

Sheboygan County 2023 Community Health Needs Assessment

Community Listening Session Report

A summary of the Hmong, Hispanic/Latino/LatinX, and LGBTQ communities' voice



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[Healthy Sheboygan County](#)



Public Health
Prevent. Promote. Protect.

This report was prepared by staff from the Sheboygan County Division of Public Health. The information contained within was captured by members of the Healthy Sheboygan County Community Health Needs Assessment Steering Committee. If there are any questions regarding the content of this report, please reach out via email to hsc@sheboygancounty.com

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Introduction

Every three years, [Healthy Sheboygan County](#), a community-based initiative seeking to make positive changes in the health status of Sheboygan County residents, partners with local hospital systems and non-governmental organizations to assess the community's health needs and create a recommended set of health-related topics to prioritize over the next few years. This report is one of several summaries that illustrates the information gathered during the Community Health Needs Assessment (CHNA) process. The Community Listening Session report includes viewpoints from three distinct populations within Sheboygan County - the Hmong community, the Hispanic/Latino/LatinX community and the Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ) community. While other data collection efforts focus on quantitative data collection and analysis, random sampling techniques, and reaching out to Sheboygan County residents directly, this report attempts to incorporate qualitative data from members of the community who self-identify as belonging to one of these three demographics. The information contained in this report represents the opinions of individuals who attended one of the three listening sessions hosted by the Sheboygan County Division of Public Health and does not necessarily represent the views and opinions of all community members who identify as Hmong, Hispanic/Latino/LatinX, or belonging to the LGBTQ community.

Methods

It is [known](#) that historically underserved communities often face larger [disparities](#) when it comes to health outcomes. The Kaiser Family Foundation states, "Disparities occur across socioeconomic status, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation. Research also suggests that disparities occur across the life course, from birth, through mid-life, and among older adults. Federal efforts to reduce disparities focus on designated priority populations, including, 'members of underserved communities: Black, **Latino**, and Indigenous and Native American persons, **Asian Americans** and Pacific Islanders and other persons of color; members of religious minorities; **lesbian, gay, bisexual, transgender, and queer (LGBT+) persons**; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.'" With a lens towards capturing historically marginalized voices, the Sheboygan County Division of Public Health set out during the Spring and Summer of 2023, to engage the Hmong, Hispanic/Latino/LatinX, and LGBTQ community members in a way that provided a channel for their voices to be prioritized.

These efforts resulted in three unique Community Listening Sessions; one for each of the three communities mentioned. To ensure effective outreach and engagement, specific strategies were employed and tailored to each community group. The Community Health Workers and Community Engagement staff spearheaded population-specific marketing efforts by collaborating with community leaders, local organizations, and religious institutions to disseminate information through culturally sensitive channels.

- For the Hmong community, bilingual flyers and 4x4 printed handouts were distributed at Hmong cultural events, public health outreach events, placed in locations frequented by community members, and posted on social media platforms popular with this demographic.
- In the case of the Hispanic/Latino/LatinX community, outreach efforts included bilingual flyers and 4x4 printed handouts being distributed through the Women, Infants, & Children (WIC) clinic and local schools, at public health outreach events, placed in locations frequented by community members, and posted on social media platforms popular with this demographic.
- The LGBTQ community engagement effort involved outreach through the LGBTQ Alliance – a local advocacy organization, and Paradigm Coffee & Music—a local coffee shop. Additionally, personalized invitations were extended to key influencers within each community.

The listening sessions were held at culturally relevant venues within the respective communities, providing a comfortable and familiar setting conducive to open dialogue. The Community Health Workers and Community Engagement Staff facilitated and guided the sessions to ensure inclusivity, respect, and active participation. Sessions were structured to allow participants to share their experiences, challenges, and suggestions related to healthcare access, utilization, and community-specific health concerns.

Attendance at the sessions was logged, totaling 64 individuals across the three listening sessions. The Hmong Listening Session saw participation from 13 individuals, the Hispanic/Latino/LatinX Listening Session attracted 32 attendees, and the LGBTQ Alliance Listening Session had 19 participants. Each session lasted approximately one hour and was audio-recorded with participants' consent, to accurately capture the opinions and themes discussed. The sessions focused around these four main questions:

- 1. What is currently affecting your community?**
- 2. What needs have to be addressed to improve the health of our community?**
- 3. What programs or initiatives exist to address the top health conditions in our community?**
- 4. What have you or your community experienced over the last 3 years regarding COVID-19?**

The community conversations were audio-recorded, transcribed to text, and explored using Thematic Content Analysis with the assistance of qualitative data analysis software (NVivo). Additional, Listening Session-specific details are located at the end of this report in Appendices A - C.

Limitations

There were several limitations identified during the listening session process that ought to be addressed. First, not every member of the communities that participated was given an equal opportunity to attend the sessions. Due to time and space constraints, there was only one listening session per demographic group and if residents were not available and physically present during those times, they were unable to participate. Because of this, the authors acknowledge that the opinions and views contained in this report may not be representative of, or generalizable to, the larger communities to which they belong. Another limitation of this

report is the challenge of data collection in multiple languages. While there were translators present at the Hmong and Hispanic/Latino/LatinX sessions, it is possible that some ideas or concepts didn't translate directly into English and the nuance of some responses may not have been fully captured. A final limitation to this work is the limited duration of each session. With a cutoff time of approximately one hour, the authors acknowledge that there was a substantial amount of information to cover in a brief period and had there been fewer time constraints, additional comments and opinions may have been provided.

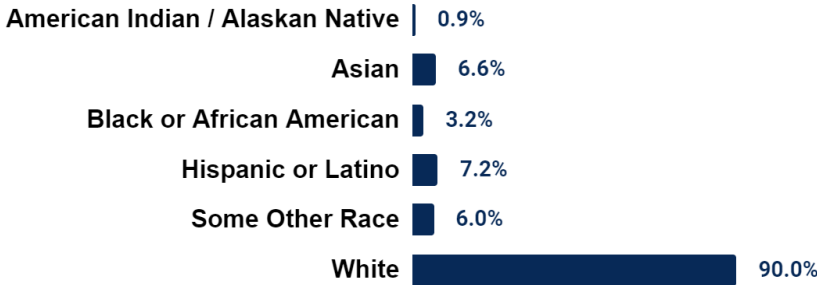
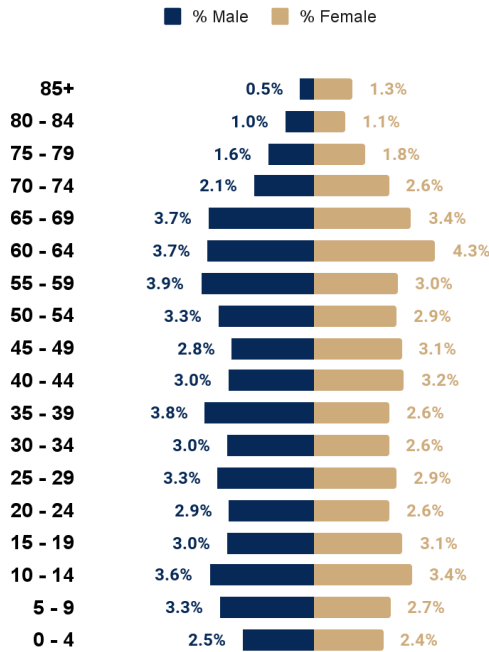
Sheboygan County Profile

117,747 Residents

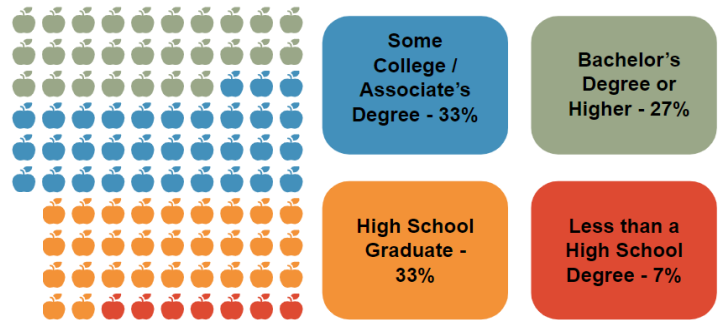
Cities and Villages within Sheboygan County

- Sheboygan
- Plymouth
- Sheboygan Falls
- Howards Grove
- Oostburg
- Kohler
- Cedar Grove
- Random Lake
- Elkhart Lake
- Cascade
- Adell
- Waldo
- Glenbeulah

Sheboygan County - Age and Sex



Educational Attainment



Median Household Income



Citations:

- Language Spoken at Home: <https://data.census.gov/table/ACSST1Y2021.S1601?q=S1601&q=050XX00US55117&moe=false>
- Race/Ethnicity: <https://data.census.gov/table/ACSDP1Y2021.DP05?q=DP05&q=050XX00US55117&moe=false>
- Median HH Income: <https://www.countyhealthrankings.org/explore-health-rankings/wisconsin/sheboygan?year=2023>
- Educational Attainment: <https://data.census.gov/table/ACSST1Y2021.S1501?q=S1501&q=050XX00US55117&moe=false>
- Age and Sex: <https://data.census.gov/table/ACSST1Y2021.S0101?q=050XX00US55117&moe=false>
- LGBTQ: <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=55#density>

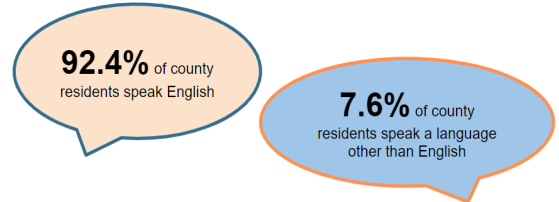
LGBTQ+ Community

3.8% Adults in WI identify as LGBTQ+

29% LGBTQ adults in WI (25+) who are raising children

4% WI workforce members who identify as LGBTQ+

Language Spoken at Home



Common Themes Across All Listening Sessions

This section highlights some of the commonly agreed upon responses across all of the listening sessions.

What is currently affecting your community?

- **Access to healthcare services** was a primary concern along with communication challenges. When searching for community resources, many noted that information was not readily available or accessible.
- **Immigration status** prevents people from accessing services and resources due to a lack of necessary documentation or “paperwork” and a fear of possible repercussions.
- From interacting with impatient healthcare providers to getting stuck in a maze of telephone transfers, **language barriers** were cited as a major source of frustration.
- The need for expanded **access to mental health services** was frequently mentioned. Resources exist, but have limited capacity, especially for youth and adolescent mental health.

What needs have to be addressed to improve the health of our community?

- There is a strong desire for a streamlined **referral/transfer process** and a comprehensive **county-wide resource guide/directory**.
- Residents noted a **lack of culturally specific resources available**. Additionally, there is a **need for local data**; data are available at state or national levels but don't necessarily match the needs and opinions of local residents.
- **Community acceptance, integration, and belonging** was identified as a need. Similarly, participants would like to experience general community inclusion - a need for safe spaces and the normalization of presence within Sheboygan County.
- **Language barriers** create challenges in many community settings for non-english speaking residents.
- **Immigration status** was also listed as a barrier to receiving services or care within the community.

What programs currently exist to address the top health needs?

- Local hospitals/healthcare providers, local government agencies and programs, faith-based organizations, Nonprofits focusing on youth and adolescents, mental health service providers, employer-based assistance, financial and economic assistance groups, cultural and support groups

What have you or your community experienced over the last 3 years regarding COVID-19?

Major Challenges that occurred during the pandemic included isolation and inability to work. Accessing basic resources was difficult at times. Immigration status was noted as a barrier to receiving assistance. There was stigma associated with infection that resulted in poor mental health. Increased risk of negative health outcomes was also discussed since some community members mentioned having a higher risk of severe disease.

Silver Linings of the COVID-19 pandemic include getting vaccinated, translated materials, and partnerships with the Division of Public Health (DPH). Federally funded stimulus checks were very helpful in meeting some of the financial barriers. Partnerships through schools and churches ensured that COVID tests were widely available. Some community members used the last few years as an opportunity to engage in online learning.

Common Themes Identified During the Hmong Community Listening Session

1. What is currently affecting your community?

- **Access** - Access to healthcare, combined with long wait times, costs, and language barriers were frequently listed challenges. There was also a desire for increased access to outdoor spaces for recreational activities. Immigration status was widely discussed as a challenge for service acquisition in the county. Community members also mentioned 'referral fatigue', where they are directed to different resources but rarely end up receiving those services due to barriers.
- **Alcohol** - A community member spoke about the role that alcohol plays in the Hmong culture. It is often used in social gatherings and could become problematic without proper education on safe consumption habits.
- **Chronic Disease** - Chronic disease was mentioned often as a top health priority. Individuals mentioned that a lack of physical activity and a lack of educational information around healthy eating habits can lead to chronic health issues which, in turn, can lead to mental health challenges. A final factor impacting chronic disease was inadequate housing; there was mention that excessive heat in the summer and cold in the winter contributed to chronic illness.
- **Immigration Status** - One of the more frequently discussed themes during the listening session was immigration status. Community members noted how challenging it could be to access resources and services without proper documentation.
- **Language Barriers** - Language barriers was another common topic of discussion. Community members explained that this was one of the hardest components of navigating the services and resources within the community.
- **Mental Health** - Like the other listening sessions that occurred, mental health rose to the top as a priority for the Hmong community as well. The older community members identified multiple sources of poor mental health including chronic disease and a lack of opportunity to engage in physical activities outdoors.

2. What needs have to be addressed to improve the health of our community?

- **Access/Navigation** - The Hmong community listed a need for competent translators to help with connecting them to resources in order to overcome language barriers. Additionally, a better understanding of the referral process needs to be embedded within the community - it was determined that oftentimes Hmong community members are consistently referred back to the Hmong Mutual Assistance Association (HMAA) and not the services they were seeking. There is also a desire for resource navigators within the Hmong community who are well-informed of the available resources and able to help connect community members effectively and efficiently.
- **Community Acceptance, Integration, and Belonging** - Compared to other racially/ethnically marginalized communities, Hmong community members do not feel as though they are prioritized due to recency of immigration and are in need of additional support. There is a desire for equitable access to services and greater consideration from the community as a whole.
- **Culturally Appropriate Care** - As a consequence of language barriers, some mentioned that they were not receiving care that fit within their cultural norms. This was often the case in healthcare settings and created hesitation to receive care within the community because of seemingly incompetent/unkind

providers. Additionally, some felt as though they received substandard care because of their inability to file complaints against medical providers.

- **Immigration Status** - Within the Hmong community, some mentioned that immigration status and a lack of documentation made it difficult to access services. There is a need for assistance in acquiring the proper paperwork within this community.
- **Mental Health** - While mental health was a common theme during the session, youth mental health was noted as a high priority within the Hmong community.
- **Transportation** - Some community members noted that they would like to see an increase in access to public transportation within the community.

3. What programs or initiatives exist to address the top health conditions in our community?

- Although the Hmong community listening session didn't result in any specifically identified community programs or initiatives, community members stated they were aware of available services and resources but were unable to access them due to language barriers. Exacerbating this challenge is a major concern over the quality of translation services. Just because a translator is used does not mean that effective communication occurs. The community would like to see more Community Health Worker-type positions for navigating resources and overcoming language barriers.

4. What have you or your community experienced over the last 3 years regarding COVID-19?

Over the past three years, the Hmong community has experienced instances where some were unable to work due to illness. This was also a source of stigma in professional settings and created some anxiety for those who disclosed recent infections to colleagues. Another challenge that this community faced was the curbing of culturally specific events such as weddings and funerals and the rituals that accompanied them. This scaling back of events reduced opportunities for community gathering and celebration. Multiple individuals noted isolation as a major challenge throughout the pandemic, resulting in poor mental health - especially for older individuals. Additional challenges of the pandemic include trouble accessing food and household supplies while attempting to navigate settings with additional considerations that may not be translated into Hmong - language barriers around COVID protocols and procedures at stores and other public settings made it difficult to complete typical tasks. A final challenge of the pandemic was that some community members were uncertain about how to ask for community assistance during this time, leading to needs being unmet. Despite the obstacles brought about by the COVID-19 pandemic, the Hmong community expressed their gratitude for the role that the local public health department played in vaccine distribution. Many individuals discussed how they were able to stay safe and healthy while their unvaccinated counterparts were impacted by severe illness.

Common Themes Identified During the Hispanic/Latino/LatinX Community Listening Session

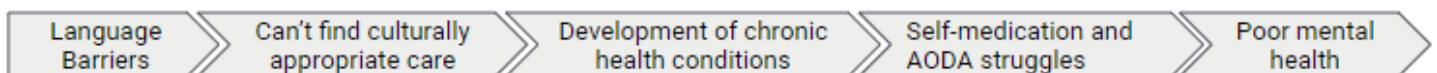
1. What is currently affecting your community?

- **Access** - Lack of translated resources made it challenging when trying to navigate services and referral networks. Immigration status was another frequently mentioned challenge to accessing services. Because some community members do not have social security numbers, they cannot log into online portals to review the results of medical tests. Extensive wait times and the high cost of healthcare were also issues noted as it pertains to access.
- **Dental** - Dental coverage is an issue for this community in general, but especially for youth in school settings. Several individuals noted that insurance didn't cover enough of the cost of care.
- **Drug Use and Abuse** - Drug use, especially among women with children, was stated to be increasing and can sometimes result in child neglect. Drug use in shared housing was also discussed as a challenge for some residents.
- **Immigration Status** - Similar to responses in the Hmong listening session, Hispanic/Latino/LatinX community members explained that because of their immigration status, some were hesitant to seek out services or care and were fearful of the negative consequences that might result from attempting to access them.
- **A Lack of Information** - This was a common theme during the listening session. Residents explained that they are interested in learning what resources are available, but it can be challenging when they aren't listed in Spanish. Additionally, community members mentioned that being provided information in their preferred language helps to establish trust and build lasting alliances with service providers.
- **Language Barriers** - Language barriers were cited as a major challenge impacting this community. Residents expressed a desire for ALL information to be translated into Spanish, as a lack of translated material sets the stage for health problems later on. For example, a language barrier prevents someone from seeking appropriate medical care which leads to chronic health conditions and then results in self-medication and substance use issues. Another challenge of language barriers was the quality of translations - one community member mentioned that most of the time, translations are inaccurate and unreliable.

What is currently impacting the Hispanic/Latino/LatinX community?

% of Listening Session participants:

- Drugs affecting homes - **44%**
- Challenges with translators - **34%**
- Language barriers - **31%**
- Mental health needs - **31%**
- Medical coverage - **31%**
- Racism and discrimination - **25%**
- Dental coverage - **25%**
- Homebound healthcare of elderly and disabled residents - **25%**



- **Mental Health Services** - Community members noted a need for counseling services within the community, specifically as they pertain to marriage, family and youth. Youth mental health was further discussed as it is not being prioritized. Parents noted that they would like to see more toolkits on how to help children cope with poor mental health. Safe spaces for youth was also listed as an opportunity for addressing mental health.

- **Racism and Discrimination** - A community member mentioned that there is racism and discrimination across a number of settings including the workplace, healthcare systems, and the community in general. This can make it difficult to lead a healthy lifestyle.
- **Vaping and E-Cigarette Use** - Youth vaping and e-cigarette use was mentioned as an issue within this community. Adolescents are using these devices at an early age leading to addiction.

2. What needs have to be addressed to improve the health of our community?

- **Access** - Language barriers were determined to be a primary source of limited access. Another barrier to access that could be addressed is the challenge of accessing information. Community members discussed getting stuck in a whirlpool of transfers that don't result in connections being made or needs being met.
- **Food Insecurity** - Residents explained that access to food pantries can be denied due to lack of proper identification. This challenge may be a result of immigration status.
- **Housing** - Housing is seen largely in a positive light; residents believe it to be accessible, and there are services available to help acquire housing. The only caveat to this topic is for individuals who are on a fixed income - the cost of rent continues to rise but their income stays the same.
- **Immigration Status** - Because of an individual's immigration status, they may not be able to access the services they need to lead full and healthy lives.
- **Information/Navigation** - Community members explained that they have a desire to see more community outreach specific to the Hispanic/Latino/LatinX community. Additionally, residents would like to see a directory of Spanish-specific resources and services that are available within the county.
- **Transportation** - It can be challenging to acquire a drivers license for some members of this community in Sheboygan County. This barrier limits community members' ability to be self-sufficient and forces them to rely on public transportation. It was noted that there is a need for expanded transportation services for elderly community members.

“Language is a necessity”

3. What programs or initiatives exist to address the top health conditions in our community?

- | | |
|---|-----------------------------------|
| ● Women, Infants & Children (WIC) Program | ● Safe Harbor |
| ● Catholic Charities | ● Helping Hands |
| ● Lakeshore Community Health Care | ● The Salvation Army |
| ● Advocate Aurora | ● St. Vincent de Paul |
| ● HSHS St. Nicholas Hospital | ● The Sheboygan County Job Center |
| ● Partners for Community Development | ● Lakeshore Technical College |

4. What have you or your community experienced over the last 3 years regarding COVID-19?

During the COVID-19 pandemic, the Hispanic/Latino/LatinX community acknowledged that it was a challenging time for all. Some of the major challenges within this community was the insufficient level of COVID-19 content that was translated into Spanish in the community. Some examples given were about processes and protocols to follow if you were exposed to someone who was ill or if you required medical care and needed to contact a

doctor. Stimulus checks were also noted as a difficulty during this time because the immigration status of community members impacted their ability to receive COVID funding as some did not qualify for the benefit. While there were certainly challenges that the Hispanic/Latino/LatinX community faced during the past three years, there were also many positives highlighted during the listening sessions. For example, because of community events being postponed, one family chose to pursue education virtually and was able to learn English and obtain their GED diplomas. There were also plenty of kudos mentioned around the accessibility of information and vaccinations through the local Division of Public Health. Key partnerships with churches in the community made this possible. Free COVID tests through schools and religious organizations were an important tool for this group as well.

Common Themes Identified During the LGBTQ Community Listening Session

1. What is currently affecting your community?

- **Access** - Within the LGBTQ community, members noted that a lack of communication from healthcare providers results in an inability to make appointments and fill prescriptions. This creates distrust between the clients and providers. Another challenge to access is the lack of mental health providers in the county for both children and adults. Expanded access to sexually transmitted infection testing was also listed as an issue impacting the LGBTQ community. Listening session participants noted that Planned Parenthood was a valuable resource within the county; however, not all community members feel comfortable receiving care in that particular setting.
- **Mental Health** - During the community listening session, suicide was mentioned as a concern. Additionally, access to mental health services was listed as a priority. Long wait lists prevent individuals from receiving care and need to be addressed before minor mental health concerns escalate to major concerns. Residents explained that there are programs in place to help address youth mental health within the county; however, there is still a need for additional services.
- **Vaping and E-Cigarette Use** - LGBTQ community members explained that, within middle and high school settings, vaping and e-cigarette use was becoming more common and leading to addiction issues.

2. What needs have to be addressed to improve the health of our community?

- **Access/Navigation** - A common theme throughout all of the listening sessions was the need for expanded access to community resources, specifically for healthcare providers and specialists. Some community members noted that even if you were able to find a provider, wait times and limited capacity made receiving care a challenge. Resource navigation was another topic that was identified as a need that ought to be addressed. Community members would like to see comprehensive resource guides produced for the county - with specific examples of services and resources that have been identified as queer-friendly.
- **Childcare** - LGBTQ community members expressed a need for affordable childcare within the county. The high cost of childcare, a necessity for some, can often lead to anxiety and financial insecurity for many.
- **Community Integration, Acceptance, and Belonging** - Listening session participants discussed a desire to find general community inclusion and acceptance within Sheboygan County. Without it, these community members discussed challenges regarding access and a lack of resources that are population-specific. The creation of additional safe spaces and normalization of LGBTQ presence in the community was discussed as a need that ought to be addressed.
- **Housing** - Specific to LGBTQ families, housing stability and affordability was mentioned as a concern within this community.
- **Mental Health Services** - Youth were identified as being a specific demographic within the LGBTQ community where additional mental health supports are needed. The United Way's PATH program is a valuable resource but limited in capacity.
- **Increase in Data** - Several individuals at the listening session discussed the lack of local data that was available to the LGBTQ community. There is a strong desire to increase local LGBTQ data collection

and use within Sheboygan County. Additionally, it was suggested that the process not stop with data collection, but find ways to ensure that the relevant information finds its way into the hands of leaders and legislators who can use it to create positive change in the community that is grounded in evidence.

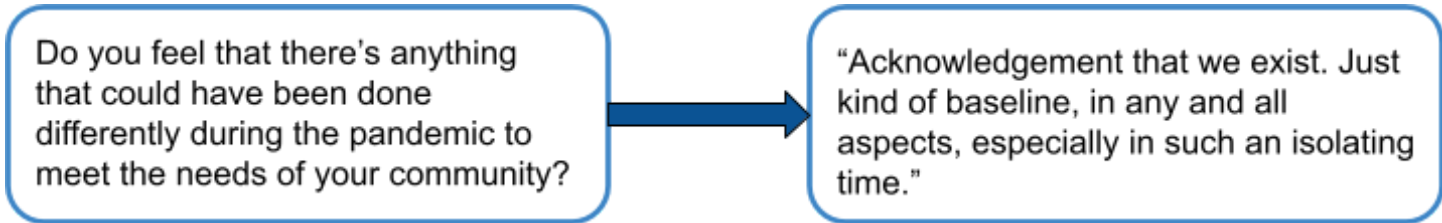
3. What programs or initiatives exist to address the top health conditions in our community?

- United Way's PATH Program
- The Alliance
- Catholic Charities*
- Employee Assistance Programs
- Planned Parenthood
- LGBTQ-Specific AA groups
- Sheboygan Area LGBTQ Support
- Mental Health America - Lakeshore

*It was acknowledged that faith-based providers can sometimes exclude care for the LGBTQ community. It was also mentioned that, if service providers aren't explicitly stating that they are safe spaces, they won't be perceived as such by community members. In order to receive community and civic resources the LGBTQ community needs to be prioritized as a marginalized community for resource allocation.

4. What have you or your community experienced over the last 3 years regarding COVID-19?

The COVID-19 pandemic created new challenges for all Sheboygan County residents. Some of the hurdles that the LGBTQ community identified include isolation, lack of community consensus around safety protocols, and a need for acknowledgement without insincerity. Isolation and the mental health repercussions that followed were frequently discussed within this session. A lack of safe, community spaces to gather contributed to the issue. Virtual gatherings were noted as a reasonable substitute but with the caveat that it was not preferred. One community member discussed their experience living in a rural community during the pandemic. The isolation from friends, in tandem with a challenging home environment, created a difficult landscape to navigate. It was noted that the accessibility of virtual mental health services was greatly appreciated during this time. In regards to community consensus, it was explained that the LGBTQ community is at a higher risk for severe disease, and the broader community's unwillingness to mask up and take other precautionary measures to protect each other had a significant impact on the wellbeing of this group. Regarding safe spaces during the pandemic, the closure of certain businesses and community spaces exacerbated the isolation felt by many during this time. With an already small LGBTQ community in Sheboygan County, the loss of these safe spaces was difficult. Lastly, there was discussion around the theme of tokenism during the listening session. It was brought up that individuals in the LGBTQ community felt as though they were asked to provide insight and opinions regarding American Rescue Plan Act funding during the pandemic, but were frustrated to learn that no dollars were specifically designated towards efforts to prioritize the wellbeing of the LGBTQ community within the county.



Appendices

A. Hmong Listening Session: Materials and Processes

Marketing Approach - The marketing strategy for the Hmong Listening Session employed a diverse range of methods to engage the Hmong community effectively. This included utilizing social media platforms such as Facebook, disseminating printed flyers and posters, and distributing handouts at significant community events like the Hmong Mutual Assistance Association (HMAA) monthly food pantry distribution and through the Sheboygan Outreach Collective. Additional marketing strategies included the following: Bilingual CHW Facebook Page, HMAA Facebook Page, Community Alliance Church bulletin, Holy Covenant Church bulletin, and CHW individual client 1:1 outreach and invitations.

These marketing efforts spanned from March 15, 2023, to the date of the session on April 15, 2023. Additionally, sandwich board signage and balloons were displayed on-site on the day of the event, enhancing visibility.

**ZeJ Zog Hmoob Tuaj Mloog
Kev Sib Tham Tawm Tswv Yim**

Nej yeej paub nej lub zej zog zoo dua lwm tus.
Peb xav paub tias hauv lub zej zog no yam kev
mob nkeeg twg tseem ceeb tshaj uas koj xav tias
yuav tsum tau muab los tham.

Npaj Nyob Rau Hauv:
Koom Haum Hmoob
2304 Superior Ave.
Sheboygan, WI 53081

**April 15th
10:00AM-12:00PM**



Koj los koom kev soj ntsuam, mus thajj duab tus
QR code los yog nkag mus rau hauv lub vas sab
ntawm healthysheboygancounty.org daim ntawv
soj ntsuam no yuav siv 10 li feeb thiaj tev.



**Hmong Community
Listening Session**

You know your community better than anyone.
Healthy Sheboygan County is looking for YOUR
input on what health priorities are most important
in Sheboygan County.

Hosted by:
Hmong Mutual Assistance
Association of Sheboygan
2304 Superior Ave.
Sheboygan, WI 53081

**April 15th
10:00AM-12:00PM**



You can also participate by scanning this QR code
or by visiting healthysheboygancounty.org to
take a 10 minute survey.



Participation and Materials Used - Thirteen participants attended the Hmong Listening Session. The session included the use of a printed Question/Health Issues List Handout, and a Community Input Survey (provided in English and Hmong languages EN/HM). A QR code embedded within the PDF flier facilitated easy access to additional information.

Engagement Tools and Compensation - Participants received a \$20 gift card for their attendance and participation in the Listening Session and an additional \$20 gift card upon completion of the Community Input Survey that was available after the session concluded. Furthermore, the HMAA received a \$1000 stipend for providing a secure and supportive environment for the session. Light snacks and beverages were also offered to participants through donations.

Facilitation and Staff Presence - The Listening Session was facilitated by CherPao Vang, with support from Dalila Contreras, Avi Suhkwahl, Joyce Mann, and Heather Reil-Thiry from the Sheboygan County Division of Public Health (DPH). Their presence aimed to ensure a conducive environment for discussions and to assist in facilitating smooth interactions.

Timeline of Events - The Hmong Listening Session took place on April 15, 2023, following a month-long marketing effort from March 15 to April 15, 2023. Various channels were utilized for outreach, including social media, community bulletins, and direct outreach by community health workers (CHWs).

Limitations and Challenges - Several challenges were faced during this specific session. Technical difficulties arose with the slide projector machine that created background noise, which was located too close to the recording equipment. This resulted in staff deciding to not use the slide projector for the listening session. Additionally, font size issues were encountered with the printed handouts, necessitating adjustments for subsequent sessions. Recording devices faced limitations in capturing complete discussions, and community events, like funerals, impacted attendance.

Despite encountering obstacles, these listening session experiences offer valuable insights for refining future community engagement efforts

Listening Session Questions

1. What is currently affecting your community??
2. What needs have to be addressed to improve the health of our community?
3. What programs or initiatives exist to address the top health conditions in our community?
4. What has your community experienced over the last 3 years regarding COVID-19?



Major Health Related Issues in Your Community

Of the following focus areas from the State Health Plan, please rank order the top 3 to 5 major health-related issues in your community:

- Access
- Adverse childhood experiences (ACEs)
- Alcohol
- Chronic disease
- Communicable disease
- Environmental and occupational
- Growth and development
- Injury and violence
- Mental health
- Nutrition
- Oral health
- Physical activity
- Reproductive & sexual health
- Substance use and abuse
- Tobacco
- Other

B. Hispanic/Latino/LatinX Listening Session: Materials and Processes

Marketing Approach - The marketing strategy for the Hispanic/Latino/LatinX Listening Session employed a diverse range of methods to engage the Hispanic/Latino/LatinX community effectively. This included utilizing social media platforms such as Facebook, disseminating printed flyers and posters, and distributing handouts at significant community outreach events, locations, and through the Sheboygan Outreach Collective. Additional marketing strategies included the following: Bilingual CHW Facebook Page, Sheboygan County Public Health Facebook Page, Sheboygan Spanish SDA Church bulletin, Sheridan School, and CHW individual client 1:1 outreach and invitations.

These marketing efforts spanned from March 26, 2023, to the date of the session on April 26, 2023. Additionally, sandwich board signage and balloons were displayed on-site on the day of the event, enhancing visibility.



Sección de Escucha

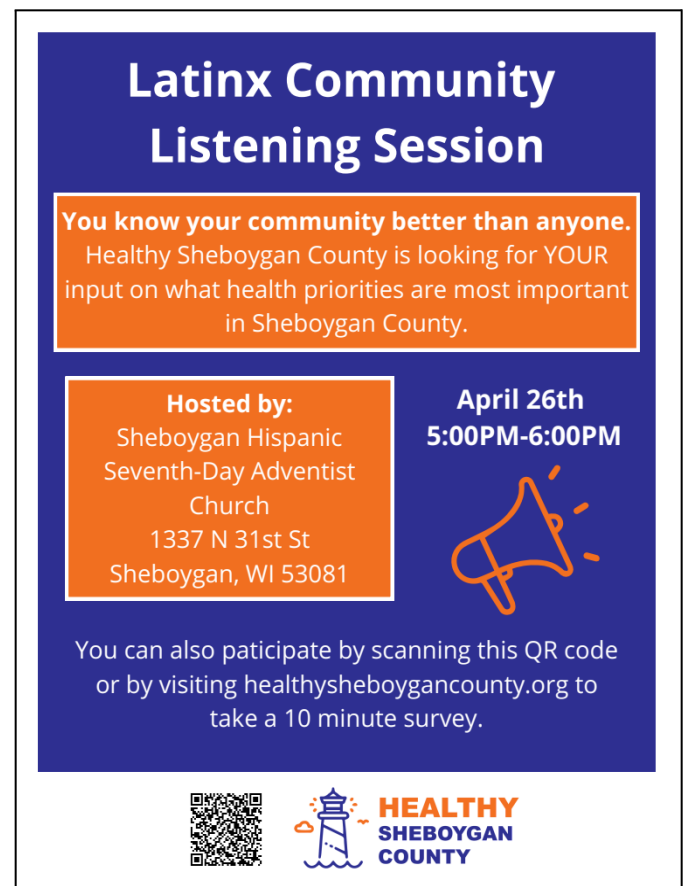
¡Tú, mejor que nadie, conoces a tu comunidad!
El condado saludable de Sheboygan (Healthy Sheboygan County) quiere oír de usted para identificar y entender las necesidades de salud más importante de la comunidad.

En La Iglesia Adventista del Séptimo Día
1337 N 31st St
Sheboygan, WI 53081

**26 de Abril
5:00PM-6:00PM**

También puedes participar escaneando el código abajo o visitando www.healthysheboygancounty.org para tomar esta encuesta. La encuesta no llevará más de 10 minutos. Sus respuestas serán confidenciales.





Latinx Community Listening Session

You know your community better than anyone.
Healthy Sheboygan County is looking for YOUR input on what health priorities are most important in Sheboygan County.

Hosted by:
Sheboygan Hispanic Seventh-Day Adventist Church
1337 N 31st St
Sheboygan, WI 53081

**April 26th
5:00PM-6:00PM**

You can also participate by scanning this QR code or by visiting healthysheboygancounty.org to take a 10 minute survey.

Participation and Materials Used - Thirty-two participants attended the Hispanic/Latino/LatinX Listening Session. The session included the use of a slide show presentation, printed Question/Health Issues List Handout, and a Community Input Survey (provided in English and Spanish languages EN/SP). A QR code embedded within the PDF flier facilitated easy access to additional information.



Sesión de Escucha

Iglesia Adventista del Séptimo Día

¿Cuál es el propósito de esta sesión de escucha?

Objetivo: El propósito de esta sesión es participar con nuestra comunidad en una conversación destinada a identificar las condiciones de salud y las necesidades de la comunidad en el condado de Sheboygan.

Reglas para el sesión de escucha:

Por favor pongan sus teléfonos en silencio



Esta sesión será grabada, solamente en audio.



¿Cuál es el propósito de esta sesión de escucha?

Cada tres años, el Condado de Sheboygan Saludable lleva a cabo una Evaluación de las Necesidades de Salud de la Comunidad. Este es un esfuerzo combinado con el departamento de Salud Pública, socios comunitarios y los sistemas de atención médica que operan dentro del condado de Sheboygan. Esta evaluación incluye varias oportunidades para recopilar información, incluidas sesiones de escucha comunitaria.

Reglas para el sesión de escucha:

- Respetar uno al otro
- Respetar las opiniones de los demás
- No agredir, verbal o físicamente
- Enfocar la discusión en el tema escogido
- Levantar la mano para hablar
- Usar palabras no ofensivas
- No interrumpir a la persona que está hablando
- Mantener silencio lo mejor posible

Reglas para el sesión de escucha:

Respetaremos la confidencialidad de todos y no compartiremos información personal.

CONFIDENCIAL

1 Identificar las condiciones de salud de la comunidad:

¿Qué está afectando actualmente a su comunidad?

Principales problemas relacionados con la salud

- Acceso de servicios de salud
- Experiencias adversas en la niñez (ACE)
- Alcohol
- Enfermedad crónica
- Enfermedad transmisible
- Ambiental y laboral
- Crecimiento y desarrollo
- Lesiones/Heridas y violencia
- Salud mental
- Nutrición
- Salud oral
- Actividad física
- Salud reproductiva y sexual
- Consumo y abuso de sustancias
- Tabaco

2 Identificar los recursos comunitarios que están disponibles:

¿Qué programas o iniciativas existen para ayudar con las condiciones principales de salud en nuestra comunidad?

3 Identificar las necesidades de la comunidad:

¿Qué necesidades deben de ser atendidas para mejorar la salud de nuestra comunidad?

4

La pandemia de COVID-19:



¿Qué experiencias ha tenido su comunidad en los últimos 3 años con respecto al COVID-19?

¡Gracias!



Te invitamos a que se queden un poco para tomar una encuesta.

Engagement Tools and Compensation - Participants received a \$20 gift card for their attendance and participation in the Listening Session and an additional \$20 gift card upon completion of the Community Input Survey that was available after the session concluded. Furthermore, the Sheboygan Spanish SDA Church received a \$1000 stipend for providing a secure and supportive environment for the session. Light snacks and beverages were also offered to participants through donations.

Facilitation and Staff Presence - The Hispanic/Latino/LatinX Listening Session was co-facilitated by Dalila Contreras, Ruth Ruiz, and Carmen Ruiz, with support from CherPao Vang, Avi Suhkwahl, Heather Reil-Thiry, and Joyce Mann from the Sheboygan County Division of Public Health (DPH). Public health staff presence aimed to ensure a supportive environment for discussions and to assist in facilitating smooth interactions.



Timeline of Events - The Hispanic/Latino/LatinX Listening Session took place on April 26, 2023, following a month-long marketing effort from March 26 to April 26, 2023. Various channels were utilized for outreach, including social media, community bulletins, messaging to WIC clients, and direct outreach by community health workers (CHWs).

Limitations and Challenges - Challenges were minimal during this specific session. One potential challenge was the acoustics of the space where the listening session took place. Another challenge was the presence of small children who may have made noise that was distracting to other participants or disruptive to the recording process. Offering childcare is a consideration for future listening sessions. Lastly, the Hispanic/Latino/LatinX community does not have a central community or cultural center in Sheboygan where Spanish speakers receive official communications or information. Growing partnerships within the Hispanic/Latino/LatinX community is another consideration for future outreach.


Despite encountering obstacles, these listening session experiences offer valuable insights for refining future community engagement efforts.

Preguntas para el sesión de escucha

1. ¿Qué está afectando actualmente a su comunidad?
2. ¿Qué programas o iniciativas existen para ayudar con las condiciones principales de salud en nuestra comunidad?
3. ¿Qué necesidades deben de ser atendidas para mejorar la salud de nuestra comunidad?
4. ¿Qué experiencias ha tenido su comunidad en los últimos 3 años con respecto al COVID-19?


Escanea el código QR para tomar la encuesta a final de la presentación



C. LGBTQ Listening Session Materials: Materials and Processes


Marketing Approach - The marketing strategy for the LGBTQ Alliance's Listening Session involved a multifaceted approach tailored to reach the LGBTQ+ community safely and effectively. Outreach initiatives included targeted messaging by the LGBTQ Alliance to their membership via email and social media, and through collaboration with Paradigm Coffee & Music. Additionally, information was shared by word-of-mouth among the LGBTQ+ community. This target marketing campaign spanned from August 1, 2023, to the date of the session on August 30, 2023.

Participation and Materials Used - Nineteen participants attended the LGBTQ Listening Session. During the session, a printed handout that included a set of questions related to health issues and concerns was provided to participants.



LGBTQIA+ Community Listening Session

8.30.23



Welcome


Every three years, Healthy Sheboygan County conducts a Community Health Needs Assessment. This is a combined effort from Public Health, community partners, and the healthcare systems that operate within Sheboygan County. This assessment includes several opportunities for gathering input, including community listening sessions.

Objective: The purpose of this session is to engage with our community partners in a conversation aimed at identifying the health conditions and community needs relevant to Sheboygan County.




Goals for the Listening Session

We are here to improve the work we do to improve the health of our community. Everyone's input is welcome, and the group agreement serves to encourage a safe and supportive environment for our community members.




Guidelines for Respectful and Considerate Discussion:

- **Confidentiality:** Our conversation is confidential and any personal information or situations will not be shared outside this space without your consent.
- **Recording Purpose & Anonymity:** The conversation will be recorded only for the purpose of gathering data. No identifying information will be obtained or shared.
- **Speak Loud and Proud:** All information and ideas shared are important and valid. Please speak loudly and clearly to aid in the recording of our conversation.
- **Purpose of the Session:** To gather information and viewpoints about community needs, to guide our work in the future.
- **Quiet Cell Phones:** Please quiet cell phones and prepare to be fully present in the conversation.
- **Raising Hands:** Raise your hand to ask a question or speak to aid the recording.
- **Dignity and Respect:** Treat others with dignity and respect.
- **Appropriate and Inclusive Language:** Ensures that the conversation remains respectful and considerate of diverse identities and experiences.



1 Identifying community health conditions:

What is currently affecting your community?



From the following list, what do you think are the three most important health issues/conditions affecting your community?

<ul style="list-style-type: none"> • Alcohol Abuse • Asthma • Infectious Diseases (Tuberculosis, measles, hepatitis) • Chronic Issues (Diabetes, Heart Disease) • Cancer • Smoking, Chewing Tobacco • Dementia • Lead Poisoning 	<ul style="list-style-type: none"> • Nutrition • Dental Care • Exercise • Sexually Transmitted Infections • Suicide • Accidents - Falls, car accidents, poisonings • Drug Use • Infant Death • Vaping, Juul, E-Cigs • Other _____
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2 Identifying community needs:

What needs have to be addressed to improve the health of our community?



From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?

- Access to affordable child care/day care
- Access to affordable healthcare
- Access to affordable, nutritious foods
- Access to affordable housing
- Access to community parks and other recreation locations for physical activity
- Access to mental health services
- Access to social services/safety net for people who are struggling
- Bullying in schools and other youth settings
- Child abuse and neglect
- Clean air
- Clean water
- Community safety
- Criminal justice reform
- Domestic violence/Intimate partner violence
- Good paying jobs and strong economy
- Good schools and colleges
- Gun violence
- Human trafficking
- Public transportation
- Racism and discrimination
- Support services for seniors (meals, transportation, housing, respite support)
- Strong & supportive families/relationships
- Other: _____



3 Identifying available community resources:

What programs or initiatives exist to address the top health conditions in our community?



4 The COVID-19 pandemic:

What have you or your community experienced over the last 3 years regarding COVID-19?



Thank you!

Your voices are essential in guiding our work as we strive to better understand the needs and perspectives within our community. The insights you've shared today will play a significant role in shaping our future initiatives and actions.

Thank you for being a part of this important dialogue. We look forward to continuing our journey together and working toward a more inclusive and supportive community. If you have any further thoughts or feedback, please don't hesitate to reach out.

Engagement Tools and Compensation - Participants were provided the opportunity to complete the Community Input Survey (CIS) at the May LGBTQ Alliance meeting. A printed and electronic version of the survey was offered, and participants were compensated with a \$20 gift card upon completion. Specific to the Listening Session, the LGBTQ Alliance received a \$1000 stipend for providing a safe and accommodating environment for the session to take place.

Facilitation and Staff Presence - The Listening Session was facilitated by Heather Reil-Thiry, alongside the presence of Jenny Vorpapel, Allison Butler who managed the recording technology, Annette Selk who greeted attendees and provided support as needed, and Britney Damkot who served as notetaker for the session. All staff mentioned are from the Sheboygan County Division of Public Health (DPH). Public health staff attendance aimed to ensure the sessions were conducted smoothly, fostering an inclusive atmosphere for open dialogue.

Timeline of Events - The Listening Session occurred on August 30, 2023, following a month-long marketing effort from August 1 to August 30, 2023. Additionally, the Community Engagement Staff extended invitations to the LGBTQ Alliance, employing email and social media platforms to maximize outreach.

Limitations and Challenges - Several limitations were encountered during the process specific to the LGBTQ Alliance Listening Session. Public health staffing constraints posed challenges, requiring quick familiarization

with recording equipment and software. Moreover, the marketing efforts were confined to safe groups, individuals, and spaces in the LGBTQ community, limiting the reach of the campaign.

The outreach engagement strategy aimed to capture the voices of the LGBTQ+ community, yet encountered obstacles in achieving broader outreach due to staffing limitations and the need for targeted marketing within safe spaces. These experiences provide valuable insights for future community engagement endeavors.