



Milwaukee County

# Community Health Needs Assessment 2021

MILWAUKEE HEALTH CARE  
PARTNERSHIP

# From the Sponsors

**A**s health care providers, we know that health is more than what happens in the doctor's office or hospital. It is estimated that clinical care accounts for only about 20% of overall health. Where one lives, learns, and works has a much greater impact on length and quality of life, but not everyone lives in a place that affords them the opportunity to reach their full potential. Good health depends on access to things like affordable housing, quality schools, safe neighborhoods, and strong social and community connections. For groups that lack the opportunity for these essential supports, we see significant gaps in health outcomes.

This is also the case in Milwaukee County, where inequities today stem from a complex history of policies and practices that have resulted in hyper-segregation, prolonged poverty, and disinvestment in communities of color. Over time, racism and discrimination at multiple levels have driven deep-rooted barriers to health.

Despite historical and current challenges, communities in Milwaukee County are showing more resilience than ever before when it comes to improving health. Through the COVID-19 pandemic, we have seen increased collaboration and momentum to address health disparities in our community. Organizations and institutions of all sizes are working to address immediate needs as well as the root causes of racial and health inequity. Many have named racism as a public health crisis.

While we acknowledge there are limitations to the impact we can have on the community's health from within our hospital and clinic walls, we continue to work on expanding access to health care services, and remain committed to fostering improvement strategies that address the upstream causes of disease and health disparities. The findings from our shared Community Health Needs Assessment will help inform our health systems' specific and collective investments, programs, and partnerships. We hope it will also be used to guide efforts in the broader community to advance health and equity in Milwaukee County.

We all have a role to play in countering the systemic barriers to good health. Just as the causes of illness are many and inter-related, the same is true for the paths that lead to better health – for all us.



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# Introduction

Every three years, the health system members of the Milwaukee Health Care Partnership (*Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health*) conduct a collaborative Community Health Need Assessment (CHNA) in Milwaukee County. The CHNA serves as the foundation from which hospitals and local health departments develop their respective community health improvement strategies.

These findings are also intended to inform a broader audience — community health centers, government health agencies, public health departments, philanthropy, community-based organizations, and civic leaders — about the top health issues facing our community.



The 2021 Milwaukee County CHNA relies on three sources of information:

- **Community Health Survey** (*primary data*): an on-line survey conducted August – October 2021, with more than 8,600 Milwaukee County residents completing 50 questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social determinants of health, including racism and health equity.
- **Stakeholder Interviews and Focus Groups** (*primary data*): conducted by health system community benefit leaders with 103 individuals representing 93 organizations to identify the community's most pressing health issues and effective health improvement strategies. Forty-eight (48) key informants and 55 participants in four focus groups represented communities that include, but were not limited to: African American, Native American, Hispanic, Hmong, the elderly, youth, LGBTQ+, individuals with disabilities, and those living with mental illness and substance use disorders.
- **Health Compass Milwaukee** (*secondary data*): a dynamic website providing more than 300 of the most current health indicators for Milwaukee County at the county, municipal, zip code, and census tract levels (where available), as well as related demographic data such as race/ethnicity, education, income, and housing. [healthcompassmilwaukee.org](https://healthcompassmilwaukee.org)

This report along with additional 2021 Milwaukee County CHNA materials can be found on [Health Compass Milwaukee in the Local Reports section](#).

## ACKNOWLEDGEMENTS

The 2021 Milwaukee County CHNA was overseen by a 14-member workgroup representing the community benefit teams of Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health, with project management provided by the Milwaukee Health Care Partnership.



Conduent Healthy Communities Institute (HCI) provided primary data gathering, secondary data analysis, data synthesis, and report preparation for the 2021 CHNA. Conduent HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, visit [www.conduent.com/community-population-health](http://www.conduent.com/community-population-health).



The Center for Urban Population Health (CUPH) provided additional data analysis and participated as a member of the CHNA workgroup. CUPH seeks to advance population health research and education to improve the health of urban communities. Initiated in 2001, the Center is made up of faculty and staff from UW School of Medicine and Public Health, UW-Milwaukee, and Advocate Aurora Research Institute. Learn more about CUPH at [www.cuph.org](http://www.cuph.org).

## CONSIDERATIONS

The authors and sponsors of this report recognize that it relies on a limited number of key informants and available external data sources and focuses broadly on Milwaukee County. While every effort was made to conduct a comprehensive and current community health needs assessment, issues of high concern to specific individuals or communities within Milwaukee may not be fully represented.

## ABOUT CHARTS AND TABLES IN THIS REPORT

The **bar charts** in this report are color-coded to show comparisons between overall values (in grey) and statistically significant differences for subgroups. A legend for colors is as follows:

- **green** indicates significantly **better** than overall value
- **red** indicates significantly **worse** than overall value
- **blue** indicates **no** statistically **significant difference** than overall value. Some charts have data that are less statistically stable and may have subgroup values marked in blue when large confidence intervals are present relative to the overall value.

In the **community health survey tables**, percentages in **red** indicate significant difference from overall responses.

Other than Homicides and Non-fatal shooting data (pg 14) and Household Net Worth data (pg 25), all **secondary data** in this report are available at [healthcompassmilwaukee.org](http://healthcompassmilwaukee.org).

### HCI Scores in the Top Five Health Issues in Detail:

Conduent HCI's Data Scoring Tool was used to identify and rank pertinent secondary data as part of the CHNA analysis. Each health issue detailed in this report contains a table of indicators where HCI Scores are assigned. For those indicators, the Milwaukee County value was compared to a Wisconsin and/or national indicator. Each indicator was then given a score based on available comparison. These scores range from 0 to 3, where 0 indicates the best health outcomes and 3, the worst. According to this scale, indicators with an HCI Score of 1.5 or greater reflect a significant need.

Data cited in this CHNA reflect data available at the time of analysis and may have been updated prior to publication.

# Executive Summary

The 2021 Community Health Needs Assessment (CHNA) takes a comprehensive look at data collected in our community combined with numerous sources of individual and community health measures to paint a picture of the **key health issues** and **determinants of health** in Milwaukee County. The **top five health issues** identified in the CHNA are:

- **Mental Health**
- **Violence**
- **Drug Use and Overdose**
- **Alcohol Misuse and Abuse**
- **Access to Health Care Services**



The assessment also identified additional **health issues of concern**:

- **Maternal, fetal, and infant health**, particularly infant mortality
- **Infectious disease**, including COVID, HIV, and sexually transmitted infections
- **Chronic disease**, such as diabetes, heart disease, and asthma

The CHNA employed an **equity lens** to identify disparities in each of these issue areas which yielded a focus on **four priority populations** with unique health needs — prioritizing their health will be essential for improving the health of Milwaukee County as a whole. They are:

- **Black/African American**
- **Hispanic/Latino**
- **Children and Youth** (< 18 years old),
- **Older Adults/Elderly** (> 65 years old)

Further employing an equity lens, the assessment surfaced significant findings related to ‘upstream’ factors, also known as **determinants of health**, from both community input (primary data) and publicly reported health indicators (secondary data). Most profound, was the theme of **racism and discrimination**, which was elevated in the community health survey and community stakeholder discussions. Additionally, access to safe and affordable **housing** was identified by community stakeholders as the single most contributing factor – and strongest opportunity – for improving health for vulnerable populations.

# Disparities and Health Equity

## Definitions Matter

Health equity and health disparities are complex and closely connected, as are their root causes. This assessment derived language and context for these definitions from the Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute, and the American Public Health Association.

**Racism** affects opportunity and assigns value based on how a person looks. It unfairly advantages some individuals and communities and unfairly disadvantages others. Racism hurts the health of our nation by preventing some people from attaining their highest level of health. Racism can be intentional or not, and it impacts health in many ways; driving unfair treatment through policies, practices, and resource allocation. It is a fundamental cause of health disparities across numerous health issues.

**Determinants of health** reflect the many factors that contribute to an individual's overall health. In addition to health care and health behaviors, it is estimated that socioeconomic conditions and the physical environment represent 50% of an individual's opportunity for good health.

The determinants of health reflect a growing area of focus, research, and investment in areas like housing, education, community safety, and employment to help build healthier communities.

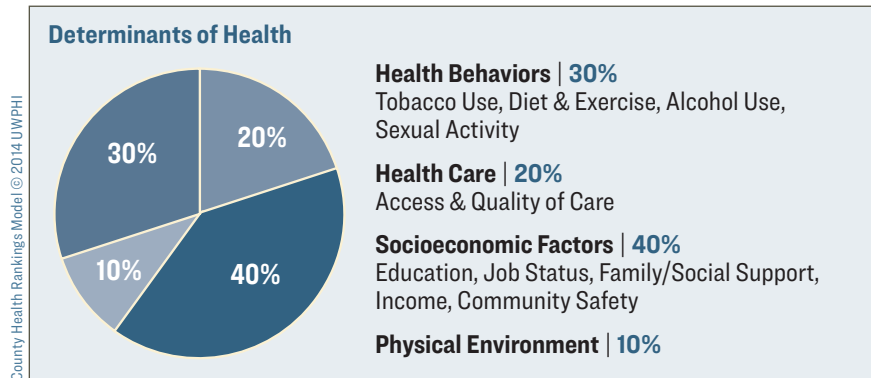
**Health disparities** are preventable differences in *health outcomes* (e.g. diabetes), as well as the *determinants of health* (e.g. access to affordable housing) across populations.

**Health equity** is the principle that opportunities for good health in vulnerable populations are achievable by eliminating systemic, avoidable, unfair, and unjust barriers. Progress towards achieving health equity can be measured by reducing gaps in health disparities.

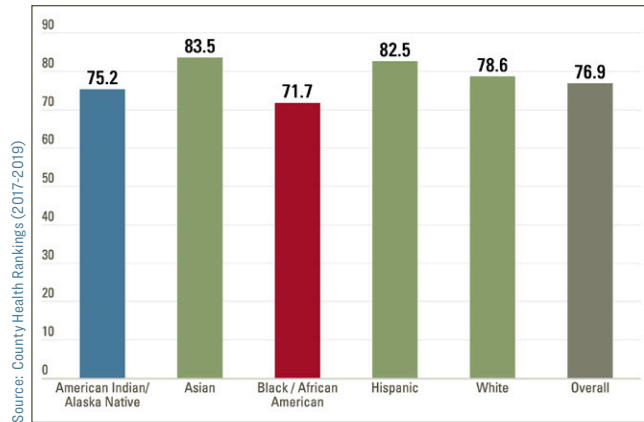
## Health Disparities

Identifying health disparities and barriers to good health are important components in assessing community health needs. Once identified, understanding upstream policies, systems, and social determinants that drive health disparities can help create practical, community-driven solutions that support individual and community health improvement. Analysis by race and place is utilized throughout this report.

National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes in communities of color, low-income populations, and for LGBTQ+ individuals. Health disparities in these and other vulnerable populations described in the CHNA are informed by both community input (primary data) and health indicators (secondary data).



### Life Expectancy by Race/Ethnicity // Milwaukee County



Source: County Health Rankings (2017-2019)

Life expectancy and premature death are two examples of disparate health indicators in the secondary data. Life expectancy is a projection of expected years of life to be lived, and premature death, as measured by years of potential life lost (YPLL),

places attention on deaths earlier in life that could have been prevented.

### Premature Death by Race/Ethnicity YEARS/ 100,000 POPULATION Milwaukee County

Race/Ethnicity	Years/100,000 Population
American Indian/Alaska Native	10,118.1
Asian	5,013.6
Black/African American	14,647.8
Hispanic/Latino	5,918.9
White	7,082.8
Overall	8,922.2

Source: County Health Rankings (2017-2019)

Overall life expectancy is 76.9 years for the general population, but when broken down by racial and ethnic groups, Blacks (71.7 years) and American Indian/Alaskan Native (75.2 years) live shorter lives than Whites (78.6 years). Premature death by YPLL shows a rate of life lost that is twice as severe for Blacks when compared to Whites.

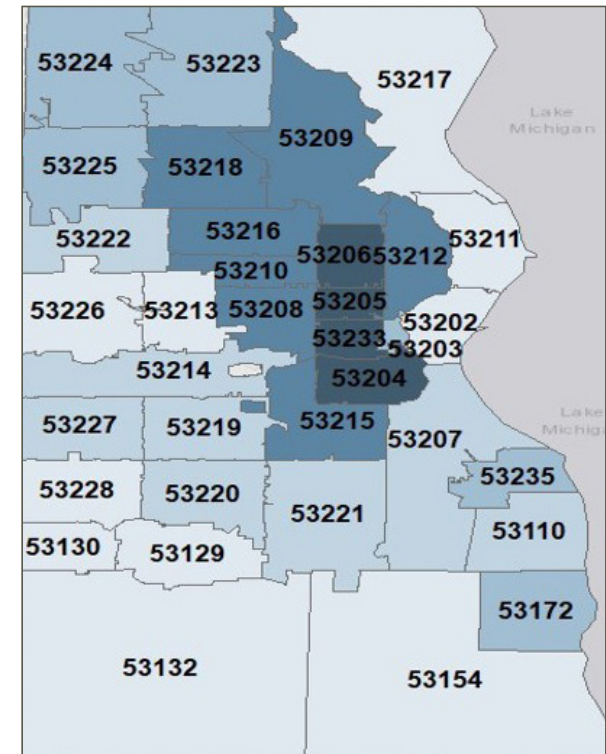
Community stakeholders (key informants and focus group participants) often noted that people of color (POC) are more negatively impacted by socioeconomic determinants that contribute to worse health outcomes. Additionally, older adults and children were the age groups that stakeholders identified as having more barriers to

accessing health care and services. This input helped frame the priority populations identified in the CHNA.

## Disparities by Place

Zip code-level analysis in the assessment shows significant gaps in health outcomes by geography. This pattern is pronounced in the city of Milwaukee, where place overlaps with race because of residential hyper-segregation. With a history of policies and practices of discrimination and disinvestment, the data from these neighborhoods demonstrate the connection between decreased social and economic opportunities and poor health.

### Health Equity Index Map by Zip Code



Developed by Conduent HCI, the Health Equity Index® (HEI), found on Health Compass Milwaukee, groups together indicators related to income, poverty, unemployment, occupation, education, and language. The HEI helps identify areas of high socioeconomic need that are correlated with poor health outcomes. In this map, zip codes are ranked based on their HEI value, resulting in eleven zip codes identified in the CHNA as having the highest health needs.

# Key Findings Summary

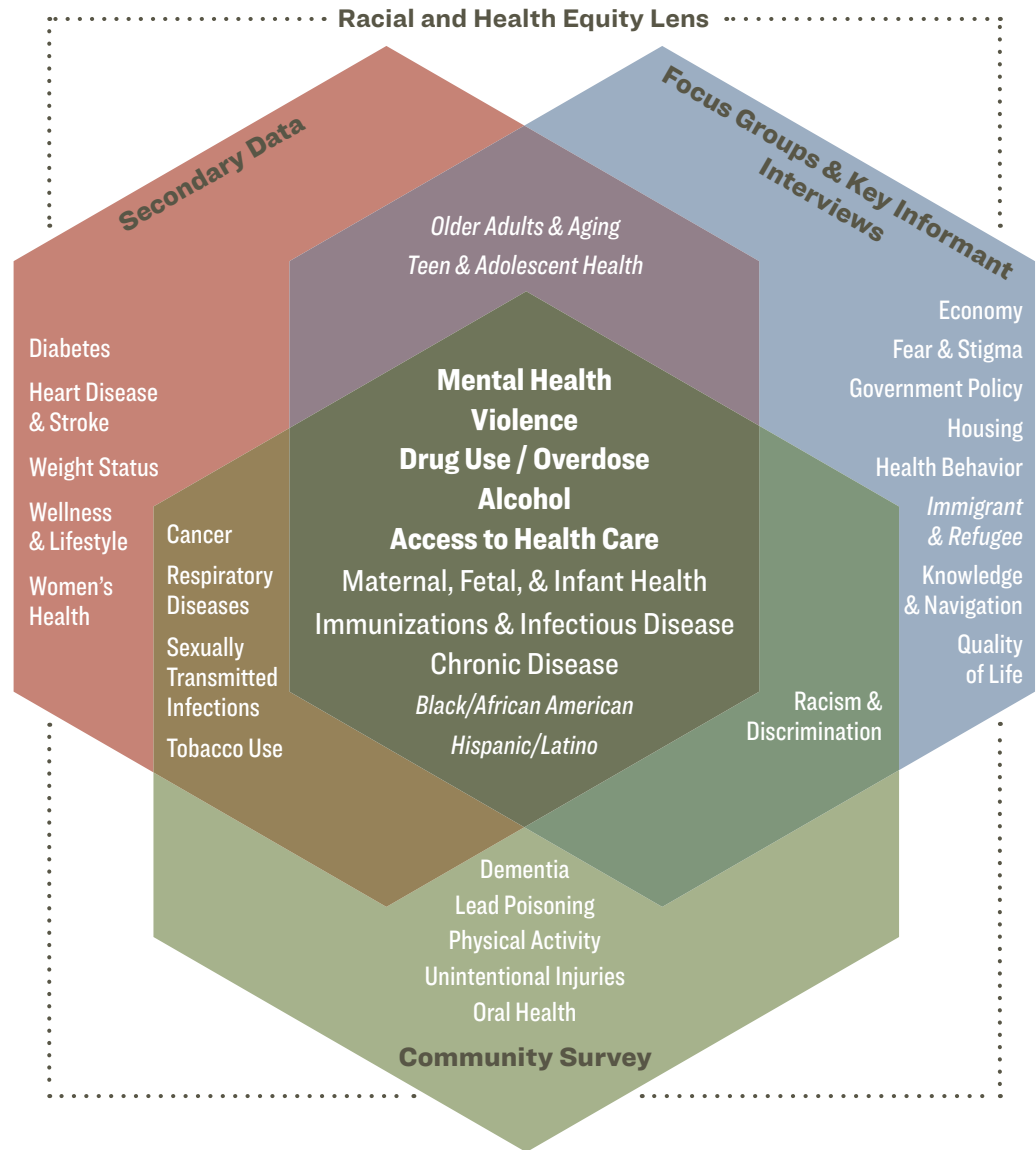
## Top Five Health Issues

This summary includes information synthesized from all data inputs. The analysis team used a variety of methodologies to analyze data and frame findings related to health issues, priority populations, and determinants of health.



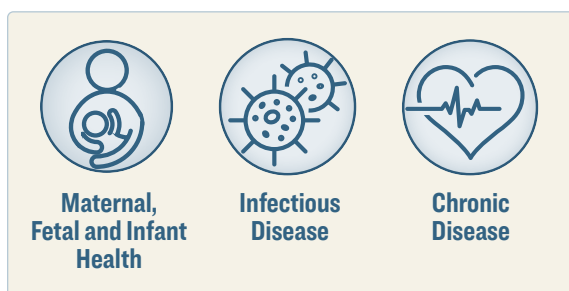
While multiple health issues and needs were elevated throughout primary and secondary data, the top five health issues are consistently present across all data inputs. A closer look at the primary data and secondary data for each of these five health issues is provided in this report beginning on page 10.

Intersections of Determinants, Populations and Health Issues by Data Source



## Issues of Concern

In addition to the top five health issues in 2021, other important areas of concern were identified in the assessment. Like the top five health issues, these are persistent and chronic issues facing the community that show significant health disparities by race and ethnicity.



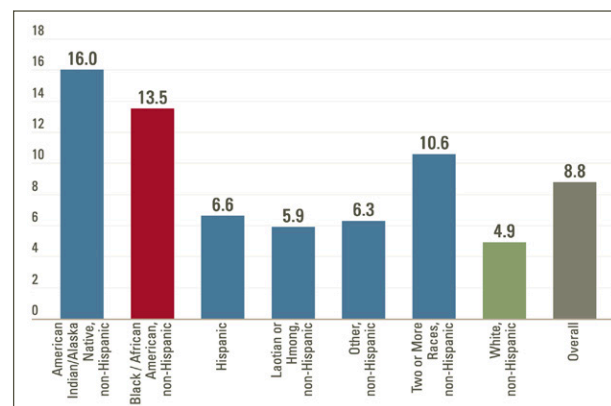
### MATERNAL, FETAL, AND INFANT HEALTH

Maternal, fetal, and infant health is a complex issue with sharp disparities facing the Black/African American community in particular. There are numerous secondary health indicators that speak to the severity of the issue, including:

- Babies with low birth weight
- Babies with very low birth weight
- Preterm births
- Preterm labor and delivery hospitalizations
- Infant mortality rate
- Mothers who received early prenatal care

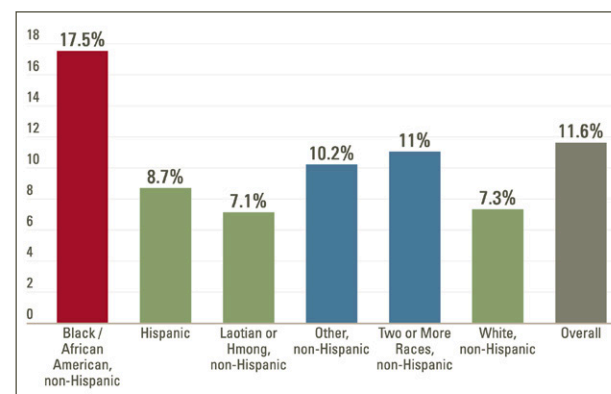
When analyzing low birth weight and infant mortality data, significant gaps are revealed between Black/African American babies and babies of other races and ethnicities.

### Infant Mortality // Milwaukee County DEATHS PER 1,000 LIVE BIRTHS



Source: Wisconsin Department of Health Services (2018-2020)

### Babies with Low Birth Weight // Milwaukee County



Source: Wisconsin Department of Health Services (2020)

Community input elevated the same concern related to infant mortality and the disparities that exist in African American communities. Stakeholders often linked the issue to access and utilization of prenatal care, infant care practices, and lack of trust in the health care system.

## INFECTIOUS DISEASE

Infectious disease was further spotlighted in 2021 due to the inclusion of COVID-19 as an immediate health issue. When asked about top health issues in their community, 38% of community health survey respondents named infectious disease as an issue, with a rate of 43% in the older adult population subgroup. Infectious disease indicators include immunizations and communicable diseases such as influenza, pneumonia, HIV, other sexually transmitted infections (STIs), and COVID-19.

Important secondary data health indicators for infectious disease include:

### Indicators: Health Compass Milwaukee CASES PER 100,000

Indicator	Milw County	WI
Chlamydia incidence rate (2020)	1129	449
Gonorrhea incidence rate (2019)	538	152
HIV prevalence rate (2019)	393	132
Syphilis incidence rate (2019)	11	3

- COVID-19 incidence rate
- Chlamydia incidence rate
- Gonorrhea incidence rate
- Syphilis incidence rate
- Age-adjusted ER rate due to immunization – preventable pneumonia and influenza
- Age-adjusted hospitalization rate due to immunization – preventable pneumonia and influenza

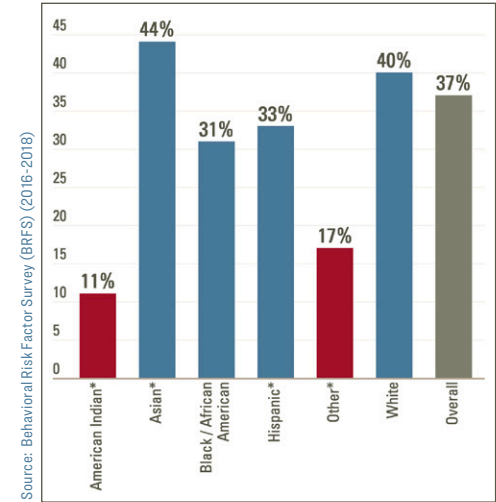
The flu vaccination data was captured prior to the pandemic and does not reflect vaccine hesitancy influenced by COVID-19.

### A Note about COVID-19

This 2021 community health survey asked about COVID vaccination status, but the convenience sample over represented groups with higher vaccine uptake..

When discussing COVID-19 vaccines, community stakeholders noted: a challenge with communicating and messaging to the community, spread of vaccine misinformation, delayed trauma and mental health challenges associated with the pandemic, and the need to focus on priority populations, such as the elderly and children and youth, for vaccine outreach and education.

### Adults Who Received Flu Vaccines Milwaukee County



\*Value may be statistically unstable and should be interpreted with caution.

## CHRONIC DISEASE

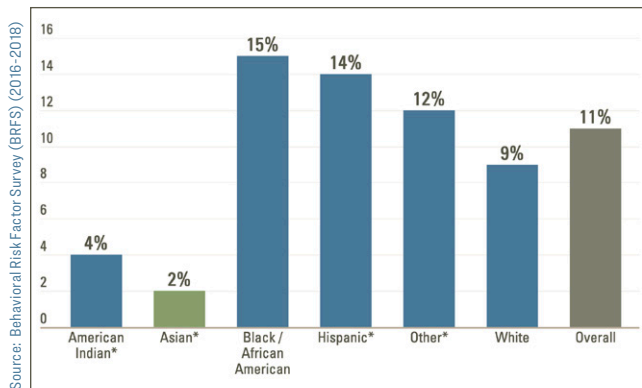
Chronic disease remains a consistent health issue in Milwaukee County. It includes health conditions such as diabetes, heart disease, obesity, and asthma. Chronic disease is related to health behaviors such as physical activity, exercise, and healthy eating and is shaped by environmental conditions and upstream determinants of health, including equitable access to healthy foods and clean and safe communities.

### Indicators: Health Compass Milwaukee

Indicator	Milw County
Adult obesity rate (2019)	38%
Adults with diabetes (2018)	11%
Adults 65+ with diabetes (2018)	26%
Adults with asthma (2019)	13%

When asked about top health issues in their community, 35% of survey respondents overall and 41% of Black/African American respondents named chronic disease as a health issue.

### Adults With Diabetes // Milwaukee County



\*Value may be statistically unstable and should be interpreted with caution.

Most chronic disease indicators trend higher in male populations except for asthma, which has a higher rate in females – nearly 15% versus 10% in males.

There are gaps by race and ethnicity across all chronic disease indicators. The comparison of adults with diabetes is one example.

## Priority Populations

The distinction of priority populations in the CHNA was intended to identify groups with the greatest health disparities and/or risk for poor health. This framework also serves to support population-specific health improvement planning, investments, and program development. This table shows each priority population and just one health indicator that reflects its unique health challenge.

Priority Population	Indicator
Black / African American	Blacks face twice the 'number of years of life lost,' compared to Whites.
Hispanic / Latino	70% of Latinos have health insurance, compared to a 95% coverage rate for Whites.
Children & Youth (< 18 years old)	Nearly 1 in 4 children live in poverty, a rate 3x more likely for Latinos and 4x more likely for Blacks, compared to Whites.
Older Adult / Elderly (> 65 years old)	Older adults face increased social isolation, more than 1 in 3 live alone.

**Technical Notes on Racial/Ethnic Groups** The capability to analyze and present data based on these priority populations relies on the data inputs available. We recognize that “race” and “ethnicity” are social categories, not biological ones. The majority of the CHNA’s secondary data relies on U.S. Census racial and ethnic categories that are not as detailed as current population dynamics in Milwaukee; and may sometimes be, but are not always, exclusive. The community health survey asked respondents to self-identify more detailed Hispanic ethnicities, but we also adhered to Census categories to align findings across sources.

A final comment regards the use of the term “people of color” (POC). The term has grown in usage as a way to distinguish racial and ethnic groups who do not identify as “white.” The term POC is also used in place of “racial minorities” because in certain locations, POC are no longer racial minorities, statistically speaking. This is true in hyper-segregated urban areas like Milwaukee.

# Top Health Issues In Detail

A closer look at the primary and secondary data for each of the top five health issues is provided in this section. They are presented in the order of how they ranked in the synthesis process. As previously noted, most secondary data used for this CHNA were collected from Health Compass Milwaukee, with Conduent HCI's Data Scoring Tool used to identify and rank pertinent findings.

When looking at the primary data, it is important to note that the top health issues remained consistent across community health survey respondents when broken down by subgroups, as seen in the table.

## COMMUNITY HEALTH SURVEY:

### Top Five Health Issues, Overall and by Subgroup

Top Five Issue Areas	County Overall n = 8616	Black/ African American n = 642	Hispanic/ Latino n = 463	High-Need Zip Codes (11) n = 1535	Households with Children n = 1145	Older Adult /Elderly n = 3450
Mental health	50.4%	51.1%	58.2%	49.5%	62.0%	37.4%
Violence *	35.1%	56.9%	27.4%	43.5%	35.2%	32.8%
Drug Use	34.8%	42.7%	37.7%	44.1%	36.3%	33.3%
Alcohol	30.7%	32.7%	36.6%	33.3%	30.4%	30.4%
Access **	19.4%	24.7%	29.5%	23.0%	27.0%	11.2%
<b>Issues of Concern</b>						
Infectious Disease ***	38.3%	29.6%	31.0%	30.2%	34.9%	43.3%
Chronic Disease	35.3%	40.7%	34.3%	34.9%	30.1%	38.7%

\* violence as the perception of crime in community

\*\* represents one of multiple access questions

\*\*\* primarily due to COVID-19



# Issue 1: Mental Health



**M**ental health includes our emotional, psychological, and social well-being and can be defined as a state of successful mental function resulting in productive activities,

fulfilling relationships, and the ability to adapt and cope with challenges. Mental health is essential to personal well-being, relationships, and the ability to contribute to society. Mental illnesses are conditions that impact one's thinking, feeling, behavior, and mood. The Centers for Disease Control and Prevention (CDC) notes that while poor mental health and mental illness are often used interchangeably, they are not the same.

Mental health and physical health are interconnected. An unmet mental health need can lead to further complications and increase future health care, social and economic costs. The burden of mental illness is among the highest of all diseases.

## COMMUNITY INPUT

PRIMARY DATA

- ▶ Mental health care, resources and available providers are disproportionate to community need
- ▶ Intersects most often with violence, community safety, and health care access

## HEALTH INDICATORS

SECONDARY DATA

- ▶ Poor mental health days
- ▶ Adult hospitalizations due to mental health
- ▶ Pediatric ER rate due to mental health
- ▶ Depression: Medicare population

## PRIMARY DATA

Mental health was addressed in the community health survey at both the individual level and community level. When respondents indicated they did not seek mental health services when needed, the survey sought reasons for the lack of utilization.

Focus group participants and key informants emphasized the impact of anxiety and stress that parents and families with children are experiencing because of COVID-19 and its effect on daily life. Social isolation was another common topic discussed during these conversations, specifically mentioning the impact on older adults and community members with different abilities. Separation from routines and social networks was cited as impacting mental health for these groups. Finally, stakeholders discussed the challenge of lack of access to mental health services, which aligns with survey findings. Cost, availability of appointments, system navigation, and knowledge about available services were all mentioned as barriers to care.

## COMMUNITY HEALTH SURVEY:

Reason for Not Seeking Mental Health Services	
Cost – too expensive/can't pay	38%
Wait is too long	24%
Office/service/program has limited access or is closed due to COVID-19	18%
Previous negative experience receiving care or services	18%
I did not know how treatment would work	17%
Hours of operation did not fit my schedule	14%
Lack of trust in health care services and/or providers	14%
Insurance not accepted	14%
I worried that others would judge me	13%

## SECONDARY DATA

Based on the secondary data scoring results, Mental Health & Mental Disorders was identified as a top health issue in Milwaukee County.

### Mental Health and Mental Disorders

HCI Score	Indicators: Health Compass Milwaukee	Milw. County	WI
3.00	<b>Depression: Medicare Population (2018)</b>	21%	18.3%
2.21	<b>Poor Mental Health: 14+ Days in Past Month (2019)</b>	14.4%	13.6%*
2.03	<b>Age-Adjusted ER Rate due to Adult Mental Health (2018-2020)</b> ER visits / 10,000 population 18+ years	129.4 <i>88.7</i>	72.1
2.03	<b>Age-Adjusted ER Rate due to Adult Suicide or Intentional Self-inflicted Injury (2017-2019)</b> ER visits / 10,000 population 18+ years	57.1 <i>39.3</i>	46.6
2.03	<b>Age-Adjusted ER Rate due to Pediatric Mental Health (2017-2019)</b> ER visits / 10,000 population <18 years	67.9 <i>48.1</i>	38.6
2.03	<b>Age-Adjusted Hospitalizations Rate due to Adult Mental Health (2017-2019)</b> Hospitalizations / 10,000 population 18+ years	83.4 <i>57.8</i>	53.5

Note: Milwaukee County rates in italics represent the previous reporting period for comparison \*U.S. value

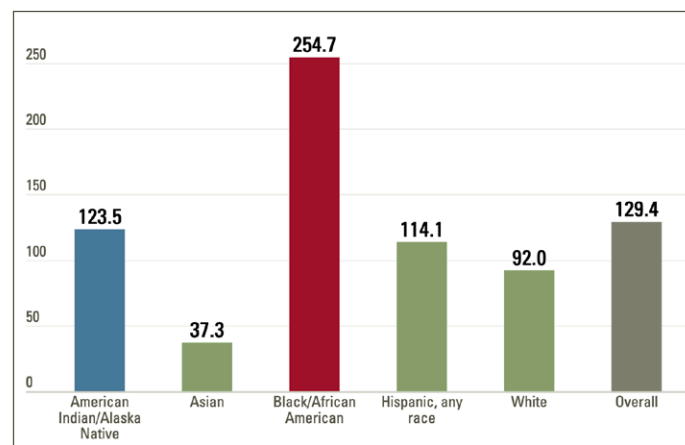
Like depression in the Medicare population, rates of Alzheimer’s disease, the most common form of dementia, have also been increasing in recent years for Milwaukee County residents – with rates higher than both Wisconsin and U.S. counties.

Mental health indicators were also identified as having a high racial disparity. Black/African American and American Indian/Alaskan Native adults have the highest rates of ER visits due to adult mental health issues, with Black/African American

adults seeing the largest increase over time periods.

Often, hospitalizations and ER visits due to mental health can be prevented by appropriate access to mental health and behavioral health care services, including prevention and early intervention services. Access to appropriate mental health services is especially important for communities experiencing greater burden of chronic stress due to institutional factors, such as systemic racism and income inequality.

### Age-Adjusted ER Rate Due to Adult Mental Health by Race/Ethnicity ER VISITS PER 10,000 POPULATION 18+ YEARS // Milwaukee County



Source: WHA Information Center (2018-2020)

“*Mental health and mental conditions, like anxiety and depression, are top health issues... People are in crisis and end up in violent situations or the criminal justice system. Trauma alone has a huge impact on everything.*”

KEY INFORMANT

## Issue 2: Violence



### COMMUNITY INPUT

#### PRIMARY DATA

- ▶ Concentrated poverty is linked to concentrated violence in multiple forms
- ▶ Community safety issues, such as reckless driving were often mentioned by stakeholders as violence issues

### HEALTH INDICATORS

#### SECONDARY DATA

- ▶ Violent crime rate
- ▶ Age-adjusted death rate due to unintentional injury
- ▶ Homicide rate
- ▶ Children in poverty rate by race and ethnicity

In 2021, violence was ranked as the second leading issue and is interconnected with all other top health issues. Many forms of violence can be difficult to capture in population level data, as violent acts may go unreported. Violence prevention and community safety was a top health issue identified from the community health survey, key informant interviews, and focus group participants.

Milwaukee's [Blueprint for Peace](#) makes a clear connection between violence and health.

*Violence – both interpersonal and structural – poses a serious threat to the health, safety, and well-being of Milwaukee residents. The injury, pain, and trauma that results from violence can severely impact the physical and mental well-being and sense of worth and safety of individuals and communities. For example, exposure to violence and lack of safety increases stress and anxiety, which are linked to higher rates of preterm births and low birthweight babies. Violence can also deter people from engaging in healthy behaviors such as exercise or outdoor play. Additionally, violence can result in premature death, high medical costs, and decreased productivity. Not only does violence affect health outcomes, it can deprive individuals and communities of opportunities and perpetuate historic and present day inequities.*

Further borrowing from the Blueprint, **interpersonal violence** takes many forms, including firearm violence, homicides, domestic and intimate partner violence, sexual violence, rape, human trafficking, aggravated assault, and child maltreatment and exploitation. **Community violence** is described as deliberate acts by individual(s) not intimately related to the victim and includes issues of public safety, such as carjacking and reckless driving. **Structural violence** can represent excessive use of force by government entities, harmful policies and practices, and other forms of oppression.

“*People don't realize they need help until it's at the crisis point. People normalize living in a crisis situation. Because it's so concentrated in neighborhoods, people see others with the same issues – they feel that it's normal. They take cues of what others in their community are doing.*”

KEY INFORMANT

### PRIMARY DATA

Community input to the CHNA elevated community safety themes such as reckless driving, civil unrest, and racial tension as well as violent crime and shootings. Survey data below show respondents' perception of violence-related issues and lack of economic opportunities as a root cause.

#### COMMUNITY HEALTH SURVEY:

#### Perceptions of Violence, Crime and Determinants, Overall and by Subgroup

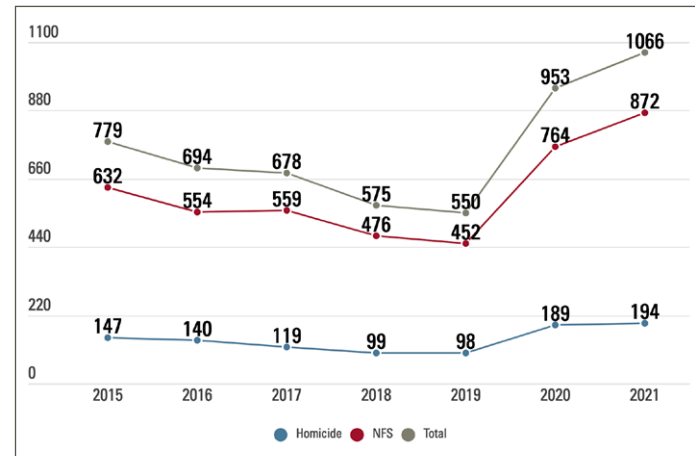
Perceptions	County Overall	Black/African American	Hispanic/Latino	High-need Zip Codes	Households with Children	Older Adult/Elderly
Crime is not a major issue in my neighborhood (Yes)	54.3%	33.9%	40.8%	29.5%	56.6%	55.6%
I feel safe in my neighborhood (No)	17.1%	41.7%	32.7%	42.0%	17.9%	14.9%
There is a feeling of trust in law enforcement in my community (No)	23.3%	57.8%	36.3%	47.6%	28.6%	15.7%
Well-paying jobs for 18+ (No / Don't know)	34.6%	54.2%	42.0%	47.3%	34.7%	30.7%
		23.1%	31.1%	24.4%	25.3%	33.4%
Available jobs for <18 (No / Don't know)	19.3%	39.2%	25.0%	32.9%	20.9%	18.6%
		33.9%	43.3%	34.4%	32.2%	44.5%

While Milwaukee County residents overall reported their neighborhoods relatively safe to live in, those who lived in high-need zip codes and respondents of color were less likely to report that their neighborhood is safe. This reflects the geographically concentrated nature of the problem and segregation of communities in Milwaukee.

### SECONDARY DATA

The secondary data provides information on key types of violence such as homicides, non-fatal shootings (NFS), and violent crime, as well as contributing socioeconomic factors.

#### Homicides and Non-Fatal Shootings Victim Frequency by Year City of Milwaukee



Data provided by Violence Response Public Health and Safety Team (VR-PHAST) 2021 Incident Report, Medical College of Wisconsin, Institute for Health and Equity

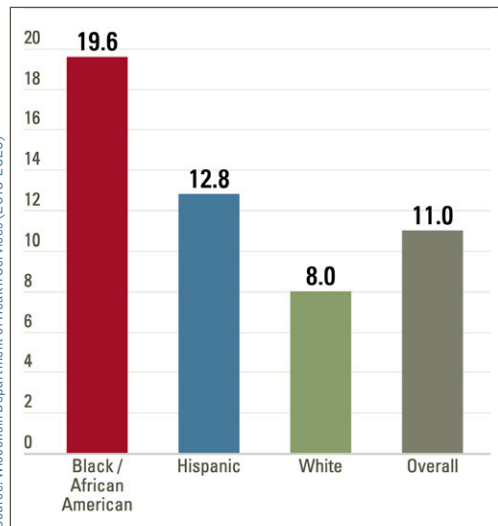
Source: Milwaukee Police Department, Non-Fatal Shooting and Homicide data

Given the tremendous array of publicly available crime data for Milwaukee County, Conduent HCI's data analysts instead looked to demographic indicators that have a strong correlation with populations affected by violence, which when pointing to economic factors and social isolation, may also suggest strategies for prevention.

### Violence and Key Determinants

HCI Score	Indicators: Health Compass Milwaukee	Milw County	WI
2.74	<b>Violent Crime Rate</b> (2014-2016) crime / 100,000 population	1019.7	298.1
2.71	<b>Homeownership</b> (2015-2019)	45.1	58.7
2.44	<b>Median Monthly Owner Costs for Households without a Mortgage</b> (2015-2018)	\$624	\$553
2.41	<b>Social Associations</b> (2018)	8.6	11.5
2.12	<b>Children Living Below Poverty Level</b> (2015-2018)	27.5%	14.9%

### Age-Adjusted Death Rate Due to Motor Vehicle Collisions by Race/Ethnicity DEATHS / 100,000 POPULATION Milwaukee County



Source: Wisconsin Department of Health Services (2018-2020)

Community stakeholders often mentioned issues of community safety when talking about violence. The age-adjusted death rate due to motor vehicle collisions has been increasing significantly for Milwaukee County. This indicator was flagged as having a high disparity and has increased over the last four time periods of data collection. Death rates are much higher for Black/African American populations than for White, Asian, and Hispanic groups.



## Issue 3: Drug Use & Overdose



The 2021 CHNA drives the importance of drug use and alcohol abuse as separate issues given the severity and prominence of each issue in the data sources. Although alcohol and tobacco are substances, they are not included in this section, as those issues are typically reported separately in state and local data sets.

The previous issues of mental health and violence prevention are interrelated with both forms of substance use and include overlapping indicators. When an individual uses a substance frequently that impairs all or a portion of their life, this is known as a substance use disorder or substance abuse.

### COMMUNITY INPUT

#### PRIMARY DATA

- ▶ Drug use and abuse was linked to other issues such as crime, community safety, safe driving and sex trafficking
- ▶ An association was made with the lack of mental health professionals and access to timely treatment

### HEALTH INDICATORS

#### SECONDARY DATA

- ▶ Age-adjusted death rate due to all drug overdose
- ▶ Age-adjusted death rate due to all opioid overdose
- ▶ ER rate due to opioid use (by age, race and ethnicity)

### PRIMARY DATA

In Milwaukee, drug use and drug overdose are issues that disproportionately affect young adults. Community stakeholders raised concerns related to access to care and treatment resources. Crime, trauma, and access barriers exacerbated by the COVID-19 pandemic were common topics of discussion.

“*Drug use is everywhere. It has touched every neighborhood in my community. It is so easy to get opiates and street drugs, and they are increasingly tainted with fentanyl and other dangerous substances. We need to ramp up our efforts in prevention as well access to treatment – but it will take everyone working together. Families need more resources to know what to do.*”

PUBLIC HEALTH OFFICER



## SECONDARY DATA

These secondary data scoring results characterize drug use-related indicators that identify it as a top health issue, with drug poisoning and overdose scoring particularly high.

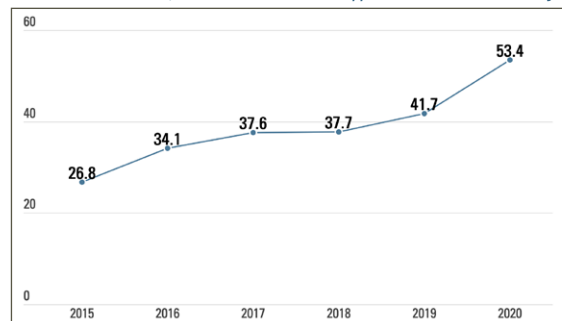
### Drug Use and Overdose

HCI Score	Indicators: Health Compass Milwaukee	Milw County	WI
3.00	<b>Death Rate due to Drug Poisoning</b> (2017-2019) deaths / 100,000 population	39.1	19.8
2.47	<b>Age -Adjusted Death Rate due to all Drug Overdose</b> (2020) deaths / 100,000 population	53.4 <i>41.7</i>	27.2
2.03	<b>Age -Adjusted Drug and Opioid-Involved Overdose Death Rate</b> (2020) deaths / 100,000 population	45.5 <i>34.0</i>	22.4
2.03	<b>Age -Adjusted ER Rate due to Opioid Use</b> (2018-2020) ER visits/ 10,000 population 18+ years	10.2 <i>7.7</i>	5.4
2.03	<b>Age -Adjusted ER Rate due to Substance Use</b> (2018-2020) ER visits / 10,000 population 18+ years	42.2 <i>29.7</i>	20.9

Note: Milwaukee County rates in italics represent the previous reporting period for comparison

### Drug Overdose Trend

DEATHS PER 100,000 POPULATION // Milwaukee County

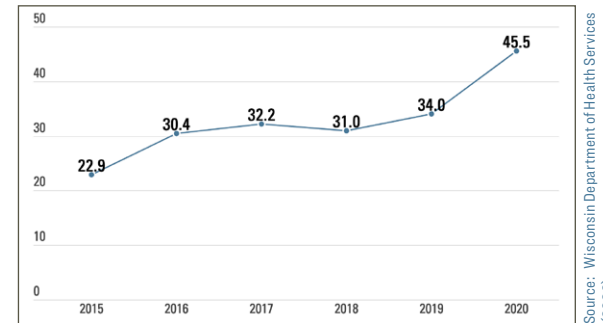


Source: Wisconsin Department of Health Services (2020)

Milwaukee County's death rate due to drug poisoning is among the worst in Wisconsin and U.S. counties. Both age-adjusted death rate due to all drug overdoses and death rate due to drug poisonings have increased significantly over time. Additionally, Milwaukee County has the worst rates for age-adjusted ER and hospitalization due to alcohol, opioid, and substance use in the state.

### Opioid Overdose Trend

DEATHS PER 100,000 POPULATION // Milwaukee County

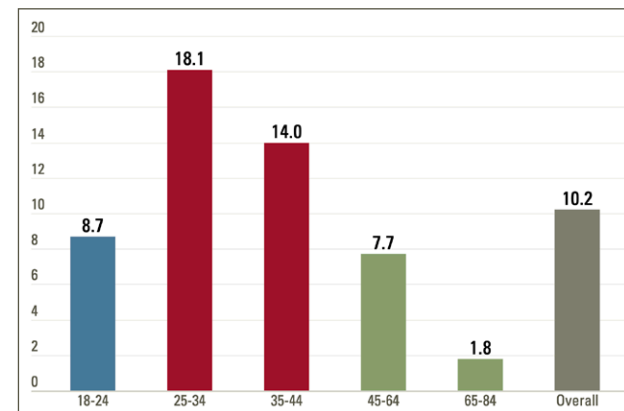


Source: Wisconsin Department of Health Services (2020)

These indicators are consistently trending upward when looking at 2018 through 2020 data. While this issue affects individuals and families across racial and ethnic groups and socioeconomic status, it is particularly burdening young adults.

### Opioid Use By Age

ER VISITS PER 10,000 POPULATION // Milwaukee County



Source: WHA Information Center (2018-2020)

Please note that crude age group rates are being compared to the overall age-adjusted value.

## Issue 4: Alcohol Misuse and Abuse



**M**ilwaukee County has consistently faced alcohol misuse and abuse as a profound health issue with excessive alcohol consumption having dire impacts on families, communities, and the economy. Excessive alcohol consumption is a problematic health behavior in Milwaukee and across the state, driven by cultural practices across most age groups. It includes binge drinking, heavy drinking, and any alcohol consumption by youth under age 21, or by pregnant women.

Binge drinking is defined as five or more drinks for males and four or more drinks for females on an occasion. At a zip code level, almost all Milwaukee County zip codes rank in the bottom 25% nationwide for binge drinking.

### PRIMARY DATA

Binge drinking was addressed in the community health survey by asking respondents if they binge drink either daily, weekly, or monthly. Nearly 23% of respondents named that they binge drink, which is in line with secondary data trends in Milwaukee.

### COMMUNITY INPUT

PRIMARY DATA

- ▶ Alcohol abuse and misuse elevated as important issue across groups to include underage drinking, binge drinking and DWI's
- ▶ Alcohol consumption – particularly binge drinking promoted by Wisconsin culture and across age groups

### HEALTH INDICATORS

SECONDARY DATA

- ▶ Adults who binge drink
- ▶ Binge drinking by geography
- ▶ ER rate due to alcohol use by age

### SECONDARY DATA

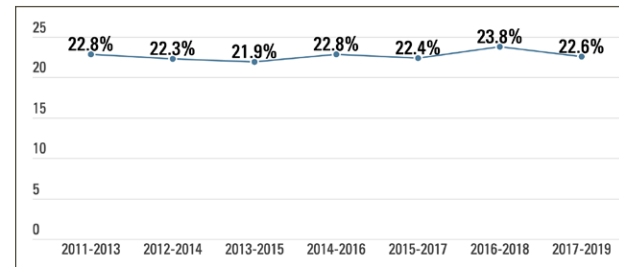
Secondary data can help us understand this issue when it intersects with health care. Milwaukee County has higher age-adjusted ER and hospitalization rates due to alcohol compared with Wisconsin overall.

#### Alcohol Misuse and Abuse

HCI Score	Indicators: Health Compass Milwaukee	Milw County	WI
2.47	<b>Age - Adjusted ER Rate due to Adult Alcohol Use (2018-2020)</b> ER visits / 10,000 population	76.8 <i>52.6</i>	43.5
2.03	<b>Age - Adjusted Hospitalization Rate due to Adult Alcohol Use (2018-2020)</b> hospitalizations / 10,000 population	37.0 <i>24.4</i>	24.6

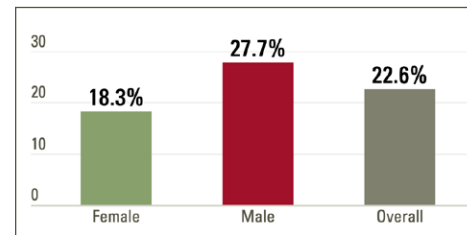
Note: Milwaukee County rates in italics represent the previous reporting period for comparison

#### Adults Who Binge Drink



Source: Wisconsin Department of Health Services (2017-2020)

#### Binge Drinking by Gender

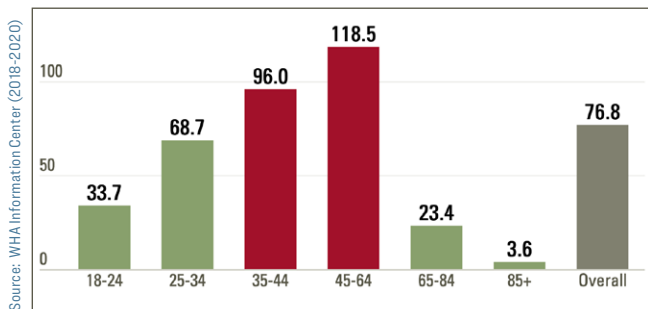


Source: Wisconsin Department of Health Services (2017-2019)

When looking at ER Rate due to alcohol abuse by age groups in Milwaukee, those residents in the 45-64 age groups have the highest rate, followed by those aged 35-44. This suggests that pervasive nature of the binge drinking and alcohol abuse across age groups and geographies.

### ER Rate due to Alcohol Abuse by Age

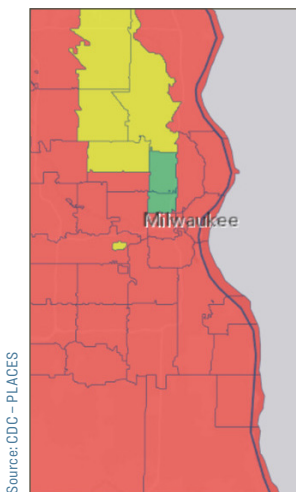
ER VISITS / 10,000 POPULATION // Milwaukee County



Please note that crude age group rates are being compared to the overall age-adjusted value.

Source: WHA Information Center (2018-2020)

### Adults who Binge Drink



Source: CDC - PLACES

This map shows distribution of binge drinking by zip codes in Milwaukee County relative to all zip codes in the U.S. Red zip codes indicate those that are **in the bottom 25% nationwide**, or worst quartile. Almost all of the county regardless of location — whether city or suburbs — ranks high for binge drinking.

Alcohol misuse and abuse is not only linked to adverse health effects but negative economic consequences across communities. According to a 2019 UW-Madison study, binge drinking has an annual economic cost of \$594.3 million in Milwaukee County – a cost that is shouldered by health care, criminal justice, and through lost productivity in other sectors. Addressing alcohol misuse and abuse will have a positive impact on health as well as the local economy.

“*Treatment alone will not solve this problem. We have to work upstream to change our culture of drinking. Alcohol has become a part of everyday behavior, social or not, with binge drinking often seen as permissible behavior across our community and state. I see the results of intoxication every day - injuries of every sort - falls, car crashes, and too many innocent victims to mention.*”

ER PHYSICIAN



## Issue 5: Access to Health Care



**A**ccess to health care services was a top health issue identified from the community survey, key informants, and the safety net clinic focus group. Cost of care was a common barrier mentioned, including general cost to access care, lack of funds for purchasing needed medication, as well as being uninsured or underinsured.

### COMMUNITY INPUT

PRIMARY DATA

- ▶ Cost of care and provider shortages are main barriers
- ▶ Need to build trust and have providers that look like the populations they serve
- ▶ Need to improve health literacy and numeracy
- ▶ Lack of funds needed for medications

### HEALTH INDICATORS

SECONDARY DATA

- ▶ Adults with health insurance by race/ethnicity
- ▶ Routine check-up within the past year
- ▶ Adults with flu vaccination by race/ethnicity

Mental health, drug use, and alcohol abuse all intersect with health care access and can have a significant impact on hospitalizations and ER visits, as well as health outcomes.

### PRIMARY DATA

Delays in care (especially for routine care / chronic disease management) due to COVID-19 were also specifically mentioned by community stakeholders. The need for improved and increased culturally competent health care services, offered in languages that are spoken in the community, were frequently expressed themes.

**“***I wish everyone knew how important it is to have a ‘medical home.’ Affordable and accessible primary care is the gateway to chronic disease management, early pre-natal care, behavioral health services, medications and so much more. There are excellent safety net clinics in our community where cost is not a barrier. For example, we work with patients to get affordable medications, which is so important for people with chronic conditions. We just need to make sure they know we’re here.”*

COMMUNITY HEALTH CENTER EXECUTIVE

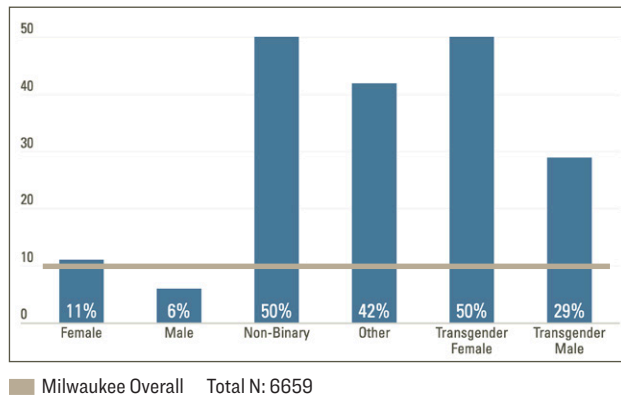
### COMMUNITY HEALTH SURVEY: Perceptions of Community Health Care Access

Perceptions	County Overall	Black/ African American	Hispanic/ Latino	High-need Zip Codes	Households with Children	Older Adult /Elderly
There are <i>quality</i> health care services in my community (No, Don't know)	4.8%	16.1%	12.0%	10.9%	8.2%	2.1%
	7.0%	13.3%	13.9%	12.8%	7.5%	5.4%
There are <i>affordable</i> health care services in my community (No, Don't know)	19.4%	24.7%	29.5%	23.0%	27.0%	11.2%
	29.3%	29.9%	29.9%	30.5%	25.2%	30.3%
Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc. (No, Don't know)	12.1%	16.0%	17.2%	17.5%	14.8%	8.3%
	34.9%	31.8%	34.7%	36.0%	33.2%	36.2%

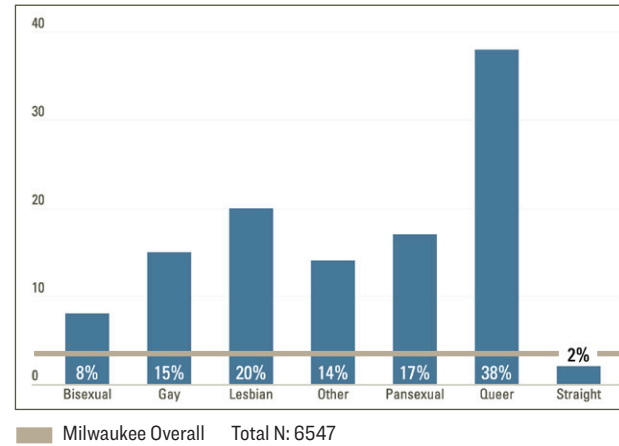
Community stakeholders expressed the following as barriers to accessing health care services: immigration status, lack of health care coverage, language barriers, and socioeconomic status. Many expressed concerns that there is insufficient understanding among residents about how to access health care more effectively. The cost of health care services was frequently cited by key informants as a barrier to care - particularly the cost of medications.

In addition to language barriers among medical personnel, stakeholders noted a lack of training around evidence-based medicine when treating people of a certain color, ethnicity, and gender and/or sexual identity. These tables show community health survey responses regarding health care access by gender and sexual orientation.

**COMMUNITY HEALTH SURVEY:  
I feel I am treated differently because of my gender when receiving health care**



**COMMUNITY HEALTH SURVEY:  
I feel I am treated differently because of my sexual orientation when receiving health care**



### Access to Health Care and Quality

HCI Score	Indicators: Health Compass Milwaukee	Milw County
2.00	No Recent Dental Visit (2017)	29%
1.94	Adults with Doctor or Nurse Practitioner as Primary Health Care (2018)	62%
1.94	Women who Received a Pap Smear within 3 Years (2015)	81%
1.91	Adults Who Have Ever Been Told They Have a Depressive Disorder (2016-2019)	22.2%
1.91	Adults with Diabetes (2016-2018)	10.6%
1.76	Clinical Care Ranking among 72 Wisconsin Counties (2021)	58

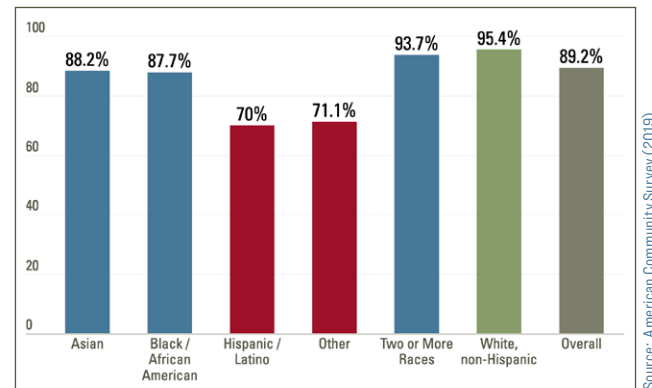
### SECONDARY DATA

Based on the secondary data scoring results, access to health care was identified as a lower priority need. However, further analysis revealed specific indicators related to access.

Milwaukee County falls behind Wisconsin and other counties for adults without health insurance, no recent dental visits, and clinical care ranking (for access and quality as reported in the County Health Rankings). Additionally, many of these indicators are seeing significantly worsening trends. The percent of adults with diabetes has significantly increased over recent years, while adults who see a doctor or nurse practitioner for primary health care and women who have received a pap smear within 3 years are decreasing significantly over time.

Adequate and affordable health insurance coverage is important for health care access and improving the health of individuals and our community. In Milwaukee, significant gaps exist in coverage between racial/ethnic groups.

### Health Insurance Coverage by Race // Milwaukee County



# Key Determinants of Health

All health issues identified in the CHNA, when viewed through an equity lens, reveal stark gaps in health outcomes and a strong connection to determinants of health. The key determinants that factored most prominently in both primary and secondary data sources were racism / discrimination and housing.



## Racism and Discrimination and Health

### COMMUNITY HEALTH SURVEY: Perception of Reasons for Health Disparities

**Question:** On average, people of color (POC) in the U.S. have worse health outcomes compared to White people. Do you think any of the following are reasons for the difference?

Major Reason	County Overall	Black/African American	Hispanic/Latino	High-need Zip Codes	Households with Children	Older Adult /Elderly
Historic gaps in wealth	63.5%	83.9%	67.9%	72.5%	63.9%	63.0%
Structural/systemic racism	57.1%	85.6%	65.0%	69.0%	63.3%	52.8%
POC have less access to quality education	45.0%	65.1%	57.9%	53.3%	50.3%	40.3%
POC have less career opportunities	42.1%	72.5%	53.8%	54.5%	45.6%	38.6%
POC have less access to quality housing	50.9%	75.8%	58.7%	60.3%	63.9%	48.0%
POC are more likely to be exposed to bad environmental conditions	50.1%	76.0%	53.4%	58.7%	50.8%	49.9%
Doctors are less likely to provide same care to POC	26.0%	56.8%	36.1%	37.5%	36.4%	15.5%
POC are less likely to have health care/insurance	49.9%	70.0%	54.2%	56.0%	51.8%	47.4%
POC have less opportunities for healthy activities/eating	28.6%	47.3%	34.6%	35.2%	33.3%	24.8%
POC are genetically less healthy than whites	7.7%	20.8%	15.2%	12.7%	9.4%	6.0%

Survey participants indicated that historical gaps in wealth and structural, or systemic racism are major reasons for people of color in the U.S. having worse health outcomes as compared to Whites. The previous table shows that people of color and those living in high-need zip codes report higher personal experience in all elements related to bias, racism, and access to wealth, education, and housing.

**COMMUNITY HEALTH SURVEY:**

**Life Challenges with Social and Economic Conditions**

**Question:** Thinking about your own life, do you feel that any of the following have been a challenge?

**Response:** “Yes”

Life challenge	County Overall	Black/ African American	Hispanic/ Latino	High-need Zip Codes	Households with Children	Older Adult /Elderly
Unconscious bias	34.1%	58.5%	52.6%	43.1%	38.7%	26.3%
Individual acts of racism/ discrimination	20.2%	56.0%	42.6%	32.2%	24.0%	15.3%
Structural or systemic racism	19.9%	63.8%	41.8%	33.4%	25.2%	15.4%
Limited access to wealth	20.2%	45.6%	35.0%	31.9%	23.7%	12.0%
Limited access to quality education	11.1%	31.1%	23.4%	19.6%	16.4%	6.4%
Limited access to career opportunities	20.4%	44.2%	37.6%	29.2%	26.8%	10.4%
Limited access to quality housing	13.1%	41.0%	26.1%	24.4%	15.4%	8.8%

## Housing and Health

Milwaukee is considered hyper-segregated, with one of the highest levels of Black-White segregation of any major metro area. Hyper-segregation aligns with higher concentrations of poverty and decreased access to health care.

Housing can be understood through the lenses of place, space, and economics. Where housing is located is closely linked to segregation, environmental conditions (pollutants, etc.), community safety, and access to transportation.

The space of a home, or the quality of housing, affects health in several ways, including lead exposure, lack of adequate facilities and utilities, and overcrowding. Further, there is a correlated toll on stress and mental health for individuals who are homeless, precariously housed, or living in poor quality housing.

Housing affordability and homeownership are key economic factors that connect housing to health. High or severe housing cost burden (when a household spends 30%+ and 50%+ of income on housing costs, respectively) is directly correlated to food insecurity, more children living in poverty, and more people reporting fair or poor health. These economic challenges and their health effects perpetuate over time when barriers to homeownership diminish opportunities for inter-generational wealth and improved economic security.

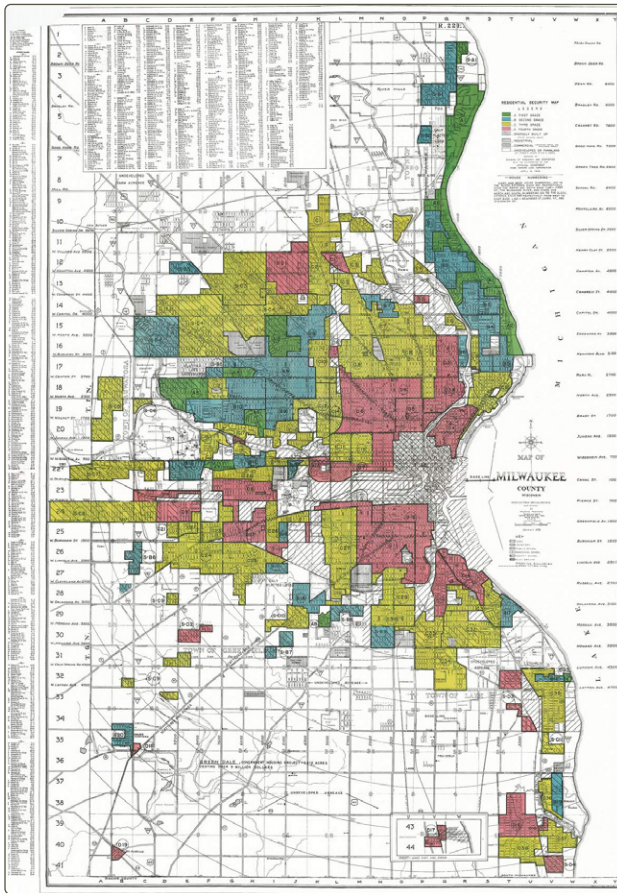
Racism and discrimination intersect with housing when looking at historical causes. Milwaukee’s redlining map in the 1930’s, shown on the following page, reflects policy-driven structural racism and discrimination that restricted housing access over many years. Communities of color have been forced into neighborhoods with declining housing stock and worsening community and environmental conditions.

“Putting it in an historical context – those aren’t accidental neighborhoods. They were designed through redlining and reducing people’s access to better jobs, housing, and schools. The historical context of racism still lives with us this day and builds barriers to building trust and providing resources to help them overcome these challenges.”

**KEY INFORMANT**

Redlining refers to a practice in the late 1930’s when the Home Owners’ Loan Corporation (HOLC) graded neighborhoods in Milwaukee and other urban areas in the U.S. The grading was used to identify where it was “safe” to invest and conduct mortgage lending. The HOLC utilized a four-grade color-coded system:

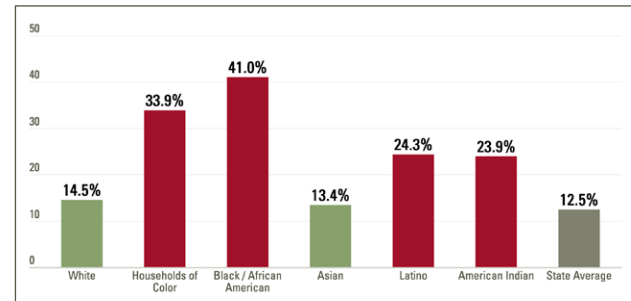
- A** “Best”
- B** “Still desirable”
- C** “Definitely declining”
- D** “Hazardous”



Source: 1938 Home Owners’ Loan Corporation Residential Security Map for Milwaukee County

The inter-generational effects of discriminatory housing practices and disinvestment in communities of color have profound impacts on wealth and health today. The table below shows households with zero net worth by race and ethnicity.

**Households with Zero Net Worth by Race**  
Milwaukee County



Source: Prosperity Now Estimates using SIPP and ACS, 2018

**COMMUNITY HEALTH SURVEY:**

Housing and Wealth Questions	County Overall	Black / African American	Hispanic / Latino	High-need Zip Codes	Households with Children	Older Adult / Elderly
I’ve had limited access to quality housing Yes	13.1%	41.0%	26.1%	24.4%	15.4%	8.8%
I’ve had limited access to wealth (savings, retirement, property) Yes	20.2%	45.6%	35.0%	31.9%	23.7%	12.0%
There are affordable places to live in my community No	26.7%	46.6%	42.3%	31.7%	36.3%	18.5%

Housing availability, quality, and safety were topics of the community health survey, and discussed among community stakeholders. Those discussions noted the importance of safe and affordable housing and the connection between living conditions and mental health. As well, stakeholders cited poor housing and unsafe communities as contributors to social isolation among older adults.

## NEXT STEPS:

# A Collective Approach for Community Health Improvement



It is our hope that the 2021 Milwaukee County Community Health Needs Assessment will inform and sustain community conversations about health equity and health improvement. We also hope these findings will drive individual and collective action among many sectors and stakeholders, including:

- **Hospitals and health systems** to inform their Community Health Improvement Plans, operations, activities, and advocacy
- **Milwaukee Health Care Partnership members** to influence collaborative and cross-sector activities and support outcomes measurement and reporting
- **Public Health departments** to direct municipal-specific and cross-jurisdiction prevention efforts and bolster health strategy
- **Civic and Government organizations** including state, county, and local government agencies to inform policy, regulation, and investments
- **Philanthropic organizations** to identify and evaluate health related funding, innovation, and accountability, including the complex root causes of health disparities
- **Community members** to build on assets, raise up issues, advocate for improvement, and mobilize for action



The health system sponsors of this assessment will continue to pursue opportunities for aligned efforts, while each hospital designs and implements health improvement strategies unique to the communities it serves. To learn more about the community health improvement plans and implementation strategies for each of the Milwaukee area health systems and hospitals, please visit their community benefit web pages:

[Advocate Aurora Health](#)

[Ascension Wisconsin](#)

[Children's Wisconsin](#)

[Froedtert Health](#)

# Methodology

## DATA SYNTHESIS

All of the data for this assessment were collected by Conduent Healthy Communities Institute (HCI) and analyzed for areas of overlap, frequency, and health impact. The CHNA work team and Conduent HCI analysts conducted several reviews of key findings and themes to yield the health issues, priority populations, and social determinants that comprise the 2021 Milwaukee County Community Health Needs Assessment.

## Primary Data: Community Input

Primary data used in this assessment consisted of a community health survey, key informant interviews, and focus groups. Designed by Conduent HCI, all instruments were reviewed, modified, and approved by the CHNA work team.

### COMMUNITY HEALTH SURVEY

The online survey was conducted by HCI from August 17 through October 4, 2021, for Milwaukee County residents 18 years and older.

Available in English and Spanish, the survey consisted of 50 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health.

The survey was promoted by the Milwaukee Health Care Partnership's members and community partners via their individual channels and patient communications. Those efforts included a joint press release, health systems' websites and healthyMKE.com, social media, emails, newsletters, local events, and other promotional activities that took place during and prior to the seven-week response period.

A total of 9,006 surveys were submitted. After eliminating non-Milwaukee County residents and incomplete submissions, the **final overall sample was 8,616**. The completion rate for the survey over the seven-week period was 71.4%. Intended to be a convenience sample, every effort was made to recruit participants from diverse racial, ethnic, and socio-economic populations in the county.

A summary of the community health survey's key findings and the survey instrument is found in the CHNA Appendix on Health Compass Milwaukee.

### COMMUNITY STAKEHOLDERS: KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

Because the CHNA was conducted during the COVID-19 pandemic, community stakeholders were engaged through video meetings, rather than in-person data collection. The stakeholders were identified and recruited by the CHNA work team members. All interviews and discussions were facilitated by health systems' community benefit staff, with Conduent HCI staff providing content note taking, transcription, and analysis.

Stakeholders provided insights about perceptions, attitudes, experiences, or beliefs held by community members about the community's health as well as their own health experience. They also provided assessments of current community assets and strategies for community health improvement.



A total of 48 key informant interviews were conducted during August 2021-September 2021. Participants represented communities that include, but were not limited to: African American, Native American, Hispanic, Hmong, the elderly, youth, LGBTQ+, individuals with disabilities, and those living with mental illness and substance use disorders.

Four focus groups totaling 55 participants were conducted during October and November 2021. The groups were selected by the CHNA work team to assure input from organizations representing vulnerable populations and those with expertise in public health. They reflected a:

1. **Safety Net Clinic Focus:** including representatives from Milwaukee's five Federally Qualified Health Centers (FQHCs) and the Free and Community Clinic Collaborative (FC3), a coalition of 25 safety-net clinics that provide free and low-cost health care services to uninsured and underinsured patients
2. **Public Health Focus:** including representatives from the eleven local health departments serving Milwaukee County municipalities
3. **Youth Focus:** including representatives from community-based organizations serving children and adolescents
4. **Socio-economic Focus:** including representatives from community-based organizations serving low-income populations

Notes from the key informant interviews and focus groups were managed by Conduent HCI through the web-based qualitative data analysis tool, *Dedoose*. Interview text was coded using a pre-designed codebook, organized by themes, and analyzed by Conduent for significant observations.

### **Secondary Data: Health Compass Milwaukee and other Indicators**

Most of the secondary data used for this assessment were collected from Health Compass Milwaukee, a web-based community health platform developed by Conduent Community Health Solutions. Additional state and local data were identified by the CHNA workteam. Two tools were used to analyze the secondary data from the Health Compass Milwaukee data platform: HCI's Data Scoring Tool® and the Index of Disparity.

# Community Stakeholders and Focus Groups

In 2021, input about our community's most pressing health issues was provided by 103 individuals. Many organizations listed here serve low-income, minority, and medically underserved populations. The **48 key informants\*** and **55 focus group participants** represent an array of perspectives from communities that include, but are not limited to: African American, Native American, Hispanic, Hmong, the elderly, youth, veterans, LGBTQ+, individuals with disabilities, and those living with mental illness and substance abuse.

**Nicole Angresano**

VP Community Impact  
United Way of Greater Milwaukee  
& Waukesha County

**Barbara Beckert**

Milwaukee Office Director  
Disability Rights Wisconsin

**Kirsten Beyer**

Associate Professor of Epidemiology  
Institute for Health and Equity,  
Medical College of Wisconsin

**Michele Bria**

Chief Executive Officer  
Journey House

**John Chisholm**

District Attorney  
Milwaukee County

**Hector Colon**

President & CEO  
Lutheran Social Services of  
Wisconsin and Upper Michigan, Inc.

**Gerald Coon**

President & CEO  
Diverse and Resilient

**Matt Crespin**

Executive Director  
Children's Health Alliance of  
Wisconsin, Milwaukee Oral Health  
Coalition

**Frank Cumberbatch**

VP Community Engagement  
Bader Philanthropies

**Genyne Edwards**

Partner  
P3 Development Group

**Andi Elliott**

Chief Executive Officer  
Community Advocates, Inc.

**Ginny Finn**

President & CEO  
YWCA Southeastern Wisconsin

**Madeline Gianforte**

Executive Director  
Core El Centro

**Michael Gifford**

President & CEO  
Vivent Health

**Martina Gollin-Graves**

President & CEO  
Mental Health America of Wisconsin

**Caroline Gomez-Tom**

Director, Patient and  
Community Engagement  
Sixteenth Street Community  
Health Centers, Milwaukee Latino  
Health Coalition

**Bria Grant**

Executive Director  
Unite WI

**Al Castro**

Research Director  
United Community Center

**Patti Habeck**

President  
Feeding America Eastern Wisconsin

**Eve Hall**

Chief Executive Officer  
Milwaukee Urban League

**Cherrie Hanson**

Program Director  
Interfaith

**George Hinton**

President & CEO  
Social Development Commission

**Marques Hogans, Sr.**

Project Manager  
Sherman Park BUILD Health

**Arnitta Holliman**

Director, Office of Violence  
Prevention  
City of Milwaukee Health Department

**Joe' Mar Hooper**

Executive Director  
Safe & Sound

**John Hyatt**

President & CEO  
IMPACT, Inc.

**Daniel Idzikowski**

Program and Policy Director  
Aging Resource Center  
Milwaukee County Department  
on Aging

**Lyle Ignace**

President & CEO  
Gerald L. Ignace Indian Health Center

**Rachel Kaehny-Frank**

Aging Resource Center Manager  
Milwaukee County Department  
on Aging

**Amy Kalkbrenner**

Associate Professor of Environmental  
Health Sciences  
Zilber School of Public Health

**Shakita LaGrant-McClain**

Director  
Milwaukee County Department of  
Health and Human Services

**Mike Lappen**

Administrator  
Milwaukee County  
Behavioral Health Division

**Amy Lindner**

President & CEO  
United Way of Greater Milwaukee  
& Waukesha County

**Mayhoua Moua**

Executive Director  
Southeast Asian Educational  
Development of Wisconsin, Inc.

**Greg Neu**

Executive Director  
Milwaukee Rescue Mission /  
Safe Harbor

**Jeffrey Norman**

Acting Chief / Assistant Chief of  
Police  
Milwaukee Police Department

**Erica Olivier**

Deputy Commissioner  
of Community Health  
City of Milwaukee Health  
Department

**Joshua Parish**

Assistant Chief  
Milwaukee Fire Department

**Marcey Patterson**

Faith Based Community  
Engagement Liaison  
Office of the Mayor – City of  
Milwaukee

**Carmen Pitre**

President & CEO  
Sojourner Family Peace Center

**Keith Posley**

Superintendent  
Milwaukee Public Schools

**Jeff Roman**

Executive Director  
Milwaukee County Office of Equity

**Darlene Russell**

Director of Community Engagement  
Greater Milwaukee Foundation

**Gina Stip**

Executive Director  
Zilber Family Foundation

**Arman Tahir**

President & CEO  
Muslim Community and Health  
Center

**Melinda Wyant Jansen**

VP of Programs & Chief Academic  
Officer  
Boys & Girls Club of Greater  
Milwaukee

**Daniel Zompchek**

Administrator  
Milwaukee VA Medical Center

**Teri Zywicki**

President & CEO  
Milwaukee Center for Independence

\*Titles and organizations current  
at the time of interview

## FOCUS GROUPS

**Safety Net Clinics:** including representatives from Milwaukee's five Federally Qualified Health Centers (FQHCs) and the Free and Community Clinic Collaborative (FC3), a coalition of 25 safety net clinics that provide free and low-cost health care services to uninsured and underinsured patients

**Public Health Leaders:** including representatives from the eleven local health departments serving Milwaukee County municipalities

**Youth Focus:** including representatives from community-based organizations serving children and adolescents

**Socio-economic Focus:** including representatives from community-based organizations serving low-income populations

MILWAUKEE HEALTH CARE  

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**PARTNERSHIP**

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Established in 2007, the Milwaukee Health Care Partnership is a public/private consortium dedicated to improving health care for low income, underserved populations in Milwaukee County, with the aim of improving health outcomes, advancing health equity, and lowering the total cost of care.

Its members include Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, Froedtert Health, Gerald L. Ignace Indian Health Center, Milwaukee Health Services, Inc., Outreach Community Health Center, Progressive Community Health Centers, Sixteenth Street Community Health Centers, Medical College of Wisconsin, City of Milwaukee Health Department, Milwaukee County Department of Health and Human Services, and Wisconsin Department of Health Services.

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