

Milwaukee County Community Needs Assessment

❖ 2013

Executive Summary

- ❖ A shared Community Needs Assessment (CNA) for Milwaukee County was completed in 2012 to produce the data necessary to inform Columbia St. Mary's Milwaukee and community hospitals on the health priorities of the county.
- ❖ The Milwaukee Health Care Partnership, which includes five major health care systems, four FQHC's, three public health entities, and an academic medical center, contracted with the Center for Urban Population to complete the community needs assessment.
- ❖ Needs Assessment includes three components:
 - Secondary Data
 - Community Health Survey
 - Key Informant Interviews

Community Health Priorities	Key Findings
Infant Mortality	In 2010, Milwaukee County's infant mortality rate was 8.1 infant deaths per 1,000 births. WI's rate 5.7. National benchmark 6.0. The Milwaukee city rate for infant mortality in 2010 was 9.5 infant deaths per 1,000 births.
Dental Care (children)	From 2003 to 2012, there was a statistical decrease in the overall percent of respondents reporting a dental checkup in the past year .
Breast Cancer	In 2012, 69% of female Medicare enrollees received a mammography screening. WI's rate 74%. National benchmark 73%.
Access to Care	<p>In 2009, 14% of Milwaukee's population, under the age of 65, was without health insurance. WI's rate 11%. National benchmark 11%.</p> <p>Barriers to access health care services include lack of providers and low reimbursement rates, over reliance on physicians and underutilization of nurse practitioner and physician assistants, lack of focus on prevention, increased costs, language barriers, complex health systems, and lack of transportation.</p>
Mental Health	<p>From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. Thirty-two percent of Milwaukee County's adult population reported binge drinking. WI's rate 24%. National benchmark 8%.</p> <p>There are issues within the health care system (navigation, reimbursement, lack of providers, and lack of preventive services and screening as part of routine primary care), unemployment and poverty, lack of Spanish-speaking and Latino providers, cost of care, and lack of reliable transportation.</p>
Chronic Disease	From 2003 to 2012, there was a statistical increase of the following health conditions: high blood pressure, asthma, diabetes, and other heart conditions.

Secondary Data

Secondary Data (cont.)

- ❖ The data in this section of the report came from publicly available data sources.
- ❖ The overall population of Milwaukee County is expected to grow 2% between 2012 and 2017.
- ❖ The following data about Milwaukee County is from the 2010 US Census:

Total Population 2010				
		2010	State 2010	
Total Population		947,735	5,686,986	
Population Density Per Sq Mile		3,926.0	104.7	
Total Population by Race/Ethnicity				
	Non-Hispanic White	574,656	60.6%	4,902,067
	Non-Hispanic Black	253,764	26.8%	359,148
	Asian	32,422	3.4%	129,234
	American Indian and Alaska Native	6,808	0.7%	1,827
	Some Other Race	51,429	5.4%	135,867
	Hispanic or Latino	126,039	13.3%	336,056
Total Population by Gender				
	Male	457,717	48.3%	2,822,400
	Female	490,018	51.7%	2,864,586
Total Population by Age				
	0-14	196,785	20.8%	1,102,987
	15-44	413,508	43.6%	2,233,121
	45-64	228,309	24.1%	1,573,564
	65+	109,133	11.5%	777,314

Secondary Data (cont.)

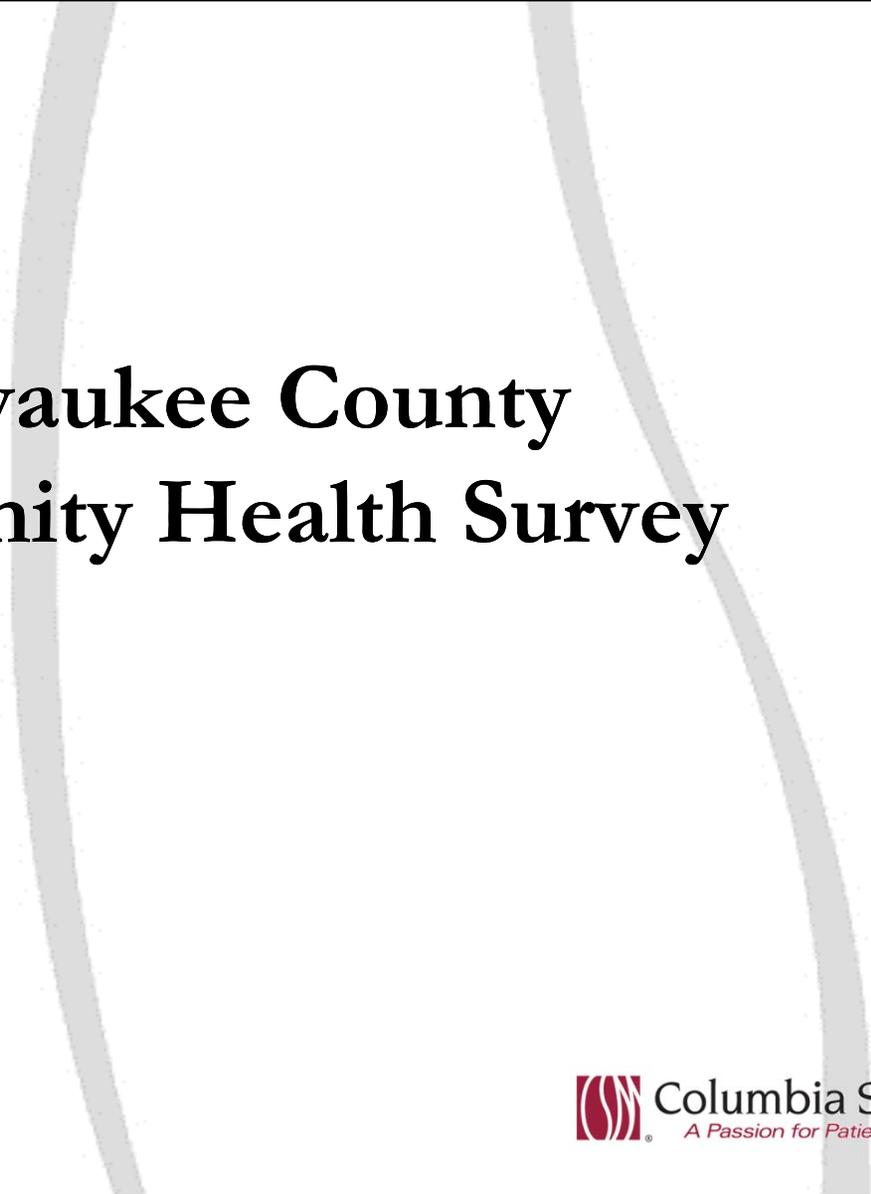
Demographics 2010	Milwaukee County 2010	Wisconsin 2010
Education Level of Adults 25 Years or Older		
Less than high school degree	15.0%	9.9%
High school degree	30.4%	31.6%
Some college/associates	27.8%	33.3%
Bachelors degree or higher	26.8%	24.0%
Percent of Those Ages 16 or Older in the Labor Force and Unemployed		
Unemployment rate	9.3%	8.9%
Median HH Income (2010 dollars)		
Median Income	\$ 43,215	\$ 49,001
Percent of Individuals Below Poverty in Last 12 Months		
Percent below poverty	19.2%	15.3%
Language Spoken at Home		
English Only	84.3%	91.7%
Spanish or spanish creole	9.9%	4.4%
Indo-European	3.1%	2.1%
Asian and Pacific Island	2.1%	1.5%
Other Languages	0.6%	0.3%
Housing		
Owner Occupied	53.4%	68.7%
Renter Occupied	46.6%	31.3%
Uninsured Rate (2011 American Community Survey 1-year estimates)		
	12.8%	9.0%

Secondary Data (cont.)

- ❖ The top health issues in Milwaukee County include:
 - Premature death
 - Low birthweight
 - Adult smoking and obesity
 - Physical inactivity
 - Sexually transmitted infections
 - Teen birth rate
 - Uninsured rate
 - Mammography screening
 - Children in poverty
 - Violent crime rate

	Milwaukee County	Error Margin	National Benchmark*	Wisconsin	Rank (of 72)
Health Outcomes					70
Mortality					69
Premature death	8,177	7,974-8,379	5,466	6,124	
Morbidity					72
Poor or fair health	15%	14-16%	10%	12%	
Poor physical health days	4.0	3.7-4.3	2.6	3.3	
Poor mental health days	3.7	3.4-4.0	2.3	3.0	
Low birthweight	9.0%	8.8-9.2%	6.0%	6.9%	
Health Factors					71
Health Behaviors					70
Adult smoking	22%	21-24%	14%	20%	
Adult obesity	32%	30-34%	25%	29%	
Physical inactivity	27%	25-29%	21%	23%	
Excessive drinking	23%	21-25%	8%	24%	
Motor vehicle crash death rate	9	8-9	12	15	
Sexually transmitted infections	1,040		84	372	
Teen birth rate	61	60-62	22	31	
Clinical Care					58
Uninsured	14%	13-15%	11%	11%	
Primary care physicians**	915:1		631:1	1,051:1	
Preventable hospital stays	62	61-64	49	59	
Diabetic screening	87%	85-90%	89%	89%	
Mammography screening	69%	67-72%	74%	73%	
Social & Economic Factors					71
High school graduation	75%			86%	
Some college	60%	59-61%	68%	63%	
Unemployment	9.6%		5.4%	8.3%	
Children in poverty	35%	32-37%	13%	19%	
Inadequate social support	21%	19-23%	14%	17%	
Children in single-parent households	49%	48-50%	20%	29%	
Violent crime rate	860		73	275	
Physical Environment					69
Air pollution-particulate matter days	8		0	5	
Air pollution-ozone days	3		0	1	
Access to recreational facilities	8		16	11	
Limited access to healthy foods	4%		0%	6%	
Fast food restaurants	50%		25%	41%	

Source: University of Wisconsin Population Health Institute. County Health Rankings 2012. Accessible at www.countyhealthrankings.org.



Milwaukee County Community Health Survey

Milwaukee County Community Health Survey

- ❖ One thousand, two hundred telephone interviews of area residents were completed between June 20, 2012 and November 7, 2012.
- ❖ The Northshore communities, including Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood & Whitefish Bay, completed an additional telephone survey of 678 area residents.
- ❖ Two-fold sampling:
 - Random-Digit Dial (RDD) landline sample of listed & unlisted numbers (n=744)
 - Cell phone only sample (n=456)
- ❖ Respondents were scientifically selected so the survey would be representative of adults 18 years old and older.
- ❖ The survey evaluated:
 - Behavioral and lifestyle habits of the adult population (selected information also collected about respondent's household)
 - The prevalence of risk factors and disease conditions existing within the adult population
 - Health data of residents comparable to state and national measurements.

Milwaukee County Community Health Survey (cont.)

The following is a list of health related issues covered in the comprehensive report:

- ❖ Overall Health
- ❖ Health Care Coverage
- ❖ Did Not Receive Care Needed
- ❖ Health Information and Services
- ❖ Routine Procedures
- ❖ Vaccinations (65 & older)
- ❖ Health Conditions in Past 3 Years
- ❖ Physical Health
- ❖ Women's Health
- ❖ Men's Health (40 & older)
- ❖ Colorectal Cancer Screenings (50 & older)
- ❖ Cigarette use
- ❖ Exposure to Smoke
- ❖ Mental Health Status
- ❖ Personal Safety in the Past Year
- ❖ Alcohol Use in the Past Month
- ❖ Household Problems Associated with Substance Abuse and Gambling
- ❖ Children's Health
- ❖ Community Health Issues

Milwaukee County Community Health Survey (cont.)

- ❖ Respondents were asked to pick the top three health issues in the county out of eight listed. The most often cited by both the Milwaukee and Northshore communities were:
 - Alcohol and drug use (57%)
 - Violence (56%)
 - Chronic diseases (50%)
- ❖ Select Key Findings. From 2003 to 2012, there was a statistical...
 - Increase in the overall percent of respondents who reported their health as fair or poor.
 - Increase for respondents 18 to 64 years old who reported no current health insurance.
 - Decrease in the overall percent of respondents reporting a routine checkup two years ago or less, a dental checkup in the past year or an eye exam in the past year.
 - Increase in the overall percent of respondents who reported high blood pressure, diabetes or asthma.
 - Increase in the overall percent of respondents who reported they considered suicide.
 - Increase in the overall percent of respondents being overweight.
 - Increase in the overall percent of respondents who reported binge drinking in the past month.

Key Informant Interviews

Key Informant Interviews

- ❖ One-on-one interviews with community thought-leaders were conducted to gather input from persons who represent the broad interests of the community served, including those with expertise in public health.
- ❖ Report includes the following summaries:
 - Health issue rankings, including a list of the five issues which were ranked most frequently.
 - Strategies, barriers and partners needed to improve community health.

Key Informant Interviews (cont.)

- ❖ Thirty-five individual and five group key informant interviews were conducted in Milwaukee County.
- ❖ Key informants were asked to rank five major health-related issues in Milwaukee County from a list of thirteen focus areas identified in the Wisconsin State Health Plan.
- ❖ The five health issues ranked most consistently:
 - Mental Health
 - Access to Health Care Services
 - Health Insurance Coverage
 - Physical Activity, Overweight and Obesity, and Nutrition
 - Infant Mortality
- ❖ A separate analysis focused on the city of Milwaukee (rather than Milwaukee County) to guide the work of the City of Milwaukee Health Department and to identify any differences in urban and suburban informant responses.
- ❖ Informants from the city more often noted the need for more culturally competent providers and culturally appropriate education, services, and programs. Milwaukee city informants had additional concerns about gun violence. Racism and racial/ethnic inequalities or disparities was also a concern.
- ❖ Suburban representatives identified three health concerns: high prevalence of heroin use; prescription drug use; and mental health issues such as bullying, suicide, and hoarding.

Key Informant Interviews (cont.)

❖ Issue Summaries:

- Mental Health
 - Challenges: There are issues within the health care system (navigation, reimbursement, lack of providers, and lack of preventive services and screening as part of routine primary care), unemployment and poverty, lack of Spanish-speaking and Latino providers, cost of care, and lack of reliable transportation.
 - Needed Strategies: Interviewees felt additional funds and providers would be needed to address mental health issues. Healthcare coverage, age and culturally appropriate programs (especially for Latinos) to increase mental health awareness, screening, and education. Another strategy includes the integration of mental health into primary care settings.
- Access to Health Care Services
 - Challenges: Barriers to access health care services include lack of providers and low reimbursement rates, over reliance on physicians and underutilization of nurse practitioner and physician assistants, lack of focus on prevention, increased costs, language barriers, complex health systems, and lack of transportation.
 - Strategies include expanding capacity of free clinics, increasing efforts to improve health literacy, building trust with providers, employ more navigators, and raising awareness regarding primary care options.

Key Informant Interviews (cont.)

❖ Issue Summaries:

- Health Insurance Coverage
 - Challenges include language barriers, limited health department staffing, lack of understanding about the Affordable Care Act, and providers screening out Medicaid and uninsured patients. Financial resources and literacy issues are also challenges for patients.
 - Needed Strategies: Additional partnerships with FQHCs, free clinics, faith-based organizations, etc. are examples of community groups that should partner with health systems to improve coverage.
- Physical Activity, Overweight and Obesity, and Nutrition
 - Challenges: Keeping partners at the table, needing more community participation and involvement, poverty, and lack of resources (including finding, space, and programming). Barriers included the food environment and culture (promoting fast and unhealthy food options), lack of information about preparing nutritious meals with limited resources, lack of access to wholesome foods.
 - Strategies include coordination between existing community efforts (support of urban agriculture and incentives for grocery stores to open up in urban areas), education for adults including more understandable nutrition fact labels, enhancing the school food environment (improve school lunch offerings and eliminate vending machines) and provide wellness screenings.

Key Informant Interviews (cont.)

❖ Issue Summaries:

– Infant Mortality

- Challenges include racism and health disparities, co-sleeping, lack of focus on support for new mothers and substance abuse and mental health, judgmental attitudes toward at-risk mothers, lack of education and awareness, poor nutrition, and poverty.
- Needed Strategies: Social marketing campaigns, education about bed-sharing, breastfeeding support, faith community involvement, outreach work with community health workers and peer mentors, work within school, and fatherhood support (specifically for African American fathers) including education and career training.