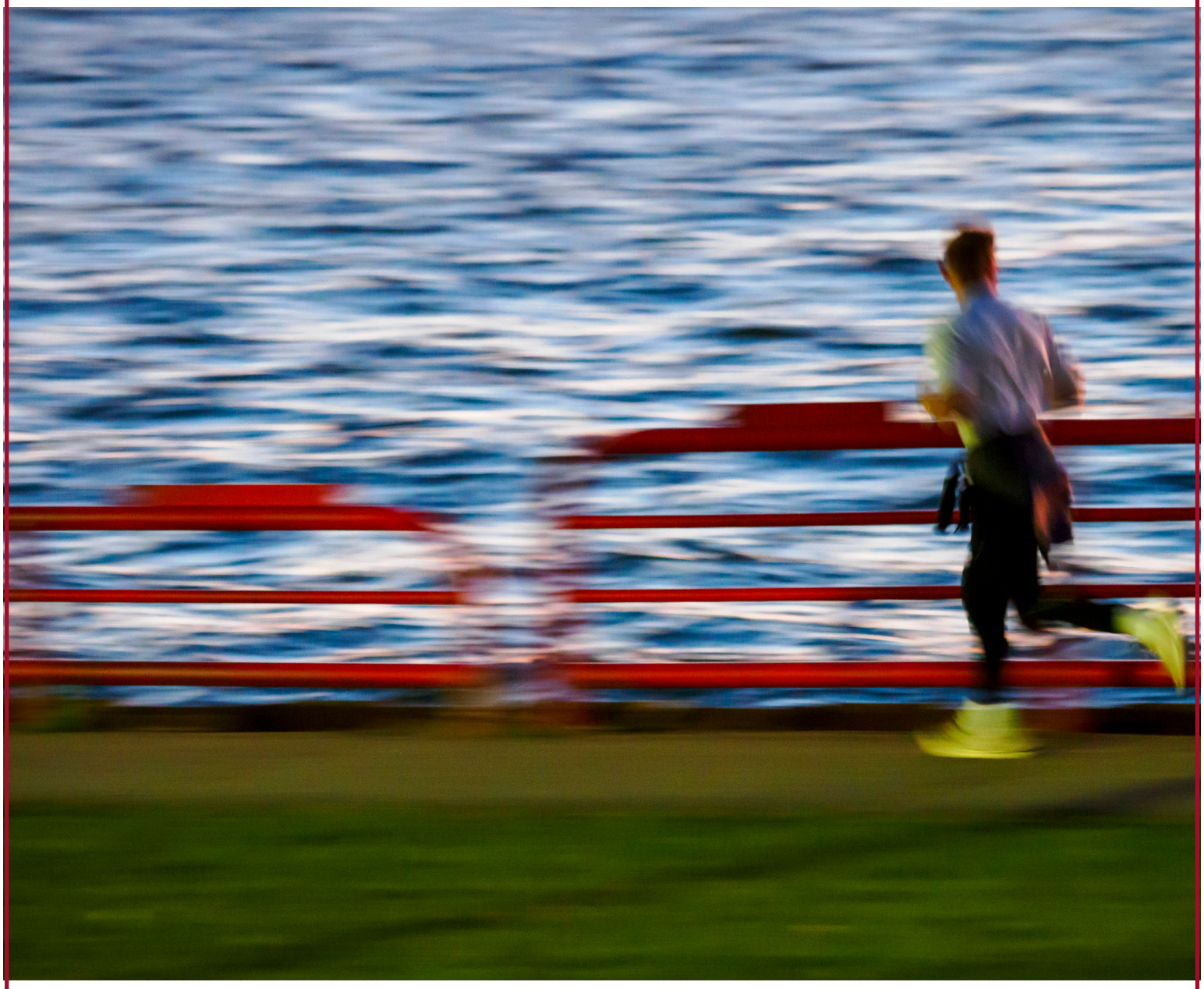
Milwaukee County

Community Health Needs Assessment 2024

Qualitative Report



MILWAUKEE HEALTH CARE

PARTNERSHIP

Background

The Milwaukee Health Care Partnership (MHCP) health system and local public health agency partners conduct a collaborative Community Health Needs Assessment (CHNA) every three years. In 2024, a CHNA was implemented in Milwaukee County and serves to inform hospital systems' and health departments' strategic planning and community improvement initiatives. The results of the assessment are also used by other community-based organizations and the broader community to understand the major health issues Milwaukee is currently facing.

The Milwaukee County CHNA relies on three sources of information:

- Milwaukee County Community Health Survey, an online survey completed by 6,265 Milwaukee County residents;
- Key Informant Interview and Focus Group Report with input from 46 key informants and 10 focus groups; and
- Health Compass Milwaukee, a compilation of publicly reported data sources on one website.

Qualitative Methods

Key informants and focus group participants were identified by CHNA sponsor organization staff, including the four health systems, the City of Milwaukee Health Department, and the Milwaukee County Department of Health and Human Services. Key informant interviews and focus groups were conducted by MHCP staff, representatives from the four health systems, and staff from the Center for Urban Population Health between August and December 2024.

Interviewers and focus group facilitators used a standard discussion guide from which informants identified the top two public health issues that are most important for Milwaukee County. For each public health priority, informants 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 should partner with to improve community health;
- Geographic and other subgroups or populations in the community which experience the health issues;
- Strengths/assets in the community;
- Organizations working to address the issue; and
- 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, special analysis focused on issues faced by special populations including Children/Youth/Families and Refugee/Immigrant Communities. A full report of the qualitative data is available at Health Compass Milwaukee.

This report summarizes the top health issues, barriers and challenges, and strategies needed as identified in the analysis of the key informant interview and focus group data. A brief overview of select special populations' health needs is also provided. Representative de-identified quotes from interview and focus group transcripts for each main health issue and special population are available by request. The full 2024 Milwaukee County CHNA report is available at Health Compass Milwaukee. The Milwaukee County CHNA reports are developed in collaboration with the Center for Urban Population Health, cuph.org.

Limitations

This report is based on the experiences, viewpoints, and opinions of a limited number of community members who were identified as having expertise in understanding the health and other needs of Milwaukee communities. A small number of invited key informants were not able to participate in an interview. It is possible the results would have been different if an alternative set of informants had been interviewed. In addition, the interviews were conducted by several different individuals, which may have resulted in some inconsistencies in data collection.

Although CUPH staff used a consistent data collection and analysis process to review and analyze the interview data, it is possible that certain responses could have been misinterpreted. Additionally, some informants or focus group participants did not answer all questions from the discussion guide, and some answered the questions generally across issues, rather than relating the questions back to their top two identified health issues. Therefore, results should be interpreted in conjunction with other Milwaukee County data available in the Milwaukee County Community Health Survey and Health Compass Milwaukee.

Introduction

This report provides a summary of the 2024 top five community health priorities, barriers and challenges, and suggested strategies. These health priorities were identified by health and social service providers, policy-makers, local health experts, non-profit organization leaders and staff, and community members, collectively known as key informants. The key informants represent diverse professional and lived experiences from communities that include African American or Black, Latino or Hispanic, refugee and/or immigrant, elderly, youth, LGBTQ, individuals with disabilities, people living with mental illness and substance use, among other identities.

Top Five Health Issues

The top health issues identified through qualitative analysis were:

1. **Access to Housing**
2. **Mental Health**
3. **Access to Health Care**
4. **Violence**
5. **Food Insecurity**

Many of these priorities were discussed in conjunction with one another as well as other related health, social, economic, and political issues in the community. A detailed examination of each health topic is provided in the following sections along with barriers, challenges, and needed strategies to address each issue. Given their interconnectedness, challenges and/or solutions may be noted in various issue areas.

The top health issues are presented in the order of how they ranked in the synthesis process, starting with the most commonly mentioned health issue.

Top Health Issue: Access to Housing

Access to safe, affordable housing was the most commonly mentioned health issue facing Milwaukee County community members. Informants discussed this topic in terms of various levels of access to housing, from homelessness, access to enough affordable housing, eviction challenges, and safety of housing both in terms of violence and environmental hazards. Housing was also mentioned in connection to food insecurity, unemployment, lack of insurance, transportation, segregation, and other Social Determinants of Health (SDoH).

BARRIERS/CHALLENGES:

- Growing elderly homeless population
- Homeless shelters often operate at or past capacity or unable to provide enough services to match community need
- Inadequate access to affordable housing units (apartments and homes)
- Old housing stock that presents residents with environmental health hazards
  - Lead-based paint and lead piping
  - Flooding issues
  - Mold, other environmental hazards
  - Pest control problems
- Many low-income housing units in unsafe neighborhoods
  - Gun violence, reckless driving create unsafe neighborhoods
- Ongoing negative impacts of historical redlining policies that cause persistent community segregation
- Eviction disparities and policies inequitably impacting certain communities
- Lack of employment opportunities in certain lower-income neighborhoods limits individuals' ability to earn a living wage to sustain access to safe housing
- Inadequate space and resources to provide safe sleeping spaces for babies, children
- Intergenerational trauma of homelessness/housing instability impacting health
- Siloed nature of the existing resources in Milwaukee

NEEDED STRATEGIES:

- Understand, examine, and address all factors that lead up to homelessness, which include SDoH such as education, income, food insecurity, transportation, and access to health care
- Change landlord and tenant rights and policies in Wisconsin
  - Imbalance of rights favoring landlords that allows high rent charges despite poor quality housing
- Educate tenants on their housing rights
- Funding for shelters and advocacy organizations supporting tenants' rights
- Extended maternal and paternal leave for families to transition into parenting
  - Home visiting programs to help families make safe adjustments to their homes to provide the healthiest environment possible for babies and children
- Homeless Continuum of Care program
  - Coordination among various organizations to communicate about the whole person's needs, from health to social to economic
- Community outreach assessment of homeless individuals' needs
  - Provide services directly to people right away, connecting them to necessary resources in the community

- Raise the federal poverty level
- Housing First Model application in Milwaukee
- More strategic collaboration of nonprofit, governmental, and funding agencies
  - Education for community members about existing housing resources in Milwaukee

Top Health Issue: Mental Health

Mental health was talked about in terms of experiences of mental health challenges, including anxiety, depression, substance use and abuse/addiction, as well as access to behavioral health care and culturally competent treatment options. Key informants commented that COVID-19 had a significant impact on mental health in the community in both positive and negative ways. Positive consequences included a reduction in stigma around mental health, as more individuals and communities, particularly youth, openly talked about experiences of mental health challenges and seeking help and treatment options. Virtual appointments also made access to behavioral health therapy more available to certain populations. However, stigma around mental health still persists, particularly about behavioral health disorders and among the elderly and some communities of color. Another negative consequence was the unprecedented isolation that COVID-19 caused and its long-lasting impact on the mental health of the elderly and youth populations in the Milwaukee community.

BARRIERS/CHALLENGES:

- Lack of insurance to access behavioral health care
- Low trust among certain communities for existing governmental and health care services
- Stigma around talking about mental health challenges and seeking help
- Medication management difficulties, including consistent payment options
- Inadequate number of behavioral health providers to match community need
  - Cultural competency of providers to match/understand lived experiences of communities of color
  - Language barriers between providers/systems and patients
- Increased need for behavioral health services post-COVID, particularly for youth
- Long wait lists for treatment and medication management
- Transportation challenges to consistently get to appointments
- Limited education/marketing to the general public about existing resources in the community
- Siloed nature of existing resources in Milwaukee
- Lack of employment opportunities in certain lower-income neighborhoods limits individuals' ability to have access to insurance through an employer
- Difficulty navigating the complex health system
- Licensing requirements for providers can be lengthy, complicated

NEEDED STRATEGIES:

- Medical respite services
- Behavioral health services in schools for youth
- Behavioral health services co-located with other health services
- More free community clinics located in communities of need
- Better transportation options to get to appointments
- Build trust with community members
- Utilize retired physicians/nurses as volunteers in clinics to provide more services to communities in need
- Lower Medicaid eligibility requirements
- Health system navigation support
- Increased use of harm-reduction strategies

- Career pathways for more students, and particularly students of color, to learn about and go into behavioral health care fields
- Tuition reimbursement/payment options for students in behavioral health care disciplines
- Translation services/more bilingual services for behavioral health care
- More peer specialists, community health workers, and doulas who are trusted in the community and can connect individuals to trusted resources and providers/treatment
- More funding for non-traditional services to provide support to community members

Top Health Issue: Access to Health Care

Access to health care encompassed physical locations of health clinics, insurance status, provider availability based on payer source, difficulty navigating large health systems, continuity of care, and cultural patient-provider fit. In addition, language barriers and experiences of discrimination in the health care setting were also mentioned within this theme. Access to care was directly related to other SDoH, including transportation to appointments, health literacy, housing and food insecurity, and trust in the health care system more broadly.

BARRIERS/CHALLENGES:

- The physical location of clinics is not where the greatest needs are for certain communities
  - Lack of reliable, low-cost, or free transportation limits accessibility to clinics
  - Not being able to show up on time for appointments results in being denied services from providers in the future
- Difficulty navigating large health care systems and care across contexts and insurance providers
- Experiences of racism and/or discrimination in the health care setting impacts the quality of interactions and desire to return to care
- Poverty
- Low health literacy among the patient population, particularly those who are not native English speakers
  - Some community members may not understand their insurance benefits or where they can access care with their coverage
- Cultural competency of care providers
- Language barriers for patients
  - Translators are not always available for patients or families, particularly for behavioral health, vision, and dental services
  - Cultural barriers still exist in communication even with translators available
- Lack of insurance that covers health care where and when needed
  - Underinsurance creates a barrier to seek care due to higher co-pays or deductibles
- Lack of established Primary Care Provider (PCP) or being removed from a PCP or clinic if the patient does not cancel the appointment or show up to the appointment on time (often due to lack of transportation)
- Not enough behavioral health providers to meet community need
  - Particularly among communities of color
- Lack of adequate preventive care access in neighborhoods
- Need for education in the community about available resources and support

NEEDED STRATEGIES:

- Community health workers and navigators to assist individuals in understanding their insurance, how to navigate the health care system, and help coordinating care
- More free community clinics located in communities of need
- Better transportation options to get to appointments
- Build trust between patients, providers, and health systems through community engagement and community voice empowerment
- Utilize retired physicians/nurses as volunteers in clinics to provide more services to communities in need

- Lower Medicaid eligibility requirements
- Health system navigation support
- Career pathways for more students, and particularly students of color, to learn about and go into health care fields
- Translation services/more bilingual services, particularly for dental and vision services
- More peer specialists, community health workers, social workers, and doulas who are trusted in the community and can connect individuals to trusted resources and providers/treatment
- Increased communication in the community about existing resources and health system navigation support
- Collaboration and streamlining of existing resources in the community
  - Less siloed, competitive programming, interventions, and funding needed

Top Health Issue: Violence

The general theme of violence discussed includes domestic violence, gun violence, and reckless driving or street violence. Violence was also discussed in relation to many SDoHs, most significantly socioeconomic status, employment opportunities, education, housing instability, food security, racism, and community trauma.

BARRIERS/CHALLENGES:

- Poverty, lack of economic stability and employment
- Reckless driving and car theft culture
- Fear of law enforcement
  - Historical traumas and discrimination fuel existing distrust in some communities
- Excessive speeding, racing culture
- Hit-and-runs create feelings of unsafe streets, environments
- Gun violence on the streets, particularly among youth, inhibits feeling safe to be out in the community to be physically/socially active
- Domestic violence/abuse hidden in the community, stigma around getting help and support
- Trauma and retraumatization of community members through repeated violence exposure
- Youth experiencing gun violence or other forms of violence in their community as part of everyday life
- Culture of violence, lack of trust/security in the community

NEEDED STRATEGIES:

- Gun locks made widely available
- Legislation to support limiting access to purchasing firearms, Red Light policies
- Street design to reduce speeding
- More prevention and intervention strategies for adults in the community who are involved in violence or live in violence zones
- Gun safety education
- Build trust among community members and law enforcement through community engagement and community voice empowerment
- More employment opportunities in neighborhoods that have suffered from historical disinvestment, redlining policies
- Increased collaboration among existing resources, more streamlining
- Improved education for youth
  - Better driver education
- Alcohol ignition locks on cars
- Better data to understand the community of drivers who are unlicensed and uninsured and how to better respond to those drivers to prevent violence

Top Health Issue: Food Insecurity

Food insecurity was the final of the five top health issues discussed by key informants. This included lack of regular access to food for self or family, inability to access nutritious food, low supply of foods that fit cultural traditions, and high cost of food. Food insecurity was often mentioned in conjunction with access to housing and health care, as well as employment, transportation, cultural barriers, and poverty.

BARRIERS/CHALLENGES:

- Lack of regular source of any food, particularly healthy, nutritious food
- Lack of access to foods that fit cultural traditions
- Not enough supply in food pantries, particularly supply that matches cultural traditions
- Housing insecurity directly related to food insecurity
- Poverty, lack of economic stability, and unemployment
- Lack of knowledge about where to find food resources in the community
- Language barriers
- Increased cost of food in general

NEEDED STRATEGIES:

- More funding for food pantries to increase supply
- Education in the community about existing food resources
- Increased availability of culturally appropriate foods for those in need
- Policies that promote economic and job investment in underserved communities
- Collaboration among existing organizations, streamlining of resources

Special Population Reports

There were two communities within the larger Milwaukee County population that were a focus for the 2024 Community Health Needs Assessment:

- Children/Youth
- Refugee/Immigrant

A summary of the major health needs of each population along with needed strategies is provided below.

Children, Youth, and Families

HEALTH ISSUES AND BARRIERS

Key informants who spoke about the health needs of children, youth, and families in Milwaukee County focused on several topics. These included: increased mental health challenges and treatment needs, negative stigma around mental health, and access to behavioral health providers. Many mentioned that the mental health needs of youth post-COVID have increased, social isolation continues to have a negative impact on many, and that provider options do not match the needs of diverse youth in the County. In addition, key informants discussed how systemic housing and food insecurity also directly impact children, youth, and families on an everyday basis, particularly as many children obtain most of their meals from school breakfast and lunch programs. Children may not have access to nutritious food at other times of the day, week, or year when school is not offering this resource. Housing stock and environmental health greatly impact children because of lead and other household contaminant exposure that lead to increased rates of childhood asthma and lead poisoning. This directly impacts the physical and cognitive development of vulnerable children in Milwaukee. Access to health care, dental care in particular, was discussed among some informants as well, as the link between dental health and chronic illnesses and infection is recognized. There is also a contingent of youth who are over the age eligibility requirements for many health and social service benefits who may lose coverage or access to necessary care and support. Finally, key informants recognized that community trauma and ACEs (Adverse Childhood Experiences) in the form of violence can have a significant impact on the development of Milwaukee children and youth. The main discussion was around street violence (reckless driving) and gun violence and the trauma and culture of insecurity that can result from those repeated exposures.

Barriers include a lack of coordinated prevention and intervention programming, inadequate funding to existing youth resources in the community, persistent stigma around mental health, social isolation after COVID-19, policies that limit access to health insurance benefits, language barriers, distrust in some community services and systems, such as law enforcement, overmarketing/convenience of fast food/unhealthy food options versus nutritious choices, and lack of after-school opportunities to engage youth and help develop employability skills.

NEEDED STRATEGIES:

- More mental health providers in ZIP codes of need for youth
- School-based health and mental health services, including dental clinics
- More coordination and collaboration among youth-serving organizations
- Environmental health strategies to mitigate lead exposure in homes
- Improved health of existing/new affordable housing stock
- Trauma-informed care, trauma prevention and intervention programming
- Gun violence prevention programming
- Improved access to quality education
- Working with parent coordinators/utilizing that as a resource to connect with youth, families more

Refugee/Immigrant Communities

HEALTH ISSUES AND BARRIERS

The top health issues discussed for the refugee/immigrant community included lack of stable housing, poor housing quality, food insecurity and inability to access foods that match cultural traditions, lack of access to health care and health insurance, mental health, particularly stigma, and challenges with chronic disease management. Key informants mentioned how language serves as a significant barrier for many of these health issues, such as health literacy, the ability to understand physician communication, navigating complex health systems, advocating for oneself and family, and managing physical and mental health challenges, are all directly impacted by the ability to understand and speak English. Cultural adaptation to the United States health care, housing, transportation, employment, and educational systems was also mentioned as a barrier that many in this community face. Language can also limit refugee/immigrant community members from knowing or easily accessing existing resources in the community. This includes access to affordable, reliable transportation, given the literacy needed to navigate a complex public transit system in an urban setting. The cultural traditions and lifestyles of their native lands may be markedly different from what is experienced in the United States and it takes time to learn, adjust to, and navigate. Policies that regulate employability, eligibility for health insurance, and other assistance programs can also limit this community's access to systems that support health and prosperity.

In addition, there continues to be a strong negative stigma surrounding mental health diagnoses among the refugee/immigrant population, which deters seeking treatment or discussing any challenges more openly. A mismatch culturally and in terms of language between these community members and most health care providers creates another power differential and barrier to accessing necessary care. If appropriate language translation is not available, or even if it is, patients can misunderstand directions, not ask necessary questions, and/or feel that they do not have the skills to advocate for their own or their family members' health decisions. Western medicine traditions may also counter those of refugee/immigrant populations, creating another discrepancy between patient and provider that may result in lower adherence to medical advice or seeking treatment or care in the future.

NEEDED STRATEGIES:

- Increased language translation, support services for a variety of refugee/immigrant communities
- Better transportation options
  - Support resources to help this community navigate existing system
- Advocacy groups to support the rights of this community
- Policies that support housing and health care access
- Community health workers to support health care and other SDoH system navigation and advocacy
- Cultural competency training for health care providers
- More affordable, healthy housing availability
- Increased food supply that meets nutrition and cultural needs for diverse refugee/immigrant populations
- Care coordination to assist with chronic disease management
- Targeted education on existing resources in the community
- Mental health stigma reduction interventions
- Collaboration among existing resources in the county, particularly partnering with faith-based communities that serve refugee/immigrant populations

List of Key Informant Interview Participants and Focus Groups

KEY INFORMANTS WHO PARTICIPATED IN INTERVIEWS:

Salma Akhter
Clinic and Office Coordinator
Muslim Community and Health Center of Wisconsin

Tina Anderson
Administrator, Disabilities Services
Milwaukee County DHHS

Kristen Beyer
Professor, Division of Epidemiology
Medical College of Wisconsin

Michele Bria
Chief Executive Officer
Journey House

Maria Chay
Program Manager/CHW
Karenni Community
Milwaukee Consortium for
Hmong Health, Inc.

John Chisholm
Senior Lecturer
Marquette University
Former Milwaukee County District Attorney, Milwaukee County

Faithe Colas
Director of Advocacy, Outreach, and Community Affairs
Greater Milwaukee Urban League

Eric Collins-Dyke
Assistant Administrator of Supportive Housing and Homeless Services, Milwaukee County

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

Matt Crespin
Executive Director
Children's Health Alliance of Wisconsin

Frank Cumberbatch
VP Community Engagement
Bader Philanthropies

Julie Divjak
VP of Community Impact
United Way Greater of Milwaukee and Waukesha County

Andi Elliott
Chief Executive Officer
Community Advocates Inc.

Martina Gollin-Graves
President and CEO
Mental Health America of Wisconsin

Abby Gorecki
VP Community Health
Sixteenth Street Community Health Centers

Bria Grant
Executive Director
Unite WI

Laura Gutiérrez
Chief Executive Director
United Community Center

Patti Habeck
President
Feeding America Eastern Wisconsin

Ashanti Hamilton
Manager of Workforce Development
Veolia North America
Formerly Director of the Office of Community Wellness and Safety
City of Milwaukee

Helen Hermus
Executive Director
Milwaukee Consortium for Hmong Health, Inc.

John Hyatt
President and CEO
IMPACT Inc.

Celia Jackson
Consultant, Owner, Speaker, Advocate, Presenter, Writer
Shidi LLC
Coalition for Safe Driving MKE

Abiola Keller
Health Equity Researcher, Associate Professor, Interim Associate Dean for Research
Marquette University

Emily Kenney
Strategic Initiatives and Transformation Director
Milwaukee County DHHS

Constance Kostelac
Assistant Professor; Director Division of Data Surveillance and Informatics, Comprehensive Injury Center
Medical College of Wisconsin

Shakita LaGrant-McClain
Director, Health and Human Services
Milwaukee County DHHS

Michael Lappen
Administrator, Behavioral Health
Milwaukee County DHHS

David Muhammad
Deputy Director
Milwaukee County DHHS

Jeffrey Norman
Chief of Police
Milwaukee Police Department

Joshua Parish
Assistant Chief
The Milwaukee Fire Department Support Bureau

Amy Parry
Program Manager
Epidemiology
Medical College of Wisconsin

Bobby Peterson
Executive Director/
Public Interest Attorney
ABC for Health

Andrew Petroll
Professor, Infectious Disease Specialist
Infectious Disease Clinic
Froedtert Hospital and the
Medical College of Wisconsin

Carmen Pitre
President and CEO
Sojourner Family Peace Center

Darlene Russell
Director of Community Engagement
Greater Milwaukee Foundation

Robert Schneider
Professor of Urban Planning
University of Wisconsin Milwaukee

Arman Tahir
CEO/Program Director
Muslim Community and Health Center of Wisconsin

Nick Tomaro
Community Intervention Specialist
Milwaukee County DHHS

Melissa Ugland
Public Health Advisor
Gerald L. Ignace Indian Health Center

Carla Washington
Wisconsin VP of Operations
Vivent Health

Amanda Weiler
Health Impact Manager
United Way of Greater Milwaukee and Waukesha County

Jessica Wineberg
Vision Zero Policy Director
City of Milwaukee

Bridget Whitaker
Executive Director
Safe and Sound

Reeve Wittenberg
Pediatric Nurse
Gerald L. Ignace Indian Health Center

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

Erica Wright
Deputy Commissioner of Community Health
City of Milwaukee Health Department

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