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RWJF Culture of Health
Community Portrait

Milwaukee, Wisconsin



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ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Milwaukee, Wisc., and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Milwaukee, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 18 unique respondents were interviewed during fall 2017 for this report. All interviews (lasting 30–75

minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants' responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a "respondent." Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports also will be posted on rwjf.org/cultureofhealth.

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Introduction

Until recently, the City of Milwaukee, Wisc., had struggled to recover from the Great Recession, as well as from the effects of a shrinking manufacturing sector, population loss, sharp racial and economic segregation, and poor health indicators primarily affecting its black population. While these indicators have not been reversed, the city has made important strides in recognizing and addressing them. Today, partnerships and cross-sector collaborations favor a capacity-building approach that seeks out community input and involves residents in developing solutions. This approach extends to a new cross-cutting initiative that seeks to understand and respond to the root causes of persistent levels of violence and antisocial behavior. The city's downtown

area continues to undergo revitalization spurred by anchor institutions, resulting in thousands of new jobs in the past decade.

Despite Milwaukee's progress, it faces political and fiscal constraints as a Democratic stronghold in a conservative state. In this report, we examine the City of Milwaukee's efforts to improve population health and build a healthier and more equitable community using the [Culture of Health Action Framework](#) to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) *Making Health a Shared Value*; 2) *Fostering Cross-Sector Collaboration to Improve Well-Being*; 3) *Creating Healthier, More Equitable Communities*; and 4) *Strengthening Integration of Health Services and Systems*.

Within these areas, activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Milwaukee's city government, health systems, philanthropic groups, and community organizations are working to create better, more equitable opportunities for all residents.

INACCESSIBLE JOBS AND TRANSPORTATION

Located in the southeast corner of Wisconsin adjacent to Lake Michigan, Milwaukee is the largest city in Wisconsin, with a population of just under 600,000.¹ Once celebrated for its breweries, manufacturing might, and strong middle-class neighborhoods, the city has struggled in recent decades to overcome a shrinking economic base caused by consolidation, de-industrialization, and jobs lost to lower-cost states or overseas. Today, Milwaukee has shifted from a population that represented successive waves of white Europeans to majority-minority, with black and Hispanic residents now comprising more than half of its population (39% and 18%, respectively). White residents make up 36 percent of the city's population, small numbers of Asians and American Indians¹ also reside in Milwaukee.

With a reduced manufacturing base, the health care, insurance, and banking sectors now represent the city's largest employers.² Health care provides the largest number of jobs in Milwaukee, with the city's four health systems employing a total of nearly 50,000 people.³ Milwaukee's Greater Downtown area, especially its lakefront neighborhoods with new condo and retail developments, has undergone an economic and residential renaissance in recent years. The area gained about 22,000 jobs between 2004 and 2014, while the rest of the city lost a similar number of jobs.⁴ Greater Downtown is home to nearly half of the city's private sector jobs (108,000 of 254,000). Foxconn, a Taiwan-based manufacturer of liquid-crystal display panels for iPhones and other electronic devices, announced in late 2017 that it will build an \$11 billion manufacturing complex about 30 miles south of Milwaukee, employing up to 13,000 workers, and locate its corporate headquarters in downtown Milwaukee.⁵

Several respondents cited a lack of public transportation⁶ from the city to manufacturing jobs located in Milwaukee's predominantly white suburbs as a significant and longstanding barrier faced by black residents seeking jobs. A successful lawsuit brought by two Milwaukee-based community groups against the State of Wisconsin and the U.S. Department of Transportation over inadequate public transportation is viewed by some as evidence of systemic discrimination requiring legal redress.⁷ Although the 2014 settlement establishing limited bus routes between Milwaukee and its northern suburbs is set to expire in 2018, little discussion has taken place about continued funding for city-suburban transportation, according to respondents.

SHARP RACIAL AND ECONOMIC DIVIDES

By visible and demographic measures, Milwaukee remains a highly segregated city, which fuels sharp disparities in health and well-being among its black, white, and Hispanic populations.⁸ Unlike other large Midwestern cities, where black people migrated from the South in the

early 20th century, Milwaukee did not experience significant gains in its black population until the 1960s. Within one generation of their arrival, black residents began to suffer the negative effects of the city's steady manufacturing decline; restrictive housing policies; geographic isolation; and other barriers to economic and social well-being. Today, household incomes for black residents, most of whom live on Milwaukee's north side, are about half of the average median income for white residents.⁹ Milwaukee's largest wave of Hispanic residents, by contrast, arrived in the 1980s and live primarily on the city's south side but are more geographically dispersed than the black population.¹⁰ Hispanic household income is about two-thirds of the average median income for white residents,¹¹ with small businesses and service-sector jobs providing sources of employment.¹²

MILWAUKEE IS "A GREAT LABORATORY" FOR INSIGHT INTO THE EFFECTS OF WAVES OF JOB LOSS, "TOUGH ON CRIME" EFFORTS, AND CHANGES IN SOCIAL WELFARE POLICIES ON THE WELL-BEING OF SUCCESSIVE GENERATIONS.

SOCIAL SERVICES SECTOR RESPONDENT

In addition to their high levels of economic and geographic segregation, Milwaukee's black residents are also disproportionately affected by high levels of gun violence and infant mortality, among other negative indicators.¹³ In an effort to address their root causes, multiple sectors, including the city's health and police departments, schools, and youth and community-based organizations, have embraced and begun to implement a public health framework known as trauma-informed care. Using principles and practices adopted by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA),¹⁴ this framework acknowledges the deep-seated effects of exposure to trauma, such as domestic violence, incarceration, and family instability. One respondent from the social services sector explained trauma's relevance to the city's black community, especially its young males: Milwaukee is "a great laboratory" for insight into the effects of waves of job loss, "tough on crime" efforts, and changes in social welfare policies on the well-being of successive generations, according to the respondent.

Although the city's support of a trauma-informed approach is new, acknowledgment by Milwaukee community leaders of the impact of inequities on the health and well-being of black residents is not. In the late 1980s, local grassroots and professional organizations concerned about a lack of targeted outreach in Milwaukee's minority communities formed the Black Health Coalition of Wisconsin to work on behalf of the specific needs of black residents. Partnerships between anti-poverty groups and Milwaukee government entities also emerged to address the economic and criminal justice disparities faced by black residents. These efforts resulted in the creation of the Black Male Achievement Advisory Council within the city's health department and the Milwaukee Homicide Review Commission, a city-sponsored effort that strives to reduce violence through a combined public health and criminal justice approach.¹⁵

In addition to its economic and social challenges, the City of Milwaukee operates in a complex public health and municipal finance environment. Milwaukee County, whose seat is the City of Milwaukee, is the only county in Wisconsin that has separate, municipal health departments instead of a county-wide health department. This organizational scheme results in 12 separate health departments serving county residents, and the city health department addressing the “most severe and persistent issues,” according to a respondent from the health sector. Efforts to persuade the county government to adopt a consolidated public health department to better leverage resources have not gained traction, the respondent added. The Milwaukee County Executive administers a wide variety of services that affect the health and well-being of city residents, including child welfare, behavioral health, human services, and criminal justice.

Reflecting the state’s fiscally conservative bent, the city’s ability to grow its sources of revenue are constrained by a unique state system¹⁶ that allows property taxes to serve as the sole major form of local taxation. Without the ability to tax high-use items like food, liquor, and entertainment, Milwaukee is at a competitive disadvantage compared with cities of similar size that can draw on other sources of tax revenue to support development, according to several respondents.

[REGARDING MHCP’S INTEGRATED HEALTH SYSTEMS]: “IT’S THE ONLY TIME I’VE SEEN [PEOPLE] PUT DOWN THE COMPETITION GAUNTLET WHEN THEY COME TOGETHER.”

HEALTH CARE SECTOR RESPONDENT

Led by four-term Democratic Mayor Tom Barrett, Milwaukee is a liberal stronghold in a largely Republican state, a contrast that leads to differing funding priorities, notably for health and social services. Barrett and Republican Governor Scott Walker faced off in a 2012 recall election, a race that Walker won handily. Today, respondents describe the leaders’ working relationship as generally cooperative, but split on the allocation of funds to Milwaukee and a widespread expansion of Medicaid, known as BadgerCare in Wisconsin, under the Affordable Care Act (ACA). In 2012, before the ACA’s marketplace coverage went into effect, 17 percent of Milwaukee adults were not covered by health insurance; by 2015, that portion had dropped to 6 percent, according to a city health department assessment.¹⁷ Although the city’s outreach efforts to boost coverage under the federal health insurance marketplace won national attention, barriers to access have resurfaced following the state’s imposition of stricter eligibility criteria for adults covered under BadgerCare.¹⁸

Residents of Milwaukee have a high prevalence of both chronic health conditions that have become more common across the United States and other health issues that are more acute among the city’s low-income and vulnerable groups. For example, rates of obesity, asthma, and diabetes, which afflict many U.S. communities, are higher in Milwaukee than in Wisconsin and the nation. Adults also report higher periods of poor mental health compared with the state and the nation.¹⁹ Rates of infant mortality and childhood lead poisoning exceed state

levels by more than half, reflecting a lack of access to prenatal care and the aging, poor housing stock in many low-income neighborhoods.^{19, 20}

The City of Milwaukee brings significant resources to bear on the longstanding challenges to health and well-being facing residents, especially its underserved and low-income community. Milwaukee is home to seven Fortune 500 companies, philanthropic organizations with deep roots in the community, and educational and health care institutions that collaborate on a wide range of activities. The city’s slow emergence from its economic decline has been enhanced by engaged civic leadership, ongoing work to engage residents in building a sense of community, and a commitment to developing neighborhood capacity and anchor institutions. Evidence suggests that Milwaukee’s capacity to promote health is shifting in favor of a grassroots approach, which is taking place despite the tax and political constraints that limit the city’s ability to undertake more sweeping efforts.

HEALTH SYSTEMS, ACADEMIC PARTNERS, NONPROFITS WORK COLLABORATIVELY

Milwaukee’s four integrated health systems (Children’s Hospital of Wisconsin, Ascension Wisconsin, Aurora Health Care, and Froedtert Health) include academic medical centers, community-based hospitals, and neighborhood clinics to serve residents’ health needs. Consolidation and market forces have intensified competitive pressures among health care providers—but those pressures have been mitigated by the Milwaukee Health Care Partnership (MHCP), a public-private partnership funded by the health systems. Serving as a neutral broker that encourages collaboration and innovation, the MHCP has developed a reputation for valuing cooperation over competition, according to one stakeholder from the health care sector: “It’s the only time I’ve seen [people] put down the competition gauntlet when they come together.” Working with partner organizations, MHCP has had success in implementing some of its key priorities, including expanding insurance coverage for low-income individuals, enhancing access to primary care, and reducing unnecessary emergency department use.

The city also benefits from the research capacity of the Center for Urban Population Health (CUPH), a collaboration between the University of Wisconsin-Milwaukee, the University of Wisconsin-Madison’s School of Medicine and Public Health, and Aurora Health Care. Since 2006, reports produced by CUPH have demonstrated the link between low socioeconomic status and acute health care needs in 10 contiguous Milwaukee zip codes. These data have helped health and social service groups more effectively target programs.

Milwaukee has a large and diverse array of nonprofit organizations, ranging from large, well-funded philanthropic organizations to small neighborhood-based groups with deep roots in the community. Their combined strengths help build capacity of underserved neighborhoods with a goal of making sure that changes can be sustained over the long term. Greater engagement by residents in decisions that affect their community is an increasingly important objective, according to one respondent from the business sector: “Our ultimate goal is to actually build up more capacity where this isn’t just once or twice that we go out

to the community for input. The community starts to get wired into the process where it's kind of a continual input process, and eventually a broad ownership of the work that comes out of it."

As an example, Milwaukee's Zilber Family Foundation²¹ supports neighborhood-based nonprofit organizations like the Walnut Way Conservation Corporation—which help address residents' basic needs, increase access to economic opportunity, and improve quality of life in one of Milwaukee's most underserved neighborhoods. Other local groups working to enhance equity in resource-scarce communities include the Dominican Center for Women, Sixteenth Street Community Health Centers, and Amani United, which helps neighborhood residents identify and attain educational and skill-building goals. In addition, the United Way of Greater Milwaukee and Waukesha County and the Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health work with an array of community partners in bringing down the city's high infant mortality rates.

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BUSINESS SECTOR RESPONDENT

Recognizing the need to better coordinate the activities of community development partners, the Zilber Family Foundation, the Greater Milwaukee Foundation, Northwestern Mutual Foundation, and Local Initiatives Support Corporation Milwaukee founded the Community Development Alliance in 2011.²² The alliance works with local partners to empower residents and advocate for their neighborhoods, and was instrumental in helping Milwaukee secure federal funds through the Obama Administration's Building Neighborhood Capacity Program to spur redevelopment in three high-need neighborhoods.

Following decades of manufacturing decline and flight of jobs to Milwaukee suburbs, the business community has become more invested in helping to create new jobs and a better quality of life for residents of downtown Milwaukee. For example, five business and civic anchor institutions (Aurora Health Care, Harley-Davidson, Marquette University, MillerCoors, and the Potawatomi Business Development Corporation) formed the West Side Partners in 2015 to invest more than \$250 million in developing housing and commercial properties in once-neglected areas neighboring downtown Milwaukee. Stakeholders involved in West Side Partners report that members are working to attract small businesses and entrepreneurs to the area. A larger, long-established group of business interests, the Greater Milwaukee Committee, has also committed resources to improving the Greater Downtown Milwaukee area, in addition to its other programs to enhance well-being for area residents.²³ The Greater Downtown area has become a magnet for new jobs, adding about 22,000 jobs between 2004 and 2014, and condo and retail development.⁴

Developing a Culture of Health

The City of Milwaukee draws on a strong and well-established health care infrastructure that works cooperatively to reach low-income and underserved residents, and improve access to and coordination of care. Multiple sectors have come together in an effort to address the epidemic of violence affecting the city's black community through a trauma-informed care approach that has also shown benefits for children and family members who have been exposed to violence or other forms of trauma. To rebuild the economic and social fabric of distressed neighborhoods, the city's philanthropic community, working in partnership with anchor institutions, is engaging in capacity-building programs geared for sustained progress and resident involvement. Ongoing collaborations between local nonprofit agencies, schools, residents, faith-based organizations, and others have led to improvements in high infant mortality rates. Because Milwaukee is prohibited by state law from raising revenues outside of property taxes, it relies heavily on business and grant-making organizations to promote economic development and enhance quality of life. Despite political differences at the city, county, and state government levels, stakeholders favor a cooperative approach to address longstanding barriers and promote greater health and well-being.

INCREASING ACCESS FOR LOW-INCOME RESIDENTS

Milwaukee is home to well-regarded hospital systems, prestigious schools of medicine and public health, and nonprofit and independent health clinics spread across city neighborhoods. Insurance coverage has increased in recent years because of a partial expansion of BadgerCare and aggressive outreach efforts to enroll uninsured residents in the federal marketplace system following passage of the ACA. Yet systemic barriers to making health care more accessible and affordable remain. Residents of low-income neighborhoods say they delay or forgo medical care because of cost. They also note a need for greater access to basic primary and preventive care—including mental health services and substance abuse prevention and treatment, according to a respondent from the health care sector.

RESIDENTS OF LOW-INCOME NEIGHBORHOODS ...NEED GREATER ACCESS TO BASIC PRIMARY AND PREVENTIVE CARE—INCLUDING MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE PREVENTION AND TREATMENT.

HEALTH CARE SECTOR RESPONDENT

Recognizing that a coordinated response would have greater impact than solo efforts, MHCP was created in 2007 with the goal of making health services more widely available to low-income and hard-to-reach residents. The partnership uses a population health framework that reaches across sectors to improve wellness within and beyond the clinical setting. Funded by member systems, the public-private partnership includes the city's four health systems, four federally

qualified health centers (FQHCs), the Medical College of Wisconsin, and multiple city, county, and state agencies. Leadership activities and financial resources are focused on the overarching goals of improving coverage, expanding access to care, enhancing care coordination, and addressing community health needs.²⁴ While MHCP's role as a neutral broker is valued by its members, one respondent from the health care sector acknowledged the critical role that the convening organization plays: "No one wants to be left doing this on their own as they can't afford it nor strategically could they achieve it."

The partnership uses members' policy and outreach know-how to achieve practical results. For example, as enrollment in the federal insurance marketplace under the ACA ramped up, the partnership convened the Milwaukee Enrollment Network in 2013 in conjunction with the Wisconsin Department of Health Services and Covering Kids & Families. Approximately 500 participants representing 100 organizations helped to coordinate outreach, education, and enrollment efforts, resulting in coverage for more than 120,000 Milwaukee County residents. For its coordinated response, Milwaukee was recognized in 2016 as the winner of the White House's "Healthy Communities Challenge."²⁵ In another example of making health insurance more accessible, the partnership created a \$250,000 BadgerCare enrollment fee trust fund, which has resulted in an additional 50,000 adult enrollees in the state's program since 2014.

"WE DID AN INTENSIVE INTERVIEW WITH [ED PATIENTS WITH NONURGENT NEEDS] TO REALLY DEVELOP ENOUGH OF A TRUST RELATIONSHIP SO WE COULD FIGURE OUT THE CORE ISSUES THAT ARE IMPACTING THIS INDIVIDUAL, WHAT THE FACTORS ARE IN THEIR ENVIRONMENT."

HEALTH CARE SECTOR RESPONDENT

To improve residents' continuity of care, the partnership is building support for a coordinated model of primary care delivery, called ED to Medical Home, which encourages patients to see primary care physicians for their nonurgent care needs instead of using costly hospital emergency departments (EDs). A social worker was embedded at Aurora's Sinai Medical Center to establish relationships with patients with nonurgent needs. "We did an intensive interview with them to really develop enough of a trust relationship so we could figure out the core issues that are impacting this individual, what the factors are in their environment," according to a respondent from the health care sector. The combination of outreach and case management reduced ED use among high utilizers by half at this downtown Milwaukee hospital over two years, the respondent noted, while establishing new relationships between patients and primary care clinics.²⁶ To promote this model more widely, the partnership is establishing relationships between hospitals, FQHCs, community clinics, and primary care providers to treat patients who previously had no regular source of care. Patients can also access case management services that can connect them with additional health and social services. The model is currently being used in 10 hospital EDs connected to community clinics.

Partnership members collaborate to expand the primary care capacity of Milwaukee's community-based clinics, including its four FQHCs, that serve uninsured and low-income residents. The Sixteenth Street Community Health Centers, an FQHC that operates in five predominantly Hispanic communities with high uninsured populations, is the only source of medical care for more than 7,500 uninsured individuals and nearly 19,000 patients who rely on Medicaid.²⁷ Individual health systems that are part of the MHCP have provided funding to FQHCs to recruit providers, open new locations, and expand their hours.

"ESPECIALLY WITH UNDERSERVED PATIENT POPULATIONS, WE REALLY STRUGGLE IN UNDERSTANDING THE TOTALITY OF THE CARE THAT PEOPLE ARE RECEIVING AT LOCATIONS ACROSS THE CITY."

HEALTH CARE SECTOR RESPONDENT

FQHCs and other health providers working toward greater care continuity are hopeful that an electronic health information exchange program developed as part of the Wisconsin Statewide Health Information Network (WISHIN)²⁸ will promote fast and secure transfer of patients' data through electronic health records (EHRs). Progress toward this goal is at an early stage because of the lack of interoperability among partners' EHRs, according to one respondent from the health care sector. This defers, at least for now, some of the promised benefits of care coordination. "Patients can get care at one location, and then show up at a different location, and accessing what happened at the first location can be difficult," the respondent noted. "Especially with underserved patient populations, we really struggle in understanding the totality of the care that people are receiving at locations across the city." The partnership hopes its support of WISHIN's expansion to its members will result in better care continuity across health settings.

IMPLEMENTING TRAUMA-INFORMED CARE TO PREVENT VIOLENCE

Gun violence, domestic violence, and other forms of trauma exact a steady, heavy toll on many low-income, vulnerable Milwaukee residents, especially its young black male population. The deadly effects of gun violence have skyrocketed in Milwaukee in recent years, with homicides peaking in 2015 at their highest level (145) in more than two decades.²⁹ A growing body of evidence concludes that although gun violence is an especially acute form of trauma exposure, residents also suffer other adverse experiences.³⁰ These include emotional and physical abuse, violence between adults in a household, and having an incarcerated family member—which can put children at far greater risk of poor mental and physical health status and poor school and work success throughout their lives.

A respondent from the nonprofit sector described the traumatic effects of the economic and political changes of the past 30 to 40 years on the city's black community. Over that time, "we lost all the manufacturing jobs. Then we had these policies and laws packed on top of us. A lot of studies have shown that mass incarceration goes up, and family building goes down. More kids end up in foster care. We have all of that here," the respondent said.

Programs that attempt to remedy the causes and effects of these dynamics are not new to Milwaukee or to other urban areas that face similar challenges. However, new initiatives are emerging in Milwaukee that seek to address the impact of trauma using a public health approach that acknowledges root causes and their widespread effects on residents' physical and mental health and well-being. These trauma-informed care efforts vary in scope and outreach but have gained the participation of Milwaukee's health department and health providers and schools, police department, funders, and other cross-sector partners. Such initiatives reflect SAMHSA's trauma-informed care principles, which recognize the widespread impact of trauma and integrate knowledge about it into policies, procedures, and practices.¹⁴ Interventions recognize the relationship between trauma and symptoms such as substance abuse, depression, anxiety, and other behaviors. In Milwaukee, interventions are being incorporated into a recent city-wide initiative and existing ones that serve children in foster care.

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NONPROFIT SECTOR RESPONDENT

In late 2017, the city of Milwaukee released a community-driven plan to reduce violence, use trauma-informed care in outreach to children and youth, and improve economic opportunities, among other goals.³¹ Developed with support from the Medical College of Wisconsin, the Blueprint for Peace was created by the city's office of violence prevention, a division of the city's health department, and reflects the department's earlier comprehensive health plan, MKE Elevate.³² The city worked with the Prevention Institute, an Oakland, California-based nonprofit, in the report's development.³³ Using police department data, the Blueprint identified 10 high-need neighborhoods based on levels of gun violence, shootings, assaults, and poverty levels. This effort builds on earlier work conducted by the city to better understand and reduce violence, including input from the Milwaukee Homicide Review Commission, a cross-sector collaborative that uses a public health approach to investigate and prevent homicides and related violence.

In the Blueprint for Peace, the City of Milwaukee convened stakeholders with professional and personal knowledge about violence, including more than 1,500 residents, youth, and community partners. They cited gun and gang violence, child maltreatment, violence by law enforcement officers, mass incarceration, and drug-related violence as pervasive issues.³¹ Residents' input into the plan's development served as a stark reminder “that this is ongoing trauma,” as a respondent from the health sector said. “We forget that the stress that drives many of the concerns as they relate to low infant birthweight, infant mortality, and all the stress that young women go under. ... It's really about changing the culture, and how we respond to individuals who are accessing care.”

To stem gun-related violence, the city approved \$280,000 in its 2018 budget to implement its Blueprint for Peace, but revenue constraints prohibited additional police funding.³⁴ The Blueprint for Peace initiative includes Ceasefire, a violence interruption program that has had success in Chicago, New York, and other major cities by hiring former gang members as violence interrupters to help de-escalate gun violence often linked to retribution by gang factions. Following the announcement of the Blueprint for Peace, the Bader Philanthropies announced that it would donate \$100,000 to support the city's expansion of Ceasefire to a second neighborhood.³⁵ Citing the criminal backgrounds of some of the violence interrupters, one respondent from the law enforcement sector said some police officers “haven't been as receptive” about Ceasefire. “We haven't been real quick to embrace that,” the respondent said. Milwaukee's new police chief, appointed following the resignation of a 10-year veteran police chief, has expressed support for the Blueprint principles and goals and a stronger emphasis on community policing.³⁶

In addition to reducing violence, the Blueprint for Peace identifies goals aimed to alleviate trauma and promote well-being, including promoting healing and restorative justice; supporting children, youth, and families; fostering safe neighborhoods; and coordinating violence-prevention efforts. Trauma-informed care principles that promote healing and reduce elements of bias will be used across government departments and sectors that serve youth, including education. To ensure oversight of cross-sector partners, leadership for the Blueprint for Peace will come from multiple entities, including the Mayor's Office, the Milwaukee Common Council, the Milwaukee County Board of Supervisors, Milwaukee Public Schools, and local government entities, nonprofit groups, and community residents. The city's violence prevention office will coordinate implementation of the plan with a newly established violence prevention council, which includes cross-sector partners and neighborhood residents.

“WE FORGET THAT THE STRESS THAT DRIVES MANY OF THE CONCERNS AS THEY RELATE TO LOW INFANT BIRTHWEIGHT, INFANT MORTALITY, AND ALL THE STRESS THAT YOUNG WOMEN GO UNDER. ... IT'S REALLY ABOUT CHANGING THE CULTURE, AND HOW WE RESPOND TO INDIVIDUALS WHO ARE ACCESSING CARE.”

HEALTH SECTOR RESPONDENT

Although the Blueprint for Peace represents Milwaukee's most high-profile plan to put trauma-informed care principles into action, smaller-scale initiatives show its growing adoption. For example, the city funds two trauma abatement teams that work with police and fire departments to connect victims of crime and their family members with services to enhance recovery or well-being. Services range from mental health counseling to connecting with local schools, according to a respondent from the city government sector. The city is planning to fund a third trauma abatement team. Trainings on trauma are also being integrated into local schools and hospitals.

On a smaller scale, trauma-informed care for children and youth in foster care is available through Care4Kids, a program unveiled in 2014 by Wisconsin's Department of Health Services and Department of Children and Family Services. Coordinated care is offered in six Wisconsin counties, including Milwaukee County, and serves approximately 3,000 children.³⁷ Building on the medical home model, Care4Kids offers rapid access to primary care physicians trained to address the needs of children who live outside of the family home. In Milwaukee, Care4Kids services are coordinated and provided by Children's Hospital of Wisconsin.³⁷ Trauma-focused treatment for children in Milwaukee County was expanded through a five-year, \$1.9 million grant from SAMHSA awarded in 2017. The grant will allow Marquette University's Behavior Clinic, a partnership between the university and Milwaukee's Penfield Children's Center, to serve an additional 400 children in Milwaukee County. The grant will allow clinic researchers to expand an online course to train mental health professionals in assessment and treatment methods.

EMPOWERING COMMUNITIES THROUGH RESIDENT ENGAGEMENT AND CAPACITY-BUILDING PROGRAMS

High rates of violence are a symptom of distressed neighborhoods and are often accompanied by other adverse features—including high rates of poverty and unemployment, vacant lots, poor housing conditions, and a dearth of grocery stores and green spaces. Milwaukee's Amani neighborhood reflects these desperate conditions: one in three residents is unemployed,³⁸ half live in poverty, and its black male residents have the highest incarceration rate in the nation.³⁹ The city as a whole ranks 49th out of the 50 largest metropolitan areas for economic mobility, meaning that a child born into a low-income family is highly unlikely to move up the economic ladder as she moves into adulthood.⁴⁰ These seemingly intractable conditions have led to a deep distrust by residents toward programs created to address them.

Fortunately, ongoing and emerging cross-sector partnerships appear to be making inroads in improving the availability of resources and opportunities in Amani and similar communities and building neighborhood capacity for change. These neighborhood-focused initiatives are taking a bottom-up approach that involves a local anchor partner working with residents to develop plans that respond to residents' priorities. This "collective impact" approach was recommended as a strategy that could allow Milwaukee's philanthropic sector to have a more lasting impact on addressing the city's challenges.⁴¹ Separately, a recent high-profile effort spearheaded by several Milwaukee anchor institutions is beginning to revitalize several adjacent downtown neighborhoods by improving safety and attracting economic development.

One example of a long-term collective impact effort is the Zilber Family Foundation's Neighborhood Initiative. Now in its eighth year of a 10-year, \$50 million commitment, the initiative seeks to improve the quality of life in three Milwaukee neighborhoods by helping residents design and implement community improvement plans.⁴² The foundation relies on community-based organizations and residents to define what

"quality of life" means for them and partners with them to build the needed resources, according to a respondent from the philanthropic sector. Grant-making occurs when the foundation and communities successfully identify a willing local anchor institution that will work with them to turn plans into reality.

THE [ZILBER FAMILY FOUNDATION] RELIES ON COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO DEFINE WHAT "QUALITY OF LIFE" MEANS FOR THEM AND PARTNERS WITH THEM TO BUILD THE NEEDED RESOURCES.

PHILANTHROPIC SECTOR RESPONDENT

This bottom-up outreach stands in contrast to previous strategies used by Milwaukee's philanthropic sector, which had often lacked grassroots input and advocacy. In fact, the Zilber Family Foundation's founder was initially inclined toward a top-down approach. Saddened by the deteriorating conditions of the neighborhood he was raised in, the real estate developer and foundation CEO was eager to build 100 units of new housing. Asked by a representative of the philanthropic sector if residents wanted the new housing, the founder said, "I don't know. That's a really good question. Why don't we find out?" After learning about residents' wishes for their communities, the foundation identified two high-need neighborhoods—one in the city's north side black community and the other on the predominantly Hispanic south side.

In the north side Lindsay Heights neighborhood, residents identified as a major concern a lack of access to fresh fruits and vegetables in the corner stores serving the neighborhood. More than 20 neighborhood groups and community-based organizations created a "Healthy Corner Stores" campaign, which worked with small business owners to sell and promote more nutritious food options. In 2015, residents' interest in having healthier food options got an additional boost with the Innovation and Wellness Commons, a multi-use property that houses a health food store, a juice kitchen, and a commercial kitchen that prepares healthy lunches for 8,000 school children.⁴³ Before Lindsay Heights residents acquired and revitalized the building through Walnut Way Conservation Corp.,⁴⁴ the property had been abandoned and used for drug sales. In the second phase of the project, a new building will house services for entrepreneurial and workforce development and integrative health and wellness and event spaces to foster community engagement.⁴⁵ An independent evaluation of the foundation's Neighborhood Initiative is nearing completion, according to a respondent from the philanthropic sector.

In another community, the Amani neighborhood, residents suffer from the city's most acute levels of economic and social distress. However, residents, community stakeholders, and public and private funders are leveraging an expansive network and building capacity to create a stronger, safer, and healthier neighborhood. Collective impact gained a strong foothold here in 2012, when the Dominican Center,⁴⁶ a neighborhood resource that provides adult education/GED programs, financial literacy, and home ownership assistance, was selected by the

Obama Administration to serve as a local anchor partner in the Building Neighborhood Capacity Program (BNCP). Milwaukee was one of four cities to receive federal grants to apply community-driven change to create strategies, tools, and best practices to overcome historic barriers to revitalization.

In addition to the federal grant to the Amani community, the activities of BNCP were supported by local and federal sources, including the Milwaukee Police Department, Northwestern Mutual Foundation, the Greater Milwaukee Foundation, and the U.S. Departments of Justice, Education, and Housing and Urban Development. Additional funding came from the Zilber Family Foundation, the City of Milwaukee, and neighborhood and cross-sector partners. “The [program] was an exercise of helping [residents] build a collective efficacy by empowering them to make decisions and understand what levers could be pulled in those neighborhoods,” according to a respondent from the law enforcement sector.

“THE [BUILDING NEIGHBORHOOD CAPACITY PROGRAM] WAS AN EXERCISE OF HELPING [RESIDENTS] BUILD A COLLECTIVE EFFICACY BY EMPOWERING THEM TO MAKE DECISIONS AND UNDERSTAND WHAT LEVERS COULD BE PULLED IN THOSE NEIGHBORHOODS.”

LAW ENFORCEMENT SECTOR RESPONDENT

In 2014, the Dominican Center and the Amani Community Advisory Group joined forces to create Amani United, a community-based organization governed by a board of residents.⁴⁶ Working with BNCP over two years, the group helped residents develop their vision of a successful neighborhood and how to achieve it. The planning process built on existing neighborhood structures: monthly meetings of homeowners, residents, and partners at the Dominican Center and regular gatherings at the community school. Input from door-to-door campaigns and canvassing also helped to inform residents’ perceptions of the neighborhood.

In light of Amani’s many struggles, residents did not report positive perceptions or experiences of their community. In response, BNCP and its local partners sponsored activities to promote greater social connection and a shared sense of ownership. Larger, more visible achievements followed: a 2015 completion of a \$2 million neighborhood park renovation and neighborhood beautification projects and block watches. In 2016, residents and partners unveiled a comprehensive revitalization plan that reflects the priorities expressed by residents and strategies to achieve them.⁴⁶ When funding for BNCP ended in 2016, the Amani community was awarded a federal Byrne Criminal Justice Innovation Grant, which partners with law enforcement to build on progress.⁴⁷

Milwaukee’s efforts to involve neighborhood anchor institutions as partners in development is also occurring in the city’s Near West Side, a collection of seven historic neighborhoods near the city’s downtown with about 28,000 residents. A formerly prosperous area that is home to several educational, religious, and health care institutions, the Near West Side has struggled in recent years

because of a stagnant business climate, a fear of crime, and aging commercial and residential areas. In 2015, five business and civic anchor institutions formed Near West Side Partners, inspired by the redevelopment of Milwaukee’s Menomonee Valley. The once-abandoned industrial area is now considered a model of economic development and environmental sustainability.⁴⁸ Originally focused on improving safety, the organizations involved in Near West Side Partners (Aurora Health Care, Harley-Davidson, Marquette University, MillerCoors, and the Potawatomi Business Development Corporation) expanded their vision to include economic development, better housing options, and unified neighborhood identity.⁴⁹ Its board and working teams are made up of organizational stakeholders, civic leaders, and residents.

The group’s first major program is a \$1.5 million, three-year initiative that uses law enforcement resources to improve safety, primarily by acquiring abandoned or troubled properties. Partners have acquired some abandoned buildings “that were really problem buildings, and they’re investing in entrepreneurship in that area, and investing a lot more in community engagement with the residents. So they’re becoming kind of a model for the way a lot of corporations ... can specifically engage in a neighborhood,” according to one respondent from the civic sector. Another respondent, whose organization is an anchor partner in Near West Side Partners, said the group was making progress in attracting more small businesses to the area. “We’ve had some successes already in helping get new small businesses started and helping to work on addressing some of the housing challenges in those communities and trying to attract those businesses to locate within that area.”

[NEAR WEST SIDE PARTNERS] HAVE ACQUIRED SOME ABANDONED BUILDINGS “THAT WERE REALLY PROBLEM BUILDINGS, AND THEY’RE INVESTING IN ENTREPRENEURSHIP IN THAT AREA, AND INVESTING A LOT MORE IN COMMUNITY ENGAGEMENT... SO THEY’RE BECOMING KIND OF A MODEL FOR THE WAY A LOT OF CORPORATIONS ... CAN SPECIFICALLY ENGAGE IN A NEIGHBORHOOD.”

CIVIC SECTOR RESPONDENT

Given Milwaukee’s history of economic and racial segregation, it is not surprising that some are skeptical of the eventual impact of the partnership’s work on low-income residents who currently live in the redeveloping West Side neighborhoods. “What usually happens when you talk about stabilizing a neighborhood is that you mean gentrification,” said one respondent from the urban policy sector. “[That] normally means you drive up the cost of the property to the point where people of color can’t afford the houses.” That sequence of events has characterized some of Milwaukee’s redevelopment efforts of the past, and it remains to be seen whether the changes to the Near West Side neighborhoods will displace long-time residents. However, resident-led redevelopment efforts supported by the Zilber Family Foundation and its partners give a strong voice to neighborhood residents and their wishes for the community’s future.

COLLABORATING TO IMPROVE HEALTH AND BIRTH OUTCOMES OF TEENS AND INFANTS

Despite slow but encouraging signs of progress within the city's struggling neighborhoods, high rates of infant mortality persist, affecting black residents most profoundly. Overall infant mortality rates have been slowly declining in Milwaukee for the past two decades, dropping from 11.4 per 1,000 live births in 1998 to 9.9 by 2014.⁵⁰ That progress has occurred far more slowly in the city's black community, where infant mortality rates have dropped from 17.2 per 1,000 to 15.3 over that same time. Milwaukee's black infant mortality rate is about three times higher than rates for Hispanic (5.2 per 1,000) and white residents (4.0 per 1,000).

"WHAT USUALLY HAPPENS WHEN YOU TALK ABOUT STABILIZING A NEIGHBORHOOD IS THAT YOU MEAN GENTRIFICATION, [THAT] NORMALLY MEANS YOU DRIVE UP THE COST OF THE PROPERTY TO THE POINT WHERE PEOPLE OF COLOR CAN'T AFFORD THE HOUSES."

URBAN POLICY SECTOR RESPONDENT

To address this longstanding disparity, the United Way of Greater Milwaukee and Waukesha County was selected in 2012 as the convening partner by the Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health to lead the Milwaukee Lifecourse Initiative for Healthy Families (LIHF).⁵¹ The 10-year effort aims to reduce black infant mortality through cross-sector collaborations that involve residents, nonprofit organizations, the faith-based community, schools, businesses, and government. Priority areas include increasing awareness of a woman's intent to become pregnant, supporting mental and physical readiness for pregnancy, and improving social and economic conditions for high-risk communities. Milwaukee's activities are shaped by input into a community action plan,⁵² which aligns programs across the city and helps develop shared metrics.

In one example of an LIHF intervention, health providers have begun to ask women as part of their medical appointments if they want to become pregnant in the coming year. Known as "One Key Question,"⁵³ the interaction provides an opportunity for health providers and patients to begin a conversation about pregnancy before it occurs, potentially avoiding the continuation of risky behaviors such as alcohol or tobacco use. Results of an evaluation of the intervention piloted in Milwaukee in 2016–2017 among nearly 10,000 nonpregnant women found that the overwhelming majority (83%) said they did not want to become pregnant in the coming year. Nearly two-thirds (63%) who took part in the intervention received contraceptive services or referrals.⁵⁴

An earlier United Way collaborative also showed significant success in reducing teen pregnancy rates. Like national teen pregnancy rates, Milwaukee's teen pregnancy rates have fallen to historic low levels over the past 10 years.⁵⁵ To help spur awareness and skill-building about teen pregnancy prevention, the United Way of Greater Milwaukee and Waukesha County embarked a collaborative, multisector educational and public awareness campaign aimed at teens and parents. Based

on the premise that teen pregnancy affects the entire community, the organization's Teen Pregnancy Prevention Initiative convened partners to create and distribute toolkits to help parents and children engage in sensitive conversations about delaying sexual activity. Standardized health education curricula for classroom use was developed to train nearly 900 teachers, while regularly updated multimedia campaigns, seen at highly visible bus shelters and store windows and on social media platforms, depicted the harsh realities of teen pregnancy.

The multipronged effort saw early and sustained reductions in teen pregnancy rates among its targeted 15- to 17-year-old group, with pregnancy rates falling by 15 percent (to 44 births per 1,000) between 2006 and 2009, according to a 2011 progress report.⁵⁶ Based on its results, the initiative has updated its goals to reduce teen births to 11 births per 1,000 by 2023. The ambitious goals set by the community participants, the level of partnership, and use of evidence-based programs have all contributed to the initiative's success—according to National Campaign to Prevent Teen and Unplanned Pregnancy,⁵⁶ which has recognized Milwaukee for its efforts.

Summary of Milwaukee's Efforts to Build a Culture of Health

Based on the [Culture of Health Action Framework](#) used to guide Sentinel community data collection and monitoring in Milwaukee, it appears that the city is committed to building a Culture of Health that benefits all residents, with targeted attention devoted to the needs of its historically underserved black population. Milwaukee's large and generous philanthropic community, integrated health systems, and neighborhood-based agencies share a commitment to working with residents to better understand barriers that inhibit progress and how to overcome them. The city has made notable progress in the action areas of *Strengthening the Integration of Health Services and Systems* and *Fostering Cross-Sector Collaboration* as partnerships work collectively to fill holes in the safety net and rebuild neighborhoods in cooperation with anchor partners that have a vested interest in long-term success.

Through its community outreach and engagement on trauma-informed care, infant mortality, and teen pregnancy, Milwaukee continues to build on a strong foundation in which the benefits of *Making Health a Shared Value* are realized by residents whose well-being has been impaired by trauma, violence, and a lack of targeted engagement. In this area, health providers, law enforcement, schools, faith-based organizations, and other community partners are beginning to work cooperatively to advance progress. Significant progress in this Action Area has been realized through collaborative efforts to reduce rates of teen pregnancy, which were among the highest in the nation just a decade ago and are strongly correlated with high poverty levels. At the same time, the city's legacy of racial and economic discrimination has

FACILITATORS TO A CULTURE OF HEALTH

Recognition of a legacy of discrimination. Milwaukee's civic, health, police, and philanthropic communities have publicly acknowledged the toll that decades of racial and economic segregation have taken on its black community. Stakeholders are working to advance the goals of a cross-sector initiative that acknowledges the destructive role that trauma has played in residents' lives and its contribution to present-day rates of violence. Although these efforts are new and their impact cannot yet be determined, the widespread acknowledgement of historic trauma and its impacts on residents' well-being may prove to be an important benchmark in promoting healing and shared community progress.

Responsiveness to community input by anchor institutions. Previous efforts to improve the conditions of distressed neighborhoods may have been well intentioned, but initiatives did not typically reflect residents' priorities or build sufficient capacity to be sustained. Recent efforts to build capacity in Milwaukee's low-income communities have been guided by residents' input on their priorities, further refined based on data, and strengthened by the presence of local anchor institutions committed to seeing initiatives succeed.

Philanthropic sector shaped by deep roots in community. The changing national economy of the late 20th century reduced the size of Milwaukee's once-prosperous manufacturing and industrial sectors but retained the commitment of the city's philanthropic community. In addition to Milwaukee-based philanthropies such as the Zilber Family Foundation, the Kohl Educational Foundation, Bader Philanthropies, and others, the Greater Milwaukee Foundation reports that its donors contributed more than \$95 million in 2017 in support of nonprofits and grants for community development, education, human services, and health.⁵⁸

Cooperative approach of health care organizations. Despite the financial stress of serving a large uninsured and underinsured population without the funding cushion of the ACA's Medicaid expansion, Milwaukee's health care organizations have a strong track record in working together to better understand the community's specific health needs and expand services accordingly. Led by the MHCP, the city's large health infrastructure has expanded enrollment for uninsured adults, shifted patients from costly EDs to primary care clinics, and increased the capacity of FQHCs.

Localized data help target resources. Research findings from academic and health organizations have yielded targeted data and insights into Milwaukee's most pressing health needs, helping stakeholders use resources more effectively. Reports from Milwaukee's Center for Urban Population Health identified the connection between low socioeconomic status and the most acute health care needs in 10 of the city's contiguous zip codes.

fostered lingering levels of mistrust that are not quickly remedied. Efforts to build a sense of community that embraces all residents, however well-intentioned, may be hampered by these longstanding dynamics.

Acknowledging the fiscal and policy constraints imposed by the county and state and the deep-seated challenges of a slowly transitioning Rust Belt economy, the city of Milwaukee continues to work steadily on improving the health and well-being of all residents. Bold, forward-thinking efforts, such as its new Blueprint for Peace, aim to address the epidemic of violence in Milwaukee's communities. These efforts are using public health and trauma-informed interventions in cooperation with residents; youth groups; schools; law enforcement; health providers; and other stakeholders. At the same time, Milwaukee's health care community continues to fund innovative and established ways to expand coverage and improve care coordination. Funders are

BARRIERS TO A CULTURE OF HEALTH

Differing visions for health across government. Milwaukee struggles to close its wide gaps in health and well-being amid a fragmented public health infrastructure and policy differences between the city and the state. The city's health department is one of a dozen such offices serving Milwaukee County, although the city has about two-thirds of the county's population. The city and health partners took part in ambitious efforts to enroll uninsured residents in the federal insurance marketplace, efforts that were made more challenging by the state's decision to not expand Medicaid under the ACA.

County government holds sway over services affecting city residents. Services carried out under the auspices of the Milwaukee County Executive, such as child welfare, criminal justice, and behavioral health, largely affect residents of the city. Some respondents identified racial disparities in jury composition, in which white county residents determine verdicts for black city residents. In response to these and related concerns, the county executive in 2017 created a new Office of African American Affairs.⁵⁹

Constrained funding limits health programs. Milwaukee's mayor and Wisconsin's governor hold sharply differing views on policies and mechanisms to expand health care coverage under the ACA, forcing the city's health care sector to fill gaps in the safety net. Wisconsin's prohibition on Milwaukee's ability to raise revenues constrains the city's ability to use tax revenue to fund ambitious new public health interventions. For example, the city received additional funding from a philanthropic organization to implement its Ceasefire program, part of a major anti-violence campaign.

Interventions need sustained focus. Several respondents noted a tendency among the city, business, and philanthropic groups to "chase the shiny object" by pursuing the latest trend in policy or advocacy circles. This tendency can inhibit long-term collaboration, as partners leave initiatives that are currently underway in favor of new, potentially more promising approaches. Despite a recognition of the benefits of the newer collective impact initiatives, several respondents noted that Milwaukee needs stronger commitments to sustaining its current initiatives.

partnering increasingly with neighborhood-based anchor entities to build capacity that promotes greater trust and sustained attention to community concerns.

Although these indications of progress are encouraging, Milwaukee faces limits to its goals of improving health and well-being throughout a city that is sharply divided by race and income. Outreach efforts by MHCP and other groups to enroll uninsured adults in BadgerCare have seen modest success, but policy changes⁵⁷ to the state's Medicaid program aimed to reward employment and healthy lifestyles could slow ongoing enrollment efforts. And although it is a known factor, the city's revenue-raising limits require a fiscally conservative approach to implementing ambitious new programs, including its Blueprint for Peace.

Despite constraints, Milwaukee's strong health care sector, generous philanthropic groups, and civic and business partners continue to work

together toward building a stronger and more equitable community. Although portions of Milwaukee, particularly its downtown area, are seeing the economic and quality-of-life benefits of this sustained effort, other neighborhoods remain mired in violence, inadequate employment and transportation, and poor health outcomes. Reconciling how to effectively manage these multiple objectives within the city's fiscal limitations will require skilled political leadership, committed cross-sectoral partners, and engaged residents who feel that their voices will be heard.

To that end, it will be important to understand the progress of the Blueprint for Peace, a violence-reduction initiative targeted to neighborhoods with high levels of gun violence and trauma. City funding for the Blueprint's implementation is modest but has been enhanced by local philanthropies. In addition to funding challenges, a recent leadership change at the city's police department could influence the implementation of the initiative. Other important issues to monitor are the ongoing work in reducing infant mortality rates; sustaining progress in lowered teen pregnancy rates; and understanding the impact of multiple, and currently overlapping, efforts to improve economic and social well-being.

As Milwaukee works to expand economic opportunities, its location on Lake Michigan as a potential engine of future economic growth will be an issue to examine in greater detail. Although job growth in recent decades has been concentrated in Milwaukee's suburbs, the development of the downtown and the Near West Side could produce new opportunities for residents unable to find employment because of a lack of public transportation. Future monitoring of this trend might track the extent to which job training begins to correspond more closely with job availability, especially for the city's underserved black population.

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