Waukesha County Community Health Collective

Qualitative Data Report

2026

Participating Organizations:

Waukesha County Public Health

ProHealth Care

Aurora HealthCare

Ascension

Froedtert Thedacare

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Executive Summary

The 2026 Waukesha County Community Health Collective Qualitative Data Report brings together community and stakeholder perspectives to identify strengths, challenges, and opportunities influencing health and well-being. Findings complement quantitative Community Health Assessment (CHA) data and will help inform the next Community Health Improvement Plan (CHIP).

Community Engagement and Participation

The qualitative assessment included three complementary engagement activities to gather perspectives from residents and community stakeholders across Waukesha County.

Assessment Activity	Participation
Community Health Survey	1,429 completed surveys
Key Stakeholder Focus Groups	6 groups, 28 participants
Community Conversations	4 locations, 20 participants

Key Findings

Across the three assessment activities, several consistent themes emerged:

Key Theme	What We Heard
Mental Health and Well-Being	Mental health concerns span all ages and are connected to substance use, financial stress, social isolation, and barriers to accessing care.
Affordability and Housing	Rising costs and limited affordable housing options affect financial stability and well-being.
Healthcare Access and Navigation	Cost, insurance, waiting times, and complex systems create barriers to accessing care.
Transportation and Accessibility	Limited transportation options restrict access to healthcare, employment, and community resources.
Social Connectedness	Community relationships support well-being, while loneliness and isolation remain concerns.
Communication and Awareness	Limited awareness and difficulty navigating services prevent residents from accessing available resources.
Community Strengths	Parks, libraries, convenient access to amenities, and strong community connections contribute to quality of life and well-being.
Cross-Cutting Barriers	Affordability, transportation, resource navigation, and systemic challenges affect multiple health, social, and economic conditions, limiting residents' opportunities for improved health.

***** Themes reflect qualitative findings across assessment activities; their inclusion does not indicate equal frequency or emphasis across data sources.

Overall Findings

Across the assessment activities, findings highlight the interconnected nature of health and social conditions in Waukesha County. While the county benefits from strong community assets and partnerships, barriers related to affordability, access, and resource navigation remain. These findings provide important context for identifying priorities and developing strategies for the next Community Health Improvement Plan (CHIP).

Introduction

Community health assessments are an important component of public health planning and improvement. Under Wisconsin Statute § 251.05 and Wisconsin Administrative Code DHS 140, local health departments are required to assess community health needs and engage in community health improvement planning at least every five years. Similarly, Internal Revenue Code Section 501(r)(3) requires nonprofit hospital facilities subject to these provisions to conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt an implementation strategy to address the community health needs identified.

To support these requirements, Waukesha County Public Health collaborated with ProHealth Care, Aurora Health Care, Ascension, and Froedtert Health to collect quantitative and qualitative data on the health status, needs, strengths, and priorities of Waukesha County residents.

Purpose of the Report

This report brings together findings from three qualitative research activities conducted as part of the 2026 assessment process. Quantitative findings from the Community Health Survey are presented separately in a report prepared by JKV Research. Due to budget limitations, qualitative analysis was conducted separately to provide additional context and a deeper understanding of community experiences.

The report presents the methodology, findings, and discussion from three complementary activities:

1. **Waukesha County Community Health Survey:** Gathered perspectives from a broad representation of county residents.
2. **Key Informant Interviews:** Captured insights from professionals, subject matter experts, and individuals representing populations impacted by health challenges.
3. **Community Conversations:** Explored findings from the Community Health Survey in greater depth to better understand community experiences, perspectives, and needs.

Research Objectives

The primary objectives of this qualitative analysis were to:

1. **Identify Gaps and Emerging Needs:** Explore health issues and experiences not fully captured through quantitative data.
2. **Provide Context to the Data:** Deepen understanding of quantitative findings and secondary data through community perspectives.
3. **Inform Community Health Priorities:** Identify common themes, challenges, and opportunities to guide future community health improvement planning.

Together, these activities provide a more comprehensive understanding of community health and help inform the next Community Health Improvement Plan (CHIP).

Definitions

Community Health Assessment (CHA) – A systematic process of collecting and analyzing data to identify the health status, needs, strengths, and priorities of a community. In Wisconsin, local health departments are required to conduct a CHA at least every five years.

Community Health Improvement Plan (CHIP) – A community-driven, strategic plan that identifies priority health issues and outlines collaborative goals, strategies, and actions to improve community health.

Community Health Needs Assessment (CHNA) – An assessment conducted by nonprofit hospitals to identify significant community health needs and inform strategies to address them. The IRS requires applicable nonprofit hospitals to complete a CHNA at least every three years.

Health Condition – A disease, illness, injury, or other physical or mental health issue that affects the health and well-being of individuals or populations.

Health Priority – A health or community issue identified as important for focused attention and action based on data, community input, and opportunities for improvement.

Internal Revenue Code Section 501(r)(3) – Community Health Needs Assessment (CHNA): A federal tax law administered by the Internal Revenue Service (IRS) that requires nonprofit hospital facilities to conduct a Community Health Needs Assessment at least every three years and adopt an implementation strategy to address identified community health needs.

Qualitative Data – Non-numerical information, such as comments, interviews, and focus group discussions, used to understand experiences, perspectives, and underlying factors influencing community health.

Quantitative Data – Numerical information, such as survey results, rates, and percentages, used to measure health conditions, identify trends, and compare populations.

Social and Economic Condition – A social or economic factor, such as housing, employment, education, transportation, or financial stability, that influences health and well-being.

Waukesha County Community Health Collective – A collaboration between Waukesha County Public Health, a division of Health and Human Services, and the county's four major hospital systems: Aurora Health Care, Ascension, Froedtert ThedaCare, and ProHealth Care.

Wisconsin State Statute § 251.05 – Local Health Department; Levels of Service; Duties: A law enacted by the Wisconsin Legislature that establishes responsibilities for local health departments, including assessing community health needs and engaging policymakers and the public in developing community health improvement plans.

Section 1: Community Health Survey

Methodology

The following section outlines the study design, participant recruitment, survey administration, and qualitative questions included in the 2026 Waukesha County Community Health Survey.

Study Design and Participants

The Waukesha County Community Health Survey was designed to gather information about the health, experiences, needs, and priorities of county residents. The 62-question survey was developed by the Waukesha County Community Health Collective and included five open-ended questions to capture community perspectives.

Participants were recruited through convenience sampling, allowing eligible community members to voluntarily participate**.** Individuals were eligible if they resided in Waukesha County and were 18 years of age or older.

A total of 1,429 valid complete surveys were collected. JKV Research conducted quantitative analysis, with findings presented in a separate report. Waukesha County Public Health conducted the qualitative analysis of open-ended survey responses, which is presented in this report.

Survey Administration

Data collection occurred from April 22 through June 30, 2026. The survey was administered primarily online, with paper copies available to improve accessibility. Both the survey and promotional materials were available in English and Spanish.

The survey was promoted through flyers containing a QR code and web address distributed at government agencies, healthcare systems, nonprofit organizations, local businesses, and community events. Press releases and website postings were also used to encourage participation.

Survey Qualitative Questions

Five open-ended questions were included to capture residents' experiences, perspectives, and reasoning behind their responses to selected survey questions.

1. **Community Strengths:** What do you like best about living, visiting, or working in Waukesha County?
2. **Health Conditions and Behaviors:** Please explain the reason(s) you selected your first/second selection above as one of the largest health conditions/behaviors.
3. **Social and Economic Conditions:** Please explain the reason(s) you selected your first/second selection above as one of the largest social or economic issues.
4. **Unfair Treatment:** Please explain the reason and where in the county the unfair treatment occurred.
5. **Additional Perspectives:** Please list any additional thoughts or comments you have about helping us improve the health of county residents.

Questions 2–4 were follow-up questions designed to provide additional context to participants' earlier survey responses.

The number of responses received for each question is presented below to provide context on the volume of qualitative feedback collected.

Table 1 Number of Responses by Qualitative Question

Qualitative Question	Number of Responses
Community Strengths	1,225
Health Conditions and Behaviors	2,151
Social and Economic Conditions	1,950
Unfair Treatment	144
Additional Perspectives	355
**Note: For qualitative questions regarding Health Conditions and Behaviors and Social and Economic Conditions respondents were able to respond to two conditions.*	

Data Analysis

Waukesha County Public Health conducted a descriptive qualitative analysis of open-ended survey responses to identify common themes and better understand residents' perspectives on community health.

Structural Coding

Responses were organized using a predefined structural coding framework consisting of five categories relevant to community health. These categories provided a consistent structure for reviewing and organizing community feedback.

Table 2 Community Health Survey Structural Coding Framework and Definitions

Code Name	Definition
Vulnerable Populations	Groups are most impacted by identified health issues or experiencing significant obstacles to improving health outcomes.
Barriers	Obstacles that prevent individuals or communities from achieving optimal physical or mental health and well-being.
Community Assets	Existing community resources, services, relationships, or built-environment strengths that can be leveraged to improve quality of life.
Community Opportunities	Local prospects, resources, initiatives, or areas for improvement that could be developed or strengthened to improve quality of life.
Power	Individuals, organizations, institutions, systems, or other entities with the capacity, ability, or authority to act, influence decisions, or affect community conditions.

Theme Development

Following the initial structural coding, open-ended survey responses were reviewed by a primary reviewer to identify recurring concerns, experiences, perspectives, and patterns. Similar responses were grouped into broader themes within and across the structural coding categories. A second staff member reviewed the identified themes to assess whether they reasonably reflected the responses and to provide an additional perspective on the findings. The themes were then summarized to provide additional context to the quantitative Community Health Survey findings.

The analysis was intended to identify common themes and provide context to community health data rather than measure the prevalence or statistical significance of individual themes. Response counts were

included to describe the volume of feedback received, not to determine the relative importance of identified themes.

Results & Discussion

The following section presents the key themes identified through the open-ended responses to the Waukesha County Community Health Survey. Findings are organized by survey questions and highlight residents' perspectives on community strengths, health conditions and behaviors, social and economic issues, experiences of unfair treatment, and opportunities for improving community health.

These findings provide additional context to the broader Community Health Assessment and help illustrate the experiences and concerns behind the survey responses.

Because open-ended responses reflect the perspectives of individuals who chose to provide additional feedback, the identified themes are not necessarily representative of all Waukesha County residents. The frequency or prominence of a theme should not be interpreted as an indication of its prevalence within the overall county population.

Q1 Community Strengths

This question explored what residents value most about living, visiting, or working in Waukesha County.

> **Qualitative Question 1:** What do you like best about living, visiting, or working in Waukesha County?

Three key themes emerged from residents' responses: Parks, Lakes, and Natural Environment; Convenience Without Big-City Congestion; and Strong Sense of Community. Table 3 summarizes the findings for each theme.

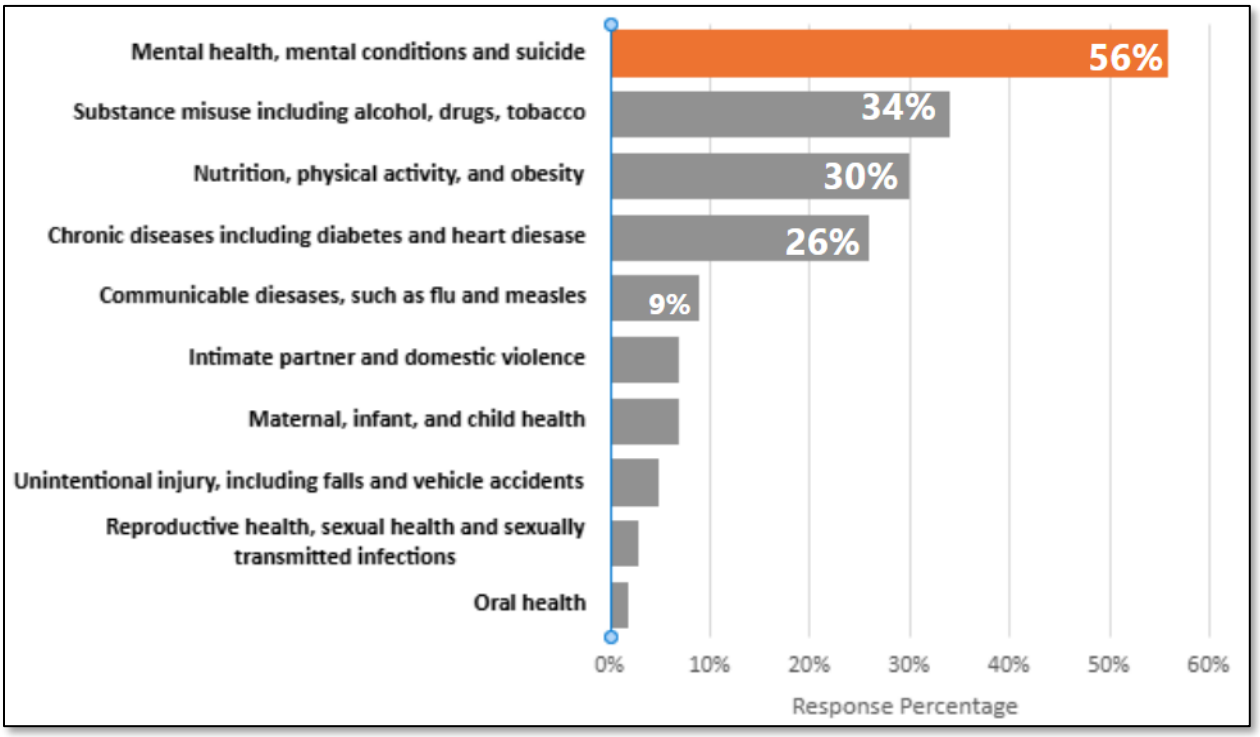
Table 3 Key Themes Identified in Community Health Qualitative Question: Community Strengths

#	Theme	Summary of Findings
1	Parks, Lakes, and Natural Environment	Residents identified the county's extensive park systems, trails, lakes, and green spaces as some of its greatest assets. Respondents frequently describe these features as central to their quality of life. Commonly mentioned examples included beautiful lakes and wildlife, access to nature, walking and biking trails, and green spaces.
2	Convenience without Big-City Congestion	Many respondents appreciated having shopping, healthcare, restaurants, employment, and recreation nearby while avoiding the heavy traffic and congestion associated with larger urban areas. Responses highlighted the convenience of local amenities, the balance of urban and rural living, and the ability to access many destinations within 15–20 minutes.
3	Strong Sense of Community	Residents frequently describe Waukesha County as welcoming, family-oriented, and neighborly. Common responses highlighted friendly people, a small-town feel, community pride, and a family-friendly environment.

Q2 Health Conditions and Behaviors

Survey respondents were asked to select up to two health conditions or behaviors they believe should be addressed to improve the health of Waukesha County residents. Figure 1 presents the results.

Figure 1 Health Conditions and Behaviors Identified as Top Community Health Priorities



Note: Percentages reflect the proportion of respondents selecting each condition.

Respondents were then asked an open-ended follow-up question explaining why they selected those conditions or behaviors. Table 4 summarizes the reasons identified in their responses, along with selected quantitative findings that provide additional context.

Qualitative Question 2: Please explain the reason(s) you selected your first/second selection above as one of the largest health conditions/behaviors?

Table 4 Reasons for Selecting Top Health Concerns and Supporting Survey Findings

#	Health Condition or Behavior	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
1	Mental Health	Growing mental health needs across all age groups and challenges with accessing timely, affordable care.	In 2026, 13% of respondents reported unmet mental health care needs, down from 25% in

#	Health Condition or Behavior	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
		Key Themes: • Increasing mental health needs, including suicide and youth suicide • Mental health crises across age groups • Limited crisis intervention, long waitlists, and affordability barriers • Stigma and connections to other health outcomes	2023. Among those with unmet needs, barriers included affordability (43%), appointment availability (36%), lack of insurance coverage (32%), and high copayments (30%).
2	Substance Misuse	Substance misuse was linked to mental health challenges, particularly when alcohol or drugs are used to cope with untreated mental health needs. **Key Themes:** • Self-medication with alcohol or other substances • Co-occurring mental health and substance use conditions • Need for integrated behavioral health approaches	34% of respondents identified substance misuse as a top community health concern, while fewer than 1% reported unmet alcohol or drug treatment needs in the past year.
3	Nutrition, Physical Activity, and Obesity	Unhealthy eating habits, limited physical activity, and obesity can affect overall health, while stress and mental health challenges can make healthy habits harder to maintain. **Key Themes:** • Mental health and stress influence eating habits and physical activity • Nutrition and physical activity influence chronic disease risk • Parks and outdoor recreation support physical and mental well-being	While 12% of respondents reported difficulty affording food, 83% could afford and easily access the food they wanted. Most reported having places to walk (84%) and feeling safe walking (85%). Men were more likely than women to identify this as a top concern (33% vs. 28%).
4	Chronic Diseases	The impact of chronic conditions such as diabetes and heart disease on overall health, including how mental health challenges can make managing these conditions more difficult. **Key Themes:** • Connections between mental and physical health • Depression can influence nutrition and physical activity • Mental health affects chronic disease management and outcomes • Obesity, diabetes, and heart disease	26% of respondents identified chronic diseases, including diabetes and heart disease, as one of their top two community health concerns.

#	Health Condition or Behavior	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
5	Communicable Diseases	The reemergence of infectious diseases, particularly measles, and the need to prevent outbreaks and protect community health. **Key Themes:** • Reemergence of infectious and vaccine-preventable diseases • Vaccination and community-based prevention • Preparedness and lessons from COVID-19	Communicable diseases were identified as a top concern by 14% of respondents ages 65 and older, 13% ages 35–44, and 5% ages 55–64.
6	Intimate Partner and Domestic Violence	The impact of domestic violence on mental health, trauma, and family well-being, along with perceptions that domestic violence is increasing. **Key Themes:** • Connections to mental and behavioral health needs • Trauma and long-term impacts • Family violence and dysfunction • Perceptions of increasing domestic violence	Overall, 7% of respondents identified intimate partner and domestic violence as a top concern. Selection was higher among adults ages 18–34 (11%), respondents of color (11%), and those reporting significant difficulty paying monthly bills (14%).
7	Maternal, Infant, and Child Health	Respondents recognized the importance of maternal health, early childhood development, and family support in shaping long-term health and well-being. **Key Themes:** • Maternal health and long-term child outcomes • Early childhood intervention and child development • Family support and childcare challenges • School-based prevention and support	Overall, 7% of respondents identified maternal, infant, and child health as a top community health concern. Respondents with children in their household were more likely to select this concern (10%) than those without children (5%).
8	Unintentional Injury, Including Falls and Motor Vehicle Crashes	Falls among older adults and challenges with aging safely at home, including home accessibility and the cost of senior living options. **Key Themes:** • Fall risks among older adults • Home safety and accessibility for aging residents • Cost and availability of senior living options • Connections between injury risk, mental health, and substance misuse	5% of respondents identified unintentional injuries, including falls and motor vehicle crashes, as one of their top two community health concerns.

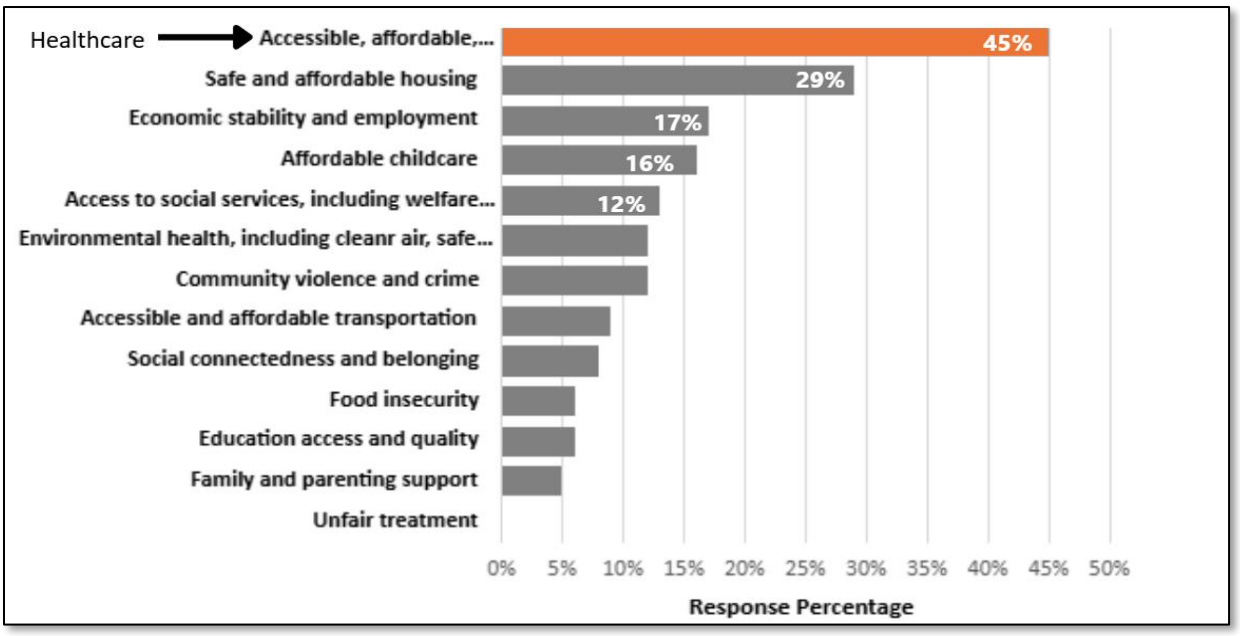
#	Health Condition or Behavior	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
9	Reproductive Health, Sexual Health and Sexually Transmitted Infections	Insufficient comments to identify common themes explaining why this condition was selected.	Overall, 3% identified reproductive and sexual health as a top concern, with higher rates among adults ages 18–34 (9%), respondents of color (8%), and those with a high school education or less (11%).
10	Oral Health	Insufficient comments to identify common themes explaining why this condition was selected.	Among the 237 respondents with unmet dental care needs, 52% cited affordability and 37% reported a lack of insurance coverage. Women were more likely than men to identify affordability as a barrier (58% vs. 40%).

Q3 Social and Economic Conditions

This question explored which social and economic conditions residents believe should be prioritized to improve health and well-being in Waukesha County.

Survey respondents were asked to select up to two social or economic conditions they believed should be addressed to improve the health of county residents. Figure 2 presents the results.

Figure 2 Top Social and Economic Priorities Identified by Survey Respondents



Note: Percentages reflect the proportion of respondents selecting each condition.

Respondents were then asked an open-ended follow-up question explaining why they selected those conditions. Table 5 summarizes the reasons identified in their responses, along with selected quantitative survey findings that provide additional context.

Qualitative Question 3: Please explain the reason(s) you selected your first/second selection above as one of the largest social or economic issues?

Table 5 Reasons for Selecting Top Social and Economic Concerns and Supporting Survey Findings

#	Social or Economic Condition	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
1	Healthcare Affordability and Access	High healthcare costs make it difficult to afford the services needed, even with health insurance. Notably, many responses focused specifically on the cost of healthcare rather than the availability of services.	45% of respondents selected healthcare access and affordability as a top social or economic concern.

#	Social or Economic Condition	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
		Key Themes • High insurance premiums, deductibles, and copays • Prescription medication and out-of-pocket costs • Medical debt and difficulty affording care despite insurance • Choosing between healthcare and other necessities	
2	Safe and Affordable Housing	Rising housing costs and limited affordable options make it difficult for individuals and families to find and maintain stable housing. **Key Themes** • Rising rents, home prices, and property taxes • Limited affordable and "missing middle" housing options • Concerns about luxury development and housing affordability • Eviction and housing instability • Connections between housing affordability and family stability	While 92% reported that safe places to live were available, only 36% reported that affordable housing was available.
3	Economic Stability and Employment	Wages and employment benefits are not always keeping pace with the rising cost of living, making financial stability difficult even for working households. **Key Themes** • Wages not keeping pace with household expenses • Inflation and rising cost of living • Financial strain among working households • Connections between employment, healthcare, and housing affordability	21% of respondents were not at all confident they could cover household expenses if they suddenly lost their income for three months.
4	Affordable Childcare	High childcare costs place financial pressure on families and can limit parents' ability to work. **Key Theme** • High childcare costs • Barriers to employment and workforce participation • Financial burden on families	Only 31% reported that childcare, daycare, or preschool resources were available for those who needed them, while 53% were unsure.

#	Social or Economic Condition	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
		• Connections between childcare, wages, and household expenses	
5	Access to Social Services and Public Assistance	Gaps in eligibility, difficulty navigating services, and limited awareness of resources can prevent individuals and families from receiving needed support. **Key Themes** • Medicaid and BadgerCare eligibility gaps • Difficulty accessing and navigating assistance programs • Limited awareness of community resources • Concerns about funding and service availability	64% agreed or strongly agreed they would use an assistance or support program if needed, while 16% disagreed or strongly disagreed.
6	Environmental Health	The importance of maintaining clean water, reducing pollution, and protecting the safety of the physical environment. **Key Themes** • Clean and safe water • Pollution prevention • Environmental safety	12% percent of respondents reported environmental health, including clean air, safe water, etc., as one of the top two county social or economic issues. Respondents without children in the household were more likely to report environmental health as one of the top social or economic issues (13%) compared to respondents with children in the household (9%).
7	Community Violence and Crime	The importance of feeling safe in your community. Respondents often linked violence and crime to untreated mental illness, substance misuse, and housing instability rather than identifying crime as an isolated issue. **Key Themes** • Mental Health and Crime • Homelessness • Public Safety	12% percent of respondents reported community violence and crime as one of the top two social or economic issues. Male respondents were more likely to report community violence and crime as one of the top social or economic issues (17%) compared to female respondents (8%).

#	Social or Economic Condition	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
8	Accessible and Affordable Transportation	Limited transportation options make it difficult to reach healthcare and other essential services, particularly for older adults and residents living farther from services. **Key Themes** • Transportation to healthcare providers • Travel distances for specialty care • Transportation needs among older adults • Geographic barriers to accessing services	Only 28% reported that affordable public transportation was available, and 16% reported that public transportation was easy to use.
9	Social Connectedness and Belonging	Strong community relationships and access to supportive resources help residents feel connected, supported, and included. **Key Themes** • Community support and neighbors helping neighbors • Sense of belonging • Availability of community resources • Supportive social networks	12% reported always or often feeling lonely or isolated, while 92% reported having close friends, family, or others they could depend on.
10	Food Insecurity	Rising grocery prices and competing household expenses make it difficult for some families to consistently afford food and other basic needs. **Key Themes** • Rising grocery prices • Choosing between food, healthcare, and other necessities • Household financial strain • Connections between food insecurity and the cost of living	83% reported being able to afford and easily access food. Food affordability and access challenges were more common among certain groups, including younger women, respondents of color, households with children, and those experiencing financial hardship, depending on the barrier.
11	Education Access and Quality	The need for greater awareness of available services, health information, and prevention programs was reflected in responses related to education. **Key Themes** • Public education and outreach • Health literacy • Awareness of community resources • Education about prevention programs	Only 6% of respondents reported education access and quality as one of the top two social or economic issues. 14% of respondents with a high school education or less reported education access and quality as one of the top issues.

#	Social or Economic Condition	Why It Was Identified as a Top Concern	Supporting Quantitative Findings
12	Family and Parenting Support	Families need access to healthcare, stable housing, mental health services, and other resources to support children, parents, and caregivers. **Key Themes** • Family stability and parenting stress • Children's health and well-being • Caregiving for aging family members • Financial pressures and access to family support services	5% of respondents reported family and parenting support as one of the top two social or economic issues. Respondents with children in the household were more likely to report family and parenting support as a top issue (7%) compared to respondents without children in the household (4%).
13	Unfair Treatment	Differences in access to healthcare, housing, and other resources can create additional challenges for residents based on income, disability, or insurance coverage. **Key Themes** • Income-related differences in access • Disability-related barriers • Insurance coverage and healthcare access • Housing and resource availability	12% of respondents reported a household member had experienced unfair treatment in the county over the past year.

Note. Qualitative themes reflect residents' open-ended responses. Selected quantitative findings provide additional context and do not necessarily represent direct measures of the qualitative themes. Complete quantitative results are available in the separate 2026 Waukesha County Community Health Survey report prepared by JKV Research.

Q4 Experiences of Unfair Treatment

The Community Health Survey explored residents' experiences of unfair treatment in Waukesha County. In 2026, 12% of respondents reported that they or someone in their household had experienced unfair treatment in the past year, with respondents experiencing greater financial hardship more likely to report these experiences. Among those reporting unfair treatment, the most frequently identified reasons included race or ethnicity (12%), disability or health conditions (10%), sex (7%), and age (5%). Reported settings included government offices (13%), employment (7%), police interactions (6%), and schools (6%).

Respondents who reported experiencing unfair treatment were also asked to describe the reasons they believed the treatment occurred and where it took place.

JKV conducted an initial analysis of the open-ended responses to this question. Building on these findings, the Public Health team conducted a more in-depth thematic analysis to identify recurring experiences, concerns, and patterns across responses. The resulting themes, summarized in Table 6,

provide additional context to the quantitative survey findings and offer a deeper understanding of residents' experiences of unfair treatment in Waukesha County.

Qualitative Question 4: Please explain the reason(s) for the unfair treatment you experienced and where the unfair treatment occurred.

Table 6 Common Themes Related to Experiences of Unfair Treatment

#	Theme	Description
1	Healthcare discrimination & poor treatment	Feeling dismissed, ignored, or received inequitable care
2	Disability & accessibility barrier	Challenges accessing services, accommodations, and inclusive programs
3	Race, ethnicity & cultural discrimination	Racism, profiling, bias, microaggressions
4	Government & public system	Concerns about county services, courts, benefits, transparency, police
5	Employment discrimination	Age, gender, disability, military services, political beliefs

Additional themes included mental health stigma, sexism, political polarization, housing and economic hardship, educational inequities, and social exclusion.

Q5 Additional Community Perspectives

Qualitative Question 5: Please list any additional thoughts or comments you have about helping us improve the health of county residents.

In addition to the structured survey questions, respondents had an opportunity to share additional thoughts about improving the health and well-being of Waukesha County residents. Four prominent themes emerged from these responses: Affordability and Cost of Living; Affordable and Accessible Healthcare; Mental Health, Substance Use, and Homelessness; and Housing Affordability and Availability.

Table 7 Summary of Qualitative Findings and Key Themes from Additional Community Perspectives

Theme	Summary of Findings	Key Themes Identified
Affordability and Cost of Living	Affordability emerged as a prominent concern across responses, extending beyond any single health or social condition. Respondents described financial pressures related to housing, healthcare, groceries, utilities, childcare, and insurance. Many noted that wages have not kept pace with rising expenses, creating financial strain even among working- and middle-income households. These challenges were also linked to food	• Rising overall cost of living • Healthcare and insurance costs • Housing and utility expenses • Rising grocery prices • Childcare expenses • Wages are not keeping pace with inflation • Financial strain among working- and middle-income households • Connections between affordability, food insecurity, and housing instability

	insecurity, housing instability, and homelessness.	
Affordable and Accessible Healthcare	Respondents emphasized that healthcare access depends on both affordability and the availability of services. Key concerns included long wait times, difficulty scheduling appointments, insurance limitations, medication costs, and limited dental and specialty care. Respondents identified a need for more accessible and affordable healthcare options throughout the county, particularly for individuals covered by Medicaid or other public insurance programs.	• Long wait times for appointments • Difficulty accessing primary and specialty care • Insurance and cost barriers • Need for additional urgent care options • Dental provider shortages • Limited availability of providers accepting Medicaid • Geographic gaps in healthcare services • Affordable prescription medications
Mental Health, Substance Use, and Homelessness	Respondents identified mental health, substance use, and homelessness as interconnected community concerns. Key needs included affordable mental health counseling, early intervention, substance use treatment, crisis services, and housing support. Although perspectives differed on how to address these challenges, improving access to behavioral health care, stable housing, and supportive services emerged as shared priorities.	• Increased access to mental health services • Affordable counseling and treatment • Early mental health intervention • Substance use treatment and recovery services • Crisis response and support • Homelessness and housing stability • Housing-first approaches • Expanded social and supportive services • Interconnected nature of these challenges
Housing Affordability and Availability	Housing affordability remained a prominent concern, with respondents identifying a need for more housing options across income levels, ages, and stages of life. Specific needs included starter homes, workforce housing, senior housing, affordable rentals, and mixed-income developments. Respondents also expressed concern that rising housing costs could make it difficult for residents, particularly young families, to remain in Waukesha County.	• Affordable housing availability • Starter homes and entry-level homeownership • Workforce housing • Senior housing • Housing options for young individuals and families • Mixed-income housing • Rental affordability • Ability of residents to remain in Waukesha County as housing costs increase

Key Quotes from Survey

- “A good balance of recreation and business that don’t require you to travel long distances or even outside the county for fun or necessities.”
- “37 Communities all have their own characteristics”
- “We need to improve access to opportunities to improve the health of all county residents which would also include social activities which are known to improve social, mental and physical health of people”
- “What I like most about Waukesha County is the balance it offers. You can enjoy beautiful lakes, parks, trails, and open spaces while still having easy access to excellent schools, thriving local businesses, community events, and the amenities of the Milwaukee metro area. The strong sense of community, local pride, and active civic involvement make Waukesha County a great place to live, work, and raise a family.”
- “I would like to see policymakers at all levels better informed on the direct and indirect drivers of health. Local public health and hospital systems should have a stronger voice and a seat at the table to help guide decisions that impact community wellbeing.”
- “I am worried about finding honest, caring home care when time comes that I will need it”

Section 2: Key Stakeholder Focus Groups

Methodology

The following methodology outlines the study design, participant selection, focus group administration, and approach used to analyze stakeholder perspectives.

Study Design and Participants

The Key Stakeholder Focus Groups used a qualitative focus group design to gather perspectives from identified key informants with professional, organizational, or community-level knowledge of priority health areas in Waukesha County.

Participants were recruited through purposive sampling and identified by the Waukesha County Community Health Collective based on their professional roles, organizational involvement, or community expertise related to factors influencing population health in Waukesha County.

Individuals were eligible if they:

- Were identified as a key stakeholder by the Waukesha County Community Health Collective.
- Represented or worked with organizations serving Waukesha County or its residents.
- Had professional, organizational, or community-level knowledge relevant to one or more areas represented within the University of Wisconsin Population Health Institute's Model of Health.

Individuals were excluded if they did not represent, work with, or possess relevant knowledge of an organization, system, population, or community-level issue affecting Waukesha County.

Focus Group Administration

Six key stakeholder focus groups were conducted throughout July and early August 2026. The focus groups were led by Waukesha County Public Health and conducted in collaboration with the Waukesha County Community Health Collective.

The focus group structure was developed using the University of Wisconsin Population Health Institute's Model of Health to gather perspectives across the factors influencing community health and well-being. Participants were organized into six groups based on how closely their organization, professional role, or area of expertise aligned with major components of the model. The number of participants in each focus group is presented below.

Table 8 Key Stakeholder Focus Groups and Number of Participants

Focus Group	Number of Participants
Population Health and Well-Being	5
Health Infrastructure	6
Physical Environment	5
Social Factors	5
Economic Factors	4
Societal Rules and Power	3

Focus Group Questions

To initiate discussion, participants were provided with a brief overview of the Waukesha County Community Health Survey findings, including the highest-ranked health conditions, social and economic

conditions, and demographic characteristics of survey respondents. This information served as a starting point for discussion, allowing stakeholders to provide additional context, explore contributing factors, and identify community needs and perspectives that may not have been fully captured in the survey results.

A standardized discussion guide was used across all six focus groups to promote consistency while allowing participants to elaborate on issues specific to their areas of expertise. Questions were organized using the Technology of Participation (ToP) Focused Conversation Method, progressing from objective observations to reflection, interpretation, and action-oriented discussion.

Table 9 Key Informant Focus Group Discussion Questions

Discussion Stage	Questions
Objective	What is something that stands out to you about the survey results?
Reflective	What feels encouraging or positive when you look at these results? What feels challenging or discouraging when you look at these results? What resonates with what you're seeing in the community?
Interpretive	What factors are contributing to what we're seeing? What's currently working well that we should build on? What gaps are holding progress back?
Decisional	What should organizations continue doing individually, and what should we tackle together as a community? If you were speaking at a press conference about the most important health priorities in Waukesha County, what would you want the public to hear? What would keep your organization engaged and actively participating in this issue over the next three years? Is there anything else you would like to share?

This approach provided participants with an opportunity to first respond to existing community health findings and then move toward identifying contributing factors, community strengths, gaps, opportunities, and potential areas for collective action.

Data Analysis

Waukesha County Public Health conducted a qualitative analysis of the six Key Stakeholder Focus Group discussions to identify recurring themes and better understand stakeholder perspectives on community health.

Structural Coding

Focus group responses were organized using a predefined structural coding framework consisting of five categories relevant to community health. These categories provided a consistent structure for reviewing and organizing stakeholder feedback.

The following structural codes were used:

Table 10 Key Informant Focus Group Structural Coding Framework and Definitions

Code Name	Definition
Vulnerable Populations	Groups most impacted by identified health issues or experiencing significant obstacles to improving health outcomes.
Barriers	Obstacles that prevent individuals or communities from achieving optimal physical or mental health and well-being.

Community Assets	Existing community resources, services, relationships, or built-environment strengths that can be leveraged to improve quality of life.
Community Opportunities	Local prospects, resources, initiatives, or areas for improvement that could be developed or strengthened to improve quality of life.
Power	Individuals, organizations, institutions, systems, or other entities with the capacity, ability, or authority to act, influence decisions, or affect community conditions.

Theme Development

Structural codes served as an organizational framework for the qualitative data rather than as the final findings. Following coding, responses within and across the six focus groups were reviewed by a primary reviewer to identify recurring ideas, patterns, similarities, differences, and relationships among concepts.

These patterns were synthesized into broader themes reflecting stakeholder perspectives on community strengths, vulnerable populations, barriers to health and well-being, opportunities for improvement, and the systems or entities with the ability to influence community conditions.

Themes were examined both within individual focus groups and across focus groups to identify perspectives specific to sectors as well as issues that were consistently raised across multiple areas of the community health system. A second staff member reviewed the identified themes to assess whether they reasonably reflected the focus group discussions and to provide an additional perspective on the findings.

The focus group findings were intended to provide additional context and depth to the Community Health Survey and other quantitative data sources by identifying community experiences, system-level factors, and emerging concerns that may not be fully represented through quantitative measures alone.

Results & Discussion

Following the individual analysis of the six Key Stakeholder Focus Groups—Health Infrastructure, Economic Factors, Physical Environment, Population Health, Social Factors, and Societal Rules and Power—findings were reviewed collectively to identify themes that emerged across multiple discussions. Although each focus group examined community health through a different lens, substantial consistency was found across the conversations.

Collectively, participants described health in Waukesha County as the result of an interconnected system of economic, social, environmental, healthcare, and policy conditions. Discussions frequently moved beyond individual health behaviors or access to medical care toward the broader conditions that influence residents' ability to remain healthy. Housing affordability, cost of living, transportation, social connectedness, healthcare navigation, mental health, and community policies were repeatedly described as interconnected rather than independent issues.

Summary of Key Themes

Ten themes emerged across the six focus groups, reflecting shared perspectives on community health challenges, existing strengths, and opportunities for improvement. Table 11 provides an overview of these themes, followed by a more detailed discussion of each.

Table 11 Key Themes Identified Across Key Informant Focus Groups

#	Theme	Summary of Findings
1	Mental Health and Well-Being	Mental health concerns were interconnected with financial stress, housing, social isolation, substance use, and access to care. Participants emphasized prevention and early intervention.
2	Housing and Affordability	Rising housing costs and broader financial pressures affect residents' stability, independence, and overall health across the lifespan.
3	Resource Access and Navigation	Despite substantial community resources, residents face challenges identifying, affording, accessing, and navigating available services.
4	Transportation Barriers	Transportation affects access to healthcare, employment, food, and social participation and may be underrepresented in community survey findings.
5	Social Connectedness	Social relationships, belonging, and accessible community spaces were identified as important protective factors for mental and physical health.
6	Prevention and Early Intervention	Participants emphasized addressing underlying conditions and intervening before residents and families experience crises.
7	Community Collaboration	Strong cross-sector partnerships are a significant community asset, with opportunities to improve coordination, communication, and resource sharing.
8	Trust, Communication, and Awareness	Awareness, trusted messengers, accessible communication, and health literacy influence whether residents use available services.
9	Representation of Vulnerable Populations	Traditional community data collection may not fully represent residents experiencing the greatest barriers to health and well-being.
10	Policy, Funding, and Systems	Policies, funding structures, reimbursement systems, and institutional decisions influence access to resources and community health outcomes.

Detailed Findings by Theme

1. Mental Health and Well-Being

Key Takeaway: Mental health remains a significant and interconnected community concern.

Mental health was one of the most consistently discussed health concerns across the focus groups. Participants described mental health needs across age groups and socioeconomic backgrounds and connected mental well-being to housing instability, financial stress, social isolation, substance use, access to care, technology use, and other community conditions.

At the same time, participants recognized progress in mental health awareness, stigma reduction, crisis response, school-based programming, and community collaboration. Remaining challenges included provider shortages, waitlists, behavioral health system navigation, insurance limitations, access to specialized services, and the need for earlier intervention. Across groups, participants emphasized moving beyond crisis response toward prevention, early intervention, social connection, and addressing the underlying conditions contributing to poor mental health.

2. Housing and Affordability

Key Takeaway: Housing and affordability influence health across the lifespan.

Housing affordability and the broader cost of living emerged as major social and economic drivers of health. Participants discussed rising housing costs, limited affordable housing inventory, utilities, childcare, transportation, food, insurance, and healthcare expenses as interconnected pressures on individuals and families.

Housing was consistently described as more than a basic need. Stable and affordable housing was connected to mental and physical health, educational achievement, employment, food security, financial stability, independence, and family well-being. Participants noted that these challenges can affect working families as well as residents traditionally considered economically vulnerable.

The focus groups also highlighted structural barriers to housing, including limited affordable inventory, development and zoning considerations, assistance programs that do not always reflect local costs, and barriers faced by residents with fewer financial resources. Participants therefore frequently discussed housing stability as an important opportunity for upstream community health improvement.

3. Resource Access and Navigation

Key Takeaway: Having resources does not always mean residents can access them.

A recurring distinction across the focus groups was the difference between the availability of services and the ability to successfully access or navigate them. Waukesha County was frequently described as having substantial healthcare, social service, nonprofit, and community resources. However, participants emphasized that residents may still struggle to identify, understand, afford, reach, or navigate those resources.

Healthcare navigation was particularly prominent. Participants described difficulties navigating specialists, referrals, insurance requirements, multiple healthcare systems, benefits, and care coordination. Even healthcare professionals acknowledged the complexity of these systems.

Similar navigation challenges were identified for behavioral health, housing assistance, public benefits, and other community resources. Participants identified opportunities to strengthen patient navigation, benefits navigation, care coordination, Community Health Workers, referral systems, health literacy, and public awareness. The findings suggest that improving access may require not only adding services, but also making existing systems easier to understand, navigate, and use.

4. Transportation Barriers

Key Takeaway: Transportation is an important but potentially underrecognized barrier.

Transportation emerged across multiple focus groups as a factor affecting healthcare, employment, food access, social participation, and overall quality of life. Participants noted challenges for rural residents, older adults, individuals without personal vehicles, and residents who need to travel for specialty services.

Importantly, stakeholders frequently believed transportation needs were not fully reflected in broader community survey findings. Within the Economic Factors discussion, transportation was described as one of the more frequently encountered needs among service populations despite not ranking as highly in community survey responses. This difference reinforced a broader concern regarding whose experiences are represented through traditional community data collection methods.

5. Social Connectedness

Key Takeaway: Social connectedness is an important protective factor.

Across several groups, participants identified belonging, relationships, and social connection as important contributors to both mental and physical health. Social isolation was discussed among youth, young adults, older adults, families, and other populations.

Community gathering spaces, recreation programs, parks, faith communities, parenting groups, neighborhood connections, senior meal programs, volunteer opportunities, and other forms of community engagement were identified as assets that can strengthen connection. Participants viewed these opportunities not simply as recreational activities, but as contributors to mental health, healthy aging, resilience, and overall quality of life.

The Physical Environment discussion further demonstrated the connection between the built environment and social well-being. Parks, trails, sidewalks, recreation opportunities, transportation, and neighborhood design were viewed as conditions that influence both physical activity and residents' ability to connect with one another.

6. Prevention and Early Intervention

Key Takeaway: Prevention and early intervention were preferred over crisis response.

A consistent message across the focus groups was the need to move further upstream. Participants frequently expressed that community systems are structured to respond after individuals or families have reached a crisis rather than preventing those circumstances from developing.

Prevention opportunities were discussed across mental health, housing, nutrition, youth development, chronic disease, falls, financial security, health literacy, and social connectedness. Participants acknowledged that prevention can be difficult to measure and fund but viewed earlier intervention as more sustainable than repeatedly responding to crises.

This theme extended beyond healthcare. Participants discussed the importance of considering how housing, economic conditions, community infrastructure, education, and policy can prevent negative health outcomes before residents require higher levels of intervention.

7. Community Collaboration

Key Takeaway: Waukesha County's collaborative environment is a significant community asset.

One of the strongest assets identified across the focus groups was collaboration. Participants frequently described strong relationships among Public Health, healthcare systems, nonprofit organizations, schools, municipalities, community organizations, and other partners.

Stakeholders recognized that collaboration within Waukesha County has strengthened over time and provides a strong foundation for future community health improvement efforts. At the same time, participants identified opportunities to improve coordination, reduce duplication, share data and resources, align communication, pursue shared funding opportunities, and strengthen cross-sector planning.

The findings suggest that the county does not necessarily need to build entirely new systems for every identified issue. In many cases, participants emphasized the opportunity to better connect, coordinate, and leverage resources that already exist.

8. Trust, Communication, and Awareness

Key Takeaway: Trust, communication, and awareness influence whether resources are used.

Participants repeatedly emphasized that effective services alone are insufficient if residents do not know about them or do not trust the organizations providing them. Awareness of existing services was identified as a challenge across healthcare, housing, prevention, and social services.

Trusted messengers, consistent information, storytelling, community education, health literacy, coordinated messaging, and accessible communication were identified as opportunities for improvement. Trust was discussed as particularly important for healthcare utilization, community engagement, resource navigation, survey participation, and implementation of community initiatives.

Participants also recognized misinformation and changing communication patterns, including social media, as increasingly important influences on community health. These findings highlight communication not simply as a method for promoting programs, but as an important component of community health infrastructure.

9. Representation of Vulnerable Populations

Key Takeaway: Populations experiencing the greatest barriers may be underrepresented in traditional data.

A major cross-cutting concern involved the representation of vulnerable populations in community data. Participants questioned whether traditional survey approaches adequately capture the experiences of residents facing the greatest barriers.

Populations identified across the discussions included low-income residents and families, individuals experiencing homelessness or housing instability, older adults, young adults and youth, rural residents, individuals with disabilities, non-English-speaking residents, Latino/Hispanic residents, individuals with limited literacy or internet access, justice-involved individuals, and residents experiencing mental illness or substance use disorders. The specific populations emphasized varied by focus group.

Participants noted that survey respondents may be more affluent, educated, English-speaking, or otherwise connected to community systems than residents experiencing greater barriers. Similar concerns were raised within the Health Infrastructure discussion regarding the limited representation of vulnerable populations.

These findings reinforce the importance of interpreting quantitative survey results alongside qualitative information, lived experience, partner data, social-needs screening, and other community data sources.

10. Policy, Funding, and Systems

Key Takeaway: Policy, funding, and systems shape individual health opportunities.

The focus groups also demonstrated that many community health challenges cannot be addressed solely through individual programs or services. Participants repeatedly discussed the influence of policies, funding structures, reimbursement systems, development decisions, municipal planning, and other institutional factors.

Insurance requirements and reimbursement policies were described as influencing healthcare access and provider availability, while housing policies and development decisions influence affordability and availability. Funding structures affect the sustainability of prevention, nonprofit services, public health activities, and community programming.

The Societal Rules and Power discussion placed particular emphasis on these structural influences, with participants describing health outcomes as being shaped substantially by policy and funding decisions. These findings suggest that meaningful community health improvement requires attention to both direct services and the systems and policies that determine how those services and resources are distributed.

Key Findings and Implications for Community Health Improvement

Taken together, the six Key Stakeholder Focus Groups present a consistent picture of a county with significant resources, strong partnerships, and substantial community capacity, while also identifying persistent barriers that prevent those strengths from benefiting all residents equally.

The findings suggest that Waukesha County's most significant health challenges are interconnected. Mental health cannot be separated from housing, financial stability, social connection, transportation, or access to services. Healthcare access cannot be understood only by counting available providers or programs; affordability, insurance, navigation, transportation, awareness, and trust influence whether residents can receive care. Similarly, housing, transportation, community infrastructure, and economic stability function as health issues because they shape residents' opportunities to live healthy and stable lives.

Across the discussions, stakeholders consistently pointed toward a common direction for future community health improvement: moving upstream, strengthening prevention and early intervention, improving navigation of existing systems, increasing awareness of available resources, elevating lived experience, strengthening trusted communication, and continuing building coordinated cross-sector partnerships.

Rather than identifying a single program or organization as responsible for improving community health, the combined findings reinforce the importance of a shared community approach. Waukesha County's existing collaborative environment provides a strong foundation for this work, while the findings highlight opportunities to more intentionally align resources, data, policies, communication, and partnerships around the conditions that most strongly influence health and quality of life.

Section 3: Waukesha County Community Conversations

Methodology

The following methodology outlines the study design, participant selection, administration, and approach used to gather and analyze residents' perspectives through the Community Conversations.

Study Design and Participants

The Waukesha County Community Conversations used a qualitative, facilitated group discussion design to gather in-depth perspectives from adult residents regarding health, quality of life, community strengths, barriers, and opportunities for improvement throughout Waukesha County.

While the Community Health Survey provided residents with an opportunity to individually share their experiences and perspectives, Community Conversations created an interactive group setting where participants could discuss community health topics in greater depth, respond to the experiences of others, and identify shared or differing perspectives.

A geographically stratified convenience sampling approach was used to provide opportunities for participation across different areas of Waukesha County. Participation was voluntary and open to Waukesha County residents aged 18 or older who had not previously participated in another Community Conversation as part of the assessment. Individuals who did not meet these criteria were ineligible to participate. Recruitment sought residents from different geographic areas of the county, and participants were encouraged to attend the conversation held closest to where they lived.

Community Conversation Administration

To provide opportunities for participation across different areas of the county, Waukesha County was divided into four geographic areas. Community Conversations were held in Oconomowoc, Mukwonago, Brookfield, and New Berlin.

These locations were selected to represent different geographic areas and community contexts, including more rural and more urbanized portions of Waukesha County. Although each conversation was hosted in a specific municipality, the intent was to gather perspectives representing the surrounding geographic area rather than the host municipality alone.

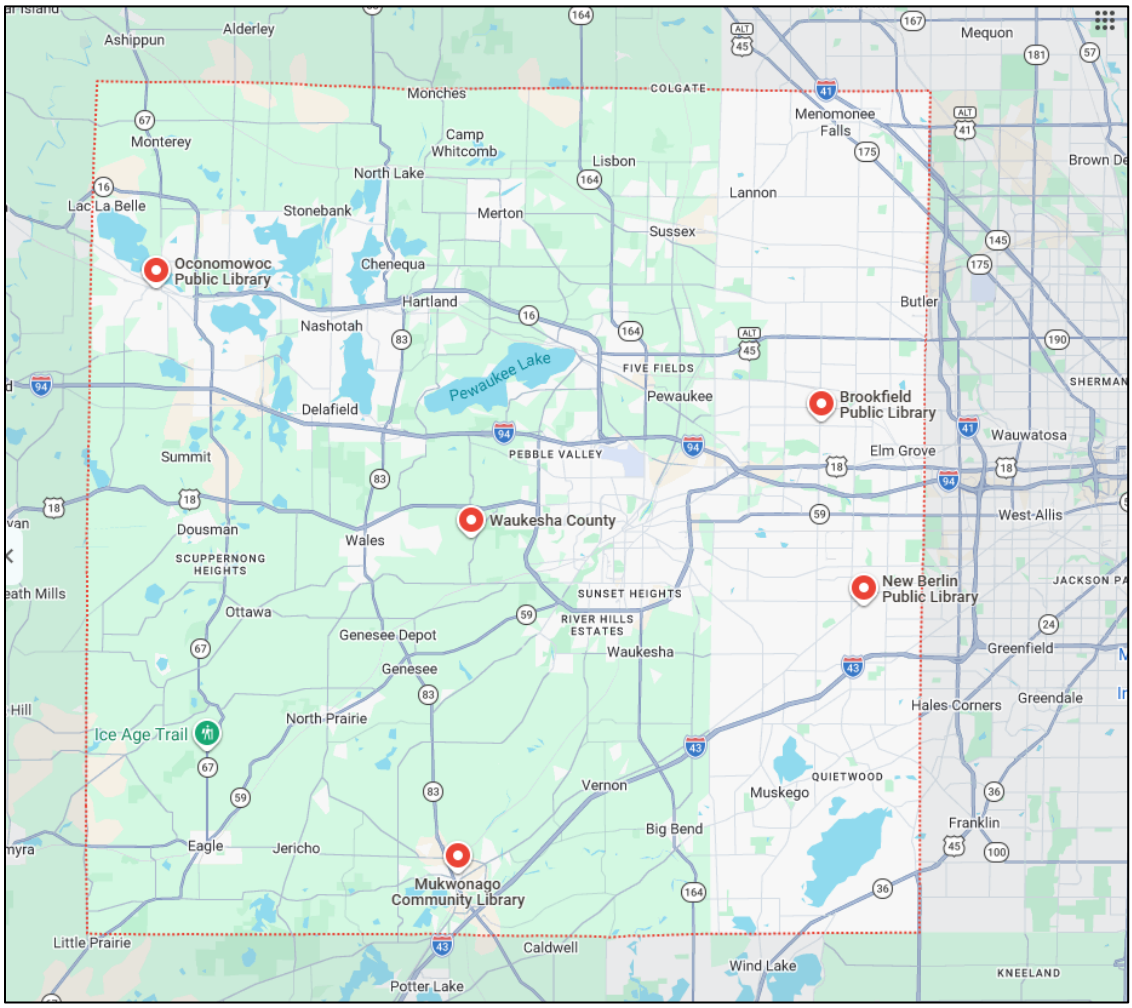
Table 12 Community Conversation Locations and Number of Participants

Community Conversation Location	Number of Participants
Oconomowoc Library	4
Mukwonago Library	2
Brookfield Library	9
New Berlin Library	6
Total	21

Each Community Conversation could accommodate up to 10 participants, allowing for meaningful discussion while maintaining a group size conducive to individual participation and facilitated conversation.

Participants received a $20 Kwik Trip gift card in recognition of the time they contributed to the community assessment process. The incentive was provided for participation and was not dependent on the content or nature of participants' responses.

Figure 3 Waukesha County Community Conversation Locations



Community Conversation Questions

Community Conversations were facilitated group discussions designed to explore residents' experiences and perceptions related to health and quality of life in Waukesha County.

The facilitated format allowed participants to expand upon issues identified through other components of the community assessment while also raising concerns, strengths, experiences, and opportunities that may not have been fully represented through survey or quantitative data.

The conversations explored how residents experience community health conditions in their daily lives, including perceived barriers to health and well-being, existing community assets, populations experiencing greater challenges, opportunities for improvement, and individuals or systems with the ability to influence community conditions.

A standardized discussion guide organized questions into three topic areas: Community Strengths, Neighborhoods and Community Spaces, and Changes Affecting the Community. Table 13 outlines the questions used to guide conversations.

Table 13 Community Conversation Discussion Questions

Topic Area	Discussion Questions
Community Strengths	What do you value most about your community, and what strengths do you think make it a good place to live, work, and support one another? What organizations, programs, resources, or community assets have the greatest positive impact on people's health, safety, and overall well-being? How do they make a difference?
Neighborhoods and Community Spaces	How does access to parks, transportation, healthcare, housing, grocery stores, and other community resources differ across neighborhoods? What challenges in the physical environment, such as sidewalks, buildings, zoning, etc., make it harder for people or neighborhoods to thrive? What changes would make our community healthier and help community members thrive?
Changes Affecting the Community	What changes in our community are having the biggest impact on people's health and well-being? What support, resources, or changes would make the biggest difference moving forward?

Data Analysis

Waukesha County Public Health conducted a qualitative analysis of the four Community Conversations to identify recurring themes and better understand residents' perspectives on community health and quality of life.

Structural Coding

Community Conversation data were analyzed using a structural coding approach consistent with the qualitative analysis conducted for the Community Health Survey and Key Stakeholder Focus Groups. A predefined coding framework was applied to organize participant perspectives into broad categories related to community health and quality of life.

The five structural codes and their definitions are presented in Table 14.

Table 14 Community Conversation Structural Coding Framework and Definitions

Code Name	Definition
Vulnerable Populations	Groups most impacted by identified health issues or experiencing significant obstacles to improving health outcomes.
Barriers	Obstacles that prevent individuals or communities from achieving optimal physical or mental health and well-being.

Community Assets	Existing community resources, services, relationships, or built-environment strengths that can be leveraged to improve quality of life.
Community Opportunities	Local prospects, resources, initiatives, or areas for improvement that could be developed or strengthened to improve quality of life.
Power	Individuals, organizations, institutions, systems, or other entities with the capacity, ability, or authority to act, influence decisions, or affect community conditions.

Theme Development

Structural codes served as an organizational framework for the qualitative data rather than as the final findings. Following coding, participant responses were reviewed by a primary reviewer to identify recurring ideas, patterns, similarities, differences, and relationships among concepts.

Patterns within the coded data were synthesized into broader themes reflecting residents' perspectives on community health and quality of life, including community strengths, barriers, populations experiencing greater challenges, opportunities for improvement, and the people, organizations, or systems capable of influencing community conditions.

Themes were examined both within individual Community Conversation locations and across all four locations. This allowed for the identification of perspectives that may have been more prominent within certain geographic areas, as well as themes that consistently emerged across multiple areas of Waukesha County. A second staff member reviewed the identified themes to assess whether they reasonably reflected the Community Conversation discussions and to provide an additional perspective on the findings.

Community Conversation findings were intended to complement the Community Health Survey, Key Stakeholder Focus Groups, and quantitative data sources by providing additional context regarding residents lived experiences and perceptions of community health. Together, these qualitative findings contributed to a more comprehensive understanding of community strengths, needs, barriers, and opportunities throughout Waukesha County.

Results & Discussion

The four Community Conversations identified 10 recurring themes related to community health, quality of life, existing resources, and barriers experienced by Waukesha County residents.

Although participants shared experiences specific to their communities, several common perspectives emerged across locations. Residents consistently recognized the county's strong community resources while identifying challenges related to accessibility, affordability, transportation, communication, and navigating available services.

Summary of Key Themes

Ten themes emerged across the four Community Conversations, reflecting residents' perspectives on community strengths, health challenges, and opportunities for improvement. Table 15 provides an overview of these themes, followed by a more detailed discussion of each.

Table 15 Key Themes Identified Across Community Conversations

Theme	Summary of Findings
Community Resources and Access	Waukesha County has substantial community resources, but awareness, affordability, transportation, eligibility, and navigation barriers can limit residents' ability to use them.
Community Spaces and Assets	Libraries, parks, schools, and community spaces support physical activity, learning, social connection, and access to resources.
Transportation and Built Environment	Transportation availability, walkability, and neighborhood design influence residents' access to healthcare, food, recreation, and other resources.
Mental Health and Well-Being	Mental health concerns affect residents across the lifespan, highlighting the importance of prevention, early intervention, parenting support, and social connection.
Healthcare Access and Navigation	The availability of healthcare systems does not always translate into accessible care due to insurance, cost, provider availability, and navigation challenges.
Affordability and Economic Pressures	Rising costs for housing, food, healthcare, transportation, and other basic needs contribute to financial strain and affect well-being.
Housing and Community Stability	Housing affordability, availability, and development patterns influence health, independence, aging, and residents' ability to remain in their communities.
Social Connectedness and Belonging	Community relationships and opportunities for connection support well-being, while loneliness and isolation create barriers across age groups.
Community Communication and Awareness	Residents may be unaware of existing programs and services, highlighting opportunities for more coordinated and accessible communication.
Healthy Aging and Independence	Older adults face interconnected challenges involving transportation, housing, technology, healthcare navigation, social connection, and aging in place.

Detailed Findings by Theme

1. Community Resources and Access

Key Takeaway: Waukesha County is resource-rich, but access to resources is uneven.

This was the strongest theme of the four conversations.

Participants consistently identified many community resources: libraries, healthcare systems, schools, parks, food pantries, free clinics, nonprofit organizations, churches, YMCAs, mental-health organizations, senior resources, emergency services, shelters, volunteer organizations, and community programs.

New Berlin participants, for example, described extensive collaboration among housing, public-health, homelessness, mental-health, and community organizations and emphasized the number of services

available to residents. Oconomowoc participants similarly identified food pantries, free medical and dental care, libraries, senior resources, Lake Country Caring, and other organizations.

However, participants repeatedly distinguished between a resource existing and a resident being able to use it. Barriers included not knowing a resource exists, difficulty navigating systems, reliance on websites or technology, transportation, eligibility requirements, insurance, cost, and geographic distance.

Combined finding: Waukesha County's challenge may not always be a lack of resources. In many instances, the gap is connecting residents to existing resources in ways that are understandable, accessible, affordable, and geographically practical.

2. Community Spaces and Assets

Key Takeaway: Libraries, parks, schools, and community spaces are foundational health assets.
Libraries emerged as one of the most consistently valued assets across conversations not simply for books, but as multi-purpose community resource hubs.

New Berlin participants described libraries as places for technology, recreation, educational programming, equipment lending, social connection, and support for people experiencing homelessness. Mukwonago participants similarly highlighted the library and its "Thingery," including affordable opportunities for families and even recreational equipment such as kayaks.

Parks were another strong asset. Brookfield-area participants identified county parks, walkable neighborhoods, schools, libraries, and recreational opportunities as important contributors to health and quality of life.

Combined findings: Residents see libraries, parks, schools, and other community spaces as part of the public-health infrastructure because they support physical activity, learning, social connection, resource access, and belonging.

3. Transportation and Built Environment

Key Takeaway: Transportation, walkability, and the built environment shape access to health.
Transportation was one of the clearest geographic inequities across conversations.

Participants outside more densely developed areas described car dependence and limited public transportation. Oconomowoc/Lake Country participants discussed difficulties reaching Waukesha-based services and limitations of existing transit options.

The issue was especially pronounced in Mukwonago. Participants described a lack of public transportation, roads without sidewalks or shoulders, unsafe conditions for walking and biking, and difficulty reaching destinations such as the library or farmers market without a vehicle.

By contrast, participants in more walkable neighborhoods described walkability as a major community strength. Brookfield-area participants specifically connected neighborhood walkability with the ability to get outside and remain active.

Combined finding: Where someone lives within Waukesha County can substantially affect whether they can reach healthcare, food, recreation, social opportunities, and other resources without access to a personal vehicle.

Populations particularly affected: older adults, people with disabilities, people without vehicles, lower-income residents, youth, and residents in less densely developed areas.

4. Mental Health and Well-Being

Key Takeaway: Mental health is a lifespan issue requiring prevention, early intervention, and connection.

Mental health appeared across communities and across age groups. Participants discussed youth anxiety, ADHD and neurodiversity, loneliness, social pressures, behavioral concerns, school mental-health capacity, parenting challenges, and access to behavioral-health providers.

Brookfield participants described mental-health access as an asset for some families and discussed informal networks of parents sharing referrals and recommendations, suggesting that stigma may be decreasing in some settings.

Mukwonago participants emphasized parenting support and access to counselors, including a desire for practical resources that help families support children experiencing behavioral or developmental challenges.

Oconomowoc participants emphasized earlier intervention and stronger collaboration among schools, healthcare systems, and behavioral-health organizations.

Combined finding: Mental health was not discussed solely as treatment for mental illness. Participants described a broader need for prevention, social connection, parenting support, early identification, school-based support, reduced stigma, and easier access to professional care.

5. Healthcare Access and Navigation

Key Takeaway: Healthcare availability does not always equal healthcare accessibility.

Participants generally recognized the county's healthcare infrastructure as an asset. Brookfield participants specifically highlighted access to multiple healthcare systems.

However, healthcare access became much more complicated when participants discussed insurance, behavioral health, Medicaid, provider availability, wait times, and navigation.

Mukwonago participants described difficulty navigating insurance and Medicaid networks, including confusion over plans and finding providers who accept coverage. Even participants with greater knowledge of healthcare systems described navigation as confusing.

Combined findings: Participants differentiated between having healthcare organizations nearby and being able to obtain the right care, from the right provider, at the right time, with coverage that makes the service affordable.

6. Affordability and Economic Pressures

Key Takeaway: Affordability and economic pressures are affecting basic needs.

Economic pressure surfaced through discussions of housing, groceries, healthcare, transportation, and other basic needs.

Participants described food pantries and other assistance programs as valuable community assets, but the demand for those resources also served as an indicator of financial pressure. New Berlin participants, for example, discussed food pantries, homelessness resources, rental assistance, free goods, and increasing concerns about older adults experiencing housing instability. Mukwonago participants directly described increasing financial stress and difficulty feeding larger families as prices rise.

Combined findings: Even within a county generally perceived as having substantial resources, participants described residents experiencing financial strain that can affect housing, food, healthcare, and overall well-being.

7. Housing and Community Stability

Key Takeaway: Housing is connected to health, aging, affordability, and community change.
Housing concerns appeared in multiple forms rather than as one singular problem.

Participants discussed affordable rentals, homelessness, older adults losing housing, senior housing, development patterns, zoning, and the ability of people with different incomes to remain within their communities.

New Berlin participants discussed increasing housing insecurity among older adults and the role of community organizations in helping residents remain sheltered.

Mukwonago participants connected zoning and housing development with access to parks, community design, and the physical environment.

Combined finding: Housing functions as a health and stability issue, intersecting with aging, income, transportation, neighborhood design, and access to services.

8. Social Connectedness and Belonging

Key Takeaway: Social connection and belonging are important determinants of well-being.
Participants repeatedly discussed the importance of having places and organizations where people feel connected and belong.

Community events, libraries, schools, churches, scouts, veterans' organizations, service clubs, parks, farmers markets, YMCAs, and informal groups were all identified as mechanisms for connection.

At the same time, participants raised concerns about loneliness and isolation. Mukwonago participants described loneliness among older adults and children and observed difficulty connecting with people who are different from oneself.

Combined finding: Social connection itself emerged as a health asset. Conversely, isolation, declining participation, and lack of belonging can become health barriers across the lifespan.

9. Community Communication and Awareness

Key Takeaway: Community communication is a major opportunity for improvement.
Participants repeatedly described learning about programs, events, or resources after the fact—or by chance.

Mukwonago participants specifically requested better ways to communicate positive community events and resources, noting that not everyone uses social media. Oconomowoc participants similarly described difficulty identifying and navigating resources, particularly for people who are less comfortable with technology.

The conversations suggest that adding more services without improving communication may not fully address residents' needs.

Combined finding: There is an opportunity for a more coordinated, accessible, multi-channel approach to communicating what already exists.

10. Healthy Aging and Independence

Older adults emerged as an important population across conversations. Participants discussed transportation, caregiver support, food access, housing instability, technology literacy, fall prevention, healthcare navigation, loneliness, and aging in place.

Oconomowoc participants described ADRC and caregiver resources but also noted that accessing them can depend on awareness, geography, technology, and transportation. Mukwonago participants highlighted YMCA programming and transportation support for older adults.

Combined findings: Healthy aging is interconnected with transportation, housing, technology, social connection, healthcare, and the ability to navigate community systems independently.

Key Findings and Implications for Community Health Improvement

Taken together, the four Waukesha County Community Conversations present a consistent picture of a county with significant resources, strong community partnerships, and many assets that support health and quality of life. At the same time, participants identified persistent challenges that can limit residents' ability to fully benefit from these strengths. Across communities, concerns related to transportation, affordability, housing, mental health, social connection, communication, healthcare navigation, and healthy aging frequently overlapped, demonstrating that community health challenges rarely exist in isolation.

A key implication is that improving health may not always require creating new resources but rather strengthening how residents connect to and access the resources already available. Participants consistently described barriers related to awareness, navigation, cost, transportation, technology, eligibility, and geography, highlighting opportunities to improve coordination and reduce barriers across systems. These findings reinforce the importance of upstream and system-level approaches that address the conditions influencing health while building upon existing community assets. As Waukesha County moves into its next community health improvement cycle, these findings provide an important foundation for identifying priorities and strategies that strengthen access, connection, and opportunity for residents across the county.

Section 4: Waukesha County Community Health Assessment Connections

The Community Health Survey, Key Stakeholder Focus Groups, and Community Conversations provided complementary perspectives on the health and well-being of Waukesha County residents. While each assessment component offered unique insights, several consistent themes emerged across the findings.

This section highlights the community assets and cross-cutting barriers identified throughout the assessment process. Together, these findings provide important context for understanding Waukesha County's strengths, challenges, and opportunities as the county prepares for its next Community Health Improvement Plan (CHIP).

Community Assets

Across the assessment findings, four community assets consistently emerged as important contributors to health, quality of life, and community well-being:

- Parks, Trails, Lakes, and Outdoor Recreation
- Community Libraries
- Convenience and Accessibility
- Community Connection and Pride

These assets represent existing resources, environments, and community characteristics that support health and provide a strong foundation for future community health improvement efforts.

Parks, Trails, Lakes, and Outdoor Recreation

Parks, Trails, Lakes, and Outdoor Recreation emerged as a consistent community asset across the Key Stakeholder Focus Groups and Community Conversations. Participants emphasized their importance to quality of life, physical activity, and overall well-being. Opportunities for improvement included greater coordination, connectivity, and accessibility to strengthen outdoor recreation across communities.

Community Libraries

Libraries emerged as another prominent community asset across the assessments. Participants recognized libraries as trusted, accessible spaces for community connection, information, programming, and resource navigation. With 37 unique communities across Waukesha County, the library network provides valuable opportunities to connect residents with resources, services, and one another.

Convenience and Accessibility

Convenience and Community Connection emerged as important strengths across the assessments. Participants highlighted convenient access to services, amenities, and recreation while valuing the distinct identities and strong community connections of individual municipalities. This balance offers residents the benefits of a larger metropolitan area while preserving local relationships and community pride.

Community Connection and Pride

Community Connection and Pride emerged as important strengths across the assessments. Participants highlighted strong local relationships, community involvement, and a sense of belonging fostered through local organizations, events, volunteer opportunities, and shared spaces. Residents valued the unique

identities of individual municipalities while benefiting from the broader resources and opportunities available throughout Waukesha County.

Implications for Community Health Improvement

Together, these assets provide a strong foundation for Waukesha County's next Community Health Improvement Plan (CHIP). Building on existing resources, relationships, and community infrastructure can help ensure future strategies leverage community strengths while addressing identified needs and challenges.

Cross-Cutting Barriers

While several barriers and challenges emerged throughout the assessment process, two cross-cutting barriers were consistently identified across multiple data sources, populations, and health-related issues:

- Transportation
- Affordability

These barriers were discussed across different populations and topic areas, demonstrating their broad influence on residents' ability to access resources, services, and opportunities that support health and well-being.

Transportation

Transportation emerged as a consistent barrier across the assessments. Although participants identified the convenience and proximity of services and amenities as a community strength, with many resources located within a 15- to 20-minute drive, proximity does not guarantee accessibility. Participants emphasized that accessing many resources throughout Waukesha County requires a personal vehicle, particularly in rural areas where transportation options are limited. For residents who cannot drive or lack reliable transportation, these barriers can restrict access to healthcare, employment, food, social services, recreation, and other community resources.

Affordability

Affordability emerged as the second major barrier across the assessments, particularly regarding healthcare. Residents and stakeholders emphasized that the availability of services does not guarantee the ability to afford them. Costs associated with healthcare, insurance, medications, housing, and other essential needs can prevent residents from accessing resources. These findings highlight that strong community resources alone do not ensure equitable access, as residents must also have the financial means to utilize them.

Implications for Community Health Improvement

Together, transportation and affordability represent cross-cutting barriers affecting multiple areas of community health. Their consistency across assessments highlights the importance of considering these barriers when developing strategies for Waukesha County's next Community Health Improvement Plan (CHIP).

Limitations and Interpretation of Findings

The Community Health Survey, Key Stakeholder Focus Groups, and Community Conversations provided valuable insights into the health and well-being of Waukesha County residents. However, findings should be interpreted with consideration of the sampling approaches, participant characteristics, and qualitative nature of the assessments.

The qualitative findings reflect the perspectives and experiences of participating residents and stakeholders and are not necessarily representative of the overall Waukesha County population. Additionally, the frequency or prominence of themes within open-ended survey responses and facilitated discussions should not be interpreted as an indication of their prevalence within the county.

Despite these limitations, the identification of similar themes across multiple assessment components provides valuable context for understanding community strengths, challenges, and opportunities. These findings are intended to complement quantitative data and inform discussions about priorities for Waukesha County's next Community Health Improvement Plan (CHIP).