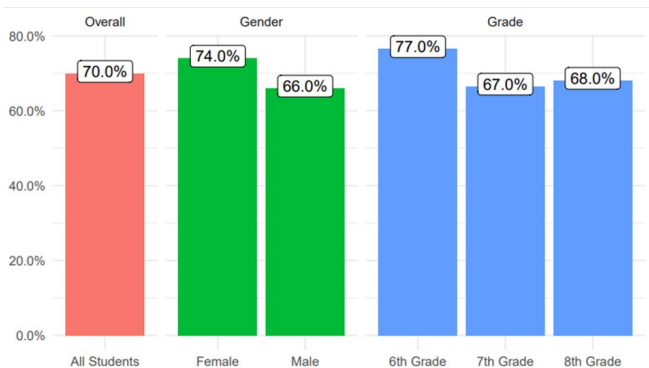
Dodge County

Perceptions of safety

How safe do students feel at school? The charts in this section show students' perceptions of their own physical safety as well as the general issue of violence as a problem at their school.

Feel Safe At School

Students who most of the time or always feel safe at school



Wisconsin Dept of Public instruction, 2019 Middle School YRBS Results (2022, 2019 data)



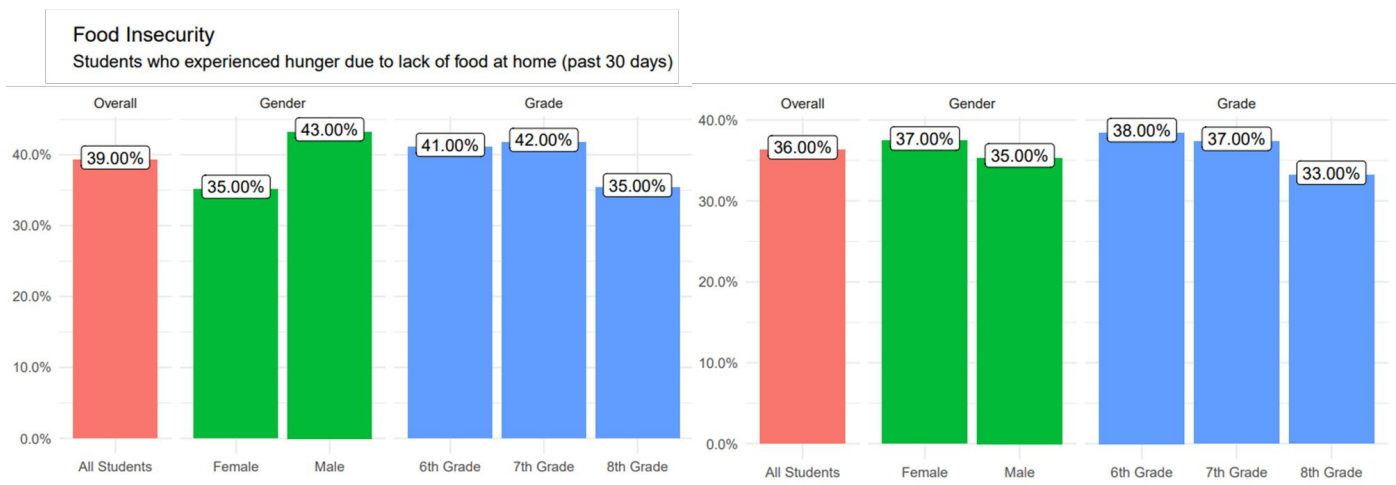
Physical Environment, cont.

In Jefferson County males feel less safe than females in middle school and the feeling of safety declined from 6th to 7th grade. In Dodge County, females felt slightly less safe than males and the feeling of safety dropped from 7th to 8th grade.

In Jefferson County males were more likely to experience hunger than females. Students experiencing hunger dropped from 7th to 8th grade. In Dodge County females were slightly more likely to experience hunger than males and students who experienced hunger dropped from 7th to 8th grade.

Food Insecurity Jefferson County

Dodge County



Wisconsin Dept of Public Instruction, 2019 Middle School YRBS Results (2022, 2019 data)

Physical Environment STRENGTHS

- Jefferson County reported no drinking water violations in the last two years.
- Broadband access was the same in Jefferson County at 85% as WI (85%)
- Dodge and Jefferson Counties had a lower percentage of severe housing problems at 12% and 11% than WI (14%) and the U.S. at 17%.

Physical Environment OPPORTUNITIES

- Dodge County reported drinking water violations in each of the last two years.
- Dodge County had a lower percentage of households with broadband internet connection than WI.
- Of those who commute alone, 34% of workers in Dodge County and 39% of Jefferson County commute over 30 minutes, higher than WI at 28%.
- The median household income has not risen as fast as the average home sale price.





Photo Credit: W3, Inc., Annual Fit Kid Shuffle

Broad Themes that emerged in the CHNA process:

- Dodge and Jefferson Counties need to continue to create a “Culture of Health” which permeates throughout the towns, employers, schools, churches, and community organizations to engender commitment to health improvement.
 - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It takes partnerships with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Dodge and Jefferson Counties have many assets to improve health.
-



Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Process

At the DJHCP Community Health Summit, the attendees reviewed the community health information presented and were given the opportunity to vote on the needs they felt were of priority in the community. The needs listed in the voting process were determined by the DJHCP core team members prior to the day of the Summit using evidence-based priority themes and categories identified by national and state authorities.

Priority Options

- Impact of climate and physical environment on length and quality of life
- Safe community infrastructure (e.g. good lighting, well maintained)
- Built environment that supports multi-modal and/or active transportation
- Access to affordable, reliable transportation options
- Affordable, Quality Housing
- Access to and ability to use technology (e.g. broadband)
- Understanding health care/health literacy
- Equitable access to community-based resources and supports
- Social Support and Community Connectedness
- Embracing Diversity and Promoting Inclusion and Belonging
- Cultural and language accessibility for services and supports (e.g. education, medical care)
- Culturally appropriate health care (e.g. understanding from providers, interpretation services, LGBTQIA+ medical services etc)
- Availability of and access to preventative care and screenings (including reproductive health)
- Public Health Infrastructure and Funding (e.g. strain the pandemic put on the staff, departments, system)
- Access to affordable, quality Medical care
- Access to affordable, quality Dental care
- Access to affordable, quality Mental Health care
- Impact on individuals and community of drug and/or alcohol misuse
- Impact on individuals and community of tobacco use (including vaping)
- Access to affordable, quality childcare (0-5)
- Access to early childhood education (e.g. Headstart, 3K, 4K)
- Supports for kids and families to access/sustain primary education (K-12)
- Access to opportunities for secondary education (post-high school)

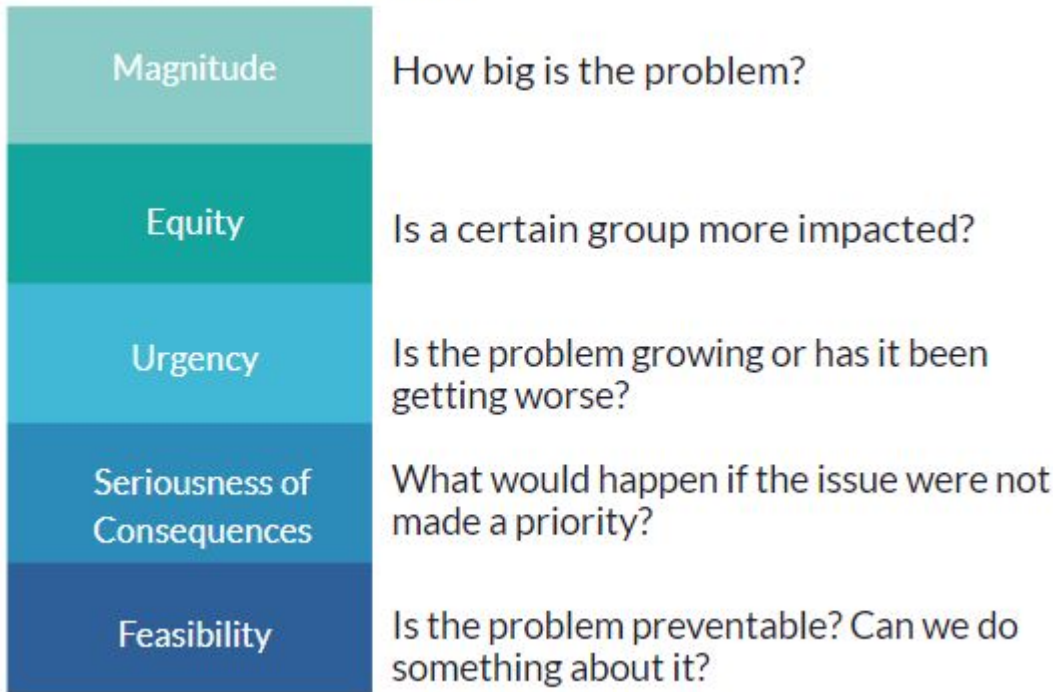


Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

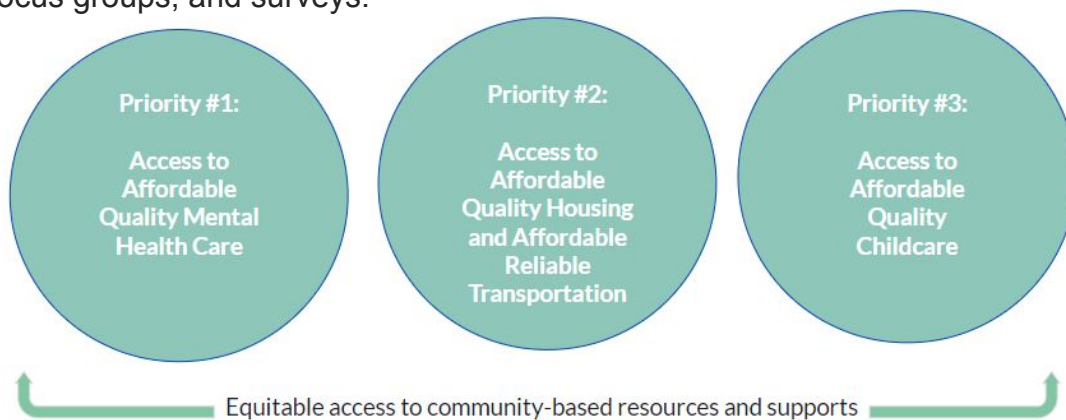
Prioritization Criteria

Criteria for Prioritization:



Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee scanned a QR code and selected their top three most significant health needs from a pre-populated list based on the secondary data, focus groups, and surveys.



Community Health Summit Brainstorming

Community Health Actions Steps Brainstorming

Once the stakeholders had prioritized the most significant health issues, they all discussed what might be done to improve the health issue in sub-groups focused on one of the top three priorities. The fourth identified priority, Equitable access to community-based resources and supports, was intended to be “woven” throughout the small group conversations. Below are high-level notes from the brainstorming.

Significant Health Need 1: Mental Health

- ✓ **Theme 1 – Increase mental health resources and availability**
 - Action 1** – Attract more providers in addition to current ones
 - Action 2** – Expand telehealth
 - Action 3** – Develop strategies/programs that are more proactive*Resources/Collaborators Needed: Providers, legislators, elected officials*
- ✓ **Theme 2 – Increase awareness and skills, provide opportunity for learning**
 - Action 1** – Start skill building in elementary schools
 - Action 2** – Create social events that bring people together and reduce isolation
 - Action 3** – Bring providers to workplaces/employers to talk about mental health, share services, and normalize “self-care”*Resources/Collaborators Needed: Educators, schools, providers, employers, faith communities*

Significant Health Need 2: Housing/Transportation

- ✓ **Theme – Coordinate and provide resources outside of Public Health**
 - Action 1** – Determine which resources exist (rideshares, employee/employer trips, etc.)
 - Action 2** – Connect resources to food pantry, communities, etc.
 - Action 3** – Increase volunteers
 - Action 4** – Modify the average amount of time for affordable housing application process
 - Action 5** – Build more housing complexes*Resources/Collaborators Needed: ADRCs, Housing Authority/Section 8, County Board members, City government, hospital social workers*

Significant Health Need 3: Childcare

- ✓ **Theme – Increase Accessibility**
 - Action 1** – Increase wages for childcare staff
 - Action 2** – Grow, attract, retrain care providers*Resources/Collaborators Needed: State legislators, funding resources, local government officials, school systems, daycare providers*



Impact of 2019 CHNA and Implementation Plan

Impact

Due to resource limitations, DJHCP is not addressing the following health needs identified in the 2019 CHNA; family issues, socioeconomic, and access and affordability of healthcare. Other organizations/resources within the community have a greater capacity to meet these needs, however, DJHCP was supportive of initiatives that are generated through assessments and promoted resources that match our mission and strategic plan as capacity allowed.

The COVID-19 pandemic impacted implementation in 2020 and 2021. Groups were unable to meet in person and services were limited in the community. However, progress on implemented priorities was made prior to and during the pandemic.

Significant Health Need: Substance Use

Goal: Prevent and treat substance use disorders and misuse

Objective	Actions	Status	Progress / Impact
Increase the community's knowledge and ability to identify substance use disorders and link to appropriate services and resources	Utilize pharmacists, doctors, and AODA counselors to educate people on addiction and signs of addiction	In Progress	Clinically trained members of the Opioid Treatment Center and partners of Alliance for Substance Abuse Prevention (ASAP) Dodge County attended National Night Out and Dodge County Fair in 2021 and 2022 providing education to attendees.
	Continue DITEP or other appropriate training to all schools and teachers	In Progress	DITEP training Dodge Co 7/22: 26 attendees Jefferson County Drug Free Communities (JCDFC). DITEP trainings 2022: (28 total SROs, law enforcement, school staff) National speaker on vaping/marijuana and youth - 7 school districts participated, 30 for parent webinar



Impact of 2019 CHNA and Implementation Plan

Impact

Significant Health Need: Substance Use

Goal: Prevent and treat substance use disorders and misuse

Objective	Actions	Status	Progress / Impact
Increase the community's knowledge and ability to identify substance use disorders and link to appropriate services and resources (cont.)	Educate on appropriate use of opioids and alternative to using opioids to treat acute and chronic pain	Completed	<p>ASAP Dodge County hosted "Let's Talk About Pain Medicines" community events in 2019 and 2020. About 40 community members attended. 25 ASAP members trained on pain med health literacy.</p> <p>JCDFC- Drug Drop Box enhancements^[EC1]/education distribution (updated, bilingual) - multiple PD stations, pharmacies and senior living facilities</p>
	Community survey specific to substance use	Completed	JCDFC created Parent Survey on youth and substance misuse distributed Jan 2021 and Jan 2022.
	Continue to update and distribute the resource guide across Dodge and Jefferson Counties	In Progress	<p>Watertown Dept of Public Health updated the resource guide in 2021 and is currently updating for 2022. It is available in English and Spanish on the City of Watertown website and is distributed by several City departments. It is also made available at community events.</p> <p>Jefferson Co. Health Department and Human Services, and JCDFC distributed at mass clinics and other community events.</p> <p>Available on FHC website with printed copies available at clinics.</p>



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Substance Use			
Goal: Prevent and treat substance use disorders and misuse			
Objective	Actions	Status	Progress / Impact
Promote substance use awareness and prevention in the community	Increase community training of Narcan	In Progress	<p>Jefferson County Health Department in collaboration with the City of Jefferson PD created a video educating on Naloxone. Narcan virtual trainings - 29 people.</p> <p>Partnered with Vivent Health to provide Narcan Kits.</p> <p>Dodge County staff began Narcan training for community in late summer 2022.</p>
	Assess ED visits related to alcohol and substance use	Cancelled	It was discovered that this information is challenging to retrieve and assess.
	Use the DJHCP Facebook page for dissemination of information	Paused	Not used since the start of the COVID-19 pandemic (March 2020)
	Provide educational materials about prevention, treatment, and recovery at health fairs and community events	In Progress	<p>Dodge Co. Fair 2021 and 2022: Medication lock boxes distributed; Substance misuse info provided at fair booth.</p> <p>JCDFC provided medication disposal events at senior living facilities. Jefferson Co. provided substance misuse information at community events. Widespread distribution of drug deactivation kits and opioid toolkits</p> <p>Education provided at Jefferson Co. Fair 2019, 2020, 2021</p> <p>DCDFC and JC Health Department distributed 430 drug deactivation kits.</p>



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Substance Use			
Goal: Prevent and treat substance use disorders and misuse			
Objective	Actions	Status	Progress / Impact
Promote substance use awareness and prevention in the community (cont.)	Provide educational materials about prevention, treatment, and recovery at health fairs and community events (cont.)	In Progress	ASAP and Blue Zones Project promoted " Small Talks " campaign, to encourage parents to talk about underage drinking with 8-12 year olds. Resulted in 66,111 impressions on digital platform (video ads) and 59,454 impressions (streaming TV ads) in January 2021.
Decrease the stigma of drug use and educate on opioids	Educate on Trauma Informed Care approach	In Progress	Periodic training/updates for Dodge Co. Human Services staff Periodic updates and partnership with Jefferson Co. Human Services
	Provide education on stigma reduction to the community through social media	In Progress	JCDFC utilized social media, a new monthly newsletter, new website and branding, and planning for a new podcast
Decrease tobacco use and vaping in the community	Ensure all municipalities, workplaces, schools, etc. update their policies to include vaping.	In Progress	Dodge Co., Jefferson Co., Watertown Dept of Public Health First Breath partner: Smoking/tobacco reduction and cessation for pregnant/postpartum moms and infant caregivers JCDFC collaborated with area schools to collect vaping devices, hosted school vaping webinars in 7 schools in 5 districts, and a webinar for parents in Jefferson County Blue Zones Project Dodge County worked with City of Horicon to update City ordinance to include e-cigarettes, and City of Juneau to update Parks ordinance to include all tobacco products. Get Healthy Watertown members met with local elected officials to discuss the use of tobacco and vaping in the community



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Mental Health			
Goal: Promote mental health and provide treatment			
Objective	Actions	Status	Progress / Impact
Increase the community's knowledge ability to identify mental health needs and link to mental health services and resources	Utilize youth to educate peers on mental health needs, services, and resources	In progress	JCDFC-new seed grant opportunity to engage youth in substance related community projects. "Dodge the Vape" events held.
	Distribute mental health resource guide	In progress	Jefferson Co. provided at all community events and COVID-19 vaccine clinics. Watertown Dept of Public Health has resource guides available in English & Spanish on the City of Watertown website and is distributed by several City departments. It is also made available at community events.
Promote mental health well-being and awareness in the community	Provide mental health education materials at health fairs and community events	In progress	Jefferson Co. provided at all community events. MMC-Beaver Dam Behavioral Health clinic info table at Dodge County Fair and Out of the Darkness walk (Summer 2022) WRMC Senior Behavioral Health Unit provided a resource table at the Dodge County Out of the Darkness Walk (Fall 2021) Watertown Regional Medical Center offered a resource table at the Dodge County Fair (Summer 2022)



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Mental Health			
Goal: Promote mental health and provide treatment			
Objective	Actions	Status	Progress / Impact
Promote mental health well-being and awareness in the community (cont.)	Provide community with information on nontraditional skills and strategies and stigma reduction through a variety of media (community access channel, YouTube, social media)	In progress	FHC expanded resources on website (psychoeducation & support tools) and created magnets with QR code that were distributed at multiple events and throughout clinics/hospital. JCDFC consultation with Marketing Company to assist with social media posting. Created billboards for stigma reduction \ Watertown Dept of Public Health nursing students developed infographics on sleep, 4-7-8 breathing, routines, and nutrition. They were made available on social media.
Destigmatize mental health treatment and care	Provide community with information on nontraditional skills and strategies and stigma reduction through a variety of media (community access channel, YouTube, social media)	In Progress	Watertown Dept. of Public Health utilizes social media to put out information on normalizing mental health, treatment, and care. JCDFC-430 drug deactivation kits distributed
Prevent mental health by addressing root causes	Ensure children are equipped with protective tools and resilience they need to have optimal health	In progress	Jefferson Co. MCH program partnered with JCHS and GWCHF to train all staff to ensure effective home visiting.



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Health Eating and Active Living			
Goal: Promote and support healthy nutrition and exercise habits			
Objective	Actions	Status	Progress / Impact
Increase utilization of existing nutrition programs for children and families by educating families	Support healthy nutrition programs for school age children	In progress	Jefferson Co. WIC Fit Families program through SNAP-Ed. FHC AmeriCorps F2S program 2019-2020
	Support produce program for schools, daycares and camps; expand the produce program	In progress	Jefferson Co. WIC staff serve as nutrition consultant for Head Start. Get Healthy Watertown provides produce from their community garden to day camp through Park and Rec program.
	Decrease the stigma of utilization of food resources	In Progress	Dodge Co. and Jefferson Co. WIC outreach to clinics, events at libraries, public/community events. Jefferson Co. WIC promoted discrete use of MyWIC app for shopping, partnered with Creative Marketing Resources for campaigns, and increased social media postings. Watertown Dept. of Public Health partners with the Breadbasket food pantry to encourage and normalize the use of food resources for food security for all families in the community.



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Health Eating and Active Living			
Goal: Promote and support healthy nutrition and exercise habits			
Objective	Actions	Status	Progress / Impact
Continue to encourage new mothers to initiate breastfeeding and provide support to increase sustained breastfeeding duration once they leave the hospital after giving birth	Promote breastfeeding in workplaces	In Progress	<p>Dodge Co. Breastfeeding & WIC promotional boards at county libraries; active in Breastfeeding Coalition</p> <p>Jefferson Co. & WIC active in Coalition and outreach to businesses and community events.</p> <p>In 2021 Dodge Co. joined Jefferson Co. Coalition.</p> <p>Watertown Dept. of Public Health worked with City of Watertown to implement a breastfeeding policy for all city employees. Breastfeeding assessments were completed at several depts.</p>
Increase the availability of healthy foods to senior population	Continue to support the senior nutrition produce program	In Progress	<p>Jefferson Co. work closely with the ADRC to develop policies and procedures for safe practices during COVID-19 to continue nutrition program.</p> <p>Dodge County ADRC paused in-person dining for much of the pandemic but recently re-opened dining sites.</p> <p>Get Healthy Watertown utilizes produce from their community garden to provide produce to seniors at senior dining sites/meals on wheels through their “Healthy Harvest” basket.</p>



Impact of 2019 CHNA and Implementation Plan, cont.

Impact

Significant Health Need: Health Eating and Active Living			
Goal: Promote and support healthy nutrition and exercise habits			
Objective	Actions	Status	Progress / Impact
Increase activity	Continue support of parks and bike paths through support of policy actions of county board and government entities		<p>Updated Jefferson Co. Park & Recreation Open Space Plan in 2020 (see website for summary of accomplishments)</p> <p>Jefferson Co. Comprehensive Plan - added chapter on Transportation. Jefferson Co. Interurban Trail project.</p> <p>City of Beaver Dam, with assistance from Blue Zones Project created a city bike loop and walking/biking map in summer 2020</p> <p>City of Horicon Comprehensive Plan (Nov 2020) includes support of walking/biking and Gold Star Memorial Trail.</p>
	Evaluate the ability to communicate available activities and resources; keep updated on the Internet		<p>Jefferson Co placed events on community calendar.</p> <p>Get Healthy Watertown advertises their "Walk on Saturday" weekly on Facebook</p>





Photo Credit: Kim Hiller

Appendices

- 1. Community Survey Results**
- 2. Focus Group Detailed Summary**
- 3. Community Asset Inventory**



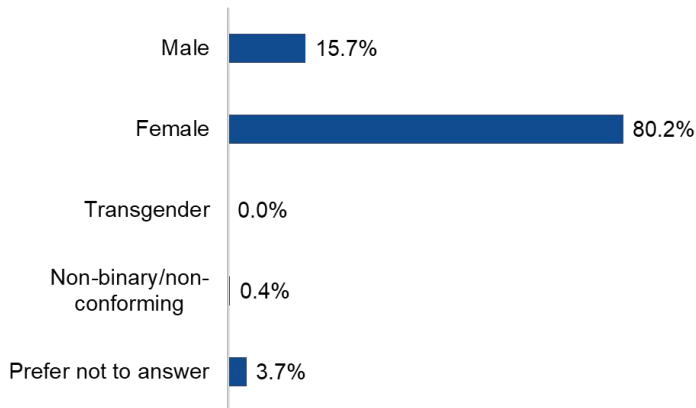
1. Community Survey Results

Community Survey

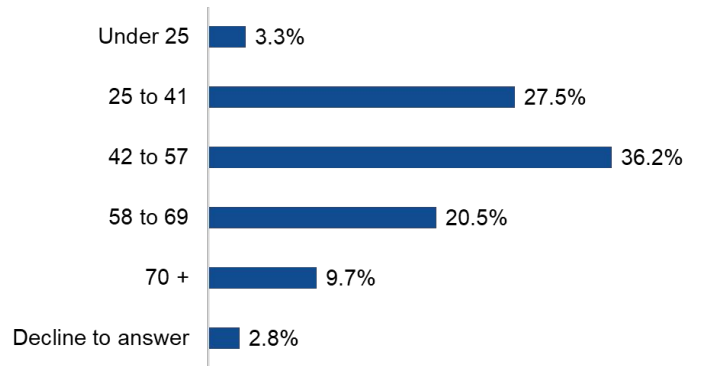
Stratasan and Dodge-Jefferson Healthier Community Partnership conducted online community surveys via SurveyMonkey for Dodge and Jefferson County. 1,206 total survey responses. 1,195 in English and 11 in Spanish. Respondents that answered they live outside of Dodge or Jefferson County were disqualified from continuing the survey. The surveys were conducted from May 30, 2022, to July 12, 2022. Below are summary results. For full detail, including disaggregated results and open-ended responses, see the full DJHCP CHNA Community Health Survey presentation at: <https://bit.ly/3CkL5ZC>

Demographics

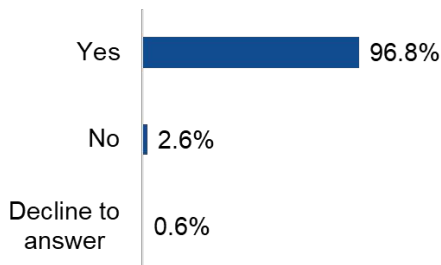
Gender



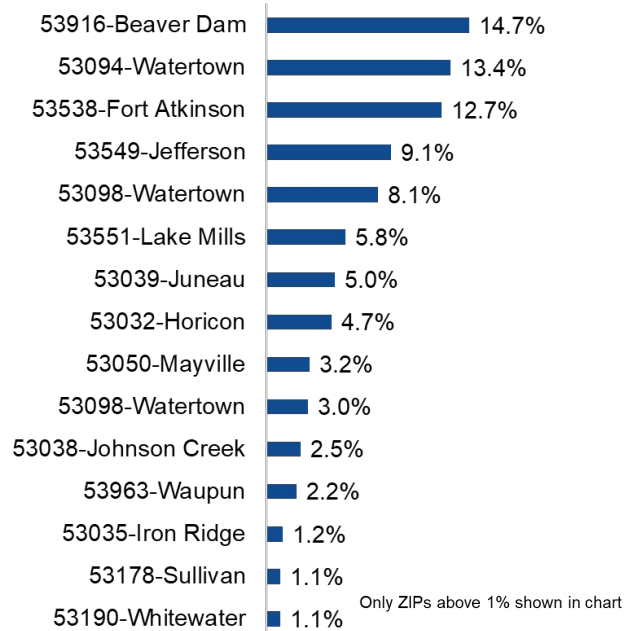
Age



Do you live or work in Dodge or Jefferson County?



What is your zip code?

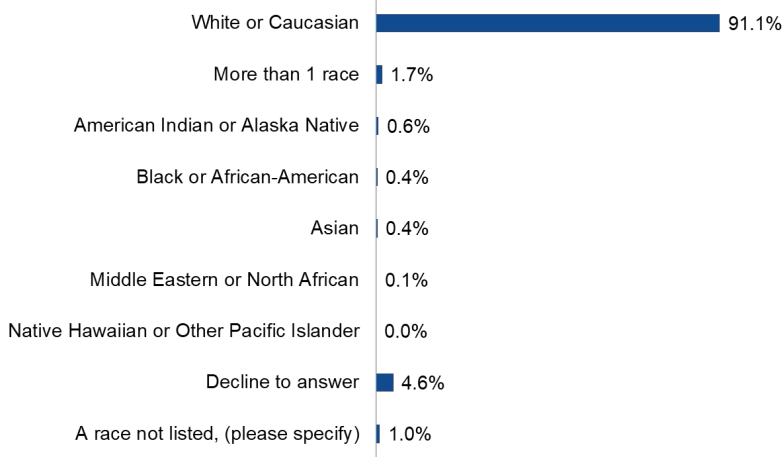


N=779 Q24. What is your gender?
 N=782 Q25. Which of the following ranges includes your age?
 N=1,206 Q1. Do you live or work in Dodge or Jefferson County?
 N=761 Q23. What is your ZIP code?

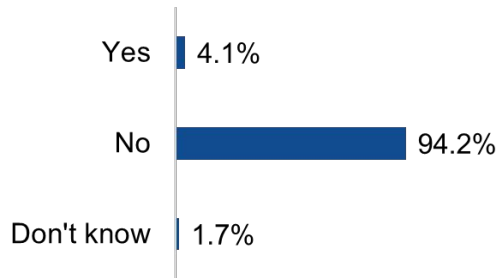


Community Survey (cont.)

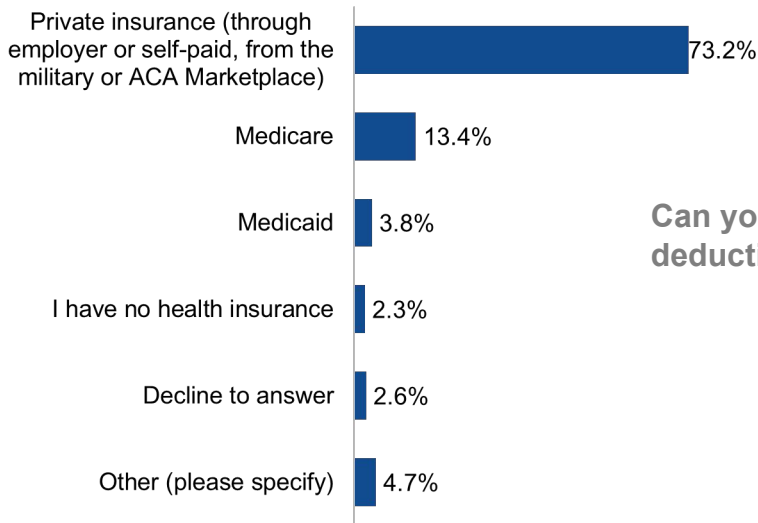
How would you best describe yourself?



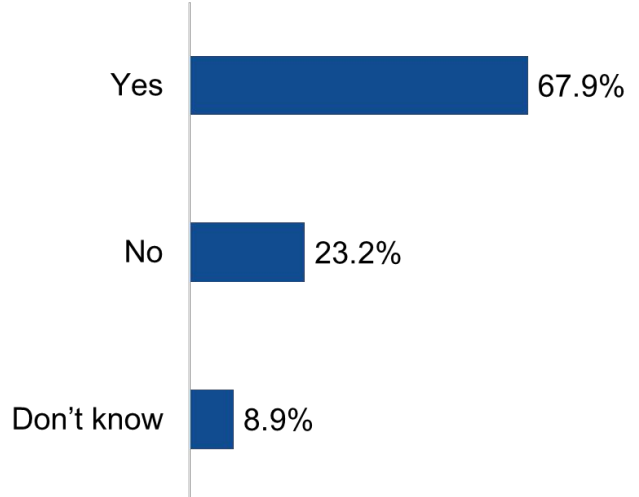
Are you of Hispanic/Latino/Spanish origin?



Which type of health insurance plan do you currently have?



Can you currently afford your health insurance deductible?



N=774 Q26. Are you of Hispanic/Latino/Spanish origin?

N=779 Q27. How would you best describe yourself?

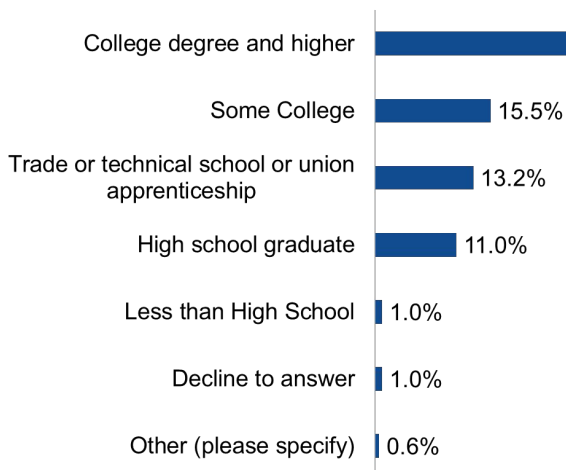
N=783 Q28. Which type of health insurance plan do you currently have?

N=765 Q29. Can you currently afford your health insurance deductible?

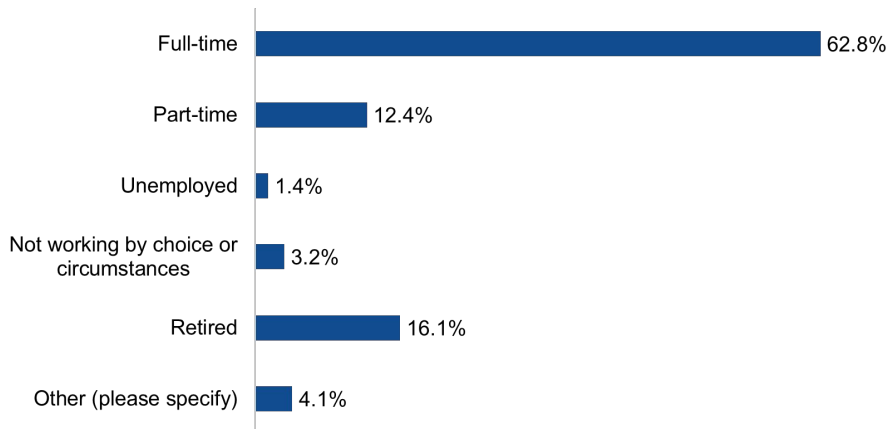


Community Survey (cont.)

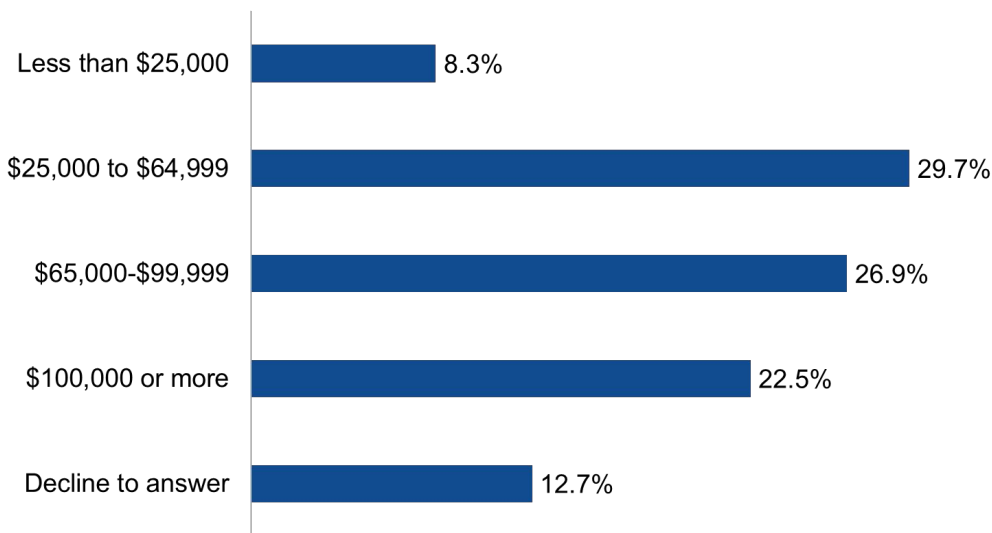
What is your education?



What is your current employment status?



Which of the following includes your annual household income?

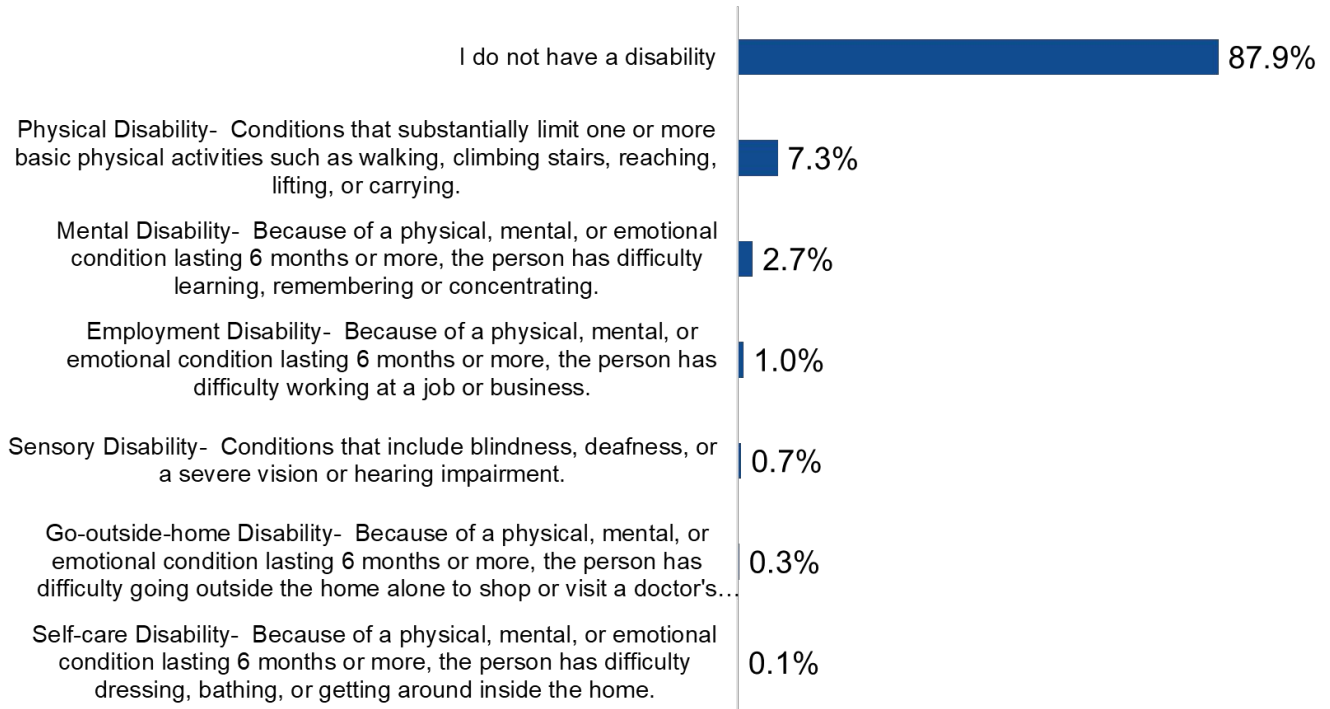


N=785 Q31. What is your education?
 N=785 Q31. What is your education?
 N=783 Q32. What is your current employment status?

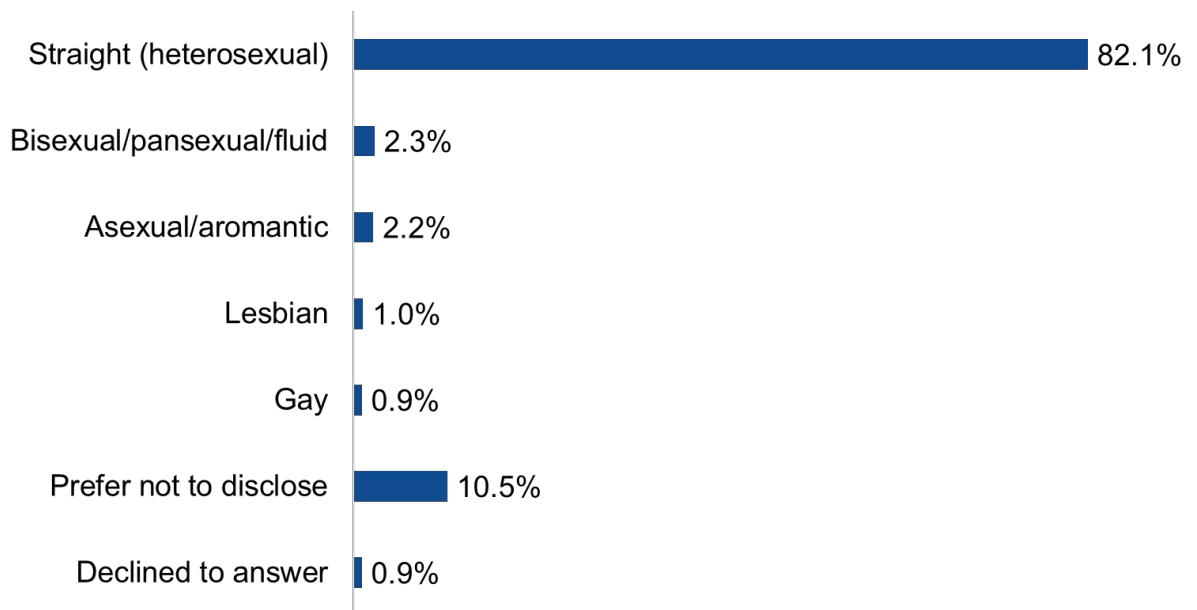


Community Survey (con.)

What is your disability status?



What is your sexual orientation?



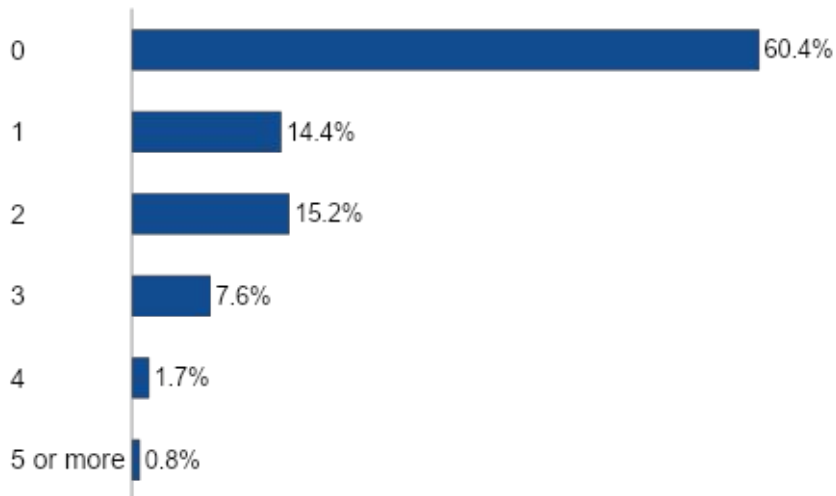
N=766 Q35. What is your disability status?

N=766 Q36. What is your sexual orientation?

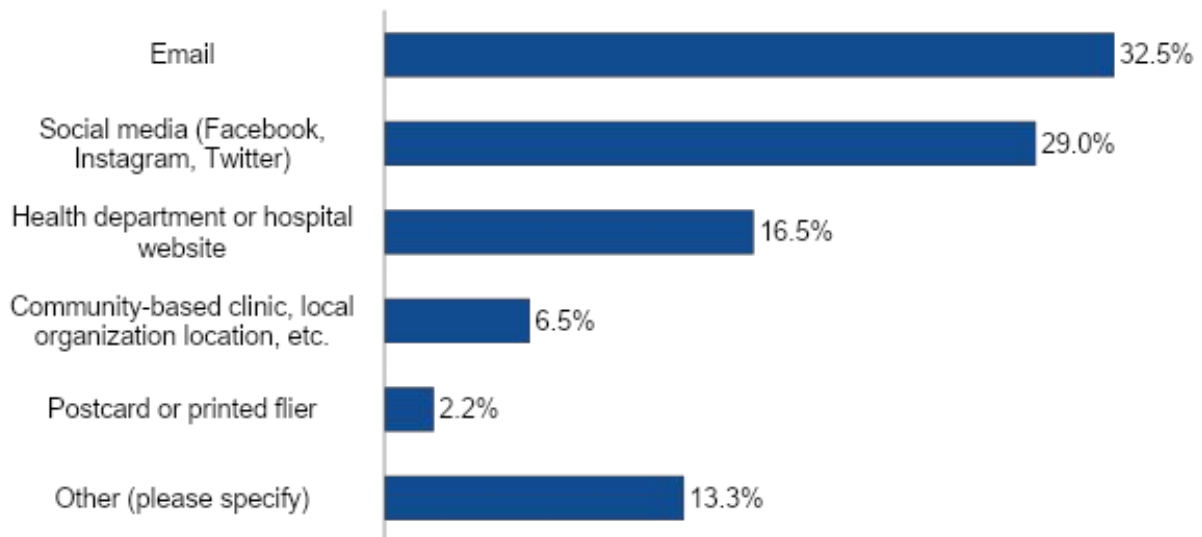


Community Survey (con.)

How many children under 18 live in your household?



How did you learn about this survey?

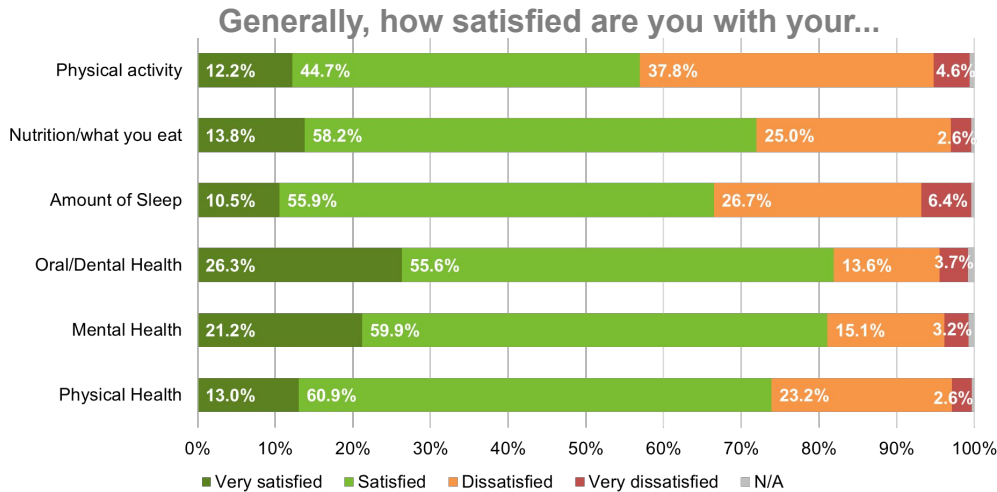


N=778 Q34. How many children under 18 live in your household?
N=772 Q37. How did you learn about this survey?



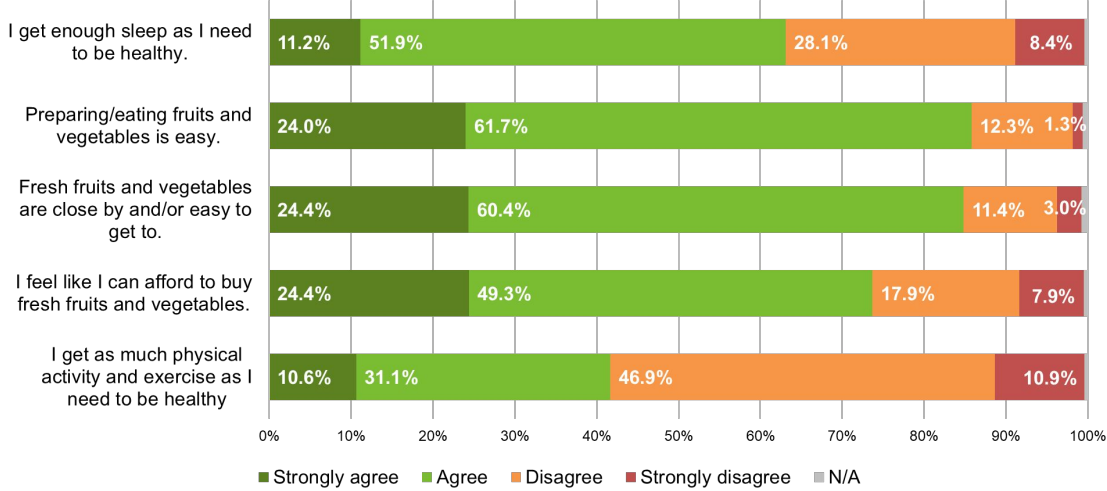
Community Survey (cont.)

Health Status



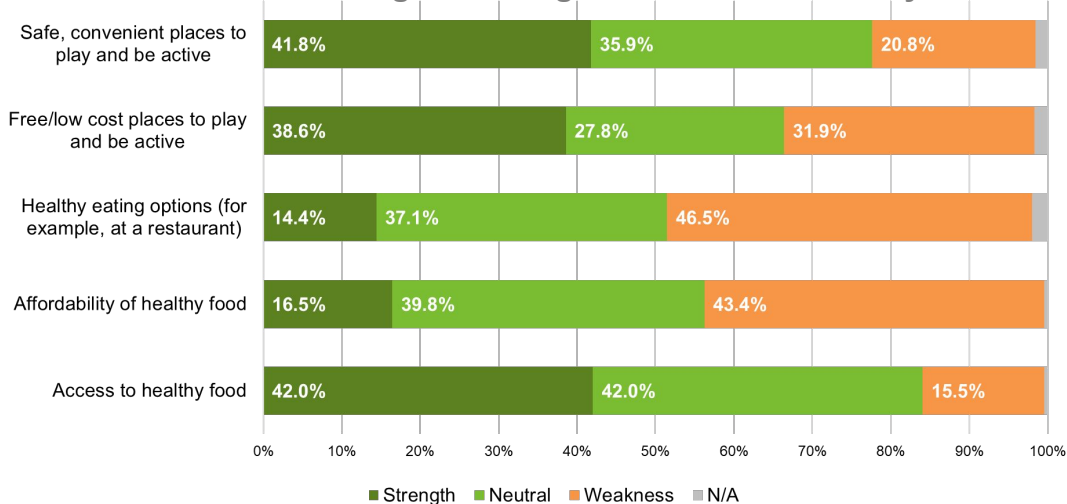
N=953 Q2. Generally, how satisfied are you with your...

Please tell us to what level you agree or disagree with the following statements.



N=951 Q3. Please tell us to what level you agree or disagree with the following statements.

Please tell us if the following are strengths or weaknesses in your community.

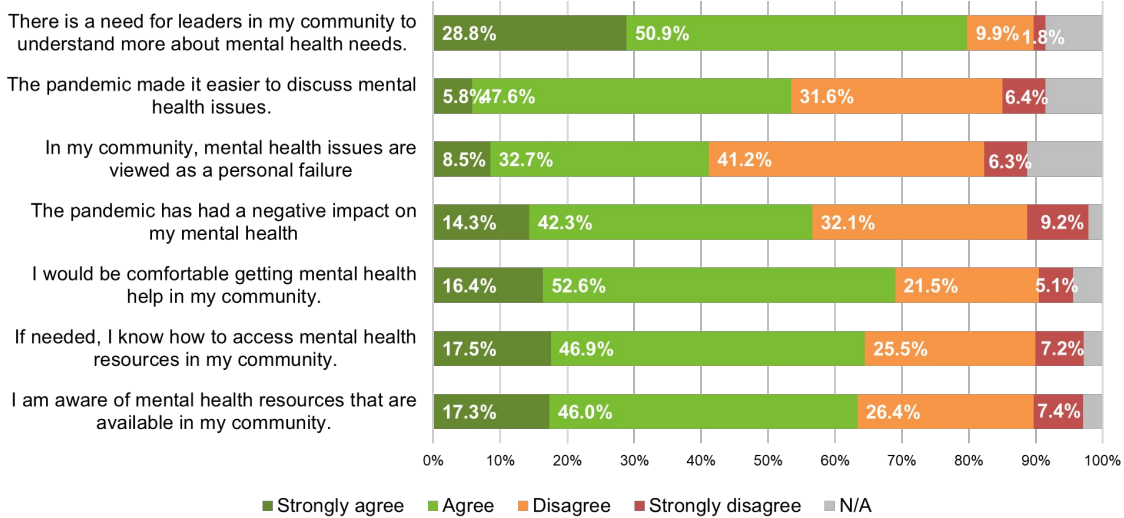


N=950 Q4. Please tell us if the following are strengths or weaknesses in your community.

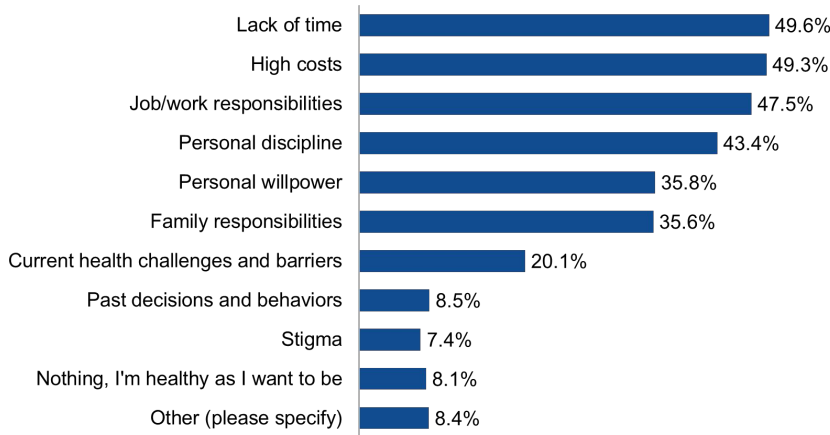


Community Survey (cont.)

Please tell us to what level you agree or disagree with the following statements.



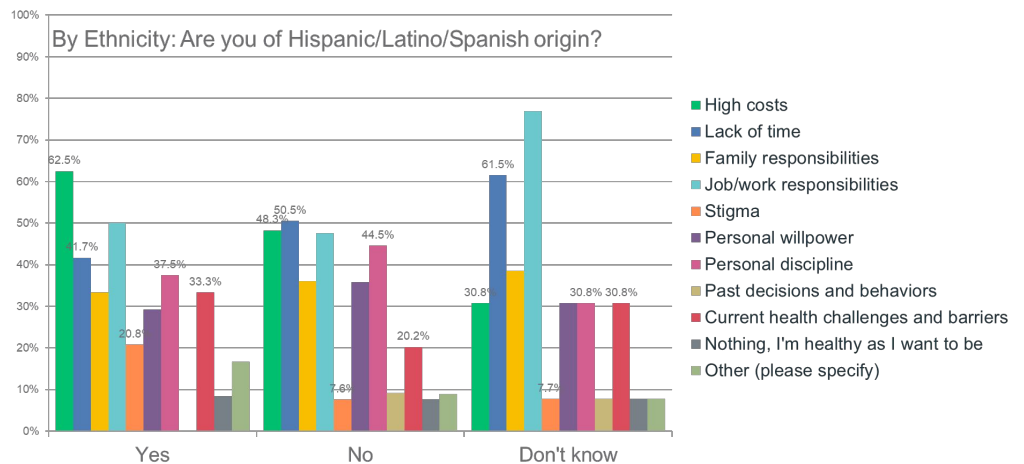
What, if anything, is making it hard for you to get to the level of personal health you want to have?



N=953 Q5. Please tell us to what level you agree or disagree with the following statements.
 N=941 Q6. What, if anything, is making it hard for you to get to the level of personal health you want to have (select all that apply)?

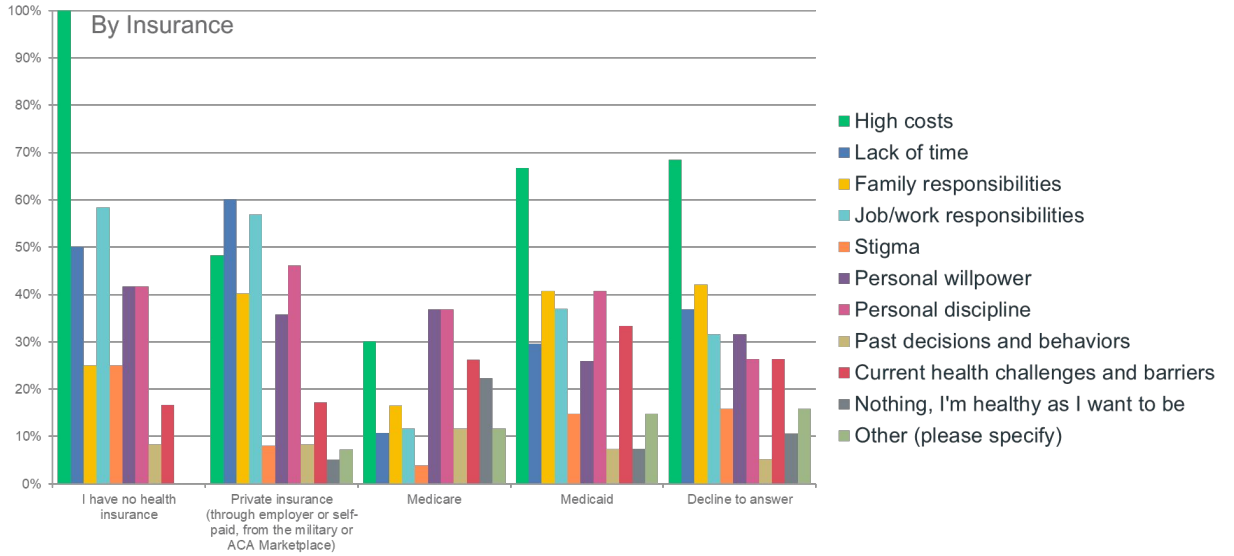
What, if anything, is making it hard for you to get to the level of personal health you want to have?

N=941 Q6. What, if anything, is making it hard for you to get to the level of personal health you want to have (select all that apply)?



Community Survey (cont.)

What, if anything, is making it hard for you to get to the level of personal health you want to have?



What, if anything, is making it hard for you to get to the level of personal health you want to have? Other, please specify:



For full detail, including disaggregated results and open-ended responses, see the full DJHCP CHNA Community Health Survey presentation at: <https://bit.ly/3CkL5ZC>

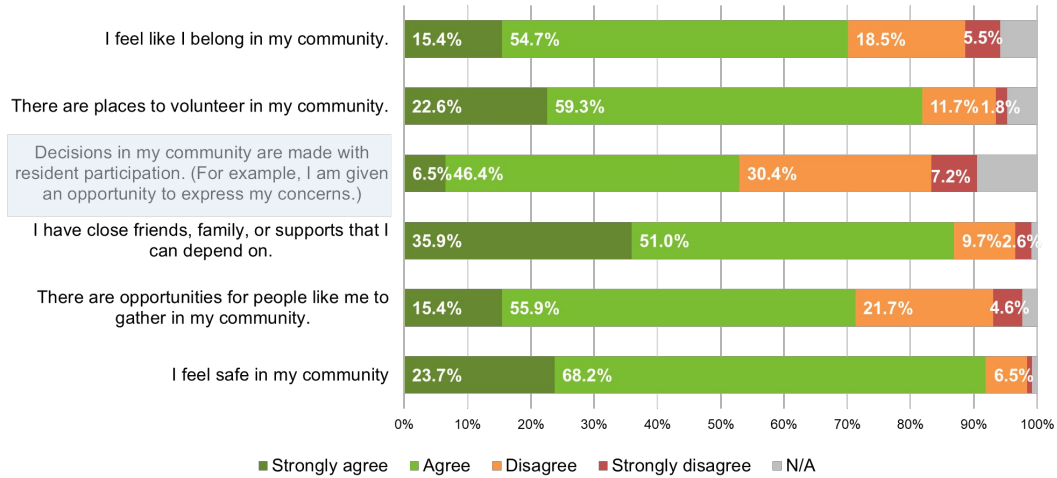
N=941 Q6. What, if anything, is making it hard for you to get to the level of personal health you want to have (select all that apply)?



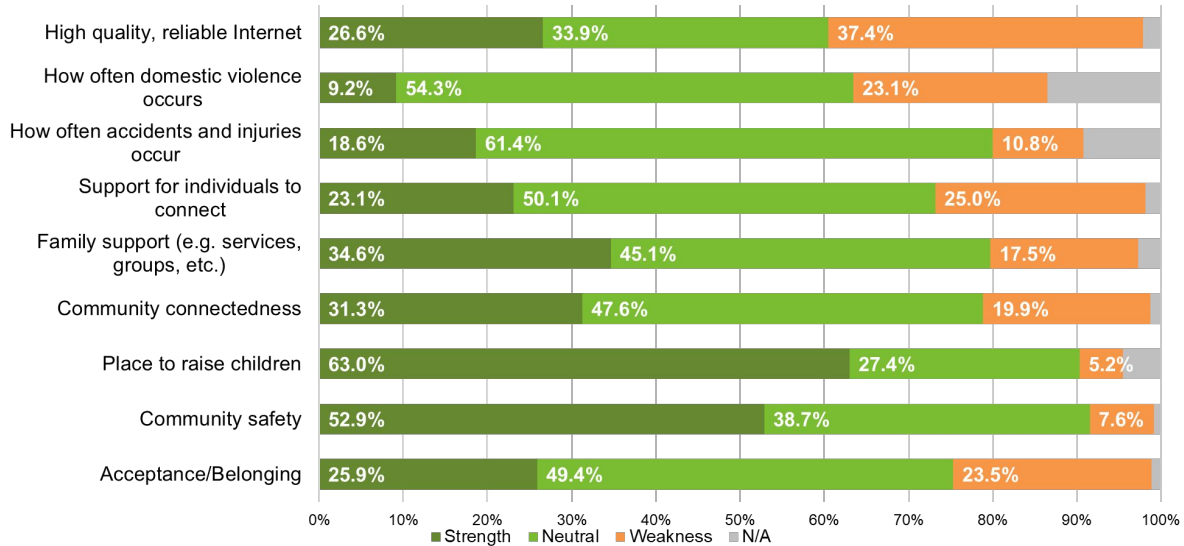
Community Survey (cont.)

Community

Please tell us to what level you agree or disagree with the following statements



Tell us to what level you think these are strengths or weaknesses in your community.



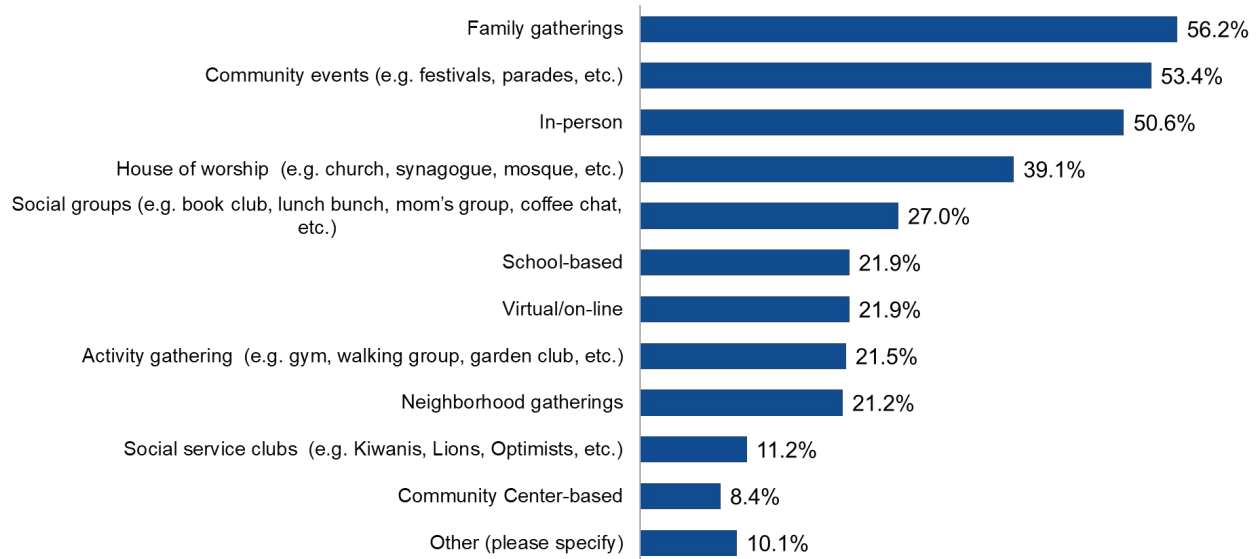
N=894 Q7. Please tell us to what level you agree or disagree with the following statements.

N=893 Q8. Tell us to what level you think these are strengths or weaknesses in your community.



Community Survey (cont.)

How do you connect or socialize with others in our community?



How do you connect or socialize with others in our community? Other, please specify:



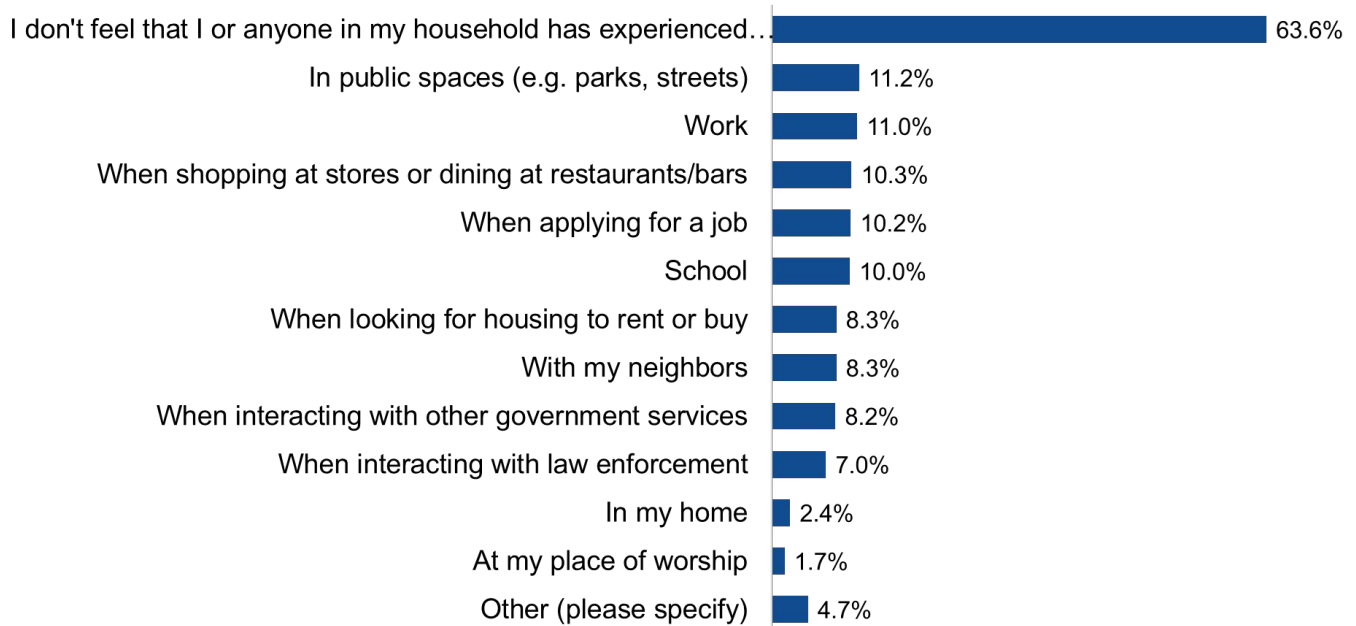
For full detail, including disaggregated results and open-ended responses, see the full DJHCP CHNA Community Health Survey presentation at: <https://bit.ly/3fVqvaB>

N=878 Q9. How do you connect or socialize with others in our community? Please select all that apply: "Other" N=86 depicted in the word cloud above.

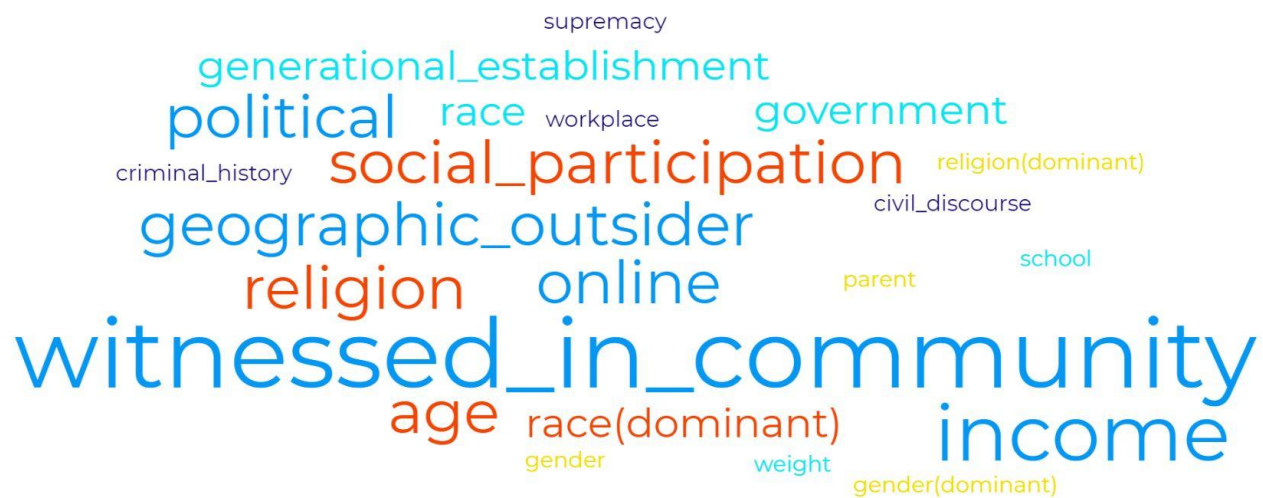


Community Survey (cont.)

In what situations have you and/or your household member(s) experienced discrimination in our community?



In what situations have you and/or your household member(s) experienced discrimination in our community? Other, please specify:



For full detail, including disaggregated results and open-ended responses, see the full DJHCP CHNA Community Health Survey presentation at: <https://bit.ly/3fVqvaB>

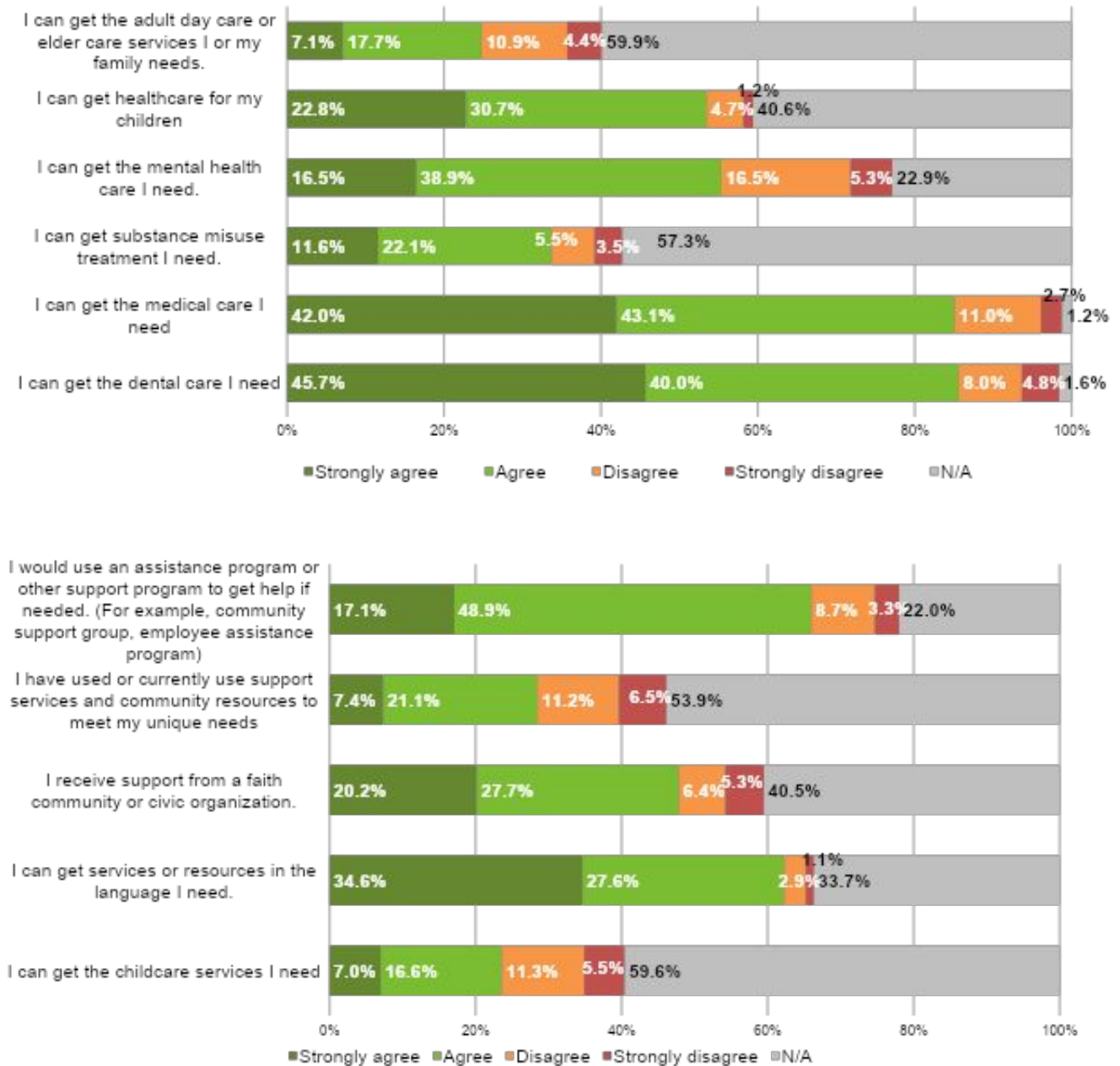
N=827 Q10. In what situations have you and/or your household member(s) experienced discrimination in our community? (Discrimination is the unfair treatment of people and groups based on characteristics such as race, ethnicity, gender, age, sexual orientation, physical ability, etc.) Please select all that apply: "Other" N=38 depicted in the word cloud above.



Community Survey (cont.)

Resources

How well can you access resources in the community to meet your unique needs?



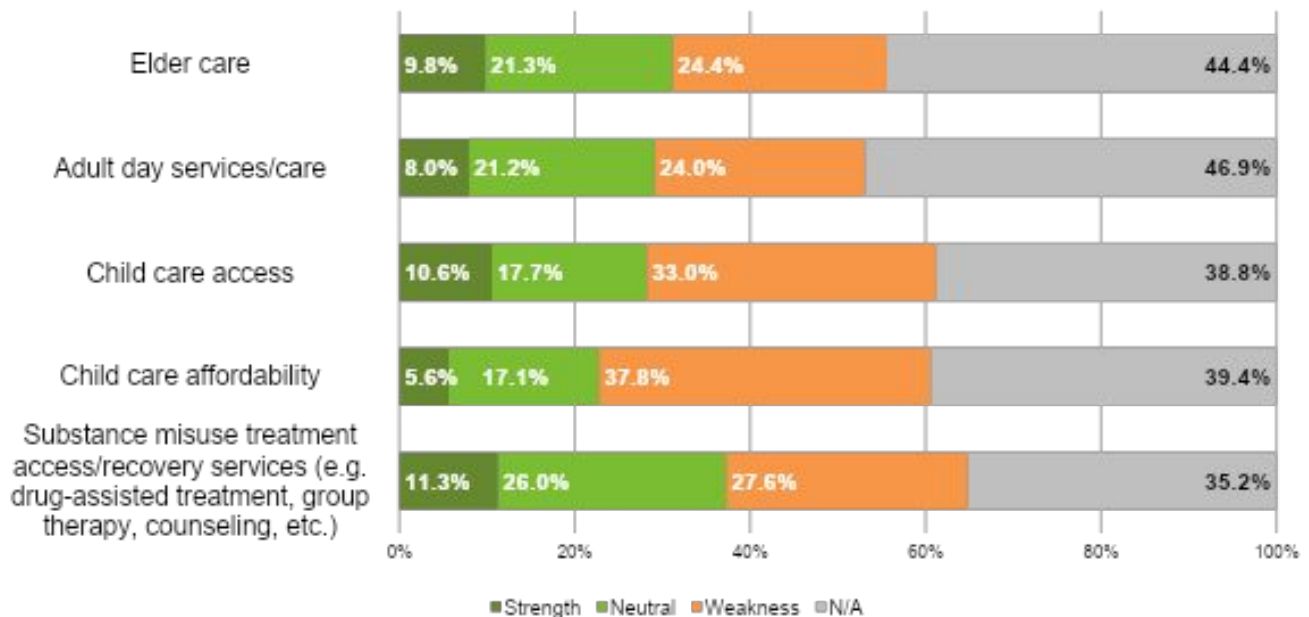
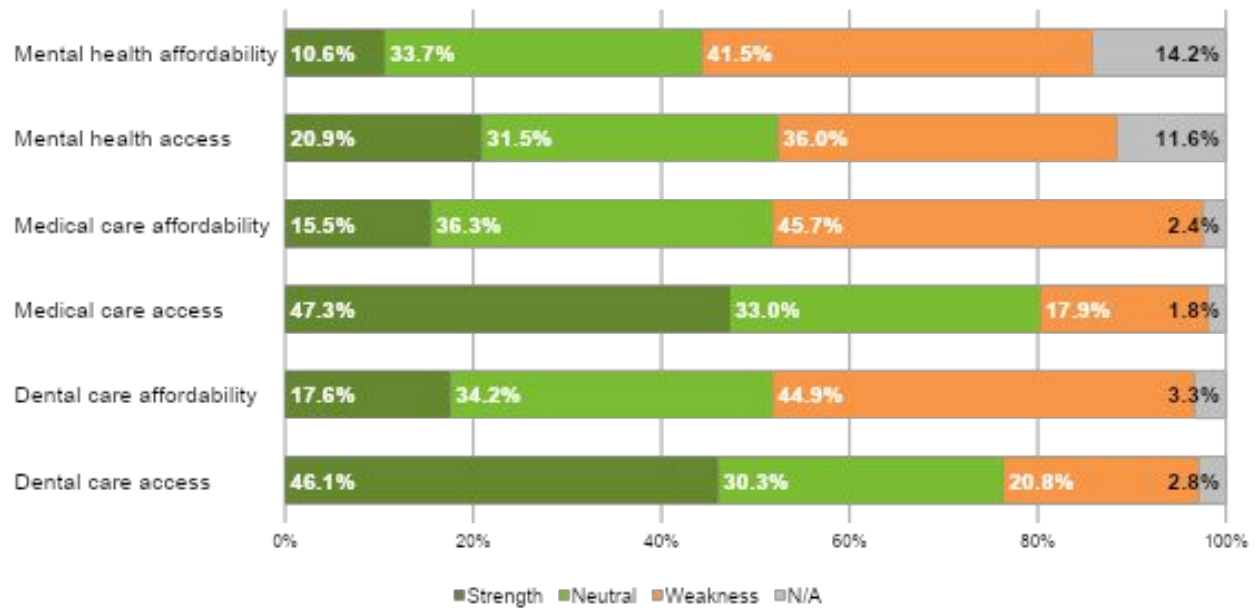
N=825 Q12. Think about how you identify as a person (your age, race, gender, sexual orientation, disability status, citizenship status, language(s) you speak, etc.). How well can you access resources in the community to meet your unique needs? Please tell us to what level you agree or disagree with the following statements.



Community Survey (cont.)

Access to Care

Of the factors listed below which are strengths of our community and which can be improved?



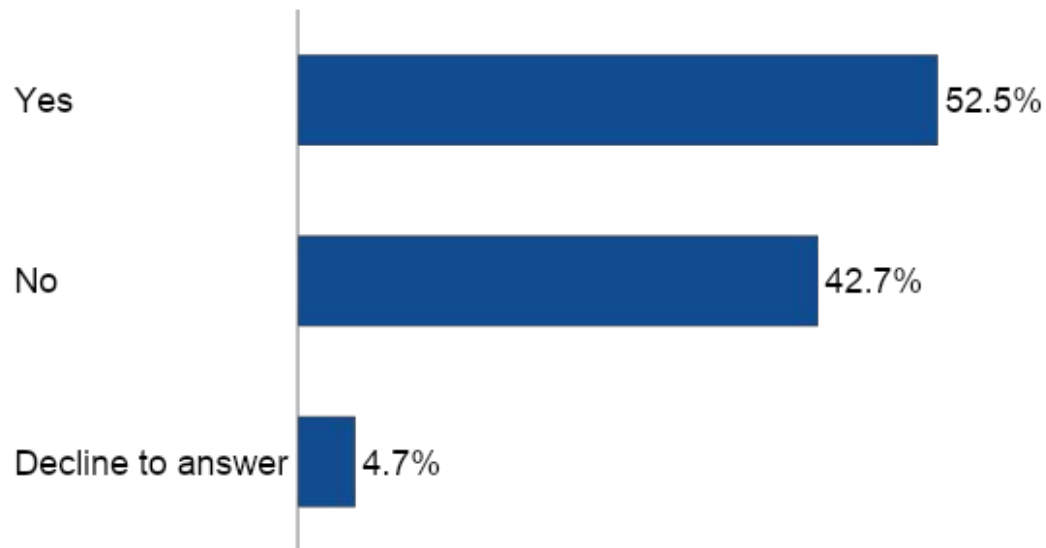
N=824 Q13. Of the factors listed below which are strengths of our community and which can be improved (choose strength or weakness)



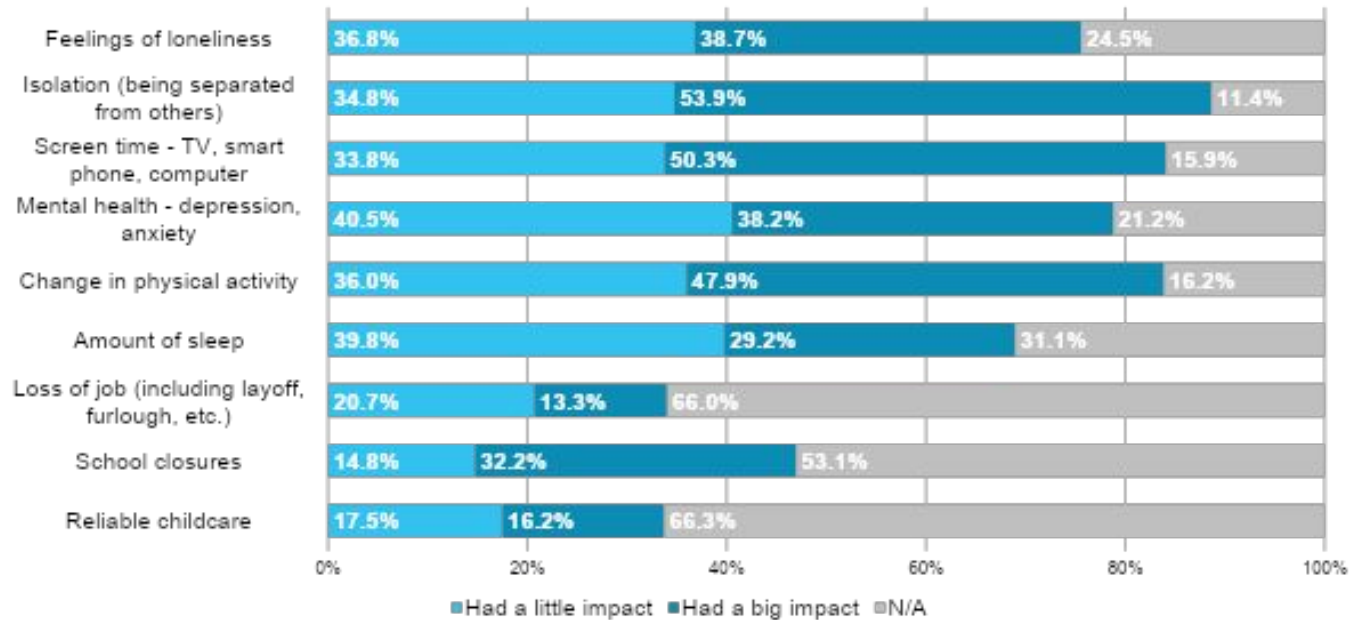
Community Survey (cont.)

Impact of COVID-19

Did you or someone in your household have COVID-19?



What disruptions did you or members of your household experience as a result of COVID-19? (1 of 2)



N=824 Q14. Did you or someone in your household have COVID-19?

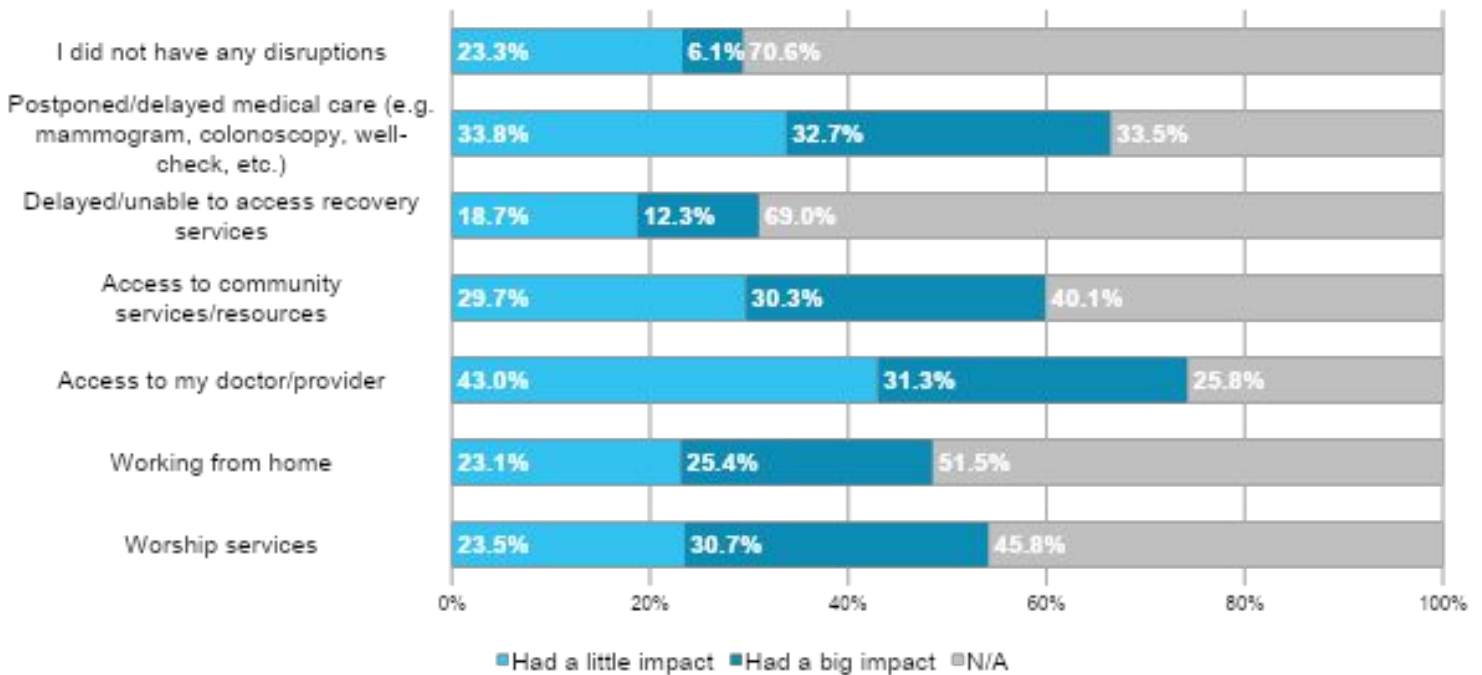
N=807 Q15. What disruptions did you or members of your household experience as a result of COVID-19? (check all that apply)



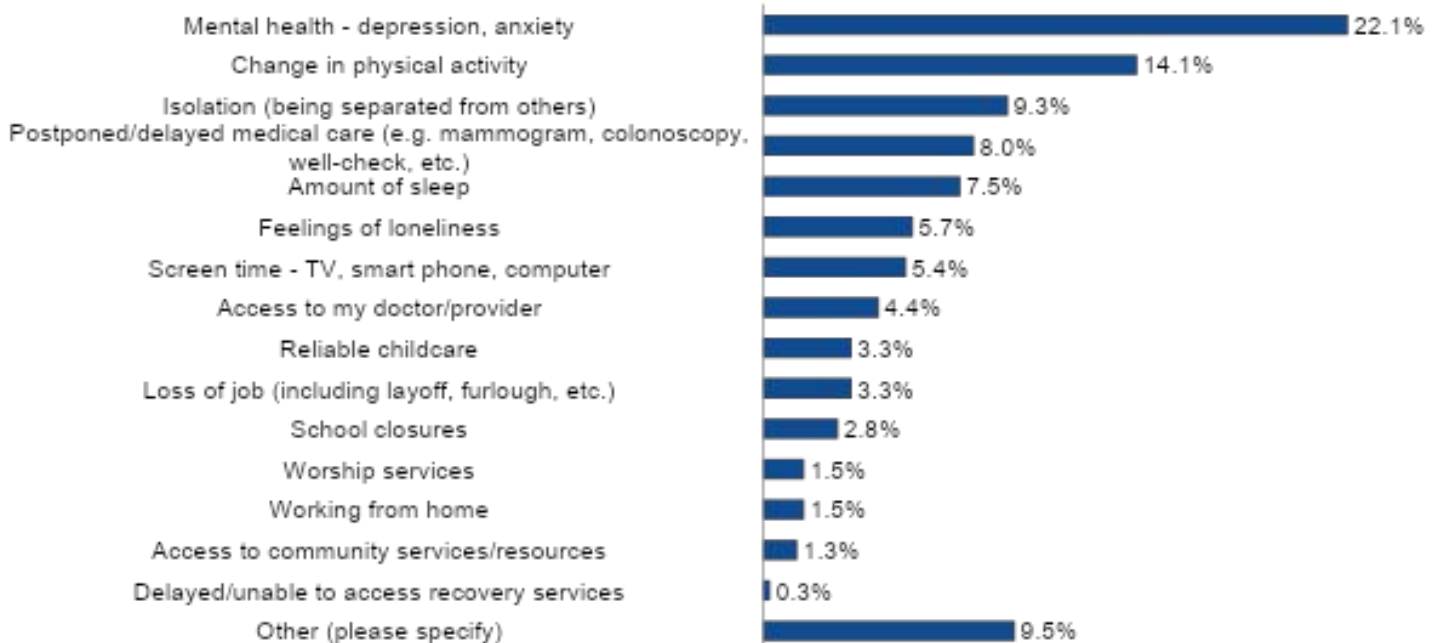
Community Survey (cont.)

Impact of COVID-19

What disruptions did you or members of your household experience as a result of COVID-19? (2 of 2)



Of the disruptions you selected, which, if any, is still a disruption you're dealing with?



N=807 Q15. What disruptions did you or members of your household experience as a result of COVID-19? (check all that apply)

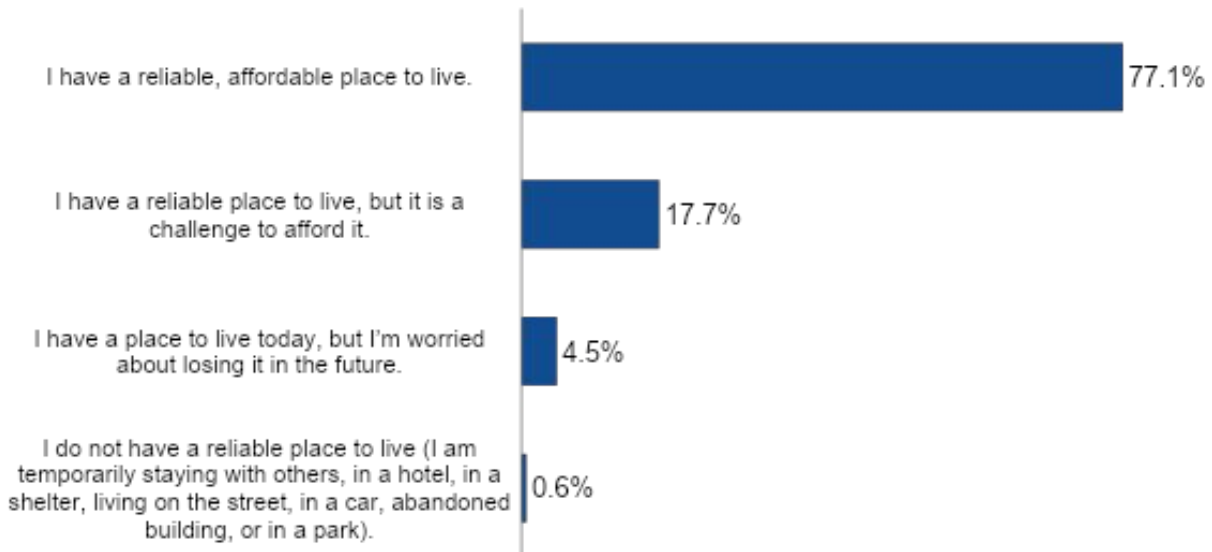
N=389 Q16. Of the disruptions you selected, which, if any, is still a disruption you're dealing with? (Choose the biggest or most pressing one) (drop down list)



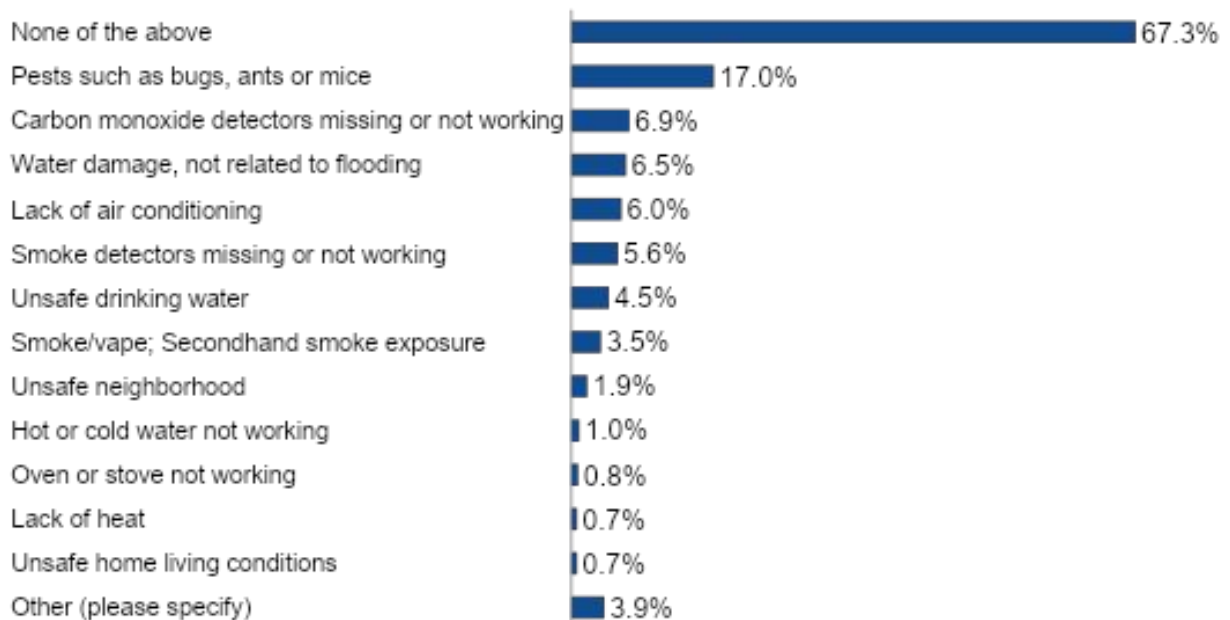
Community Survey (cont.)

Social Determinants of Health

What is your living situation today?



Think about where you live. Do you have any of the following issues?



N=792 Q17. What is your living situation today? (select the best fit)

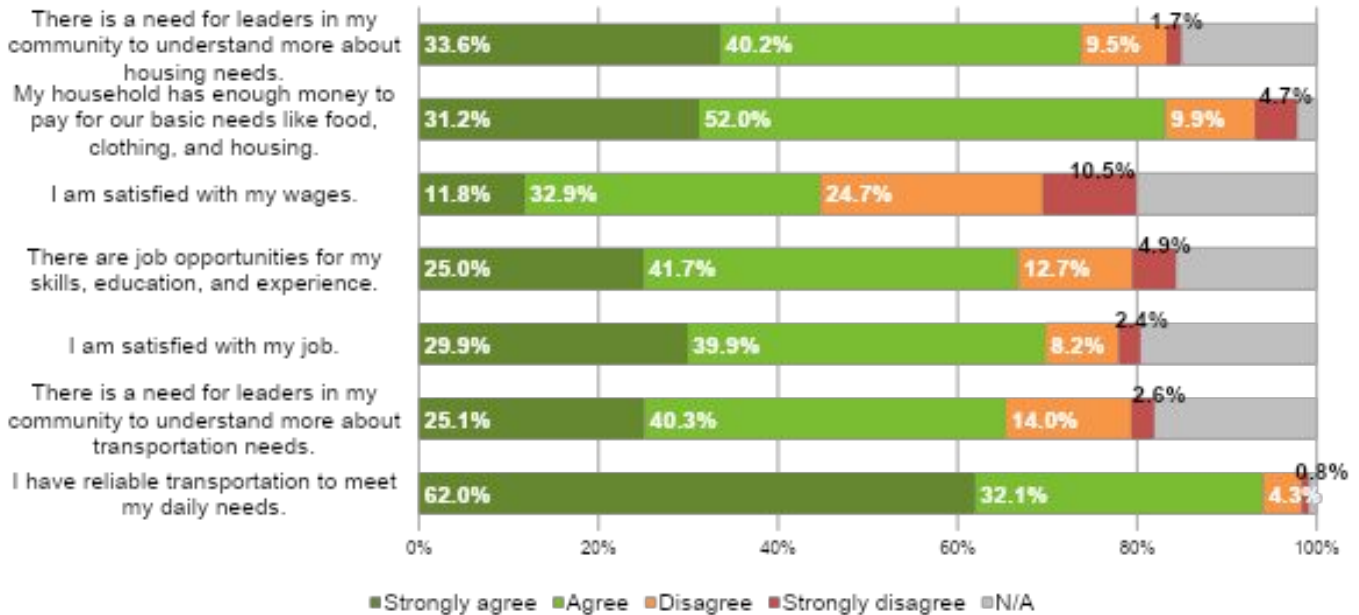
N=735 Q18. Think about where you live. Do you have any of the following issues? (check all that apply)



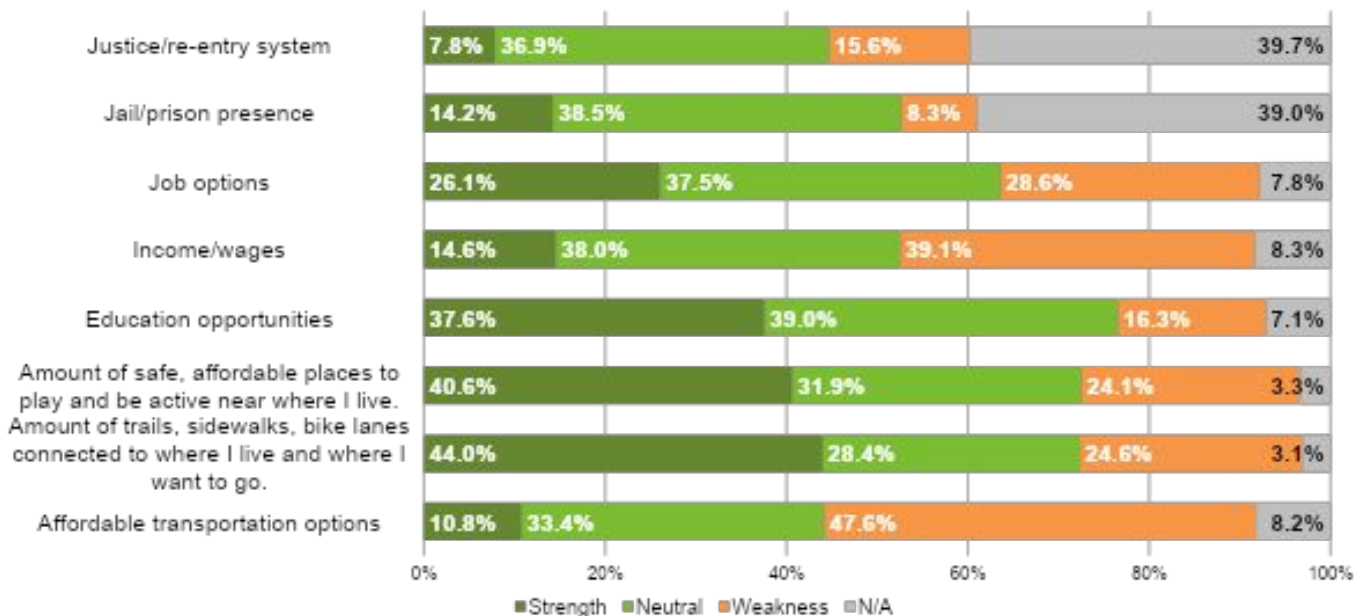
Community Survey (cont.)

Social Determinants of Health

Think about where you live and tell us to what degree you agree or disagree with the following statements.



Of the factors listed below which are strengths of our community and which can be improved (choose strength or weakness)



N=790 Q19. Think about where you live, and tell us to what degree you agree or disagree with the following statements.

N=783 Q20. Of the factors listed below which are strengths of our community and which can be improved (choose strength or weakness)



Community Survey (cont.)

What are your hopes for the future of our community? (open ended)



What do you think would make the health of our community better? (open ended)



For full detail, including disaggregated results and open-ended responses, see the full DJHCP CHNA Community Health Survey presentation at: <https://bit.ly/3fVqvaB>

N=250 Q21. What are your hopes for the future of our community? (open ended)

N=231 Q22. What do you think would make the health of our community better? (open ended)



2. Focus Group Results Summary

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on June 6 and 7, 2022, for their input into the community's health. Below is a summary of the focus groups.

1. How do you define health?

- Globally – well-being. Body, mind and spirit, the whole shebang.
 - State of being, physical, mental, emotional, spiritual health and well-being
 - All things mental, spiritual, health
 - Physical health-eating healthy, activity
 - Mind, body, spirit
 - Good state of physical, mental, emotional, spiritual, and environmental health, fluid state
 - Well-being balance between body and mind
 - State of mind where you enjoy life because of where you are physically, mentally and socially
- Social
 - A place for everyone to feel welcomed, loved and accepted
 - Communal piece to health – connection, environment, a part of overall health
 - Social
 - Relationships – open doors for conversations and building trust
- Knowing your resources, where and when to access
 - Being able to leverage resources to live the best life possible no matter what's going on
 - Access to resources, to diverse transportation services, safe and affordable housing, mental health services without stigma
 - Resources to address community needs
 - Food insecurity, housing/rental assistance for affordable housing
- Ability to perform daily life activities
 - Being able to do the things you want to do
 - Possess the ability to pursue your interests
 - Absence or management of disease or conditions that allows individuals to participate in activities of daily living and things that bring them joy
- Community and socioeconomic equality perspective
 - Looking at a supportive community
 - Available housing
 - Available jobs that provide a living wage
 - Lack of fear and anxiety
 - Support for families, seniors and handicapped population
 - Racial and ethnic equality
 - Equality for all people no matter where they're from or documentation status
 - Community participates in decision-making
 - Open communication
 - Involvement of parents with kids
 - Community health, all people can thrive
- Determined by each person, very personal
 - Varies over your lifespan as well, young, middle age, and senior years



Focus Group Results, cont.

2. For the purposes of this Community Health Needs Assessment, the community is Dodge and Jefferson Counties, generally, how would you describe the community's health?

- It could be better, in the middle, fair could be better, mediocre
 - See people struggling with their health due to their finances
 - Choosing between rent and medications
 - We could be more connected socially
- Some people have good health and some have poor health, inconsistent
 - Fragmented larger communities – have more resources, smaller communities have fewer resources and more difficult to reach
 - Poverty and ruralness of the counties make it a challenge to be healthy.
- Less than fair
- Poor from a mental health perspective and substance abuse
- It varies quite a bit
 - Populations at the low-income levels no access to dental care, then there are very wealthy folks who have the best healthcare and insurance
 - Range, some are stuck in the pit of hopelessness where making a dent is hard and some are killing it and doing great at living life
 - Hear and see people who are healthy – out walking, participating. There are a ton of people we don't touch medically or with the resources out there who don't know the resources are out there. Don't know they need it
- It's hard to assess after COVID. Not as well off as we were prior to COVID
- Striving to be the healthiest community
 - Fort Atkinson Healthcare - Looked at preventative medicine and Social Determinants of Health (SDOH), mental health screenings
 - Growing awareness of what's considered in health and can be holistic and all encompassing. The system is overwhelmed by how to gather that information. There are gaps and unknown because we're not gathering all of the information

3. What are the biggest health concerns or issues for the communities today?

• Seniors

- Older -people – hips and knee replacements, high blood pressure, diabetes, obesity, chronic diseases
- Dementia with people living longer
- People don't want to slip and fall
- More people taking advantage of the senior center
- 70+ age feel they're dismissed, pat on the head
- Ages, senior population, Hispanic elders not talking
- Much more available for seniors elsewhere. Not enough offered here. The senior centers, ADRC has programs too. Some people don't participate
- Isolation for elderly, don't have a social group
- During winter months, have to get to your car, to the fitness facility in the snow
 - Lots of falls, people get weak in the winter months
- Aging pop – falls, lifts, assists
 - Approximately 1/3 of ambulance call loads are for falls/elderly. Waupun has pretty big elderly population.
- Last 2 years were harder on seniors. Couldn't see family, losing people without being able to say goodbye
- Tough, self-sufficient generation don't need help but then when they do need help, with the staffing shortages not be able to get help, so why try?



Focus Group Results, cont.

3. **What are the biggest health concerns or issues for the communities today? Cont.**
- Transportation is difficult
 - Ages, senior population Hispanic elders not taking advantage of the senior center. More people taking advantage of the senior center
 - Volunteer Programs
 - “Meals on wheels” volunteer program has waiting list to serve people
 - Decent size senior group that volunteered but now they’re afraid. Also aging out. Also go elsewhere in the winter
 - Families have so many commitments but don’t have time or energy to volunteer
 - Getting older gets tough. Just standing up is hard. Not for the weak, something always hurts
 - Social aspect is really important. They have days they don’t talk to anyone. They need interaction
 - Health Access
 - Pain management, 3-5 month wait
 - Cost increases, medicine versus rent
 - Caregivers – 5 agencies to call and won’t be able to see them for weeks, or insurance doesn’t cover local services
 - **Children/Youth Education**
 - Knowledge, educating parents of effective ways to deal with special needs children who may need more resources
 - Work with families on how to parent special needs kids
 - **Mental health**
 - Kids
 - Trauma related parenting different from other parents
 - Wait lists for services for kids
 - CCS programs
 - Therapists
 - Mentors
 - Respite care
 - Schools try to show they care about mental health
 - Aren’t taught how to deal with everyday life, strong emotions, stress
 - Anxiety – school – pressure, teachers don’t reach out to help
 - Lack of communication and connectedness
 - 3 counselors at the high school. Some have problems and not comfortable going to the counselors
 - The more problems, the fewer resources they have. Most kids don’t even know or think counseling resources are available
 - Adults have let them down
 - Afraid of labels. Fear of stigma. Most don’t care anymore
 - Self-harm, no longer being able to function. Close off so much they can’t talk about it
 - Seeing more teen and child-related mental disorders. Parental/family dynamics and difficulties with home schooling, COVID and other stressors, has been a difficult time getting a pulse of where kids are really at
 - Hard to get kids the mental health care they need. More noticeable the last couple of years than at any time
 - Difficult to get resources to youth
 - Youth not connected to or aware of positive coping strategies
 - Seeing an increase in mental health issues and isolation
 - Isolation due to COVID, mental health impact
 - Social media – doesn’t help with mental health. Can’t step away or turn it off



IFocus Group Results, cont.

3. What are the biggest health concerns or issues for the communities today? Cont.

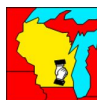
- Behavioral health – waiting list
 - Behavioral health wait list, Crisis Intervention Crossroads from Janesville and Rogers. Limited beds
- Jefferson County has done a good job of compiling a list of mental health resources
 - Counselors hard to find, and need to those to get better
- No one asks for trauma, mental health issues, etc.
- Stigma is a huge thing with mental health. Need to accept that it is a need and not a bad thing to go see someone
- Concur depression and anxiety, tsunami of grief
 - Bereavement teams are more active than ever
 - Surviving caregivers during COVID
- Overwhelmed resources, limited availability among providers
- **COVID politicization**
 - The masking made people angry. Masks and vaccinations polarized. Didn't like being told what to do. More to pull us apart than to bring us together
 - Divides families where you normally have family support. Masking separates people
 - Political divide – lots of anger. Mask became visual cue of which side people are on
 - News and social media created anger. Don't know how to respect others' opinions
 - "Us vs. them" atmosphere creates anxiety. Less comfortable gray area. Mask wearing shame – more rural area
 - Human connection issues coming out of pandemic
 - Shame going to social events, anxiety
 - Navigating relationships difficult and reconnecting with people, talking and engaging
 - Isolation – due to COVID, kids, seniors, all
 - Work ethic after COVID. We all have to be in this together
 - COVID has created a separateness. We need to come together. Really normalizing of mental health
 - Profound depression and anxiety – only exploded in the last couple of years
 - Pediatric side – parenting has changed with COVID with homeschooling, don't know if parents have had a chance to come to grips with what's happened. Depression, anxiety, parent resources are tough
- **Physical health status/lifestyle**
 - Some people just not taking care of themselves. Lifestyle – diet, exercise. Meat and potatoes culture
 - Lack of education – don't know any better
 - Health and wellness
 - Overweight people so overweight. Fish fries and cheese curds. Many are young people
 - Joint replacements are big here – obesity, overweight, winter lack of exercise. Lack of prevention
 - Stigma around obesity
 - Caregivers struggle with their own health while taking care of others. Need support. Gap in getting their needs met
 - Chronic illnesses - Heart failure, COPD, diabetes, obesity, arthritis, CHF
 - Weird influx of poly diagnosis – seen many doctors and have different diagnoses
 - Scared to come in. Don't have good experiences, trying to figure out what the barrier is.
 - Oral/dental health



Focus Group Results, cont.

3. What are the biggest health concerns or issues for the communities today? Cont.

- **Substance Misuse**
 - Substance abuse – alcohol, tobacco, drugs, vaping
 - Lack of sober housing or transitional housing
 - Nothing for women. Takes women away from family
 - One house for men
 - If they have a record, stigma around previous incarceration
 - Increase in overdoses (from high school age to 50+ year-olds)
 - Parent norms, such as parents letting underage kids drink at home
- **Access to healthcare**
 - Physicians don't have time to spend with patients anymore. Healthcare corporations -issue of money, not issue of health
 - Need to focus on prevention, not treatment focused. Medication focused. Disturbing to give meds instead of prevention. "If ill, I'll take a pill."
 - Don't want to pay for poor healthcare and lack of trust with healthcare
 - Lack of coordinated services siloed – feeds the polarization.
 - Quality and consistent care
 - Waiting lists – few weeks wait
 - Overutilizing urgent care and EDs to get their needs met
 - Too sick or go to urgent care, too sick for the primary care to see patients
 - Primary care is overwhelmed. Having to deal more with mental health
 - Because of the stigma, people are more apt to go to their primary care provider for mental health
 - Waitlist to see providers – Medication-Assisted Treatment (MAT) providers, prescribers
 - There are rules and don't have enough doctors to manage patient load. A lot of hoops to jump through and they may relapse
 - HRA insurance plans – how those middle people get burned. Employers provide insurance but have a high deductible \$3,000 deductible. Another example of those in the middle
- **Transportation**
 - Lack of transportation, hard to navigate resources, ability to get around
 - Access to transportation to access places to be healthy
 - No public transportation makes it difficult to get place if they don't have their own transportation
- **Environment**
 - Overall being rural – still a lot of options
 - Weather prevents people from even being outside – some hibernate during the winter
 - Weather is an issue but there's a lot of resources available
 - Infrastructure – parks, boulevards, but as a people lack knowledge of what is available
- **Disabilities**
 - Aging and Disability Resource Center (ADRC) intake calls for people who need resources. Feel there's a great need
 - Isolation for young adults with disabilities, don't have a social group
 - Stigma around disabilities
 - Children's Long-Term Support (CLTS) program changing health and wellness codes
- **Education**
 - Education – some entering the workforce and don't know how to read, don't know how to use a phone. How can I help you? Can't babysit them



Focus Group Results, cont.

3. What are the biggest health concerns or issues for the communities today? Cont.

- **Hispanic Community Needs**
 - We need to work harder to explain to them what they need
 - Reading and writing are issues. Low level of education in some Hispanic countries. Comprehension very difficult. The families have no formal education
 - Need handholding and baby steps
 - Need transportation
 - No immigration status – fear. Some with papers can't apply for anything.
 - Not one Spanish language – Mexican, Columbian, Nicaragua, different dialects
 - Cluster of parents – successful, blending in. Some struggling, work their hardest
 - Kids in 2 worlds – world at home, speak Spanish, world outside of home.
 - Hispanic families not informed of resources, coordination of benefits, how insurance works, information limited, not informed of options
 - Public Service Announcements – who is educating people about going to doctor. Now on TV, all drug commercials, motivation
 - Migrant families – schools closing now. Not simple to communicate with them
 - Hispanic families not informed of resources, coordination of benefits, how insurance works, info limited, not informed of options
- **Technology**
 - Social media – able to share information so quickly and widely, take on the stress of issues
 - Internet availability and knowledge how to use it. Loves that in other places especially in the country
 - Play out more on social media – divided community. People are very divided
 - Gay v straight, politics, differences, language, race, socioeconomic status
 - Who is worthy of being helped? Each group is deciding who is worthy of getting services
 - Creates chronic toxic stress
- **Resources**
 - Lack of access to resources or people who don't know they exist
 - Coming back to a place that doesn't advocate for you after college – shock
 - Never enough resources. Things don't move fast enough
 - Financial info for clinic – this is what I need from you. Naivete, overwhelmed, don't know where to find info
 - EDRC Kids took care of parents but now 2 income households with kids and harder to care for parents. Cycle – not enough resources to go around. Need help in the homes
 - Transition from college difficult
 - See a huge divide, afraid of accessing services. The most vulnerable folks don't feel like they can reach out for help
 - Lack of access to resources or people don't know they exist
 - Access to counseling, psychiatry, medication, general medicine
 - People don't know about accessing discounted medications. Doctors don't even know about resources.
 - Expensive medications – hard to pay for
 - There aren't people applying for jobs
 - Across many jobs not getting people applying
 - Don't show up for interviews
 - Workforce – low paying jobs
 - Transportation
 - Across county lines
 - Affects healthcare access, jobs, childcare, taxi options (currently no Sunday option)
 - Childcare access, lack of daycares



IFocus Group Results, cont.

3. **What are the biggest health concerns or issues for the communities today? Cont.**
 - **Social Determinants of Health/Socioeconomics**
 - People experiencing poverty
 - Difficulty dealing with inflation
 - Basic needs being met
 - Effect that poverty has on health – constant crisis level of worry and stress, food, making decisions about what bills to pay. Impacts health
 - Lack of Housing
 - Need affordable housing
 - To buy a house right now, going for over asking price and prices already inflated
 - More people are renting and less rental units available
 - Once people get a job, lose their assistance
 - Have seen people take less hours so they don't lose benefits
 - Childcare is so expensive and hard to find
 - Financial barriers are a big thing. Cost of everything going up.
 - I used to be able to afford a gym, but now can't and don't know resources. What fits the new financial circumstances
 - Focus on those in the middle who are making enough to get by but not making enough to improve emotionally or physically
 - Food insecurity
 - Discrimination
 - **Family Dynamics**
 - Historic, generational trauma affecting folks and the way they see the world – racism
 - Historical trauma – works with parents, now trying to parent themselves and didn't get help for their trauma and now repeating the cycle and they know they don't want to do that, but don't know any other way
 - Most parents have a lot of stuff in their background impacting their parenting
 - Lack of resources, living in poverty repeating trauma
 - Domestic violence. Violent calls are getting more violent, but volume/number of calls may be decreasing.
 - Migration of populations and individuals moving from bigger cities (with more gangs, drugs, guns) to Waupun areas.
 - Gather groups of parents together and talk with them together and let them know what's needed from them. Build a cohesive group. No groups because of HIPAA
 - Common themes – epidemic of loneliness
 - Rugged individualism hasn't served us well
 - Creating a sustainable community
 - Improve community connections
 - Stem the tide of loneliness
 - People don't know where to turn and not having support systems and not having family members they can lean on and don't have healthy family relationships
 - Lack of community connection
 - Communal theme again – connectivity of neighborhoods and communities



Focus Group Results, cont.

4. **What are the most important health issues facing various populations including minority populations?**
 - Spanish speaking families
 - Fear may not be documented, but can still get services
 - We need bilingual people, vast populations of Latinos
 - Access to healthcare and Spanish speakers to help them
 - Asian population
 - Need more interpreters
 - LGBTQ Issues
 - Community Inclusion
 - It's such a small town, can be hard, predominantly white, older, conservative, small everyone knows everyone's business
 - Don't know what to expect being in the community. There are people who are extreme advocates, people who do fundraising for trans or queer people who need medications
 - Don't know which businesses are queer friendly. Want to be an advocate, but a factor I had to think about
 - Diversity/Equity/Inclusion (DEI) task force in the city, Pride in Beaver Dam this year
 - Workspaces, public places, and neighborhoods for DEI. Work on equity first
 - Diverse parks, camps, workplaces. Some workplaces are very inclusive – asking what name, which locker rooms, what do you feel comfortable with?
 - Scary world for LGBTQ. Can be made to feel small and outsider. It would have been so much easier just to stay female. Still a sin to people. Living my best life, happy
 - Awareness
 - Identify pockets really underserved, LGBTQ populations struggle to get access and recognition they need
 - We can't say them and those and they. Awareness helps offset to have an honest choice to continue in ignorance or take action to fix issues that are brought up. Until more are courageous, with kindness, show love and grace. All we can do is awareness
 - Hospital forms – male or female, come on. Update forms
 - Being they them, don't associate with either, male/female, non/binary, assigned at birth, but include gender identify
 - Don't see a lot of awareness about LGBTQ issues. Have gotten some pushback on books in the library.
 - Had a trans speaker once and had to delete all references on the website due to the comments
 - See people as people not what you identify as or political beliefs or what you wear. You're a good person, funny and kind, I want to be your friend. Some forms are what do you identify as?
 - LGBTQ history book story – comments called morally repugnant. There are pockets in person, but spread unhealthy and dangerous beliefs behind their keyboards
 - A couple people who are trolls
 - Some people silently support LGBTQ. Put more focus on the good stuff than the negative. Inspire other people to be good humans
 - Bullying – finding out what bathrooms and locker rooms I could use
 - Were fairly accommodating at school
 - If wanted to use bathroom had to use female restrooms. Very difficult
 - Sense of anxiety and fear. Worry of am I safe? See things on the news about trans people getting beat up for using bathrooms. Always a concern. Does someone have a problem with me?
 - Shouldn't have to stress about what bathroom to use



IFocus Group Results, cont.

4. What are the most important health issues facing various populations including minority populations?

- Health is associated with physical health, broken bones, etc. but also mental and emotional as well as accessibility
- Access to resources
 - Hard to find a testosterone physician
 - Endocrinologist – waiting list a year out and in Madison
 - There aren't many accessibility options unless in the big city. They have clinics that are specifically geared to trans people and queer community. So unfortunate the smaller towns don't have them. Don't seem to embrace anything about them
 - Mental and emotional health resources in the area. Online platforms delivered to the front door
 - Covering psychotherapy, hormones, surgery. Blue Cross Blue Shield (BXBS) of Illinois is amazing insurance
 - Would be wonderful to be inclusive and support, but if we're all in the closet then people think services aren't needed
 - The more we're able to say, I'm queer, I'm trans, I'm ok and not make a big stink about it and live their life then the community
 - Worry about their children and their friends' children, not getting the help they need. Some places these voices are louder
 - Starts in grade school with human growth and education and it's so hetero focused. There is a strict box you're forcing kids into. How are we making them feel? Can find age-appropriate education and help other kids have an understanding of LGBTQ issues. His tribe carried him through school in a positive way
 - To be healthy, have to have safe spaces and education and break out of the ignorance into awareness and exposure. Have to get to know people. Don't need to tell kids they're going to hell, need a safe space. Education starts at home. Should be at home, but if the home has a small world view, then we need to be able to broaden the worldview to have the vocabulary and awareness that not everything is black and white
 - Unbiased learning as much as we can
 - Getting books in the library that aren't cis focused, non-gendered, not biased
 - Education in school – learning about safe sex for queer people
 - Protect yourself against HIV and AIDS
 - Need to learn how to protect yourself against disease. How STDs are passed. Learn this and STD testing
- Family Dynamics
 - Terrified of my parents finding out I'm on testosterone
 - Not acceptable being queer growing up. Until you become comfortable in your own skin, can't expect others to be comfortable



Focus Group Results, cont.

5. The community performed a CHNA in 2019 and identified priorities for health improvement,
- | | |
|--------------------------|-------------------------------------|
| 1. Substance misuse | 5. Physical activity |
| 2. Mental health | 6. Socioeconomics |
| 3. Obesity and nutrition | 7. Transportation |
| 4. Family issues | 8. Access and affordability of care |

What has changed most related to health status in the last three years?

- Still have all of them
- Affordability of care going up
 - Income and cost, inflation
 - What's our government doing to help us?
- All probably worse
 - Fewer volunteers, workforce
 - People didn't seek care
 - Divisiveness
- COVID impacted everything in the last 3 years
 - Masks prevented colds and flu
 - Pandemic led to inflation
 - Self-care when doing remote work, flexibility while working
 - When we went virtual for outpatient services, lost a whole group of people because only had a virtual option. Still heavy virtual, still lost certain people who couldn't go virtual
 - Pandemic has forced us to be creative
 - Lack of travel time that people spend on doctors' visits or therapy or meeting. People aren't having to drive to the next county. Some positives out of the pandemic
 - COVID kids
 - Learning, educational gaps. Some didn't learn well during COVID or didn't have any access to education
 - Emotionally behind, socially behind. Not used to a boss or working together. Socially, emotionally behind
 - Lack of public health workers much worse than 3 years ago
 - Amount of trauma and mental health issues have risen. Experienced for the very first time due to the pandemic
- **Healthcare**
 - Change in expectation of care – systems agenda, patients' agenda, provider agenda, payor agenda. Payor agenda not what the patient cares about. Whose agenda is most important. Getting these to align a little better would be helpful to have better relationship with patient and keep them healthier. Want a no payor health system
 - Need more diabetic education - educators a nutrition support for less money
 - Prevention not paid for by insurance- exercise classes (Parkinson's for example)
 - Less respite services. Dementia issue with no relief for caregivers
- **Housing**
 - Housing is a bigger problem now
- **Mental health**
 - Mental health still be there may be worse than 3 yrs. ago
 - Mental health for school children and younger children lost their social outlets, education. Developmental delays
 - Lack of coping skills and develop new coping skills
- **Technology**
 - More aimed toward tech - virtual this and virtual that
 - Less involvement and less movement
 - Computer use, don't talk with each other. Social skills for kids decreased
 - Social media was the way to keep people connected – wasn't all bad



Focus Group Results, cont.

5. What has changed most related to health status in the last three years?

- Increased use of social media and the impact that will have on your youth
- Internet availability is not very good in places. Spotty
- Gas prices now a huge bonus using technology
- **Seniors**
 - Need more adult daycare
 - Adult protective services have no place to put people
 - Population in general aging, larger portion of the population aging
- **Substance Misuse**
 - Substance use higher in high school than it ever was before
 - Vaping become so available to 14 and 15-year-olds
 - Marijuana - legalization measures. Makes people think it's legal
 - Opioids-MAT drugs, suboxone treatment
 - Still stigma around drugs- bad people, not people who have a problem. Stigma of people buying needles, disheartening. No one aspires to addiction- especially opioids
 - Dodge county substance misuse #1. Those with substance issues in their past have health issues
 - Substance use is worse and more under reported now. Coping mechanism for the chronic stress
 - Given the pandemic, Alcohol and Other Drug Abuse (AODA) pieces lack of access to technology, not everyone has cell phones, Internet
 - Increase in relapses with alcohol and other drugs
- **Nutrition**
 - Nutrition-Trinity UMC partner with second Harvest food bank.
 - Don't know to how to prepare vegetables. How to reach this population and how to cook healthy meals
 - Families fix things easy and quick. So many resources-YouTube, Tik Tok resources how to cook simple recipes. With air fryers, pressure cookers quick now. Have to have the motivation to look. The online world has cooking resources
 - Mom's meals-home delivered, meals nutritional TV dinners
- **Children**
 - Not spending time as a family – reading, doing homework, because living in constant stress and anxiety. Child development damaged
 - Ability for kids to fall through the crack – allowed to be home school and didn't do any school. Now fallen through the cracks
 - Childcare is worse – lack of options, workers
- **Electronic Health Records**
 - Electronic health record upended practice. Like someone gave me a new job in 2010. Can't see 20 patients a day and deliver good care. Needs of that machine must be met.
 - E.H.R.s haven't improved connection to other providers. The Big promise was to connect providers. Still endlessly faxing records all day long. Systems don't connect to each other
 - E.H.R.s were supposed to make communication better, but Marshfield has one system, SSM Health has another, and they don't talk to each other
- **Resources**
 - Closures – lack of access to resources
 - Access to basic needs
 - Baby formula shortage
 - Gas costs
 - People making hard choices
 - Helped with transportation for therapy is the availability of telehealth for those who choose that. Nice they have the choice now
 - Helps if you can't get a babysitter or don't have transportation. For some people it works really well



Focus Group Results, cont.

6. **What environmental factors have the biggest impact on community health?**
 - **Weather**
 - Winter is long and impacts mental health
 - Services get curtailed due to bad weather
 - **Affordable Housing**
 - People from Madison and Milwaukee finding houses here
 - Cost to maintain houses going up. Some owners don't keep their properties
 - Shortage of affordable housing
 - Housing shouldn't be stigmatized, "unsafe neighborhood"
 - Housing situation detrimental
 - Cost of housing – need a home before you can focus on health
 - **Outdoor Activities**
 - Still nervous being outside alone walking or running
 - Waupun has the marsh, bike lanes, walking path in county park, outdoor swimming, many park
 - Ripon area also has bike trails and parks
 - **Distance between locations**
7. **What do you think the barriers will be to improve health in the communities?**
 - Weather
 - Pay to work outdoors
 - Ask people what they need
 - Adults forming groups for kids
 - Better to ask kids. Seat at the table when the actions are decided
 - No "savior complex." Takes intentionality to involve the people who need the service. Must involve people in implementation
 - Finance
 - **Hispanic Communities**
 - Language
 - Immigration status, fear
 - Language barriers – no Spanish speaking staff in some clinics, general barrier.
 - When dealing with appointment staffs not equivalent to someone who speaks English
 - **Education**
 - Education – literacy
 - Can't assume they have education and receive information
 - Take education and lingo on how insurance works
 - **Mindset**
 - Lack of motivation
 - Change is hard, generational – older folks have trouble asking for help
 - Lack of interest in volunteering. Need volunteers to have programs
 - Attitude of who deserves the help – people making those judgements and decisions. What people decide to back and what they decide to oppose. Us and them attitude
 - Application checklist – if you have so much debt, can't qualify for help from certain organizations, if you don't belong to the right church, can't get help. If you have a record, can't get help. Individual organizations
 - Vision – reimagining something, have the openness to be transformative rather than fixed. Change isn't bad
 - What worked for the last 20 years won't work the next 20 years. This is ok, so stick with it. How can we do better than in the past



Focus Group Results, cont.

7. **What do you think the barriers will be to improve health in the communities?**
 - Three years ago lots of energy around improving community health, community partnerships forming such momentum and feel that COVID put a halt to everything. Wonder where we would be if we could have kept the momentum going. How do we get those community partnerships remotivated?
 - Still tend to silo by communities – Other communities have duplication
 - **Substance Misuse**
 - High level of alcohol use
 - Brag about how much you can drink
 - German heritage, cultural
 - Operating while intoxicated, drinking and driving
 - Culture/Social norms – everyone does it, family give to underage kids
 - Denial/stigma
 - Economy based on alcohol sales, all social events, businesses wanting to increase their revenue by selling alcohol
 - Using alcohol and drugs as a coping strategy
 - Lack of community resources and connectedness
 - Enough substance use counselors available
 - Availability of programs in rural areas
 - **Nutrition**
 - “Meat and potatoes” person, hard to transition to vegetables
 - Diversity of food available
 - Mindset - try to get as much food as you can for less money
 - The cost of healthy food
 - **Healthcare accessibility, lack of staff**
 - Healthcare accessibility – cost and appointment availability and where you have to travel. Different doctors, not same doctor throughout life. Hit and miss throughout the communities
 - Males don’t seek healthcare. “Suffer through” mentality
 - Doesn’t teach the family to seek prevention.
 - Could use more education on natural remedies
 - Nurse practitioners take time and listen.
 - Need professionals
 - In the US, everyone pays for their healthcare
 - Doctors who take Medicaid
 - Medicare Supplements
 - Lack of healthcare workers – can’t get an appointment, unless well connected and already a patient, again the haves and have nots
 - Availability of providers
 - Look at healthcare as a reactive issue – go to your doctor not for health, but because you have a problem
 - When every hospital has a gender clinic or department of health has a gender clinic. Proactively recruit who have a bigger worldview than who we have in health departments now
 - Dental workers shortage
 - Cannot find people, dental assistants
 - Lack of dental care for those in poverty
 - Dental clinics are positive in the counties and meet some of the need, at least we have something here
 - Hours of access for supports that are needed
 - Can’t be 8-4, can’t expect people to miss work to get services
 - Having people to work, caregivers to cover the hours



Focus Group Results, cont.

7. **What do you think the barriers will be to improve health in the communities?**
- Healthcare so focused on revenue and how much money
 - Healthcare isn't about money or shouldn't be
 - Listen to how to serve people and help people
 - Healthcare system is not interested in getting people healthy. Capitalize. People didn't want to seek healthcare – panic set in. No motivation to keep people healthy, no money in it. How much a leader can do with heart in the right place. Until the system changes, it will never be the motive. No money in not ordering tests
 - **Social connections**
 - People don't understand how important coming together is
 - Communication, connection with other people
 - Translation of information into Spanish
 - Don't feel the community is lifted up as much as would be expected given what we've done for years
 - Training, facilitate conversations with other people. There is an art to conversation and interacting with neighbors
 - **Transportation**
 - Transportation in any rural community
 - Biggest reason to seek mental health – isolation, loneliness, don't have transportation
 - Don't have the options for transportation as in the cities
 - Division of city due to county line – affects residents and transportation
 - **Mental Health**
 - Mental health workers also need to live and have quality of life and need employers who provide adequate benefits like time off
 - Every patient with any chronic mental problem gets a care navigator or social worker.
 - Money – cost of treatment, such as Winnebago Mental Health – expensive
 - Availability of services/space
 - **Social Work**
 - Hospice works great because everyone gets a social worker. How we treat those who are dying needs to be how we treat everyone. Lack of respect for what social workers can do impedes their success. Payors not increasing reimbursement for this service. Great idea. All for it
 - Not enough people being social workers
 - **Resources Coordination**
 - Consolidate resources for the community to easier access resources
 - Host a quarterly lunch and learn to bring staff and learn about resources. August
 - Have to put resources into the needed areas. Takes time. Figure out what the root causes of issues are
 - Pay teachers better, put resources where they're needed
 - Funding barriers – inflation, giving and supporting philanthropy
 - Lack of coordination and sharing information across organizations
 - Hard not to duplicate services and retraumatize clients. Eventually becomes too much to get help
 - Places providers aren't connecting due to procedures or whatever. Creates a lack of trust with clients
 - Would be nice to have one determinants of health screening tool all organizations can use. Put the onus more on the organizations than the clients
 - Would be great to have everyone together – bring us together. Fort Healthcare, CAC, all groups together and listen to each other on a regular basis to talk. Like a strategic plan review and need the players to get together. Sit at the same table and talk about solutions



Focus Group Results, cont.

7. **What do you think the barriers will be to improve health in the communities?**
 - Silos – random meetings and hear about resources, sticky notes on bulletin board with how to access resources
 - Fill out this form for this organization and this other form for this organization
 - Different google searches, hard to find them.
 - As a patient trying to help themselves, how are they supposed to figure out resources
 - Volunteer program for frail elderly and about to add a social worker to the team
 - Trauma informed care is important, hearing and listening to patients
 - Sexual trauma therapist who made him feel comfortable and knew how to make patients feel comfortable. Make sure people feel safe and comfortable
 - Access, comfort, space welcome to navigate in
 - Forms are barriers
 - Fees are barriers, expense,
 - Take time off of work, hours of clinics are the work hours of the day
 - Access
 - LGBTQ barriers
 - Trans people may still have female or male parts that need to be taken care of. Don't feel comfortable going to the "Woman's Health Clinic". Have to go to Madison, long wait, hour drive.
 - Trying to navigate the healthcare system on my own and it's difficult. I just wish there were resources near me to explore options, Inclusion Clinic in Milwaukee, Gender Clinic – UW Madison. Just don't have those resources here
 - Internet in the community
 - Mobility – transportation issue. Jefferson County so spread out. Harder to coordinate services
 - System and who holds the power
 - Landlords get to say no
 - How to get people into housing. All deserve a home
 - Affordability
 - Cost
 - For swimming – cost barrier for people
 - People choosing between rent or medical care
 - Funding
 - Also have grants applied for and taken. Working in the county, we're reactive. Need to get involved before things happen. Keep funding, more preventative groups and ongoing
 - Financial report – primary care doesn't make money, but feeds other services. People I keep healthy make no money
 - Some nonprofits have financial cap/limitations on services/resources and programs offered
 - Messaging – public health approach
 - Task shifting or task sharing due to the shrinking of people with available knowledge. Team here and the neighbor can be a connective piece. This is what we can do to enhance our health. Team up with qualified folks to work together to get resources and knowledge out there



Focus Group Results, cont.

8. **What, if any, health issues or inequities did the COVID-19 pandemic expose in the community?**
 - **Kids**
 - Saw parts of families you didn't see before
 - Some kids weren't safer at home
 - Services weren't available during COVID, and they got worse
 - Disabilities
 - Change in routine was very difficult
 - Isolation really affected people particularly those with disabilities
 - Vision and hearing disabled population isolated and COVID made them more isolated
 - COVID was hard for families with kids without disabilities as well
 - Kids struggled at school pre-pandemic but did better during the pandemic and neuro diverse people did better
 - Some people did worse. Have a virtual option. More people are taking advantage.
 - Schools did a good job managing COVID
 - Children could go to Head start or school, but that went away
 - Childcare shutdowns and is still a big issue. Not available
 - Kids couldn't go to school
 - Lost 2 years of their life
 - **Seniors**
 - Hearing issues
 - Don't know how to use the Internet
 - Were completely alone
 - Experienced less independence
 - Vulnerability of seniors
 - Affected the poorer population and the seniors. Seniors who didn't grow up with technology
 - Floodgates opened. People going to see their family and wow they're not as well as they thought and try to get services, but they aren't there
 - **Resources**
 - Malnutrition – access to food
 - Empty shelves
 - Inflation – higher prices
 - More recognition of problem – needs or lack of resources
 - Some communities have no deliveries
 - People who felt they didn't have access to healthcare felt it even more acutely during COVID. Folks felt abandoned by the health system they weren't really a part of to begin with
 - Reduced resources due to closures – transportation, food banks, community eating
 - People had to decide what the priority was with healthcare – put off being seen for preventive or minor issues, or major issues undiagnosed issues
 - Food insecurity – working with food pantries reduced hours, lack of access
 - Lack of access to food pantries
 - **Substance Misuse**
 - Wisconsin made sure liquor stores stayed open
 - Drinking more acceptable than seeking mental health treatment
 - Drinking is our social outlet
 - Awareness of services – delivery, increased use of alcohol and drugs
 - Youth substance use increased – increased use of vaping, alcohol, boredom. Snapchat each other – more chances to experiment. Don't understand how addictive nicotine is



Focus Group Results, cont.

8. **What, if any, health issues or inequities did the COVID-19 pandemic expose in the community?**
- Isolation, even those who didn't have issues
 - So scary, anxiety
 - Social isolation
 - Stigma attached to seeking mental health, no longer good enough, strong enough
 - Emotional, mental wellbeing
 - Fear of COVID
 - Anger during COVID – anxiety, fear
 - Revealed the lack of mental health resources, when people needed it, it wasn't there. Needed more resources then and now
 - Crisis team has seen a great increase in suicide assessments and anxiety and depression in youth
 - More knowledge in the schools about mental health in the schools, lobbying for more support
 - Exposed not enough mental health providers, social workers
 - **Jobs/Employers/Employees**
 - Lack of employees, workers
 - Highlighted bad management of lower income workers
 - Wouldn't get tested because needed to go to work
 - Parents sent sick kids to school because they needed to go to work
 - Some chose to work even when sick because they couldn't afford to be out of work
 - A lot of professions lost staff – therapists, social workers, teachers
 - Hiring – world of mental health social work, money isn't the biggest focus. Salary is important but a disproportionate value on salary in the hiring game. They can be choosier right now and feel like they get paid for their worth. Burned out and strange emphasis on pay shopping around and shorter-term employment. Creates issues for patients
 - There was this big underlying current who lost their jobs because businesses were closed. People went on unemployment, and then were bashed for being on unemployment. That money was being funneled back into the community for rent, food. People felt like they were pariahs. Huge stress
 - Employer support – all so supportive of restrictions, testing, and such, but now they're over it and won't support as much now. People not seeking care because they don't want to get tested because they don't have PTO. Employers not supporting employees as much. Difficult to improve the community COVID situation
 - **Social**
 - Lack of socialization during COVID
 - Draining, people are tired. Turn inwards a little bit
 - Social isolation between shutdown and masks
 - Isolation – staying at home had a big impact on mental health, depression, suicidal
 - Brought out good and bad recognizing the connection we need to make with people. Some people are devastated without human connection. How much we learn from people around us. Helped realize solidly who people spend their time with makes a huge difference
 - **Public Health and Healthcare system weaknesses**
 - Pandemic exposed the fact our health system, public health, long-term care chronically underfunded and understaffed. Were majorly in trouble. Scrambling to find help. Exposed public health system was gutted to the point of being ineffective. Public Health quickly rebuilt during the pandemic. Public health stepped up to the plate
 - Felt the public took the public health services for granted and had confidence in them and certainly not the case out there. Should be the stalwart part of population health, trusted health department services. Exposed fallacy of that belief all these years



Focus Group Results, cont.

8. **What, if any, health issues or inequities did the COVID-19 pandemic expose in the community?**
- Echo that as well. Hospital – hostile workplace. Families and patients wanting to drive their own care based on their own research. Lack of faith in the health system that we have the best interests of patients in mind
 - Public health didn't do anything wrong, so how did the faith in public health and vaccines and hospitals decline? Because we're going to have to restore that before the next pandemic
 - Some of the data was confusing and still confusing. Transmission is high, community level is low. Hospital isn't overflowing. Need people to mask up and get vaccine. We made it complex and confusing with the numbers and made people not trust us. Need to be straightforward, reliable and trusting
 - It's not confusing at all. 11 of 12 people in the hospital aren't vaccinated. Not confusing. Death compared unvaccinated not confusing. How do you convince people of facts when they're facts?
 - The only way to fix this is to get rid of a for-profit 24-hour news cycle and social media
 - Disconnect between providers and their patients. In the room you have trust and rapport, but when we look at our ability to take care of the community, it comes down to trust. Having to work as hard as we've had to create trust and get rid of confusion, one of the bigger concerns is lack of well-being in the people providing healthcare
 - Data is solid, but N is so small now.
 - Saw nurses leave the industry. Nursing shortage exacerbated
 - Doctors suspending routine visits or tests due to COVID. And some things were missed and conditions worsened. Chronic conditions treatment were delayed, cancer markers delayed. Diabetes. Even going to the dentist was delayed
 - Healthcare providers and the experience of COVID – loved ones that were passing and couldn't be with them. There is a long-term effect of this, lack of closure. Takes toll on staff providing that care with the devastation it left behind
 - **Contact tracing / masking /uncertainty/information/ politicization**
 - Were so scared to admit answer
 - Contact tracing didn't work
 - Most were upset they had to miss work if they had COVID
 - Masking mandates – people saying we're not going to do that
 - It was hard to live in that. Mental health strain and anxiety
 - Frustration with lack of information and differing opinions
 - A lot of it had to do with election year, social media playing doctor Google, had so many patients polarized. Joke, not real, just such a strong presence of news and social media and everything was so confusing. When your patient is confused already and then us being confused then didn't play well with trust between provider and patient. Educate them on health
 - Nobody knew what was going on. When the bars closed, I need to go to the bar. When things closed down, people felt like they needed to go and scared people and they didn't understand it. They needed someone to take their frustration out on. And unfortunately, patients blamed the people doing the work. We need to restore the trust. Recover this will be huge
 - **Technology**
 - People transitioned to online, but families and clients don't have computers or Internet, so can't reach people during COVID. Trying to communicate with doctors, schools, resources nonexistent
 - Access to services due to technology, Inequity in the community with use of technology and access to the internet. Not just an inconvenience, but a health issue
 - It showed us we can use technology in a positive way. For many clients using providers virtually eliminated need for transportation



Focus Group Results, cont.

8. **What, if any, health issues or inequities did the COVID-19 pandemic expose in the community?**
- **Poverty/homelessness**
 - People in poverty when a crisis hits, they're impacted more exponentially than everyone else.
 - Homelessness – huge increase and more folks seeking services and shelter, hotels. Hotels get busy in the summer, no shelter, no services for those folks. Living in their cars
 - Homeless during the pandemic – isolate, shelter in place, if didn't have a place to shelter, huge stress
 - Financial struggles
 - **Violence**
 - Domestic abuse, domestic violence – lack of access
 - Shootings – what happened to kindness?
 - **Others**
 - Older adults and non-English speaking people
 - 6 and 7-year-olds translating for their parents. Not ideal
 - Created anxiety and created more isolation
 - Good people stopped volunteering
 - Ability to reach out was curtailed as a volunteer
 - Didn't want to volunteer because you'd be berated for volunteering
 - Offering services in one of the silos. People who didn't deserve to be helped
 - Hearing a lot about pandemic people were sedentary and now bombarded with prolonged sitting syndrome and people's health declined – gyms closed, pools closed, people didn't exercise as much
 - Brings community health needs to front
 - A whole new brand of compassion fatigue and burnout – real and a problem
9. **If you had a magic wand, what improvement activity should be a priority for the counties to improve health?**
- **Seniors**
 - Increase net income to elderly
 - Make drugs affordable for elderly
 - More adult day care programs
 - **Socioeconomics**
 - More cost effective dental and medical care. Lots of dental issues. Lower socioeconomic issue hard to find a dentist who takes Medicaid
 - Internet access and a computer in every home and classes on how to use them
 - Make it so everyone has access and aren't isolated due to poverty and lack of respect other people have for them
 - Can't put yourself first if worried about finances, job, and can't focus on your own health
 - Level the playing field a bit, Maslow's hierarchy of needs. Meet the basics – housing, food, then can focus on health
 - **Affordable housing**
 - Rent increases
 - Affording housing available. Make rent affordable so that no family goes without food
 - Try to get affordable housing for all – Integrated throughout the community so as not to divide poor people from others. Everyone gets a house. Good multifamily housing



Focus Group Results, cont.

9. If you had a magic wand, what improvement activity should be a priority for the counties to improve health?

- Societal re education on prevention
- Change prescription culture to prevention
- Get drug commercials off TV
- Motivate people to make changes they need to make. All ages
- Really big priority – prevention rather than focusing on fixing problems. Get to the prevention piece so people don't end up in a hole or a big state of need. Proactive versus reactive
- Health policy approach to what we pursue and focus on those that have a higher return on investment. Assess impact of what we do instead of just making us feel good
- Educating properly caring for an individual
 - How to care for kids, babies, elderly, how much it costs to raise a child
 - What trauma looks like
- No access to illegal anything
- **Stigmas – mental health and teen pregnancy**
 - Young and new mothers – need places they can get help without being stigmatized for being a younger mother without family.
 - Teen pregnancy – stigma, figure it out on their own, they made a mistake
 - Remove the stigma-come and we're grown and learns peace to gather where people feel comfortable
 - Make stigma go away, have each other's back and support one another
 - Know that no one chooses addiction, suicide, mental illness, etc.
 - Get rid of mental health stigma
 - Wish there was more talk about mental health and how important it is. All related to mental health
- **Resources**
 - If you're being abused, call number. Park bathrooms
 - Struggling with self-harm number
 - QR code – for any time of crisis, dealing with drug issues, housing, steps
 - No matter what the issue is
 - More information in schools like in the Kwik Trip bathrooms
 - Have a person that answers the phone and a phone number
 - SSM surveys everyone after every interaction
 - More collaboration between organizations and groups. A place where people can find all the information
 - Bus system – full bus, can't get on, bus driver crisis, not hiring the best
 - Make it easy to enroll for classes
 - Give car seats for infants
 - Healthcare
 - Food resources
 - People from the food pantry to access all the services organizations offer locally without having to travel. Increase access to services
 - 24/7 access to public transportation to anywhere for low cost/free
 - Have enough funds to hire people who care about the community and work to solve these issues and pay the people
 - Can't possibly know all the resources available, somehow make it easier to know all the resources available. Make more streamlined
 - We need access to affordable things people can do for recreation year round
 - YMCA in every community. Need a car, can't walk to the Y
 - Need a counselor for the clinic



Focus Group Results, cont.

9. **If you had a magic wand, what improvement activity should be a priority for the counties to improve health?**
- Need a central resource guide and resource finder that is quick and efficient
 - Can't live off sticky notes
 - Have them everywhere with resources for patients, and it is not a practical system
 - Hire all qualified providers wanting to work in our community. Work in partnership with providers in the community and truly meet the needs that are out there. Mental health.
 - Community agencies working together and knowing what resources are available
 - Want kids in school to all get free lunch. No stigma around free lunch
 - **Kids**
 - Mental health
 - Mental health days for students. 5 per year where you don't have to have a doctor's excuse
 - Schools make a statement about how important mental health is.
 - Stigma around being the stupid kid and asking for help
 - Parents
 - Time spent at school then at home. Is there an opportunity for parents to connect with the school? Adults all work on the same team for the betterment of students. Have parent/teacher conferences, the parents they need to talk to don't show up. Teachers can only do so much
 - Have more direct communication with parents of kids who need help. Don't want to tell parents they're having issues, figure it out yourself
 - Resources for parents of kids who have issues, classes. Learn how to deal with and talk with kids
 - Parent-teacher conferences, have heart in it. Create safer environments. All the programs in the county reach out to schools to help kids
 - Feeling safe in spaces. Invited parents and students to speak did not feel like a safe environment. If it was a safe space would feel more comfortable expressing opinions
 - Reminder mailed – have you talked to your kids? Remind them of all the resources that exist
 - Substance Misuse
 - Education on vaping is a joke and they don't pay attention to the harm. Reduce availability, showcase more relevant examples, find actual people their age who had a bad experience
 - Everyone knows it is going on and no consequences, not being addressed and kids are being warned but nothing happens so more choose to rebel
 - Resources
 - Could add a school bus route to the public library. Could hang out there, work from home there.
 - Workspaces, craft spaces, PlayStation, stuff to do
 - Childcare
 - Recreational activities
 - **Environment**
 - Make the environment as appealing as possible, treat people holistically. Feel like you're hiding
 - The environment is very important. Get groups to go around and pick up trash



Focus Group Results, cont.

9. If you had a magic wand, what improvement activity should be a priority for the counties to improve health?

- **Diversity**

- Church-pastors, padres, ask them what the needs are and reach them there. Education, culture.
- Don't overwhelm communities with immigrants
- Fiesta 2018, 16, 17, and no more, need to do this again in the park- so much fun
- Unity Project in Fort Atkinson Hispanic families. Have booth, share information
- Have a calendar of Hispanic events
- Connection Latinas newsletters, volunteers put together
- Grow list of resources
- Piggyback to have DeVos of Jefferson County audio in Spanish. All information in Spanish, fliers, etc.
- Asset – all in Spanish prenatal care is really good. Bilingual, benefits, Medicaid baby gets Medicaid
- Get others involved in Gov't-immigration process so they can work

- **Healthcare**

- Taking time to get to know people and match up with services
- Health system practice Western medicine and more holistic approach to medicine
- Up to date medical knowledge for doctors and nurses on natural remedies V. treatment
- Transfer of knowledge between providers so they can talk to each other
- Free healthcare
- Get rid of United healthcare. Get rid of any Medicare supplement
 - So much administration in my day. Gets to be so frustrating. Just trying to do something for my patient
 - The way its run is bad. It's not there to help patients but there to save money by not serving patient
- Remove any inequities with respect to healthcare – race, socioeconomic status, location, everyone has equal access to everything always.
- Employer-based healthcare is dropping. Healthcare % of GDP, what is the tipping point for not getting employer-based healthcare. When legislators don't have free healthcare. Or term limits so can't have people in their pockets, citizens United overturned.
- Not-for-profit insurance and clinician leaders. If you don't touch patients, don't belong in the system
- Have more gender affirming care
- Make sure at adequate staffing levels for medical professionals
 - Typically, when someone calls, it takes 6 weeks or months out. We want people to get appointments in a realistic time frame
 - Training for medical professionals. Not look at people as attention seeking but as individuals
 - Medical professionals listening skills
- Team-based care – community clinic FQHC concept. Idea of social worker, counselor, have moved the needle on reimbursement for primary care, but no one working with them to reimbursement primary care
- Agree with single payer government health system
- Focus on well-being of providers who are dealing with this for the last two years and take care of them



Focus Group Results, cont.

9. **If you had a magic wand, what improvement activity should be a priority for the counties to improve health?**
- Have to figure out a way to instill trust in the care system.
 - Grown increasingly frustrated with access. Six weeks to see a cardiologist. Does not breed confidence. Access is an issue
 - Keep complaining about folks going to the ED, but can get into the ED, and at the end of the shift. Need more extended hours, need more access. Meet people better where they are. Our hours are when people work. Open up access
 - **Caregivers**
 - Increase wages for caregivers in general
 - Increase Medicaid reimbursement for caregivers
 - **Community Mindset**
 - Divisiveness comes from fear of the unknown. Celebrate the differences, so we understand each other. Always have to learn and grow. There is a fear of growth.
 - Bring everyone together so we work on things together. Not an easy process, a lot of work. Get people together and Do It!
 - Need the community to work on these issues
 - There is a segment of the population have changed their ability to think about their lives. Used to have wonderful lives then all of a sudden, don't have healthcare, or a job and these people have a tough time figuring out where they should be
 - Too proud to ask for help, don't know where to go for help. These people are in danger of being lost. Let people know its ok to ask for help, make them comfortable asking for help, not stigmatize or make them uncomfortable asking for help
 - Foster a community of forgiveness, acceptance, community, unity, hope, ability to achieve, be ok with differences
 - County wake up to love everyone- surround people with love
 - Be intentional and show gratitude
 - Rid the world of violence, trauma, hate, judgement, shame
 - Get rid of the divide
 - Community awareness – Rock River wants to do a poverty simulation. Would be great for the right people to attend a poverty simulation
 - Won't get rid of all the stigmatization but make sure its minimized
 - Education – people make assumptions and judging others. Level the playing field with facts and data. Show them reality
 - **Community Health**
 - No more COVID or Monkeypox
 - No more overdose deaths
 - Full spectrum of programs and activities to support communities
 - Make recreational opportunities available for all – swimming example, having bikes available for people to rent out
 - Bike trails, walking trails
 - Community health- look at the impact providers have surprising how little we move the needle in the true underlying interventions to help people live healthy lives.
 - Have to take care of mind, body and spirit
 - No fraud or scammers for services-SNAP, Medicaid
 - Make exceptions for people who need services and are close
 - Change some of the rules and be stricter on those who break the rules



Focus Group Results, cont.

9. If you had a magic wand, what improvement activity should be a priority for the counties to improve health?

- Help the people in legislation, community leaders, making sure they have responsibility and awareness
 - Early education, access to care, things people can do to change their overall health outcome
 - Realize I have less and less impact on how someone is going to live their life.
- Create an entire recovery community
 - Blocks and blocks, gated and security to keep dealers outside of the recovery community
 - Clinicians, counselors, peer support, prescribers, a sense of community, jobs, childcare, safe housing, affordable
 - Mental health as well not just substance abuse
 - People in recovery don't have the capacity to think about "how to feed my kids, work, put gas in my car." Don't have the capacity to deal with these
 - If their needs are met, can focus on their recovery until they're ready to leave. Need access to care
- **Mental Health**
 - Create a support system, have people to lean on. Talk about mental health like any other illness
 - Mental health practitioners wouldn't have to do free hours before getting their degree
 - Provide more mental health, more mental health professionals
 - Mental health is the basis for any sense of health
 - Support for mental health, more productive, and better physical health. Helps to build relationships
 - Mental health focus – enough mental health accessible at a cost they can afford, counseling, outpatient, inpatient
 - Increase therapists, psychiatrists in the schools, especially elementary, also to have resources for parents. Also provide therapy for the parents through the schools to fix things at home. Schools are overworked to deal with all the mental health needs
 - QPR – question, persuade, refer. Should help less people die of suicide. Train more people in these methods. A lot of mental health issues can be helped by conversation.
 - Say, I'm having a bad day, I'm fragile. Make safe spaces to express your feelings.
 - Determine where mental health issues can start
- **Silos**
 - All siloed – different departments should have regular ability to consult with a team. Mental health appears to do this better
 - No idea what the health department does on a regular basis. Should be easy to break down these silos.
 - Important that different departments know how to consult with each other
- **Funding**
 - Intense recruitment for staff with funding for staffing and a plan to recruit more volunteers and leverage what they can do for folks so they're not frustrated and continue to volunteer
 - State rates for programs need can no longer serve people for those rates. Many companies came off the list. Organizations have to fundraise to make up differences
 - Need some campaign finance reform with real teeth
 - Having the right people at the table. Peer to peer education, invite people into the places decisions are made. Have to be intentional
 - How to be without getting into trouble with the law
 - Single payer, government-based system with a social worker for everyone
 - Create phone free zones



3. Community Asset Inventory

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The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation plan. These assets are organized around the most significant health issues in the community and is not meant to be all inclusive.



Access to Mental Health Resources

Dodge County Human Services
199 County Road D F
Juneau, WI 53039
(920) 386-3500

Agnesian HealthCare - Outpatient
Behavioral Health Services
620 West Brown Street
Waupun, WI 53963
(920) 926-4200

Family Resources Associates, Inc.
1315 West Main Street
Watertown, WI 53094
(920) 261-4100

Watertown Regional Medical Center -
Directions Counseling Center
123 Hospital Drive
Suite 110
Watertown, WI 53098
(920) 262-4800

Serenity Mental Health Services, LLC
818 West Street
Suite 814
Watertown, WI 53094
(920) 545-4357

Jefferson County Human Services:
1541 Annex Road
Jefferson, WI 53549
(920) 674-3105

St Coletta of Wisconsin
N4637 County Road Y
Jefferson, WI 53549
(920) 674-4330

Oak Tree Child and Family Services LLC
230 South Main Street
Jefferson, WI 53549
(608) 215-7767

Fort HealthCare Behavioral Health
500 McMillen Street
Fort Atkinson, WI 53538
(920) 563-9542

Family Resource Associates
248 South Wisconsin Drive
Jefferson, WI 53549
(920) 261-4100

Church Health Services
115 N Center St
Beaver Dam, WI 53916
(920) 887-1766

Marshfield Medical Center- Beaver Dam
Behavioral Health
130 Warren St, Suite 132
Beaver Dam, WI 53916
(920) 356-6558

Alarus Healthcare
111 Warren St. Suite 2
Beaver Dam, WI 53916
(920) 219-4440

[List of Jefferson Co. Mental Health Providers](#)

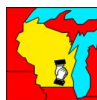
[List of Dodge Co. Mental Health Resources](#)

Sources

https://www.watertownregional.com/?utm_source=GMBSocialClimb&utm_medium=WatertownRegionalMedicalCenter

<https://www.forthehealthcare.com/>

<https://www.uwhealth.org/locations/fort-atkinson-clinic-68>



Access to Affordable Housing

Jefferson County Housing Authority
431 N Elizabeth Ave # 1
Jefferson, WI 53549
(920) 674-5294

Watertown Housing Authority
201 North Water Street
Watertown, WI 53094
(920) 261-7795

Dodge County Housing Authority
491 East Center Street
Juneau, WI 53039
(920) 386-2866

Rock View Apartments
207 E Henry Street
Jefferson, WI 53549
(888) 759-1990

Jefferson Commons
602 Collins Road
Jefferson, WI 53549
(920) 674-4450

Jefferson Oaks Apartments
514 Collins Road
Jefferson, WI 53549
(920) 650-1314

Orchard Hollow Apartments
1015 Collins Road
Jefferson, WI 53549
(920) 674-2180

Rock Lake Manor
228 Water Street
Lake Mills, WI 53551
(920) 648-5064

Jefferson Oaks Apartments
514 Collins Road
Jefferson, WI 53549
(920) 650-1314

School House Apartments
201 S Copeland Avenue
Jefferson, WI 53549
(414) 764-8750

Johnson Arms Apartments
201 N Water Street
Watertown, WI 53094
(920) 261-7795

Watertown Court Meadow Apartments
805 Clark Street
Watertown, WI 53094
(920) 219-4167

Riverview Manor
217 South Water Street East
Fort Atkinson, WI 53538
(920) 568-8862

Rockland Court
915 South Main Street
Fort Atkinson, WI 53538
(920) 568-8862

Riverside Lofts
138 West Candise Street
Jefferson, WI 53549
(920) 541-0150

Watertown East Apartments
1153 Boughton Street
Watertown, WI 53094
(920) 206-8541

Sources

<https://watertownha.org/>

https://www.jeffersoncountywi.gov/departments/human_services/aging_and_disability_resource_center/low_income_housing.php

<https://www.dodgecountyhousing.com/>



Affordable/Reliable Transportation

Watertown Passenger Transit
309 William Street
Watertown, WI 53094
(920) 261-7433

Johnson Creek Park & Ride
350 North Watertown Street
Johnson Creek, WI 53038
(800) 236-1240

Major Transportation Services LLC
3411 WI-59
Whitewater, WI 53190
(262) 473-7444

C&W Med Rides LLC
715 Sherman Ave East
Fort Atkinson, WI 53538
(920) 397-7624

Dodge County Transportation
127 East Oak Street
Juneau, WI 53039
(920) 386-3832

Hometown Transportation
228 South Military Road
Fond du Lac, WI 54935
(920) 638-3031

Jefferson County ADRC
1541 Annex Rd
Jefferson, WI 53549
(920) 675-4049

ADRC of Dodge County
199 County Road D F
Juneau, WI 53039
(920) 386-3580

Portage Cab Company
103 Dodge Street
Portage, WI 53901
(920) 742-4700

Forward Service Corporation
834 Park Avenue
Beaver Dam, WI 53916
(608) 721-5422

Greyhound: Bus Stop
817 Park Avenue
Beaver Dam, WI 53916
(920) 356-1035

DMI Limousine & Milwaukee Trolley Service
(414) 355-5466

RydePass LLC
(262) 753-3278

Midwest Express Shuttle
(920) 251-4373

Affordable/Reliable Transportation

https://www.ci.watertown.wi.us/residents/watertown_transit/index.php

<https://www.co.dodge.wi.gov/departments/departments-a-d/aging-and-disability-resource-center/transportation>

https://www.jeffersoncountywi.gov/departments/human_services/aging_and_disability_resource_center/transportation.php



Affordable Quality Childcare

All Tender Hearts Family Childcare
W9317 County Road D
Beaver Dam, WI 53916
(920) 344-5108

Bows and Lace Day Care
305 S 5th Street
Watertown, WI 53094
(262) 220-1000

Community Care Preschool &
Child Care Inc.
130 E Maple Avenue
Beaver Dam, WI 53916
(920) 885-9472

St Stephen's Child Care
505 North Palmatory Street
Horicon, WI 53032
(920) 485-0465

YMCA of Dodge County
220 Corporate Drive
Beaver Dam, WI 53916
(920) 887-8811

Dodge County Child Support
210 W Center Street
Juneau, WI 53039
(920) 386-4280

Renewal Unlimited
920 S University Avenue
Beaver Dam, WI 53916
(920) 887-7503

Little Lambs Christian Child Care
& Preschool
800 Lake Drive
Oconomowoc, WI 53066
(262) 567-8011

Cubby Bear
119 Monroe Street
Beaver Dam, WI 53916
(920) 631-7003

Dodge County Human Services
199 County Rd D F
Juneau, WI 53039
(920) 386-3500

Dodge County Child Support
210 West Center Street
Juneau, WI 53039
(920) 386-4280

Delafield KinderCare
3175 Hillside Drive
Delafield, WI 53018
(262) 646-5112

Little Eagles Childcare &
Preschool, LLC
159 W Garland Street
Jefferson, WI 53549
(920) 674-4948

Learning Links Child Care
824 West Racine Street
Jefferson, WI 53549
(920) 541-3319

Kidspace Learning Center
120 South Sanborn Avenue
Jefferson, WI 53549
(262) 352-2397

St. John's Lutheran Childcare
232 East Church Street
Jefferson, WI 53549
(920) 674-4964

Jefferson County Human
Services-Economic Support
1541 Annex Road
Jefferson, WI 53549
(920) 674-7500

Watertown Area YMCA
415 South 8th Street
Watertown, WI 53094
(920) 262-8555

Gingerbread Childcare Center
120 Kuckkan Lane
Watertown, WI 53094
(920) 261-9727

Jefferson County Head Start
415 S 8th Street
Watertown, WI 53094
(920) 261-8716

Kiddie Kampus Daycare
828 W Main Street
Watertown, WI 53094
(920) 261-0322

Ladybug Adventures LLC
500 Milford Street
Watertown, WI 53094
(920) 988-1964

May Linsmeier School
415 S 8th Street
Watertown, WI 53094
(920) 262-9060

Kathy's Kiddie Korral Daycare
209 Jenna Court
Watertown, WI 53098
(920) 261-9653

Affordable/Quality Childcare

<https://littleeagleswi.com/>; <https://learninglinkschildcare.webs.com/>
<https://www.theydc.org/>; <https://www.kindercare.com/>
<https://www.co.dodge.wi.gov/departments/departments-a-d/child-support>



Community-Based Resources/Support

Free Clinics/FQHCs

Church Health Services
115 N Center St
Beaver Dam, WI 53916
(920) 887-1766

Family Health La Clinica
207 S University Ave
Beaver Dam, WI 53916
(920) 3526-5012

Rock River Community Clinic
1461 W Main St, Suite B
Whitewater, WI 53190
(262) 472-6839

Health Departments

Dodge County Public Health
199 County Road D F,
Juneau, WI 53039
(920) 386-3670

Jefferson County Health Department
1541 Annex Road
Jefferson, WI 53549
(920) 674-7275

Watertown Health Department
515 South 1st Street
Watertown, WI 53094
(920) 262-8090

Social Services

Dodge County Human Services
199 County Rd D F
Juneau, WI 53039
(920) 386-3500

Community Action Coalition
114 East Main Street
Watertown, WI 53094
(608) 237-1255

ADRC of Dodge County
199 County Road D F
Juneau, WI 53039
(920) 386-3580

Central WI Community Action
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9559

Dodge County WIC
199 County Road South
Juneau, WI 53039
(920) 386-3680

Aging and Disability Resource Center
1541 Annex Road
Jefferson, WI 53549
(866) 740-2372

Jefferson County Health and Human Services
1541 Annex Road
Jefferson, WI 53549
(920) 674-3105

Family Resources Associates, Inc.
1315 West Main Street
Watertown, WI 53094
(920) 261-4100

Jefferson Food Pantry
1110 South Grove Avenue
Jefferson, WI 53549
(920) 674-6822

Community Based Resources/Support

https://www.watertownregional.com/?utm_source=GMBSocialClimb&utm_medium=WatertownRegionalMedicalCenter

<https://www.forthhealthcare.com/>

<https://www.uwhealth.org/locations/fort-atkinson-clinic-68>



To update or add information to this report, complete the form below.

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

**Submit updated information to:
Dodge-Jefferson Healthier Community Partnership
515 South First Street, Watertown WI 53094**



Community Health Needs Assessment for Dodge and Jefferson Counties

Completed in partnership with:

