



**LAKESHORE
CAP, INC.**

HELPING PEOPLE. CHANGING LIVES.

**LAKESHORE COMMUNITY ACTION PROGRAM
COMMUNITY NEEDS ASSESSMENT**

2020-2022

**A survey of Low Income Residents and Community Stakeholders of
Door, Kewaunee, Manitowoc and Sheboygan Counties**

LAKESHORE COMMUNITY ACTION PROGRAM

COMMUNITY NEEDS ASSESSMENT 2020-2022

TABLE OF CONTENTS

AGENCY SUMMARY	3
SCOPE	4
DESCRIPTION OF SERVICE AREA	5
Door County	5
Kewaunee County	5
Manitowoc County	6
Sheboygan County	6
COMMUNITY NEEDS ASSESSMENT (LOW INCOME).....	7
Research and Survey Design	7
General Survey Responses and Demographic Data.....	8
Demographic Question Responses	8
Quality of Life Dimensions	11
TOP NEEDS ACROSS ALL FOUR LAKESHORE CAP SERVICE AREAS (LOW INCOME SURVEYS).....	12
Variation of Reoccurring Themes by Individual County	13
COMMUNITY NEEDS ASSESSMENT (STAKEHOLDER).....	15
General Survey Responses & Respondent Data	15
Respondent Information	15
Quality of Life Dimensions	16
TOP NEEDS ACROSS ALL FOUR LAKESHORE CAP SERVICE AREAS (STAKEHOLDER SURVEYS)	17
Qualitative Data	17
Poverty Data.....	20
ALICE HOUSEHOLD SURVIVAL BUDGET	23
KEY FINDINGS	24
IDENTIFIED NEED.....	25
CONCLUSION	25
DATA RESOURCE LIST	26
LOW INCOME COMMUNITY SURVEY	27
COMMUNITY STAKEHOLDER SURVEY	32

AGENCY SUMMARY

The mission of Lakeshore CAP, Inc. of Wisconsin (LCAP) is to promote economic and personal self-sufficiency and well-being of low to moderate income persons and families through service programs, advocacy, community education and resource development in Door, Kewaunee, Manitowoc and Sheboygan counties and to enable and empower persons, parents and families through voluntary prevention, education and support programs.

In 2018 LCAP served 3,010 unduplicated individuals equaling 1,348 unduplicated households. 2018 demographic data includes:

Age Range	Unduplicated Individuals
0-5	512
6-13	571
14-17	199
18-24	351
25-44	902
45-54	212
55-59	79
60-64	39
75+	118

Education Level	Unduplicated Individuals
0-8 th Grade	138
9-12 th Grade/Non-graduate	433
HS Graduate/Equivalency Diploma	699
12 th Grade plus Some Post-secondary	223
2 or 4 year College Graduate	127
Graduate of other Post-secondary schooling	9

% of Federal Poverty Level	% of Households
Up to 50%	37.9
51-75%	7.6
76-100%	11.9
101-125%	6.6
126-150%	6.1
151-175%	1.9
176-200%	1.4
201-250%	1.9
251% and over	1.4
Unknown/Not Reported	22.9

Race	% of Individuals
American Indian or Alaska Native	1.2
Asian	2.3
Black or African American	13.9
Native Hawaiian and Other Pacific Islander	0
White	68.5
Other	1
Multi-race	7.9
Unknown/Not Reported	5.2

Ethnicity	% of Individuals
Hispanic	14%
Non-Hispanic	75%
Unknown/Not Reported	11%

Other demographic information of those served by LCAP in 2018:

- Of the 1,348 households 408 or **30%** were single parent households
- Of these 408 single parent households, 369 or **90%** were female single parent households
- **27%** of ALL households served by LCAP in 2018 were female single parent households
- 313 of 1728 individuals over 18 reported being employed full-time
- 199 of 1728 individuals over 18 reported being employed part-time
- Of the 1348 households, 542 reported income from employment only or employment plus other sources

- 570 or 19% of the persons served by LCAP reported they had no Health Insurance. This is in contrast with the number provided by the US Census Bureau report for the service area of 5.6-7.0% of persons under 65 years of age who do not have health insurance. Additionally, Sheboygan County's most recent health findings report 4% of respondents reported they were not currently covered by health insurance. Similarly, Manitowoc County's most recent health findings show 3% of respondents reported they were not currently covered by health insurance.

SCOPE

This assessment covers the counties of Door, Kewaunee, Manitowoc, and Sheboygan. The qualities assessed are the conditions affecting the low-income population in the four county areas. The information used in the report is gleaned from surveys of low income participants including the elderly, minority populations, the homeless, and single parent households. The details of the data collection address the requirements of the CSBG statutes and provides an opportunity for both the impoverished and civic leaders to participate.

- **The information used in this assessment and subsequent planning documents includes information from the following elements:**
 - *Client Intake/Demographic Data*
 - *Census Data (2010)*
 - *Low Income population survey data*
 - *Stakeholder survey data*
- **The development of the questions and scales on the survey were determined after the following:**
 - *Discussion with Agency Staff*
 - *Consultation with partner Social Service Agencies*
 - *Discussion with Lakeshore CAP Board of Directors members*
- **Lakeshore CAP's Low Income Needs Assessment Survey was distributed to the following groups:**
 - *Low-Income Persons*
 - *Minority Persons*
 - *Homeless and formerly Homeless Persons*
 - *Elderly Poor*
 - *Victims of Domestic Abuse*
- **Lakeshore CAP's Stakeholder Survey was distributed to the following:**
 - *Local Elected/Appointed Officials*
 - *Law Enforcement Personnel*
 - *Religious Groups*
 - *Other Social Service Agency Officers*
 - *County Human Service Personnel*
- **Low income persons contribute to the deliberations in the following ways:**
 - *Serve on governing Board*
 - *Serve on Project Committees*
 - *Are employed by the Agency in specific instances*
 - *Serve as Volunteers*

DESCRIPTION OF SERVICE AREA

Lakeshore Community Action Program is the designated Community Action Agency for a four county area in Northeast Wisconsin. In addition to these four counties, Lakeshore CAP also has contact with 9 counties in Eastern Wisconsin through its administration of the TEFAP program, distributing surplus food from the Federal Commodities Program to food pantries in the area. The counties served by the majority of our programming are Door, Kewaunee, Manitowoc, and Sheboygan.

Door County

Door County occupies the Door Peninsula with the Bay of Green Bay to the west and Lake Michigan to the east. It is 482 sq. miles, and has a population density of 57.6 per sq. mile. It is not in a metropolitan statistical area. The population of Door County is estimated at 27,610, with a growth rate of 0.55% in the past year. Home ownership is 78.3% in Door County. Median home value is \$204,700 and Median Gross rent is \$756. Many of the homes are seasonal and vacation and skew values to the high side. Median Household income is \$56,494, with the number of persons living in poverty at 7.7%.

The largest employers in Door County are:

- Bay Shipbuilding
- Ministry Door County Medical Center
- Hatco Corporation
- County of Door County Government
- Therma-Tron-X
- N.E.W. Industries
- Sturgeon Bay School District
- Baylake Bank
- Southern Door School District
- Marine Travelift/ExacTech

Kewaunee County

Kewaunee County is immediately to the south of Door County, and is bordered by Lake Michigan to the east and Green Bay and the Fox Valley to the west. It consists of 343 sq. miles with a population density of 60.1 people per sq. mile. Kewaunee County is included within the Green Bay Metro statistical area. The population estimate is 20,383 with a growth rate of 0.15% in the past year. Kewaunee County also has an increasing percentage of people aged 65 and over. Home ownership is 78.2%. The median home value is \$155,900 and Median Gross rent is \$626. Median Household income is \$60,320, and the poverty rate is at 8.9%.

The largest employers in Kewaunee County are:

- WS Packaging
- Kewaunee Fabrications
- NEW Plastics Corp
- Bank of Luxemburg
- Vollrath Company
- Nicolet Bank
- D&S Machine
- Pagels Ponderosa Dairy
- Agropur, Inc
- Natural Beauty Growers

Manitowoc County

Manitowoc County is to the south of Kewaunee County. It is bordered on the east by Lake Michigan and to the west by Calumet County with the City of Appleton also to the west. It is 589 sq. miles with a population density of 138.3 persons per sq. mile. This density reflects the existence of Two Rivers and Manitowoc, two cities within the county border. The population of Manitowoc is 79,074 with a growth rate of -0.28% in the past year. Manitowoc County has a large agriculture sector, but employment is concentrated in Healthcare and Manufacturing. Home ownership is 75%. The median home value is \$126,200 and Median Gross rent is \$648. Median Household income is \$51,053, and the poverty rate is at 9.2%.

The largest employers in Manitowoc County are:

- Manitowoc Public Schools
- Point Beach Nuclear Plant
- Manitowoc County
- Federal-Mogul
- Parker Hannifin
- Manitowoc FSG Operations
- Aurora Medical Group, Inc
- City of Manitowoc
- Walmart
- Lakeside Foods

Sheboygan County

Sheboygan County is the southernmost county in Lakeshore CAP's area. It is bounded on the east by Lake Michigan and to the west by Fond du Lac city and county. It is also the largest in terms of population with the cities of Sheboygan and Plymouth included. With a population of 115,456 and a growth rate of 0.12% in the past year, Sheboygan is the largest of the four counties served by Lakeshore CAP. Home ownership is 69.6%. The median home value is \$149,800 and Median Gross rent is \$680. Median Household income is \$56,114, and the poverty rate is at 7.8%.

The largest employers in Sheboygan County are:

- Kohler Co
- Bemis Mfg. Co
- Nemak
- Aurora Medical Group Inc
- American Orthodontics Corp
- Sargento Foods Inc
- Acuity
- Johnsonville Sausage
- Rockline Industries Inc
- Fresh Brands Distributing Inc

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COMMUNITY NEEDS ASSESSMENT SURVEY (LOW INCOME)

Volunteers and staff of the Lakeshore CAP, Inc. organization collaborated with community agencies within its four county service area who serve residents in Door, Kewaunee, Manitowoc and Sheboygan counties. The collaboration involved input into the design of the community needs survey, as well as the distribution of surveys to community residents. The collection of surveys involved a variety of means, to include an in-person drop off at a participating agency or mail-in.

Survey Distribution

The low income survey was distributed throughout the months of June and July 2019. Surveys were made available at Lakeshore CAP's facilities for completion during intake, and made available through agencies such as Catholic Charities, WIC program offices, local health departments, food pantries, domestic violence agencies, homeless shelters, mental health support services and other partner locations throughout the four counties. Surveys were also offered online through Survey Monkey. **Low income survey respondents totaled 202 and stakeholder respondents totaled 112.**

Research and Survey Design

Protecting human subjects who may be at risk and maintaining their privacy were deemed vital to the development and administration of the survey instrument. The survey collected demographical data, but no data deemed personally identifiable was collected. In the event a respondent personally turned in an instrument at a drop off collection site, the instrument was contained within an envelope and the actual instrument could not be associated with the individual as data collection and compilation into an MS-Excel file was completed in a different location.

The Lakeshore CAP Community Needs Assessment Survey represents a quantitative method of identifying needs by anonymous participants through questions organized into seven major *quality of life dimensions* (employment, education and training, housing, health, transportation, family, financial and legal). The questions employed a Likert scale response with additional opportunity to provide qualitative open comment. The questions of the survey were designed to elicit information that could be used to identify "needs" among the residents of the four county service area. This information was specifically obtained for purposes of obtaining the *community and local voice*, a key factor that drives community action agency response. The results of this survey complement a number of other data gathering efforts conducted by Lakeshore CAP, Inc., all of which will be represented in and contribute to the NASCSP grant application and Community Action Plan development. As the data is presented below, the **bold red** items are designated as high needs items.

Following are some of the demographic statistics of the low income respondents:

General Survey Responses and Demographic Data

A total of 202 completed instruments were received for the four-county service areas.

Participant County of Residence	Total Received (N & % of total received)	County Population (2018)
Door	N=55, 27%	27,610
Kewaunee	N=20; 10%	20,383
Manitowoc	N=103; 51%	79,074
Sheboygan	N=24; 12%	115,546

Census data provided by U.S. Census Bureau, population estimates by county.

Demographic Question Responses

HOUSEHOLD INFORMATION

HOUSEHOLD SIZE	HOUSEHOLD ANNUAL INCOME (125% of FPL)	HOUSEHOLD Annual Income BELOW	HOUSEHOLD Annual Income ABOVE
1 person	\$15,613	83	
2	\$21,138	33	
3	\$26,663	21	
4	\$32,188	25	
5	\$37,713	21	
6	\$43,238	7	
7	\$48,763	7	
8	\$54,288	1	
More than 8: Add \$5,525 per year for each additional household member		1	

What is your sex?

Male 47 Female 150 Intersex 0

What is your age range?

18-24 (12) 25-44 (80) 45-54 (39) 55-59 (18) 60-64 (21) 65-74 (16) 75+ (9)

If you or any household members belong to a minority group, please share:

Race & Ethnicity: 63 respondents identified a race/ethnicity category.

- (36) White or Caucasian
- (8) Black or African American, or White/Black
- (1) Asian
- (7) Hispanic, Mexican
- (1) Native American
- (1) Multiracial
- (9) other
- (139) left blank or NA

What best describes your household? Mark all that apply.

- (31) Married couple, with children living at home
- (9) Married couple, without children living at home
- (1) Live with significant other and child/children
- (5) Live with significant other, without children at home
- (56) Single, living alone
- (31) Single mother
- (2) Single father
- (3) Widow/Widower
- (16) Separated/Divorced
- (12) Other household type. Please specify: (5) Living with parents or grandparents; (2) Shelter; (3) Grandparent(s) with grandchildren; (2) blank.

Please indicate your employment situation:

- (39) Full-time
- (40) Part-time
- (0) Migrant Seasonal Farm Worker
- (34) **Unemployed**
- (20) Retired
- (51) **Unable to work**
- (5) Self-employed

What, if any form of health insurance you have?

- (73) Medicaid
- (46) Medicare
- (31) State Health Insurance for Adults
- (2) Military Health Care
- (1) Direct-Purchase
- (17) Employment based
- (13) Unknown

What, if any form of health insurance do the children (under 18) living with you have?

RESPONSE: *(All reported having health insurance for children with the exception of two respondents —one indicating unknown and one other indicating the child didn't have insurance coverage)*

- I do not have children living with me
- Medicaid
- Medicare
- State Children's Health Insurance Program
- Military Health Care
- Direct-Purchase
- Employment based
- My children do not have health insurance
- Unknown

Please best describe your housing situation:

- (41) Own your own home
- (113) Rent your home
- (17) Living with others
- (11) Living in a shelter

(9) Homeless

(4) Other, please describe: Rent room at an extended stay; Low income apartment for 65+ or disabled.

What is the highest grade or diploma or degree you have completed:

(2) Grades 0-8

(26) Grades 9-12/Non-Graduate

(69) High School Graduate/Equivalency Diploma

(60) 12th grade + Some Post-Secondary Education

(31) 2 or 4 years College Graduate

(5) Graduate of other post-secondary school

(2) Other: technical college training or credits earned

Does a child in your household have a documented disability?

(35) Yes

(81) No

Quality of Life Dimensions - Percent of Survey Question Responses (N=202)

EMPLOYMENT	Not a problem (0)	Slight problem (1)	Moderate Problem (2)	Serious Problem (3)	Very serious problem (4)	Serious to Very Serious Summary
A1. Getting a better paying job	32	13	24	11	20	31%
A2. Getting a job with more hours	48	13	16	10	14	24%
A3. Getting a full-time, year-round job	50	7	14	11	19	30%
A4. Getting a job with health insurance benefits	44	6	15	12	23	35%
A5. Getting a loan and/or help to start a business	41	6	9	13	31	44%
EDUCATION & TRAINING	Not a problem	Slight problem	Moderate Problem	Serious Problem	Very serious	
B1. Getting a high school diploma	79	3	7	6	5	11%
B2. Getting education or training so I can get a better job	43	17	21	9	10	19%
B3. Getting training to start/expand my own business	47	13	14	8	18	26%
B4. Paying for school	33	8	11	16	32	48%
B5. Paying for childcare or transportation so I can go to school	42	6	11	13	29	42%
HOUSING	Not a problem	Slight problem	Moderate Problem	Serious Problem	Very serious	
D1. Finding affordable housing	39	8	15	21	18	39%
D2. Paying my rent	36	17	18	11	18	29%
D3. Making my mortgage payment	65	6	11	8	10	18%
D4. Cost of heating, insulation, or weatherization of my home	35	10	21	13	21	35%
D5. Buying a safe and affordable home	39	6	13	14	27	41%
HEALTH	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
C1. Affording Medical/Dental/Prescription costs	43	12	15	12	19	31%
C2. Affording Medical/Dental Insurance	45	10	9	15	22	37%
C3. Applying for Public Assistance programs	51	13	16	9	11	20%
C4. Accessing treatment/counseling for Mental Illness	56	9	12	7	16	23%
C5. Accessing treatment/counseling for Drug/Alcohol	67	5	10	7	11	18%
TRANSPORTATION	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
E1. Obtaining reliable transportation for work, school, childcare, etc.	46	12	17	11	15	26%
E2. Affording the cost of car repairs	23	10	16	21	30	51%
E3. Affording the cost of maintaining a car (maintenance/gas)	24	14	20	17	25	42%
E4. Having a car available for me/my family to use	49	12	9	8	21	29%
E5. Having reliable transportation available during ...	51	10	9	9	21	30%
FAMILY	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
F1. Being able to afford childcare	52	8	11	10	20	30%
F2. Availability of childcare services	56	7	10	11	16	27%
F3. Coping with challenging behaviors for a teenage or young child	50	15	12	11	13	25%
F4. Having enough food for my household	38	15	16	13	16	29%
F5. Violence in the home	83	3	4	4	6	10%
FINANCIAL & LEGAL	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
G1. Having savings to use for emergencies	12	9	15	20	44	64%
G2. Having enough money to pay all my monthly bills	18	13	19	19	31	50%
G3. Accessing loans with an affordable interest rate	27	11	14	14	32	46%
G4. Accessing affordable legal services	34	10	12	15	29	44%

TOP NEEDS ACROSS ALL FOUR LAKESHORE CAP SERVICE AREAS BASED ON QUALITY OF LIFE DIMENSIONS AND DEMOGRAPHIC DATA (LOW INCOME SURVEYS)

Focusing on raw data only, without correlational or cause and effect analytics, the respondents to this survey clearly identified the following areas as cause for concern, meaning they were identified as a Serious or Very Serious Problem in relationship to the Quality of Life Dimensions. There were many needs identified in this survey, and to identify what may be "Top" can be quite subjective. Those top 3-4 items that had more respondents identifying that factor as Serious to Very Serious was a simple means of identifying high priority items. However, the Moderate Problem label and column should not be disregarded. Considering there tends to be a tendency to respond toward the center (central tendency) in response selection when an odd number of response options are available, the focus was placed on utilizing the tallies in the Serious Problem and Very Serious Problem columns as a "voice of the community" in identifying needs. Across all four county service areas more respondents identified the following as the highest ranked problematic areas, or those with higher Serious or Very Serious ratings among the Quality of Life Dimensions:

- Financial and Legal — **64%** of respondents responded with a Serious or Very Serious selection to G1, ***Having savings to use for emergencies***. If we added the Moderate Problem rating to the sum percentage, **79% of respondents** identified this one factor as being a highly problematic, therefore a high need.
- Also in the Financial and Legal category — Consider 50% of respondents identified G2, ***Having enough money to pay monthly bills***. If we added the Moderate Problem rating to the sum percentage, **69% of respondents** identified this one factor as being a significant need, or second highest need area.
- Another significant need with the third highest rating among the Quality of Life Dimensions, this one specifically occurring in the Transportation Dimension, is **E2, *Affording the cost of car repairs*** at **67% of respondents** rating this issue as moderate to a very serious problem.
 - Consider D4 and E3 items. When the moderate column score is factored in these items are among the ***higher ranked needs***. D4. Cost of heating, insulation, or weatherization of my home; and E3. Affording the cost of maintaining a car (maintenance/gas)
- Consider that the four factors (G1-G4) within Financial and Legal quality of life dimension category were among the highest rated problematic areas identified by respondents in this survey. Emergency funding is a HIGH need among respondents, be it for monthly bills, transportation and repairs on autos, etc. Among those who identified with problematic areas in this specific category, funding for legal services was a commonly occurring theme or need as expressed in the open-ended comments within this category.
- 85 of 202 or **42% of survey respondents identified themselves as unemployed (34) or unable to work (51)** in the Demographics section. Those who identified as unemployed or unable to work identified issues with funding childcare and transportation. There is a strong correlation with emergency funding needs for the unemployed and unable to work population segment, or the unpredictable expenses and those that are variable non-fixed expenses.

- Other comments that occurred among this group included: need more affordable housing and need half-way housing for recovering addicts.
- Among the unable to work and the unemployed segment of respondents, another common theme was identified - The need for more mental health care (extended over a longer period of time) and access to mental health care. Note that standard healthcare coverage among respondents was not a high need area, in actuality, this population of respondents had a relatively low need associated with healthcare, but that is NOT the same for mental healthcare, which was identified through the comments sections of this survey as arguably an area of high need.
- Education levels and training were not identified by respondents as a high need area. However, paying for education, transportation to education opportunities, and childcare while in school were need factors identified in the Education & Training Quality of Life Dimension.

Variation or Reoccurring Themes by Individual County

Respondents from the Door County Lakeshore CAP service area tended to identify the following as being more problematic (rank ordered):

- More specifically, **G1, Having savings to use for emergencies** had a higher need/issue ranking than all other factors across all of the seven quality of life dimensions.
- **Item E1**, Obtaining reliable transportation for work, school, childcare, etc.
- **E2** - Affording the cost of car repairs.
- **D1 and D4** in the Housing Quality of Life Dimension were designated as need areas given the close but lesser ranking than the transportation dimension.

Respondents from the Kewaunee County Lakeshore CAP service area tended to identify the following as being of higher need or more problematic (rank ordered):

- In the Financial and Legal Matters dimension, **the most problematic areas among Kewaunee respondents were G1. Having savings to use for emergencies and G2. Having enough money to pay all my monthly bills.**
- **C1. Affording Medical/Dental/Prescription costs**
- **E2. Affording the cost of car repairs**

Respondents from the Manitowoc County Lakeshore CAP service area tended to identify the following as being of higher need or more problematic (rank ordered):

- **G1. Having savings to use for emergencies**
- **G2. Having enough money to pay all my monthly bills**
- **B5. Paying for childcare or transportation so I can go to school**
- **E2. Affording the cost of car repairs**

Respondents from the Sheboygan County Lakeshore CAP service area tended to identify the following as being of higher need or more problematic (rank ordered):

- **G1. Having savings to use for emergencies**
- **A5. Getting a loan and/or help to start a business**
- **G3. Accessing loans with an affordable interest rate**
- **D1. Finding affordable housing**

- **G2.** Having enough money to pay all my monthly bills

Note: The Sheboygan County respondents scored these 5 factors quite closely, within 3-4 percentage points of one another.

This concludes the quantitative analysis based on tallies of frequency of responses. Certainly, more sophisticated analytics could be applied. For the purposes of identifying needs from the voice of those who experience the needs, qualified by the low number completed surveys received for the four county service area, there is ample evidence to suggest that there are specific needs that rank higher among others, especially considering the economic and other community health indicators for the counties served by Lakeshore CAP, Inc.

COMMUNITY NEEDS ASSESSMENT (STAKEHOLDER)

The Stakeholder survey was designed very similarly to the Low Income survey. However, distribution of the survey was slightly different. The stakeholder survey was administered online only. Emails with a link to the survey were sent out to a number of community partners who were asked to complete the survey as well as share the link with their community partners. Community partners that received the link were LCAP's United Way partners, County Human Services, Salvation Army, Human Resource Council, and Health Departments.

General Survey Responses and Respondent Data

A total of 112 completed instruments were received for the four-county service area.

Participant County of Residence	Total Received (N & % of total received)
Door	N=37, 33%
Kewaunee	N=10; 9%
Manitowoc	N=55; 50%
Sheboygan	N=31; 28%

**Note: Some Stakeholders reported serving multiple counties within Lakeshore CAP's service area. Therefore the % totals more than 100%.*

Respondent Information

Role within Agency	Number	Percent of Total
Direct Services	44	40%
Administration	20	18%
Supervisor	14	13%
Volunteer	13	12%
Other	8	7%

**Note: Percent of total does not reach 100% because not all respondents answered this question.*

Primary Area Served	Number	Percent of Total
Low Income	47	42%
Mental Health	30	27%
Food Security	18	16%
Homelessness	18	16%
Education	15	13%
Health Services	15	13%
AODA	12	11%
Domestic Violence	11	10%
Housing	11	10%
Parenting Education	9	8%
Disabled Services	8	7%
Elderly Services	8	7%
Energy Assistance	8	7%
Child Maltreatment	7	6%
Employment Training	4	4%
Financial Education	4	4%
Veteran Services	2	2%
Other	34	30%

**Note: Respondents could provide up to 3 areas of service.*

Quality of Life Dimensions - Percent of Survey Question Responses (N=112)

EMPLOYMENT	Not a problem (0)	Slight problem (1)	Moderate Problem (2)	Serious Problem (3)	Very serious problem (4)	Serious to Very Serious Summary
A1. Getting a better paying job	8	6	48	31	7	38%
A2. Getting a job with more hours	22	22	45	11	2	13%
A3. Getting a full-time, year-round job	17	16	39	23	5	27%
A4. Getting a job with health insurance benefits	14	6	34	35	11	46%
A5. Getting a loan and/or help to start a business	44	16	20	18	3	21%
EDUCATION & TRAINING	Not a problem	Slight problem	Moderate Problem	Serious Problem	Very serious	
B1. Getting a high school diploma	31	40	25	5	0	5%
B2. Getting education or training so a better job can be obtained	17	22	43	16	2	18%
B3. Getting training to start/expand a personal business	40	23	22	13	4	17%
B4. Paying for school	12	12	26	33	17	50%
B5. Paying for childcare or transportation so parent/caregiver can attend school	11	5	17	30	36	66%
HOUSING	Not a problem	Slight problem	Moderate Problem	Serious Problem	Very serious	
D1. Finding affordable housing	4	10	13	41	31	72%
D2. Paying rent	5	13	21	39	21	60%
D3. Making mortgage payments	15	16	27	31	11	42%
D4. Cost of heating, insulation, or weatherization of home	5	21	35	32	7	39%
D5. Buying a safe and affordable home	14	12	25	34	15	49%
HEALTH	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
C1. Affording Medical/Dental/Prescription costs	11	18	26	30	16	46%
C2. Affording Medical/Dental Insurance	11	11	23	39	16	55%
C3. Applying for Public Assistance programs	25	36	27	10	3	13%
C4. Accessing treatment/counseling for Mental Illness	12	9	26	35	18	53%
C5. Accessing treatment/counseling for Drug/Alcohol	18	8	28	28	17	45%
TRANSPORTATION	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
E1. Obtaining reliable transportation for work, school, childcare, etc.	13	22	32	27	5	32%
E2. Affording the cost of car repairs	9	11	36	29	14	43%
E3. Affording the cost of maintaining a car (maintenance/gas)	9	14	38	26	12	38%
E4. Having a car available for individual/ family to use	12	19	37	22	9	31%
E5. Having reliable transportation available during...	8	21	35	24	11	35%
FAMILY	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
F1. Being able to afford childcare	10	6	19	46	19	65%
F2. Availability of childcare services	8	15	15	32	30	62%
F3. Coping with challenging behaviors for a teenage or young child	11	9	36	34	11	45%
F4. Having enough food for the household	10	23	45	17	5	22%
F5. Violence in the home	8	17	45	25	5	30%
FINANCIAL & LEGAL	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious	
G1. Having savings to use for emergencies	4	3	17	43	33	76%
G2. Having enough money to pay all monthly bills	5	7	32	36	20	56%
G3. Accessing loans with an affordable interest rate	20	12	28	25	15	40%
G4. Accessing affordable legal services	12	16	26	34	13	47%

TOP NEEDS ACROSS ALL FOUR LAKESHORE CAP SERVICE AREAS

BASED ON QUALITY OF LIFE DIMENSIONS

(STAKEHOLDER SURVEYS)

This data was analyzed in the same fashion as the Low Income survey. This survey was sent out to community stakeholders, primarily including those working and/or serving in the non-profit arena. The Stakeholder respondents to this survey clearly identified the following areas as cause for concern. These results can also be quite subjective. Those top 4 items that had more respondents identifying that factor as Serious to Very Serious was a simple means of identifying high priority items. However, the Moderate Problem label and column was also taken into consideration. Those areas that when the Moderate Problem responses were added to the Serious and Very Serious responses and totaled greater than just the Serious and Very Serious responses are shown in red.

Across all four county service areas more Stakeholder respondents identified the following as the highest ranked problematic areas, or those with higher Serious or Very Serious ratings among the Quality of Life Dimensions:

- Financial and Legal - **76%** of respondents responded with a Serious or Very Serious selection to G1 - ***Having savings to use for emergencies***. If we added the Moderate Problem rating to the sum percentage, **93% of respondents** identified this one factor as being a highly problematic, therefore a high need in the opinion of Stakeholders.
- In the Housing category-**72%** of respondents ranked ***Finding affordable housing*** as Serious to Very Serious.
- Education and Training-***Paying for childcare and transportation parent/caregiver can go to school*** ranked in the top 4 issues with **66%** of respondents ranking it Serious to Very Serious.
- Family-***Being able to afford childcare*** ranked as the 4th highest need 65% of responses being Serious to Very Serious.
- When taking into consideration Moderate Problem, Serious Problem and Very Serious Problem responses the top for issues identified by Stakeholder were as follows:
 - Financial Legal — ***Having savings to use for emergencies-93%***
 - Financial Legal — ***Having enough money to pay all monthly bills-88%***
 - Employment — ***Getting a better paying job-86%***
 - Housing — ***Finding affordable housing-85%***

Note: Because the Stakeholder survey was administered online only, the paper version of the survey was not distributed. However, all information shown on the attached paper stakeholder survey was replicated for the online survey.

Qualitative Data

Qualitative feedback was requested of those completing Community Needs Assessment Surveys. The statements collected provided further insight into the recognized issues that were highlighted in the quantitative data that was analyzed and some brings a bit of new light on the subjects.

In the **Employment** category there was a strong theme from the low income sector around employers providing second chances to those with a criminal background. This was echoed in the stakeholder survey.

Some of the statements included:

- Not judging someone's past old records (low income)
- Felon Friendly (low income)

- We need someone to go to bat for us ex: felons. I have taken almost every workshop training courses through FSET and W-2. Still, no job. I am over 5 years old clean and sober, have a 4 year old, been out of prison since January 2015. Still no jobs. Help! Please! (low income)
- More programs that help people with barriers to employment such as criminal records, drug addictions, etc. (stakeholder)
- Employees should consider felons for hire (stakeholder)

The **Education and Training** category highlighted the need for affordable childcare for those going to school. Additionally, the ability to afford school was common.

Statements included:

- Too expensive to take GED tests (low income)
- Provide child care to students (low income)
- Have local loans to pay for school, low interest rates if staying in area. (low income)
- More child care opportunities (low income)
- More childcare would be extremely helpful especially affordable childcare. (low income)
- Childcare Big issue in Manitowoc. Not enough resources plus too expensive (low income)
- I'm in school, took out student loans. Its online but paying for the internet is hard and I can't do school if I don't have it. (low income)
- Childcare is the biggest issue in this section -- people can't get childcare assistance until after they have a job, making furthering their education and training next to impossible for some. How are people supposed to do this when they have kids and their natural supports cannot or will not help them with childcare? (stakeholder)
- Families I serve are often single parent households who can't go back to school or work without access to childcare services which is a 4 and had for the families to obtain and pay for. (stakeholder)
- 1) Lack of quality, affordable day care is a big barrier; could NWTC and employers work together to increase availability and affordability of day care? 2) Financial aid is difficult to obtain if student has existing school debt; a way to eliminate that debt would help the student move forward. 3) Some programs at Sturgeon Bay's NWTC have classes offered in Green Bay; this is a barrier if transportation is an issue. A van to NWTC classes would be great. (stakeholder)

The **Housing** category showed two main themes 1) that affordable housing is lacking 2) there are not enough programs to help those that need some help in affording housing.

Statements included:

- Need more security deposit funding homeless shelter beds etc. (low income)
- Affordable rental properties that aren't slumlords or greedy over or living to make profit type of landlords I run into a lot. (low income)
- More low income housing (low income)
- Rent costs are incredibly high in the area due to low rental availability. The solution seemed to be to build luxury apartments and hope that would open up other rentals for those struggling to afford housing. Actually, this has had quite the opposite impact. Rents are rising for all housing instead of actually making it more affordable. Thus, Overall lack of affordable housing. (stakeholder)
- General income of the area is not sufficient for the average person to make ends meet. We have many families who struggle to obtain and maintain housing. (stakeholder)

- Affordable housing is very difficult as rent cost are very high and first time home buyer find it difficult with no down payment, limited programs with assistance depending on income-esp for middle class families to get a head verse paycheck to paycheck. (stakeholder)

Under the **Health** category the overall themes were lack of mental health providers, difficulty in accessing care with state insurance as well as the high cost of care.

Statements included:

- There aren't really any programs or psychiatrists in the area. The drug problem is taking over our community. (low income)
- Lower deductibles (low income)
- Trying to find health providers that accept insurance is very difficult. Would love to see people that could help with that (low income)
- Need More Mental Health Doctors (low income)
- More dental and mental health providers are needed in our county to keep with the demand for services. People usually have to be put on waiting lists in order to receive services. (stakeholder)
- There are not enough mental health services. Services for alcohol/drug use need to be accessed by clients more easily and in a shorter time frame. (stakeholder)
- My clients have extreme dental, medical, and prescription out of pocket costs. Many of them will decide to go without care or medications because they simply cannot afford to pay for it. Even when they have State health insurance, there are LONG waitlists for mental health, AODA and dental care from the few providers in the area that accept MA. (stakeholder)

The **Transportation** category included common themes of expanding the geographic availability of transportation services, expanding the availability of transportation services (buses) and a there were also comments from the low income sector that related to assistance with purchasing and maintaining a vehicle was a need.

Statements included:

- Help with getting a car (low income)
- Getting car fixed (low income)
- Bus hours & days don't work for 3rd shift jobs & routes aren't covering lots of places where jobs are. (low income)
- The bus has limited hours which can make it difficult for people to get to a job or appointments (low income)
- Cost of car repairs is a pretty big issue I think almost anywhere. While we are lucky to have places like Forward Services and Love Inc. to assist individuals with high repair costs and a pretty amazing but system, transportation can always be improved and there are always gaps in who can access financial assistance. (stakeholder)
- Current bus routes don't adequately cover the city. It also takes a lot of client's time to get from one point to the next if public transportation is used. There are no programs helping with car repairs/maintenance. Even though we have a program that assists clients with car ownership, it is doesn't help clients unless they have steady income and housing for six months, which can be very difficult to those who are/have struggled with homelessness. (stakeholder)

The overall theme in the **Family** category was help with childcare.

Statements included:

- Childcare is too expensive when you're just getting on your feet (low income)
- Childcare services and affording them are extremely hard on \$9/hr. along with rent and other bills. (low income)
- Not a problem for me individually because I don't have young children. Sick child, 2nd & 3rd shift childcare is non-existent. (low income)
- Parents can't work because there is no daycare. (stakeholder)
- More assistance for single parents-affordable childcare and higher wages. (stakeholder)
- There are not enough affordable childcare options for the people I serve, or transportation to get there. This is one of the biggest struggles I see when it comes to someone trying to get steady employment. (stakeholder)

The **Financial and Legal** category had a few surprises but when piecing it together, it shows the true state of where people in poverty are in their struggle to get ahead. The overall highest needs in the quantitative data from the low income survey showed that all areas in this category were high needs with the highest being the lack of an emergency fund. However, the qualitative data showed a theme around low interest loan access. There is likely a correlation between the lack of an emergency fund and the need for a low interest loan.

Statements included:

- I needed ongoing support about good solid choices on where and where not to put my savings and the value of saving what I had w/ disability. (low income)
- Always been an issue for as long as I can recall! No credit but loans for families struggling & not use credit score but income to pay loan back w/ low interest. (low income)
- Help people get affordable loans to pay past due things (low income)
- I do not think that I have ever worked with a family that has had an emergency savings account (in this line of work anyway). Generally the people that I have worked with have such little income or have become so indebted that this is really not doable in the short time that I work with them. (stakeholder)
- See ALICE study from United Way. 40% of families in Manitowoc County live paycheck to paycheck. Higher paying employment, help without judgment for people, and more civil and family legal services for low-income individuals. (stakeholder)

Poverty Data by County

Door County

Gender and Age — The top 3 age ranges by gender living in poverty:

Females ages 75+ (8.55%), ages 55-64 (7.36%) and ages 18-24 (7.23%)

Males ages 25-34 (7.67%), ages 18-24 (7.32%) and ages 55-64 (6.92%)

Race and Ethnicity —

Race with Hispanic or Latino origin	Poverty Rate
White Alone	8.0%
Black or African American	5.0%
American Indian and Alaskan Native	33.8%
Asian	4.2%
Native Hawaiian and Other Pacific Islander	-
Other race	31.5%
Two or more races	28.8%
Race NOT Hispanic or Latino origin	Poverty Rate
White	7.9%

Source: US Census American Community Survey 2017

Kewaunee County

Gender and Age — The top 3 age ranges by gender living in poverty:

Females ages 18-24 (7.89%), ages 75+ (6.86%) and ages 25-34 (6.86%)

Males ages 35-44 (6.05%), ages 55-64 (5.46%) and ages 6-11 (4.81%)

Race and Ethnicity —

Race with Hispanic or Latino origin	Poverty Rate
White Alone	8.5%
Black or African American	53.3%
American Indian and Alaskan Native	37.1%
Asian	0%
Native Hawaiian and Other Pacific Islander	-
Other race	65.2%
Two or more races	18.8%
Race NOT Hispanic or Latino origin	Poverty Rate
White	8.2%

Source: US Census American Community Survey 2017

Manitowoc County

Gender and Age — The top 3 age ranges by gender living in poverty:

Females ages 75+ (8.29%), ages 18-24 (7.48%) and ages 25-34 (7.38%).

Male ages 6-11 (7.25%), ages 55-64 (6.86%) and ages 25-34 (4.97%)

Race and Ethnicity —

Race with Hispanic or Latino origin	Poverty Rate
White Alone	11.5%
Black or African American	58.2%
American Indian and Alaskan Native	28.9%
Asian	36.5%
Native Hawaiian and Other Pacific Islander	0.0%

Other race	10.9%
Two or more races	25.2%
Race NOT Hispanic or Latino origin	Poverty Rate
White	11.3%

Source: US Census American Community Survey 2017

Sheboygan County

Gender and Age — The top 3 age ranges by gender living in poverty:

Females ages 25-34 (10.8%), ages 18-24 (6.41%) and ages 6-11 (6.06%)

Males ages 18-24 (6.34%) ages 55-64 (6.31%) and ages <5 (5.71%)

Race and Ethnicity —

Race with Hispanic or Latino origin	Poverty Rate
White Alone	11%
Black or African American	10.3%
American Indian and Alaskan Native	22.4%
Asian	9.2%
Native Hawaiian and Other Pacific Islander	0.0%
Other race	55.4%
Two or more races	29%
Race NOT Hispanic or Latino origin	Poverty Rate
White	10.9%

Source: US Census American Community Survey 2017

County poverty data reported by Age and Gender is from Data USA 2017
gathered from US Census American Community Survey

ALICE HOUSEHOLD SURVIVAL BUDGET

The household survival budget is determined by looking at the average cost for household necessities based on a family of four (2 adults, 1 infant, 1 preschooler)

Data source: 2016 ALICE Report

DOOR COUNTY

HOUSING	\$733
CHILDCARE	\$1,040
FOOD	\$525
TRANSPORTATION	\$697
HEALTHCARE	\$800
MISCELLANEOUS	\$439
TECHNOLOGY	\$75
TAXES	\$523
MONTHLY TOTAL	\$4,832
ANNUAL WAGE	\$57,984
HOURLY WAGE	\$28.99

KEWAUNEE COUNTY

HOUSING	\$756
CHILDCARE	\$1,127
FOOD	\$525
TRANSPORTATION	\$697
HEALTHCARE	\$800
MISCELLANEOUS	\$455
TECHNOLOGY	\$75
TAXES	\$568
MONTHLY TOTAL	\$5,003
ANNUAL WAGE	\$60,036
HOURLY WAGE	\$30.02

SHEBOYGAN COUNTY

HOUSING	\$684
CHILDCARE	\$1,361
FOOD	\$525
TRANSPORTATION	\$697

HEALTHCARE	\$800
MISCELLANEOUS	\$477
TECHNOLOGY	\$75
TAXES	\$633
MONTHLY TOTAL	\$5,252
ANNUAL WAGE	\$63,024
HOURLY WAGE	\$31.51

MANITOWOC COUNTY

HOUSING	\$717
CHILDCARE	\$1,080
FOOD	\$525
TRANSPORTATION	\$697
HEALTHCARE	\$800
MISCELLANEOUS	\$443
TECHNOLOGY	\$75
TAXES	\$533
MONTHLY TOTAL	\$4,870
ANNUAL WAGE	\$58,440
HOURLY WAGE	\$29.22

KEY FINDINGS

The overall key finding is that people cannot afford to live. A need for increased wages is the main factor that directly relates to the top 3 needs of the low income sector, which are:

- Lacking an emergency fund
- Affording the cost of car repairs
- Enough money to pay all monthly bills

In order to afford to live, employment must be paying a wage that covers the cost of living and/or the cost of living must decrease. This is not necessarily a matter of better budgeting. In looking at the one factor that LCAP can have the greatest impact on, Employment comes out as the top identified need.

IDENTIFIED NEEDS:

In reviewing the data, the message was clear, obtaining employment at a wage that allows a household to meet their basic needs and have the ability to save for an emergency or rainy day is most pressing. In looking at this from the family, community and agency levels, the needs present as:

Community level causes/conditions: The eligibility requirements to participate in program such as Skills Enhancement keeps a number of individuals who would benefit from the program, in poverty.

Family Level causes/conditions: Individuals do not have good paying jobs that allow them to afford basic needs.

Agency Level: causes/conditions: LCAP does not have enough programming to support individuals in increasing their skills which would result in them increasing their income. Ex. Skills Enhancement Program

CONCLUSION

The discrepancy in key findings between the Low Income Survey and the Community Stakeholder survey can appear to be rather significant. However, the theme throughout all survey results is that Low Income persons are struggling to make ends meet. Obtaining full-time employment was not a key finding in either survey. It may be assumed that employment is not an issue and based on today's unemployment rates this is likely true. However, affording the 'luxuries' of life (having an emergency fund, paying for school, being able to cover a car repair, affording childcare and housing) proves to be difficult..

As the economy continues on its upswing more jobs are available, however the fastest growing jobs are those that don't pay well enough to survive. Many of these jobs do not pay enough to cover basic living expenses. Increasing wages must be a focus when talking about eliminating poverty. Our survey indicates that people are finding employment. However, based on the results being difficulty in saving for an emergency and paying for a car repair, wages are not adequate.

Obtaining higher wages can create a domino effect that positively impacts a number of things, most importantly, children. It can be assumed that the stability found in being able to pay all monthly bills can result in consistent/safe childcare, the ability to pay for car repairs, etc. When stability can be found it greatly impacts the brain and social/emotional development of young minds. By increasing wages to a livable level families can change the trajectory of future generations.

DATA RESOURCE LIST

US Census American Community Survey (ACS) 2017

Data USA

Sheboygan County Community Health Assessment

Manitowoc County Community Health Assessment

Lakeshore CAP 2018 Service Data Report

United Way ALICE Report



Lakeshore Community Action Program

COMMUNITY SURVEY

*To address the needs of the people it serves, Lakeshore CAP is asking for information about your household and community needs. Please complete this survey and return it by **July 22, 2019**. Thank you.*

Please identify the county in which you live:

Manitowoc _____ Door _____ Kewaunee _____ Sheboygan _____

For the following questions, please circle the response that best relates to your household.

EMPLOYMENT	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Getting a better paying job	0	1	2	3	4
Getting a job with more hours	0	1	2	3	4
Getting a full-time, year-round job	0	1	2	3	4
Getting a job with health insurance benefits	0	1	2	3	4
Getting a loan and/or help to start a business	0	1	2	3	4

Do you feel existing programs or resources adequately address **Employment** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Employment** services:

EDUCATION & TRAINING	Not a problem	Slight problem	Moderate problem	Serious Problem	Very serious problem
Getting a high school diploma	0	1	2	3	4
Getting education or training so I can get a better job	0	1	2	3	4
Getting training to start/expand my own business	0	1	2	3	4
Paying for school	0	1	2	3	4
Paying for childcare or transportation so I can go to school	0	1	2	3	4

Do you feel existing programs or resources adequately address **Education & Training** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding these **Education & Training** services:

HOUSING	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Finding affordable housing	0	1	2	3	4
Paying my rent	0	1	2	3	4
Making my mortgage payment	0	1	2	3	4
Cost of heating, insulation, or weatherization of my home	0	1	2	3	4
Buying a safe and affordable home	0	1	2	3	4

Do you feel existing programs or resources adequately address **Housing** issues?

Yes_____ No_____ Don't know_____

Please share suggestions for improving or expanding **Housing** services:

HEALTH	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Affording Medical/Dental/Prescription costs	0	1	2	3	4
Affording Medical/Dental Insurance	0	1	2	3	4
Applying for Public Assistance programs	0	1	2	3	4
Accessing treatment/counseling for Mental Illness	0	1	2	3	4
Accessing treatment/counseling for Drug/Alcohol use	0	1	2	3	4

Do you feel existing programs or resources adequately address **Health** issues?

Yes_____ No_____ Don't know_____

Please share suggestions for improving or expanding **Health** services:

TRANSPORTATION	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Obtaining reliable transportation for work, school, childcare, etc.	0	1	2	3	4
Affording the cost of car repairs	0	1	2	3	4
Affording the cost of maintaining a car (maintenance/gas)	0	1	2	3	4
Having a car available for me/my family to use	0	1	2	3	4
Having reliable transportation available during the hours I need it	0	1	2	3	4

Do you feel existing programs or resources adequately address **Transportation** issues?

Yes_____ No_____ Don't know_____

Please share suggestions for improving or expanding **Transportation** services:

FAMILY	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Being able to afford childcare	0	1	2	3	4
Availability of childcare services	0	1	2	3	4
Coping with challenging behaviors for a teenage or young child	0	1	2	3	4
Having enough food for my household	0	1	2	3	4
Violence in the home	0	1	2	3	4

Do you feel existing programs or resources adequately address **Family** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Family** services:

FINANCIAL & LEGAL	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Having savings to use for emergencies	0	1	2	3	4
Having enough money to pay all my monthly bills	0	1	2	3	4
Accessing loans with an affordable interest rate	0	1	2	3	4
Accessing affordable legal services	0	1	2	3	4

Do you feel existing programs or resources adequately address **Financial/Legal** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Financial / Legal** services:

HOUSEHOLD INFORMATION

Please provide the income information requested. It is necessary to make your response valid.

HOUSEHOLD SIZE	HOUSEHOLD ANNUAL INCOME (125% of FPL)	HOUSEHOLD Annual Income BELOW	HOUSEHOLD Annual Income ABOVE
1 person	\$15,613		
2	\$21,138		
3	\$26,663		
4	\$32,188		
5	\$37,713		
6	\$43,238		
7	\$48,763		
8	\$54,288		
More than 8: Add \$5,525 per year for each additional household member			

What is your sex?

Male _____ Female _____ Intersex _____

What is your age range?

18-24___ 25-44___ 45-54___ 55-59___ 60-64___ 65-74___ 75+___

If you or any household members belong to a minority group, please share:

Race & Ethnicity_____

What best describes your household? Mark all that apply.

- ☐ Married couple, with children living at home
- ☐ Married couple, without children living at home
- ☐ Live with significant other and child/children
- ☐ Live with significant other, without children at home
- ☐ Single, living alone
- ☐ Single mother
- ☐ Single father
- ☐ Widow/Widower
- ☐ Separated/Divorced
- ☐ Other household type. Please specify _____

Please indicate your employment situation:

- ☐ Full-time
- ☐ Part-time
- ☐ Migrant Seasonal Farm Worker
- ☐ Unemployed
- ☐ Retired
- ☐ Unable to work
- ☐ Self-employed

What, if any form of health insurance you have?

- ☐ Medicaid
- ☐ Medicare
- ☐ State Health Insurance for Adults
- ☐ Military Health Care
- ☐ Direct-Purchase
- ☐ Employment based
- ☐ Unknown

What, if any form of health insurance do the children (under 18) living with you have?

- ☐ I do not have children living with me
- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Military Health Care
- ☐ Direct-Purchase
- ☐ Employment based
- ☐ My children do not have health insurance
- ☐ Unknown

Please best describe your housing situation:

- ☐ Own your own home
- ☐ Rent your home
- ☐ Living with others
- ☐ Living in a shelter
- ☐ Homeless
- ☐ Other, please describe _____

What is the highest grade or diploma or degree you have completed:

- ☐ Grades 0-8
- ☐ Grades 9-12/Non-Graduate
- ☐ High School Graduate/Equivalency Diploma
- ☐ 12th grade + Some Post-Secondary Education
- ☐ 2 or 4 years College Graduate
- ☐ Graduate of other post-secondary school
- ☐ Other

Does a child in your household have a documented disability?

- ☐ Yes
- ☐ No

Overall, I feel that Lakeshore CAP is:

- ☐ A remarkable organization doing remarkable work
- ☐ Ok, but could do more
- ☐ Not a worthwhile organization
- ☐ I am not familiar with Lakeshore CAP

Other comments:



STAKEHOLDER SURVEY

To address the needs of the people we serve, Lakeshore CAP is asking for information about the community needs you see in the work you do.

Lakeshore CAP is surveying community stakeholders within our four-county service area to gather information to help us plan for the future. This survey asks about specific areas that have been challenging or difficult for some households. Please answer each question as it relates to the needs you see in the community/communities you serve.

What county/counties do you serve?

Manitowoc _____ Door _____ Kewaunee _____ Sheboygan _____

For the following questions, please indicate the response that best relates to those you serve.

EMPLOYMENT	Not a problem/Not Applicable	Slight problem	Moderate problem	Serious problem	Very serious problem
Getting a better paying job	0	1	2	3	4
Getting a job with more hours	0	1	2	3	4
Getting a full-time, year-round job	0	1	2	3	4
Getting a job with health insurance benefits	0	1	2	3	4
Getting a loan and/or help to start a business	0	1	2	3	4

Do you feel existing programs or resources adequately address **Employment** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Employment** services:

EDUCATION & TRAINING	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Getting a high school diploma	0	1	2	3	4
Getting education or training so a better job can be obtained	0	1	2	3	4
Getting training to start/expand a personal business	0	1	2	3	4
Paying for school	0	1	2	3	4
Paying for childcare or transportation so parent/caregiver can attend school	0	1	2	3	4

Do you feel existing programs or resources adequately address **Education & Training** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding these **Education & Training** services:

HOUSING	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Finding affordable housing	0	1	2	3	4
Paying rent	0	1	2	3	4
Making mortgage payments	0	1	2	3	4
Cost of heating, insulation, or weatherization of home	0	1	2	3	4
Buying a safe and affordable home	0	1	2	3	4

Do you feel existing programs or resources adequately address **Housing** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Housing** services:

HEALTH	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Affording Medical/Dental/Prescription costs	0	1	2	3	4
Affording Medical/Dental Insurance	0	1	2	3	4
Applying for Public Assistance programs	0	1	2	3	4
Accessing treatment/counseling for Mental Illness	0	1	2	3	4
Accessing treatment/counseling for Drug/Alcohol use	0	1	2	3	4

Do you feel existing programs or resources adequately address **Health** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Health** services:

TRANSPORTATION	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Obtaining reliable transportation for work, school, childcare, etc.	0	1	2	3	4
Affording the cost of car repairs	0	1	2	3	4
Affording the cost of maintaining a car (maintenance/gas)	0	1	2	3	4
Having a car available for individual/family to use	0	1	2	3	4
Having reliable transportation available during the hours needed	0	1	2	3	4

Do you feel existing programs or resources adequately address **Transportation** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Transportation** services:

FAMILY	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Being able to afford childcare	0	1	2	3	4
Availability of childcare services	0	1	2	3	4
Coping with challenging behaviors for a teenage or young child	0	1	2	3	4
Having enough food for household	0	1	2	3	4
Violence in the home	0	1	2	3	4

Do you feel existing programs or resources adequately address **Family** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Family** services:

FINANCIAL & LEGAL	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Having savings to use for emergencies	0	1	2	3	4
Having enough money to pay all monthly bills	0	1	2	3	4
Accessing loans with an affordable interest rate	0	1	2	3	4
Accessing affordable legal services	0	1	2	3	4

Do you feel existing programs or resources adequately address **Financial/Legal** issues?

Yes _____ No _____ Don't know _____

Please share suggestions for improving or expanding **Financial / Legal** services:

Please indicate the PRIMARY areas your agency serves. Please limit your response to no more than 3 areas:

- | | |
|--|--|
| <input type="checkbox"/> Low-income | <input type="checkbox"/> Child Maltreatment |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Education | <input type="checkbox"/> Financial Education |
| <input type="checkbox"/> Food Security | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Elderly Services |
| <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Disabled Services |
| <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Veteran Services |
| <input type="checkbox"/> AODA | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Other: _____ | |

Please indicate your role within the agency you work for:

- ☐ Administration
- ☐ Supervisor
- ☐ Direct Service
- ☐ Volunteer
- ☐ Other _____



Door County Medical Center

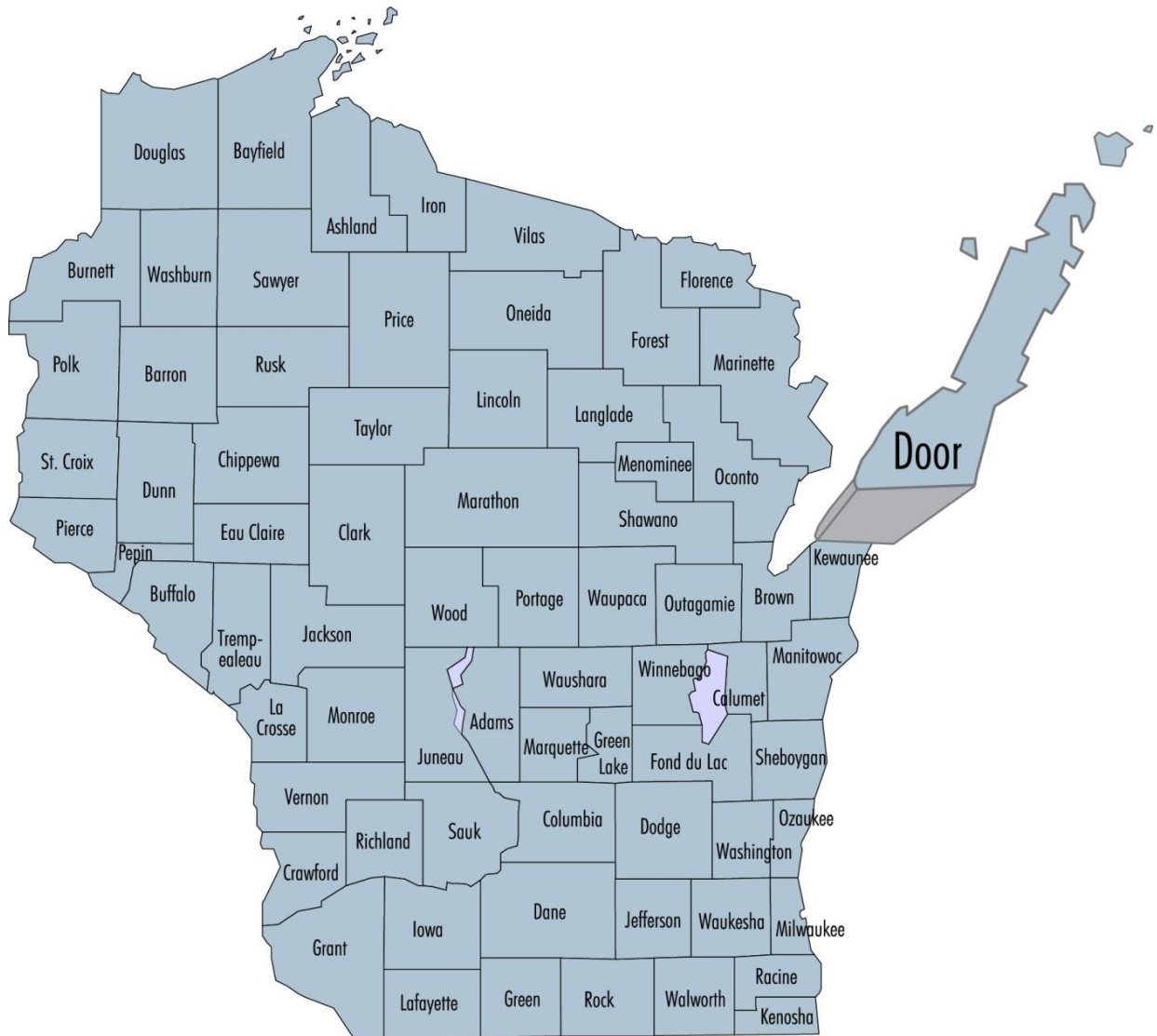
IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM



COMMUNITY HEALTH NEEDS ASSESSMENT

2020-2022

Communities We Serve



**Door County
Medical Center**

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

323 South 18th Avenue, Sturgeon Bay, Wisconsin 54235

Door County Medical Center Community Health Needs Assessment

An assessment of Door County conducted jointly by Door County Medical Center and Door County Public Health.

Door County Medical Center (DCMC) is a critical access hospital located in Door County, Wisconsin. For nearly 75 years, DCMC has been the leader in health and wellness for the community. DCMC's hospital and outpatient medical center provides a wide range of specialties, including Primary & Family Care, the Women's and Children's Center, the Door Orthopedic Center, the Door County Cancer Center, a skilled nursing facility, a rehabilitation services department, and clinics located in communities throughout Door County and the City of Algoma. With its main campus in Sturgeon Bay and satellite clinics and rehabilitation services facilities in four smaller communities, DCMC serves a wide range of patients.

DCMC's community health needs assessment (CHNA) focuses on the needs of individuals in Door County. Along with our values of Presence, Service, Vision, and Justice, our mission as a Catholic health care system is to further the healing ministry of Jesus Christ by improving the health and well-being of our community, especially the poor.

Door County Medical Center has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program. In 2018, DCMC's community benefit contributions were more than \$5 million.

DCMC also partners with other local organizations to address the health needs of the community, living up to its mission to improve the health and well-being of all people, especially the poor. DCMC's myriad community involvements – including support for silent sporting events, arts and music events, after school programs, and youth sports – make them the leaders in community wellness for all ages. DCMC also supports school nursing programs in local public schools, as well as occupational and physical therapy and sports medicine, and partners with local employers to keep their employees in good health.

Community Served by the Medical Center

Although DCMC serves Door County and the community of Algoma, WI, for the purposes of the community health needs assessment, the hospital and Door County Public Health focused on the needs of Door County. Our 'community served' was defined as such because (a) most community health data is available on at the county level; (b) most of our assessment partners define their service area at the county level; (c) Door County includes the majority of our service area.

Demographics describe statistics of the population. The following statistics compare Door County to Wisconsin including the areas of population, age, gender, race and ethnicity. In addition to these key statistics, additional information regarding Healthiest Wisconsin 2020 Focus Areas was also included in the development of this CHNA.

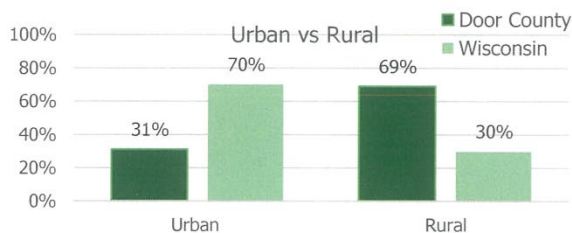
Year	Door County	Wisconsin
2018	28,000	5,818,049
2017	27,483	5,795,483
2016	27,348	5,772,917
2015	27,307	5,759,744

*Data Source: [World Population Review 2018](#)

	Door County	Wisconsin
Urban	31.01%	70.15%
Rural	68.99%	29.85%

*Data Source: [Community Commons](#)

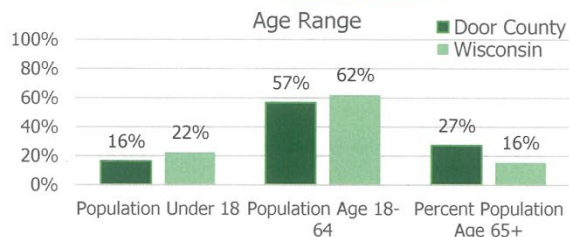
Population



AGE

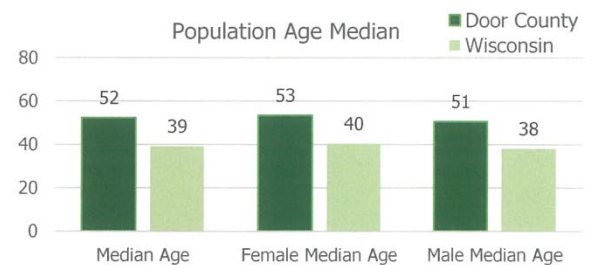
Age	Door County	Wisconsin
Population Under 18	16.32%	22.45%
Population Age 18-64	56.54%	61.99%
Percent Population Age 65+	27.14%	15.56%

*Data Source: [Community Commons](#)



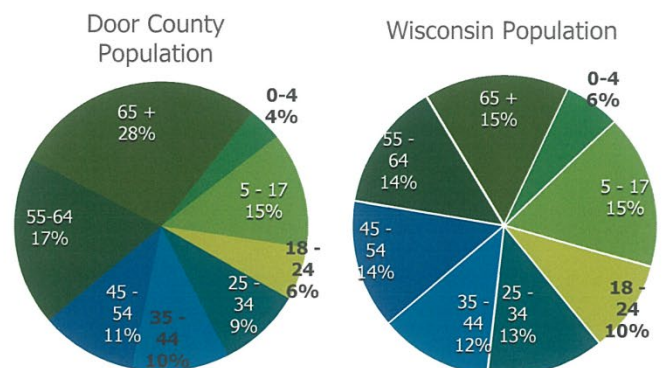
Age	Door County	Wisconsin
Median Age	52.3	39.2
Female Median Age	53.4	40.4
Male Median Age	50.6	38.1

*Data Source: [World Population Review 2018](#)



Age	Door County	Wisconsin
0-4	1,016	337,472
5 - 17	3,463	956,478
18 - 24	1,586	561,451
25 - 34	2,462	728,204
35 - 44	2,853	692,455
45 - 54	2,853	797,083
55 - 64	5,039	793,350
65 +	7,448	896,724

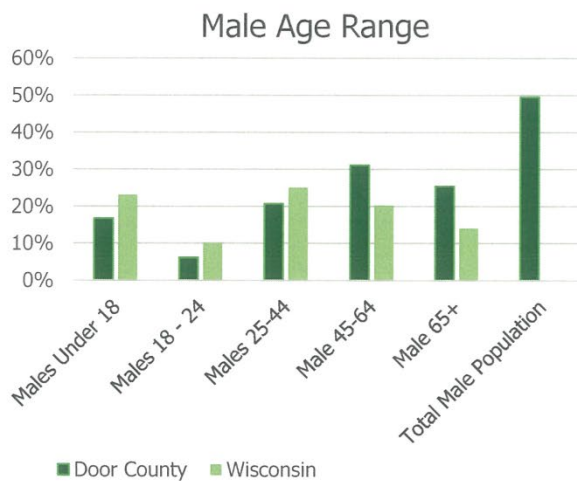
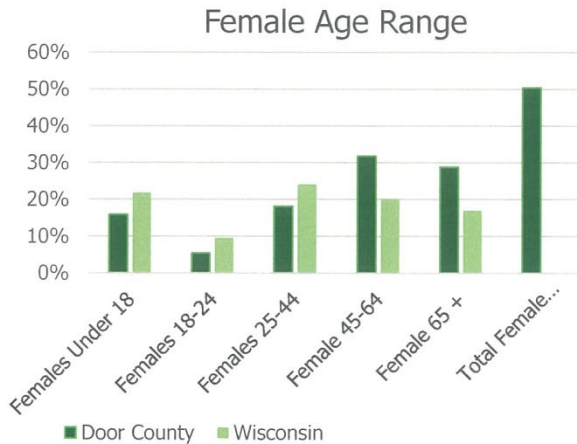
*Data Source: [Community Commons](#)



GENDER

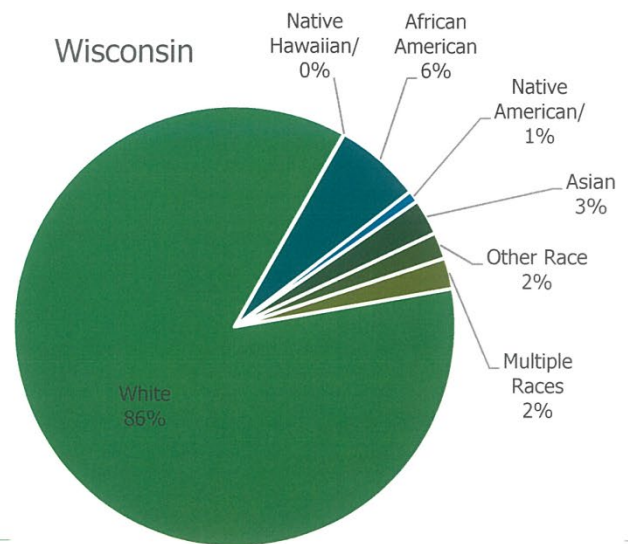
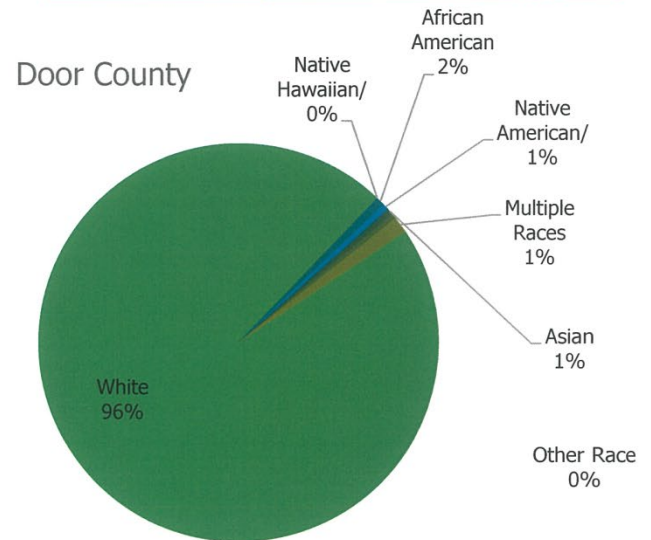
Gender	Door County	Wisconsin
Females Under 18	15.9%	21.8%
Males Under 18	16.7%	23.1%
Females 18-24	5.4%	9.5%
Males 18 - 24	6.2%	10.0%
Females 25-44	18.1%	24.1%
Males 25-44	20.7%	25.1%
Female 45-64	31.8%	20.1%
Male 45-64	31.1%	20.3%
Female 65 +	28.8%	17.0%
Male 65+	25.4%	14.1%
Total Female Population	50.44%	?
Total Male Population	49.56%	?

*Data Source: [United States Census Bureau 2018](#)



RACE AND ETHNICITY

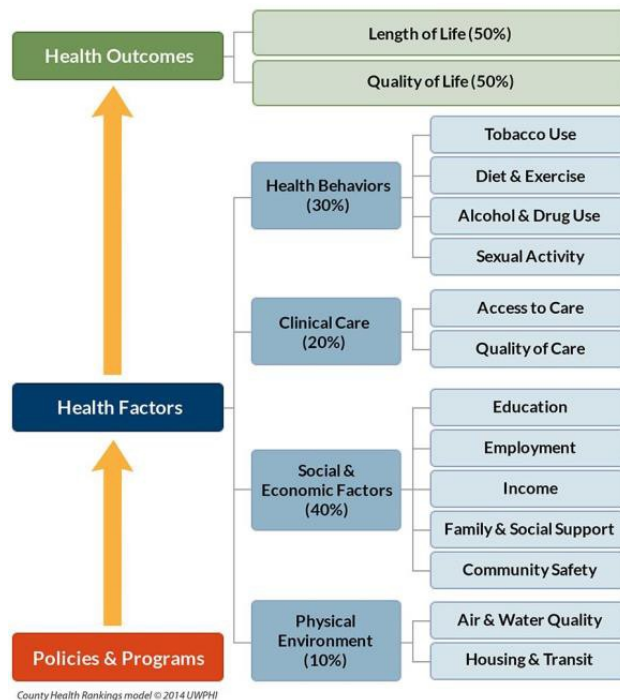
Race and Ethnicity	Door County	Wisconsin
White	26,488	4,950,577
Native Hawaiian/ Pacific Islander	0	1,811
African American	191	365,884
Native American/	148	50,094



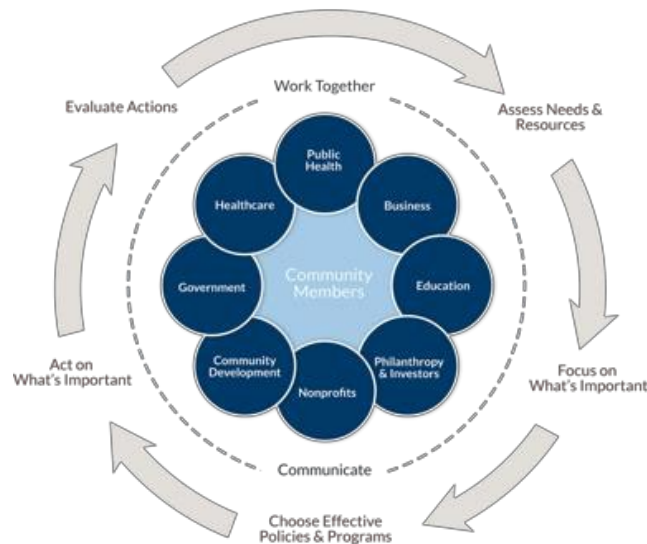
Process and Methods Used to Conduct the Assessment

Community Health Improvement Strategy

DCMC is committed to using national best practices in conducting the CHNA and implementing community health improvement strategies. Our approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing in particular the determinants of health model and the model for community health improvement.



In addition, we utilize the *Wisconsin Guidebook on Improving the Health of Local Communities* (developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program). This guidebook builds on the County Health Rankings and Roadmaps' Action Center.



Based on all of these resources, our community health improvement strategy rests on the following principles to make our communities a healthy place to live, learn, work and play by:

- Working collaboratively to effectively address health issues;
- Paying attention to the forces that shape health outcomes;
- Focusing efforts on target populations with a disparate health burden;
- Emphasizing the powerful impact of policy- and system-based approaches on change;
- Using the best evidence of effective strategies;
- Identifying and tracking specific, measurable performance indicators.

Planning Process

The Door County CHNA was compiled jointly by Door County Public Health and DCMC. A core group of representatives from both the medical center and Public Health worked together to identify the data to be used and distribute that data in order to gather feedback from key stakeholders.

The organizing framework for the data was Healthiest Wisconsin 2020, with categories as follows: alcohol and other drug abuse (AODA), chronic disease, communicable disease, environmental and occupational health, healthy growth and development, injury and violence, mental health, food and nutrition, oral health, physical activity, reproductive and sexual health, and tobacco use.

Data Sources

The primary source of this data was the Community Commons CHNA.org site which, in turn, draws from multiple secondary data sources including the US Census Bureau, Behavioral Risk Factor Surveillance System, and other Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- County Health Rankings and Roadmaps
- Wisconsin Department of Health Services
- American Community Survey
- Wisconsin Department of Children and Families
- National Center for Education Statistics
- Wisconsin Department of Public Instruction
- Wisconsin Environmental Public Health Tracking Program
- Wisconsin WIC Program
- Youth Risk Behavior Survey for Door County

This data was gathered into a written report shared with community stakeholders.

Input From Persons Who Represent the Broad Interests of the Community

Door County Medical Center is committed to addressing community health needs collaboratively with local partners. After the first community health needs assessment was compiled in 2013, DCMC participated actively in addressing the three top identified community needs: oral health, mental health and food and nutrition. Last cycle's assessment included a fourth need: human growth and development. This year's assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal continuing focus on these identified needs.

Input from Community Stakeholders, Including those who Serve Vulnerable Populations

Community stakeholders participated in the planning process and received data compiled by Door County Public Health. The data focused on an overview of county demographics and included data on health focus areas identified by Healthiest Wisconsin 2020, as well as an update on progress made on the current four identified health care needs. Topics included: food and nutrition, chronic disease prevention and management, healthy growth and development, mental health and oral health. This community health data was distributed to approximately 30+ participants along with a survey to solicit feedback including:

- Any outstanding gaps/needs related to the four current health priorities;
- Any emerging issues demonstrated by the data;
- Any additional observations in reviewing the data.

Beginning in April 2019, the DCMC and Door County Public Health group met to analyze the results and then participated in a discussion about the community health data, progress on the previous priority areas, and any emerging needs that were identified by our key stakeholders. Community assets were identified and based on those assets and additional criteria, the group discussed and reached consensus on the health priorities for the next three years. Those who participated in the meetings included The United Way of Door County, The Aging & Disability Resource Center of Door County, and the Boys and Girls Club of Door County.

Door County Medical Center is fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the Community Health Needs Assessment (CHNA) process must be informed by input from the poor, vulnerable and disparate populations we aim to serve. To ensure that the interests of these groups were adequately represented, we reached out to the leadership from organizations who serve the underserved in our community, including low-income seniors, children living in poverty, and families who struggle with food insecurity.

Leaders of these organizations, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Soliciting feedback from these key stakeholders was a critical piece in making sure that the interests of the most vulnerable in our communities will continue to be met by the CHNA process.

Input on previous CHNA

No written comments were received regarding the previous CHNA.

Prioritized Significant Health Needs

PRIORITIZATION CRITERIA

After reviewing and discussing the community health data, stakeholders were asked to provide input on the priority needs to be addressed throughout the next three years. They used the following criteria to consider the prioritization:

- Existing community assets – are needs already being met by community organizations?
- Severity – has this need been identified as severe, sudden and/or threatening to community health?
- Burden – how is this need affecting overall community health?

PRIORITIZATION PROCESS

Stakeholders were asked to consider the four previous priorities and decide if they should continue to be priorities for the community. It was agreed upon that the four previously identified needs (mental health; adequate, appropriate and safe food and nutrition; human growth and development; and oral health) should remain as the key priorities.

The reasoning for this decision was that the community has made good progress in actively addressing these issues and stakeholders feel that the community should continue to build on this momentum to continue to develop programs and initiatives created over the past several years. Also, the data shows that these needs continue to exist in the community and exert a health burden on the community.

PRIORITIES SELECTED

Based on this process, the following priorities were selected and confirmed for continuation:

- Mental health;
- Adequate, appropriate and safe food and nutrition (Renewed focus on addressing obesity);
- Oral health;
- Healthy growth and development – emphasis on early childhood social/emotional health and school readiness.

Acknowledging that issues beyond these four health priorities warranted attention, stakeholders then identified and discussed any additional issues that had arisen from the data and discussion. An open discussion followed, during which stakeholders' input and data compiled by Door County Public Health were taken into consideration.

Following this discussion, a few areas were identified for consideration in the future including:

- Focus on the mental and physical health of older adults including addressing issues of isolation, loneliness, end-of-life decisions, and the lack of transportation options;
- Focus on keeping and attracting younger people to serve the area through affordable housing and better paying jobs.

OVERVIEW OF PRIORITIES

Mental Health

Mental health issues continue to be a priority in Door County. The most recent Door County CHNA showed that significant steps have been made, including the increase in the ratio of mental health providers to residents, the formation by DCMC of a behavioral health services program, and the creation of a Mental Health Resource Guide. However, the data reviewed continue to indicate a need.

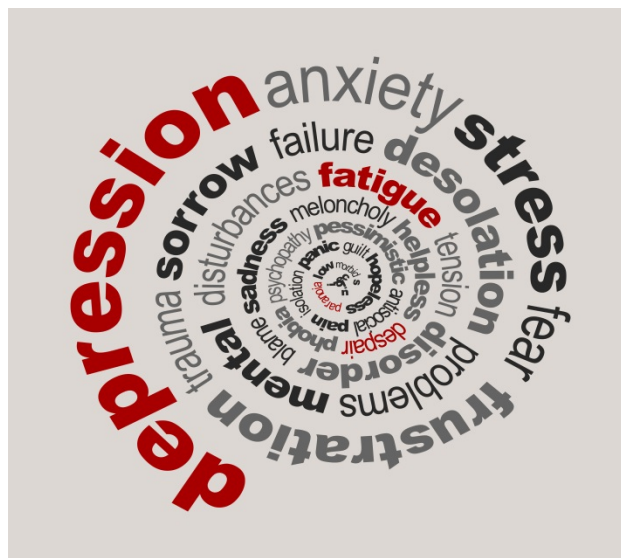
Stakeholders also noted that depression and mental health issues are associated with increased rates of other risk factors including smoking, lack of physical activity and substance abuse.

Why it matters

- Mental illness is the most common cause of disability in the United States.
- Mental health is essential to personal well-being, relationships, and the ability to contribute to society.

Mental health issues are associated with increased rates of these risk factors: smoking, physical inactivity, obesity, substance abuse. These physical health problems can in turn lead to: chronic disease, injury, and disability.

(Source: Centers for Disease Control & Prevention; County Health Rankings & Roadmaps; Healthiest Wisconsin 2020; Healthy People 2020)



Adequate, Appropriate and Safe Food and Nutrition

Access to adequate, appropriate and safe food and nutrition continues to be a challenge for many in Door County. Food cost disparity continues to be high in the community, combined with the facts that Door County's average annual income is lower than the state average and many families struggle with seasonal employment, makes food security a perennial issue in the community.

- The food insecurity rate among children in Door County 23.2 percent, surpassing the state rate of 20.7 percent.
- Food insecure families lack assured access to sufficient food for a healthy and active life. Overall, families in Door County have reported ever-increasing rates of food insecurity, resulting in a rate of 11.8-12.4 percent. Door County youth report poor eating habits, with 41.4 percent of high school students who reported eating fruit one or more times during the seven days before the survey. About 92.4 percent of students statewide reported eating fruit during the same period.
- Door County's public schools report significant levels of poverty among students, up to 19.2 percent in one district. Corresponding eligibility for free and reduced meal programs has continued to grow steadily since 2004, with nearly 40 percent of student households qualifying for these programs.

A healthy diet reduces risk of a number of chronic diseases, some cancers, oral disease, malnutrition and more. Annual health care costs are significantly higher for people who are obese than for those who are not, and people who maintain a healthy weight are less likely to develop chronic disease or die at an earlier age.



Oral Health

Access to dental care for low-income children and adults continues to be a health concern in Door County. Since adopting oral health as a prioritized community need, the Dental Clinic has expanded its services. Several years ago, the clinic served patients three days a week with volunteer staff, but the clinic has now expanded to a larger space, a full-time dentist and hygienists on staff, and full-time hours. As a result, more than 400 patients received dental care at the clinic in 2019. Also, programs in public schools to provide dental sealants for children continue. If applied at the appropriate time, sealants can help prevent tooth decay.

Despite this progress, the need for accessible dental care continues, especially for adults on Medicaid.

- 27 percent of the Door County population age two or above did not have a dental visit in the last year compared to 24 percent statewide.
- According to data from the 2010 Burden of Oral Disease in Wisconsin, less than 20 percent of Medicaid members in Door County received dental service in 2009, a significant portion of a vulnerable population rendered unable to prevent dental or related health issues.
- According to Tanya Fischer, DCMC Dental Clinic director, 90 percent of the calls the clinic receives are from adults, but the clinic cannot serve them all. “The biggest problem in Door County now is lack of dental care access for adults,” she says.

Oral health is an important component of general health throughout a person’s life. In addition to health risks posed by oral conditions, some of these conditions can impact and reveal health issues in other areas of the body. Oral health also has social impact. Difficulty chewing or swallowing can affect diet and nutrition by limiting food selection, and may lead to overall poor nutrition and health. Poor oral health can also affect self-esteem in children and adults, and result in difficulty in social situations or obtaining employment.



Healthy Growth and Development

In early 2015, a group of educators, parents and other professionals associated with early childhood and school-age children came together to discuss concerns about a perceived pervasive lack of social/emotional readiness for the demands of school. Increased numbers of children with behavioral issues, a lack of school readiness, and the need for increased teaching of basic social skills had these groups concerned about the impact of this issue on our youth and our community.

- The child abuse rate per 1,000 population in Door County is higher than the Wisconsin average, standing at 4.9 vs. the statewide rate of 4. Child abuse leads to long term detrimental effects including health challenges.
- It was noted that staff from Door County's Child and Family Services Department, in charge of handling cases of child abuse and neglect, were absent from the meeting, not because of a lack of interest, but because they are "busier than ever." Door County has seen an 800 percent increase in CHIPS petitions (filed alleging maltreatment of a child), from three in 2010 to 27 in 2014.
- Sturgeon Bay Head Start director reports that the program is seeing increased numbers of children with challenging behaviors and Individualized Education Plans (IEPs).
- At the start of the 2015 school year, Sturgeon Bay schools report 22 percent of kindergarteners were at risk in reading, and 28 percent did not meet beginning benchmarks in math; 14 percent of 4K students and 30 percent of kindergarten students had discipline referrals in the first quarter of the year.

Early childhood is a critical development period with lifelong impacts on health. Recent research has clearly shown that brain development of children prior to age five has a profound impact on their social, emotional, language, memory, physical and cognitive development. Positive environments and relationships in the life of the child lay the foundation for future learning, behavior and health. Adverse conditions, such as persistent poverty, violence and substandard daycare, put children at higher risk for mental health and developmental problems that can persist into school-age years and adulthood.



Potential Resources to Address the Significant Health Needs

Below are resources and assets in the community that currently support health or could be used to improve health. The following resources will be considered in developing implementation plans to address the prioritized community health needs:

Healthcare facilities:

- Door County Medical Center
- DCMC's satellite clinics in Algoma, Fish Creek and Washington Island
- Aurora Urgent Care and Nor-Door Clinics
- Bellin Employer Health Clinic in Sturgeon Bay

Other organizations/groups/services/programs:

Mental Health

- Door County Public Health
- Door County YMCA
- Behavioral Health Services (DCMC)
- Counseling Associates of Door County
- Jak's Place
- Big Brothers Big Sisters of Door County
- Boys and Girls Club of Door County
- Prevent Suicide Door County Nathan Wilson Coalition
- LEAP - The Human Kindness Project (DCMC outreach program)
- Art for Health/Art on the Wild Side Program (DCMC outreach program)
- Anti-bullying curricula in public schools
- Door County Mental Health Focus Group
- Community Programs of Door County

Food and Nutrition

- Door County Public Health
- FoodShare (supported by DCMC)
- Door County YMCA – Summer Foods Program
- WIC and Breastfeeding Support Groups
- The Community's Garden (in partnership with DCMC)
- Boys and Girls Club of Door County
- United Way of Door County
- Feed my People
- Lakeshore CAP Food Pantry
- Healthy Door County 2020 Task Force (representation from DCMC)

Oral Health

- Door County Dental Clinic
- Door County Public Health

Healthy Growth and Development

- Door County YMCA
- Boys and Girls Club of Door County
- Door County Library
- Door County Medical Center Children's Center
- Big Brothers Big Sisters of Door County
- Family Services of Northeast Wisconsin
- Sturgeon Bay Head Start
- Birth to Three Invention Program
- Family Support Program/Children's Services
- Child and Family Services Unit – DC Dept. of Human Services
- Door County Partnership for Children and Families

Physical resources:

- Three WI state parks
- County and city parks
- Crossroads at Big Creek
- Multiple opportunities for outdoor activities
- Bike lanes
- Performing arts venues

Community characteristics:

- Community readiness
- Silent sporting/recreational destination
- Collaborative spirit
- Arts-rich community (galleries, museums)
- High number of non-profit organizations
- High level of volunteerism

Next Steps

Having identified the priority health needs to be addressed, next steps include:

- Collaborating with community partners
- Developing a three-year Implementation Strategy
- Integrating the health priorities and implementation strategy into organizational strategic planning and resource investments and allocations.

Approval

This community health needs assessment (CHNA) report was presented to Door County Medical Center's governing board in May 2019 for adoption and was approved for 2020-2022.



Door County Medical Center

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

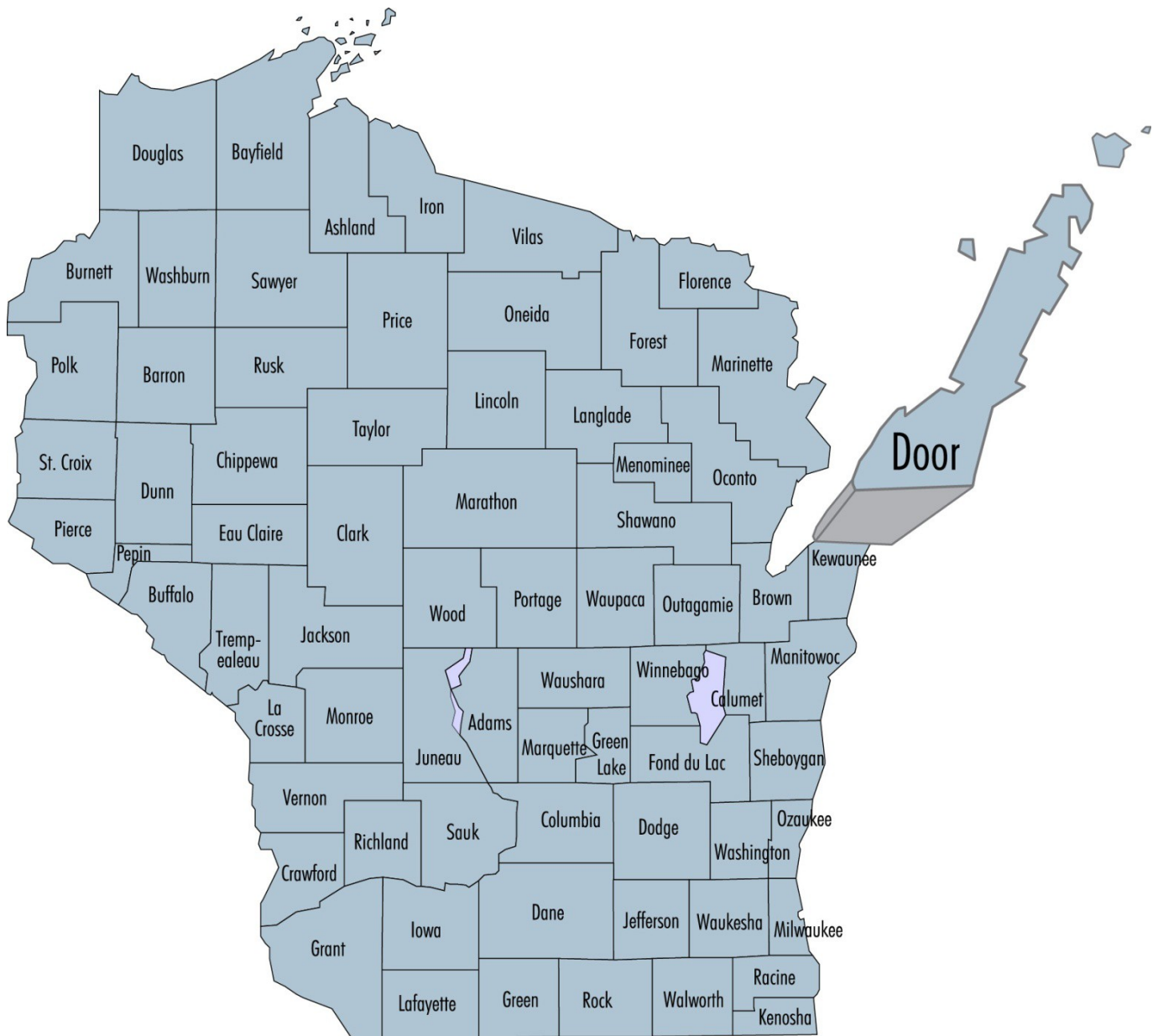


COMMUNITY

HEALTH IMPLEMENTATION PLAN

2019-2021

Communities We Serve



**Door County
Medical Center**

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

323 South 18th Avenue, Sturgeon Bay, Wisconsin 54235

Door County Medical Center Community Health Implementation Plan

Introduction

Door County Medical Center (DCMC) is a critical access hospital located in Door County, Wisconsin. For 75 years, DCMC has been the leader in health and wellness for the community. DCMC's hospital and outpatient medical center provides a wide range of specialties, including the Women's and Children's Center, the Door Orthopedic Center, the Door County Cancer Center, a skilled nursing facility, a rehabilitation services department, and clinics located in communities throughout Door County and the City of Algoma. With its main campus in Sturgeon Bay and satellite clinics and rehabilitation services facilities in four smaller communities, DCMC serves a wide range of patients.

Door County Medical Center has a long tradition of addressing the health of the community. This flows directly from our Catholic identity and mission. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program. In FY 2018, DCMC's community benefit contributions were more than \$5 million.

DCMC also partners with other local organizations to address the health needs of the community, living up to its mission to improve the health and well-being of all people, especially the poor. DCMC's myriad community involvements – including support for silent sporting events, arts and music events, after school programs, and youth sports – make them the leaders in community wellness for all ages. DCMC also supports school nursing programs in local public schools, as well as occupational and physical therapy and sports medicine, and partners with local employers to keep their employees in good health.

The Door County Medical Center Community Health Needs Assessment (CHNA) was conducted in 2018-2019 and focuses on the needs of individuals in Door County. Along with our values of Presence, Service, Vision, and Justice, our mission as a Catholic health care system is to further the healing ministry of Jesus Christ by improving the health and well-being of our community, especially the poor. Data was gathered from multiple sources to assess the health needs of Door County. This data was presented to a group of community stakeholders who together recommended the health priorities to be addressed for the 2019-2021 Community Health Implementation Plan.

PLANNING PROCESS

The CHNA was compiled jointly by Door County Public Health and DCMC. As with past cycles, a core group of representatives from both the medical center and Public Health worked together to identify the data to be used and distribute that data in order to gather feedback from key stakeholders.

The organizing framework for the data was Healthiest Wisconsin 2020, with categories as follows: alcohol and other drug abuse (AODA), chronic disease, communicable disease, environmental and occupational health, healthy growth and development, injury and violence, mental health, food and nutrition, oral health, physical activity, reproductive and sexual health, and tobacco use.

DATA SOURCES

Door County Public Health compiled the data primarily from the Community Commons CHNA.org site, which draws from multiple secondary data sources including the US Census Bureau, Behavioral Risk Factor Surveillance System, and other Centers for Disease Control and Prevention (CDC) data sources.

INPUT FROM COMMUNITY STAKEHOLDERS

Community stakeholders participated in the planning process and received data compiled by Door County Public Health. The data focused on an overview of county demographics and included data on health focus areas identified by Healthiest Wisconsin 2020, as well as an update on progress made on the current four identified health care needs. Topics included: food and nutrition, chronic disease prevention and management, healthy growth and development, mental health and oral health. This community health data was distributed to approximately 30+ participants along with a survey to solicit feedback including:

- Any outstanding gaps/needs related to the four current health priorities;
- Any emerging issues demonstrated by the data;
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In April 2019, the DCMC and Door County Public Health group met to analyze the results and then participated in a discussion about the community health data, progress on the previous priority areas, and any emerging needs that were identified by our key stakeholders. Community assets were identified and based on those assets and additional criteria, the group discussed and reached consensus on the health priorities for 2019-2021. To ensure the interests of vulnerable populations were adequately represented, we reached out to The United Way of Door County, The Aging & Disability Resource Center of Door County, and The Boys and Girls Club of Door County - organizations who serve the underserved in our community, including low-income seniors, children living in poverty, and families who struggle with food insecurity.

PRIORITIZATION PROCESS

Stakeholders were asked to consider the four previous priorities and decide if they should continue to be priorities for the community. It was agreed upon that the four previously identified needs (mental health; adequate, appropriate and safe food and nutrition; human growth and development; and oral health) should remain as the key priorities for 2019-2021.

The reasoning for this decision was that the community has made good progress in actively addressing these issues and stakeholders feel that the community should continue to build on this momentum to continue to develop programs and initiatives created over the past several years. Also, the data shows that these needs continue to exist in the community and exert a health burden on the community.

PRIORITIES SELECTED

Based on this process, the following priorities were selected and confirmed for continuation:

- Mental health;
- Adequate, appropriate and safe food and nutrition (Renewed focus on addressing obesity);
- Oral health;
- Healthy growth and development – emphasis on early childhood social/emotional health and school readiness.

Acknowledging that issues beyond these four health priorities warranted attention, stakeholders then identified and discussed any additional issues that had arisen from the data and discussion. A discussion followed, during which stakeholders' input and data compiled by Door County Public Health were taken into consideration.

Following this discussion, a few areas were identified for consideration in the future including:

- Focus on the mental and physical health of older adults including addressing issues of isolation, loneliness, end-of-life decisions, and the lack of transportation options;
- Focus on keeping and attracting younger people to serve the area through affordable housing and better paying jobs.

Having identified the priority health needs to be addressed, DCMC collaborated with community partners to develop a three-year Implementation Plan; and integrating the health priorities and implementation strategy into organizational strategic planning and resource investments and allocations.

NEEDS THAT WILL NOT BE ADDRESSED IN THIS CYCLE

In addition to the four health issues selected as top priorities, stakeholders identified two other significant health issues in Door County. These issues will be addressed by other organizations in the community. While these issues will not be addressed by DCMC as priority health needs at this time, we will provide support to those community efforts whenever possible.

Alcohol and Drug Use: The stakeholders identified alcohol misuse and drug use, particularly heroin and other opiates, as emerging issues in the community. Wisconsin has seen a 260 percent increase in opiate overdose death among 12-24 year olds in the past decade, with prescription opioids playing a role in more deaths than heroin and cocaine combined. Ministry will engage in increased educational efforts around this issue. The Door County AODA Coalition, of which DCMC is a part, and local law enforcement departments are addressing these issues.

Chronic Disease Prevention: Stakeholders identified chronic preventable disease as another health issue, in particular heart health, obesity and diabetes. Because diet plays a significant role in these conditions, this health issue is being addressed through the priority need of adequate, appropriate and safe food and nutrition. In addition, DCMC's continued support of silent sporting events, athletic events, the Door County YMCA, youth sports, outdoor activities, nature preserves and other outdoor resources provides increased opportunities for exercise, which contributes to addressing this need.

Implementation Strategy

The DCMC Implementation Plan is part of a broad community effort to address four priority needs in the community. DCMC works collaboratively with a broad range of direct service organizations, coalitions and government agencies to address these needs.

This implementation plan outlines the actions DCMC will take to address Door County's health needs. However, as noted below, many of these strategies will be implemented collaboratively. Recognizing that no one organization is able to effect substantial community change alone, the long-term outcomes identified in this plan will be achieved as many community organizations work together for collective impact.

ORAL HEALTH

Why it matters

- Good oral health improves the ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions.
- Good oral health can prevent mouth pain, tooth decay and loss, birth defects, and some diseases.
- Good oral health care can prevent other diseases through early detection of diseases that start with oral symptoms but that can affect health in other parts of the body.

Local data

- 27 percent of the Door County population age two or above did not have a dental visit in the last year compared to 24 percent statewide.



Our long term outcomes

- By June 30, 2021, increase the patient load at Door County Medical Center Dental Clinic for adults with no insurance or Medicaid by 25 percent.

What we are going to do

- Increase access to dental care for underserved adults by continuing to maintain the Door County Medical Center Dental Clinic.
- Assess current oral health programming in county schools.
- Address priorities identified in the schools' oral health programming assessment.
- Disseminate oral health public service messages.

Who is collaborating partner: Door County Public Health Department

NUTRITION

Why it matters

- A healthy diet reduces the risk of a number of chronic diseases, some cancers, oral disease, malnutrition, anemia and others risk factors, diseases and illnesses.
- Good nutrition in children is important for healthy growth and development, as well as maintaining appropriate weight.



Local data

- Door County youth report poor eating habits, with 41.4 percent of high school students who reported eating fruit one or more times during the seven days before the survey. About 92.4 percent of students statewide reported eating fruit during the same time period.
- The food insecurity rate among children in Door County 23.2 percent, surpassing the state rate of 20.7 percent.

Our long term outcomes

- By June 30, 2021, increase the amount of fresh fruits and vegetables consumed by students off of the school salad bar. We will request the school food service directors to track the amount of fresh fruits and vegetables used in the months of September and April. On average our schools purchased 650 pounds of fresh fruits and vegetables for the month of September. Our goal is to see a 10% increase in fresh fruits and vegetable purchases by April of 2020 (715 lb). Our goal for 2021 is to see a 5% increase in purchases (750 lb).
- A communication with the contact information for donations will be sent out via DCMC's Facebook page every 3 months and every month during summer months (May-September) sharing where local food pantries are located that carry perishable and non-perishable healthy foods for families in need.

What we are going to do

- Work with schools on the location of their salad bar.
- Provide volunteers and/or programming to encourage salad bar use by students.
- Provide monthly food samplings at each Door County school.
- Provide vouchers to FoodShare participants who access local farmers markets.
- Facebook engagement (likes/shares/comments) will be measured for communications regarding local food pantry contact information for donations.

Who are collaborating partners

- | | |
|---|--|
| • United Way of Door County | • Door County Public Schools and Algoma/Kewaunee School District |
| • Healthy Door County 2020 and member organizations | • City of Sturgeon Bay/ Sturgeon Bay Farmers' Market |
| • Grocery stores | • FoodShare Program |
| • Women, Infants, Children Program of Wisconsin (WIC) | • UW-Extension |

HEALTHY GROWTH & DEVELOPMENT

Why it matters

- Research studies over the past decade demonstrate a link between early life events and adult chronic disease.
- Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health and developmental potential.



Local data

- Sturgeon Bay schools report 22 percent of kindergarteners were at risk in reading, and 28 percent did not meet beginning benchmarks in math; 14 percent of 4K students and 30 percent of kindergarten students had discipline referrals in the first quarter of the year.
- The child abuse rate per 1,000 population in Door County is higher than the Wisconsin average, standing at 4.9 vs. the statewide rate of 4. Child abuse leads to long term detrimental effects including health challenges.

Our long term outcomes

- By June 30, 2021, increase the number of individuals who contact the Community Connections service of the Door County Partnership for Children and Families by 25% annually.
(Note: The current baseline is 94 individuals or 30 families for the 2018 calendar year)

What we are going to do

- With partners, conduct research and surveys to identify key issues in the early childhood population and top family needs.
- Work with partners to provide educational information and evidence-based programs for parents and caregivers of children ages 0-5.

Who are collaborating partners

- | | |
|--------------------------------------|---|
| • United Way of Door County | • Door County Department of Public Health |
| • Boys and Girls Club of Door County | • Birth to Three Intervention Program |
| • Door County Public Schools | • Family Support Program/Children's Services |
| • Door County Library | • Local day care centers |
| • Sturgeon Bay Head Start | • Door County Partnership for Children and Families and their collaborating members |

Approval

This Community Health Implementation Plan was adopted by the Senior Leader Team of Door County Medical Center and presented to DCMC's Board of Directors on December 4, 2019.