2022
Community Health Needs Assessment Report

A SHARED COMMUNITY HEALTH NEEDS ASSESSMENT

Aurora St. Luke's Medical Center
Aurora St. Luke's South Shore
Aurora Sinai Medical Center
Aurora West Allis Medical Center
Aurora Psychiatric Hospital

Aurora Health Care

December 2022

Thank you for taking the time to learn more about the Advocate Aurora Health Milwaukee County Community Health Needs Assessment (CHNA). This CHNA provides a comprehensive picture of the health status of the communities served by Aurora St. Luke's Medical Center, Aurora St. Luke's South Shore, Aurora West Allis Medical Center, Aurora Sinai Medical Center, and Aurora Psychiatric Hospital. Through understanding the health and social needs of our communities, the hospitals can provide safe, high-quality care with compassion and dignity.

Collaboration and partnership are crucial components of a hospital's CHNA process. Every three years the health system members of the Milwaukee Health Care Partnership (Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health) work with community partners and stakeholders to complete a comprehensive CHNA.

Based upon comprehensive community data and feedback, Advocate Aurora Health Milwaukee County hospitals selected 3 health priorities for the 2022 CHNA. The priorities selected include the following:

- Access to innovative care and services
- Behavioral Health: Mental health and substance use
- Living Well: Hospital specific priorities addressing one or more social drivers of health

At Advocate Aurora Health, we are committed to helping people live well by understanding the needs of the community and implementing culturally appropriate interventions that address the root causes. We also understand that creating and sustaining community partnerships to implement evidence-based programs is critical in addressing our communities' health needs.

We welcome and encourage community feedback regarding the health needs of our community and the CHNA process. A link at the end of the CHNA report will provide you with an opportunity to leave any feedback, comments, or ideas. We also encourage you to review the report and provide recommendations regarding community programs or strategies that aim to address the identified priority health needs. Our Milwaukee County hospitals have the honor of working with community partners and leaders to improve the health and wellness of diverse communities across our service area. With a comprehensive and thorough understanding of our communities' health needs, the hospitals will be well positioned to help people live well and improve the quality of life among individuals, children, and families in the communities we serve.

Carrie Norbin Killoran, FACHE, CCEP, CHC
President
Greater Milwaukee Patient Service Area & Aurora St. Luke's Medical Center

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I. Executive Summary

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

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

The Milwaukee County CHNA relies on three sources of information:

• Community Health Survey (primary data): an on-line survey conducted August – October 2021, with more than 8,600 Milwaukee County residents completing 50 questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including racism and health equity.

• Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 103 individuals representing 93 organizations to identify the community's most pressing health issues and effective health improvement strategies. Forty-eight (48) key informants and 55 participants in four focus groups. The focus groups were selected to assure input from organizations representing vulnerable populations and those with expertise in public health. The groups included leaders and representatives from Safety Net clinics, local public health departments, youth serving organizations, and organizations serving low-income populations.

• Health Compass Milwaukee (secondary data): a dynamic website providing more than 300 of the most current health indicators for Milwaukee County at the county, municipal, zip code, and census tract levels (where available), as well as related demographic data such as race/ethnicity, education, income, and housing. Healthcompassmilwaukee.org

This report along with additional Milwaukee County CHNA materials can be found on Health Compass Milwaukee in the Local Reports section.

The members of the Milwaukee Health Care Partnership utilized Conduent HCI's Data Scoring Tool to identify and rank pertinent findings. This identified mental health, violence, drug use and overdose, alcohol misuse and abuse, and access to health care services as top health issues. The assessment also identified health issues of concern including maternal, fetal and infant health, infectious disease, and chronic disease.

The top eight health issues identified by the members of the Milwaukee Health Care Partnership were presented to community members during four community briefings held in May of 2022 and at each of Advocate Aurora Health Hospital Steering Councils. Following a presentation of key findings, Steering Council members were asked to rank top health issues based on the following criteria:

- Size/Seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- Health care system adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issue to impact other health and social issues
- Ability to effectively address or impact health issue through collaboration

Using these criteria, Advocate Aurora Milwaukee County hospitals have prioritized the significant health needs to address in the 2023-2025 implementation strategies:

- Access to innovative care and services
- Behavioral Health: Mental health and substance use
- Living Well: Hospital specific priorities addressing one or more social drivers of health

II. Description of Advocate Aurora Health and Aurora Milwaukee County Hospitals

A. Advocate Aurora Health

Advocate Aurora Health is one of the 12 largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 75,000 employees, including more than 22,000 nurses and the region's largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology and pediatrics. To learn more about Advocate Aurora Health's contributions to the community and how we help people live well, visit Community Benefits | Aurora Health Care.

B. Aurora Milwaukee County Hospitals

Five Aurora hospitals are located in Milwaukee County. They are:

- Aurora St. Luke's Medical Center – the largest hospital in Wisconsin and the only hospital in Wisconsin with a 24/7 on-site heart-care team.
- Aurora St. Luke's South Shore – a community hospital serving the South Shore community.
- Aurora Sinai Medical Center – a comprehensive community hospital providing state-of the-art services in downtown Milwaukee with a strong focus on supporting greater racial equity and civil rights as well as serving the surrounding community.
- Aurora West Allis Medical Center – located just 15 minutes from anywhere in Metro Milwaukee with full-service and regionally recognized health care options.
- Aurora Psychiatric Hospital – in Wauwatosa provides the most comprehensive continuum of behavioral health care in Wisconsin on a beautiful, 30-acre wooded campus, with treatment options for patients from childhood to geriatrics.

III. 2022 Community Health Needs Assessment

A. Community Definition

For the purposes of this assessment, "community" is defined as Milwaukee County. The exhibit below shows a map of Milwaukee County Aurora hospitals.

Exhibit 1: Milwaukee County Aurora Hospitals

Source: Metopio, 2022

Key findings: Community Definition

- The median age of Milwaukee County is 35.0 years old
- The median household income in Milwaukee County is $11,628 lower than the Wisconsin average
- Fewer Milwaukee County residents aged 25 and older graduated high school, compared to Wisconsin overall

1. Population

The 2020 Milwaukee County population was 939,489.

2. Social Drivers of Health

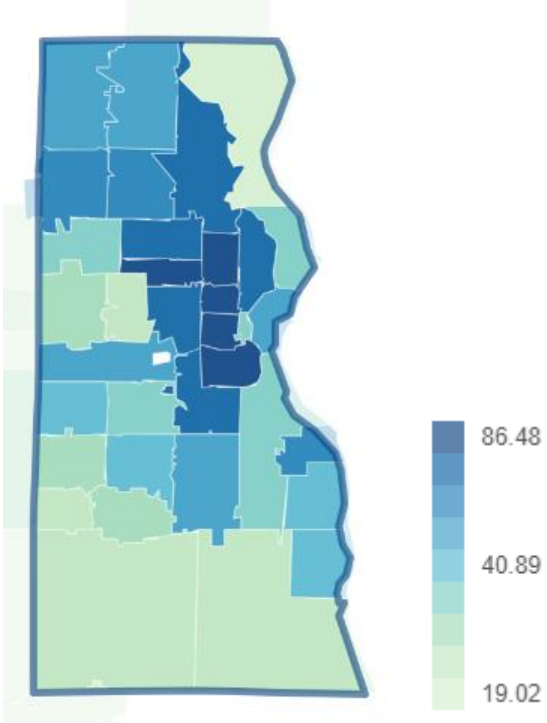
In 2018, Milwaukee County was in the 80.6 percentile for Social Vulnerability Index. The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).

In 2015-2019, Milwaukee County had a Hardship Index of 51.4, higher than the Wisconsin average of 36.5 and United States average of 50.0. The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship).

It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes.

The exhibit below shows a graph of the ALICE index in Milwaukee County. ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

Exhibit 2: Milwaukee County ALICE Map 2018



Source: Metopio, United Way ALICE Data, 2022

3. Demographics

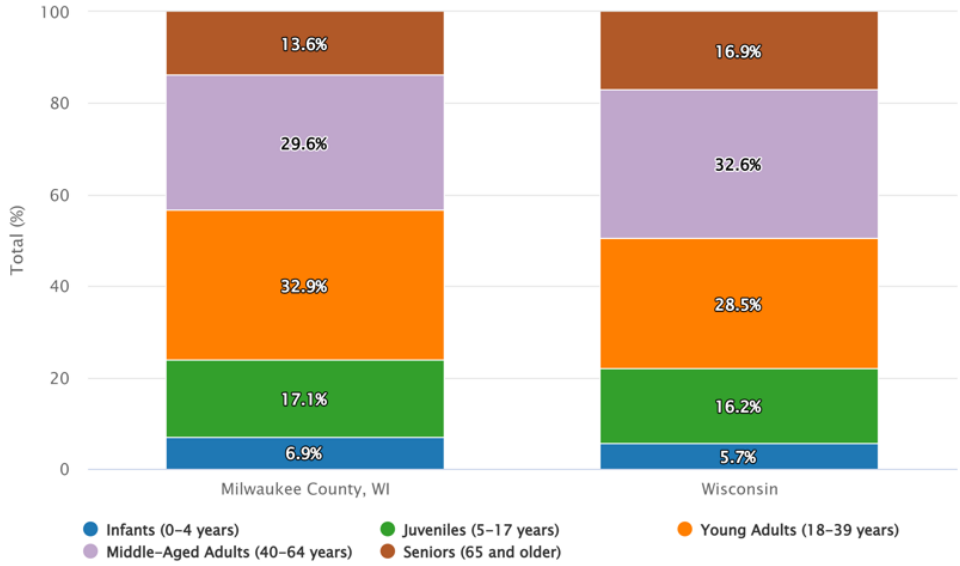
Age and Gender

In 2016-2020, the median age in Milwaukee County was 35.0 years old, lower than the Wisconsin median age of 39.6 years. The median age was 36.1 years for females and 33.7 years for males.

In 2016-2020, 51.6 percent of the Milwaukee County population was female, and 48.4 percent was male, compared to 50.2 percent female and 49.8 percent male in Wisconsin overall.

Out of the total Milwaukee County population, 6.9 percent is under 5 years old, 17.1 percent of the population is between the ages of 5 and 17, and 32.9 percent of the population is between the ages of 18 and 39, 29.6 percent of the population is between the ages of 40 and 64 and 13.6 percent of the population is 65 years or older. The chart below shows the Milwaukee County population by age group, compared to Wisconsin averages in Exhibit 3.

Exhibit 3: Milwaukee County Population by Age 2016-2020

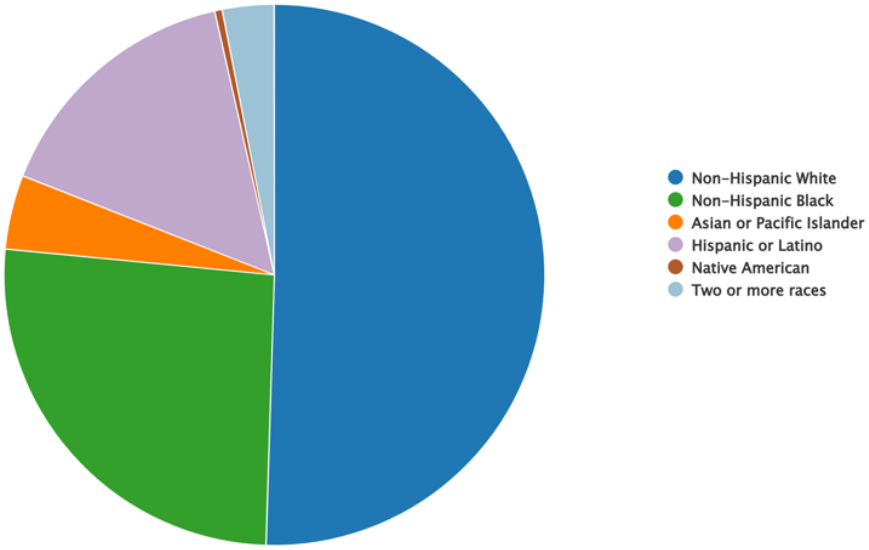


Source: Metopio, American Community Survey, 2022

Race and Ethnicity

Demographic data shows that Milwaukee County is 50.5 percent non-Hispanic White, which is the largest racial group followed by non-Hispanic Black population at 26.0 percent, Hispanic or Latino at 15.5 percent, Asian or Pacific Islander at 4.4 percent, two or more races at 3.1 percent and Native American at 0.4 percent. A graph showing the racial and ethnic composition of Milwaukee County is displayed in Exhibit 4.

Exhibit 4: Milwaukee County Population by Race/Ethnicity 2016-2020



Source: Metopio, American Community Survey, 2022

In 2016-2020, 10.2 percent of Milwaukee County residents spoke Spanish as their primary language at home.

Household/Family

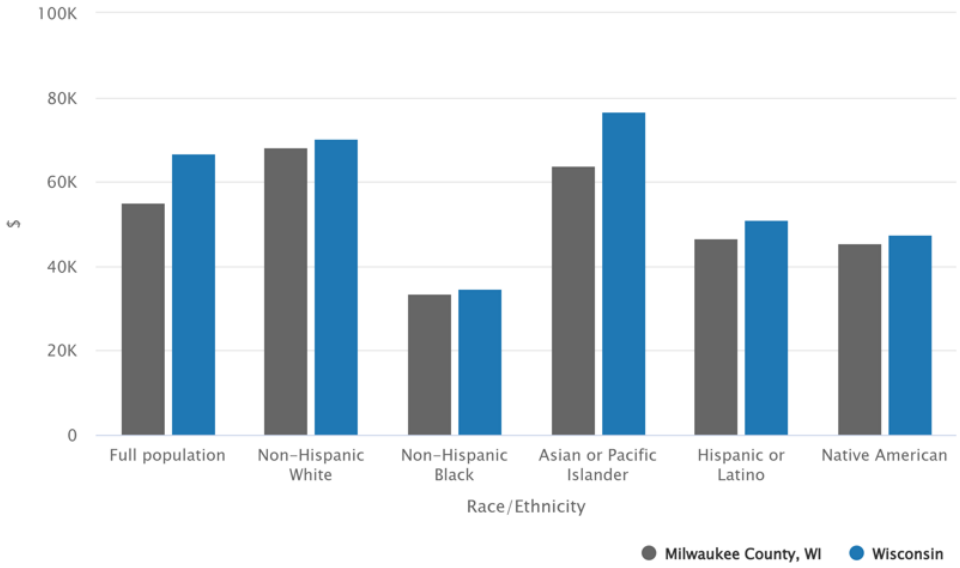
In 2019, 9.2 percent of Milwaukee County households were single parent households, meaning there are children present and are headed by a single parent (mother or father), with no partner present. Additionally, 35.9 percent of Milwaukee County seniors live alone (2016-2020).

4. Economics

Income

The median household income in Milwaukee County is $55,078, which is lower than the state's median household income of $66,706. There is a large racial disparity in the median household income with the non-Hispanic White and Asian or Pacific Islander populations having the highest household incomes and the non-Hispanic Black, Native American and Hispanic or Latino populations having the lowest median household incomes. Exhibit 5 shows the Milwaukee County median household income by race/ethnicity compared to Wisconsin.

Exhibit 5: Milwaukee County Median Household Income by Race/Ethnicity 2016-2020



Source: Metopio, American Community Survey, 2022

Employment

The unemployment rate among Milwaukee County residents that are 16 years of age and older is 5.1 percent, which is higher compared to the state of Wisconsin at 3.6 percent.

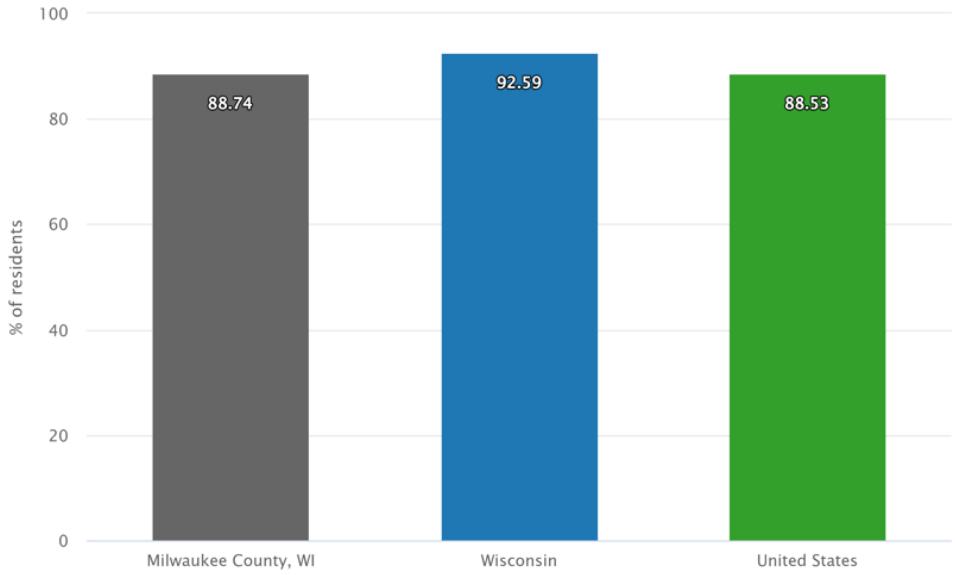
5. Education

Educational Level

Milwaukee County educational attainment data was also reviewed and analyzed to gain an in-depth understanding of educational levels across the county. Educational attainment is one of the social drivers of

health. Higher levels of education correlate with better health outcomes. The percent of individuals in Milwaukee County with a high school degree or higher is lower compared to the Wisconsin and US averages. Exhibit 6 shows high school graduation rates among individuals aged 25 and older residing in Milwaukee County, compared to Wisconsin and US averages.

Exhibit 6: Milwaukee County High School Graduation Rate 2016-2020



Source: Metopio, American Community Survey, 2022

6. Health Care Resources in the Defined Community

Available community resources and assets for each top community health issue were discussed by interviewed community members as described in Appendix 3. The organizations listed as providing key informants for interviews are resources for the community as well. Specific resources leveraged by the hospital are identified in the Implementation Strategy.

B. How the CHNA was Conducted

1. Process and Partnership

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

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

2. Data Collection

The Milwaukee County CHNA relies on three sources of information:

• Community Health Survey (primary data): an on-line survey conducted August – October 2021, with more than 8,600 Milwaukee County residents completing 50 questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including racism and health equity.

• Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 103 individuals representing 93 organizations to identify the community's most pressing health issues and effective health improvement strategies. The focus groups were selected to assure input from organizations representing vulnerable populations and those with expertise in public health. The groups included leaders and representatives from Safety Net clinics, local public health departments, youth serving organizations, and organizations serving low-income populations.

• Health Compass Milwaukee (secondary data): a dynamic website providing more than 300 of the most current health indicators for Milwaukee County at the county, municipal, zip code, and census tract levels (where available), as well as related demographic data such as race/ethnicity, education, income, and housing. healthcompassmilwaukee.org

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C. Summary of CHNA Findings

1. Overall Health Status

Life expectancy, a projection of expected years of life to be lived, is one example of disparate health indicators in the secondary data. Overall life expectancy is 76.9 years for the general population, but when broken down by racial and ethnic groups, non-Hispanic Black residents (71.7 years) and American Indian/Alaskan Native residents (75.2 years) live shorter lives than non-Hispanic White residents (78.6 years).

The top five health issues identified by the members of the Milwaukee Health Care Partnership were:
• Mental Health
• Violence
• Drug Use and Overdose
• Alcohol Misuse and Abuse
• Access to Health Care Services

The assessment also identified additional health issues of concern:
• Maternal, fetal, and infant health, particularly infant mortality
• Infectious disease, including COVID, HIV, and sexually transmitted infections
• Chronic disease, such as diabetes, heart disease, and asthma

These findings were shared with community members during four community briefings held in May of 2022, and at each of our individual hospital Steering Councils. Additionally, we requested our hospital steering councils complete a survey to prioritize top health issues. The findings were:

- Aurora St. Luke's Medical Center (ASLMC) Community Steering Council – Mental health, drug use and abuse, chronic disease
- Aurora St. Luke's South Shore (ASLSS) Community Steering Council – Mental health, drug use and abuse, infectious disease
- Aurora Sinai Medical Center (ASMC) Community Steering Council – Access to health care, mental health, drug use and abuse
- Aurora West Allis Medical Center (AWAMC) Community Steering Council – Access to health care, mental health

The CHNA employed an equity lens to identify disparities in each of these issue areas which yielded a focus on four priority populations with unique health needs — prioritizing their health will be essential for improving the health of Milwaukee County as a whole. They are:
• Black/African American
• Hispanic/Latino
• Children and Youth (< 18 years old),
• Older Adults/Elderly (> 65 years old)

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

2. Access to Care and Health Care Coverage

Why is this important?

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far from health care providers who offer them. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need.

Key findings: Health Care Coverage and Access to Care

- Only 70 percent of the Hispanic /Latino population in Milwaukee County has health insurance
- The Primary Care Provider rate has decreased in Milwaukee County over time
- A little over 12 percent of Milwaukee County residents *do not* think individuals in their community can access health care regardless of race, gender, sexual orientation, immigration status, etc.

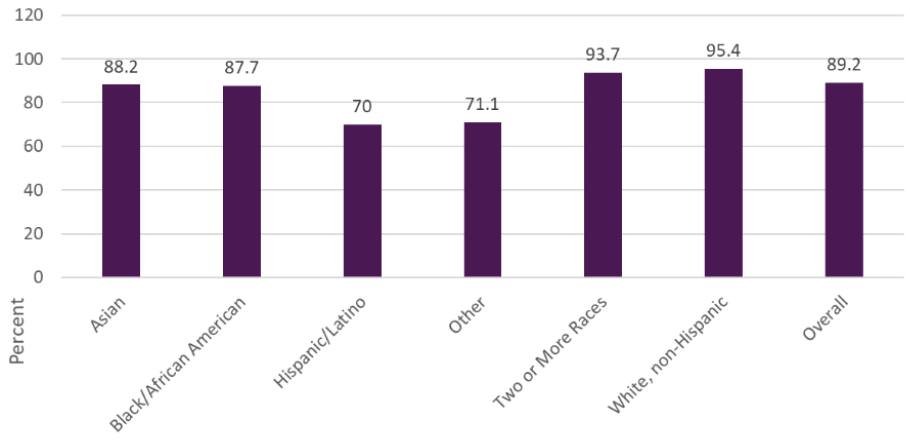
Milwaukee County falls behind Wisconsin and other counties for adults without health insurance, no recent dental visits, and clinical care ranking (for access and quality as reported in the County Health Rankings). Additionally, many of these indicators are seeing significantly worsening trends. The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

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

Health Care Coverage

The exhibit below shows the overall rate of insured residents in Milwaukee County (89.2 percent), and breakouts by race and ethnicity. The highest rate of insured residents is among the white non-Hispanic population (95.4 percent), and the lowest is among the Hispanic/Latino population (70.0 percent).

Exhibit 7: Milwaukee County Health Insurance by Race/Ethnicity 2019



Source: Health Compass Milwaukee, American Community Survey, 2022

Unmet Care Needs

Exhibit 8: Milwaukee County Access Table

Perceptions of community health care access	Overall County n = 8616	Black / African American n = 642	Hispanic / Latino n = 463	High-Need Zip Codes (11) n = 1535	Child Households n = 1145	Older Adult / Elderly n = 3450
There are **quality** health care services (No, Don't know)	4.8% 7.0%	**16.1%** 13.3%	**12.0%** 13.9%	**10.9%** 12.8%	8.2% 7.5%	2.1% 5.4%
There are **affordable** health care services (No, Don't know)	19.4% 29.3%	**24.7%** 29.9%	**29.5%** 29.9%	**23.0%** 30.5%	27.0% 25.2%	11.2% 30.3%
Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc. (No, Don't know)	12.1% 34.9%	**16.0%** 31.8%	**17.2%** 34.7%	**17.5%** 36.0%	14.8% 33.2%	8.3% 36.2%

Access to Care

The Primary Care Provider rate in Milwaukee County is 92.0 physicians per 100,000 residents, which has decreased since 2008. The Mental Health Provider rate in Milwaukee County is 402.7 providers per 100,000 residents, which is higher than the Wisconsin average of 272.2 providers per 100,000 residents.

3. Health Risk Behaviors

Why is this important?

Many chronic diseases are caused by a short list of risk behaviors: tobacco use and exposure to secondhand smoke, poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats, lack of physical activity, and excessive alcohol use.

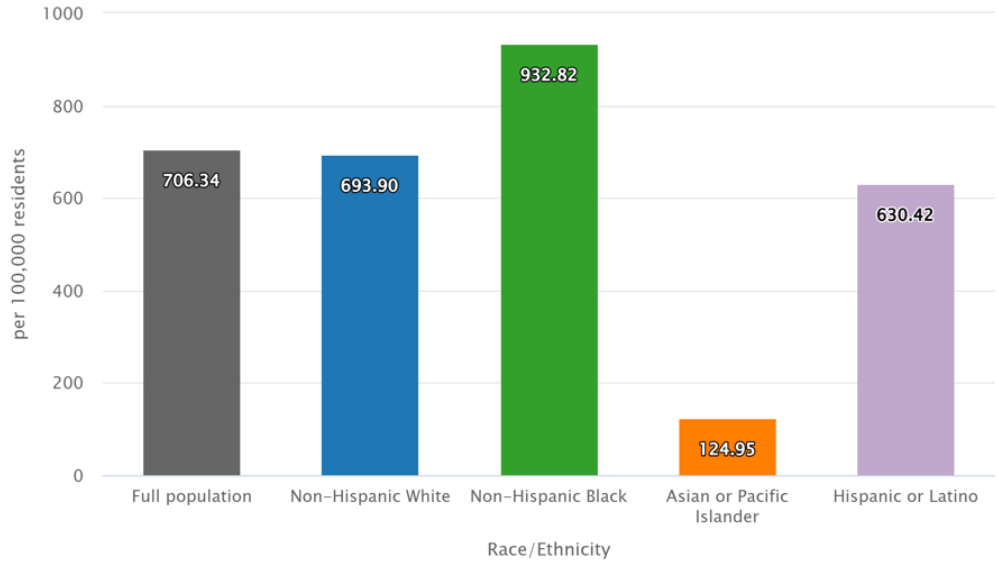
Substance use and abuse

In 2018, 18.3 percent of adults in Milwaukee County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days, a decrease from the 1996 baseline of 28.9 percent.

In 2019, 21.6 percent of adults in Milwaukee County reported binge drinking in past month, higher than the national (17.9 percent) average. Binge drinking reflects the percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

As shown in Exhibit 9 below, from 2017-2021, the Milwaukee County alcohol use emergency department visit rate was 706.3 visits per 100,000 residents, higher than the Wisconsin average of 415.5 visits per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 932.8 visits per 100,000 residents.

Exhibit 9: Milwaukee County Alcohol Use Emergency Department Visit Rate by Race/Ethnicity 2017-2021



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

From 2017-2021, the Milwaukee County alcohol use hospitalization rate was 333.6 admissions per 100,000 residents, higher than the Wisconsin average of 217.6 visits per 100,000 residents.

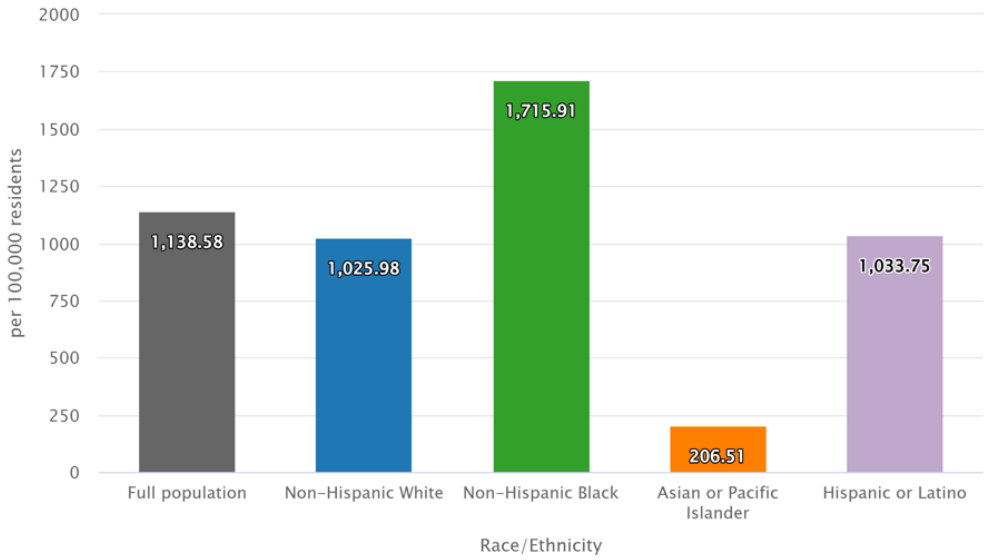
In Milwaukee County, the rate of drug overdose mortality was 41.7 per 100,000 population in 2016-2020, higher than Wisconsin rate of 21.7 per 100,000 population (Source #2).

As shown in Exhibit 10 (next page), from 2017-2021, the Milwaukee County substance use emergency department visit rate was 1,138.6 visits per 100,000 residents, higher than the Wisconsin average of 649.3 visits per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 1,715.9 visits per 100,000 residents.

Key findings: Health Risk Behaviors

- The Milwaukee County alcohol abuse and substance use Emergency Department visit rate was higher among the non-Hispanic Black population
- Approximately 1 in 4 Milwaukee County residents reported *no* exercise in the past month

Exhibit 10: Milwaukee County Substance Use Emergency Department Visit Rate by Race/Ethnicity 2017-2021



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

From 2017-2021, the Milwaukee County substance use hospitalization rate was 532.8 admissions per 100,000 residents, higher than the Wisconsin average of 319.2 visits per 100,000 residents.

Nutrition

In 2019, 74.2 percent of adults in Milwaukee County aged 18 and older reported eating fewer than 5 servings of fruits/vegetables per day, lower than the Wisconsin average and national averages of 77.3 percent and 76.1 percent respectively.

Physical Activity and Inactivity

In 2019, 26.3 percent of adults in Milwaukee County reported no exercise in the past month, higher than the Wisconsin average (23.3 percent).

Weight Status

In 2019, 38.0 percent of adults in Milwaukee County were obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height), higher than the Wisconsin and national averages of 34.6 percent and 32.3 percent, respectively.

4. Disease and Chronic Conditions

Why is this important?

Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs.

Cancer

Exhibit 11 below, shows the mortality, incidence, and screening rates for various types of cancer in Milwaukee County, compared to Wisconsin and national averages.

Exhibit 11: Milwaukee Cancer Table

Topic	Milwaukee County, WI	Wisconsin	United States
Breast cancer mortality *deaths per 100,000, 2016-2020*	11.4	10.0	10.8
Non-invasive breast cancer diagnosis rate *per 100,000 female residents, 2014-2018*	39.1	33.5	29.4
Mammography use *Females* *% of adults, 2018*	75.1	72.9	77.8
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	14.8	12.4	13.4
Colorectal cancer screening *% of adults, 2018*	68.9	69.9	65.0
Cervical cancer diagnosis rate *per 100,000 female residents, 2014-2018*	8.8	6.6	7.7
Pap smear use *Females, Adults (18-64 years)* *% of adults, 2018*	85.0	85.3	84.6
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	40.6	35.5	36.7
Lung cancer diagnosis rate *per 100,000 residents, 2014-2018*	69.5	58.8	57.3
Oral cancer diagnosis rate *per 100,000 residents, 2014-2018*	11.7	12.4	11.9
Prostate cancer diagnosis rate *per 100,000 male residents, 2014-2018*	127.8	112.5	106.2

Source: Metopio, 2022

Key findings: Disease and Chronic Conditions

- COVID-19 has profoundly impacted stress, anxiety, and social isolation
- Milwaukee County has a higher rate of asthma Emergency Department visits and hospitalizations than the Wisconsin average
- Milwaukee County has a higher rate of dental Emergency Department visits than the Wisconsin average

Cardiovascular Disease

The 2021 heart failure hospitalization rate in Milwaukee County was 604.9 admissions per 100,000 residents, higher than the Wisconsin average of 396.8 per 100,000. The 2021 heart failure emergency department visit rate was 231.5 visits per 100,000 residents, higher than the Wisconsin average of 206.2. The 2021 hypertension hospitalization rate in Milwaukee County was 74.0 admissions per 100,000 residents, higher than the Wisconsin average of 38.5. The 2021 hypertension emergency department visit rate was 408.1 visits per 100,000 residents, higher than the Wisconsin average of 299.5.

In 2019, 29.9 percent of Milwaukee County adults reported ever having been told by a doctor, nurse or other health professional they have high cholesterol. In 2019, 31.4 percent of Milwaukee County adults reported ever having been told by a doctor, nurse or other health professional they have high blood pressure.

Diabetes

The 2021 uncontrolled diabetes hospitalization rate in Milwaukee County was 44.9 admissions per 100,000 residents, higher than the Wisconsin average of 23.6 per 100,000. The 2021 uncontrolled diabetes emergency department visit rate was 356.0 visits per 100,000 residents, higher than the Wisconsin average of 215.0.

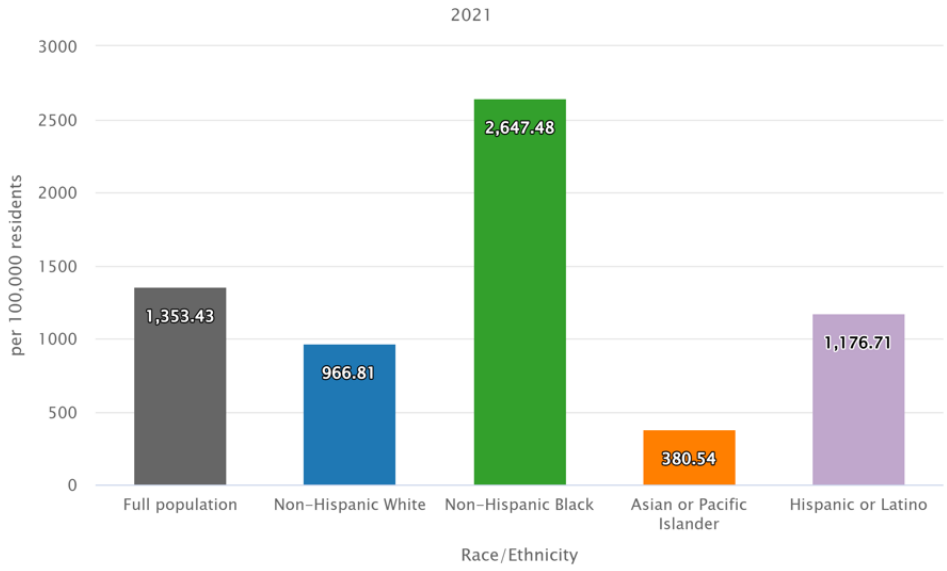
Mental Health

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

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

The 2021 mental health hospitalization rate in Milwaukee County was 852.1 admissions per 100,000 residents, higher than the Wisconsin average of 650.8 per 100,000. The 2021 mental health emergency department visit rate was 1,353.4 visits per 100,000 residents, higher than the Wisconsin average of 919.8. Non-Hispanic Black residents were disproportionately impacted, with a rate of 2,647.5 visits per 100,000 residents.

Exhibit 12: Milwaukee County Mental Health Emergency Department Visit Rate by Race/Ethnicity 2021



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

The 2021 suicide and self-injury hospitalization rate in Milwaukee County was 71.2 admissions per 100,000 residents, lower than the Wisconsin average of 77.4 per 100,000. The 2021 suicide and self-injury emergency department visit rate was 125.8 visits per 100,000 residents, higher than the Wisconsin average of 132.7.

Respiratory Disease

The 2021 asthma hospitalization rate in Milwaukee County was 36.1 admissions per 100,000 residents, higher than the Wisconsin average of 18.4 per 100,000. The 2021 asthma emergency department visit rate was 473.2 visits per 100,000 residents, higher than the Wisconsin average of 218.0.

The 2021 asthma hospitalization rate in Milwaukee County among ages 0-4 was 48.0 admissions per 100,000 residents, higher than the Wisconsin average of 18.2 per 100,000. The 2021 asthma hospitalization rate in Milwaukee County among ages 5-17 was 21.9 admissions per 100,000 residents, higher than the Wisconsin average of 7.7 per 100,000.

In 2019, 10.1 percent of Milwaukee County residents reported having ever been told by a doctor, nurse or other health professional that they have asthma, higher than the Wisconsin average of 9.5 percent.

Impact of COVID-19

The COVID-19 pandemic brought profound changes to the way people work, communicate, learn, play, eat, socialize and receive health care. COVID-19 raced across the American landscape bringing illness, suffering, economic struggle and death to people across all racial, ethnic and socioeconomic groups. COVID-19 shined an even brighter light on the health inequities experienced by low-income communities and communities of color. Notably, communities of color were disproportionately affected by the disease, its many difficult side effects and higher death rates. COVID-19 continues to be a priority and as a health care system, we are proactively working with public health professionals and clinical experts to educate and improve health outcomes in our communities.

- COVID-19 case rate (2020): 12,651.3 cumulative cases per 100,000 population

Other Chronic Diseases or Conditions

The 2016-2020 Alzheimer's disease mortality was 25.5 deaths per 100,000, lower than the Wisconsin average of 31.3.

The 2016-2020 fall mortality was 25.9 deaths per 100,000, higher than the Wisconsin average of 22.1.

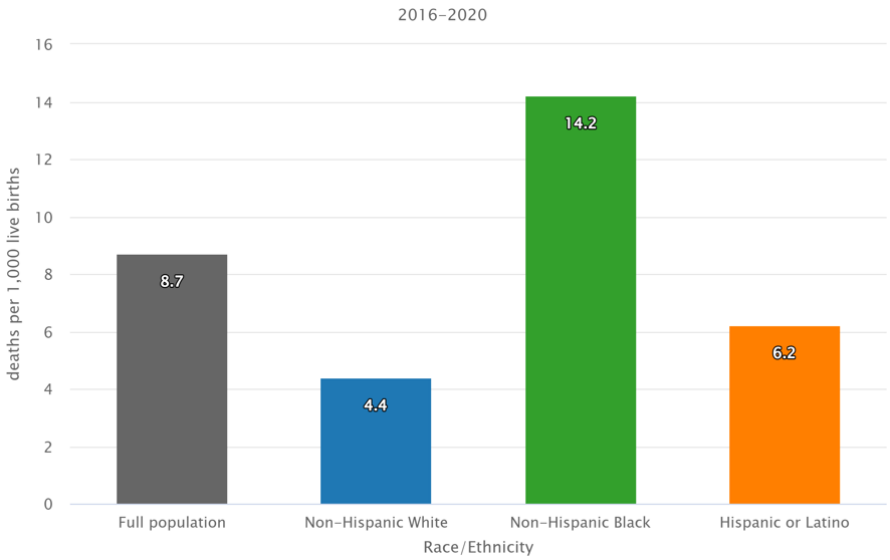
The 2021 dental problem emergency department visit rate in Milwaukee County was 684.3 visits per 100,000 residents, higher than the Wisconsin average of 459.7 per 100,000.

5. Maternal, Child and Reproductive Health

Birth Outcomes

When analyzing low birth weight, preterm births and infant mortality data, significant gaps are revealed between non-Hispanic Black babies and babies of other races and ethnicities. Community input elevated the same concern related to infant mortality and the disparities that exist in African American communities. Stakeholders often linked the issue to access and utilization of prenatal care, infant care practices, and lack of trust in the health care system.

Exhibit 13: Milwaukee County Infant Mortality Rate by Race/Ethnicity 2016-2020



Source: Metopio, National Vital Statistics System-Natality, 2022

Key findings: Maternal, Child and Reproductive Health

- Non-Hispanic Black babies are over three times more likely to die before their first birthday than Non-Hispanic White babies

Sexually Transmitted Infections

The 2018 sexually transmitted infection rate in Milwaukee County was 1,683.0 new cases per 100,000 residents, higher than the Wisconsin average of 629.7. This includes chlamydia, gonorrhea, syphilis, and HIV/AIDS. More than half of these cases are from chlamydia alone.

6. Environment

Why is this important?

Many people face challenges and dangers they can't control – like unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life.

Housing

From 2016-2020, 49.1 percent of Milwaukee County housing units were owner occupied, lower than the Wisconsin average of 67.1 percent. The rate of owner-occupied housing units is lowest among the non-Hispanic Black population, at 24.7 percent. In Milwaukee County, 24.5 percent of renter occupied housing units are rent-burdened, meaning renters are spending more than 50 percent of their income on rent.

Transportation

From 2016-2020, 13.2 percent of Milwaukee County households had no vehicle available, higher than the Wisconsin average of 6.7 percent. The mean travel time to work in Milwaukee County is 22.5 minutes, similar to the Wisconsin average of 22.2 minutes.

Key findings: Environment

- Nearly 1 in 4 Milwaukee County renters is rent-burdened
- Food insecurity in Milwaukee County has increased since 2019
- Violence remains a top concern in Milwaukee County

Food security and access to healthy foods

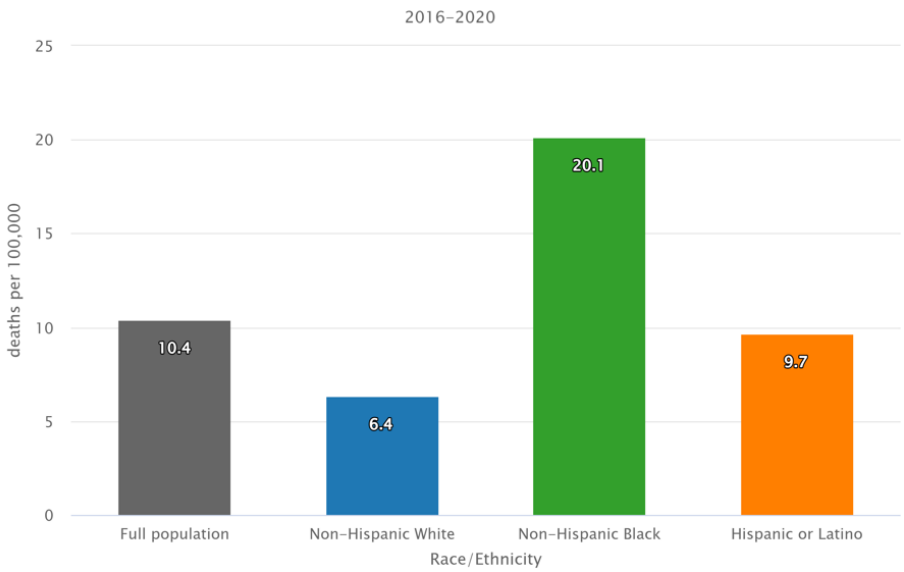
In 2020, 17.5 percent of Milwaukee County residents experienced food insecurity, meaning the household has experienced limited or uncertain access to food, an increase from 11.8 percent in 2019. The rate is higher for children, at 27.7 percent.

Social Environment and Community Safety

Violence prevention and community safety was a top health issue identified from the community health survey, key stakeholder interviews, and focus group participants. Community input to the CHNA elevated community safety themes such as reckless driving, civil unrest, and racial tension as well as violent crime and shootings. Survey data shows respondents' perception of violence-related issues and lack of economic opportunities as a root cause. While Milwaukee County residents overall reported their neighborhoods relatively safe to live in, those who lived in high-need zip codes and respondents of color were less likely to report that their neighborhood is safe. This reflects the geographically concentrated nature of the problem and segregation of communities in Milwaukee.

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

Exhibit 14: Milwaukee County Motor Vehicle Traffic Fatality by Race/Ethnicity 2016-2020



Source: Metopio, National Vital Statistics System-Natality, 2022

IV. Prioritization of Health-Related Issues

A. Priority Setting Process

The members of the Milwaukee Health Care Partnership utilized Conduent HCI's Data Scoring Tool to identify and rank pertinent findings. This identified mental health, violence, drug use and overdose, alcohol misuse and abuse, and access to health care services as top health issues. The assessment also identified health issues of concern including maternal, fetal and infant health, infectious disease, and chronic disease.

The top eight health issues identified by the members of the Milwaukee Health Care Partnership were presented to Advocate Aurora Health Hospital Steering Councils. Following a presentation of key findings, members were asked to rank top health issues based on the following criteria:

- Size/Seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- Health care system adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issue to impact other health and social issues
- Ability to effectively address or impact health issue through collaboration

Using these criteria, Advocate Aurora Milwaukee County hospitals have prioritized the significant health needs to address in the 2023-2025 implementation strategies:

- Access to innovative care and services
- Behavioral Health: Mental health and substance use
- Living Well: Hospital specific priorities addressing one or more social drivers of health

B. Health Needs Selected

Access to Innovative Care and Services

Access to health care was a top health issue identified in the Milwaukee County Community Health Needs Assessment. Key stakeholder and survey respondent data call out that access to care is about having quality, available and affordable health care and services that support everyone's ability to live well.

Data for Milwaukee County shows the county falls behind Wisconsin and other counties for adults without health insurance, no recent dental visits, and clinical care ranking (for access and quality as reported in the County Health Rankings). Additionally, many of these indicators are seeing significantly worsening trends. In Milwaukee, significant gaps exist in health care coverage between racial/ethnic groups.

Behavioral Health: Mental Health and Substance Use

Behavioral health, which includes treatment and services for mental health conditions and substance use disorder is a growing public health concern and was identified as a top health issue in the Milwaukee County Community Health Needs Assessment. In 2021, the mental health hospitalization rate in Milwaukee County was 852.1 admissions per 100,000 residents, higher than the Wisconsin average of 650.8 per 100,000. The 2021 mental health emergency department visit rate was 1,353.4 visits per 100,000 residents, higher than the Wisconsin average of 919.8. Non-Hispanic Black residents were disproportionately impacted, with a rate of 2,647.5 visits per 100,000 residents.

In Milwaukee County, the rate of drug overdose mortality was 41.7 per 100,000 population in 2016-2020, higher than Wisconsin rate of 21.7 per 100,000 population (Source #2). From 2017-2021, the Milwaukee County substance use emergency department visit rate was 1,138.6 visits per 100,000 residents, higher than the Wisconsin average of 649.3 visits per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 1,715.9 visits per 100,000 residents.

Living Well

The socioeconomic and environmental conditions where people live, work, learn, play and pray have a direct impact on a wide range of health and quality of life outcomes. Living well is the aspirational goal we have when communities address targeted, yet critical community health needs. In Milwaukee County's Community Health Needs Assessment, the community identified several conditions that need to be addressed to achieve living well. These include access to healthy foods, workforce development, community safety and housing.

In 2020, 17.5 percent of Milwaukee County residents experienced food insecurity, meaning the household has experienced limited or uncertain access to food, an increase from 11.8 percent in 2019. The rate is higher for children, at 27.7 percent.

Violence prevention and community safety was a top health issue identified from the community health survey, key stakeholder interviews, and focus group participants. Community input to the CHNA elevated community safety themes such as reckless driving, civil unrest, and racial tension as well as violent crime and shootings. Survey data shows respondents' perception of violence-related issues and lack of economic opportunities as a root cause. While Milwaukee County residents overall reported their neighborhoods relatively safe to live in, those who lived in high-need zip codes and respondents of color were less likely to report that their neighborhood is safe. This reflects the geographically concentrated nature of the problem and segregation of communities in Milwaukee.

C. Health Need Not Selected

Maternal, fetal, and infant health

The implementation strategy does not include specific strategies and goals for maternal, fetal, and infant health as this is part of the standard continuum of clinical care at Advocate Aurora Health. Additionally, one of the aims of increasing access to care and services is to address the health risk factors and behaviors that put people at greater risk for health complications and disease, including housing.

Infectious disease

The implementation strategy does not include specific strategies and goals for infectious disease as this is part of the standard continuum of clinical care at Advocate Aurora Health.

Chronic disease

The implementation strategy does not include specific strategies and goals for chronic disease because one of the aims of promoting living well is to address the health risk factors and behaviors that put people at greater risk for chronic disease, including food security. Additionally, many programs aimed increasing access to care and services will address chronic disease, including the preventative services provided at Aurora Walker's Point Community Clinic.

V. Approval of Community Health Needs Assessment

This Community Health Needs Assessment (CHNA) Report was adopted by the Aurora Health Care Community Board of the Advocate Aurora Health Board of Directors on December 12th, 2022.

VI. Vehicle for Community Feedback

Community Feedback

SCAN ME

Advocate Aurora Health welcomes all feedback regarding the 2022 Community Health Needs Assessment. Any member of the community wishing to comment on this report, can click on the link below to complete a CHNA feedback form, or go to aurora.org/commbenefits and select "Contact Us." Questions will be addressed and will also be considered during the next CHNA cycle.

Feedback Link: Advocate Aurora Health Community Health Needs Assessment: Feedback Form (office.com)

If you experience any issues with the link to our feedback form or have any other questions, please email WIAHC-WICommunityHealth@aah.org. This report can be viewed online at Aurora Health Care's Community Health Needs Assessment Report webpage via the following link: Community Benefits | Aurora Health Care. A paper copy of this report may also be requested by contacting the hospital's Community Health Department or going to aurora.org/commbenefits and selecting "Contact Us."

VII. Evaluation of Impact from Previous CHNA

To view the complete Community Benefit Progress reports for Aurora Health Care Hospitals, please go to Community Benefits | Aurora Health Care.

VIII. Appendices

Appendix 1: South Milwaukee and Child Health Breakout

South Milwaukee/St. Francis: Milwaukee County Community Health Survey Summary

This summary is a partial list of data highlighting South Milwaukee/St. Francis from an online survey conducted by Conduent Healthy Communities Institute from August through October 2021 on behalf of Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, Froedtert and Medical College of Wisconsin and the Milwaukee Health Care Partnership. As part of an overall Community Health Needs Assessment to better understand community needs and community perception of health, the survey contained 50 questions and collected input from 8,616 Milwaukee County residents age 18 years and older. The community health survey was promoted by MHCP member organizations and community partners across numerous traditional and digital communication channels, including a press release, member and partner websites, social media, emails, newsletters, events and on-the-ground outreach.

Individual Health Conditions and Behaviors

PERSONAL HEALTH
Question: *Self-rated personal health:*

	County overall *n=8616*	South Milwaukee/St. Francis *n=478*	Cudahy *n=246*
Very healthy	11.9%	6.9%	9.9%
Healthy	46.0%	41.7%	42.9%
Somewhat healthy	32.9%	43.2%	36.5%
Unhealthy	7.3%	6.0%	9.4%
Very unhealthy	1.9%	2.2%	1.3%

HEALTH CONDITIONS
Question: *In the past three years, have you been treated for or been told by a doctor, nurse or health care provider that you have:*

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
Diabetes	**13.0%**	13.7%	17.5%
High blood pressure	**36.8%**	42.2%	43.5%
High cholesterol	**31.5%**	33.0%	33.2%
Heart disease or heart condition	**12.1%**	9.9%	16.7%
Mental health condition	**20.9%**	20.8%	17.7%

HEALTH BEHAVIORS
Question: *In the past three years, have you participated in:*

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
Alcoholic consumption (binge drinking at least monthly)	**22.7%**	28.5%	24.7%
Smoking cigarettes (some times or daily)	**7.9%**	11.1%	11.2%
Electronic cigarettes (some times or daily)	**2.3%**	3.3%	4.35

HEALTH CARE ACCESS
Question: *Questions varied.*

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
I have health insurance	**97.4%**	96.2%	95.7%
Did not access health care or dental health services in last 12 months	**18.7%**	22.5%	21.6%
Cost as reason	**52.2%**	48.0%	59.2%
Did not access mental health/substance use services in last 12 months	**9.8%**	9.2%	9.3%
Cost as reason	**37.5%**	29.3%	33.3%
I used the ER in the past 12 months	**19.0%**	18.2%	25.2%

Community Health

HEALTH ISSUES
Question: *From the following list, what do you think are the three most important health issues/conditions in your community?*

Response: "YES as one of the top three issues"	County overall	South Milwaukee/St. Francis	Cudahy
Mental health	**50.4%**	49.0%	47.1%
Infectious disease *(Includes COVID-19 as an issue)*	**38.3%**	35.5%	24.7%
Chronic disease	**35.3%**	33.4%	34.1%
Drug use and abuse	**34.8%**	42.7%	34.1%
Alcohol use and abuse	**30.7%**	39.8%	34.7%

HEALTH NEEDS
Question: *From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?*

Response: "YES as one of the top three issues"	County overall	South Milwaukee/St. Francis	Cudahy
Access to affordable health care	**44.4%**	44.7%	52.4%
Access to mental health services	**29.7%**	32.0%	28.8%
Access to affordable housing	**22.7%**	18.2%	14.7%
Gun violence	**21.2%**	14.1%	14.1%
Community safety	**19.7%**	15.0%	21.2%

Community Health

HEALTH CARE SERVICES

Question: *Below are some statements about health care services in your community. Select an option for your response in each.*

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
Yes, I am connected to primary care that I am happy with	**90.8%**	90.2%	90.6%
Yes, I can get an appointment when needed	**83.9%**	83.6%	81.1%
Yes, I can easily get to my health care provider	**94.1%**	90.8%	92.9%

COMMUNITY SOCIAL AND ECONOMIC CONDITIONS

Question: *Below are some statements about your community. Select an option for your response in each row below.*

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
There are affordable health care services	**51.4%**	56.4%	45.6%
Childcare resources are affordable and available	**15.7%**	17.6%	14.7%
There are plenty of well-paying jobs 18+	**37.5%**	38.9%	37.1%
There are plenty of available jobs <18	**42.4%**	43.2%	43.5%
K-12 schools are well-funded and provide quality education	**44.5%**	49.6%	41.2%
Our local university/college is of quality and affordable	**45.1%**	41.5%	33.5%
Crime is not a major issue in my neighborhood	**54.3%**	67.3%	58.6%
There is a feeling of trust in law enforcement	**59.8%**	75.1%	68.2%
Affordable healthy food options are accessible nearby	**77.7%**	82.7%	69.8%
There are good sidewalks/trails for walking/ biking safely	**83.2%**	91.0%	90.6%
The streets are clean and buildings are well maintained	**75.7%**	87.5%	85.2%
The air and water quality are safe	**70.2%**	78.0%	73.5%

Racism, Discrimination and Health Equity

INDIVIDUAL: LIFE CHALLENGES WITH SOCIAL AND ECONOMIC CONDITIONS

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

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
Unconscious bias	**34.1%**	33.1%	27.1%
Individual acts of racism/discrimination	**20.2%**	17.7%	15.5%
Structural or systemic racism	**19.9%**	13.3%	10.8%
Limited access to wealth	**20.2%**	17.1%	15.0%
Limited access to quality education	**11.1%**	9.5%	7.5%
Limited access to career opportunities	**20.4%**	17.6%	16.4%
Limited access to quality housing	**13.1%**	12.1%	8.9%

INDIVIDUAL: RACISM AND DISCRIMINATION IN HEALTH CARE ACCESS

Question: *Below are some statements about health care services and providers (doctors, nurses, other hospital clinic staff) in your community.*

Response: "YES"	County overall	South Milwaukee/St. Francis	Cudahy
I feel heard and seen and listened to when receiving health care	88.9%	88.8%	85.3%
I feel I am treated differently because of my race or ethnicity when receiving health care	5.4%	3.5%	2.4%
I feel I am treated differently because of my gender when receiving health care	9.0%	7.8%	8.8%
I feel I am treated differently because of my sexual orientation when receiving health care	2.3%	2.3%	3.6%
I feel my family or support people are seen and listened to when receiving health care	70.6%	66.3%	65.7%
I feel seen and listened to when my child/ children are receiving health care	46.9%	43.8%	44.0%

COMMUNITY: PERCEPTION OF REASONS FOR HEALTH DISPARITIES

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

Response: "MAJOR REASON"	County overall	South Milwaukee/St. Francis	Cudahy
Historic gaps in wealth	**63.5%**	52.2%	56.2%
Structural/systemic racism	**57.1%**	45.2%	51.2%
POC have less access to quality education	**45.0%**	33.0%	34.3%
POC have less career opportunities	**42.1%**	29.4%	36.3%
POC have less access to quality housing	**50.9%**	36.8%	39.5%
POC are more likely to be exposed to bad environmental conditions	**50.1%**	40.0%	42.5%
Doctors are less likely to provide the same care to POC	**26.0%**	17.4%	20.2%
POC are less likely to have health care and/or insurance	**49.9%**	39.4%	41.0%
POC have less opportunities for healthy activities and/or eating	**28.6%**	24.9%	24.6%
POC are genetically less healthy than whites	**7.7%**	6.4%	7.1%

CHILDREN'S QUALITY OF LIFE **Question:** *In general, would you say your child's quality of life is:*	
Excellent	50.9%
Very good	37.5%
Good	10%
Fair	1.6%
Poor	0.2%

HEALTH PLAN COVERAGE FOR CHILDREN **Question:** *Which type(s) of health plans(s) do children in your home have to cover the costs of health care services? Select all that apply.*	
Insurance through an employer	77.8%
Medicaid/Children's Health Insurance Program/ (CHIP)/Badgercare	20.2%
Private insurance I pay for myself (HMO/PPO)	3.0%
I pay out of pocket/cash	2.3%
Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)	2.2%

CHILDREN'S HEALTH ISSUES **Question:** *Have the children (under 18) in your home experienced any of the following health issues? Select all that apply.*	
No, the child/children have not faced any health issues	49.0%
Mental or behavioral health (fearfulness, depression, self-regulation)	21.8%
Chronic diseases (allergies, asthma, diabetes)	13.7%
Oral health/dental health	8.4%
Overweight or underweight	8.2%
Hearing and/or vision	7.3%
Infant health (low birth weight, premature birth)	6.7%
Childhood disabilities or special needs	6.3%
Infectious diseases (measles, COVID-19)	5.4%
Other	5.0%
Unintentional injuries (bicycle crash, poisoning)	5.0%
Autoimmune disorders (for example, gluten sensitivity)	3.5%
Nervous system disorders (migraine, seizures)	2.7%
Lead poisoning	1.3%
Heart disease or other heart conditions	1.3%

CHILDREN'S ACCESS TO HEALTH SERVICES **Question:** *In the past 12 months, was there a time when children in your home needed medical care or other health related services but did not get the services that they needed?*	
No, they got the services that they needed	81.3%
Yes	8.9%
Does not apply, the child/children did not need services	9.7%
Which of the following services were the children in your home not able to get in the past 12 months when they needed them?	
Mental health services	34.1%
Dental care (routine cleaning or urgent care)	24.7%
Well child visit/check-up	23.5%
Sick visit/urgent care visit	20.0%
Services for special needs	17.7%
Prescription medications	16.5%
Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months.	
Office/service/program has limited access or is closed due to COVID-19	41.3%
Wait is too long	28.8%
Cost - too expensive/can't pay	26.3%
Insurance not accepted	20.0%

CONCERNS FOR CHILDREN'S HEALTH **Question:** *Do you have concerns for any of the following activities for the children (under 18) in your home? Select all that apply.*	
I have no concerns	65.1%
Nutrition and eating habits	23.5%
Physical activity and exercise	20.6%
Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed)	5.1%
Vaping, juuling and e-cigarette use	3.6%
Other	3.5%
Alcohol use	3.4%
Cigarette smoking and other tobacco use	2.1%

Technical Notes:

- Sample sizes: County overall (n=8616), Black/AA (n=642), Hispanic/Latino (n=463), high-need zip codes (1535), Children in household (n=1145), older adult (n=3450)
- Sample size denominators vary across survey questions based on survey completion by respondent
- Convenience sample survey method was utilized; results may not be generalizable
- Survey methods: 50 total questions, online, English/Spanish, no incentive, voluntary, anonymous
- High need zip codes are based on a suite of social and economic indicators found on healthcompassmilwaukee.org. Those zip codes are: 53206, 53205, 53204, 53225, 53208, 53210, 53233, 53218, 53209, 53212, 53215
- The Community Health Survey is one of three data inputs for the Milwaukee Community Health Needs Assessment. View the full report at healthcompassmilwaukee.org

Survey Respondent Demographics

Total sample size: n=8616

RACE	n	%
White or Caucasian	6742	80.5%
Black or African American	642	7.7%
Asian or Asian American	108	1.3%
American Indian or Alaskan Native	53	0.6%
Two or more races	186	2.2%
Some other race	81	1.0%
Prefer not to answer	560	6.7%
ETHNICITY		
Hispanic/Latino/Latinx	463	5.4%
Mexican	156	36.5%
Mexican American	123	28.7%
Puerto Rican	121	28.2%
South American	27	6.3%
Central American	22	5.1%
Cuban	5	1.2%
Dominican	5	1.2%
Other	25	5.8%
Non-Hispanic/Latino/Latinx	7474	86.8%
Prefer not to answer	679	7.9%
AGE		
18-20	35	0.4%
21-24	128	1.5%
25-34	799	9.5%
35-44	1102	13.1%
45-54	1039	12.4%
55-64	1656	19.7%
65-74	2651	31.6%
75-84	751	9.0%
85 or older	48	0.6%
GENDER		
Female	5938	70.8%
Male	2221	26.5%
Transgender Male	10	0.1%
Transgender Female	9	0.1%
Non-binary	34	0.4%
Other	22	0.3%
Prefer not to answer	159	1.9%
SEXUAL ORIENTATION		
Straight	7334	87.5%
Gay	156	1.9%
Lesbian	86	1.0%
Bisexual	175	2.1%
Pansexual	48	0.6%
Queer	52	0.6%
Other	44	0.5%
Prefer not to answer	463	5.5%

EDUCATION	n	%
Less than 9th grade	37	0.4%
Some high school	110	1.3%
High school graduate (GED)	2034	24.3%
Associate degree	1218	14.5%
Bachelor's degree	2614	31.2%
Master's/Professional degree	2372	28.3%
INCOME		
Less than $25,000	738	8.8%
$25,000-$50,000	1332	10.6%
$50,000-$75,000	1392	16.6%
$75,000-$100,000	1132	13.5%
$100,000-$125,000	897	10.7%
$125,000+	1186	14.2%
Prefer not to answer	1704	20.3%
EMPLOYMENT		
Employed part-time	754	9.0%
Employed full-time	3354	39.9%
Out of work, looking	110	1.3%
Not working by choice	186	2.2%
Unable to work	273	3.2%
Retired	3431	40.8%
Student	84	1.0%
Out of work, not looking	45	0.5%
HOUSEHOLD SIZE		
1	2141	25.8%
2	3853	46.4%
3	1142	13.7%
4	770	9.3%
5	278	3.3%
6 or more	129	1.6%
PRIMARY LANGUAGE		
English	8060	96.8%
Spanish	160	1.9%
Other	67	0.8%
Arabic	17	0.2%
Russian	12	0.1%
Hmong	10	0.1%

Appendix 2: West Milwaukee and Child Health Breakout

West Allis/West Milwaukee: Milwaukee County Community Health Survey Summary

This summary is a partial list of data highlighting West Allis/West Milwaukee from an online survey conducted by Conduent Healthy Communities Institute from August through October 2021 on behalf of Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, Froedtert and Medical College of Wisconsin and the Milwaukee Health Care Partnership. As part of an overall Community Health Needs Assessment to better understand community needs and community perception of health, the survey contained 50 questions and collected input from 8,616 Milwaukee County residents age 18 years and older. The community health survey was promoted by MHCP member organizations and community partners across numerous traditional and digital communication channels, including a press release, member and partner websites, social media, emails, newsletters, events and on-the-ground outreach.

Individual Health Conditions and Behaviors

PERSONAL HEALTH
Question: *Self-rated personal health:*

	County overall *n=8616*	West Allis/West Milwaukee *n=581*
Very healthy	11.9%	9.2%
Healthy	46.0%	42.5%
Somewhat healthy	32.9%	34.2%
Unhealthy	7.3%	11.1%
Very unhealthy	1.9%	3.0%

HEALTH CONDITIONS
Question: *In the past three years, have you been treated for or been told by a doctor, nurse or health care provider that you have:*

Response: "YES"	County overall	West Allis/West Milwaukee
Diabetes	**13.0%**	14.6%
High blood pressure	**36.8%**	40.8%
High cholesterol	**31.5%**	37.9%
Heart disease or heart condition	**12.1%**	14.9%
Mental health condition	**20.9%**	27.2%

HEALTH BEHAVIORS
Question: *In the past three years, have you participated in:*

Response: "YES"	County overall	West Allis/West Milwaukee
Alcoholic consumption (binge drinking at least monthly)	**22.7%**	22.0%
Smoking cigarettes (some times or daily)	**7.9%**	10.9%
Electronic cigarettes (some times or daily)	**2.3%**	3.0%

HEALTH CARE ACCESS
Question: *Questions varied.*

Response: "YES"	County overall	West Allis/West Milwaukee
I have health insurance	**97.4%**	97.6%
Did not access health care or dental health services in last 12 months	**18.7%**	26.3%
Cost as reason	**52.2%**	54.8%
Did not access mental health/substance use services in last 12 months	**9.8%**	12.9%
Cost as reason	**37.5%**	33.3%
I used the ER in the past 12 months	**19.0%**	21.6%

Community Health

HEALTH ISSUES
Question: *From the following list, what do you think are the three most important health issues/conditions in your community?*

Response: "YES as one of the top three issues"	County overall	West Allis/West Milwaukee
Mental health	**50.4%**	48.3%
Infectious disease *(includes COVID-19 as an issue)*	**38.3%**	35.8%
Chronic disease	**35.3%**	28.9%
Drug use and abuse	**34.8%**	40.6%
Alcohol use and abuse	**30.7%**	36.1%

HEALTH NEEDS
Question: *From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?*

Response: "YES as one of the top three issues"	County overall	West Allis/West Milwaukee
Access to affordable health care	**44.4%**	42.8%
Access to mental health services	**29.7%**	28.4%
Access to affordable housing	**22.7%**	21.2%
Gun violence	**21.2%**	20.2%
Community safety	**19.7%**	20.4%

Community Health

HEALTH CARE SERVICES

Question: *Below are some statements about health care services in your community. Select an option for your response in each.*

Response: "YES"	**County overall**	**West Allis/West Milwaukee**
Yes, I am connected to primary care that I am happy with	**90.8%**	88.9%
Yes, I can get an appointment when needed	**83.9%**	80.7%
Yes, I can easily get to my health care provider	**94.1%**	93.0%

COMMUNITY SOCIAL AND ECONOMIC CONDITIONS

Question: *Below are some statements about your community. Select an option for your response in each row below.*

Response: "YES"	**County overall**	**West Allis/West Milwaukee**
There are affordable health care services	**51.4%**	46.8%
Childcare resources are affordable and available	**15.7%**	13.9%
There are plenty of well-paying jobs 18+	**37.5%**	44.8%
There are plenty of available jobs <18	**42.4%**	44.2%
K-12 schools are well-funded and provide quality education	**44.5%**	34.2%
Our local university/college is of quality and affordable	**45.1%**	40.1%
Crime is not a major issue in my neighborhood	**54.3%**	50.4%
There is a feeling of trust in law enforcement	**59.8%**	63.5%
Affordable healthy food options are accessible nearby	**77.7%**	79.1%
There are good sidewalks/trails for walking/biking safely	**83.2%**	82.9%
The streets are clean and buildings are well maintained	**75.7%**	74.9%
The air and water quality are safe	**70.2%**	69.2%

Racism, Discrimination and Health Equity

INDIVIDUAL: LIFE CHALLENGES WITH SOCIAL AND ECONOMIC CONDITIONS

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

Response: "YES"	**County overall**	**West Allis/West Milwaukee**
Unconscious bias	**34.1%**	31.3%
Individual acts of racism/discrimination	**20.2%**	17.5%
Structural or systemic racism	**19.9%**	16.8%
Limited access to wealth	**20.2%**	22.0%
Limited access to quality education	**11.1%**	11.8%
Limited access to career opportunities	**20.4%**	22.6%
Limited access to quality housing	**13.1%**	14.8%

INDIVIDUAL: RACISM AND DISCRIMINATION IN HEALTH CARE ACCESS

Question: *Below are some statements about health care services and providers (doctors, nurses, other hospital clinic staff) in your community.*

Response: "YES"	**County overall**	**West Allis/West Milwaukee**
I feel heard and seen and listened to when receiving health care	88.9%	85.8%
I feel I am treated differently because of my race or ethnicity when receiving health care	5.4%	2.4%
I feel I am treated differently because of my gender when receiving health care	9.0%	7.7%
I feel I am treated differently because of my sexual orientation when receiving health care	2.3%	2.4%
I feel my family or support people are seen and listened to when receiving health care	70.6%	68.0%
I feel seen and listened to when my child/children are receiving health care	46.9%	37.1%

COMMUNITY: PERCEPTION OF REASONS FOR HEALTH DISPARITIES

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

Response: "MAJOR REASON"	**County overall**	**West Allis/West Milwaukee**
Historic gaps in wealth	**63.5%**	47.9%
Structural/systemic racism	**57.1%**	45.0%
POC have less access to quality education	**45.0%**	30.9%
POC have less career opportunities	**42.1%**	26.2%
POC have less access to quality housing	**50.9%**	32.0%
POC are more likely to be exposed to bad environmental conditions	**50.1%**	34.7%
Doctors are less likely to provide the same care to POC	**26.0%**	16.0%
POC are less likely to have health care and/or insurance	**49.9%**	38.0%
POC have less opportunities for healthy activities and/or eating	**28.6%**	22.4%
POC are genetically less healthy than whites	**7.7%**	6.2%

CHILDREN'S QUALITY OF LIFE **Question:** *In general, would you say your child's quality of life is:*	
Excellent	50.9%
Very good	37.5%
Good	10%
Fair	1.6%
Poor	0.2%

HEALTH PLAN COVERAGE FOR CHILDREN **Question:** *Which type(s) of health plans(s) do children in your home have to cover the costs of health care services? Select all that apply.*	
Insurance through an employer	77.8%
Medicaid/Children's Health Insurance Program/ (CHIP)/Badgercare	20.2%
Private insurance I pay for myself (HMO/PPO)	3.0%
I pay out of pocket/cash	2.3%
Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)	2.2%

CHILDREN'S HEALTH ISSUES **Question:** *Have the children (under 18) in your home experienced any of the following health issues? Select all that apply.*	
No, the child/children have not faced any health issues	49.0%
Mental or behavioral health (fearfulness, depression, self-regulation)	21.8%
Chronic diseases (allergies, asthma, diabetes)	13.7%
Oral health/dental health	8.4%
Overweight or underweight	8.2%
Hearing and/or vision	7.3%
Infant health (low birth weight, premature birth)	6.7%
Childhood disabilities or special needs	6.3%
Infectious diseases (measles, COVID-19)	5.4%
Other	5.0%
Unintentional injuries (bicycle crash, poisoning)	5.0%
Autoimmune disorders (for example, gluten sensitivity)	3.5%
Nervous system disorders (migraine, seizures)	2.7%
Lead poisoning	1.3%
Heart disease or other heart conditions	1.3%

CHILDREN'S ACCESS TO HEALTH SERVICES **Question:** *In the past 12 months, was there a time when children in your home needed medical care or other health related services but did not get the services that they needed?*	
No, they got the services that they needed	81.3%
Yes	8.9%
Does not apply, the child/children did not need services	9.7%
Which of the following services were the children in your home not able to get in the past 12 months when they needed them?	
Mental health services	34.1%
Dental care (routine cleaning or urgent care)	24.7%
Well child visit/check-up	23.5%
Sick visit/urgent care visit	20.0%
Services for special needs	17.7%
Prescription medications	16.5%
Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months.	
Office/service/program has limited access or is closed due to COVID-19	41.3%
Wait is too long	28.8%
Cost - too expensive/can't pay	26.3%
Insurance not accepted	20.0%

CONCERNS FOR CHILDREN'S HEALTH **Question:** *Do you have concerns for any of the following activities for the children (under 18) in your home? Select all that apply.*	
I have no concerns	65.1%
Nutrition and eating habits	23.5%
Physical activity and exercise	20.6%
Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed)	5.1%
Vaping, juuling and e-cigarette use	3.6%
Other	3.5%
Alcohol use	3.4%
Cigarette smoking and other tobacco use	2.1%

Technical Notes:

- Sample sizes: County overall (n=8616), Black/AA (n=642), Hispanic/Latino (n=463), high-need zip codes (1535), Children in household (n=1145), older adult (n=3450)
- Sample size denominators vary across survey questions based on survey completion by respondent
- Convenience sample survey method was utilized; results may not be generalizable
- Survey methods: 50 total questions, online, English/Spanish, no incentive, voluntary, anonymous
- High need zip codes are based on a suite of social and economic indicators found on healthcompassmilwaukee.org. Those zip codes are: 53206, 53205, 53204, 53225, 53208, 53210, 53233, 53218, 53209, 53212, 53215
- The Community Health Survey is one of three data inputs for the Milwaukee Community Health Needs Assessment. View the full report at healthcompassmilwaukee.org

Survey Respondent Demographics

Total sample size: n=8616

RACE	n	%
White or Caucasian	6742	80.5%
Black or African American	642	7.7%
Asian or Asian American	108	1.3%
American Indian or Alaskan Native	53	0.6%
Two or more races	186	2.2%
Some other race	81	1.0%
Prefer not to answer	560	6.7%
ETHNICITY		
Hispanic/Latino/Latinx	463	5.4%
Mexican	156	36.5%
Mexican American	123	28.7%
Puerto Rican	121	28.2%
South American	27	6.3%
Central American	22	5.1%
Cuban	5	1.2%
Dominican	5	1.2%
Other	25	5.8%
Non-Hispanic/Latino/Latinx	7474	86.8%
Prefer not to answer	679	7.9%
AGE		
18-20	35	0.4%
21-24	128	1.5%
25-34	799	9.5%
35-44	1102	13.1%
45-54	1039	12.4%
55-64	1656	19.7%
65-74	2651	31.6%
75-84	751	9.0%
85 or older	48	0.6%
GENDER		
Female	5938	70.8%
Male	2221	26.5%
Transgender Male	10	0.1%
Transgender Female	9	0.1%
Non-binary	34	0.4%
Other	22	0.3%
Prefer not to answer	159	1.9%
SEXUAL ORIENTATION		
Straight	7334	87.5%
Gay	156	1.9%
Lesbian	86	1.0%
Bisexual	175	2.1%
Pansexual	48	0.6%
Queer	52	0.6%
Other	44	0.5%
Prefer not to answer	463	5.5%

EDUCATION	n	%
Less than 9th grade	37	0.4%
Some high school	110	1.3%
High school graduate (GED)	2034	24.3%
Associate degree	1218	14.5%
Bachelor's degree	2614	31.2%
Master's/Professional degree	2372	28.3%
INCOME		
Less than $25,000	738	8.8%
$25,000-$50,000	1332	10.6%
$50,000-$75,000	1392	16.6%
$75,000-$100,000	1132	13.5%
$100,000-$125,000	897	10.7%
$125,000+	1186	14.2%
Prefer not to answer	1704	20.3%
EMPLOYMENT		
Employed part-time	754	9.0%
Employed full-time	3354	39.9%
Out of work, looking	110	1.3%
Not working by choice	186	2.2%
Unable to work	273	3.2%
Retired	3431	40.8%
Student	84	1.0%
Out of work, not looking	45	0.5%
HOUSEHOLD SIZE		
1	2141	25.8%
2	3853	46.4%
3	1142	13.7%
4	770	9.3%
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6 or more	129	1.6%
PRIMARY LANGUAGE		
English	8060	96.8%
Spanish	160	1.9%
Other	67	0.8%
Arabic	17	0.2%
Russian	12	0.1%
Hmong	10	0.1%

Appendix 3: Key Informant Interviews

Key Informant Guide

For primary data collection, community stakeholders were comprised of individual key informants and focus groups. They were identified and recruited by the 2021 Milwaukee County Community Health Needs Assessment (CHNA) work team members. All interviews and discussions were facilitated by health systems' community benefit staff, with Conduent providing content note taking, transcription, and analysis. Because the CHNA was conducted during the COVID-19 pandemic, community stakeholders were engaged through video meetings, rather than in-person data collection. Stakeholders provided insights about perceptions, attitudes, experiences, or beliefs held by community members about the community's health as well as their own health experience. They also provided assessments of current community assets and strategies for community health improvement.

1. **To begin, could you please tell us a little about yourself, your background, and the organization you work for?**
   - What is your organization's mission?
   - Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?

2. **COVID-19 has significantly impacted everyone's lives. What have you seen as the biggest challenges in Milwaukee County during this time?**
   - What has gone well?
   - How has the current Pandemic changed the focus of your work or how you are doing your work now? Do you think these changes will be short term or long term?

3. **Now, we would appreciate your perspective on the major health needs/issues faced by people living in Milwaukee County. What are the major health needs/issues in Milwaukee County?**

   *a. What are the **top two** priority health issues that your organization addresses?*

   - ☐ Alcohol use and abuse (underage use, binge drinking, DWI)
   - ☐ Asthma and other breathing issues, Infectious diseases (West Nile Virus, Tuberculosis, measles, COVID-19)
   - ☐ Chronic diseases like diabetes and heart disease
   - ☐ Cancer
   - ☐ Cigarette smoking and other tobacco use
   - ☐ Dementia, including Alzheimer's Disease
   - ☐ Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed)
   - ☐ Infant Mortality
   - ☐ Lead poisoning
   - ☐ Mental health and mental conditions (anxiety, depression)
   - ☐ Nutrition and healthy eating
   - ☐ Oral health
   - ☐ Physical activity and exercise

- ☐ Sexually transmitted infections (including HIV)
- ☐ Suicide
- ☐ Unintentional injuries (falls, motor vehicle crashes, poisonings)
- ☐ Vaping, juuling, and e-cigarette use

b. What do you think are the leading factors that contribute to these health issues?

- ☐ Access to affordable childcare/day care
- ☐ Access to affordable healthcare
- ☐ Access to affordable healthy foods
- ☐ Access to affordable housing
- ☐ Access to community parks and other recreation locations for physical activity
- ☐ Access to mental health services
- ☐ Access to social services/safety net for people who are struggling
- ☐ Bullying in schools and other youth settings
- ☐ Child abuse and neglect
- ☐ Clean air
- ☐ Clean water
- ☐ Community safety
- ☐ Criminal justice reform
- ☐ Domestic violence/Intimate partner violence
- ☐ Good paying jobs and strong economy
- ☐ Good schools and colleges
- ☐ Gun violence
- ☐ Human trafficking
- ☐ Public transportation
- ☐ Racism and discrimination
- ☐ Support services for seniors (meals, transportation, housing, respite support)
- ☐ Strong and supportive families/relationships

4. What strategies (programs or services) are being used to address the health issue(s) that you identified?

- What is working well? What is having impact?
- What are the barriers/challenges to addressing this issue – What could we do differently?
- What additional strategies are needed to address this issue?

5. Which groups in your community seem to struggle the most with the issues you've identified and how does it impact their lives?

- Are there specific challenges that impact low-income, under-served/uninsured, racial or ethnic groups, or age or gender in the community?
- How does your organization interact or work with these vulnerable groups?
- How could we target our efforts towards this subgroup?

6. What geographic parts of the county/community have greater health or social need?

- Which neighborhoods in your community need additional support services or outreach?
- How could we target our efforts towards this subgroup?

7. What barriers or challenges might prevent someone in the community from accessing health care or social services? (*Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)*

8. When we conducted an initial analysis of the data available for Milwaukee County, we noticed a few health issues we wanted to explore and validate with experts such as yourself: maternal and child health, community safety/violence, sexually transmitted infections, wellness and healthy life, elder health were all higher areas of concern.

- Does this align with what you have seen in the community and through your work?

9. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?

What services or programs do you feel are having a positive impact in the community or could potentially have an impact on the needs that you've identified, if not yet in place?

10. Is there anything additional that should be considered for assessing the needs of the community?

- How would having a community health needs assessment report available to you/your organization be helpful?

11. Collaboration and partnerships are critical when addressing community health. What role(s) do you see your organization playing as a partner in the community?

- Who are the key groups in the community that we could/should partner with to improve community health?