

MILWAUKEE COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY 2015–2016

Sponsored by:

Health System Members of the
Milwaukee Health Care Partnership



Aurora Health Care
Children's Hospital of Wisconsin
Columbia St. Mary's Health System
Froedtert Health
Wheaton Franciscan Healthcare

In Collaboration with:

Health Departments from: the City of Milwaukee, Cudahy, Franklin, Greendale, Greenfield,
Hales Corners, North Shore, Oak Creek, Saint Francis, South Milwaukee, Wauwatosa, and
West Allis/West Milwaukee

Prepared by:

Center for Urban Population Health

Introduction

What to Know Before Reading

Every three years the health system members of MHCP conduct a collaborative Community Health Needs Assessment (CHNA) in six counties in southeast Wisconsin. The CHNA for Milwaukee County is done in collaboration with the twelve municipal health departments in the county. The CHNA relies on three sources of information:

- **Milwaukee County Community Health Survey (Survey)**, a phone survey of almost 2,000 County residents;
- **Key Informant Interview Report (KIIR)**, with input from **41** key informants and **4** focus groups; and
- **Secondary Data Report (SDR)**, a compilation of numerous publicly reported data and other sources.

The overall summary of these data presents issues that emerged across reports. Importantly, because of the breadth of information, the individual reports should be consulted for additional depth, precision, understanding and opportunities for improvement related to specific health issues.

The CHNA is used by health systems, MHCP, health departments, funders, and governmental and community agencies to develop health improvement priorities and plans and to monitor health status over time. This report offers a high level synthesis of health care and public and community health findings.

To read the full reports, please visit: www.mkehcp.org

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If there are any questions, please feel free to contact them at 414.219.5100. or visit <http://www.cuph.org>.

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

The Milwaukee Health Care Partnership (MHCP) is a public/private consortium dedicated to improving health care coverage, access, care coordination and community health for underserved populations in Milwaukee County with the goals of improving health outcomes, eliminating disparities and reducing the total cost of care.

Its members include Milwaukee's health systems, hospitals federally qualified health centers and local and state public health departments. A full listing can be found at: <http://mkehcp.org/about-mhcp/members/>



TOP HEALTH ISSUES IDENTIFIED BY SOURCE

These issues were identified as the top health issues facing Milwaukee County by key informants and nearly 2,000 residents responding to this year's health survey.

	Survey Respondents	Key Informants	
	66%	44%	CHRONIC DISEASES
	55%	64%	ALCOHOL & OTHER DRUGS
	42%	49%	INJURY & VIOLENCE
	31%	69%	MENTAL HEALTH

Health Care – Key Findings

These findings are related to the clinical, or patient-focused components of health care. They represent access to and quality of the health care delivery system.

A review of the CHNA components confirms continued need for improvement in Milwaukee County around health care access and care coordination.

Access to Health Care Services was specifically one of the top five health issues emerging as a key priority for the county by key informants.

Behavioral health (representing mental health *and* substance abuse) was the top ranked health issue. The barriers and challenges related to behavioral health care were directly tied to access. Respondents identified insufficient outpatient resources for low income patients, insurance barriers, lack of integration of behavioral health into primary care, and lack of mental health care providers. Respondents also identified the need for improved **coordination of care** within and across the complex and sometimes fragmented behavioral health care delivery system. Key informants also specifically noted access to **oral health** services as an area needing improvement.

Chronic disease prevention and management was ranked fourth in the top five priority areas by key informants, and first in the survey. Similar to mental health, key informants named barriers related to access, the high cost of care, limited time in health care appointments, and lack of inter-agency collaboration for this issue.

The survey reported a significant increase from previous surveys in respondents reporting fair or poor health, as well as having high blood pressure, diabetes, or current asthma.

Top Issues in Health Care

The issues that are driving health care needs in Milwaukee County are:



Health Care Access

Health insurance coverage, access to health care services and navigating health care systems were identified as interrelated and complex issues that although are getting better by some measures, still require improvements.

Two specific health care services stand out in these reports as significant health care needs:

- Behavioral health services
- Oral health services

Health Care Disparities

Not all Milwaukee County residents experience health or health care the same way. The assessments confirm the persistence of racial, ethnic, and socio-economic disparities and the need for strategies that address health inequities.

Public and Community Health – Key Findings

Public health refers to all the organized measures to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not individual patients or diseases.

A number of public and community health issues emerged as challenges for the Milwaukee County community. These issues stem from environmental, behavioral and socioeconomic determinants of health and require multi-sector, community health improvement approaches, *beyond the scope of health care delivery.*

Behavioral Health. Survey respondents identified both mental health and alcohol and drug use within the top five health issues in the county, and both issues were the top priorities for key informants in the KIIR. The other CHNA data sources support the prevalence of these issues, with binge drinking standing out as a critical challenge (and a behavior that continues to increase). The survey also suggests suicide ideation has increased. Stigma, prevention education, screening, access to detox and substance abuse treatment, increased provider capacity, and coordination across systems *are key areas that need to be addressed and could benefit from broader community efforts.*

Key Public and Community Health Issues

- Behavioral Health
- Physical Activity, Nutrition, and Overweight and Obesity
- Chronic Disease
- Violence
- Sexual Health
- Health Literacy
- Poverty, racism, and other social determinants

Physical Activity, Nutrition, and Overweight and Obesity. Survey respondents reported low levels of physical activity, with less than half of respondents meeting recommended amounts of moderate or vigorous activity. Consumption of the recommended amounts of fruits and vegetables remained relatively low. Key informants noted busy lifestyles, stress, “screen time,” and lack of education contributing to poor nutrition and low levels of physical activity. They also acknowledged structural and environmental factors that make physical activity and nutritious foods inaccessible to many people in the county. Key informants recommended that community partners focus on making the built environment safer, promote culturally inclusive nutrition education programming, offer incentives for fitness classes, and raise awareness of the connection between nutrition and other areas of health.

Chronic Disease. The survey revealed chronic disease as the community’s top health concern, with data showing high blood pressure, asthma, and diabetes on the rise. Key informants also ranked this health focus area among their top five issues overall. Informants were concerned with diabetes, hypertension, kidney disease, obesity, cardiovascular disease, asthma, and sickle cell disease among others, and expressed the need for organizations who are working on these issues to strategically work together in a shared accountability model, rather than in silos.

Violence. Injuries and violence were among the top three concerns for both survey respondents and key informants. Survey data show almost 10% of respondents had experienced at least one personal safety issue in the last year. Key informants discussed a range of issues, including youth violence, crime, gun violence, domestic and intimate partner violence, and childhood trauma. Informants identified a range of

Public and Community Health – Key Findings continued

engaged partners working on these issues and cautioned that violence should not be attributed to a narrow set of populations. They consistently noted that violence issues are driven by complex causes, affecting the entire community.

Sexual Health. Teen pregnancy and high Sexually Transmitted Infection (STI) rates continue to affect the county. These issues show strong socio-economic disparities. Teen births, chlamydia, and HIV infection have some of the highest risk ratios between Milwaukee's highest and lowest socioeconomic status ZIP codes. Key informants named improving birth outcomes and reducing STI rates as areas of concern. They also noted the positive work of faith-based, public health, education, and health care sectors and recommended these partners continue their work.

Health Literacy. Stakeholders identified issues relating to how health information is accessed and understood. Milwaukee city residents increasingly get health information from the internet. Challenges in navigating complex insurance and health care delivery systems were also noted. Results suggest the need for understandable, culturally relevant, and accessible information about disease prevention and treatment, as well as improved consumer education and communication.

Poverty, racism, and other social determinants. It is well known that Milwaukee experiences a wide range of health disparities. All CHNA components confirm the persistence of racial, ethnic and socioeconomic disparities. Stakeholders consistently noted that social determinants continue to significantly impact the community's health.

Children and Youth

While most of the data sources considered for this report focus on adult health, several items in each assessment specifically address the needs of children and youth in our community. Key findings are called out below.

Survey: Children and Youth Findings

Indicators	2012	2015
Visited health professional for preventive care (past 12 months)	93%	92%
Did not received needed dental care (past 12 months)	8%	11%
Did not receive needed medical care (past 12 months)	2%	3%
Did not receive needed specialty care (past 12 months)	2%	1%
Current Asthma	11%	11%
Met recommended fruit intake (2+ servings a day)	78%	82%
Met recommended vegetable intake (3+ servings a day)	26%	30%
Met physical activity recommendation (60 mins/5+ days)	66%	70%
Experienced some bullying	22%	14%
Verbally bullied	18%	12%
Physically bullied	10%	5%

Secondary Data findings included:

- Teen birth rate for teens 15-19 years old:36.6/1,000 teens (Wisconsin: 19.9/1,000 teens)
- Children living in poverty: 33.2% (18.4% Wisconsin)
- Children living in single parent homes: 38.3% (30.5% Wisconsin)
- Child Protective Service Reports: 45.8/1,000 children (Wisconsin: 30.7/1,000 children)

Key Informant findings included:

- Schools, school districts, school-community partnerships, and parent-teacher organizations were named as leaders of existing strategies and potential partnerships for many of the health issues discussed.
- Respondents most often discussed children's health in relation to these issues: Mental health, alcohol and drug use, injury and violence, access to health services (including oral health), physical activity and nutrition, reproductive and sexual health, and healthy growth and development.

Milwaukee County Community Health Survey (Survey)



What is it? This phone-based survey of Milwaukee County residents (N=1,967) assesses adult and child health and related behaviors, as well as perceptions of top health issues for the community. Conducted every three years, the survey can be used to identify community trends and changes over time. JKV Research, LLC collected and analyzed the data, and prepared the final report.

Survey measures with statistically significant changes from previous reports:

What is Improving:

- Increase in moderate physical activity five times/week for at least 30 min
- Improvement in respondents reporting health insurance coverage for themselves and others in their households
- Decrease in current tobacco cigarette smokers
- Increase in those reporting their mental health condition was under control through medication, therapy, or lifestyle changes

What is Worsening:

- Increase in residents reporting their health as fair or poor
- Increase of those with high blood pressure, diabetes, or current asthma
- Increase reporting being overweight
- Increase in binge drinking in the past month
- Decreased consumption of at least two servings of fruit on an average day
- Increase having a mental health condition
- Increase reporting of someone in the household with a problem with the misuse of prescription drugs/over-the-counter drugs in the past year

Key Informant Interview Report (KIIR)



What is it? This report presents a summary of public health priorities for Milwaukee County, as provided in 2015 by forty-one individual key informants and twenty-two focus group participants. Interviews were conducted by representatives of the MHCP health systems and the City of Milwaukee Health Department. Data were analyzed by CUPH.

The top health issues identified by the key informants include:

- Mental Health
- Alcohol and Other Drug Use
- Injury and Violence
- Chronic Disease
- Access to Health Services

A full ranking can be found in the Key Informant Interview Report.

General themes that emerged as influences or opportunities for health improvement include:

- Poverty
- Race and ethnicity
- Chronic and communicable disease control and prevention—including health literacy
- Media as positive messengers of prevention and education, as well as perpetuating negative stereotypes (e.g. violence and mental health)
- Schools as important venues for education, partnerships, intervention and prevention strategies
- Churches and faith communities as partners in health improvement, sites of intervention, and providers of services to the community
- Health insurance coverage, access to health care services, and navigating health care services as on-going challenges and interrelated issues

Secondary Data Report (SDR)

Center for Urban Population Health



What is it? This report looks at existing data to supplement primary data collection with demographic and health-related information for Milwaukee County. Numerous publicly reported and private data sources were reviewed, including:

- Wisconsin Interactive Statistics on Health, Wisconsin Department of Health Services
- U.S. Census and the American Community Survey
- 2013 Milwaukee Health Report
- 2015 County Health Rankings

CUPH analyzed the data and compiled the report from these sources.

The following are select findings from the Secondary Data Report that relate to the top health issues identified by residents and key informants.

Chronic Disease

- In 2014, 9.3% of Non-Hispanic White Milwaukee County residents had been diagnosed with Asthma, while 28.0% of Non-Hispanic Black residents had an asthma diagnosis.
- In 2014, a smaller percent of Milwaukee County residents in higher income groups (8.6%) had been diagnosed with asthma than within middle income (12.2%) and lower income (19.6%) groups.
- In 2014, 7.8% of Non-Hispanic White Milwaukee County residents had diabetes, while 11.4% of Non-Hispanic Black residents did.
- In 2014, 27.2% of Non-Hispanic White Milwaukee County residents were obese, compared with 41.1% of Non-Hispanic Black residents.
- In 2014, 24.0% of college or graduate school educated Milwaukee County residents were obese, compared with 34.0% of those who had some college or technical school education, and 38.7% who had a high school diploma or equivalent.

- In the time period 2008 to 2012, the age-adjusted cancer incidence rate for male residents in Milwaukee County was 577.0 per 100,000, compared with 455.7 per 100,000 female residents in the same time frame.

Behavioral Health

Mental Health

- In 2014, the suicide rate for male residents in Milwaukee County was 16.7 per 100,000, compared with only 3.5 per 100,000 for female residents in the County.
- In 2014, the suicide rate for White residents was 12.5 per 100,000, compared with 4.5 per 100,000 for Black residents, 5.0 per 100,000 for Asian residents, 6.6 per 100,000 for Hispanic residents, and 8.9 per 100,000 for American Indian residents.

Alcohol Use

- In 2014, 9.6% of Non-Hispanic White Milwaukee County respondents reported being heavy drinkers, while only 4.5% of Non-Hispanic Black respondents reported this behavior. Similarly, in the same year, 28.3% of Non-Hispanic White residents reported binge drinking behavior, while this

was reported by only 10.3% of Non-Hispanic Black respondents in the County.

- In 2014, 29.4% of male respondents in Milwaukee County reported binge drinking, while only 16.3% of female respondents reported this behavior in the same year.
- In 2014, 28.5% of Milwaukee County residents from the highest household income group reported binge drinking, while only 15.7% of residents from the lowest income group reported this behavior.

Injury and Violence

- The incidence rate of reported violent crimes in Milwaukee County was 800.0 per 100,000 population in 2015, compared with 751.0 per 100,000 in 2014, and 783.0 per 100,000 in 2013. The incidence rate of reported violent crimes for the State of Wisconsin was only 255.0 per 100,000 population in 2015.

Infant Mortality

- In 2014 in Milwaukee, the non-Hispanic Black infant mortality rate was 12.7 (12.7 infant deaths per 1,000 live births). This was three times the non-Hispanic White rate of 3.7. The Hispanic infant mortality rate was 4.9.

Population Health Framework

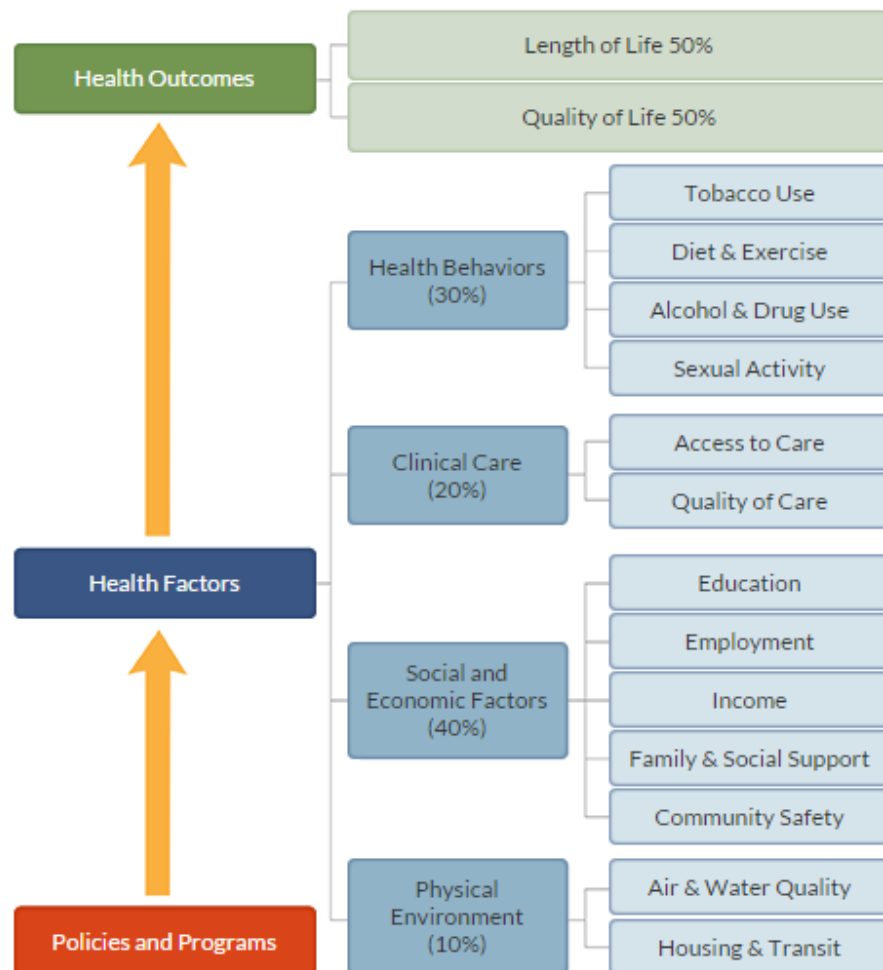
This framework recognizes the complexity of the health of communities. The health of a community or health outcomes have four main contributing factor categories: health behaviors, clinical care, social and economic factors, and the physical environment. In addition to these main health factors, programs and policies can have a positive or negative impact of the way in which communities experience health.

Contributions to Health Each health factor category has a percentage assigned to it. Best research estimates that this is the percentage that the health factor contributes to an individuals' health.

A population health framework is built on the premise that change must not be focused only on individuals, or families, or communities, but must involve individuals, families, communities, systems (such as the health, social service, educational or justice systems and sectors such as government and voluntary sectors) and the society as a whole.

This framework, in its grouping of health determinants recognizes the importance of both internal and external risk factors. This is important to both identifying opportunities for intervention, and stimulating cross-sector partnerships to address community level issues affecting the health of our community.

Population Health Framework



County Health Rankings © 2014 UWPHI