

Milwaukee County

Community Health Needs Assessment



2024



MILWAUKEE HEALTH CARE
●
PARTNERSHIP

From the Sponsors

In health care and public health, we know many factors and conditions influence the health of a community. What happens in a health care provider's office or hospital setting is just one piece of the puzzle that shapes healthy individuals and communities. It is estimated that clinical care accounts for about 20% of overall health, and while not mutually exclusive, where one lives, learns, works, and plays can have a much more significant impact on length and quality of life. We know health care must work hand in hand with public health partners to collectively address the many contributing factors that impact our health and well-being.

We are excited to share this 2024 Milwaukee County Community Health Needs Assessment (CHNA) as it marks the first formal alignment of the Milwaukee Health Care Partnership's (MHCP) health systems' needs assessments with the City of Milwaukee Health Department's (MHD) Community Health Assessment and the Milwaukee County Department of Health and Human Service's (DHHS) strategic planning processes. Bringing together health care, public health, and health and human services allows us to share direction, improve the alignment of programs and interventions, and strengthen our shared commitment to improving the health of our community.

We understand not everyone lives in a place that affords them the opportunity to reach their full potential. Good health depends on access to factors like affordable housing, quality food, safe neighborhoods, and strong social and community connections. We see significant gaps in health outcomes for groups that lack the opportunity for these

essential supports. Additionally, health inequities today stem from a complex history of policies and practices that have resulted in hyper-segregation, prolonged poverty, and disinvestment in areas of Milwaukee County. Over time, racism and discrimination at multiple levels have driven deep-rooted barriers to health.

Despite the challenges, our Milwaukee community is demonstrating increased resilience, bolstered collaboration, and momentum to address health disparities. Partnerships, organizations, and community members are working to address downstream health outcomes and the root causes of poor health.

Health care must work efficiently within hospital and clinic walls to provide excellent primary and specialty care, behavioral health services, and oral health care. We must also invest in and impact the community's health outside our walls in collaboration with our public partners. We continue to work on expanding access to health care services and remain committed to fostering improvement strategies that address the upstream causes of injury and disease. The findings from this shared CHNA will help inform our health systems' and public partners' individual and collective investments, programs, and partnerships.

We all have a role in fostering opportunities for good health. Just as the causes of illness are many and interrelated, the same is true for the paths that lead to better health – for all of us.



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APPENDIX

The following 2024 Community Health Needs Assessment materials can be found in the Local Reports section on HealthCompassMilwaukee.org

- A. Milwaukee County Demographic Profile
- B. Maternal, Infant, and Child Profile
- C. Housing Profile
- D. Community Health Survey Summary
- E. Community Health Survey Instrument
- F. Community Stakeholder Discussion Guide
- G. Qualitative Data Summary Report



Introduction

Every three years, the health system members of the Milwaukee Health Care Partnership (MHCP), Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, and Froedtert Health, and new to 2024, the Milwaukee County Department of Health and Human Services (DHHS) and the City of Milwaukee Health Department (MHD), conduct a collaborative Community Health Needs 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 and MHCP builds its collective priorities.



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.

Acknowledgments

The 2024 Milwaukee County CHNA was overseen by a cross-sector 16-member workgroup representing the community health and community benefit teams of Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, Froedtert Health, DHHS, and MHD, with project management provided by MHCP.

The Center for Urban Population Health (CUPH) provided data analysis, report strategy and development, and participated in the CHNA workgroup. CUPH seeks to advance population health research and education to improve the health of urban communities. Initiated in 2001, the Center comprises 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

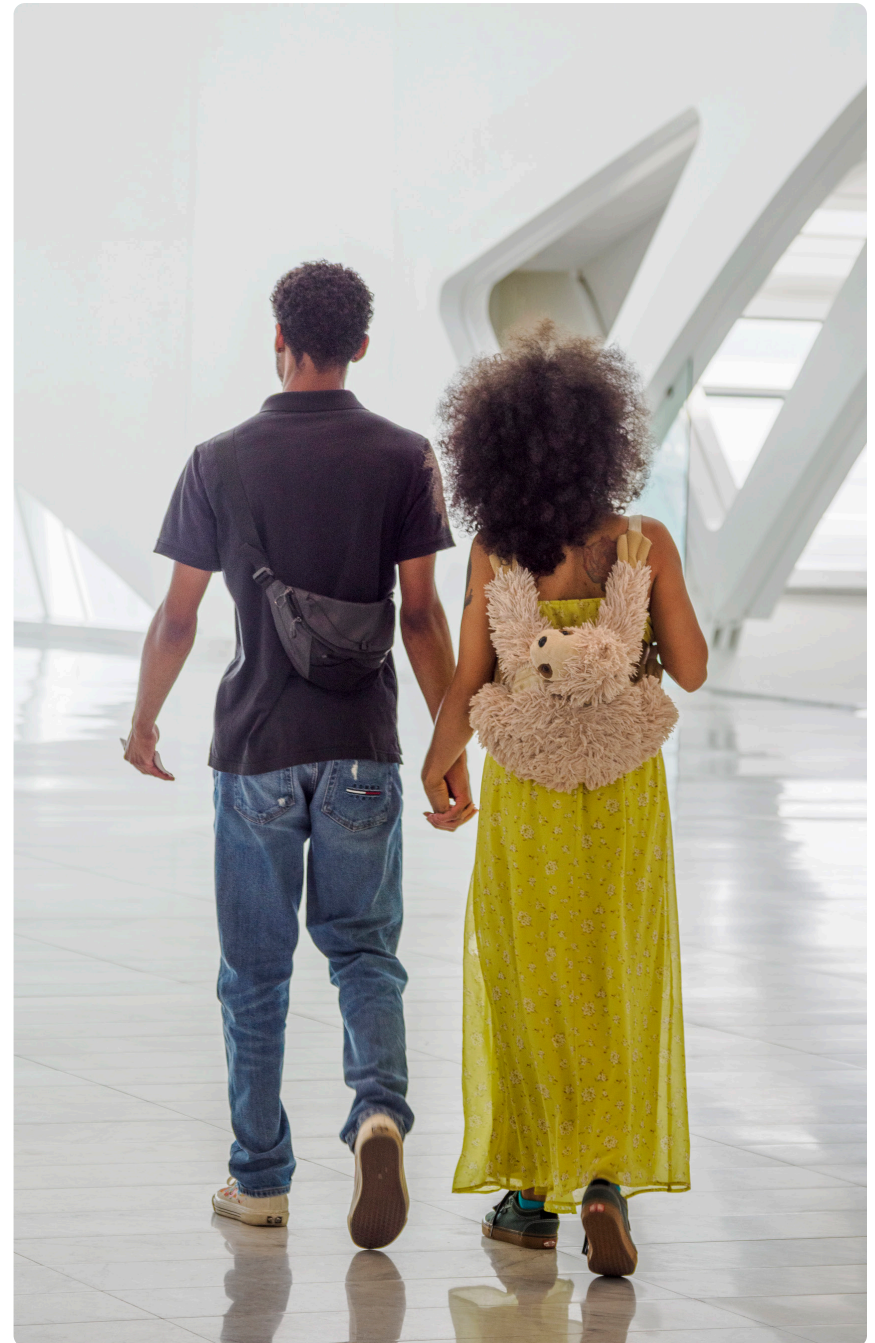




INPOWER, a Minority and Woman-Owned Business Enterprise with roots in the community, was a critical partner in the 2024 Milwaukee County CHNA. INPOWER aimed to drive transformative change and empower individuals and communities throughout the CHNA data collection process. Their CHNA process is not just transactional but an avenue for trust-building, community resilience, and collective empowerment through survey dissemination, focus group facilitation, and community engagement.

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 represented.



Executive Summary

The 2024 Milwaukee County Community Health Needs Assessment (CHNA) comprehensively combines data collected through the Milwaukee community health survey, interviews with key leaders and community members, focus groups, and various health indicators found on Health Compass Milwaukee. New in 2024, we have developed a framework to organize and communicate the relationship between the various issues the community identified (pg. 7). The framework demonstrates the relationship between community-identified key health issues, the factors that drive them, and the resulting health outcomes seen in the data.

The top five health issues identified in this CHNA are:

- **Violence**
- **Mental Health**
- **Substance Use**
- **Chronic Disease**
- **Maternal and Child Health**



The 2024 Milwaukee County CHNA elevates numerous health factors the community identified as driving and impacting Milwaukee County's top health issues. These health factors are interconnected with each other and interrelated with all the top health issues. Ultimately, health factors significantly contribute to the downstream health outcomes and the health disparities in the community. The health factors include:

- **Economic Opportunities:** Employment opportunities that pay a fair living wage and support financial stability
- **Housing:** Access to safe, affordable, quality housing
- **Food Security:** Access to healthy, affordable food
- **Health Care:** Access to affordable, timely, quality health care
- **Racism and Discrimination:** Systemic racism, interpersonal bias, and discrimination

Health outcomes are what we see in the data today that describe the overall health of our community and the direct impacts of disease and injury in health care utilization, morbidity, and mortality. The report examines life expectancy, years of potential life lost, and other outcomes that demonstrate stark differences across geographies and populations in Milwaukee County.

The 2024 Milwaukee County CHNA framework demonstrates the complex nature of these health issues and our ability to make meaningful improvements in tomorrow's health outcomes. We can close gaps in health disparities by understanding the interrelatedness of today's health factors and outcomes and addressing them through collective efforts.

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 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 community 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. For example, for individuals, racism can cause biological toxic stress that can impact the neuroendocrine system and immune response, and contribute to poor health outcomes. It is a fundamental cause of health disparities across numerous health issues.

Multiple **health factors** contribute to an individual's overall health. In addition to health care and health behaviors, socioeconomic conditions and the physical environment are estimated to represent 50% of an individual's opportunity for good health. Efforts to impact health factors 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., infant mortality), 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 is essential to 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 and low-income populations. Health disparities in these and other vulnerable populations described in the 2024 Milwaukee County CHNA are informed by community input (primary data) and health indicators (secondary data).

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 hypersegregation. 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.

Background

Sources of Data

The 2024 Milwaukee County CHNA relies on three sources of information:

- **Milwaukee County Community Health Survey** (*primary data*): an online survey taken by 6,265 Milwaukee County residents.
- **Key Informant Interviews and Focus Groups** (*secondary data*): input from 46 key informants and 10 focus groups.
- **Health Compass Milwaukee** (*secondary data*): a dynamic data website offering numerous publicly reported data sources in one place.

The qualitative interviews and focus groups provide a deeper examination of the key health issues in Milwaukee County and strategies to address those in the community. The authors recognize the data for the report is limited to those who participated in the interviews and focus groups and is not all-encompassing. There may be areas of concern for certain community members or subgroups of Milwaukee County that are not represented in this report.

The survey data were collected online (via visiting a link or scanning a QR code) and from paper surveys. Completing the survey was voluntary, and participants were entered into a pool to win prizes as an incentive. This is a convenience sample of respondents collected via advertisements promoting the survey through various media channels. Targeted advertising at events also contributed to a diverse sample within the survey.



Methodology

The public and private 2024 Milwaukee County CHNA sponsor organizations' community health and community benefit leaders identified key community leaders, members, and organizations to participate in the CHNA key informant interviews and focus groups. These same sponsor leaders, including Milwaukee Health Care Partnership (MHCP) and Center for Urban Population Health (CUPH) staff, also conducted the key informant interviews and focus groups between August and December 2024.

Interviewers and focus group facilitators used a standard discussion guide from which interviewees identified the top two community health issues that are the most important for Milwaukee County. For each community health priority, community partners were asked to identify:

- Existing strategies to address the issue.
- Barriers/challenges to addressing the issue.
- Additional strategies needed to address the issue.
- Key organizations or groups in the community that hospitals, MHD, or DHHS should partner with to improve community health.
- Geographic and other subgroups or populations in the community who experience health issues.
- Strengths/assets in the community.
- Organizations working to address the issue.
- What else should be considered when assessing the health of the community.

Interviews and focus groups were recorded via Zoom and transcribed by Reader AI for analysis. During interviews, notes were taken by at least one person to supplement transcripts. All data was uploaded into NVIVO software for thematic content analysis by CUPH staff. Primary coding used interview and focus group guides for major codes. The transcripts were coded initially for the following major categories:

- Major health issues in Milwaukee
- Barriers and challenges
- Strategies needed to address health issues

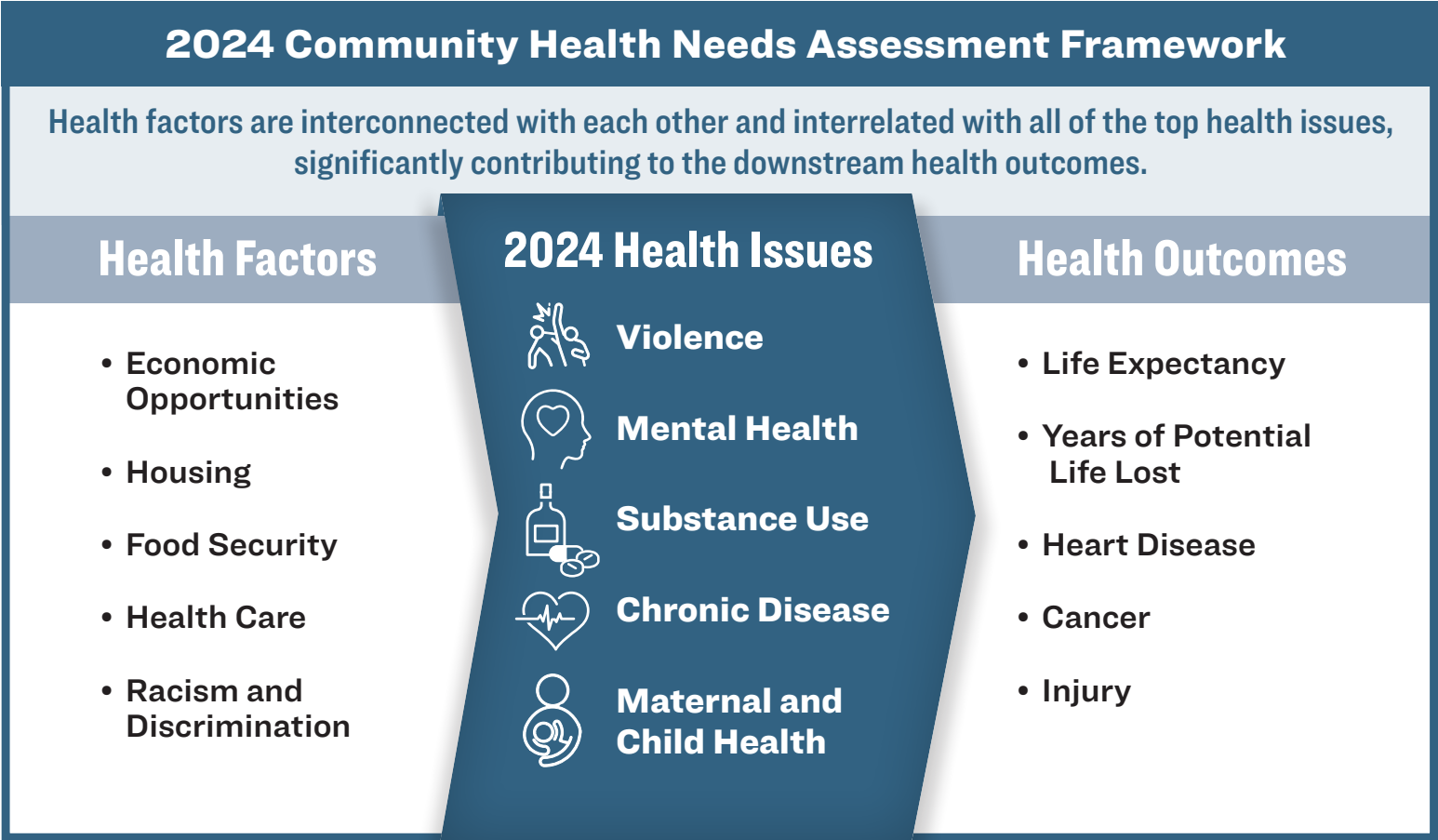
In addition, a segmented analysis was completed to elevate issues faced by special populations, including infant/youth, and refugee/immigrant communities. A full report of the qualitative data is available at Health Compass Milwaukee.

The quantitative data collected via surveying the county have been enumerated in several formats. A select number of questions are integrated online as searchable indicators on Health Compass Milwaukee, and a PDF summary report of the overall survey results is available at Health Compass Milwaukee.

Complete summary data for each survey question is available. Geographic (city, county subdivisions, etc.) and demographic (households with children, elders 65+, etc.) reports are available upon request.

Framework

A healthy Milwaukee is a place where everyone has a fair and just opportunity to reach their best health and well-being. It is a complex path forward to achieve that goal. The framework below aims to communicate and contextualize the 2024 Milwaukee County Community Health Needs Assessment (CHNA) findings, recognizing the complexity of health and the interrelated nature of the key health factors, issues, and outcomes.



Key Findings

Top Health Issues

Each Health Issue is organized into subsections. This includes a general overview, a description of the burden, and the local context. Each issue also elevates key determinants, including clinical care and health behaviors, that uniquely impact that particular health issue. When applicable, there is information on the health issue’s impact on children.

The subsequent section outlines the Health Outcomes resulting from the top health issues. The final section dives deeper into the interrelated Health Factors that impact all the aforementioned health issues and outcomes.



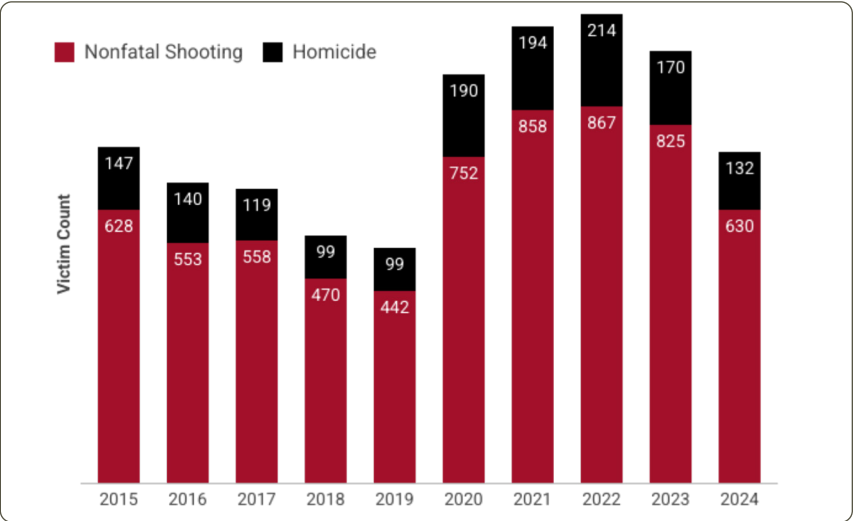
Violence

Violence rose to the top of the health issues in 2024 when looking at quantitative and qualitative data. It was closely associated with other top health issues of mental health and substance use in the interviews and focus groups. Violence, both interpersonal and structural, significantly harms the health, safety, and well-being of Milwaukee residents. The resulting injury, pain, and trauma negatively impact individuals and communities physically and mentally. Exposure to violence increases stress and anxiety, contributing to issues like preterm births and hindering healthy behaviors. Violence also leads to premature death, high medical costs, and decreased productivity, perpetuating inequities and impacting generations, particularly within communities of color and those in concentrated poverty. In this report, we focus on firearm injury and death, domestic abuse, and child abuse and neglect.

BURDEN

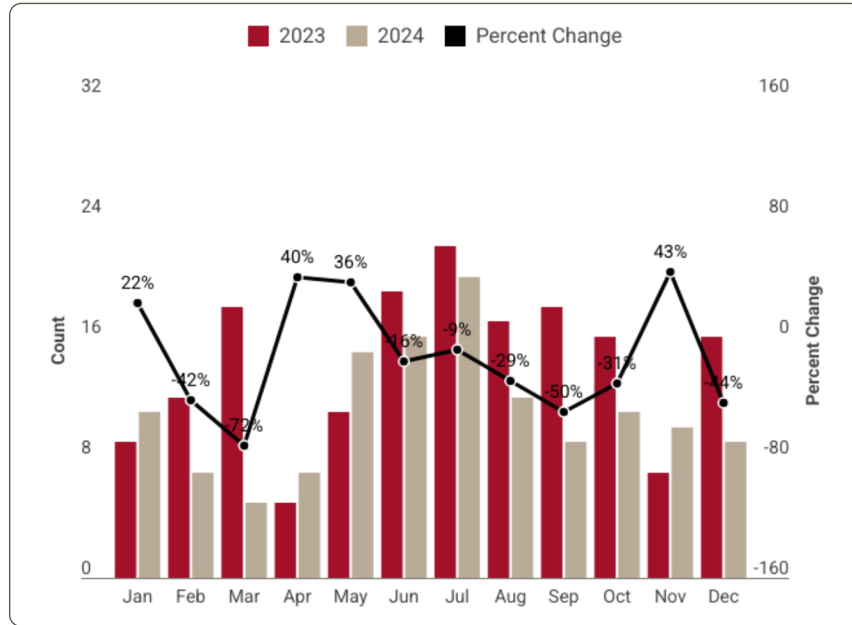
In the 2024 community health survey, 53% of respondents identified gun violence/community violence as a top-three health issue in Milwaukee County. Milwaukee County has a higher violent crime rate, which includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery, than both Wisconsin and the United States overall. Gun violence is an ongoing concern in Milwaukee County.

Homicide and Nonfatal Shooting Victims, City of Milwaukee, 2015 - 2024



Data source: Milwaukee Homicide Review Commission (MHRC) data dashboard | Count of victims for homicides (firearm and non-firearm) and nonfatal shootings for each year and a total victims count across all homicides and nonfatal shootings. A single event could be counted in both categories if there were multiple victims.

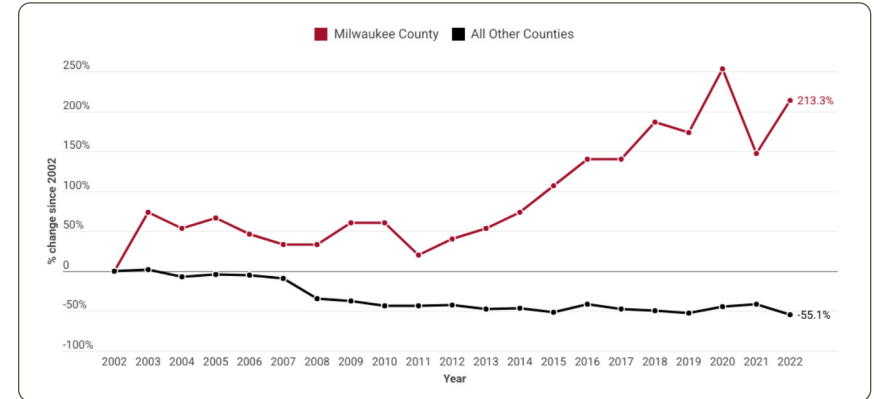
Homicide Victim Comparison by Month, City of Milwaukee, 2023-2024



Data source: Milwaukee Homicide Review Commission (MHRC) data dashboard | Count of total victims by month as an aggregate over selected year(s) and offense type(s)

Although Milwaukee's rates for homicides and non-fatal shootings are significantly higher than the rest of the state, there have been decreases in both indicators from 2023 to 2024. The total decreased from 1,091 shootings in 2022 to 1,009 in 2023 and 771 shootings in 2024. Month-over-month data in 2025 suggests the decreasing trend is continuing.

Percentage Change Since 2002 in Speeding-Related Auto Fatalities by Year, Milwaukee County versus all other Wisconsin counties, 2002-2022



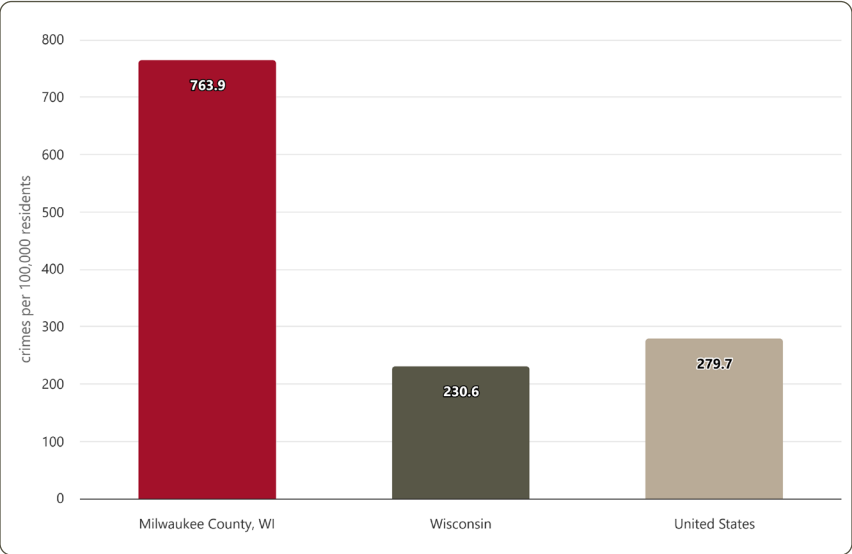
Sourced from Crash Fatalities Tableau by Wisconsin Policy Forum | Data Source: Wisconsin Traffic Operations and Safety Laboratory Community Maps

Violence as a result of reckless driving also significantly impacts Milwaukee County. Deaths due to vehicle crashes rose in Milwaukee County from 2021 to 2022 but declined statewide. Specifically, the number of speeding-involved crash fatalities in Milwaukee County increased from 15 to 47 from 2002 to 2022 but declined in Wisconsin overall.

Homicides due to domestic abuse in Wisconsin are documented by End Domestic Abuse Wisconsin, which reported 28 domestic abuse homicides in Milwaukee County in 2023. This represents 33% of the 85 total domestic abuse homicides in Wisconsin in 2023.

Aggravated assault and battery rates were also starkly higher in Milwaukee County than in Wisconsin or the US, as reported by data in 2020.

Aggravated Assault/Battery, Milwaukee County and comparison, 2020



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data sources: WIBR Crime Data (Data within Milwaukee), FBI Crime Data Explore (County, state, and city level data)

Aggravated assault/battery: Aggravated assault and aggravated battery crimes (yearly rate). Per the Chicago definitions, aggravated assault is an unlawful attack by one person upon another, wherein the offender displays a weapon in a threatening manner. Aggravated battery is the physical attack itself, wherein the offender uses a weapon or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal

LOCAL CONTEXT

Violence was often mentioned by key informants and focus group participants as a Milwaukee County community health issue. The general themes of violence discussed included domestic violence, gun violence, and reckless driving or street violence. Violence was also elevated in relation to many social determinants of health, most significantly socioeconomic status, employment opportunities, education, housing instability, food security, racism, and community trauma.



DETERMINANTS

The factors that drive violence occur at the individual, family, community, and societal levels and are inextricably connected and complex. Some of these are stress and trauma, poverty, unemployment, segregation, racism, history of abuse, and mental health challenges.

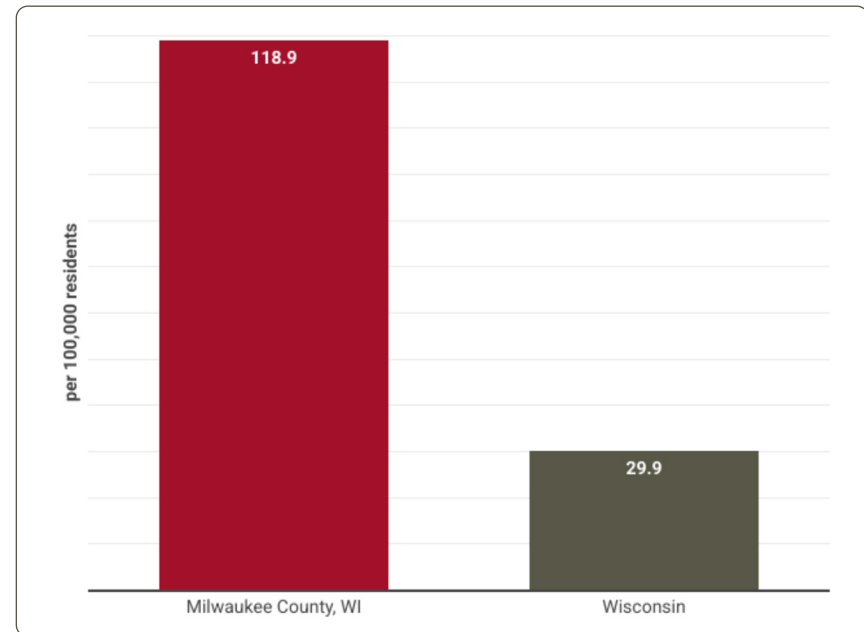
BEHAVIOR

Low self-esteem and confidence, childhood trauma, bullying and abuse, and seeing violence in the home or community can contribute to future violence. Key informants emphasized the connection between mental health experiences and exposure to violence, particularly during childhood. Owning a firearm or having a firearm in the home is also a risk factor for gun violence. Data from the Bureau of Alcohol, Tobacco, Firearms, and Explosives reports that Milwaukee was the top recovery city for firearms with a Wisconsin recovery. This refers to law enforcement identifying, collecting, and processing firearms and ballistic data gathered from crime scenes or other areas to help investigations and possibly decrease the use of illegal guns.

SOCIAL AND ECONOMIC

Economic factors such as poverty and unemployment are risk factors for violence of various forms and were mentioned by key informants as risk factors for experiencing and engaging in forms of violence in Milwaukee County. In 2022, 17.1% of Milwaukee County residents fell below the poverty line, while about 22% of children experienced poverty that year. In 2023, the unemployment rate in Milwaukee County was 3.8%, which was higher than the state or national average.

Assault by Firearms Emergency Department Visit Rate, Milwaukee County and comparison, 2019-2023



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Assault by firearms emergency department visit rate: Annual emergency department visits for assaults with firearms per 100,000 residents. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

CLINICAL CARE

Those who experience violence suffer physical and mental health consequences, resulting in an increased need for clinical care. In 2023, the rate of annual emergency department visits for assaults with firearms was 123.2 per 100,000 residents in Milwaukee County. This is much higher than Wisconsin's reported rate of 29.5 visits per 100,000 residents.

CHILDREN

In discussing the impact of violence on families, key informants reflected on the impacts of violence on the children and youth of Milwaukee. According to the Wisconsin Department of Children and Families, there were 43 reports of abuse and neglect per 1,000 children in Milwaukee County in 2021, which is higher than the state's average of 29.8 reports.

Injury due to firearm assaults impacts children in Milwaukee County at greater rates than the state overall. In 2020, there were nine annual emergency department visits for assaults with firearms per 100,000 children aged 0-4 compared to 3.9 in Wisconsin. This rate was 74.3 per 100,000 children aged 5-17 in Milwaukee County and 24.7 in Wisconsin.

Children are also exposed to sex trafficking violence in Milwaukee County. Data from the Wisconsin Department of Children and Families show that in 2021, there were 142 allegations of child sex trafficking, which represented 31.9% of all incidents in the state.

“Right now, unfortunately, community safety is a huge, huge topic, I guess. Not even just talking specifically about like violence or like gun violence, but also like street safety, reckless driving.”

KEY INFORMANT

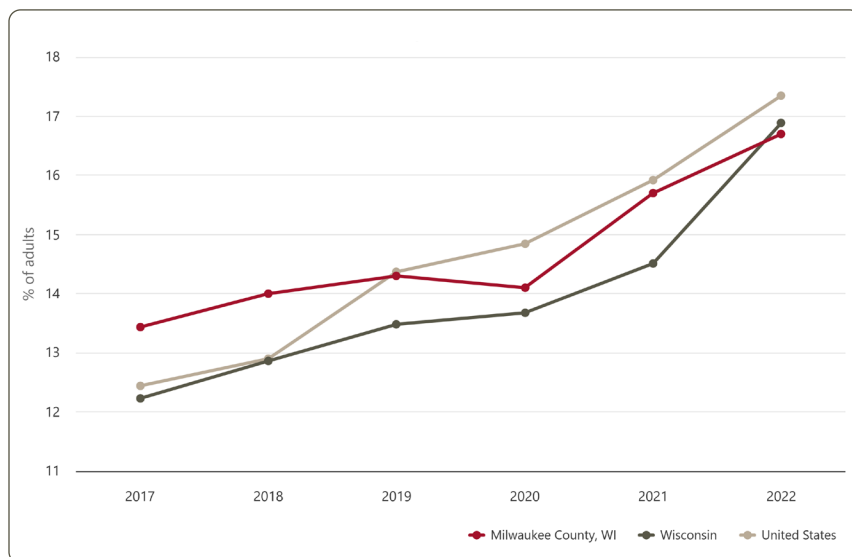




Mental Health

Mental health is defined by the Centers for Disease Control and Prevention (CDC) as a person's emotional, psychological, and social well-being. This includes experiencing depression, anxiety, trauma, and other clinically diagnosed conditions. Mental health is directly linked to physical health outcomes (such as cardiovascular disease or substance use disorder) and is impacted by various factors, including genetic predisposition, family and community contexts, and systemic influences.

Poor Self-Reported Mental Health, Milwaukee County and comparison, 2017-2022



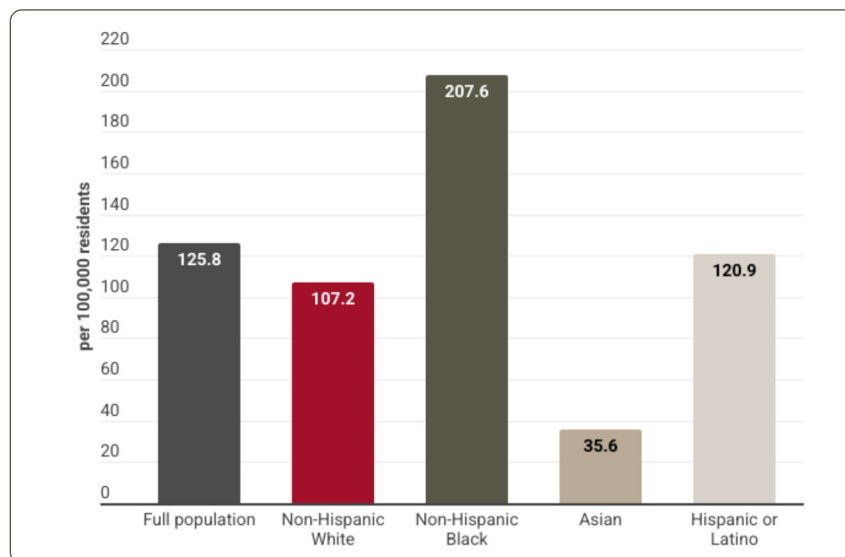
Created on Heath Compass Milwaukee | healthcompassmilwaukee.org | Data source: PLACES

Poor self-reported mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

BURDEN

According to data collected by the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 1 in 5 US adults experienced mental illness in 2021. Also in 2021, the number of poor mental health days (in the past thirty days) among adults in Milwaukee County was 5.4, higher than the state and US-reported 4.8 days. There are marked racial and ethnic disparities in mental health disorders and their consequences. The suicide and self-injury emergency department visit rate for non-Hispanic Black residents in Milwaukee from 2019 to 2023 was 207.6 per 100,000 residents, which is nearly double that of non-Hispanic White residents and significantly higher than the overall population.

Suicide and Self-Injury Emergency Department Visit Rate by Race/Ethnicity, Milwaukee County, 2019-2023



Sourced from Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Suicide and self-injury emergency department visit rate: Annual emergency department visits for suicide and self-injury per 100,000 residents. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.



“Mental health as a whole is just rampant and unfortunate, and it’s tied and connected into everything, to community safety, violence. Physical health, what else?...and especially coming out of COVID and the pandemic and everything that’s going on in the current climate today, it’s just pretty terrifying that people are so isolated, they’re stressed, the level of toxic stressors are just incredibly high, and that plays into all of the areas of health, of mental, emotional, physical, spiritual, all of it.”

KEY INFORMANT

LOCAL CONTEXT

Of those who completed the 2024 community health survey, 30.6% stated they had been treated for or been to the doctor for a mental health-related condition in the past three years, and 40.7% reported that they believe mental health or mental conditions is one of the top three issues in Milwaukee. Over the past year, over 20,000 calls were made to 211 from Milwaukeeans seeking mental health and addiction-related resources, which is about 15% of total calls. Of these calls, 50% were for crisis intervention and suicide, and over 30% were seeking mental health services.

Mental health was the second most recurrently discussed health issue in Milwaukee County by key informants and focus groups. They encompassed the topic in terms of experiences of mental health challenges, including anxiety, depression, substance use, and abuse/addiction, and access to behavioral health care and culturally competent treatment options. Key informants also commented that COVID-19 had a significant impact on mental health in the community in positive and negative ways regarding stigma, access to care through virtual appointments, and increased isolation.

DETERMINANTS

Multiple determinants shape mental wellness, illness, and treatment. These include experiencing Adverse Childhood Experiences (ACEs), trauma, genetic predisposition, substance use, environmental exposures, poverty, and isolation.

BEHAVIOR

Key informants reflected on the connection between substance use (including alcohol and other) and mental illness for youth and adults. They also emphasized how socialization practices have changed after COVID-19, which may contribute to feelings of isolation and depression among both youth and elderly populations.

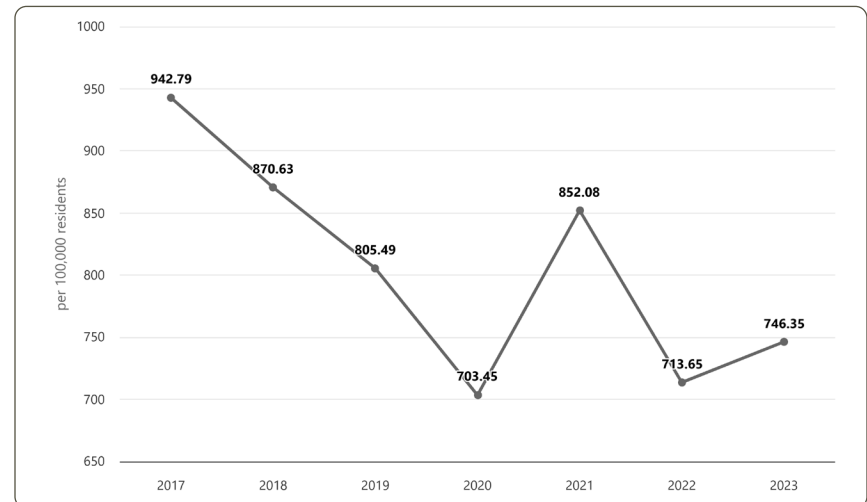
CLINICAL CARE

Although some key informants acknowledged the virtual care environment that quickly developed during the COVID-19 pandemic opened up mental health treatment options for some, they also noted the number of providers in the community does not match the need. This was emphasized as a concern for those who rely on Medicaid or self-pay for care. In Milwaukee County in 2023, there were a reported 472.5 mental health providers per 100,000 residents. That same year, the county experienced a mental health hospitalization rate of 746.4 per 100,000 residents. In the 2024 community health survey, among those who did not receive mental health services or alcohol/substance use treatment when they needed it, 72.6% stated it was due to high out-of-pocket costs, with or without insurance, while 30.9% indicated that the wait for care was too long.

SOCIAL AND ECONOMIC

Factors such as housing, employment, poverty, food security, and education all contribute to mental health. Key informants commented on how segregation and disinvestment in specific neighborhoods in Milwaukee County have contributed to neighborhood poverty, lack of employment and engagement opportunities, and violence. These factors impact individuals' mental well-being. Furthermore, not having insurance is a significant barrier to seeking mental health care for those who need treatment, as well as a lack of reliable transportation to care. In 2023, 11.7% of Milwaukee households did not have access to a vehicle, which is higher than that of the state or the US. This limits mobility to out-of-community care, which reduces care options.

Mental Health Hospitalization Rate, Milwaukee County, 2017-2023



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

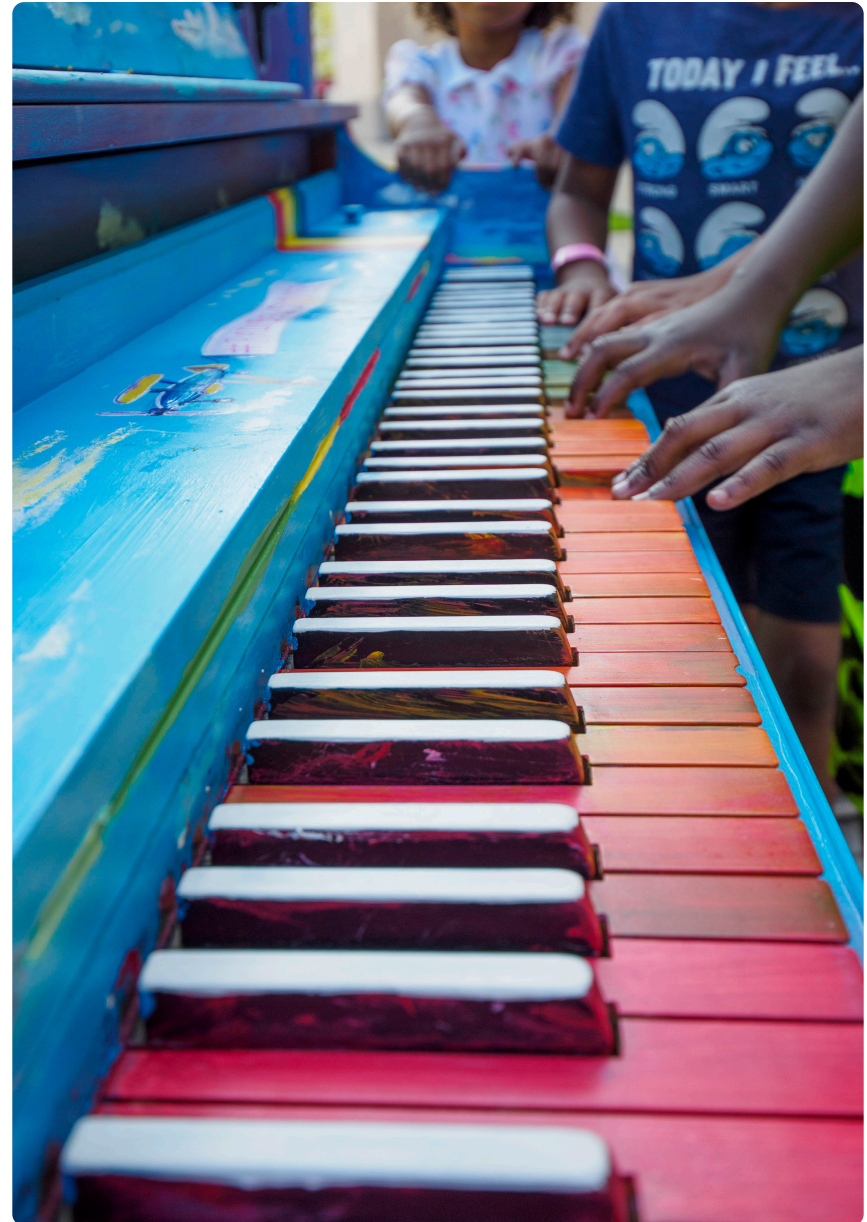
Mental health hospitalization rate: Annual hospital admissions for mental health per 100,000 residents. Mental health includes illnesses such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders. Does not include alcohol or substance use disorders. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

CHILDREN

Key informants emphasized the lasting mental health impact that isolation and lack of socialization during the COVID-19 pandemic have had on children and youth in Milwaukee County. They also elevated how exposure to community violence and poverty is negatively impacting this population, increasing their experiences of ACEs and driving higher anxiety and depression rates.

In Milwaukee County, the suicide and self-injury emergency department visit rate for children ages 5-17 from 2019 to 2023 was 265.6 per 100,000 residents, the highest rate for any age group in the county.

Exposure to lead also contributes to neurological, mental health, and behavioral challenges for children. From 2018 to 2021, 6.3% of children under age six tested for lead in Milwaukee County had a blood lead level of about five mcg/dL, indicating they have higher blood lead levels than other children, putting them at risk for negative consequences from exposure.





Substance Use

Substance use encompasses the consumption of substances that alter physical or mental states, including legal substances like alcohol and tobacco, illegal drugs, and even misused prescription medications. This use exists on a spectrum, from simple use to misuse, abuse, dependence, and ultimately, addiction, a chronic disease marked by compulsive use despite negative consequences. When an individual uses a substance frequently, and this impairs all or a portion of their life, this is known as a substance use disorder or substance abuse. 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.

BURDEN

At a high level, fatal drug overdoses have been on a steady rise since 2015, with significant increases during the pandemic from 2020 to 2023. However, in the most recent data tracked by the Milwaukee County Medical Examiner, Milwaukee County has seen a 24% decrease in fatal drug overdoses from 2023 to 2024.

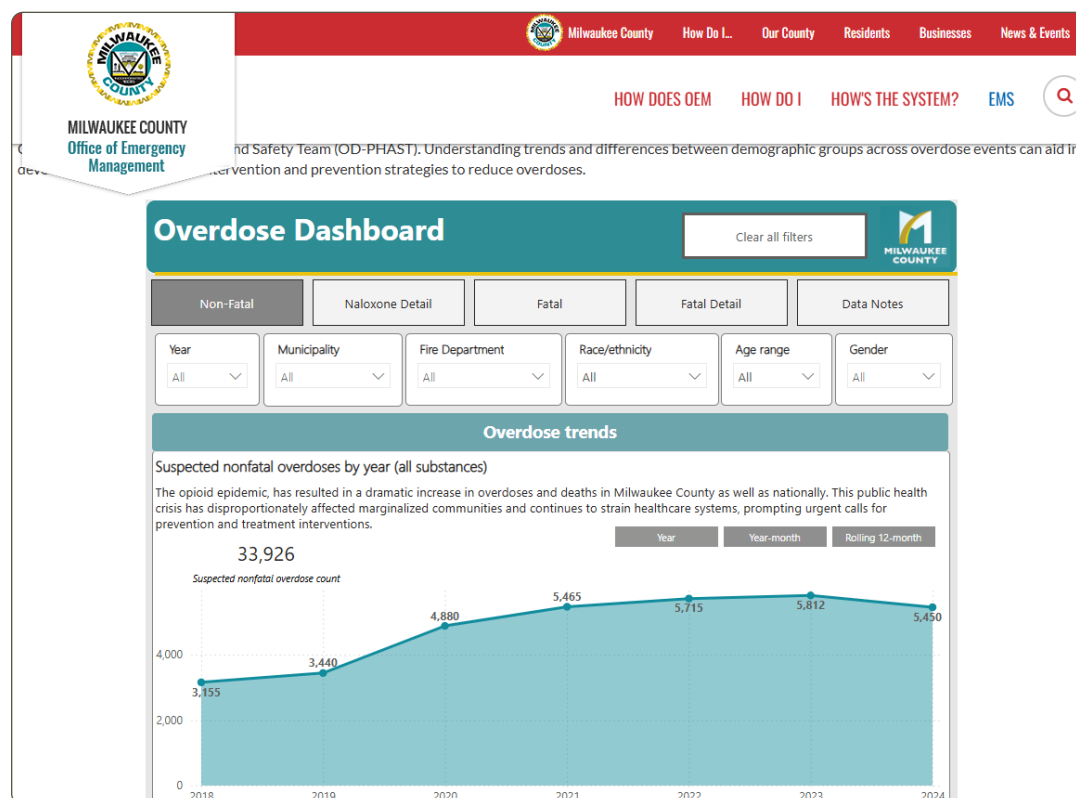


Image from the Milwaukee County Overdose Dashboard | Milwaukee County Office of Emergency Management Overdose Dashboard: <https://county.milwaukee.gov/EN/Office-of-Emergency-Management/EMS/Data-Analytics/Overdose>

The Milwaukee County Overdose Dashboard includes data on fatal overdoses from the Milwaukee County Medical Examiner and nonfatal overdose events from the Milwaukee County Office of Emergency Management. The dashboard includes geographic distribution, time trends and demographics among nonfatal and fatal overdose incidents.

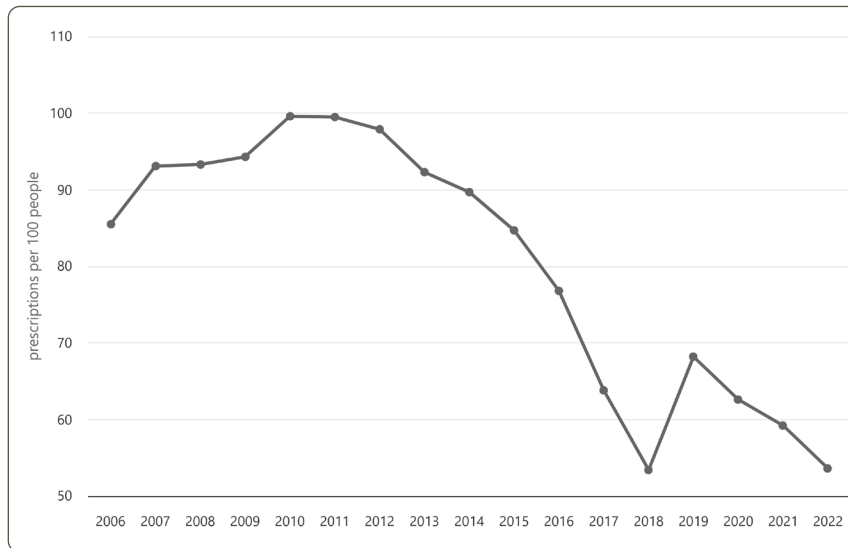
DETERMINANTS

Of the many factors that contribute to substance use, some prominent conditions include having a parent who uses substances, living in a neighborhood high in violence or poverty, lacking job security, or experiencing racism.

CLINICAL CARE

There have been many documented pathways for individuals to initiate the use of opioids. One known path is through the use and then misuse of opioids as pain medication. Efforts have been taken to assess and support patient pain in many ways other than prescribing opioids. In the past reporting period, Milwaukee County providers have been reducing the dispensing of opioids. Although not at the same pace as the state, the downward trend is similar.

Opioid Dispensing Rate, Milwaukee County, 2006-2022

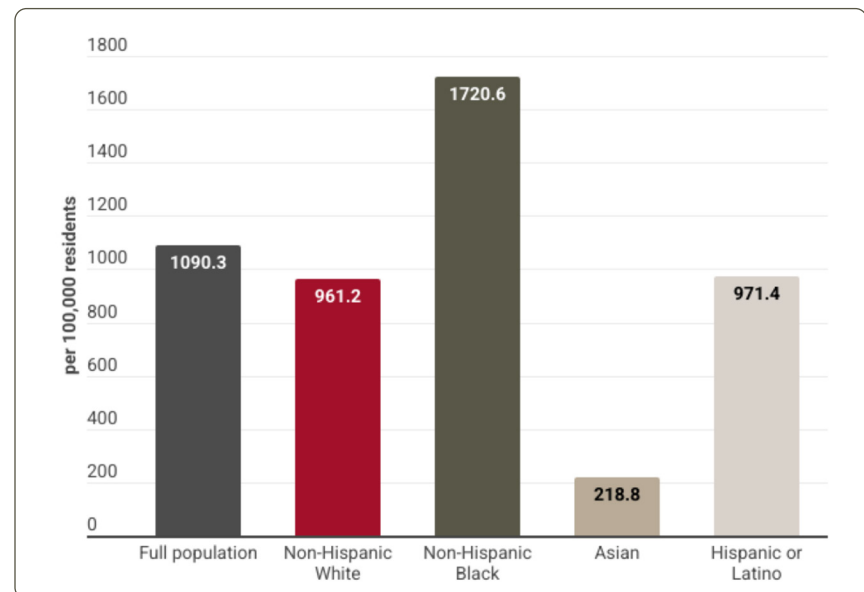


Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

BEHAVIOR

One way of understanding substance use and a community's substance use behavior is through emergency department visits. In the latest reporting period, Milwaukee outpaces the state of Wisconsin in ED visits related to substance use and opioids. Black, non-Hispanic residents in Milwaukee visit the ED due to opioid-related events at a higher rate than any other racial/ethnic group.

Substance Use Emergency Department Visit Rate by Race/Ethnicity, Milwaukee County, 2019-2023



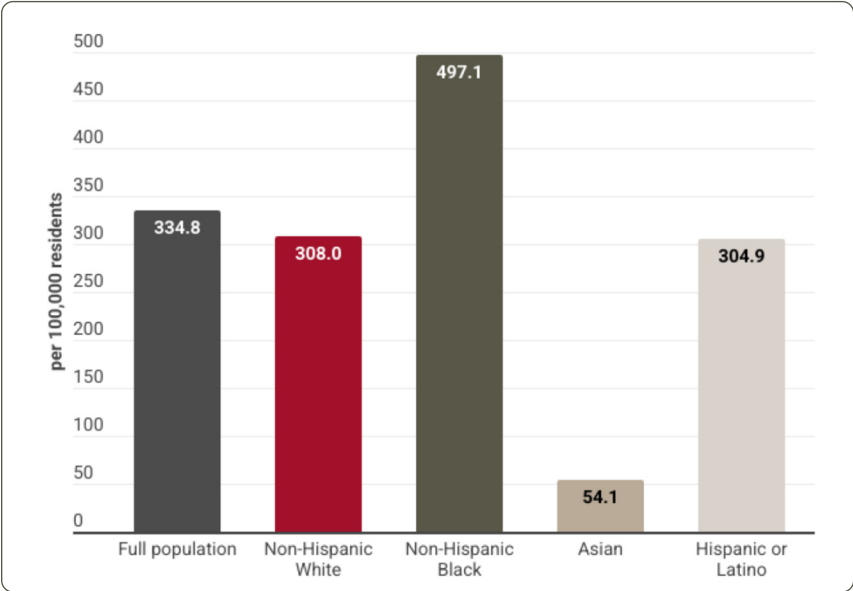
Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Substance use emergency department visit rate: Annual emergency department visits for substance use per 100,000 residents. Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence

LOCAL CONTEXT

Of those who completed the 2024 community health survey, 27.9% of respondents named drug use and abuse as one of the top health issues facing Milwaukee. That rate goes up to 34.4% for Hispanic/Latino residents. Community interviews and focus groups called out the complex relationship between trauma, mental health, and substance use. They also emphasized historical and current trauma and stigma around getting help.

Opioid-Related Emergency Department Visit Rate by Race/Ethnicity, Milwaukee County, 2019-2023



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Opioid-related emergency department visit rate: Annual emergency department visits for opioids per 100,000 residents. Principal or contributing diagnosis, including accidental and intentional overdoses, poisonings, or abuse. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.



“I would say, you know, from the community-based perspective, we, we look at substance use is mental health, not attending to, you know, physical things is mental health... I think they’re so intertwined.”

KEY INFORMANT



Chronic Disease

Chronic diseases are long-lasting health conditions that cannot be cured but often can be managed. They tend to develop slowly and may worsen over time. Unlike acute illnesses, which come on suddenly and are often resolved quickly, chronic diseases persist for a year or more and may require ongoing medical attention or limit daily activities. Common examples include cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, arthritis, and mental health conditions. Chronic diseases are a major cause of death and disability worldwide. They can significantly impact a person's quality of life, leading to pain, fatigue, and other symptoms that make it difficult to carry out daily tasks.

BURDEN

The burden of chronic disease on a community is multifaceted, impacting not only individual health but also the community's overall well-being and economic stability. Chronic disease, diabetes, and cancer all require long-term medical care and other related health care expenditures. The burden falls on individuals, families, and the health care system. In addition to increased costs to a community, chronic disease often leads to a loss of productivity in one's employment, increased absenteeism, decreased length of time in the workforce, and an overall reduction of household income. In addition to the physical pain and discomfort of a chronic disease, these additional elements can put a family under emotional stress and reduce the overall quality of life.

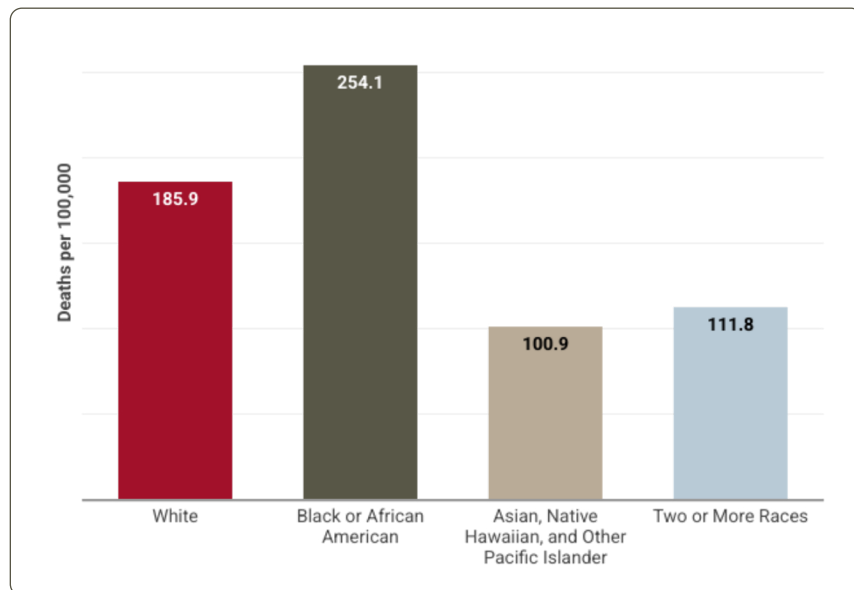
Chronic Disease Indicators: Percentage of Milwaukee County Adult Residents with Chronic Conditions

Data source: CDC PLACES-BRFSS, Health Compass Milwaukee

Indicator	% Milwaukee County Adults
High blood pressure (2021)	33%
High cholesterol (2021)	31%
Coronary heart disease (2022)	6%
Obesity rate (2022)	39%
Diabetes (2022)	11%
Asthma (2022)	12%



Age-Adjusted Death Rate from Heart Disease, Milwaukee County, 2022

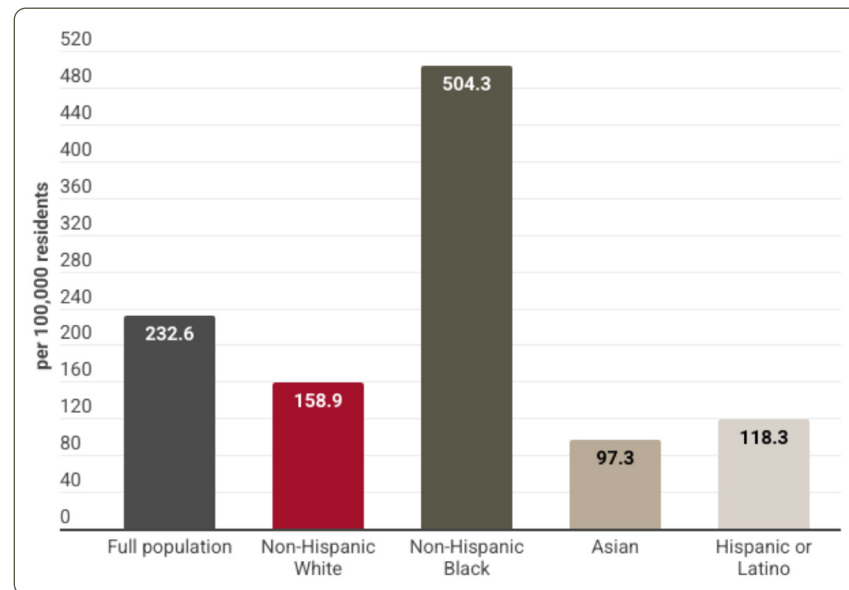


Data source: WISH (Wisconsin Interactive Statistics on Health Query System) (wish.wisconsin.gov)

The leading cause of death in Milwaukee County is heart disease. Black residents experience the highest age-adjusted death rate of any other race/ethnicity in Milwaukee.

Black residents also experience the highest heart failure rate of any other race/ethnicity in Milwaukee.

Heart Failure Emergency Department Visit Rate by Race/Ethnicity, Milwaukee County, 2019-2023



Sourced from Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Heart failure emergency department visit rate: Annual emergency department visits for heart failure per 100,000 residents. Congestive heart failure (CHF) can be controlled in an outpatient setting for the most part; however, the disease is a chronic progressive disorder for which some hospitalizations are appropriate. Risk adjusted by age and sex. This is a Prevention Quality Indicator (PQI #8), a metric for tracking potentially avoidable hospitalizations.

LOCAL CONTEXT

When asked about top health issues in their community, 23% of 2024 community health survey respondents named chronic diseases, like diabetes and heart disease, as one of the three most important health issues in Milwaukee. Chronic diseases negatively impact all subgroups in Milwaukee, but data also show significant disparities between Black and White populations. The indicator of heart failure ED visits by race and ethnicity demonstrates a rate over three times higher for Milwaukee County Black residents, at 504 per 100,000 versus 159 per 100,000 for White residents.

DETERMINANTS

Many factors contribute to chronic disease, including high blood pressure, high cholesterol, obesity, poor nutrition, lack of physical activity, and tobacco and alcohol use. Most require early detection through regular screening and prevention measures related to health behaviors.

BEHAVIOR

Diet and exercise are lifelong health behaviors that can help control many of the abovementioned determinants. In turn, neighborhood environmental factors influence those diet and exercise behaviors. In the 2024 community health survey, 37% of respondents said affordable healthy food options are not easy to purchase at nearby corner stores, grocery stores, or farmers markets. Furthermore, 27% of respondents listed access to affordable, healthy food as one of the three most important areas that need to be addressed to improve health for everyone in the community. This concept is described as geographic food insecurity or “food deserts.” When looking at other self-reported individual behaviors related to chronic disease in the 2024 community health survey, 18.5% of residents in Milwaukee County are currently smoking.

CLINICAL CARE

An example of the impact of chronic disease on clinical care can be seen in hospitalization rates for uncontrolled diabetes. The rate of hospitalizations for uncontrolled diabetes in Milwaukee County is 41.5 per 100,000 adults, but the rate increases to 95.7 in ZIP Code 53218. For comparison, the average rate of hospitalizations for uncontrolled diabetes in Wisconsin overall is 22.3 per 100,000.

SOCIAL AND ECONOMIC

The 2024 community health survey data provides context around the social and economic factors for chronic disease. A total of 13% of survey respondents reported they sometimes or often had someone living in their home who received emergency food from a church, clinic, food pantry, or food bank, or ate at a soup kitchen. Additionally, 14% of survey respondents reported they ate less than they felt they should because there wasn’t enough money or food.

CHILDREN

At 30%, 2024 community health survey respondents with children living in their homes named nutrition and eating habits as the number one concern for children in their homes. Ranking second was physical activity and exercise, with 24% naming it as a concern for children in their homes. In addition, 16% of respondents with children said children in their homes experienced some type of chronic disease (allergies, asthma, diabetes).

“One other thing I would add very specifically to the Rohingya population is that that population seems to have more chronic health conditions than some of the other populations that we’re serving. And then that intersects with our work in that we’re seeing people who are pregnant who are also sick with other chronic health conditions. And then that also impacts the pregnancy and birth outcomes.”

KEY INFORMANT



Maternal and Child Health

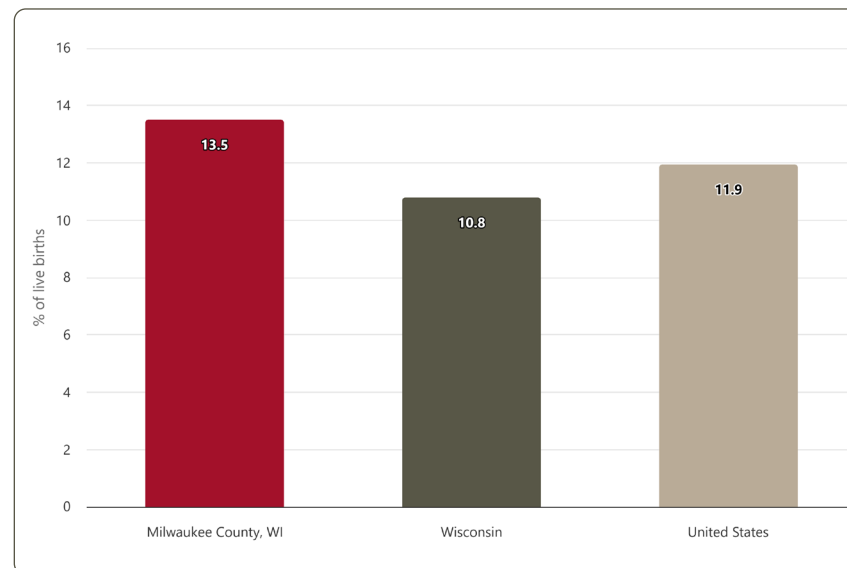
Maternal and child health (MCH) encompasses the health of women during pregnancy, childbirth, and the postpartum period, as well as the health and well-being of children from infancy through adolescence. It is a multidisciplinary field that addresses the physical, mental, and social aspects of health for both mothers and their children.

MCH is crucial for the overall health and well-being of families and communities. Healthy mothers are more likely to have healthy pregnancies and deliver healthy babies. Children who receive proper care and nutrition in their early years are more likely to thrive and reach their full potential.

BURDEN

From 2020 to 2022, Milwaukee County had a higher infant mortality rate, reporting 7.9 deaths per 1,000 live births compared to the state's rate of 5.6. In addition, according to the 2024 March of Dimes Report Card, the maternal vulnerability index, which measures where mothers are susceptible to poor health outcomes, is very high in Milwaukee County and one of the worst in the state. There are significant racial and ethnic disparities for both maternal and infant health and mortality, with Black residents experiencing worse outcomes. From 2016 to 2020, the infant mortality rate of non-Hispanic Black infants in the City of Milwaukee was 14.2 deaths per 1,000 live births compared to an overall rate of 8.7 in Milwaukee County. Mothers in Milwaukee County also delivered preterm babies at a rate of 13.5 preterm births per 1,000 live births compared to Wisconsin's rate of 10.8. Racial and ethnic disparities persist in this outcome as well, with Black and Native American populations experiencing the highest rates of preterm birth.

Preterm Births, Milwaukee County and comparison, 2017-2021

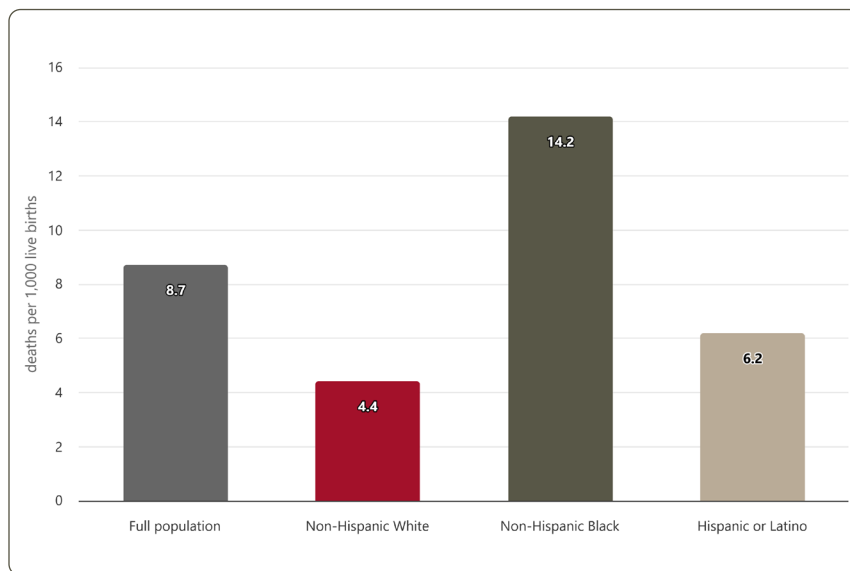


Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data sources: National Vital Statistics System-Natality (NVSS-N) (via CDC wonder (2016-2020 data averages), National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder and Health Indicators Warehouse(through 2013), Kids

Preterm births: Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

Wisconsin data show the age group with the highest infant mortality rate is among people aged 17 and under. Infant deaths among those aged 17 and under are over three times higher than the overall Wisconsin infant mortality rate.

Infant Mortality by Race/Ethnicity, Milwaukee County, 2016-2020

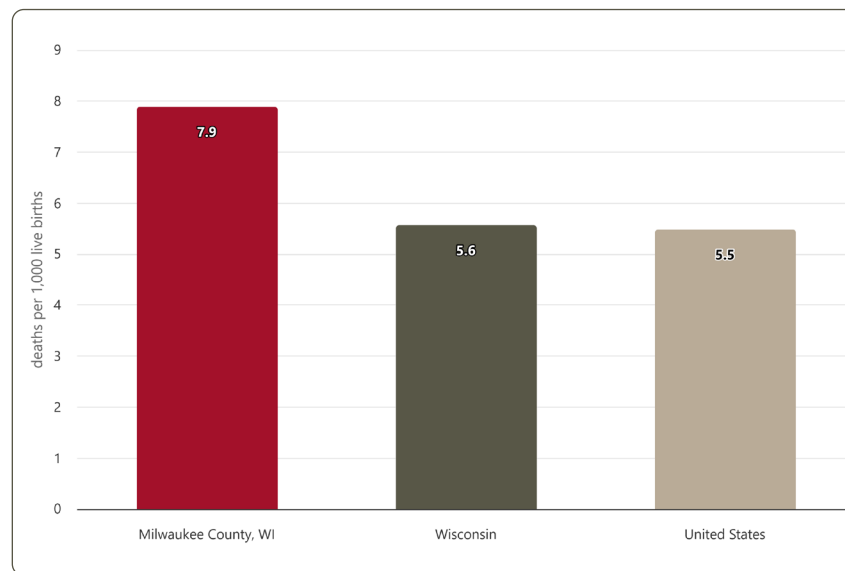


Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data sources: Wisconsin Department of Health Services (WISH (Wisconsin data only)), National Vital Statistics System-Natality (NVSS-N) (CDC Wonder; counties and states, excluding Wisconsin)
 Infant mortality: Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

LOCAL CONTEXT

The above data documents the disparities and poor outcomes in measures of maternal and infant health in Milwaukee County. Key informants also elevated the burden Black mothers and infants face in Milwaukee as a concern. They discussed the importance of community-based doulas and addressing racism in the health care context as strategies to improve maternal and infant outcomes. Key informants also linked maternal and infant health to social determinants of health such as racism, housing, access to food and health care, and employment.

Infant Mortality, Milwaukee County and comparison, 2020-2022



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data sources: Wisconsin Department of Health Services (WISH (Wisconsin data only)), National Vital Statistics System-Natality (NVSS-N) (CDC Wonder; counties and states, excluding Wisconsin)
 Infant mortality: Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

DETERMINANTS

Many social determinants of health impact maternal and infant health outcomes at the individual, community, and system levels. These include substance use during pregnancy, lower levels of education, experiences of racism, lack of access to health care, environmental health, and housing instability.

BEHAVIOR

Key informants generally commented on the link between the physical health outcomes of family members, including mothers, and substance use. This link is particularly important to examine during pregnancy. According to the March of Dimes - Alcohol Use: Behavioral Risk Factor Surveillance System, in Wisconsin in 2022, 22.4% of women of childbearing age (18-44 years) reported binge drinking in the past month, compared to 19.7% overall in the US. In Wisconsin in 2021, 5.8% of mothers reported smoking during the last three months of pregnancy. Of the women with at least one child in Milwaukee County who participated in the 2024 community health survey, 18.5% reported binge-drinking behaviors at least monthly.

CLINICAL CARE

Key informants mentioned access to clinical care as a key barrier for many Milwaukee residents due to lack of insurance, transportation, and past experiences of discrimination in the clinical setting. Attending regular prenatal visits is paramount during pregnancy for the health of the mother and baby. From 2017 to 2021, expectant mothers in Milwaukee County attended an average number of 11.3 prenatal visits before the birth of their child. Among women with at least one child who participated in the 2024 community health survey, 14.9% reported feeling that they are treated differently because of their race or ethnicity when receiving health care.

SOCIAL AND ECONOMIC

Key informants shared how poverty, housing and food insecurity, and unemployment negatively impact the health of families in Milwaukee - and mothers and children in particular. In the 2024 community health survey, among women with at least one child, 21.4% reported food insecurity, 27.4% reported limited access to quality housing, and 48.6% reported that their lives had been affected by unconscious bias.

CHILDREN

Infants and children in Milwaukee County experience disparities in several determinants of health that impact their ability to live long, healthy lives. These include ACEs such as poverty, hunger, abuse, and violence. According to 2017 to 2021 Child Opportunity Index data, which captures neighborhood resources and conditions that matter for children's healthy development, Milwaukee County is ranked as Low Opportunity, compared to Wisconsin and the US as Moderate. Moreover, the poverty rate from 2019 to 2023 for children under 18 in Milwaukee County was about 24%. Experiencing poverty as a child negatively impacts children's physical, social, and emotional development in the short- and long-term.

“Lead exposure puts both pregnant people and young children at risk, with the potential to cause serious health problems before and after birth. Protecting maternal and child health means preventing lead poisoning early through routine screenings during pregnancy and and children under the age of six. Early action is essential to ensure healthy development and stronger outcomes for families across Milwaukee.”

KEY INFORMANT

Health Outcomes

Health outcomes describe the overall health of our community and the direct impacts of disease and injury in health care utilization, morbidity, and mortality. We see differences in life expectancy and years of potential life lost for residents living in different areas across Milwaukee County and by racial groups, in particular for Black residents.

LIFE EXPECTANCY

The National Center for Health Statistics (NCHS), the nation's principal health statistics agency, defines life expectancy at birth as the average number of years that a group of infants would live if the group were to experience, throughout life, the age-specific death rates present in the year of birth.

Life expectancy estimates are often used to compare population health across geographic regions because life expectancy is understood by the public and has well-established methodologies. The overall life expectancy for Milwaukee County residents is 75.1 years, but there are significant gaps by race and ethnicity. Per data from 2020 to 2022, non-Hispanic Black residents are expected to live nine years less than their White counterparts.

Life Expectancy by Race and Ethnicity, Milwaukee County, 2023

Source: Life expectancy was calculated using death counts from Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics and the US Census

Life Expectancy	Value
Life Expectancy	77.0
Hispanic (all races)	78.1
Non-Hispanic Black	68.9
Non-Hispanic White	79.7

CAUSES OF DEATH

When looking at mortality data, it is important to understand when populations and subgroups are dying (life span and life expectancy) and what they are dying from, i.e., causes of death. The top causes of death are the ultimate health outcome. The top causes of death and differences in causes of death across subgroups help contextualize and narrow health improvement efforts to address health disparities. Factors such as socioeconomic conditions, access to health care, and community violence play a role in these mortality rates.

Causes of death vary across the life course. Older age groups in Milwaukee (55+) experience heart disease, cancer, and other chronic conditions as the leading causes of death. Heart disease, cancer, and unintentional injuries have been the three leading causes of death statewide and within each Wisconsin region since 2021. Younger adult populations face intentional and unintentional injuries as the top causes of death. While there is not much variation when we compare cause of death by gender; accidents (unintentional injuries), suicide, and liver disease are leading causes for men in Milwaukee County, and nutritional deficiencies is the top cause for women.

Top 10 Causes of Death by Gender, Milwaukee County, 2023

	All	Female	Male
1	Diseases of heart	Diseases of heart	Diseases of heart
2	Cancer	Cancer	Cancer
3	Other causes	Other causes	Accidents (unintentional injuries)
4	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Other causes
5	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases
6	Covid 19	Chronic lower respiratory diseases	Assault (homicide)
7	Chronic lower respiratory diseases	Alzheimer's disease	Chronic lower respiratory diseases
8	Alzheimer's disease	Diabetes	Diabetes
9	Diabetes	Hypertension	Intentional self-harm (suicide)
10	Assault (homicide)	Nutritional deficiencies	Chronic liver disease and cirrhosis

Data source: WISH Mortality Module, Milwaukee County, Year of Death 2023

Top 10 Causes of Death by Age, Milwaukee County, 2022

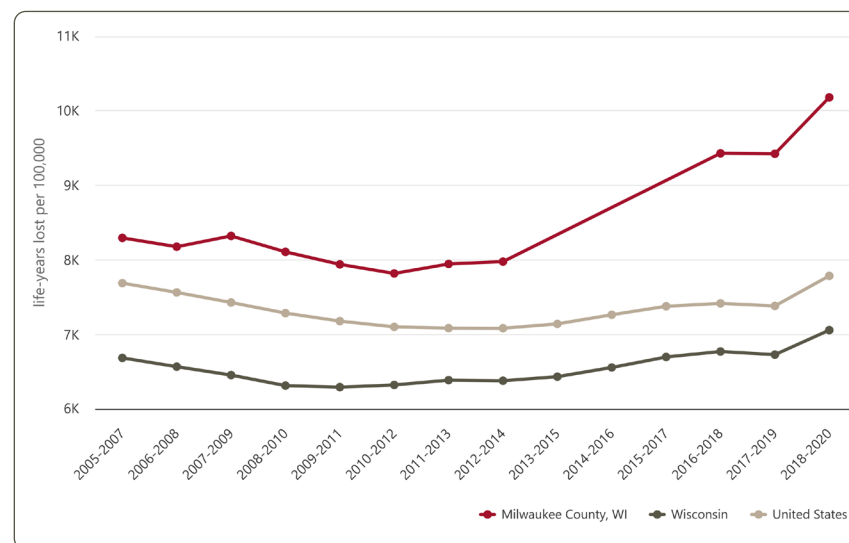
	All Ages	Infants <1	1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
1	Diseases of heart	Certain conditions originating in the perinatal period	Other Causes	Accidents (unintentional injuries)	Assault (homicide)	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Diseases of heart	Diseases of heart
2	Cancer	Other Causes	Accidents (unintentional injuries)	Assault (homicide)	Accidents (unintentional injuries)	Assault (homicide)	Other Causes	Diseases of heart	Cancer	Cancer
3	Other Causes	Congenital malformations	Septicemia	Other Causes	Intentional self-harm (suicide)	Other Causes	Assault (homicide)	Cancer	Accidents (unintentional injuries)	Other Causes
4	Accidents (unintentional injuries)	Accidents (unintentional injuries)	Assault (homicide)	Chronic lower respiratory disease	Other Causes	Intentional self-harm (suicide)	Cancer	Other Causes	Other Causes	Accidents (unintentional injuries)
5	Cerebrovascular diseases	Assault (homicide)	Chronic lower respiratory disease	Congenital malformations	Cancer	Diseases of heart	Diseases of heart	Chronic liver disease and cirrhosis	Covid 19	Cerebrovascular diseases
6	Covid 19	Diseases of heart	Covid 19	Cancer	Chronic lower respiratory diseases	Cancer	Intentional self-harm (suicide)	Assault (homicide)	Chronic liver disease and cirrhosis	Covid 19
7	Chronic lower respiratory diseases	Nephrosis		Intentional self-harm (suicide)	Covid 19	Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis	Cerebrovascular diseases	Cerebrovascular diseases	Chronic lower respiratory diseases
8	Alzheimer's disease	Covid 19		Covid 19	Disease of heart	Diabetes	Diabetes	Diabetes	Chronic lower respiratory diseases	Alzheimer's disease
9	Diabetes				Influenza and pneumonia	Covid 19	Covid 19	Covid 19	Diabetes	Diabetes
10	Assault (homicide)				Pregnancy, childbirth and puerperium	Hypertension	Influenza and pneumonia	Intentional self-harm (suicide)	Hypertension	Nephrosis

Data source: WISH Mortality Module, Milwaukee County, Year of Death 2022

YEARS OF POTENTIAL LIFE LOST

Years of Potential Life Lost (YPLL) per 100,000 is a summary measure of premature mortality (early death). It represents the total number of years not lived by people who die before 75 years of age. YPLL puts more emphasis on causes of death that are more common at earlier ages because persons dying at younger ages will have more years subtracted from age 75. Therefore, it may underestimate the importance of chronic and other conditions occurring later in life but elevate when youth and young adults die prematurely. Again, there are significant gaps when broken down by race. YPLL totals for White Milwaukee County residents are 7,900 and over double that value for Black residents, who lose 18,100 years of life.

Years of Potential Life Lost, Milwaukee County and comparison, 2005-2020



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: National Vital Statistics System-Mortality (NVSS-M)
 Years of potential life lost: YPLL is a summary measure of premature mortality (early death). It represents the total number of years not lived by people who die before reaching a given age (here, 75). YPLL puts more emphasis on causes of death that are more common at earlier ages because persons dying at younger ages will have more years subtracted from age 75.



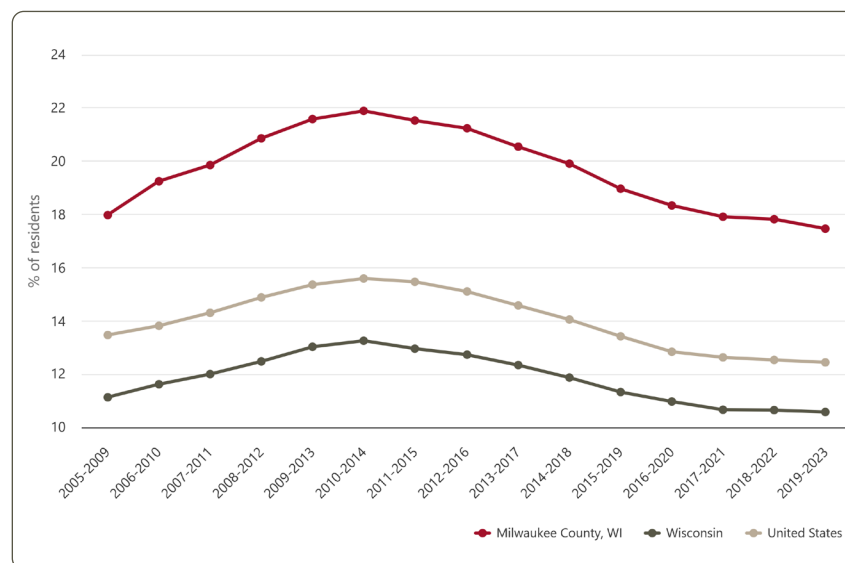
Health Factors

The 2024 Milwaukee County CHNA elevates numerous health factors that directly influence all the top health issues. They are interconnected among themselves and interrelated with the top health issues. Ultimately, they significantly contribute to the downstream health outcomes, disparities, and inequities we see in the community. The identified health factors include economic opportunities, housing, food security, health care access, and racism and discrimination.

Poor health factors are rooted in and directly linked to poverty. Poverty rates drive the top health factors named above. Poverty indicators can serve as barometers that indicate current health factors and forecast future health issues and outcomes. Gaps in poverty rates by race and ethnicity are the results of historical and current racist and discriminatory policies and practices.

Poverty rates for Milwaukee County have decreased in recent data, down to 17.6% during the years of 2019 to 2023. However, this is still well above the US average of 12.4% and the state average of 10.6%. There is a further gap when comparing high-need ZIP codes in the city of Milwaukee that have poverty rates above 40%, 50%, and even 60%.

Poverty Rate, Milwaukee County and comparison, 2005-2023



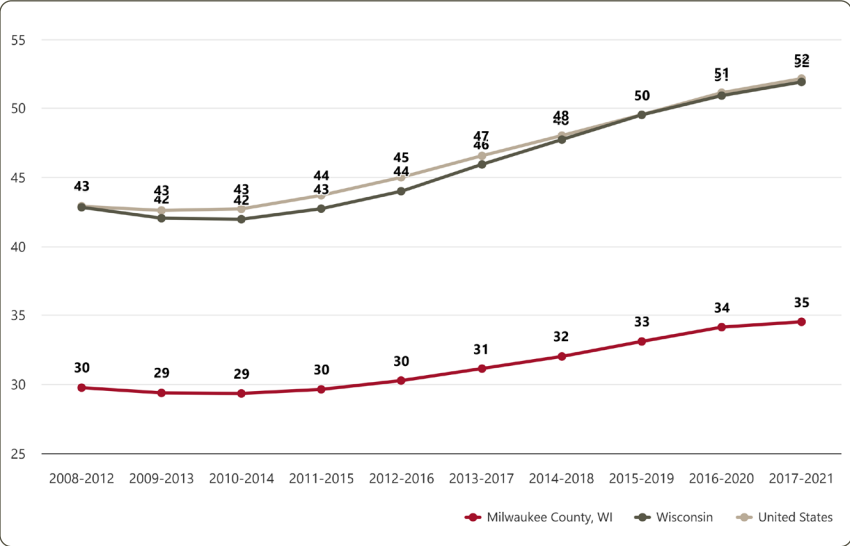
Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Deep poverty is a more nuanced and descriptive indicator that characterizes individuals and families whose income is less than half of the Federal Poverty Level (FPL), which, in 2024, is an annual income of \$15,650 for an individual and \$32,150 for a family of four. The deep poverty rate in Milwaukee is 7.9%, compared to 4.9% statewide. There are a handful of ZIP codes in Milwaukee where 15%-30% of people live in deep poverty (53205, 53206, 53218, 53233).

The Child Opportunity Index is another composite indicator that forecasts economic conditions across the life course. The index captures neighborhood resources and conditions that matter for children’s healthy development, scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100). While this indicator has improved over time, Milwaukee still lags well behind the state and nation at a “Low” rate of 35, almost 20 points behind the “Moderate” comparisons.

Child Opportunity Index 3.0, Milwaukee County and comparison, 2008-2021



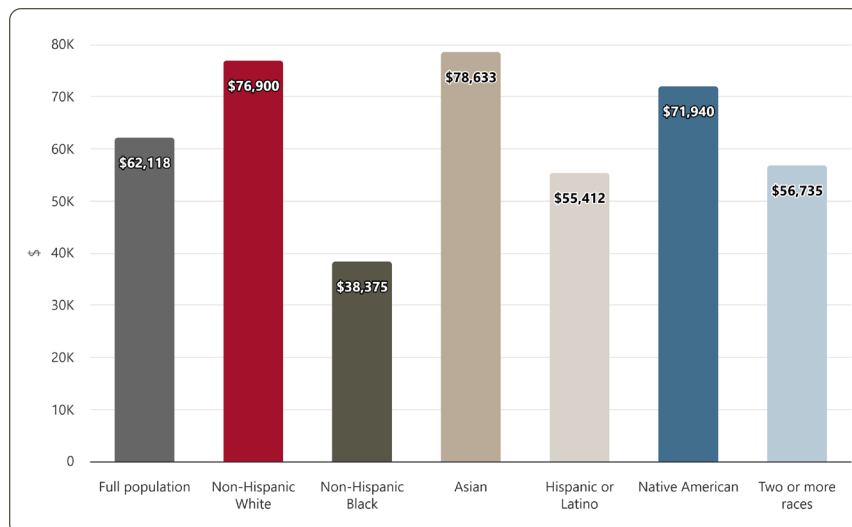
Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Child Opportunity Index 3.0
Child Opportunity Index 3.0: A composite index that captures neighborhood resources and conditions that matter for children’s health development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).



ECONOMIC OPPORTUNITIES

Good economic opportunities facilitate better health across the whole life course and are rooted in strong employment and higher incomes. Good employment opportunities pay a fair living wage, support financial stability, and open the path for intergenerational wealth. The living wage estimated for Milwaukee is \$52.86 per hour – this is the hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. The living wage calculation is aspirational and does not align with the current median household income of ~\$29.86/hour. There are significant gaps in median household income by race and ethnicity. Black households average \$38,375, and Hispanic households average \$55,412.

Median Household Income by Race/Ethnicity, Milwaukee County, 2019-2023

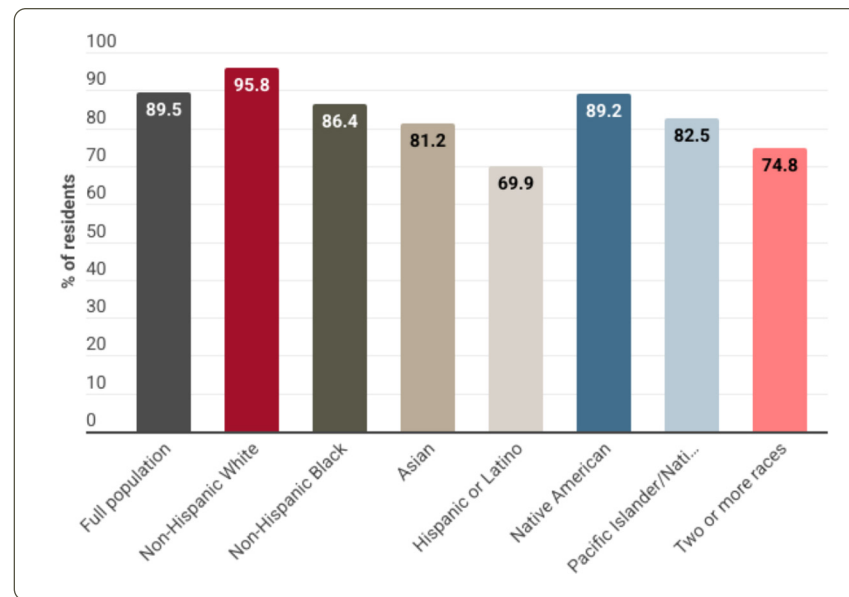


Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Higher wages and household income are one component, but financial stability over time and across generations is critical and the result of quality education and higher academic achievement. Milwaukee lags behind the state in high school graduation rates at 89.6%, demonstrating sharp disparities, with White students at 95.9%, Black students at 86.5%, Asian students at 81.3%, and Hispanic students at 70%. Stronger high school achievement is protective against adverse health outcomes earlier in life and is associated with higher educational achievement, which leads to improved health opportunities across the lifespan.

High School Graduation Rate by Race/Ethnicity, Milwaukee County, 2019-2023



Sourced from Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education



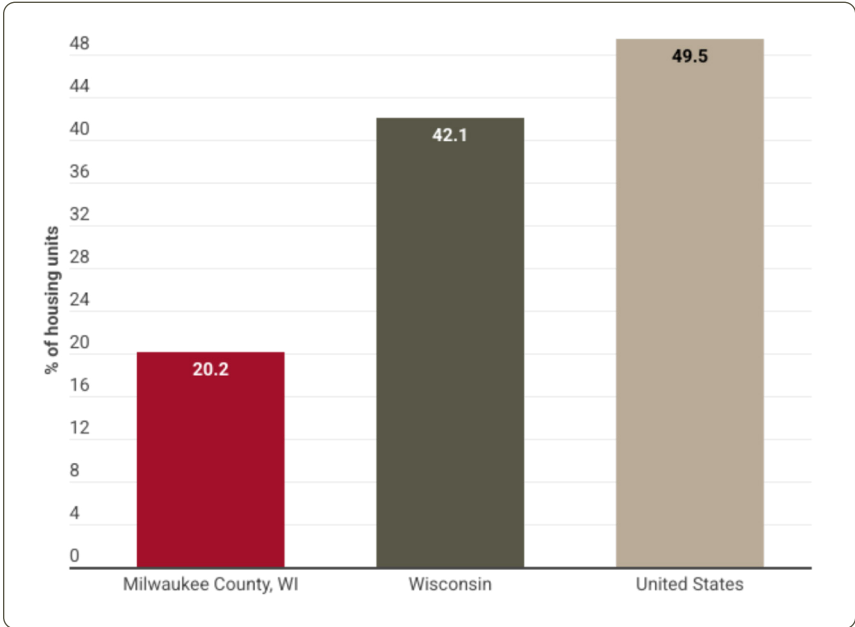
HOUSING

In the 2021 Milwaukee County CHNA, the issue of housing was described through the lenses of place, space, and economics. In 2024, we are providing a separate sub-report on housing to delve deeper into the issue. It includes essential data to build upon the 2021 framework. Where housing is placed 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.

Lead

The issue of lead paint contamination characterizes the impacts of housing as place and space. Lead seriously impacts our community, applying to both residential and public spaces. Lead-based paint, which can cause severe developmental disorders in young children, was banned in new structures in 1978. An indicator of housing built before and after 1979 tells the pervasiveness of the story in Milwaukee County.

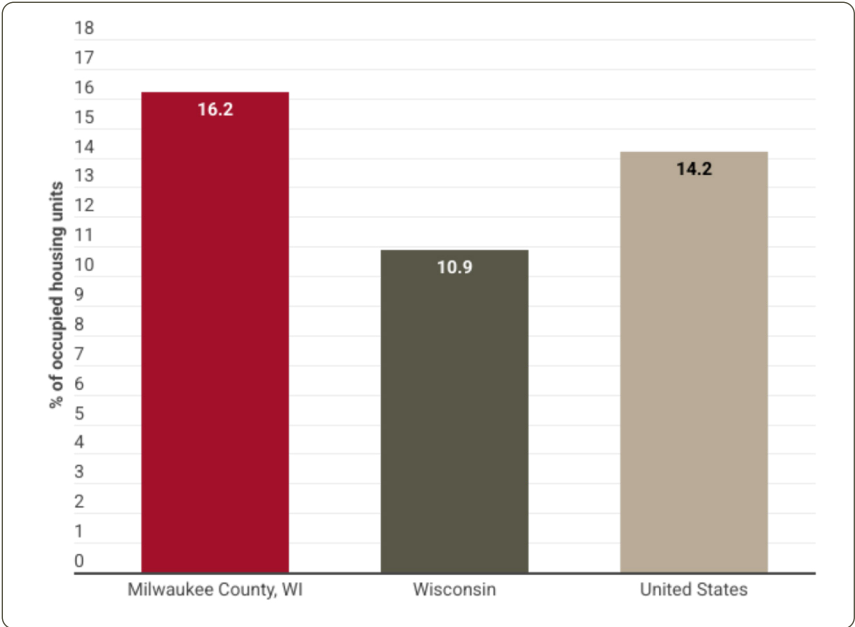
Percent of Housing Units Built After 1979, Milwaukee County, 2019-2023



Sourced from Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B25034)
Built after 1979: Lead-based paint, which can cause severe developmental disorders in young children, was banned from use in new structures in 1978. Expressed as a percentage of housing units, not buildings, so multi-family dwellings are weighted more heavily.

In Milwaukee County, almost 80% of housing units were built before 1979, compared to state and national rates of around 50%. This indicator is expressed as a percentage of housing units, not buildings, so multi-family dwellings are weighted more heavily.

Severe Housing Cost Burden, Milwaukee County and comparison, 2019-2023



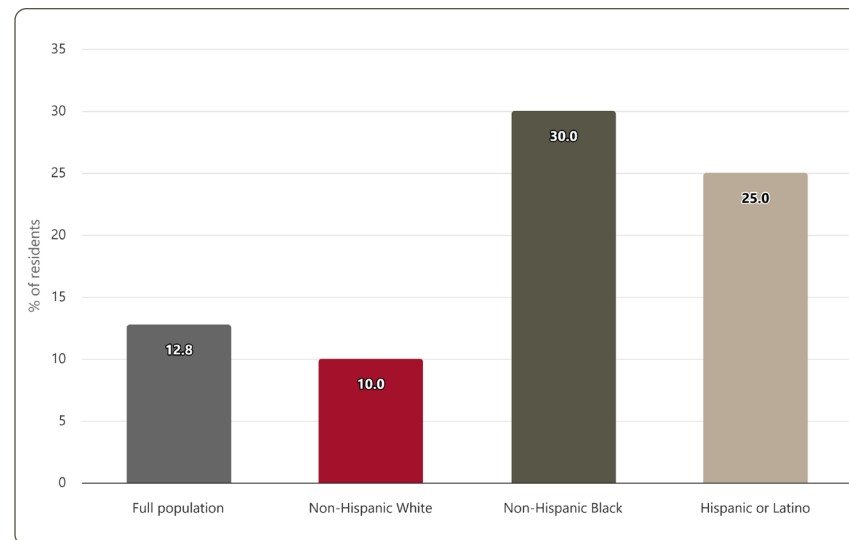
Sourced from Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B25070/25091)
Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees

Housing cost burden, when a household spends 30%+ of their income, and severe housing cost burden, 50% or more of income on housing costs, directly correlates to food insecurity, more children living in poverty, and more people reporting fair or poor health. For unhoused populations, these associations with health factors are even more pronounced. In Milwaukee County, 16% of households face a severe housing cost burden compared to the statewide rate of 11%. This rate is even higher in Milwaukee County, at 25.4%, when we look at households of Black residents alone.

FOOD SECURITY

In 2024, food insecurity resurfaced as a key health factor. It is a driver of chronic disease and a signal for poor or declining economic conditions. In simplest terms, food insecurity is the lack of access to quality and affordable food. The indicator to the right is the percentage of the population experiencing food insecurity at some point. This is a household-level economic and social condition of limited or uncertain access to adequate food, as represented in the United States Department of Agriculture (USDA) food security reports. It is important to look at these data in Milwaukee County by race and ethnicity, where 10% of White residents are food insecure, compared to 25% of Hispanic/Latino residents and 30% of Black residents. This data aligns with the 2024 community health survey data, where when asked if respondents felt they ate less because there was not enough food or money for food, 13.9% responded yes.

Food Insecurity by Race/Ethnicity, Milwaukee County, 2022



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Map the Meal Gap (Map the Meal Gap 2020)

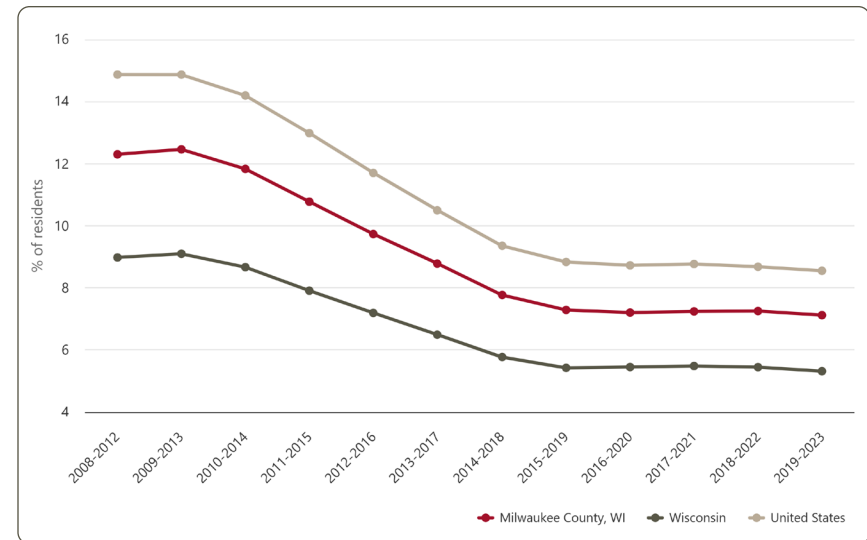
Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

HEALTH CARE ACCESS

Health care access is multifaceted and directly connects to all the top health issues in 2024. The Milwaukee Health Care Partnership (MHCP) broadly defines access to health care as the availability, accessibility, and acceptability of care. More specifically, this includes the availability of services and appointments; cultural competency of providers, geographic proximity, and scheduling times; health insurance coverage, retention of coverage, and coverage aligning with service needs; and care coordination and navigation across organizations. Health care access was a top health issue identified from the 2024 community health survey, key informants, and the safety net clinic focus group. Cost of care was a common barrier mentioned, including the general cost to access care, lack of funds for purchasing medication, and being uninsured or underinsured.

In terms of coverage, Milwaukee has made progress in reducing the uninsured rate by increasing Medicaid BadgerCare Plus and Marketplace HealthCare.gov enrollments. The uninsured rate is at its lowest in recent times at 8.6% but still higher than state (5.3%) and national (7.1%) rates. There are gaps in the uninsured rate in Milwaukee. Women (5.9%) are more likely to be covered than men (8.4%), and Hispanic/Latino residents are more than four times more likely to be uninsured (18.2%) when compared to White residents. It is important to note that a portion of this population is potentially not just uninsured but uninsurable due to legal status.

Uninsured Rate, Milwaukee County and comparison, 2008-2023



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B27001/C27001)

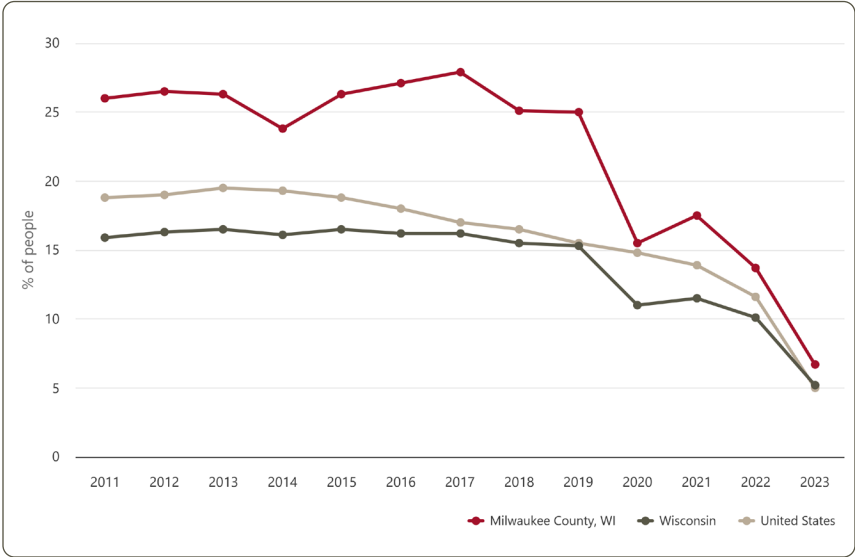
Uninsured rate: Percent of residents without health insurance (at the time of the survey).

“Medical debt sometimes can be paralyzing for people in terms of trying to obtain services because they’re afraid of incurring more debt, or they’re told that they’re not eligible. And so they don’t have a way to pay for it, so they go without... It impacts a lot of low-income populations... We really believe that there are ways to work on this in a much more proactive way. Again, the prevention idea, working with providers, working with communities, helping people understand the systems.”

KEY INFORMANT

Medical debt is the result of poor health care access in that individuals can acquire debt by being uninsured or underinsured. It can also indicate challenges with general health care and health insurance literacy, like poor utilization of care, i.e., going to urgent care or emergency departments for inappropriate health needs. Further, those who acquire medical debt may be less likely to seek out and access care in the future. Medical debt is prevalent in Milwaukee County, according to the 2024 community health survey. A total of 26% of respondents said they had either individual or household medical debt regardless of insurance coverage status. Although community response on the issue is high, data suggest current practices to reduce medical debt have resulted in lower amounts of unpaid medical bills entered into collections, down from 25.0% in 2018 to 6.7% in 2023.

Medical Debt, Milwaukee County and comparison, 2011-2023



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Urban Institute
Medical debt: Percent of people with medical debt in collections.

RACISM AND DISCRIMINATION

All forms of data collected in 2024 continue to demonstrate the critical impact racism and discrimination have on our health. Racism impacts today’s health issues, health outcomes, and the health factors that influence them. Again, in 2024, our community elevated the impacts of racism and discrimination on community health through the 2024 community health survey. With the understanding that, on average, people of color in the US have worse health outcomes compared to White people, the survey asked whether respondents thought the following topics were a major reason, minor reason, or not a reason for health disparities. The data below aligns with the top health factors mentioned above.

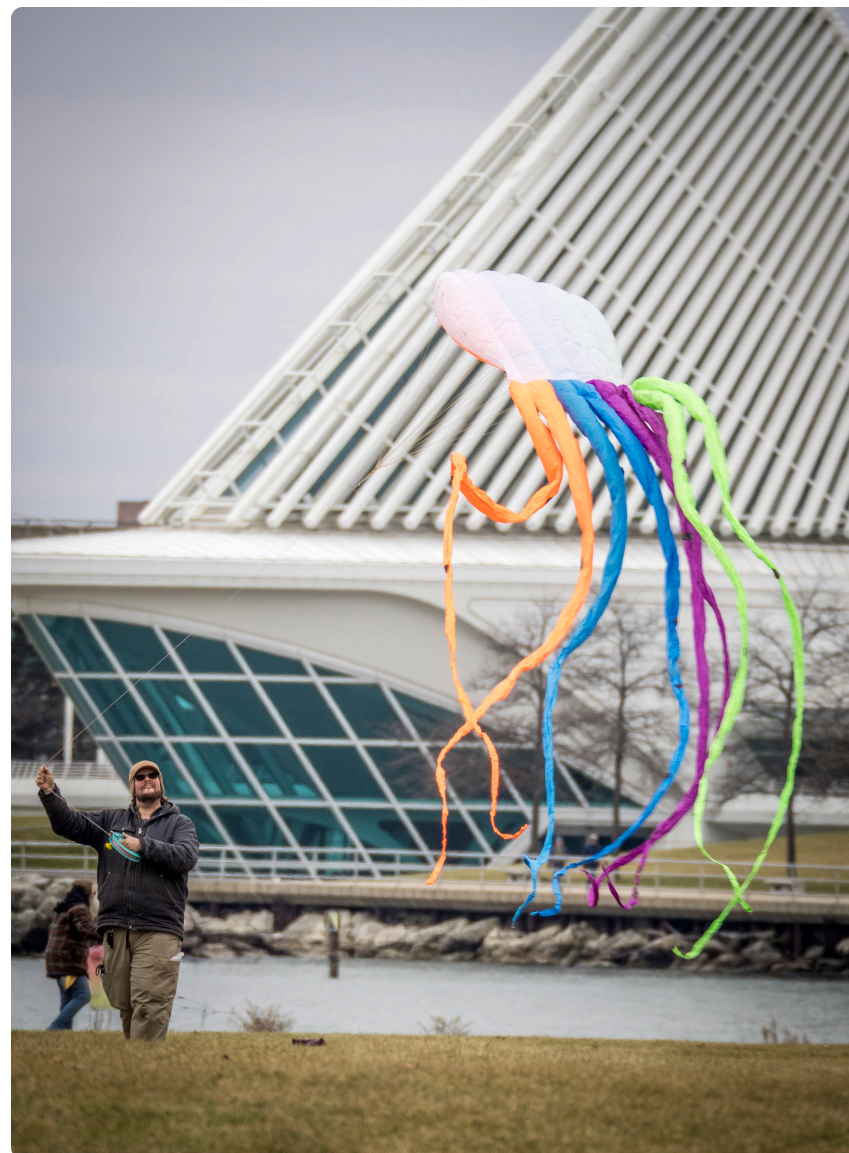
Survey Question:
On average, people of color in the US have worse health outcomes compared to White people. Do you think any of the following are reasons for the difference?

Reason	Major Reason	Minor Reason	Not a Reason
Doctors are less likely to provide the same level of care to people of color as they do to White people	43.7%	27.1%	29.2%
People of color have less opportunity to engage in healthy behaviors like exercise and healthy eating	41.2%	31.0%	27.8%
People of color are more likely to be exposed to pollution and environmental toxins in places where they live	61.6%	23.2%	15.2%
Historic gaps in wealth between White people and people of color	70.4%	19.2%	10.4%
People of color have less access to quality education	51.9%	28.9%	19.2%
Structural or systemic racism	66.1%	20.6%	13.4%

Next Steps: A Collective Approach for Community Health Improvement

We hope the 2024 Milwaukee County Community Health Needs Assessment will inform and sustain community conversations about health equity and improvement. We are at a time when collaboration across sectors is bolstered and ripe for meaningful collective impact initiatives. 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 frame 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.



Community Stakeholders and Focus Groups

In 2024, input about our community's most pressing health issues was provided by 118 individuals. Many organizations listed here serve low-income, minority, and medically underserved populations. The **46 key informants** and **72 focus group participants** represent an array of perspectives from communities that include, but are not limited to: African American, Native American, Hispanic, Hmong, refugee and immigrant populations, youth, LGBTQ+, individuals with disabilities, and those living with mental illness and substance abuse.

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Founder/Executive
Elephant Parade
Former President and CEO
YWCA of Southeast Wisconsin

Erica Wright

Deputy Commissioner of
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City of Milwaukee Health
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FOCUS GROUPS

Faith Focus: including representatives from organizations based in or affiliated with religious groups serving Milwaukee County

Justice System Focus: including organizations and leaders with lived experience in the justice system in Milwaukee County

Mental Health Focus: including organizations working to address mental health needs in Milwaukee County

Milwaukee Health Department, Family and Community Health: Including individuals working with families through programs under Milwaukee Health Department's Family and Community Health branch.

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

Refugee Focus: including organizations serving refugee populations in Milwaukee County

Safety Net Clinics: including representatives from the Free and Community Clinic Collaborative (FC3), a coalition of safety net clinics that provide free and low-cost health care services to uninsured and underinsured patients

Youth Community Members: Including 2 focus groups comprised of Milwaukee County residents ages 14 - 18

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



MILWAUKEE HEALTH CARE ● **PARTNERSHIP**

Established in 2007, the Milwaukee Health Care Partnership (MHCP) 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.

MHCP members include Ascension Wisconsin, Aurora Health Care, Children's Wisconsin, Froedtert ThedaCare 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 (MHD), Milwaukee County Department of Health and Human Services (DHHS), and Wisconsin Department of Health Services (DHS).

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