



BOARD OF HEALTH MEETING AGENDA

TUESDAY, DECEMBER 16, 2025 AT 3:30 PM

515 S. FIRST STREET - WATERTOWN HEALTH DEPARTMENT

Join Zoom Meeting

<https://us06web.zoom.us/j/4676027725>

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Meeting ID: 467 602 7725

Passcode: 515515

1. CALL TO ORDER

2. CITIZENS TO BE HEARD

Each individual who would like to address the Committee will be permitted up to three minutes for their comments

3. REVIEW AND APPROVE

A. Review and approve: Board of Health minutes from September 23, 2025

B. Review and approve: Finance Reports - Preliminary November 2025

C. Review and take action: 2026 Budget

D. Review and take action: 2025 Community Health Assessment

4. REVIEW AND DISCUSS

A. Review and discuss: Foundational Public Health Services: Access to & Linkage to Clinical Care

B. Review and discuss: Public Health Emergency Preparedness Program updates

C. Review and discuss: Public Health Environmental Health Program Updates

D. Review and discuss: Public Health Community Health Program updates

5. ADJOURNMENT

Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at cityclerk@watertownwi.gov phone 920-262-4000

A quorum of any City of Watertown Council, Committee, Board, Commission, or other body, may be present at this meeting for observing and gathering of information only



**Watertown Board of Health
Meeting Minutes
Watertown Dept of Public Health
515 S First Street/Zoom
September 23, 2025 – 3:30 PM**

Members Present: Dr. Donene Rowe, Ald. Fred Smith, Dr. Todd Huhn

Others in attendance: Carol Quest, Abbigail Kuehn, Kim Hiller, Tara Hoffman
Virtual: Ald. Dana Davis, Patty Gedemer

1. Call to Order

Dr. Rowe called the meeting to order at 3:30pm.

2. Citizens to be heard

None.

3. Review and take action: Board of Health Minutes July 15, 2025

Minutes from July 15, 2025, meeting was reviewed. Motion by Ald Smith to approve; second by Dr. Huhn

Motion carried by unanimous voice vote.

It was requested to use professional titles when referring by attendees in the minutes.

4. Review and take action: Finance Reports – Preliminary August 2025

Carol noted that the Emergency Preparedness budget, fund 15, is a non-tax levy budget. The overage in the supplies account is due to the purchase of vaccine storage units. The Department received additional grant money to cover this expense.

In response to Dr. Huhn's question regarding vehicle usage and staffing:

The department purchases new vehicles primarily to support Environmental Health staff in their fieldwork. Once these vehicles reach the end of their primary service life, they are reassigned for use by staff in other public health programs. Because a significant portion of public health work takes place in the community, reliable transportation is essential. This vehicle management approach has resulted in overall cost savings and increased efficiency across departmental operations.

Financial reports were reviewed. Motion by Ald. Smith to approve; second by Dr. Huhn.

Motion carried by unanimous voice vote.

5. Review and take action: 2026 Budget

Carol Quest shared the proposed budgets for 2026. She noted that leadership was instructed to have a 0% increase in non-personnel accounts.

The Health Department (01) budget reflects a 0% increase. The maintenance/contracts account has been increased due to increased costs. The increase has been accommodated by decreasing other accounts to cover the change.

The budgets submitted to the Mayor and Treasurer do not have personnel numbers. Carol is awaiting these numbers and hopes to present a completed budget for our next meeting.

The Environmental Health (14) budget includes a capital expense for new computers for the staff as well as water lab maintenance.

The Emergency Preparedness (15) budget includes a \$220,000 request for 2026 to fund the building project to be funded with Public Health ARPA funds and Environmental Health funding.

The Seal A Smile (18) budget is similar to previous year. The grant was reduced but is offset by higher revenue received from medical assistance billing.

Motion for approval was made by Ald. Smith and seconded by Patricia Gedemer.

Motion carried by unanimous voice vote.

6. Review and discuss: Foundational Public Health Services – Maternal, Child & Family Health

Assistant Director Abbey Kuehn provided program updates for the Maternal, Child, and Family Health:

Talk Read Play Program: Between January and June, 23 families participated in the program, with four new enrollments during that period.

Prenatal Care Coordination: Nursing staff completed four newborn visits. Three of the participating clients transitioned into the TalkReadPlay program following their newborn visits.

Food Access Partnership: The department continues to collaborate with The Bread Basket to provide food and essential items to families referred by the Health Department. Monthly private food pantry events are held on the first Friday of each month, offering food, baby formula, diapers, personal items, clothing, and housewares. From January to June, seven events were held, serving 140 families (totaling 558 individuals). Additionally, 72 food boxes were delivered to families experiencing food insecurity.

Community Engagement Events:

- A Community Baby Shower was hosted in collaboration with Watertown Family Connections, Safe Babies/Healthy Families, and the Jefferson County Health Department. Twenty families were invited to access resources, socialize, and receive baby care items.
- A bilingual (Spanish and English) event was also held in partnership with Watertown Family Connections to connect families to local programs and services such as their Playgroups in the Park. The Watertown Fire and Police Departments participated, engaging with families to foster positive community relationships.
- Pre- and post-event surveys indicated that participants found these events beneficial to their mental health and expressed interest in attending future events.

Future Planning: Staff are planning to host five social connection events in 2025, including some scheduled after 4:30 p.m. and on weekends to better accommodate working families.

Car Seat Safety Program: From January to June, 24 car seat checks were completed. Ten car seats were provided through the department's free car seat program.

Safe Sleep Initiative: Nursing staff provided Pack & Plays to two families identified as lacking a safe sleep environment for their infants. These items were purchased through grant funding, and families received education on safe sleep practices.

7. Review and discussion: Public Health Emergency Preparedness Program updates

City Tabletop Exercise: Public Health Emergency Preparedness Coordinator Victoria Parker is working in collaboration with Emergency Manager/Fire Chief Tanya to develop a tabletop emergency response exercise for City leadership. This exercise will take place in the new Emergency Operations Center (EOC) located at the recently constructed fire station. It will be the first tabletop exercise for many City leaders and the first use of the new EOC. The exercise will serve as both a learning opportunity and an assessment of current resources and needs within the EOC.

Community Partner Engagement: A tabletop exercise was also conducted with CommonHart, a local home health and hospice agency. The discussion focused on their role in supporting patients during emergencies, clarifying responsibilities, and managing expectations for community support. Emphasis was placed on the importance of coordinated emergency planning and the understanding that 911 services and hospital emergency rooms are not sufficient as default emergency plans or evacuation locations.

Policy Updates – Chapter 6: Policies under Chapter 6 are expected to be submitted to the Public Safety & Welfare Committee for review in October. Additional internal review is being conducted by Carol and Tanya. Cooling and warming procedures have now been separated from the policies. These procedure documents are accessible to staff on the City server.

Mental Health Training: Two department staff members are certified Mental Health First Aid trainers. In September, they facilitated a mental health first aid training session for approximately 15 City staff members.

After-Action Review – Warming/Cooling Center: An after-action review was completed following the activation of the warming/cooling center earlier in 2025. Based on this review, procedural updates have been made to improve future shelter operations.

Upcoming Training: Victoria Parker will attend a Reception Center and Decontamination Workshop in November to further enhance emergency preparedness capabilities.

Funding Outlook: Emergency Preparedness funding may be reduced in the upcoming budget cycle. In anticipation of this, Victoria's time allocated to Emergency Preparedness activities in 2026 has been adjusted accordingly.

8. Review and discussion: Public Health Environmental Health Program updates

The new inspection year began on July 1.

The newly hired Environmental Health staff member is progressing well in training. She has begun conducting independent inspections of smaller facilities, such as tourist rooming houses, and is currently preparing for the Registered Sanitarian Exam.

The department is actively working with management of pool facilities to ensure compliance with safety and chemical standards. Environmental Health staff are coordinating with the Wisconsin Department of Agriculture to develop corrective action plans for pools not meeting pool code requirements.

Staff have completed state-required reporting for the inspection program and finalized the annual self-assessment.

9. Review and discussion: Public Health Community Health Program updates

The land purchase for the additional lot is expected to be finalized by the end of the month. The next steps will include zoning approval and determining building placement.

The Community Health Assessment (CHA) has been completed, and the final document is currently being compiled.

Wastewater testing, which began during the COVID-19 pandemic to monitor COVID-19 viral detection trends, has expanded to include measles detection. These reports are utilized by the medical community to track virus levels and prepare for potential increases in cases.

Local schools have issued their 15-day notification letters to families of students who are not up to date on required immunizations.

A pharmaceutical student intern assisted with reminder and recall efforts for children ages 4 to 6 who were missing the MMR (measles, mumps, and rubella) vaccine. Currently, 52% of children in this age group are meeting vaccine benchmarks.

A separate assessment of 24-month-old children showed 66% were meeting all vaccination benchmarks. Letters were sent to families whose children were behind on immunizations.

Public Health Nursing staff are actively supporting the Watertown Unified School District by assisting with care planning and providing training for school health aides.

The community garden located along the perimeter of the Health Department parking lot has yielded 229 pounds of produce this year. The harvested produce is shared with the senior meal program.

This year, seven students from Maranatha Baptist University and one student from UW Green Bay will be participating in various learning experiences with the Health Department as part of their academic training

10. Adjourn.

Motion made to adjourn by Ald Davis and carried by unanimous voice vote.

Next Board of Health meeting will be Tuesday, December 16, 2025, at 3:30 p.m.

Respectfully Submitted,



Carol Quest
Director/Health Officer

Note: The minutes are uncorrected. Any correction made thereto will be noted in the minutes of the proceedings at which these minutes are approved.

Watertown Department of Public Health

Financial Report

End of Month November 2025

Revenue

Acct #	Description	YTD Revenue	Budgeted Amount	Balance	%
01-427315	Health Dept Grants	\$ 44,847.00	\$ 67,272.00	\$ 22,425.00	66.7%
443100	Health Dept Revenue Tax	694.65	1,500.00	\$ 805.35	46.3%
443101	Health Rev Non-Tax	12,058.59	6,000.00	\$ (6,058.59)	201.0%
443112	Health Check Revenue	6,990.33	6,000.00	\$ (990.33)	116.5%
Grand Total Revenue		\$ 64,590.57	\$ 80,772.00	\$ 16,181.43	80.0%

01 - Expenses		YTD Expenses	Budgeted Amount	Balance	%
531210	Salaries	\$ 268,877.66	\$ 331,692.00	\$ 62,814.34	81.1%
531214	Overtime	\$ -	\$ -	\$ -	0.0%
531216	Part Time Salaries	\$ 25,067.74	34,255.00	9,187.26	73.2%
531218	Supplies & Expenses	\$ 7,814.23	12,850.00	5,035.77	60.8%
531219	Grant Expenses	\$ 7,798.65	16,000.00	8,201.35	48.7%
531220	Repairs	886.20	900.00	13.80	98.5%
531222	Dues, Fees, Subs	750.00	1,500.00	750.00	50.0%
531223	Education & Seminars	2,990.56	4,000.00	1,009.44	74.8%
531226	Maintenance Supplies	4,733.36	6,500.00	1,766.64	72.8%
531228	Fuel	2,008.61	4,000.00	1,991.39	50.2%
531230	Electric	4,774.68	6,000.00	1,225.32	79.6%
531231	Water	777.78	1,100.00	322.22	70.7%
531232	Telephone	2,844.04	3,200.00	355.96	88.9%
531233	WI Retirement	19,310.61	23,805.00	4,494.39	81.1%
531234	Social Security	17,483.53	22,689.00	5,205.47	77.1%
531235	Medicare	4,088.57	5,306.00	1,217.43	77.1%
531236	Health Insurance	56,821.58	69,456.00	12,634.42	81.8%
531237	Life Insurance	853.45	864.00	10.55	98.8%
531238	Dental Insurance	3,363.88	3,209.00	(154.88)	104.8%
531242	Vaccinations	589.19	6,800.00	6,210.81	8.7%
531243	Mileage	816.59	1,200.00	383.41	68.0%
531260	Capital Outlay	0.00	0.00	0.00	0.00%
Grand Total Expenses		\$ 432,650.91	\$ 555,326.00	\$ 122,675.09	77.9%
		YTD Actual	Budgeted	Difference	
City Tax Liability (revenue-expenses)		\$ (368,060.34)	\$ (474,554.00)	\$ (106,493.66)	

Environmental Health

Financial Report

End of Month November 2025

Revenue

Account #	Description	YTD Revenue	Budgeted Amount	Balance	%
14-429210	Jefferson Cty Consortium	32085.00	\$ 35,000.00	\$ 2,915.00	91.7%
429115	Cares Covid Grant	0.00	\$ -	\$ -	0.0%
429116	Body Art	0.00	1,200.00	1,200.00	0.0%
429120	Prevention Block Grant	6,620.00	8,000.00	1,380.00	82.8%
429140	Misc Enviro Rev	51,440.31	11,000.00	(40,440.31)	467.6%
429150	Transient Well Water Prog	37,847.75	48,000.00	10,152.25	78.8%
429152	Water Lab Rev	14,175.00	20,000.00	5,825.00	70.9%
429155	AG Inspections	294,585.00	290,000.00	(4,585.00)	101.6%
480510	Interest Income	18,697.75	23,800.00	5,102.25	78.6%
Grand Total Revenue		\$ 455,450.81	\$ 437,000.00	\$ (18,450.81)	104.2%

14 - Expenses		YTD Expenses	Budgeted Amount	Balance	%
531310	Salaries	\$ 242,337.82	\$ 297,694.00	\$ 55,356.18	81.4%
531314	Overtime	\$ -	\$ 2,000.00	\$ 2,000.00	0.0%
531316	Part Time Administrative	\$ 16,043.66	\$ 20,846.00	\$ 4,802.34	77.0%
531318	Supplies & Expenses	8,223.80	15,000.00	6,776.20	54.8%
531319	Agent Expenses	24,349.00	26,000.00	1,651.00	93.7%
531323	Education/Training	4,239.75	8,000.00	3,760.25	53.0%
531325	IT Share	0.00	0.00	0.00	0.0%
531326	Vehicle Maintenance	307.05	4,250.00	3,942.95	7.2%
531332	Telephone	2,253.88	4,500.00	2,246.12	50.1%
531333	WI Retirement	17,394.81	21,582.00	4,187.19	80.6%
531334	Social Security	15,141.29	19,875.00	4,733.71	76.2%
531335	Medicare	3,541.19	4,649.00	1,107.81	76.2%
531336	Health Insurance	69,516.00	85,412.00	15,896.00	81.4%
531337	Life Insurance	365.87	356.00	(9.87)	102.8%
531338	Dental Insurance	3,460.36	4,082.00	621.64	84.8%
531342	Gasoline/Mileage	2,606.12	4,000.00	1,393.88	65.2%
531344	Water Lab Supplies	13,830.35	15,000.00	1,169.65	92.2%
531350	Unemployment	0.00	0.00	0.00	0.0%
531360	Capital Outlay	0.00	0.00	0.00	0.0%
Grand Total Expenses		\$ 423,610.95	\$ 533,246.00	\$ 109,635.05	79.4%

Projected Carry Over	\$ 31,839.86	\$ (96,246.00)		
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Emergency Preparedness Division					
Financial Report					
End of Month November 2025					
Revenue					
Account #	Description	YTD Revenue	Budgeted Amount	Balance	%
429210	Preparedness Consortium	\$ 85,189.00	\$ 101,362.00	\$ 16,173.00	84.0%
Grand Total Revenue		\$ 85,189.00	\$ 101,362.00	\$ 16,173.00	84.0%
Expenses					
15		YTD Expenses	Budgeted Amount	Balance	%
15-53-14-10	Salaries	\$ 31,085.85	\$ 35,925.00	\$ 4,839.15	86.5%
15-53-14-11	Salaries - LTE	\$ -	\$ -	\$ -	0.0%
15-53-14-14	Overtime	\$ -	\$ 1,000.00	\$ 1,000.00	0.0%
15-53-14-16	PT Salaries	\$ 19,104.55	\$ 26,877.00	\$ 7,772.45	0.0%
15-53-14-18	Supplies & Expenses	\$ 31,522.73	\$ 17,100.00	\$ (14,422.73)	184.3%
15-53-14-23	Education & Training	\$ -	\$ -	\$ -	0.0%
15-53-14-33	Retirement	\$ 2,787.44	\$ 3,308.00	\$ 520.56	84.3%
15-53-14-34	Social Security	\$ 3,009.16	\$ 3,955.00	\$ 945.84	76.1%
15-53-14-35	Medicare	\$ 703.79	\$ 926.00	\$ 222.21	76.0%
15-53-14-36	Health Insurance	\$ 10,560.00	\$ 11,519.00	\$ 959.00	91.7%
15-53-14-37	Life Insurance	\$ 29.84	\$ 30.00	\$ 0.16	99.5%
15-53-14-38	Dental Insurance	\$ 366.90	\$ 563.00	\$ 196.10	65.2%
15-53-14-42	Mileage	\$ -	\$ -	\$ -	0%
15-53-14-50	Unemployment	\$ -	\$ -	\$ -	0.0%
15-53-14-60	Capital Outlay	\$ -	\$ -	\$ -	0.0%
Grand Total Expenses		\$ 99,170.26	\$ 101,203.00	\$ 2,032.74	98.0%
		YTD Actual	Budgeted		
Emerg Prep Carry over (revenue-expenses)		\$ (13,981.26)	\$ 159.00		

Seal A Smile

Financial Report

End of Month November 2025

Revenue - 18

Account #	Description	YTD Revenue	Budgeted Amount	Balance	%
427815	SAS Grant	\$ 6,645.00	\$ 5,950.00	\$ (695.00)	111.7%
427816	M/A	9,552.16	10,336.00	783.84	92.4%
427818	Donation	0.00	0.00	0.00	0.0%
Grand Total Revenue		\$ 16,197.16	\$ 16,286.00	\$ 88.84	99.5%

Account #	Description	YTD Expenses	Budgeted Amount	Balance	%
531810	Salaries	\$ 5,801.29	\$ 8,119.00	\$ 2,317.71	71.5%
531817	Contracted Staff	3,097.50	5,600.00	2,502.50	55.3%
531818	Supplies	3,235.58	8,130.00	4,894.42	39.8%
531820	Equipment	0.00	0.00	0.00	0.0%
531824	Travel	0.00	0.00	0.00	0.0%
531833	Wisconsin Retirement	403.16	564.00	160.84	71.5%
531834	FICA - Social Security	321.97	503.00	181.03	64.0%
531835	Medicare	75.30	118.00	42.70	63.8%
Grand Total Expenses		\$ 12,934.80	\$ 23,034.00	\$ 10,099.20	56.2%

Watertown Department of Public Health 2026 Proposed Budget HEALTH								
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
REVENUES								
01-427315	HEALTH DEPT GRANTS	\$ 118,578	\$ 67,272	\$ 33,878	\$ 67,272	\$ 67,300	\$ 67,300	
	<u>Consolidated Grant:</u>							
	Immy Grant					\$ 8,000		
	Childhood Lead					\$ 4,909.00		
	MCH					\$ 9,010.00		
	Communicable Disease Funding-New Funding					\$3,540		
	Infrastructure ??					\$ 18,000.00		
	Waiting for salary plan approval							
	<u>Parenting:</u>							
	Jefferson County					\$ 3,000.00		
	Dodge County					20,938		
	United Way							
	Grant total					\$ 67,397.00		
01-443100	HEALTH DEPT REVENUE TAXABLE	\$ 821	\$ 1,500	\$ 1,048	\$ 1,500	\$ 1,500	\$ 1,500	
	Sharps Container							
01-44-31-01	HEALTH DEPT REVENUE NON-TAXABLE	\$ 10,491	6000	4561	6000	5000	5000	
	Flu, TB, Well Baby Checks, Immunizations cash							
01-443112	HEALTH CHECK	\$ 6,944	\$ 6,000	\$ 5,700	\$ 6,200	\$ 7,000	\$ 7,000	
	Health Checks/Immunizations							
	Flu (MA)							
	PNCC							
TOTAL HEALTH DEPT REVENUE		\$ 126,343	\$ 74,772	\$ 45,187	\$ 80,972	\$ 80,800	\$ 80,800	\$ -

Watertown Department of Public Health 2026 Proposed Budget HEALTH								
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
EXPENSES								
01-531210	SALARIES	\$ 275,347	\$ 331,692	\$ 130,661	\$ 331,692	\$363,725	362,373	
	CQ - Health Officer/Director - FTE 1.0 (1976)	175-C	\$52.52	\$103,780.00				
	JZ - RN FTE 1.0 (2080)	145-C	\$35.00	\$72,800.00				
	AK - Asst Director/RN FTE 1.0 (2080)	165-A	\$43.66	\$90,813.00				
	LC - RN FTE 1.0 (2080)	150-C	\$37.45	\$77,896.00				
	KH - Office/Program Coord. FTE 1 - 30% (624)	125-D	\$27.38	\$17,085.00				
01-531214	OVERTIME	0	\$0.00	\$0.00	\$ -	\$0		
01-531216	Part-time Salaries	\$ 28,820	\$34,255.00	\$13,123.00	\$ 34,255.00	\$50,180	\$41,425	
	BB - Clerk/Typist - (624 - 40%)	110-C	\$21.80	\$13,603.00				
	VS- Bilin Comm - (473 - 70%)	140-E	\$34.36	\$16,259.00				
	BN - Bilin Comm (292.2 - 40%)	140-C	\$32.70	\$11,563.00				
01-531218	SUPPLIES & EXPENSES	\$ 11,737	\$ 12,850	\$ 5,100	\$ 12,850	\$ 12,850	\$ 12,850	
	Clinic supplies, office supplies, postage, monthly fee for credit card machine \$75							
01-531219	GRANT EXPENSES	\$ 10,068	\$ 16,000	\$ 3,033	\$ 16,000	\$ 15,750	\$ 15,750	
	Ongoing required training and program supplies for Parents as Teachers Curriculum					\$ 4,000		
	home visitation program for high risk families:							
	Required Preparedness Training					\$ 2,500		
	Required Maternal Child Health Training					\$ 1,500		
	Carseats					\$ 3,000		
	Offices supplies for Immy, MCH, EP, Lead, Carseats					\$ 3,000		
	Mileage for Immy, MCH, EP, Lead, Carseats, Parenting					\$1,050		
01-531220	BRANDT BLDG REPAIRS	\$ 171	\$ 900	\$ 177	\$ 900	\$ 900	\$ 900	
	Building boiler certification							
01-531222	DUES, FEES & SUBS	\$ 1,212	\$ 1,500	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	
	WPHA (group membership)	\$ 410						
	NACCHO	\$ 250						
	WALHDB	\$ 495						
	CPR							

Watertown Department of Public Health 2026 Proposed Budget HEALTH								
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
	subscriptions \$78 x 4	\$ 312						
01-531223	EDUCATION & SEMINARS	\$ 4,189	\$ 4,000	\$ 2,189	\$ 4,000	\$ 4,000	\$ 4,000	
	TB update							
	Communicable Disease training							
	Carseat Certification-training							
	State Lab training							
01-531226	MAINTENANCE CONTRACTS/SUPPLIES	\$ 7,156	\$ 6,500	\$ 2,921	\$ 6,500	\$ 7,000	\$ 7,000	
	Carpet cleaning \$650	Generator maintenance \$580 Furnance & A/C maintenance \$500 Pest control \$300						
	Audiometer calibration \$80.00					\$ 7,110		
	Copy machine maintenance/lease/copy \$1,800 (split with Enviro)							
	Fire Extinguisher Maintenance \$200							
	Sharps removal & Shredding company \$3000							
01-531228	BRANDT BLDG FUEL	\$ 1,935	\$ 4,000	\$ 1,966	\$ 4,000	\$ 4,000	\$ 4,000	
01-531230	BRANDT BLDG ELECTRIC	\$ 5,676	\$ 6,000	\$ 2,369	\$ 6,000	\$ 6,000	\$ 6,000	
01-531231	WATER	\$ 817	\$ 1,100	\$ 416	\$ 1,100	\$ 1,100	\$ 1,100	
01-531232	TELEPHONE	\$ 3,836	\$ 3,200	\$ 1,342	\$ 3,200	\$ 3,200	\$ 3,200	
	Convergent - annual fee \$720.24 (2025) add \$370 to budget 2026							
01-531233	WISCONSIN RETIREMENT	\$ 18,980	\$ 23,805	\$ 9,400	\$ 23,805	29801	\$ 27,070	
	6.80%							
01-531234	SOCIAL SECURITY	\$ 17,985	\$ 22,689	\$ 8,551	\$ 22,689	\$ 25,662	\$ 25,035	
	6.20%							
01-531235	MEDICARE	\$ 4,206	\$ 5,306	\$ 2,000	\$ 5,306	\$ 6,002	\$ 5,855	
	1.45%							
01-531236	HEALTH INSURANCE	\$ 57,675	\$ 69,456	\$ 31,802	\$ 69,456	\$ 66,483	\$ 66,483	
	LC	10188						
	KH	7506						
	AK	25,020						
	CQ	23769						
01-531237	LIFE INSURANCE	\$ 853	\$ 864	\$ 821	\$ 864	\$ 1,069	\$ 1,069	
01-531238	DENTAL INSURANCE		\$ 3,209	\$ 1,356	\$ 3,209	\$ 4,540	\$ 4,540	

Watertown Department of Public Health 2026 Proposed Budget HEALTH								
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
	AK & JZ	2	\$ 1,164	\$ 2,328		\$ -		
	LC	1	\$ 372	\$ 372		\$ -		
	KH	1	\$ 349	\$ 349				
	CQ	1	\$ 1,106	\$ 1,106				
	BB	1	385	385				
01-531242	VACCINATIONS	\$ 1,123	\$ 6,800	\$ -	\$ 6,800	\$ 6,550	\$ 6,550	
01-531243	MILEAGE & VEHICLE MAINTENANCE	\$ 913	\$ 1,200	\$ 593	\$ 1,200	\$ 1,200	\$ 1,200	
	Increase??							
01-531260	CAPITAL OUTLAY	\$ -	\$ -	\$ -	\$ -			
TOTAL EXPENSES		\$ 452,697.77	\$ 555,326.00	\$ 217,820.00	\$ 555,326.00	\$ 611,512.00	\$ 597,900.00	\$ -
City Tax Liability (revenue - expenses)		\$ 326,355	\$ 480,554	\$ 172,633	\$ 474,354	\$ 530,712	\$ 517,100	\$ -

ENVIRONMENTAL HEALTH DIVISION								
2026 Proposed Budget Request ENVIRONMENTAL HEALTH								Item C.
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
ENVIRONMENTAL REVENUE								
14-429110	COUNTY CONSORTIUM	\$ 35,003	\$ 35,000	\$ 17,501	\$ 35,000	\$ 35,000	\$ 35,000	
	Jefferson County Consortium					\$ 35,000.00		
14-429115	COVID Grant CDC Workforce Development	\$ -	\$ -	\$ -	\$ -	\$ -		
14-429116	DSPS license revenue	\$ 1,826	\$ 1,200	\$ -	\$ -	\$ -	\$ -	
14-429120	PREVENTION BLOCK GRANT	\$ 8,000	\$ 8,000	\$ 1,124	\$ 8,000	\$ 7,967	\$ 7,967	
	Watertown							
	Jefferson							
14-429140	MISC ENVIRO REVENUE	\$ 18,825	\$ 11,000	\$ 5,018	\$ 11,000	\$ 11,000	\$ 11,000	
	Radon Grant							
	Grease Trap Inspect 76 @ \$50							
14-429150	TRANSIENT WELL WATER PROG	\$ 58,491	\$ 48,000	\$ 30,911	\$ 48,000	\$ 48,000	\$ 48,000	
	Jefferson & Dodge 300+ wells							
14-42-91-52	Water Lab Revenue	0	20000	7315	15000	\$ 15,000	\$ 15,000	
	275 facilities est							
14-429160	AG AGENT INSPECTIONS	\$ 311,145	\$ 290,000	\$ 234,820	\$ 290,000	\$ 290,000	\$ 290,000	
	149 facilities							
TOTAL ENVIRONMENTAL REVENUE		\$ 433,290	\$ 413,200	\$ 296,689	\$ 407,000	\$ 406,967	\$ 406,967	\$ -

ENVIRONMENTAL HEALTH DIVISION								
2026 Proposed Budget Request ENVIRONMENTAL HEALTH								Item C.
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
ENVIRONMENTAL EXPENSES								
14-531310	SALARIES	\$ 283,811	\$ 297,694	\$ 134,860	\$ 297,694	\$ 314,843	\$ 314,843	
	CQ Health officer - (104 5%)	175-C	\$52.52		\$ 5,462			
	TK Sanitarian - (2080) FTE 1.0	150-A	\$35.65		\$ 74,152			
	SB Sanitarian - (2080) FTE 1.0	145-A	\$33.32		\$ 69,306			
	HH Sanitarian - (2080) FTE 1.0	150-A	\$35.65		\$ 74,152			
	VP - EH/EP - (-70%) (1456) FTE 0.7	150-A	\$35.65		\$ 51,906			
	KH - Office/Program coord (70%) (1456) FTE 0.75	125-D	\$27.38		\$ 39,865			
14-531314	OVERTIME	\$ -	\$ 2,000	\$ -	\$ 2,000	\$ 2,000	\$ 2,000	
14-53-13-16	Part time Administrative/Bilingual Comm	\$ 18,364	\$ 20,846	\$ 8,314	\$ 18,000	\$ 30,105	\$ 26,353	
	BB - Program Asst - (523 -40%)	110-C	\$21.80		\$ 13,603			
	VS - Bilingual Comm. Spec. - (203 - 30%)	140-E	\$34.36		\$ 6,968			
	BN - Bilingual Comm - (177 - 20%)	140-C	32.70		\$ 5,781			
14-531318	SUPPLIES	\$ 15,718	\$ 15,000	\$ 4,812	\$ 15,000	\$ 15,000	\$ 15,000	
	E/H Copier Lease/Maint/Copy \$1800.00 split with Health credit card machines montly & 3% fees							
14-531319	AGENT EXPENSES - NEED budget reimbursement increase \$25,000 or more to cover fee increase from state	\$ 22,018	\$ 26,000	\$ -	\$ 26,000	\$ 28,000	\$ 28,000	
14-531323	EDUCATION & TRAINING	\$ 4,387	\$ 8,000	\$ 557	\$ 8,000	\$ 8,000	\$ 8,000	
	RS Recertification							
	Lead							
	Radon							
	WEHA							
	NEHA							

ENVIRONMENTAL HEALTH DIVISION								
2026 Proposed Budget Request ENVIRONMENTAL HEALTH								Item C.
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
	Conferences, food, lodging, and travel							
14-531326	VEHICLE MAINTENANCE	\$ 1,560	\$ 4,250	\$ 332	\$ 4,250	\$ 4,250	\$ 4,250	
14-531332	TELEPHONE	\$ 2,654	\$ 4,500	\$ 1,118	\$ 4,500	\$ 4,000	\$ 4,000	
	Cell phones / data cards \$2928							
	Phone line 920-262-8094 - \$360							
	Convergent \$370 (annual split with Health)							
14-531333	WISCONSIN RETIREMENT	\$ 19,585	\$ 21,582	\$ 9,358	\$ 21,582	\$ 24,980	\$ 23,792	

ENVIRONMENTAL HEALTH DIVISION								
2026 Proposed Budget Request ENVIRONMENTAL HEALTH								Item C.
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual to 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
14-531334	SOCIAL SECURITY	\$ 17,327	\$ 19,875	\$ 7,714	\$ 19,875	\$ 21,511	\$ 21,278	
	6.20%							
14-531335	MEDICARE	\$ 4,052	\$ 4,649	\$ 1,804	\$ 4,649	\$ 5,031	\$ 4,976	
	1.45%							
14-531336	HEALTH INSURANCE	\$ 79,467	\$ 85,412	\$ 39,636	\$ 85,412	\$ 81,675	\$ 81,675	
	HH 1	\$ 25,020	\$ 25,020					
	KH &VP 2	\$ 17,514	\$ 35,028					
	TK&SB 2	\$ 10,188	\$ 20,376					
	CQ 1	\$ 1,251	\$ 1,251					
14-531337	LIFE INSURANCE	\$ 333	\$ 356	\$ 166	\$ 356	\$ 488	\$ 488	
14-531338	DENTAL INSURANCE	\$ 4,002	\$ 4,082	\$ 1,975	\$ 4,082	\$ 3,981	\$ 3,981	
	BB 1	\$ 385	\$ 385					
	SB & TK 2.0	\$ 372.00	\$ 744					
	KH & VP 2.0	\$ 815.00	\$ 1,630					
	HH 1.0	\$ 1,164.00	\$ 1,164					
	CQ R5 1.0	\$ 815.00	\$ 58					
14-531342	GASOLINE/MILEAGE	\$ 3,677	\$ 4,000	\$ 1,570	\$ 4,000	\$ 4,000	\$ 4,000	
14-53-13-44	Water Lab Supplies	\$ 24,584	\$ 15,000	\$ 8,045	\$ 15,000	\$ 15,000	\$ 15,000	
14-531360	CAPITAL OUTLAY	\$ 36,571	\$ -	\$ -	\$ -	\$ 145,000	\$ 145,000	
	computers \$15,000 - \$130,000 for building							
TOTAL ENVIRONMENTAL EXPENSES		\$ 538,109	\$ 533,246	\$ 220,261	\$ 530,400	\$ 707,864	\$ 702,636	\$ -
Projected to be taken from fund balance		\$ (104,819)	\$ (120,046)	\$ 76,428	\$ (123,400)	\$ (300,897)	\$ (295,669)	\$ -

PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION

2026 Proposed Budget Request

Item C.

Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
EMERGENCY PREPAREDNESS REVENUE								
15-429210	EMERGENCY PREP REVENUE	\$ 82,632	\$ 101,362	\$ 29,606	\$ 100,000	\$ 67,262	\$ 67,262	
	EMERGENCY PREP Grant					\$ 35,462		
	Infrastructure (for Beth & Bri)					\$ 31,800		
	(revenue may increase depending on salary plan)							
	Change account name to building project??				\$ 16,282	\$ 67,262		
15-429220	BUILDING PROJECT/ PANDEMIC REV	\$ -	\$ -	\$ -	\$ 40,000.00	\$ 90,359.00	\$ 90,359	
	ARPA \$90,359							
15-42-92-12	Health Grants							
TOTAL EMERGENCY PREP REVENUE		\$ 82,632	\$ 101,362	\$ 29,606	\$ 156,282	\$ 157,621	\$ 157,621	\$ -
Acct	Description	2024 Actual	2025 Budgeted	Actual 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
EMERGENCY PREPAREDNESS EXPENSES								
15-531410	SALARY	\$ 34,800	\$ 35,925	\$ 15,888	\$ 35,925	\$ 22,246	\$ 22,246	
	VP - 30% (624) 150-A \$35.65 - \$22,246	\$ 22,246						
	Review split (40 EP 60 EH ??) Changed to 30%/70%							
15-531414	OVERTIME	\$ -	\$ 1,000	\$ -	\$ 500	\$ 250	\$ 250	
15-53-14-16	Part Time	\$ 210	\$ 26,877	\$ 9,779	\$ 26,877	\$ 18,364	\$ 18,364	
	BB - (312 - 20%) 110-C \$21.80	\$ 6,802						
	BN -(354 40%) 140-C \$33.70	\$ 11,563						
15-531418	SUPPLIES & EXPENSES	\$ 178,138	\$ 17,100	\$ 31,507	\$ 71,507	\$ 1,100	\$ 1,100	
	Amount may change depending on grant approval							
15-531419	PANDEMIC EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION

2026 Proposed Budget Request

Item C.

Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
15-531423	EDUCATION & TRAINING	\$ 580	\$ -			\$ -	\$ -	
15-531442	MILEAGE	\$ -	\$ -	\$ -	\$ -		\$ -	
15-53-14-33	RETIREMENT	\$ 2,401	\$ 3,308	\$ 1,418	\$ 3,308	\$ 2,960	\$ 2,128	
15-53-14-34	SOCIAL SECURITY	\$ 2,060	\$ 3,955	\$ 1,537	\$ 3,955	\$ 2,549	\$ 2,549	
	6.20%							
15-53-14-35	MEDICARE	\$ 482	\$ 926	\$ 359	\$ 926	\$ 596	\$ 596	
	1.45%							
15-53-14-36	HEALTH INSURANCE	\$ 10,717	\$ 11,519	\$ 5,760	\$ 11,519	\$ 7,506	\$ 7,506	
	VP							
15-53-14-37	LIFE INSURANCE	\$ 26	\$ 30	\$ 16	\$ 30	\$ 21	\$ 21	
15-53-14-38	DENTAL INSURANCE	\$ 552	\$ 563	\$ 403	\$ 563	\$ 542	\$ 542	
	50% Family Plan - \$552							
15-53-14-60	Capital Outlay	\$ -	\$ -	\$ -		\$ 90,000	\$ 90,000	
	New building							
TOTAL EMERGENCY PREPARADNESS EXPENSES		\$ 229,966	\$ 101,203	\$ 66,667	\$ 155,110	\$ 146,134	\$ 145,302	\$ -

SEAL A SMILE								
2026 Proposed Budget Request								Item C.
Acct	Description	2024 Actual	2025 Budgeted & Approved	Actual 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
SEAL A SMILE REVENUE								
18-427815	SAS GRANT	\$ 6,343	\$ 5,950	\$ 5,132	\$ 5,950	\$ 4,955	\$ 4,955	
18-427816	M/A	\$ 11,520	\$ 10,336	\$ 6,115	\$ 10,336	\$ 12,500	\$ 12,500	
18-427818	Donations	\$ -	\$ -	\$ -	\$ -			
TOTAL SEAL A SMILE REVENUE		\$ 17,863	\$ 16,286	\$ 11,247	\$ 16,286	\$ 17,455	\$ 17,455	\$ -
Acct	Description	2024 Actual	2025 Budgeted	Actual 6/30/25	2025 Estimate	2026 Request	2026 Mayor/Finance	2026 Approved
SEAL A SMILE EXPENSES								
18-531810	SALARIES	\$ 6,066	\$ 8,119	\$ 3,216	\$ 8,000	\$ 6,500	\$ 8,120	
18-531817	CONTRACTED STAFF	\$ 4,200	\$ 5,600	\$ 1,985	\$ 5,600	\$ 5,000	\$ 5,000	
18-531818	SUPPLIES	\$ 3,606	\$ 8,130	\$ 693	\$ 8,130	\$ 4,500	\$ 4,500	
18-531820	EQUIPMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
18-531824	TRAVEL/TRAINING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
18-531833	WI RETIREMENT	\$ 419	\$ 564	\$ 223	\$ 564	\$ 564	\$ 585	
18-531834	FICA	\$ 324	\$ 503	\$ 178	\$ 503	\$ 503	\$ 503	
	6.20%							
18-531835	MEDICARE	\$ 76	\$ 118	\$ 42	\$ 118	\$ 118	\$ 118	
	1.45%							
TOTAL SEAL A SMILE EXPENSES		\$ 14,691	\$ 23,034	\$ 6,337	\$ 22,915	\$ 17,185	\$ 18,826	\$ -
Projected Carryover to Reserve Account		\$ 3,172	\$ (6,748)	\$ 4,910	\$ (6,629)	\$ 270	\$ (1,371)	\$ -

COMMUNITY HEALTH ASSESSMENT

DODGE & JEFFERSON COUNTIES, WISCONSIN

Together for Health: Aligning for a Thriving Region



DODGE-JEFFERSON
**Healthier
Community**
PARTNERSHIP



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EXECUTIVE SUMMARY:

The **2025 Community Health Assessment (CHA)** offers a broad, integrated view of the health and wellbeing of our region. More than a report, it is a shared blueprint—built from data, community voices, and local expertise—that points us toward a healthier future together.

A Clear Priority: Mental Health and Wellbeing

Across every data source, discussion, and lived experience shared, one truth emerged: mental health is our region's most urgent need. The demand for crisis mental health services has climbed sharply in recent years, and rates of youth anxiety and depression are at unprecedented levels. Addressing this challenge requires more than treatment—it requires upstream, preventative action to strengthen the conditions that help people and communities thrive.

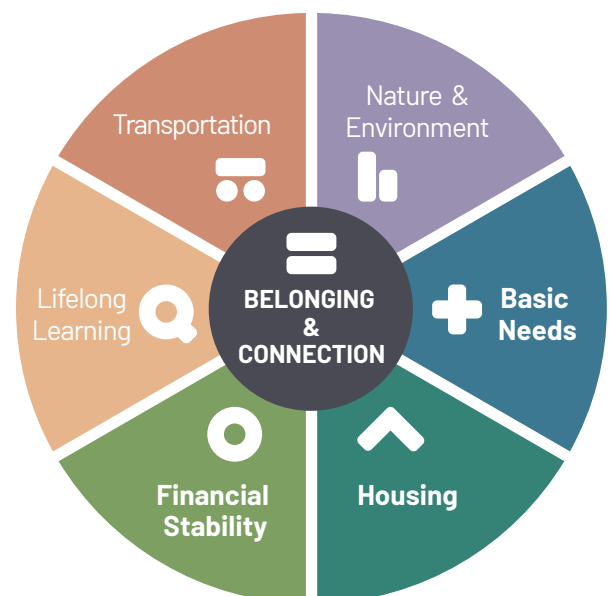


Vital Conditions: A Framework for Change

Guided by the *Vital Conditions*¹ framework, the Dodge-Jefferson Healthier Community Partnership identified four conditions that are both powerful drivers of mental health wellbeing and within our collective ability to influence:

- » **Belonging & Connection**
- » **Basic Needs**
- » **Housing**
- » **Financial Stability**

These conditions point to strategies that are proactive, preventative, and deeply interconnected. By improving them, we also strengthen resilience, reduce health disparities, and create a foundation for better mental health outcomes.



EXECUTIVE SUMMARY:

Community Voices at the Center

This CHA reflects robust engagement with parents, youth, community leaders, diverse populations, and residents across the region. Through focus groups, youth-led interviews, surveys, and public forums, we heard directly from those living the realities behind the numbers. Their insights shaped the priorities, ensuring that our blueprint reflects not only data but the lived experiences of our communities.



Collective Action for Impact

Health is shaped as much by the places we live, work, and gather as by the care we receive. That means our most effective solutions will come from collaboration—aligning resources, avoiding duplication, and building on our strong track record of public-private partnerships. Successful, collaborative actions since the 2022 CHA include:

- » **Childcare:** 500+ new childcare slots² added across the region.
- » **Housing:** Innovative partnerships are expanding housing options and reviving stalled development, helping more residents find safe and stable places to call home.
- » **Mental Health:** A youth crisis stabilization facility—only the third in Wisconsin—now serving our region.
- » **Transportation:** Increased awareness of transportation barriers to medical care led to stronger community collaboration and the extension of routes to key communities.

The Path Ahead

Our region has the vision, partnerships, and momentum to act boldly. By balancing investments between prevention and treatment, we can address urgent needs today while building the conditions for lasting wellbeing. This is our opportunity to create a community where everyone has the chance to thrive.



DODGE-JEFFERSON
**Healthier
 Community**
 PARTNERSHIP

WHAT IS THE COMMUNITY HEALTH ASSESSMENT (CHA)?

The **Community Health Assessment (CHA)** is our region’s regular “check-up” on health and wellbeing. Every three years, leaders across Dodge and Jefferson Counties come together to listen, gather data, and paint a clear picture of our community’s needs and opportunities.

The CHA is more than a report—it is a **shared blueprint for actions**, built using three key lenses:

- **Data** – local health statistics, demographics, and socioeconomic trends
- **Community voices** – input from residents of all ages and backgrounds
- **Local expertise** – guidance from regional health and community leaders

By combining these perspectives, the CHA helps us **set priorities, align resources, and guide collaboration** toward the most impactful goals.

How We Set Priorities

This CHA uses a structured process to identify the most urgent and actionable needs. Equally weighted criteria included:

- » Number of people impacted
- » Severity of the issue
- » Level of community concern
- » Opportunity for partnership
- » Potential negative outcomes if unaddressed

This process, combined with robust community input, led to four priority Vital Conditions for our region in addressing **mental health and wellbeing**: Belonging & Connection, Basic Needs, Housing, and Financial Stability.

Mental health is not simply the absence of a mental health disorder—it is also about the presence of wellbeing and the ability to thrive.

CDC: About Mental Health²⁶

Why Mental Health and Wellbeing?

From every perspective—data, lived experience, and expert input—one issue rose to the top: **mental health**.

- » Mental health has been prioritized in every CHA for 30 years, yet rates of youth anxiety, depression, and crisis service use continue to climb.
- » Mental health cannot be solved by treatment alone—it requires **upstream, preventative action**.
- » Data collected from a diverse cross-section of Dodge and Jefferson counties—through Focus Groups (community narratives)³, the Parent Perception Survey (family concerns)⁴, and Youth-Led Interviews (youth voice)⁵—highlighted the community’s identification of mental health as both a top priority and a critical issue impacting all aspects of overall health and well-being.
- » Our steering committee unanimously elevated mental health as the community’s north star, guided by the **Vital Conditions framework**¹, which centers belonging and helps us move from crisis response to prevention.

WHAT IS THE COMMUNITY HEALTH ASSESSMENT (CHA)?

Community Voices at the Center

This CHA reflects thousands of community touchpoints, ensuring decisions are rooted in lived experience.

PRIMARY DATA COLLECTION

- » 7 community data walks⁶
- » 8 focus groups³ (youth, parents, schools, Hispanic/Latinx residents)
- » 211 youth-led interviews⁵ with peers, parents, leaders, and officials
- » Parent perception survey⁴

SECONDARY DATA COLLECTION

- » Public health data (state and county health rankings, hospitalizations, state-led studies)
- » Demographic and socioeconomic data (population, poverty, insurance, employment trends)

Timeline



Steering Committee Partners

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

COMMUNITY SNAPSHOT

Dodge and Jefferson Counties sit along the corridor between Wisconsin's two major metro areas — Madison and Milwaukee. Together, the counties are home to a blend of small towns, cities, and rural communities that shape the region's character and way of life. This unique geography creates both opportunities and challenges for health and wellbeing.

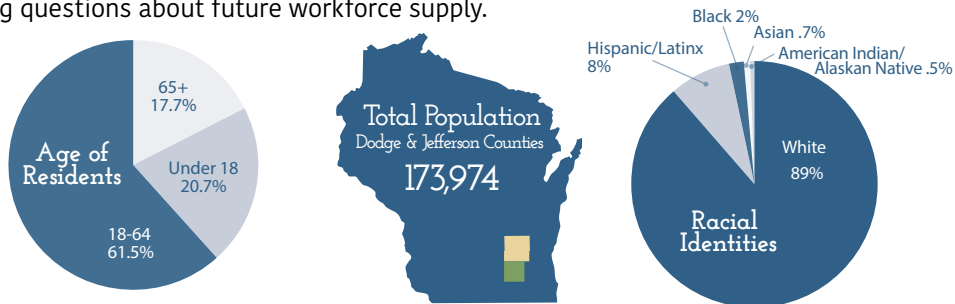
Key Takeaways

- » The population is **aging**: residents age 65+ grew by 28% in the past decade, while the under-18 population declined by 11%.⁷
- » Both counties **rank above the national average and Wisconsin average** in overall health.⁸
- » **89% of residents are White**, with **Hispanic/Latinx residents (8%)**⁷ representing the largest and fastest-growing minority group.
- » Household incomes are not keeping pace with rising expenses. As a result, 31% of working households in the region do not earn enough⁹ to cover the basic cost of living.

THE CURRENT LANDSCAPE

Population Trends: Dodge and Jefferson Counties have experienced a demographic shift. The aging population is increasing, while younger age groups are declining. The working-age population has shrunk slightly (-2%)⁷, raising questions about future workforce supply.

For additional community snapshot data, go to appendix C.



Diversity: While the region remains predominantly White, Hispanic/Latinx residents now account for 8% of the population⁷ — a community that continues to grow. Smaller shares of Black, Asian, Native American, and multiracial residents contribute to the region's diversity.

Economic Stability: Using the ALICE (Asset Limited Income Constrained and Employed) framework, about **31% of households** are unable to cover basic expenses despite being employed. By contrast, only 10% fall below the Federal Poverty Level⁹, showing that many working families still face financial strain.

Health Rankings: Compared to national and state benchmarks, both counties perform well in overall health rankings.

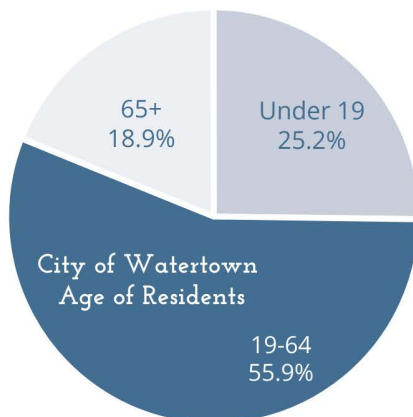
CITY OF WATERTOWN SNAPSHOT

City of Watertown is a historic city located along the Rock River sitting in both Dodge and Jefferson Counties. Known for its blend of small-town charm and industrial heritage, Watertown features a well-preserved downtown, unique landmarks like the Octagon House, and a strong sense of community. With a mix of manufacturing, retail, and service industries, Watertown serves as a regional hub while maintaining a friendly, close-knit atmosphere.

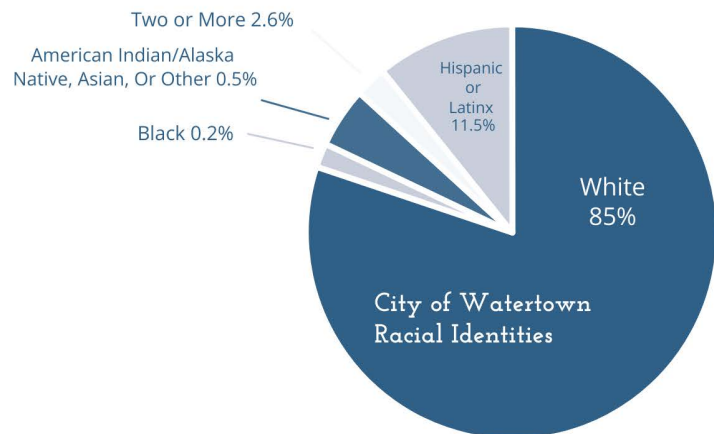
THE CURRENT LANDSCAPE

	Watertown	Dodge County	Jefferson County	Wisconsin
Population	22,873	88,231	85,743	5,910,955
Median Age	40.4	43.2	40.8	40.5
Median Household Income	68,333	72,736	82,864	74,631
Education (High School Grad or Higher)	91.7%	93.3%	94.5%	93.7%
Racial and Ethnic Make-up				
White	85.1%	88.9%	88.8%	79.9%
Black	0.2%	2.6%	0.9%	5.9%
American Indian	0.1%	0.8%	0.2%	0.8%
Asian/Pacific Islander	0.2%	0.1%	1.2%	3%
Hispanic Origin	11.5%	6.9%	8.5%	8.1%

Data Source: 2023 US Census ACS 1-year estimate



Data Source: 2023 US Census ACS 1-year estimate

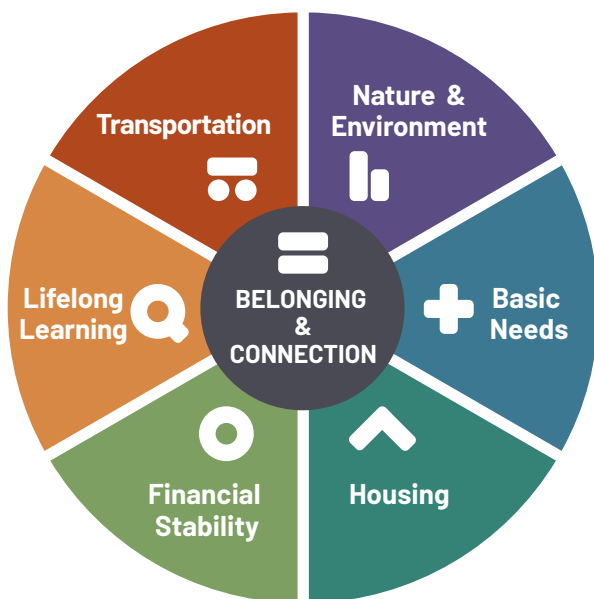


Data Source: 2023 US Census ACS 1-year estimate

VITAL CONDITIONS: Why Vital Conditions Matter

Health is about more than medical care. Where people live, work, learn, and connect shapes their ability to thrive. Using the **Vital Conditions**¹ as a guiding framework, we organized these factors into seven areas that are essential for individual and community mental health and wellbeing.

- **Transportation** – reliable, affordable ways to travel.
- **Lifelong Learning** – education and skills at every age.
- **Nature & Environment** – clean air, water, and safe, green spaces for everyone.
- **Basic Needs** – nutrition, sleep, physical activity, access to care, physical safety.
- **Financial Stability** – reliable jobs that support people today and build security for tomorrow.
- **Housing** – stable, affordable places to live.
- **Belonging & Connection** – social connection, purpose, and a voice in community decisions.



The Vital Conditions Framework places **Belonging** at the center.

When people feel connected and valued, the entire community grows stronger.

VITAL CONDITIONS: Why Vital Conditions Matter

Community Input

To understand what matters most for **mental health and wellbeing**, residents participated in “data walks” held at seven libraries across the region⁶. They examined local data on elements of the Vital Conditions for Health framework and ranked them by community priority.

Across every location, the top priorities for improving **mental health and wellbeing** were the same.

1. **Housing**
2. **Belonging & Connection**
3. **Healthcare Access (Basic Needs)**

This shows broad agreement that stability, connection, and access are foundational for mental health.

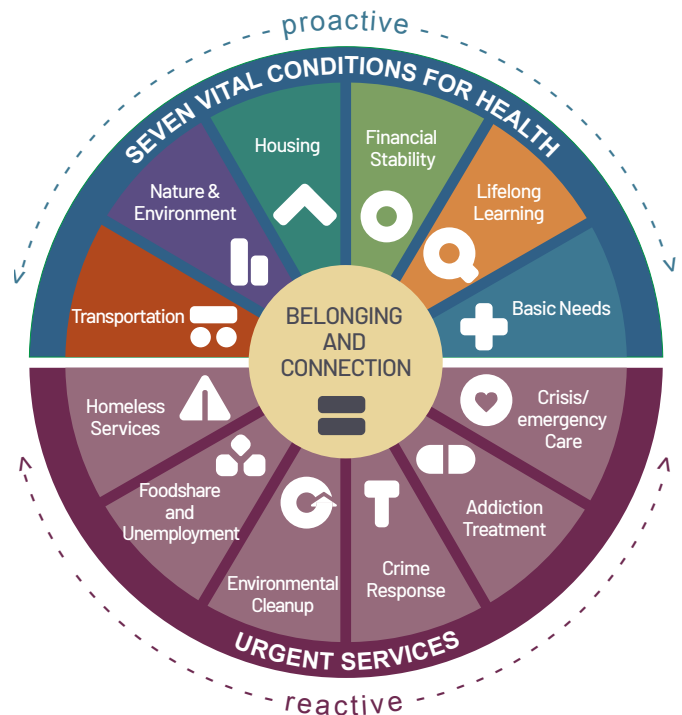
A Balanced Approach

Vital conditions are proactive investments that strengthen communities for the long term. Urgent services—such as crisis care, food pantries, addiction treatment, and shelters—are reactive supports for moments of crisis.

Both are necessary. Like a balanced portfolio, leaders must meet urgent needs while also investing in the root causes of health problems. By doing so, we prevent future crises, reduce costs, and create healthier, more resilient communities where everyone can thrive.

Key Takeaways

- » **Vital conditions build thriving communities.**
- » **Urgent services save lives but do not create lasting wellbeing.**
- » **Vital conditions prioritized by our community for mental health and wellbeing:** Belonging & Connection, Housing, Basic Needs, Financial Stability.
- » **Balance is essential:** investing in both proactive and reactive strategies ensures people receive support today while building a stronger tomorrow.



VITAL CONDITION: Belonging & Connection

Human beings are wired for belonging and connection. These relationships are not just “nice to have” — they are essential for health and wellbeing. Without them, loneliness and isolation increase the risk of depression, heart disease, stroke, anxiety, and dementia. Research shows that the impact of social isolation on health is greater than smoking 15 cigarettes a day¹⁰.

Key Takeaways

- » Belonging and connection are **fundamental requirements for health**.
- » Time with family, friends, and community has been **steadily declining** since 2003¹⁰.
- » Unstructured and in-person social connection is essential for healthy child development.
- » Technology use has **reshaped childhood**, displacing face-to-face interaction and contributing to unprecedented rates of youth loneliness¹¹.
- » Social support promotes resilience through adversity, yet fewer than 1 in 5 students say they get the help they need when feeling sad or hopeless¹² (see fig. 1).

THE CURRENT LANDSCAPE

Declining Connection: Since 2003, the amount of social time Americans spend with family and friends has decreased by 20 hours per month. The trends for youth are even more troubling – Over the last 2 decades, face-to-face socialization among teens reduced by half.¹⁰

Declining Participation: According to the 2023 Youth Risk Behavior Survey (YRBS), **65% of students** participated in extracurricular activities, a decline from 70% in 2021.

Youth Mental Health:

- » Depression among high school students has been rising at rapid rates since 2012¹² — the period when smartphones began providing 24/7 connection to the internet.
- » National research estimates the average teen spends 5 hours per day on social media¹³.
- » Boys report lower rates of depression¹² but are nearly **five times more likely to die by suicide** compared to girls¹⁴.
- » Depression rates are higher among **Hispanic students (34%)**¹².
- » Only **16% of students** say they receive the help they need when feeling sad or hopeless¹².

Question asked: “When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?”

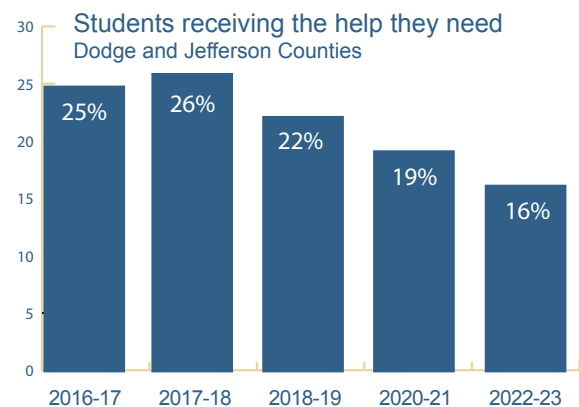


FIG. 1 | Data source: Youth Risk Behavior Survey (YRBS). Includes high school students only. Schools distributing the survey vary by year. See appendix E.

VITAL CONDITION: Belonging & Connection

Impact on Mental Health and Wellbeing

- » Strong social connection is the **single greatest predictor of health, longevity, and life satisfaction**, according to the 86-year Harvard Study of Adult Development¹⁵.
- » For young people, social interactions are key for **brain development, communication skills and learning**¹⁶.
- » Feelings of loneliness and disconnection are linked to increased risk of depression, anxiety, and self-harm¹⁶.
- » Technology has fueled what experts call a “great rewiring” of childhood — displacing face-to-face interaction that supports healthy growth¹⁶.

Community Voices on Belonging & Connection

In May and June of 2025, 25 high school students were deployed to interview 211 peers, parents and community leaders on the topic of youth wellbeing in the digital world⁵. When asked “what needs to happen” for all youth to thrive, interviewees consistently identified in-person social connection as a critical component of wellbeing. Two quotes from youth themselves provide good examples of the feedback generated:

“People need to get outside more and do things with each other and make real friendships.”

“There needs to be better human connection Technology is great until it takes over so much of your time.”

What does youth thriving look like? When asked what it will “look like” in a future where all youth are thriving, community stakeholders shared this vision of youth thriving:

- » Kids outside, having fun.
- » Youth are part of a connected, caring community that nurtures passions and purpose.
- » All youth enjoy supportive relationships and opportunities to lead and serve others.
- » Technology is used as a tool — not a replacement — for real connection.

Pathways Forward

Addressing disconnection and loneliness requires action across families, schools, and communities:

- » **Create Opportunities for Connection:** Support extracurriculars, mentoring, youth leadership programs, and intergenerational activities.
- » **Healthy Technology Use:** Encourage balanced use of devices, digital wellness education, and family norms around screen time.
- » **Promote Social Infrastructure:** Invest in safe gathering spaces, parks, libraries, and community events that foster connection.
- » **Early Support for Youth:** Expand access to counseling, peer support, and mental health resources in schools.
- » **Community Collaboration:** Work together to shape social norms that prioritize meaningful connection and ensure all residents have the support they need. This includes identifying phone-free times and spaces that foster genuine interaction, and building partnerships among schools, parents, healthcare providers, and youth for a coordinated response.



Student Leaders share insights with school administrators

VITAL CONDITION: Basic Needs

Basic needs—like nutritious food, clean water, fresh air, sleep, physical activity, and routine healthcare—are the foundation of health and stability. When unmet, stress rises, health declines, and opportunities shrink. In Dodge and Jefferson Counties, two gaps stand out:

- **Technology Disruption:** Excessive screen time is displacing sleep, exercise, social connection, and safety. This is especially harmful for children, as digital interactions replace play and exploration, fueling rising rates of anxiety, depression, loneliness, attention problems, and bullying.
- **Limited Access to Mental Health Care:** Provider shortages, high costs, and rural barriers—like long travel times and limited transportation—make accessing mental health and substance abuse treatment difficult.

Together, these challenges show why creating healthy environments and improving access to care are top priorities for our communities.

Key Takeaways

- » **Technology's Double-Edge:** While digital tools connect people, they also replace face-to-face interaction. Both parents and teens see wellbeing declining as online connection takes the place of real-world relationships.
- » **Screen Time Disruption:** Excessive tech use impacts sleep, development of social skills and attention spans, while creating patterns that resemble addiction.
- » **Online Safety Risks:** Addictive features like infinite scroll, autoplay, and constant notifications keep youth online longer, exposing them to cyberbullying, harmful content, and disrupted sleep.
- » **Youth Need More Support:** Many young people feel they are not getting the mental health help they need.
- » **Provider Shortages:** Dodge and Jefferson Counties have far fewer mental health and substance use providers than the state average, making access a top community concern.
- » **Barriers to Mental Health Treatment:** Cost of services, limited transportation, and stigma—especially in rural areas—make it difficult for people to get the care they need.

VITAL CONDITION: Basic Needs

THE CURRENT LANDSCAPE

Basic Needs for Youth Mental Health and Wellbeing

Local data shows that key developmental needs—social connection, sleep, physical activity, and safety—are being disrupted, directly affecting youth mental health:

- » **Social Connection:** Only 53% of regional high school students feel a sense of belonging at school, leaving nearly half who do not feel strongly connected to peers or their school community¹².
- » **Sleep:** One in five of our teens are on technology between midnight and 5 a.m. on at least four school nights each week. While 29% get the recommended eight hours of sleep, another one in five get only five hours or less¹².
- » **Physical Activity:** About one-third of students are active most days, while another third report little to no activity, showing wide gaps in healthy movement¹².
- » **Safety:** National studies show more than half of teens experience cyberbullying, online threats, or exposure to explicit content. Addictive design features (infinite scroll, autoplay, constant notifications) keep youth online longer, heightening risks and reducing safety¹⁷.

Access to Mental Health Services

Mental health and substance use treatment is limited in Dodge and Jefferson Counties due to provider shortages:

- » **Jefferson County:** 1 provider per 840 residents⁸.
- » **Dodge County:** 1 provider per 740 residents⁸.
- » **Comparisons:** Dane County has 1 provider per 200 residents, while the state is 1 per 370 residents⁸.

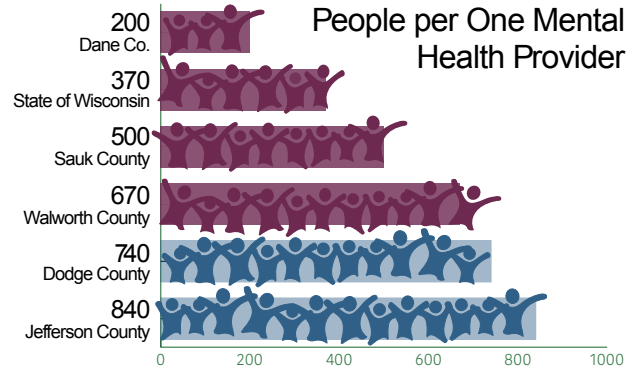


FIG. 2 | Data source: County Health Rankings & Roadmaps



VITAL CONDITION: Basic Needs

Impact on Mental Health and Wellbeing

When basic needs—such as sleep, exercise, nutrition, social support, and access to care—go unmet, the effects ripple across both individual lives and the wider community. Stress rises, chronic conditions go untreated, and systems built for prevention are forced into crisis response. These impacts are especially visible among youth, where health and educational outcomes are declining.

- » **Academic Performance:** Student learning is slipping worldwide. Over the past 15 years, math, reading, and science scores among 15-year-olds have declined globally (OECD)¹⁸. Locally, parents and educators link falling attention spans, poor sleep, and technology overuse to barriers in learning.
- » **Untreated Conditions:** With too few behavioral health providers and preventive services, many residents live with unmanaged depression, anxiety, and chronic illness. This worsens individual and family suffering while undermining long-term community health and economic stability.
- » **Crisis Reliance:** Without timely or preventive care, families turn to emergency rooms and crisis services for problems that could have been addressed earlier. This reactive cycle drives up costs, strains healthcare systems, and erodes trust in local supports.

Across surveys, interviews, and focus groups, residents consistently call for more providers close to home, affordable services, and supports to help youth navigate both **mental health challenges** and thrive in the **digital environment**.

Community Voices :

Youth Perspectives (Interviews)⁵

Young people emphasize the importance of human connection and balance with technology:

“There needs to be more human connection.

Technology is great until it takes over so much of your time.”

“We need to spread awareness that social media can be harmful and helpful.”

“We need people to help us push ourselves to go outside our comfort zones.”

“Teens can come together to do good for the community and help others through hard times.”

Community Voices :

Resident Perspectives (Focus Groups)³

“We need more (mental health) providers close to home and affordable services so people don’t wait until it’s a crisis.”

VITAL CONDITION: Basic Needs

Community Voices :

Parent Perception Survey (n=525)⁴

Digital Habits

- » **Over 70% of parents** report their own smartphone use distracts from quality time with their children.
- » Many believe access to social media and smartphones should be **delayed** until later adolescence.

How often does your smart phone distract from quality time with your child? (n=523)

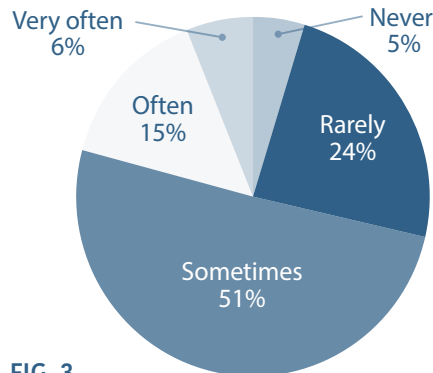


FIG. 3

Impact on Young Children

A majority of parents believe smartphones hurt children's ability to:

- » Build social skills
- » Develop healthy friendships
- » Succeed in school

More than half also believe phones limit creativity and hobbies.

Smartphone hurt children's ability to do listed activity (n=500)

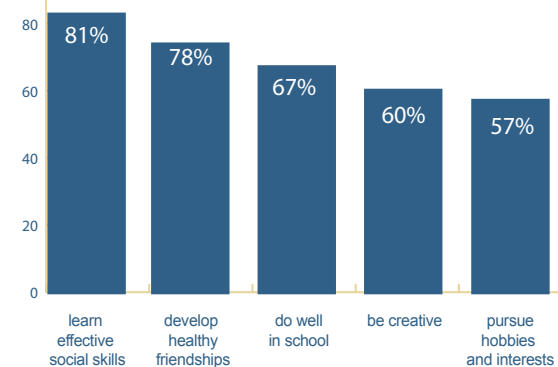


FIG. 4

Age Readiness

- » Most regional parents believe children are not ready for social media until high school or later.
- » The majority say unmonitored internet access should not be allowed until after high school.

Age/grade level appropriate for child listed tech use (n=494)

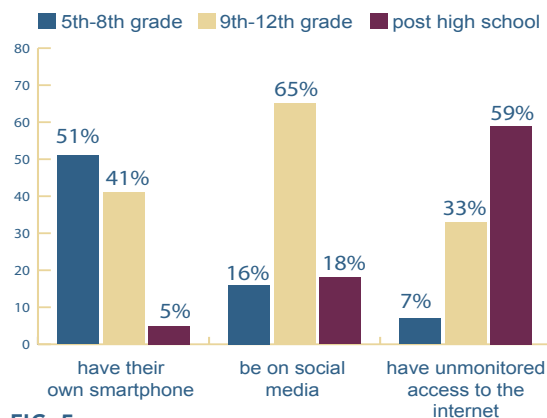


FIG. 5

VITAL CONDITION: Basic Needs

Pathways Forward

Meeting basic needs requires a **coordinated community response**. The strategies below outline practical steps schools, families, healthcare providers, and policymakers can take to protect youth, build resilience, and create healthier futures.

A. Digital Wellbeing & Youth Protection

- » **Teach & Model Healthy Tech Use:** Support families and schools in setting norms, including phone-free times and spaces.
- » **Protect Developing Minds:** Delay early access to smartphones and social media; advocate for legislation holding platforms accountable for addictive design features and harmful content.

B. Promote Healthy Lifestyles

- » **Encourage Protective Habits:** Foster independence, free play, physical activity, sleep, and outdoor time as everyday practices that safeguard mental health.

C. Expand & Strengthen the Care System

- » **Build the Care Continuum:** Equip families, peers, coaches, and health workers to provide prevention, early intervention, and ongoing support.
- » **Integrate Mental Health in Primary Care:** Make screening for anxiety and depression routine; embed behavioral health into primary care settings.
- » **Increase Access to Treatment:** Expand affordable outpatient therapy and youth-focused Intensive Outpatient Programs.
- » **Strengthen the Workforce:** Recruit, train, and retain clinicians, peers, and community health workers.
- » **Enhance Crisis & Specialty Services:** Continue evolving recent evidence-based investments, including youth crisis stabilization, Coping Cat for youth anxiety and senior behavioral health care.

D. Partnerships & Policy Change

- » Align efforts across schools, municipalities, healthcare systems, and parents. Collaboration and policy-level action are as critical as individual behavior change.

E. Measure What Matters

- » Develop systems to track outcomes (e.g., student sleep data, provider ratios, youth sense of belonging) so leaders can evaluate progress and improve interventions.



VITAL CONDITION: Housing

Housing is a vital condition that influences mental health, stability, and overall wellbeing. Having a safe, stable, and affordable place to live provides the foundation for families and individuals to maintain good health, pursue education and employment, and participate fully in community life. In contrast, challenges such as unaffordable housing, frequent moves, or poor-quality conditions can contribute to stress, anxiety, and negative health outcomes.

Key Takeaways

- » Our region **does not have enough available housing** — for owners or renters¹⁹
- » **Housing costs are rising faster than incomes** — median sale prices increased 72% (2018–2024)²⁰, while incomes rose 38%⁷.
- » High housing costs are straining families and individuals across the region: **24% of homeowners** and **40% of renters pay** more than 30% of their income on housing⁷, leaving less for other basic needs.
- » Rental vacancy rates are extremely tight (1% in Jefferson County and 0.6% in Dodge County)²¹, due to a limited supply.
- » Innovative **public and private partnerships** are finding ways to fill gaps.



VITAL CONDITION: Housing

THE CURRENT LANDSCAPE

Everyone who lives, works, or contributes to our communities should have the opportunity to call them home. Yet today, many—including nurses, manufacturing workers, teachers, service employees, and others who form the backbone of our local economy—struggle to find affordable homes to rent or buy in Dodge and Jefferson Counties. This doesn't have to be our future. Communities that proactively expand housing options are more likely to retain and attract the next generation of workers and families needed to thrive.

Housing Snapshot

- » **Occupied Housing Units:** Dodge and Jefferson Counties have 70,709 occupied housing units — 73% owner-occupied and 27% renter-occupied⁷. This homeownership rate is slightly above the state average. With rental vacancy rates well below the healthy benchmark of 6%—the housing market is extremely tight, driving upward pressure on both rental costs and home prices²¹.
- » **Supply:** The counties are estimated to be **3,639 housing units short** of a “healthy” housing market¹⁹.
- » **Vacancy:** Jefferson County’s apartment vacancy rate is just 1% and Dodge County’s apartment vacancy rate is 0.6%, showing limited rental availability²¹.

Home Prices & Affordability

- » **Cost Burden:** Households are considered cost-burdened when they spend 30% or more of their income on housing (rent or mortgage payments, insurance and utilities), leaving less for other necessities such as food, child care, and healthcare. In Dodge and Jefferson Counties,
 - 24% of homeowners are housing cost-burdened⁷.
 - 40% of renters are housing cost-burdened⁷.

» Home Prices:

- **The median home sale price** in 2024 was **\$303,650**, a 72% increase since 2018²⁰.
- Over the same period, **median family income** rose only 38%⁷.

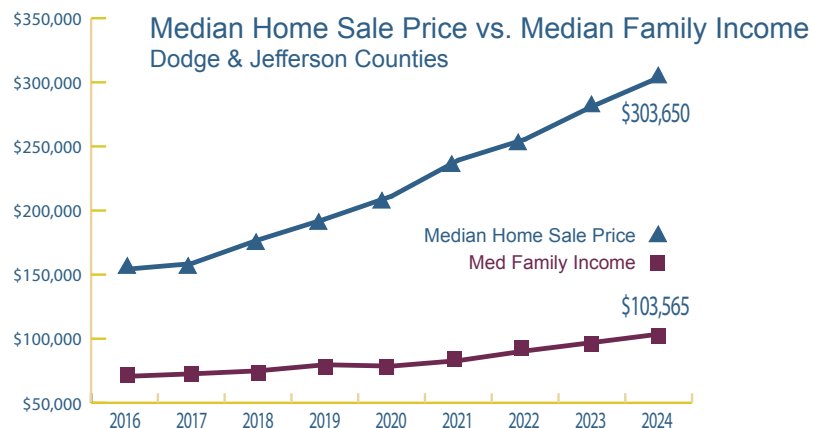


FIG. 6

VITAL CONDITION: Housing

Contributing Factors

Several forces are driving the region's housing challenges:

- » **Household Growth Outpacing Housing Supply:** The number of households in Dodge and Jefferson Counties is increasing faster than the number of available units. With 64% of households made up of just one or two people, the trend toward smaller household sizes is further increasing demand for more units.²²
- » **Slow Housing Development:** New construction has not kept pace with community needs. After the 2008 recession, developers were forced to focus on the most profitable projects, leaving gaps in rural communities like ours where housing prices tend to be lower.²³
- » **Rising Costs:** Higher prices for land, materials, labor, and infrastructure (utilities and roads) make development significantly more expensive.²⁴
- » **Policy Barriers:** Zoning and land-use regulations limit density and reduce the variety of housing types that can be built.²⁵
- » **Economic Pressures:** Inflation and higher interest rates add additional strain on both builders and potential homeowners.²⁵

Impact on Mental Health and Wellbeing

- » Households forced to spend a large share of income on housing struggle to afford other necessities including food, childcare and healthcare.
- » Housing instability, frequent moves, or unsafe housing conditions contribute to higher stress and negative mental health outcomes.
- » Homelessness, while affecting a smaller portion of the population, carries significant health and safety risks.

Pathways Forward

Addressing these challenges will require multi-sector coordination and innovation — enabling the creation of housing that is affordable for local incomes.

- » **Policy & Systems Approaches:** Streamline the development processes, update zoning policies to allow greater density and smaller homes while incentivizing affordable development
- » **Innovation, Cross-Sector Collaboration and Partnerships:** Public agencies, developers, businesses, nonprofits, and residents aligning resources and working strategically to create additional housing in this challenging economic environment.



Sunset View- Juneau

VITAL CONDITION: Housing

LOCAL BRIGHT SPOTS



Heartland Housing Initiative: Provided municipalities in Jefferson and Dodge counties with consulting services to better understand their housing needs. Seven communities awarded funding that resulted in market studies and other technical assistance (Palmyra, Randolph, Whitewater, Waterloo, Lake Mills, Beaver Dam and Kekoskee).



Municipal Leadership: Communities are actively removing barriers, updating zoning, and using financing tools like Tax Increment Financing (TIF) to spur new development.



Live Local Development Fund: A public-private partnership that has raised \$10 million to finance housing projects, supporting up to 500 new units in Jefferson County.



Habitat for Humanity Expansion: With support from multiple partners, Habitat has expanded into Jefferson County, with new homes planned in Fort Atkinson and Watertown.



Rock River Ridge, Watertown: A City / Nonprofit partnership is adding 188 new units (78 single-family, 18 twin homes, 92 multi-family).



Sunset View, Juneau & Lowell: Created 36 new affordable housing units.

VITAL CONDITION: Financial Stability

“Financial stability means families can weather a crisis, invest in their children, and plan for the future.”

— JPMORGAN CHASE INSTITUTE AND URBAN INSTITUTE

Hardworking people are the backbone of our region’s economy. They deserve the tools and opportunities to build a good life. Stable families and individuals build strong communities — when people don’t have to choose between rent, food, or healthcare, they contribute more and stress less.

But stability is just the beginning. True economic health requires mobility — the ability to advance through better jobs, education, and asset-building, so families not only get by but also move up. Mobility ensures that today’s children inherit genuine opportunity rather than financial stress.

Financial stability underpins many of the other Vital Conditions for health, shaping what residents can afford for housing, education, and healthcare. Economic mobility is how stability becomes generational progress — turning steady paychecks into savings, homeownership, and investments that strengthen whole communities.

Key Takeaways

Despite a median annual household income (2023) of **\$77,800 in Dodge and Jefferson Counties**—slightly higher than the Wisconsin state median of **\$74,631**—many households still struggle to make ends meet⁷.



- » **31% of households in our region** do not earn enough to cover the basic cost of living⁹.
- » Stability is essential, but **mobility is transformative**: it means families and individuals can save, grow wealth, and pass opportunity to the next generation.
- » Financial stability and mobility are **emerging areas in need of further study** to better understand barriers and solutions.

VITAL CONDITION: Financial Stability

THE CURRENT LANDSCAPE

ALICE and Poverty-level Households in Wisconsin

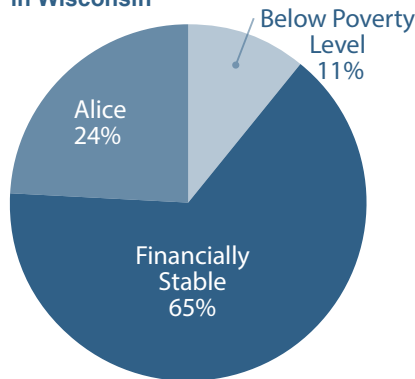


FIG. 7

ALICE (Asset Limited, Income Constrained, Employed) Households⁹:

- » These families earn above poverty-level wages but still not enough to cover essentials.
- » In our region, **31% of households fall into ALICE or poverty categories**, meaning they struggle to meet the cost of basic living. This is compared to 35% of households falling into ALICE or poverty categories statewide (see FIG 7 - ALICE and Poverty-level Households Wisconsin⁹).

Household Budgets:

- » Dodge and Jefferson County families with two adults, an infant, and a preschooler requires about **\$79,920 annually** to cover the minimum cost of living⁹. A more financially stable household, which includes more adequate amounts spent on necessities including an emergency savings, requires \$131,248 annually⁹.
- » Two common Wisconsin jobs — Laborers and Food Service Workers — together earn **\$67,402 annually**, leaving a gap of over \$10,000 for the minimum needed to live and work in today's economy and is about half of what's needed for a more stable financial household⁹.

Basic Costs Exceeded Wages of Common Jobs and Official Measures of Hardship
Financial Hardship, Family of four, Wisconsin, 2023

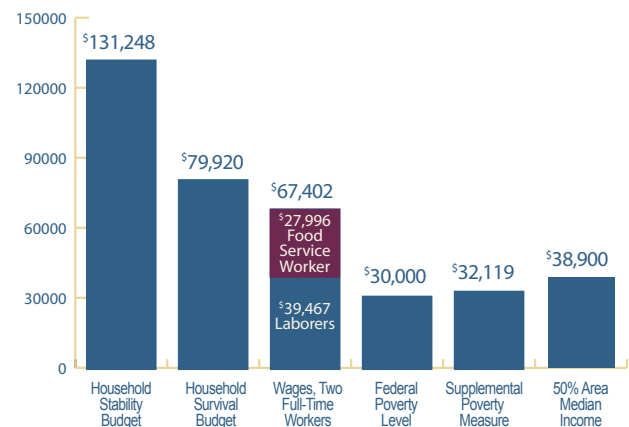


FIG. 8 | Household Survival and Stability numbers, Wages and 50% median income are local to Dodge and Jefferson County. Federal Poverty and Supplemental Poverty are national metrics.

Source: ALICE Household Survival budget, 2023; Bureau of Labor Statistics—Occupational Employment Statistics, 2023; Census, Supplemental Poverty Measure, 2023; HUD, Area Median Income (State Income Limits, 2023)

VITAL CONDITION: Financial Stability

Impact on Mental Health and Wellbeing

- » Families and individuals struggling financially face constant trade-offs between **rent, food, transportation, and healthcare**.
- » Lack of stability increases stress, reduces resilience, and undermines both physical and mental health.
- » Without mobility, families and individuals cannot invest in **higher education, homeownership, retirement security, or small business ventures** — pathways that build long-term community strength.

Pathways Forward

Addressing financial strain requires both short-term stabilization and long-term mobility strategies:

- » **Strengthen Stability:** Expand access to childcare, affordable housing, food security programs, and basic healthcare coverage so families can meet essential needs.
- » **Support Mobility:** Invest in workforce development, higher education access, apprenticeships, and small business support.
- » **Close the Gap:** Align wages with the real cost of living by promoting jobs that provide family-sustaining pay.
- » **Build Assets:** Encourage savings programs, financial literacy initiatives, and policies that make homeownership and retirement planning achievable.
- » **Collaborate Locally:** Partnerships between employers, schools, nonprofits, and government can help residents move from surviving to thriving.

A family may be able to pay this month's bills, but without mobility, they cannot save for a down payment on a home, invest in higher education, or prepare for retirement. Stability prevents crisis; mobility creates opportunity.



SUMMARY

From Assessment to Action

The CHA exists to **focus our priorities and mobilize action**. In 2025, that means advancing **mental health and wellbeing** by strengthening four vital conditions:

- **Belonging & Connection**
- **Basic Needs**
- **Housing**
- **Financial Stability**

These are practical levers our region can pull now—and they are the bridge to *Thrive Rural*: a future where healthy people, resilient communities, and a durable local economy rise together.

Your invitation: join partners across sectors to align strategies, co-invest upstream, and measure what matters—so every step we take improves daily life today and builds a thriving rural region for tomorrow.

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Definitions:

- **Laborers** = Laborers And Freight, Stock, And Material Movers, Hand. Food Service Worker = Average salary of Fast Food & Counter Workers and Waiters & Waitresses. Household Survival & Stability Budgets = Survival Budget reflects the minimum cost to live and work in today's economy.
 - **Stability Budget** = incorporates the higher costs for maintaining a more financially stable household over time, (including a 10% savings category that can be used in an emergency or for longer-term goals like additional education or buying a home.)
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APPENDICES

[Appendix A: About Us](#)

[Appendix B: Community Resources](#)

[Appendix C: Community Health Indicators](#)

- » General demographic overview
- » Basic Needs:
 - Healthcare access & care
 - Healthy Living – Health Conditions
 - Safety & Injury
 - Mortality & Morbidity
- » Transportation
- » Nature & Environment
- » Belonging & Connection
- » Lifelong Learning
 - Early Childhood
 - Youth and Adult Education
- » Financial Stability
- » Mental Health & Wellbeing

[Appendix D: Primary Data Summaries](#)

[Parent Perception Survey Summary](#)

[Focus Groups Summary](#)

[Youth Interviews Summary](#)

[2025 Community Health Assessment Data Walks](#)

[Appendix E: Youth Risk Behavior Survey \(YRBS\) participating high schools.](#)