

The State of Social Connectedness in Wisconsin

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Acknowledgements

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Social Connections Summary

This report aims to examine the impact of social connections on overall health and wellbeing as well as the efforts being made by local health departments and Tribal health agencies (LTHD) to promote social connections.

Social connections refer to the ways people are physically, emotionally, and socially connected to others. Strong social connections have the power to positively impact both physical and mental health, while improving overall quality of life. A lack of social support increases the risk for many poor health behaviors and outcomes. On the other hand, the presence of social connections is a crucial protective factor for mental health, often reducing the risk of depression, anxiety, and suicide.

Social connections are both the product and predictor of social, cultural, economic, and political environments. Wisconsin is home to diverse populations and therefore must work to address inequities in social connections that arise due to various social and political determinants of health. For the Social Support and Engagement Objective, Wisconsin ranks 31 among the 50 states, illustrating room for improvement (AHR, 2022a; AHR, 2022b).

Various indicators have been selected to measure social connections in Wisconsin. The primary State Performance Measure is the percentage of individuals who report getting the social and emotional support they need. This measure is sourced from the Wisconsin Behavioral Risk Factor Survey. Supporting measures of social connections have been selected from the Wisconsin Youth Risk Behavior Survey and University of Wisconsin Population Institute's County Health Rankings & Roadmaps.

This report emphasizes the need for the Wisconsin Department of Health Services to support LTHDs as they prepare for, implement, and evaluate social connections programming. Recommendations include refining data collection to reduce burden and enhance functionality, offering technical assistance to small and newly-staffed LTHDs, and developing a platform for a peer-support network.

Social connections are vital for promoting health and well-being in Wisconsin. Efforts should be made to address disparities, improve systems of social support, and facilitate communities that foster social connections among Wisconsinites.

Introduction

Purpose

The purpose of this report is to explore the importance of social connections in relation to health and the social connections work Wisconsin local health departments and Tribal health agencies (LTHDs) are engaged in. The methods utilized for selecting this Maternal and Child Health (MCH) objective are explored in addition to chosen areas of improvement and activity types. We conclude with recommendations on how the Wisconsin Department of Health Services (DHS) can better support agencies as they work to facilitate and improve social connections.

What is social connection?

As of 2023, Wisconsin's local and Tribal health agencies have the option to utilize their annual Title V Block Grant funding to address social connections in their communities. As defined by the Family Health Section in the Division of Public Health,

“Social connections refer to the ways people are physically, emotionally, and socially connected to others.”

Social connections are manifested in how one interacts with and is supported

by their social networks, including friends, family, peers, and neighbors.



These connections hold the potential to foster a profound sense of value and belonging within one's community, which can encompass physical, social, or cultural dimensions. Technological advancements and the normalization of social media have revolutionized social connections, allowing them to extend across geographic boundaries. Because of this development, communities may be fostered within neighborhoods, places of worship, schools, or workplaces, but may also be found within online support groups, social media networks, online gaming communities, virtual volunteer groups, or fan communities. The transcending of geographical barriers has led to new opportunities for social connections.



Why is social connection important?

Social connections and the feelings of inclusion they incur can improve one's health. Health can have many meanings, but in this report, we will use the definition stipulated in the Constitution of the World Health Organization [WHO]:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (1948)."

Social connections can impact each of these aspects of health. Promoting social connections is therefore a priority for Wisconsin, as it

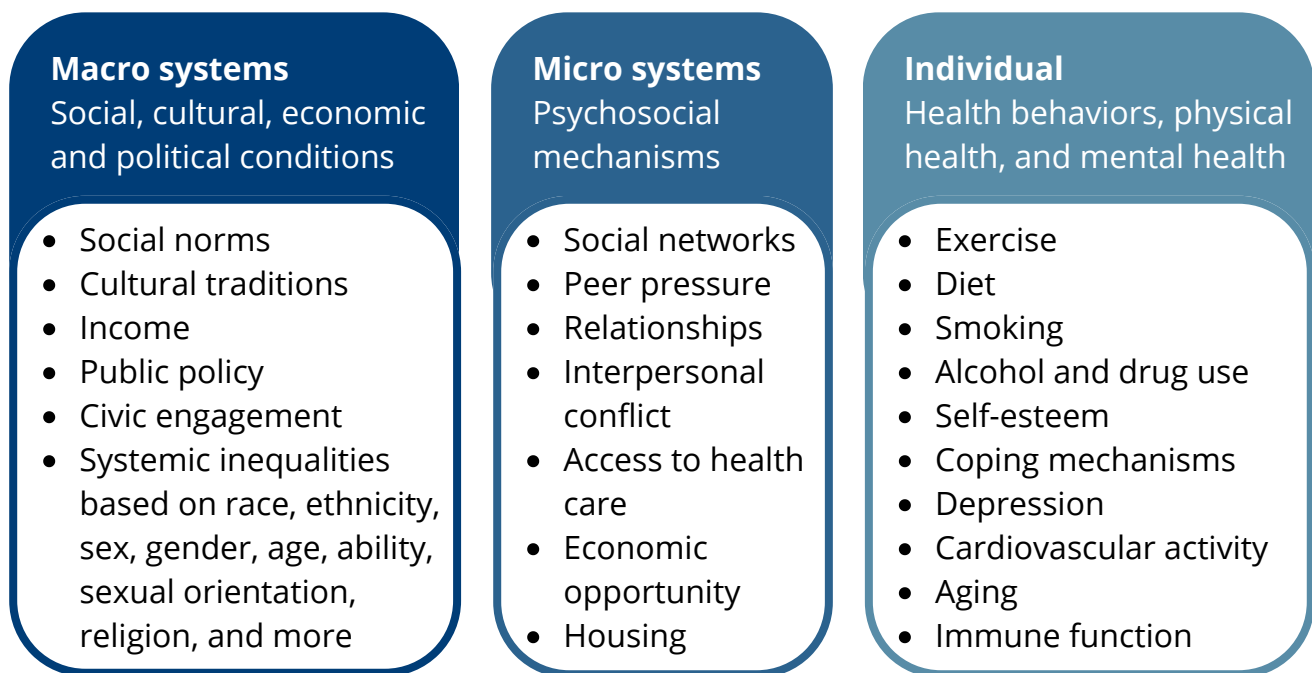
may advance the health and well-being of the state's population.

How does social connection influence health?

The impact of social connections can vary greatly—either benefitting or harming individual well-being and health behavior—and is contingent upon the nature and quality of these connections (Umberson & Montez, 2010). However, evidence broadly suggests that social connections have a net positive impact on health. Figure 1 depicts the theoretical pathways through which social connections may impact health.



Figure 1. Social connections impact health at multiple levels.



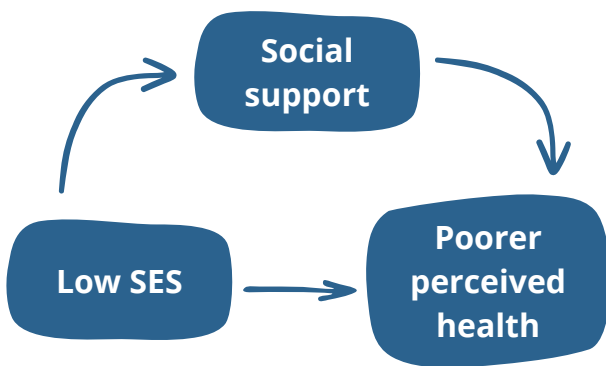
Adapted from Berkman & Krishna, 2014.

Literature Review

Social connectedness plays a vital role as a determinant of health (HHS, n.d.). Strengths of socially connected communities include volunteerism, cultural inclusion, trust, and resilience (MHMC, 2018; IFRC, 2014; HPD, 2021).

Social connection and health equity

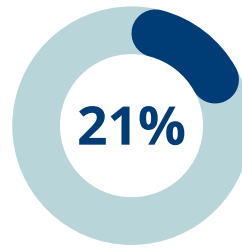
Social connections are both the product and predictor of one's social, cultural, economic, and political environments (see Figure 1). Social connections disparities are exhibited across several intersecting factors. For example, social support can mediate the relationship between low socioeconomic status (SES) and poor perceived health, especially for individuals with low SES (Cohen et al., 1999; Uphoff et al., 2013).



Social connections can also improve mental health among immigrant populations, who face greater difficulty accessing support than their U.S.-born counterparts (Aran et al., 2023; White et al., 2022). Those at higher risk of

experiencing social isolation and reduced emotional support may reap the greatest benefits from social connections (Zamani-Hank et al., 2022; Jang et al., 2022).

Wisconsin is home to diverse populations and must work to address the inequities among them.



About 21% of Wisconsinites are people of color (UCSB, 2022).

The state faces some of the largest racial disparities within the United States (America Counts, 2021), ranking:



in premature death racial disparities,



in children in poverty racial disparities,



in high school graduation racial disparities,



residential segregation racial disparities, and



low birthweight racial disparities (AHR 2022a, 2022b).

Geographical (rural/urban), educational, and gender inequities are also prominent (WCHQ & UW, 2020; Olson-Williams et al., 2023).

Social connection and physical health

Social connections have the potential to impact physical health for the whole population, with strong social connections being associated with healthy diet and increased physical activity, and a lack of social support being associated with higher odds of smoking, dementia, sleep difficulty, physical inactivity, high body mass index, high blood pressure, and high cholesterol (Pieroth et al., 2017; Crandall



et al., 2022; Papini et al., 2023; Sutin et al., 2023; Qi et al., 2023; Luo & Hendryx, 2022; Borgatti et al., 2022; Shiovitz-Ezra & Parag, 2019). Poor social connections

may also increase risk of mortality (Naito et al., 2023; Pantell et al., 2013; Brummett et al., 2001).

Social connection and mental health

While loneliness and social isolation are consistently associated with depression and anxiety in many populations, social connections can also improve self-esteem, lower stress levels, and protect against poor mental health (Yang et al., 2022; Laursen et al., 2021; Sharp et al., 2022; Tucker et al., 2020; Sapouna & Wolke, 2013; Morneau-Vaillancourt et al., 2023; Papini et al., 2023; Wang et al., 2023; Grenawalt et al., 2023; Hwang et al., 2022; Ryan et al., 2021). Social isolation is also associated with suicide, particularly for youth, for whom suicide is the second leading cause of death (Wanta et al., 2009; Evers, 2018). Having social support, however, is associated with suicide resilience, suggesting social connections can protect against suicide attempts (Matel-Anderson et al., 2019). This may be especially beneficial for



trans and gender diverse individuals, who face a disproportionately high risk of poor mental health and suicide in Wisconsin (Valente et al., 2022; McCoy & Frederick, 2020; Prevent Suicide Wisconsin, 2020).

Social connection and family health

Social support can influence the health and wellbeing of whole families. For parents, it can protect against depression, unintended pregnancy, and adverse birth outcomes while encouraging healthy coping mechanisms and breastfeeding (Pineros-Leano et al, 2021; Julian et al., 2023; Recto & Champion, 2020; Feld et al., 2021; Eapen et al., 2019; DeHoff et al., 2016; Gyamfi et al., 2023; Haley et al., 2023). In underserved parent populations, including parents of color, of low income status, and parents of children with special health care needs, social connections not only impact their health, but also their children's. For example, when a mother is socially isolated, her child is more likely to have developmental delays and behavioral problems (Murakami et al., 2023a, 2023b).

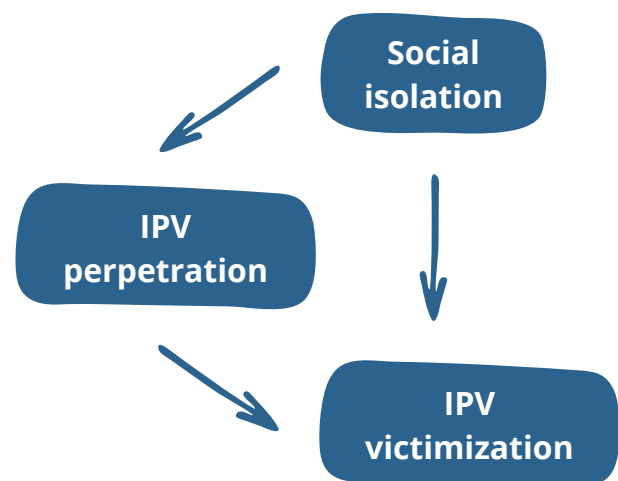


Throughout child development, social support is consistently associated with better sleep and flourishing (Duh-Leong et al., 2023; Kwong & Hayes, 2017). When children and teenagers do not have enough



social support, they are at greater risk of insomnia, cognitive disorders, and motor developmental delays (Li et al., 2019; Sadheghi-Bahmani et al., 2022; Ramos De Oliveira et al., 2023). The impacts of social connections during childhood often extend into adulthood. Sufficient social connectedness in adolescence can protect against suicidal ideation, violence, drug misuse, dementia, and even premature death (Steiner et al., 2019; Nakagomi et al., 2023).

Social isolation is associated with violent behavior, while high perceived social support can act as a protective factor (Wood, 2020; Pfundmair et al., 2022; Tung et al., 2019; Chandran et al., 2020). This is especially relevant when examining intimate partner violence (IPV), as social isolation increases the risk of both IPV perpetration and victimization.



Abusers often use social isolation to maintain power. When an IPV survivor has children, it amplifies the potential for their children to exhibit violent tendencies, thus perpetuating

generational cycles of violence (Capaldi et al., 2012; Boyce et al., 2022; Voith et al., 2022). During the past decade, reported IPV cases have steadily risen in Wisconsin, leading to 80 IPV-related deaths in 2021 (Milwaukee Homicide



IPV-related deaths in 2021

Review Commission, 2020; Krall et al., 2022). It is imperative to protect the health and safety of women, children, and families by promoting healthy social connections.

State of social connection in Wisconsin

Recent work by the Wisconsin Department of Health Services (Wisconsin DHS), specifically the Bureau of Community Health Promotion and Office of Children’s Mental Health, has revealed that Wisconsin communities both need and desire improved social connections. The 2023–2027 Wisconsin State Health Improvement Plan identifies social connectedness as a top health priority (Wisconsin DHS, 2023a).

How Wisconsin Title V measures social connections

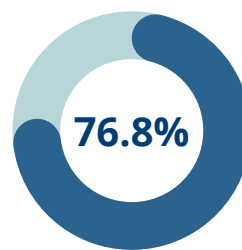
Several measures were selected to capture the current state of mental health in Wisconsin. These measures were sourced from the Wisconsin

Behavioral Risk Factor Survey (BRFS), Youth Risk Behavior Surveillance System (YRBSS), and County Health Rankings & Roadmaps (CHR&R). Wisconsin’s Social Connections Objective is measured by the state with one indicator from the Wisconsin BRFS, which collects data annually from Wisconsin adults as part of the CDC’s (Centers for Disease Control and Prevention) Behavioral Risk Factor Surveillance System (BRFSS) (CDC, 2023a). The Wisconsin BRFS indicator is:

How often do you get the social and emotional support that you need?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Never |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Refuse to answer |
| <input type="checkbox"/> Rarely | |

(CDC, 2013). The State Performance Measure is the combined percentage of Wisconsin adults who report “always” or “usually” getting the social and emotional support they need.



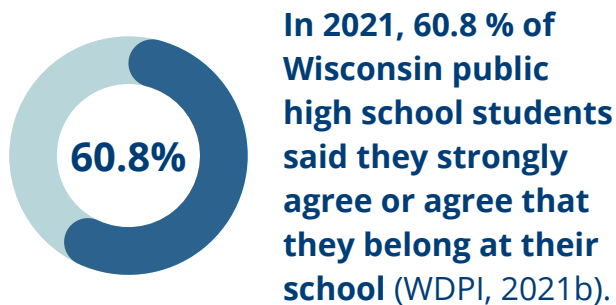
In 2020, 76.8% of Wisconsin adults said they always or usually get the social and emotional support they need (Wisconsin BRFS, 2020).

Two supporting measures were selected from YRBS and the CHR&R to measure social connections. Wisconsin YRBS is a bi-annual questionnaire administered to Wisconsin public high school students as part of the CDC's YRBSS surveys (CDC, 2023b). The Wisconsin YRBS indicator is:

Do you agree or disagree that you feel like you belong at your school?

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

(WDPI, 2021a). This indicator measure is the combined percentage of respondents who "strongly agree" or "agree" that they belong at their school.



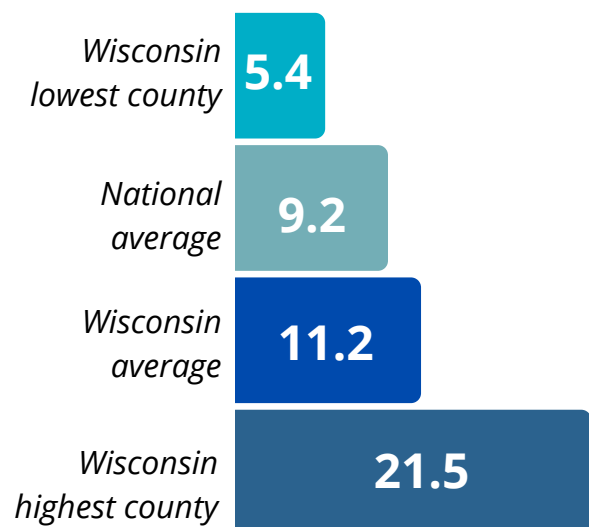
The second supporting indicator is from CHR&R, a research program housed within the University of Wisconsin Population Health Institute which

endeavors to generate data and build awareness about factors influencing health. The CHR&R indicator is:

Rate of Social Associations

This measures the number of membership associations (including civic, political, religious, sports and professional organizations) per 10,000 individuals. Measurements are based on businesses' self-reported data and county populations. Higher scores indicate greater social connectivity. Wisconsin's current rate of Social Associations is 11.2, with individual county ratings ranging from 5.4 to 21.5 membership associations per 10,000 people. Wisconsin's rate is slightly higher than the national average of 9.2 memberships per 10,000 people (CHR&R, 2023).

Wisconsin's rate of social associations is higher than the national average.



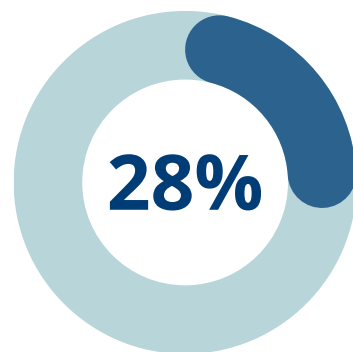
Wisconsin health and community engagement

As of 2022, Wisconsin ranks 21 out of 50 in America's overall healthiest states (AHR, 2022a). Wisconsin is the 22 healthiest for women and children (AHR, 2022b). These rankings are based on 17 different health-related measures, such as education, housing, health care access, physical activity, and mental health. For the Social Support and Engagement measure, Wisconsin ranks 31, 23, and 19 for everyone, women, and children, respectively (AHR, 2022a, 2022b).

support from community groups such as places of worship (21%), advocacy groups (4.2%), or peer support groups (12.3%) (NSCH, 2023). Approximately 23.4% of children experienced some level of difficulty in making and keeping friends, with 14.2% experiencing and 5% perpetrating frequent bullying (NSCH, 2023). Furthermore, 8.5% of children experienced community-based adverse childhood experiences, with **Hispanic children being 3 times more likely and non-Hispanic Black children more than 6 times more likely than non-Hispanic white children to have these experiences (NSCH, 2023).**

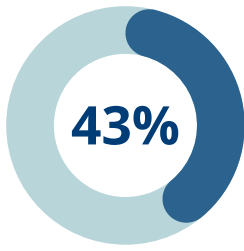


During the 2020 - 2021 period, nearly 20% of children aged 6-17 were not engaged in school, and 28% were not engaged in extracurricular activities (NSCH, 2023).



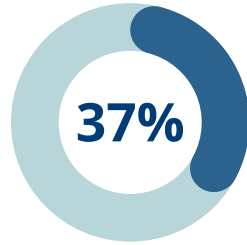
Household income, adverse childhood experiences, and mental, emotional, developmental or behavioral factors were strong predictors of school engagement. These factors were also associated with parent participation in a child's activities and events. Emotional support for parents may impact ability to engage in a child's activities, and 17.5% of parents reported not having this support (NSCH, 2023). Few reported receiving such

A Title V mid-cycle needs assessment conducted by Wisconsin DHS captured several measures of social connections within communities. A majority of respondents, ranging from 50% to 84%, provided responses indicative of strong social connections; however, a significant proportion of the population did not report having social connections within their community.



Approximately 43% of respondents did not feel community members knew one another and

37% were unsure or disagreed that they were welcome in their community
(Wisconsin DHS, 2022).



Most residents felt safe spaces existed in their community with only 15% and 18% unable to identify a safe gathering place for friends or children, respectively (Wisconsin DHS, 2022). However, half of the population did not know where they could seek help during stressful times. When asked what resources would make it easier to build social connections within a community, the most common responses included physical spaces, support groups, and accessible and inclusive programming.

Research questions

1

How have local health departments and Tribal health agencies (LHTDs) in Wisconsin started to use their annual Title V funding to improve social connections in their communities?



- What has been successful and why?
- What barriers have they faced and why?
- How has their work centered health equity and community engagement?

2

How can Wisconsin's Title V program best support LHTDs working to improve social connections in their communities?

Methods

Recruitment

The study population was all Wisconsin LTHDs. LTHDs were required to participate if they chose to use their annual funding from the Title V program to improve social connections in their community in 2023.

Data collection

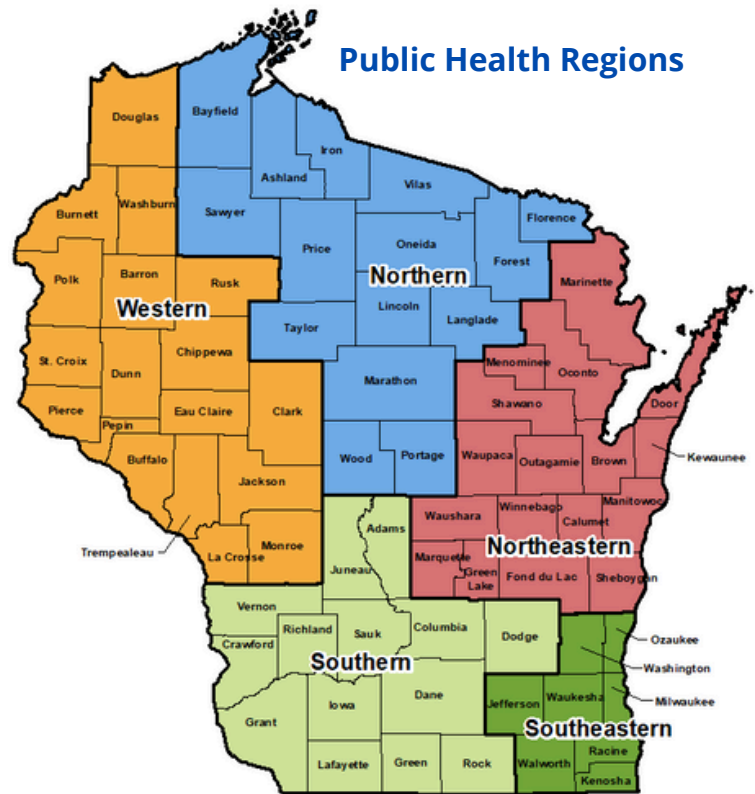
Participating LTHDs completed an online survey between April 18, 2023, and May 12, 2023. The survey contained 50 questions asking about the agencies' social connections work during Quarter 1, between January 1, 2023, and March 31, 2023. A combination of multiple choice and open response questions were created by the Wisconsin Title V team. To best assess the research questions, the survey measured five main variables:

- 1 Demographics
- 2 Social connections decision-making
- 3 Social connections partnerships
- 4 Social connections activities
- 5 Social connections concerns

Other measures about LTHD reporting requirements were also included but are not addressed here.

Demographics

Wisconsin's Title V program collected each agency's name, location, and public health region (Northern, Northeastern, Southern, Southeastern, and Western) (Wisconsin DHS, 2023b).



Social connections decision-making

The Social Connections decision-making measure was assessed using five questions. These questions pertained to what data informed the decision to select the Social Connections Objective. LTHDs also reported how they were

working to improve social connections, if they were implementing social connections projects in conjunction with other Title V MCH objectives, and what community partners they were engaged with in these endeavors.

Social connections partnerships

The social connections partnerships measure was assessed using seven questions. LTHDs were asked which partner(s) they currently collaborate with on social connections-related work; how and when they formed those partnership(s); and how the partnership(s) benefit(s) their communities.

Social connections activities

The social connections activities measure was assessed using 22 questions. LTHDs were asked about any social connections-related activities they have already implemented or are planning to implement. For these activities, LTHDs reported the target population(s), desired impact, facilitators, barriers, resources needed or used, and how health equity was prioritized.

Social connections concerns

The social connections concerns measure was assessed using two questions. LTHDs were asked what other support was needed to help implement social connections-related work in the future.

LTHDs can choose to use their annual Title V funding to address the following topics in their communities:

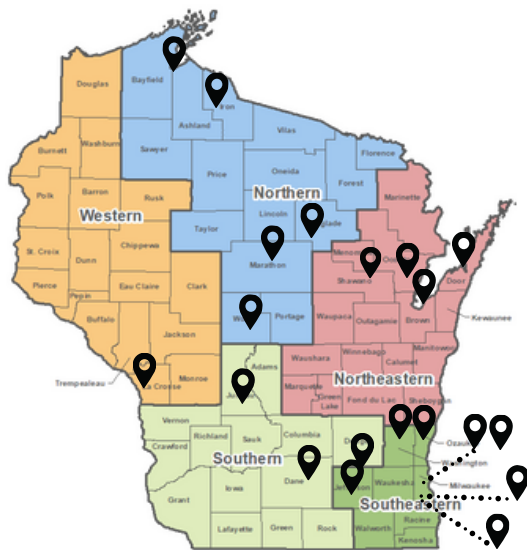
- 1 Adolescent Well-Being
- 2 Breastfeeding
- 3 Developmental Screening
- 4 Health Equity and Community Engagement
- 5 Perinatal Mental Health
- 6 Physical Activity and Nutrition
- 7 Social Connections

Analysis

Survey responses were assessed using thematic analysis, a method in which researchers use both inductive and deductive practices to find common themes in qualitative data (Braun & Clarke, 2006). The data was first compiled into a single Microsoft Word document. Two investigators reviewed, coded, and discussed the data together.

Key Findings

Twenty LTHDs used their annual Title V funding in 2023 to improve social connections in their communities. A relatively even distribution of LTHDs across most of the five public health regions was observed, with five in the Northern, four in the Northeastern, four in the Southern, six in the Southeastern, and one in the Western region.



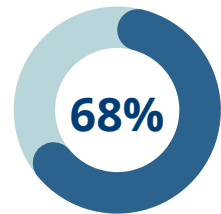
The most common areas of improvement identified by these LTHDs included community connections (28%), social isolation (27%), and social support (23%). Some plan to address social connections together with another Title V MCH objective, including adolescent well-being, breastfeeding, and physical activity and nutrition.



The vast majority of LTHDs will carry out social connections programs alongside strong community partners, with approximately half having developed new partnerships while engaging in social connections work. These partners come from many sectors: schools, health organizations, faith-based groups, community organizations, coalitions, and private businesses.

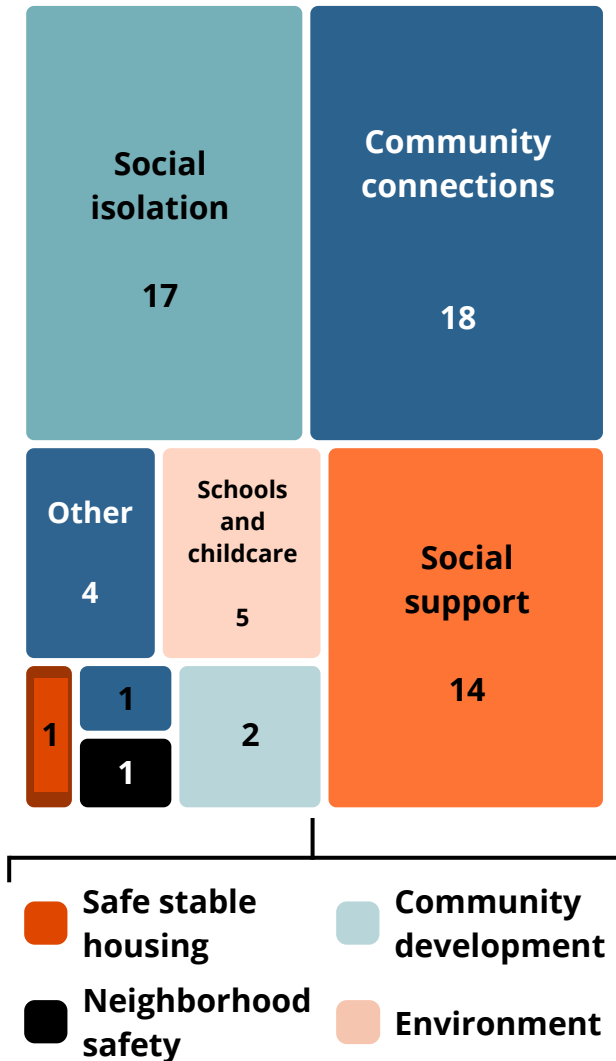
Social connections decision-making

More than half of local health departments and Tribal health agencies used their Community Health Assessment or Community Health Improvement Plan when deciding to address social connections in their community.



Several LTHDs noted worsening states of mental health among their populations as well as increased rates of bullying and suicide. Increased social isolation was also reported by many LTHDs and broadly attributed to the COVID-19 pandemic. LTHDs chose to focus on improving social connections in the following areas: community connections, community development, environment, neighborhood safety, safe stable housing, schools and childcare, social isolation, social support, and other.

LTHDs are improving social connections in a variety of focus areas. The most common areas are community connections, social isolation, and social support. Many LTHDs are focusing on multiple areas. The number of LTHDs focusing on each area are indicated below.



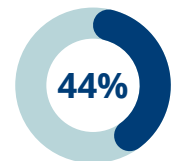
'Other' focus areas indicated by LTHDs included professional development, stress reduction through parenting support and education, food systems, and health equity. Most LTHDs chose to work on improving social connections independently, rather than combining Title V objectives.

Only a few chose to address social connections in conjunction with a second Title V MCH objective. These included adolescent well-being, breastfeeding, and physical activity and nutrition.

Social connections partnerships

In order to outreach, recruit, and support sustained partnerships, many LTHDs issued a call-to-action to existing community partners to form working groups and coalitions. Many planned or staffed informational tables at events to engage directly with communities. The goal is to maintain open conversations and attain regular feedback from community members to ensure programs remain community-centered. Identified partners hail from a variety of sectors including **coalitions, community-based organizations, faith-based organizations, governmental departments and agencies, health systems and organizations, schools or school districts, and private businesses.**

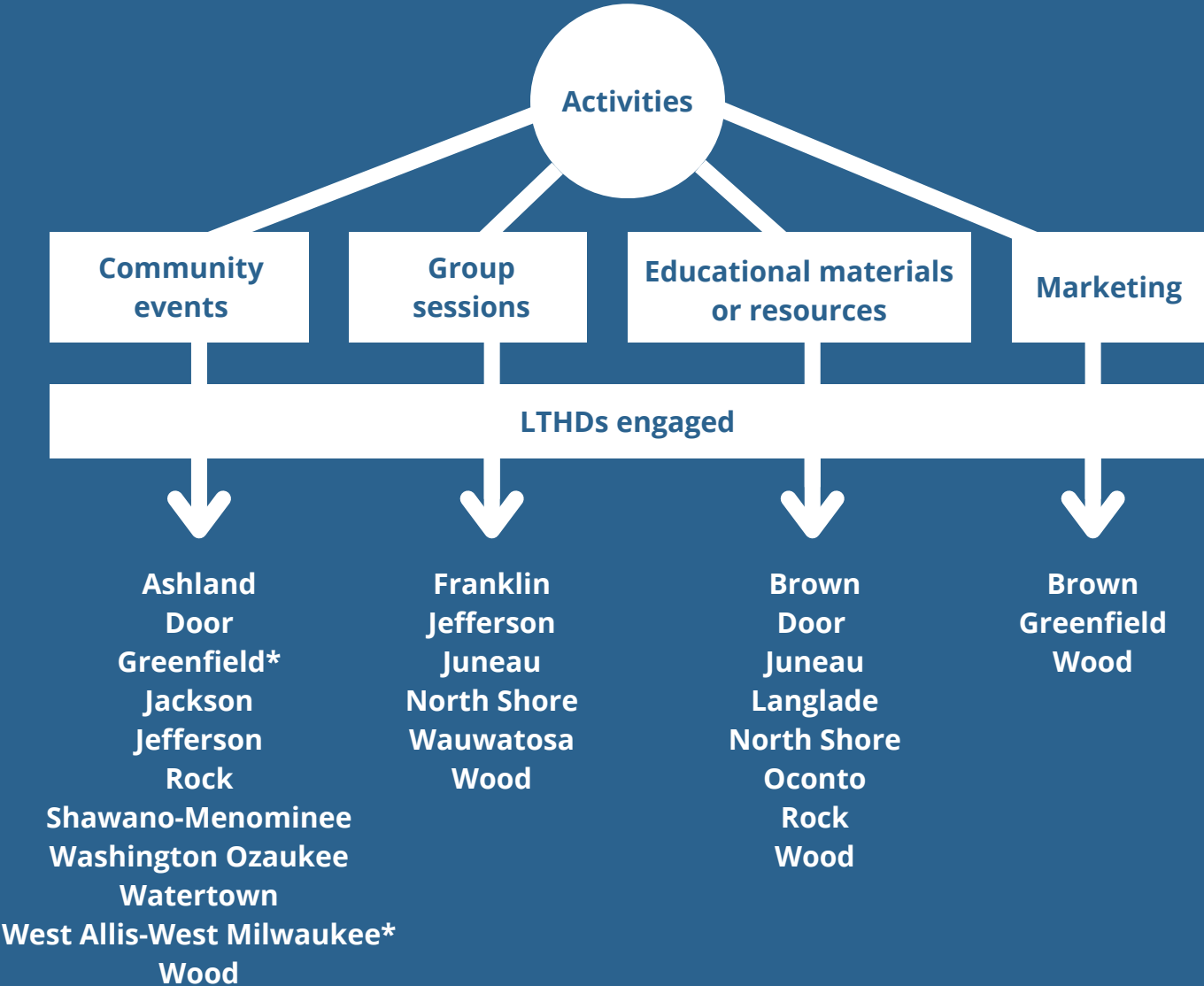
Since January 2023, **nearly half (44%) of the LTHDs working to improve social connections in their communities developed new partnerships while developing programs.**



Social connections activities

Most LTHDs have planned or implemented programming intended to increase awareness, including awareness of issues present in the community, existing resources, and community members to increase access to social connections.

Just under half of LTHDs (41.7%) planned or participated in **community-wide events**. These events included family activities, presentations and resource handouts, as well as food and promotional merchandise. Approximately 20.8% of LTHDs are preparing to implement **group sessions** tailored for specific populations within their districts. These sessions encompass both educational and supportive elements, creating a cohesive environment for participants. Other activities included providing **educational or activity packages** for established organizations (29.2%), developing work groups, and launching **marketing campaigns** to improve outreach efforts. Several LTHDs were developing or implementing multiple activities.



Note: For more information on LTHDs' activities, see Appendix B

**West Allis and Greenfield are now merged as Southwest Suburban Health Department*

LTHDs had the opportunity to select which areas of improvement their social connections work fell within. Of the eight improvement areas the most frequently opted for were community connections (28%), social isolation (27%), and social support (23%). Other independently identified areas of improvement included professional development, health equity, stress reductions, and food systems.

Areas of improvement selected by Wisconsin LTHDs

1

Community connections

Washington Ozaukee, Shawano-Menominee, Door, Wood, Juneau, Marathon, Jackson, Ashland, Franklin, West Allis-West Milwaukee, North Shore, Watertown, Wauwatosa, Greenfield*, Jefferson, Brown*

2

Community development

West Allis-West Milwaukee, Jefferson

3

Environment

Brown

4

Neighborhood safety

Brown

5

Safe stable housing

Washington Ozaukee

6

Schools and childcare

Door, Jackson, Wauwatosa, Jefferson, Brown

7

Social isolation

Washington Ozaukee, Door, Wood, Juneau, Langlade, Marathon, Franklin, West Allis-West Milwaukee, North Shore, Watertown, Wauwatosa, Greenfield*, Jefferson, Rock, Brown, Oconto, Iron*

8

Social support

Washington Ozaukee, Shawano-Menominee, Door, Wood, Juneau, Marathon, West Allis-West Milwaukee, North Shore, Watertown, Wauwatosa, Greenfield, Jefferson, Rock, Brown, Iron



Note: For more information on LTHDs' activities, see Appendix B

**West Allis and Greenfield are now merged as Southwest Suburban Health Department*

Conclusions

Implications

With many communities experiencing poor mental health, facilitating social connections is increasingly important for LTHDs in Wisconsin. Success may rely on strong, interdisciplinary partnerships that maximize community outreach and engagement. As such, building new partnerships will be vital to future progress. Considering the significant impact of social connections on family and youth health, these agencies' heavy emphasis on programming for these populations is a promising start.

It may also be beneficial to consider the unique needs of rural, suburban, and urban communities. This includes travel to and from community events at which many LTHDs host their programs and conduct outreach. Additionally, campaigns may be more effective if utilizing multiple communication methods, as many rural communities lack consistent, reliable internet access.

Social connections programming is enhanced and more effective when tailored to specific cultural needs. Wisconsin is a diverse state with many racial and ethnic groups, along with several Indigenous nations. When facing disparities that exist across social connections, health care, and socioeconomic structures, it is important to consider the varying

impact social connections may have on different populations and the different approaches and solutions it may take to address this issue.

Therefore, examining how Wisconsin LTHDs target populations and areas of improvement is also important. Community centered and evidence-based programming are more likely to be successful. Community Health Assessments are popular processes that can include various tools and methods, but there may be more suitable options that Wisconsin DHS has yet to explore. Several LTHDs asked for data collection recommendations in their survey responses, suggesting an interest in using tools other than standardized needs assessments. Such alternative tools may provide LTHDs with more robust understandings of what social connections needs exist in their communities. The LTHDs could then leverage this information when planning social connections programs and partnerships.

In addition to the gaps between LTHDs and their communities, communication between individual LTHDs and Wisconsin DHS also requires attention. Improving this communication would enable LTHDs to spend time, effort, and funding more efficiently. Wisconsin DHS houses a wealth of resources that could help LTHDs perform effective research, outreach, and programming, thereby making greater impact on Wisconsinites' health and well-being.

Recommendations

A collection of statewide data on social connections in Wisconsin, sourced from a Wisconsin DHS needs assessment, NSCH, YRBSS, and BRFSS, was analyzed in conjunction with quarterly data collected from LTHDs engaged in social connections work. The purpose of this analysis was to identify areas of improvement for data collection, utilization, and dissemination, with the ultimate goal of enhancing the abilities of LTHDs. Two main recommendations were made.



The quarterly reporting survey sent to local health departments and Tribal health agencies who are using their annual Title V funding to improve social connections in their communities should be revised.

Here is how this may be achieved:

Streamline the survey

Review existing survey questions and eliminate any unnecessary items to reduce time required to complete the survey.

Use standardized response formats

Wherever possible, utilize standardized response formats such as multiple choice or Likert scales, with options to elaborate if desired. This will both simplify the response process for participants and facilitate easier data analysis for comparison among different LTHDs and progress tracking.

Prioritize key metrics

Ask LTHDs to identify key metrics or performance measures which they will use to assess program success. This will help to clarify goals, maintain program fidelity, and measure progress.

Provide technical assistance

Offer support or resources in the form of trainings, webinars, or online tools to improve the LTHDs' capacity to effectively report information.

Seek feedback from agencies

Engage with LTHD employees to receive feedback on survey structure, content, and burden to identify areas of improvement and ensure collected data meets their needs.

2

Create a voluntary peer support network among LTHDs involved in similar initiatives to foster collaboration, exchange successes and challenges, and enhance the overall effectiveness of social connections programming across the state.

Here is how this may be achieved:

Identify common interests and goals

Using quarterly data collected from LTHDs, identify shared focus areas and like activities. This will help determine which agencies will benefit from engaging in a peer support network.

Promote information sharing

Develop a structured medium through which agencies can share information and resources. This may include a centralized repository of relevant documents, toolkits, and implementation guidelines for LTHDs to access and contribute to. Encourage the sharing of successes, lessons learned, and evidence-based strategies.

Organize learning events

Plan periodic events, including workshops, seminars, or conferences, specifically tailored to facilitate information and experience sharing among LTHDs while elevating successes. This will provide an opportunity for agencies to learn, strengthen knowledge, and develop inter-agency relationships.

Foster mentorship opportunities

Encourage LTHDs who have achieved success within their social connections work to mentor LTHDs that are at an early stage of implementation. This may look like facilitating one-on-one meetings to provide guidance and offer practical advice based on experience.

Future Directions



Engaging in social connections programming using Title V Block Grant funding is a relatively new endeavor for local health departments and Tribal health agencies (LTHDs) in Wisconsin. As LTHDs plan and implement social connections work, it is recommended that quarterly data collection is refined to streamline the survey for respondents and improve data functionality. Additionally, it is important to actively seek survey feedback from LTHDs to ensure that the data obtained aligns with their specific needs.

Technical assistance should be available to guide LTHDs in survey responses; this may improve quality of data for LTHDs with smaller or less experienced staff. It may be beneficial to dedicate a portion of Title V funding to a statewide partner who can facilitate this assistance. This partner should be able to provide LTHDs with information about best practices, perhaps in the form of a social connections toolkit, and educate them about building partnerships with communities.

To further support LTHDs in their initiatives and promote collaboration, the establishment of a voluntary peer support network is recommended. This network will serve as a platform for LTHDs engaged in similar activities or targeting similar issues to connect, helping to build inter-agency connections while facilitating dissemination of evidence-based practices. As LTHDs launch social connections work, the state should record and report progress, offer assistance when needed, and facilitate network building.

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Appendix A: Acronyms

Table 1. Acronyms

AHR	America’s Health Rankings
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHR&R	County Health Rankings and Roadmap
HDP	Healthy Places by Design
HHS	United States Department of Health and Human Services
IFRC	International Federation of Red Cross and Red Crescent Societies
IPV	Intimate partner violence
LHDTHAs	Local health departments and Tribal health agencies
MCH	Maternal and Child Health
MYMC	My Health My Community
NSCH	National Survey of Children’s Health
SES	Socioeconomic status
WCHQ & UW	Wisconsin Collaborative for Healthcare Quality & University of Wisconsin Health Innovation Program
WDPI	Wisconsin Department of Public Instruction
WHO	World Health Organization
Wisconsin BRFS	Wisconsin Behavioral Risk Factor Survey
Wisconsin DHS	Wisconsin Department of Health Services
Wisconsin YRBS	Wisconsin Youth Risk Behavior Survey
UCSB	United States Census Bureau
YRBSS	Youth Risk Behavior Surveillance System

Appendix B: Activities

Table 2. List of activities by LTHD (local and Tribal health departments)

Activity Type	LHDTHAs	Activities
Hosting or participating in community events	Ashland	Attended a community event at school, providing fruit, vegetable, and seed samples; attended a health fair with health resources education; host regular 'Get Yourself Tested' events at a college
	Door	Attend community events and offer activities promoting mental health; hosted a mental health storefront display; St. Patrick's Day float and handed out resources
	Greenfield - City	Planning to launch a new improvement plan by hosting community celebration, featuring resource sharing and marketing materials
	Jackson	Hosted Wellness Extravaganza event with family activities and resources
	Jefferson	Nurses attended schools' Social-Emotional Wellbeing Day and provided activity; attended a community baby-shower event providing support, resources, and baby bundles
	Rock	Preparing to attend several school events
	Shawano-Menominee - Counties	Participate in community events by providing activities and resources
	Washington Ozaukee - Counties	Hosting a community connections event with other partners

LHDTHAs - local health departments and Tribal health agencies

Table 2. List of activities by LTHD and type (cont.)

Activity Type	LHDTHAs	Activities
Hosting or participating in community events	Watertown - City	Hosted a community event at library for Spanish-speaking communities to share information about activities and resources available
	West Allis-West Milwaukee	Hosted multiple Paint & Popsicles events encouraging families with kids to come enjoy a popsicle and paint a watercolor picture. Hosted multiple Paint & Sip events encouraging community members to attend an instructor guided painting class while enjoying some tea.
	Wood	Collaborating with local high schools to start a “Mental Health Day” that will incorporate social connection and belonging at its core; hosted a Community Engagement Event on fostering a recovery environment, reducing stigmas, prevention of substance use, harm reduction, and access to local resources; hosts the Wisconsin Rapids Downtown Farmer’s Market June through October Created and maintains a bike share program called River Riders Bike Share and Marshfield Bike Share by making bikes available at low-costs; public health nurses participated in and distributed resources for a local “Healthy Kids Day” event

LHDTHAs - local health departments and Tribal health agencies

Table 2. List of activities by LTHD and type (cont.)

Activity Type	LHDTHAs	Activities
Hosting or participating in community events	Wood	Community health workers are collaborating with other local organizations to host events, conduct community outreach, and assist with translation and cultural awareness to bridge the cultural and linguistic gap for Hmong and Hispanic/Latinx communities and strengthen their social connection and well-being.
	Educational and support group sessions	Franklin - City
Jefferson		Developing groups for postpartum depression, breastfeeding support, what to expect when pregnant, and TalkReadPlay
Juneau		Host Be Strong Families Parent Café
North Shore - HD		Host social groups for parents/caregivers
Wauwatosa		Facilitate support groups for parents and students by taking referrals from school staff
Wood	Provides Question, Persuade, Refer trainings for any organization, agency, or individual in need of the information; supports Parents as Teachers families in connecting with other families within the program, sharing experiences, learning new information, and participating in activities or events; are a PATCH (Providers and Teens Communicating for Health) site; implements the PATCH Teen Educator Program	

Table 2. List of activities by LTHD and type (cont.)

Activity Type	LHDTHAs	Activities
Providing educational packages and resources for other organizations, policy makers, and citizens	Brown	Creating a map of inclusive and accessible physical and virtual locations for citizens
	Door	Purchased licensing for a film series and educational portal for all five school districts; created mental health activity kits for students to take home
	Juneau	Provided training funds for those interested in completing Be Strong Families Parent Café training
	Langlade	Incorporate trainings plans to advance understanding of equity and engagement
	North Shore - HD	Provide educational materials to local public libraries to promote inclusivity
	Oconto	Developing equity materials to ensure inclusive and safe environment in libraries
	Rock	Provided a revamped wellness policy to school district for adoption; engaged and shared health data with school district and parents
	Wood	Working with the high school guidance counselors to see if there are any social connection gaps within the local schools mental health education; created a social connection and belonging presentation and local resource handouts for high school youth that will be shared by the PATCH team during the Mental Health Day

LHDTHAs - local health departments and Tribal health agencies

Table 2. List of activities by LTHD and type (cont.)

Activity Type	LHDTHAs	Activities
Providing educational packages and resources for other organizations, policy makers, and citizens	Wood	Public health nurses provide one-on-one assistance to expecting mothers and families; became an affiliate of Parents as Teachers and help parents and families within the program with a relationship-based approach and strengthen their connectedness
Social media campaign and marketing	Brown	Developing social media campaign/toolkit for participating agencies
	Greenfield - City	Developing marketing video with SourceTEN company including interviews and video footage showing how public health can be a resource in communities
	Wood	Distributed a press release and spoke on a local radio station about social isolation and loneliness and how to combat it on an individual and institutional level; created and dispersed infographics for social isolation and loneliness awareness week; creating and dispersing mental health infographics on a variety of topics that include loneliness, isolation, and social connection.

LHDTHAs - local health departments and Tribal health agencies

