

Ascension SE Wisconsin Hospital - Franklin Campus

**2021 Community Health Needs Assessment
Milwaukee County, Wisconsin**



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Milwaukee County, as well as to inform planning efforts to address those needs. Input was intentionally gathered from persons who are the most vulnerable and their communities to identify their unmet health needs or gaps in services. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

**Ascension SE Wisconsin Hospital, Inc. - Franklin Campus
39-0816857**

Ascension SE Wisconsin Hospital - Franklin Campus
10101 South 27th St.
Franklin, WI 53132

<https://healthcare.ascension.org/locations/wisconsin/wiwe/franklin-ascension-se-wisconsin-hospital-franklin-campus>

414-325-4700

The 2021 Community Health Needs Assessment report was approved by the Board of Directors of Ascension SE Wisconsin Hospital - Franklin Campus on April 26, 2022 (2021 tax year) and applies to the following three-year cycle: July 2022 to June 2025. This report, as well as the previous report, can be found on our public website. **We value the community's voice and welcome feedback on this report. Please visit the public website at (<https://healthcare.ascension.org/chna>) to submit your comments.**

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Acknowledgements

The 2021 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Milwaukee County. The development of the Milwaukee County CHNA was a collective effort that included the Milwaukee Health Care Partnership and its collaborative members, community-serving organizations and community members from within areas of focus that provided input and knowledge of issues and solutions and those who share our commitment to improving health and quality of life.

Ascension SE Wisconsin Hospital - Franklin Campus (“Ascension Franklin”) is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report and your interest and commitment to improving the health of Milwaukee County.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Milwaukee County. Findings from this report can be used to identify, develop and focus hospital, health system and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Franklin serves Milwaukee and surrounding areas, Ascension Franklin has defined its community served as Milwaukee County for the 2021 CHNA. Milwaukee County was selected because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Assessment Process and Methods

The 2021 CHNA was conducted from July 2021 to January 2022 and incorporated data from primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, healthcare consumers, healthcare professionals, community stakeholders and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable and to unmet health needs or gaps in services. Community input included an online survey with 8,812 respondents, 49 key stakeholder interviews with organization partners, including those that serve populations that are low-income or otherwise marginalized, and four focus groups. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension Franklin analyzed secondary data and community input to identify the needs in Milwaukee County. In collaboration with community partners, Ascension Franklin used a phased approach to determine the most crucial needs for community stakeholders to address.

The identified needs are as follows:

- ☐ Access to Affordable Housing
- ☐ Access to Affordable Health Care
- ☐ Access to Mental Health Services
- ☐ Alcohol Misuse
- ☐ Chronic Disease
- ☐ Community Safety
- ☐ Drug Use/Overdose
- ☐ Gun Violence
- ☐ Infectious Disease
- ☐ Maternal, Fetal and Infant Health
- ☐ Mental Health
- ☐ Sexually Transmitted Infections
- ☐ Wellness and Lifestyle

The process used to determine the health needs on which the hospital would focus then included a prioritization meeting with a steering group of Ascension Franklin leaders and stakeholders. The data was presented to the steering group and recommendation options based on the top identified needs from the community were brought forward for consideration. The prioritized health needs were determined through a majority vote after the options were discussed at length. The stakeholders considered the following criteria in choosing the campus' priorities: scope of problem (number of people impacted, severity); health disparities (by income and/or race and ethnicity); feasibility (known interventions, capacity); momentum/commitment (political will, community readiness); alignment (with health department, coalitions, Ascension Wisconsin strategies).

Based on the process described above, three prioritized health needs were identified for Ascension Franklin. Those needs are:

- Access to Care
- Chronic Disease and Prevention
- Mental Health

In alignment with these priorities, strategies will be considered through the lens of the lasting social impact of COVID-19, Access to Care, Social Determinants of Health and Equity.

About Ascension

As one of the leading non-profit, Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension SE Wisconsin Hospital - Franklin Campus

As a Ministry of the Catholic Church, Ascension SE Wisconsin Hospital - Franklin Campus (“Ascension Franklin”) is a non-profit hospital, governed by a local board of directors, that provides medical care to Milwaukee County and the surrounding communities. In Wisconsin, Ascension operates 17 hospital campuses, more than 100 related healthcare facilities and employs more than 1,200 primary and specialty care clinicians from Racine to the Fox Valley.

Serving Wisconsin for about 150 years, Ascension is continuing the long and valued tradition of addressing the health of the people in our community. Following in the footsteps of our founders, Ascension Wisconsin was formed in 2016 when sponsorship transitioned from four health systems: Wheaton Franciscan Healthcare, Ministry Health Care, Columbia St. Mary's and Affinity Health System.

For more information about Ascension Franklin, visit:

<https://healthcare.ascension.org/locations/wisconsin/wiwh/franklin-ascension-se-wisconsin-hospital-franklin-campus>

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Franklin’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension Franklin.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 CHNA, Ascension Franklin has defined its community served as Milwaukee County. Although Ascension Franklin serves Milwaukee and surrounding areas, the “community served” was defined as such because (a) most of our service area is in this county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



While Milwaukee County is the primary community served, it is important to consider Ascension Franklin’s specific location and patient population when assessing the community health needs. The top four zip codes that utilize Ascension Franklin span over 77 square miles of suburban communities at the most southern border of Milwaukee County. With a total population of 135,654, these zip codes range from medium to medium-to-high-income neighborhoods.

Image 1: Map of Community Served

Demographic Data

Located in southeast Wisconsin, Milwaukee County has a population of 945,726 and is the most populous county in the state. Below are demographic data highlights for Milwaukee County:

- 14 percent of the residents of Milwaukee County are 65 or older, compared to 17.5 percent in Wisconsin
- 15.6 percent of residents are Hispanic or Latino (any race)
- 50.6 percent of residents are non-Hispanic White; 4.7 percent are Asian; 26.3 percent are non-Hispanic Black or African American
- The median household income is below the state median income (\$53,500 for Milwaukee County; \$64,200 for Wisconsin)
- The percent of children in poverty was nearly double that of the state (24 percent for Milwaukee County; 14 percent for Wisconsin)
- The uninsured rate for Milwaukee County (8 percent) is slightly higher than the state (7 percent)

Table 1: Description of the Community

| Indicator | Milwaukee County | Description |
|---|------------------|---|
| Population | | |
| Total Population | 945,726 | |
| % Living in rural communities | 0.2% | Percentage of population living in a rural area. |
| % below 18 years of age | 23.8% | |
| % 65 and older | 14.0% | |
| % Hispanic | 15.6% | |
| % Asian | 4.7% | |
| % Non-Hispanic Black | 26.3% | |
| % Non-Hispanic White | 50.6% | |
| Social and Community Context | | |
| English Proficiency | 97% | Proportion of community members that speak English “well.” |
| Median Household Income | \$53,500 | Income where half of households in a county earn more and half of households earn less. |
| Percent of Children in Poverty | 24% | Percentage of people under age 18 in poverty. |
| Percent of Uninsured | 8% | Percentage of population under age 65 without health insurance. |
| High School Completion | 88% | Percentage of adults ages 25 and over with a high school diploma or equivalent. |
| Percent of Unemployment | 4% | Percentage of population ages 16 and older unemployed but seeking work. |
| https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot | | |

To view Community Demographic Data in its entirety, see Appendix B (page 37).

Regionalized Data Points

Health Compass Milwaukee offers some data points at the zip code level in Milwaukee County. To better assess Ascension Franklin's population, the demographic data available for the top four Milwaukee County zip codes that utilize Ascension Franklin is listed below.

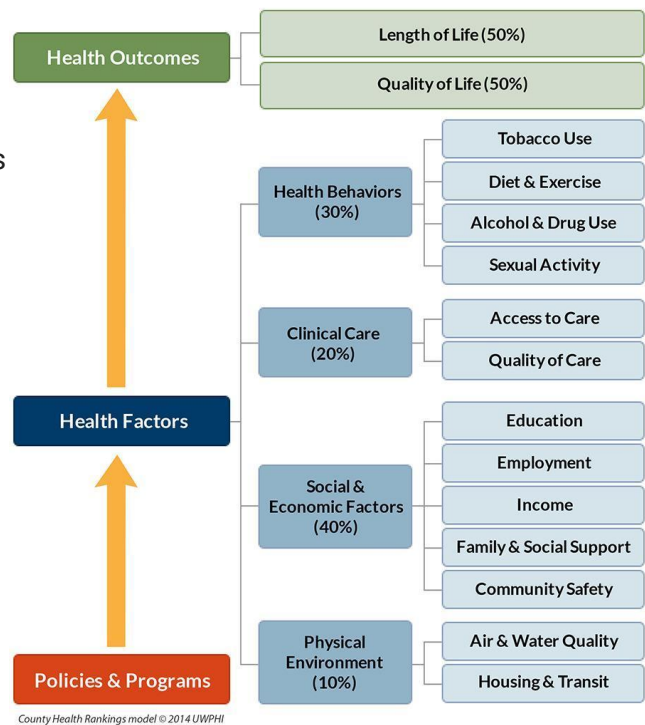
Table 2: Additional Description of the Community - Top 4 Zip Codes that Utilize Ascension Franklin

| Indicator | 53154 | 53132 | 53221 | 53172 |
|--|----------|----------|----------|----------|
| Population | | | | |
| Total Population | 38,284 | 37,460 | 38,836 | 21,074 |
| % below 18 years of age | 21.8% | 19.0% | 23.2% | 19.9% |
| % 65 and older | 15.5% | 19.3% | 18.6% | 18.7% |
| % Hispanic | 10.5% | 6.0% | 28.2% | 12.2% |
| % Asian | 7.2% | 8.8% | 8.3% | 1.6% |
| % Black/African American | 3.4% | 5.0% | 4.8% | 2.9% |
| % White | 83.1% | 82.9% | 71.6% | 88.1% |
| Social and Community Context | | | | |
| Median Household Income | \$84,041 | \$96,985 | \$60,103 | \$63,930 |
| Percent of Children in Poverty | 3.0% | 1.6% | 21.1% | 30.4% |
| Percent of Uninsured* | 10.3% | 9.5% | 15.3% | 12.7% |
| High School Completion | 94.8% | 94.6% | 87.9% | 91.8% |
| Percent of Unemployment | 2.4% | 2.7% | 3.54% | 3.6% |
| *Adults 18-64 without any kind of health insurance Sources: https://www.healthcompassmilwaukee.org/indicators/index/dashboard?alias=alldatabylocation | | | | |

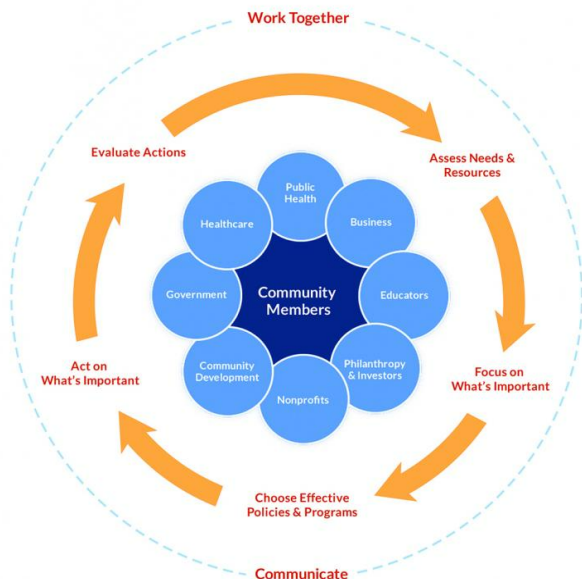
Process and Methods Used

Ascension Franklin is committed to using national best practices in conducting the CHNA. Health needs and assets for Milwaukee County were determined using a combination of data collection and analysis for both secondary and primary data, with community input on the identified and significant needs.

Ascension Franklin's approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, using the determinants of health model as the model for community health.



Community Health Improvement Approach



Ascension Franklin uses the County Health Rankings and Roadmaps' Take Action Cycle for community health improvement, which includes the following:

- Gather information to assess needs and resources
- Set priorities and focus on what's important
- Find the most effective approaches to address priorities
- Get to work on acting on what's important
- Evaluate throughout the cycle to help improve strategies and ensure effectiveness

Throughout the entire process, communication and collaborative work is critical.

Disparities and Health Equity

Health disparities are preventable differences in health outcomes and health factors that are experienced by socially disadvantaged groups. Health equity is the societal and systematic understanding and appreciation of differences among individuals and populations; where everyone is valued and has the opportunity to achieve optimal health and well-being.¹ Forwarding health equity requires us to identify and understand the root social causes of health disparities in our communities. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is an Ascension Wisconsin priority. Health equity focuses on minimizing these differences and drives us to increase opportunities for good health by eliminating systemic, avoidable, unfair and unjust barriers to good health. Therefore, equity was a consideration during the entire community health needs assessment, the identification of significant needs and the prioritization of those needs and will be considered as Ascension Franklin identifies strategies to address the prioritized needs.

Collaborators and Consultants

Ascension Franklin completed its 2021 CHNA in collaboration with the Milwaukee Health Care Partnership and its member organizations. The member organizations were heavily involved in identifying and collecting the data components of the CHNA. The Milwaukee County CHNA committee is a collection of individuals representing Milwaukee Health Care Partnership and its collective members which include the major health systems in Milwaukee:

- Ascension Wisconsin
- Advocate Aurora Health
- Froedtert Health
- Children's Wisconsin

The Milwaukee County CHNA would not have been possible without the support and guidance of individuals who were able to share their expertise and insight in the planning, development and implementation of this assessment.

Milwaukee Health Care Partnership

The Milwaukee Health Care Partnership is a public/private consortium dedicated to improving healthcare for persons of low income and who are underserved in Milwaukee County. Its aim is to improve health outcomes, promote health equity and lower the total cost of care. The member organizations and their connections in the community were many of the participating community voices during the CHNA data collection process.

¹ [*National Academies of Sciences, Engineering, Medicine, \(2017\). Communities in Action*](#)

Consultants

Milwaukee Health Care Partnership commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2021-22 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems and implementing performance evaluation processes. The Center for Urban and Population Health (CUPH) provided further survey data analysis to facilitate the identification of population differences in survey answers.

Data Collection Methodology

In collaboration with various community partners, Ascension Franklin collected and analyzed primary and secondary data for Milwaukee County in numerous ways, detailed below.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Franklin and our partners consulted with a range of public health and social service providers representing the broad interests of Milwaukee County and its diverse populations. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder interviews, focus groups and an online community survey. These methods provided additional perspectives on how to select and address top health issues facing Milwaukee County. As the assessment occurred during the COVID-19 pandemic, primary data collection methods were conducted in a way to maintain social distancing and protect the safety of participants by eliminating in-person data collection. A summary of the process and results is outlined below.

Surveys

Community input was collected via an online community survey available in English and Spanish from August 17, 2021 through October 4, 2021. Paper surveys were also available in certain locations. The survey consisted of 50 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to healthcare services and social and economic determinants of health. The response rate, also known as completion rate, for the survey over the seven-week period was 71.4%.

The community survey was promoted across Milwaukee County from August 2021 through October 2021. The Milwaukee Health Care Partnership organizations and partners used their individual communications and marketing channels to boost promotion of the community survey. A joint press

release, hospital website promotion, social media post, emails, local event promotion, newsletter and other promotional activities took place during and prior to the seven-week response period for the survey.

After eliminating nonsensical zip codes, 9,006 responses were collected. Within the community online survey, 185 (2%) were nonresidents of Milwaukee County and 8,812 (98%) were residents. The demographics of the zip codes that utilize Ascension Franklin were well represented in the community member survey.

Key Stakeholder Interviews and Focus Groups

Milwaukee County conducted key stakeholder interviews and focus groups to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health. Forty-nine key stakeholders participated in interviews between August 2021-September 2021. Four focus groups were conducted in October 2021 and November 2021. Focus groups were purposefully identified to represent safety net clinics, public health departments, community-based organizations serving children and adolescents and representatives from community-based organizations serving low-income populations. Key partners, organizations and topic groups were invited by the Milwaukee Health Care Partnership and its partner organizations to participate in these 60-minute virtual sessions.

A large array of community organizations, faith and community leaders, government officials and health system leaders offered feedback when facilitators asked questions about top community health issues, barriers/challenges to health and the impact of COVID-19. Notes from the key stakeholder interviews and focus groups were uploaded to the web-based qualitative data analysis tool, Dedoose. Interview text was coded using a pre-designed codebook, organized by themes and analyzed for significant observations. The frequency with which a health topic was discussed was used to assess the relative importance of that health and/or social need to determine the most pressing health needs of the community. There were 8,449 codes extracted from the key stakeholder and focus group interviews. Findings from community stakeholder focus groups and interviews, community member surveys and secondary data were synthesized for areas of overlap, frequency and health impact to compile the community's identified needs.

To view the community organizations that provided input, see Appendix C (page 39).

Identified Needs from Community Input

Top Health Issues across Community Member Surveys/Interviews and Secondary Data

- ☐ Access to Affordable Housing
- ☐ Access to Affordable Health Care
- ☐ Access to Mental Health Services
- ☐ Alcohol Misuse

- ☐ Chronic Disease
- ☐ Community Safety
- ☐ Drug Use/Overdose
- ☐ Gun Violence
- ☐ Infectious Disease
- ☐ Maternal, Fetal and Infant Health
- ☐ Mental Health
- ☐ Sexually Transmitted Infections
- ☐ Wellness and Lifestyle

Key Summary Points

- Key stakeholders recognized that infectious disease was largely related to COVID-19.
- Mental health issues have increased during the pandemic and key stakeholders expressed the need for more resources.
- An association was made between drug use and misuse and lack of mental health professionals and access to timely care.
- Cost of care and provider shortages are main barriers to healthcare access. Stakeholders felt that healthcare needs to build trust and have providers that look like the populations they serve.

To view additional community input information, see Appendix C (page 40).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable. These included Health Compass Milwaukee, the County Health Rankings and Roadmaps and the U.S. Census Bureau.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

Overall, Milwaukee County is ranked among the least healthy counties in Wisconsin (Lowest 0%-25%) for health outcomes and health factors.

To view more information on secondary data and sources, see Appendix D (page 44).

Summary of COVID-19 Impact on Milwaukee County

The COVID-19 pandemic has impacted communities worldwide. Profound disparities emerged as the pandemic grew. Americans over the age of 50 have the highest risk of death from COVID-19 and the risk grows with higher ages². There are also significant disparities by race and ethnicity. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.³

Significant COVID-19 disparities include:

- Hispanic persons at 1.8 times the risk of death
- Non-Hispanic Black persons at 1.7 times the risk of death
- American Indians or Alaska Natives at 2.1 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to healthcare
- Higher rates of underlying conditions³

| COVID-19 Impact on Milwaukee County (as of March 21, 2022) | | | |
|--|-----------|---------------------|-----------------------|
| Indicator | Milwaukee | Wisconsin | Description |
| Total Confirmed Cases* | 241,442 | 1,389,559 | |
| Case Rate* | 28,313 | 27,142 [^] | Per 100,000 people |
| Total Deaths* | 2,108 | 12,534 | Among confirmed cases |
| Death Rate* | 234 | 239 [^] | Per 100,000 people |

*[Wisconsin Department of Health Services COVID-19: County Data](#)

[^][CDC: COVID Data Tracker](#)

Written Comments on Previous CHNA and Implementation Strategy

Ascension Franklin's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments were received.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Milwaukee County. This constraint limits the ability to fully assess *all* the community's needs. A key part of any data collection and analysis process is

²[Risk for COVID-19 Infection, Hospitalization, and Death By Age Group](#)

³[Introduction to COVID-19 Racial and Ethnic Health Disparities](#)

recognizing potential limitations. Each data source for this CHNA process was evaluated based on strengths and limitations during data synthesis and should be kept in mind when reviewing this report. For quantitative and qualitative data, intensive efforts were made to include as wide a range of secondary data indicators, key stakeholder experts and community focus group participants as possible.

While data collection efforts aimed to include a wide range of secondary data indicators and community member voices, some limitations of the data should be considered when reviewing the findings presented in this report. Secondary data were limited to availability of data, with some health topic areas having a robust set of indicators while others were more limited. Some secondary data sources do not include subpopulation data and others only display values for a select number of racial/ethnic groups.

For the primary data, the findings are dependent upon who was selected to be a key stakeholder or who self-selected to participate in the community focus groups, as well as the online survey. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. It was also only conducted in English and Spanish.

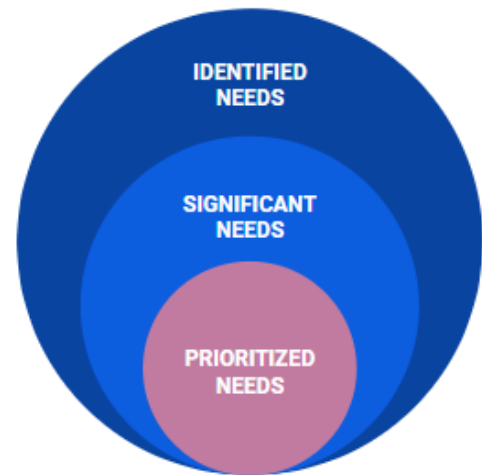
For this assessment, these limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English or Spanish, are members of the lesbian/gay/bisexual/transgender+, or smaller racial/ethnic populations.
- It is important to note that the information collected in an individual focus group or interview is not necessarily representative of other groups.
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension Wisconsin as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, COVID-19 was identified as an acute community concern.

Despite the data limitations, Ascension Franklin is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative and engaged the hospital as well as participants from the community.

Community Needs

Ascension Franklin, in collaboration with the Milwaukee Health Care Partnership, its member organizations, HCI and the Center of Urban Population Health (CUPH), analyzed secondary data of several indicators and gathered community input with contracted assistance from HCI through online surveys, focus groups and key stakeholder interviews to identify the needs in Milwaukee County. In collaboration with community partners, Ascension Franklin used a phased approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.



Following the initial CHNA assessment, Ascension Franklin then selected a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.

Identified Needs

Ascension Wisconsin has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Milwaukee County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

The community's voice and the secondary data were synthesized to identify the most significant needs of the community. In collaboration with various community partners, significant needs were identified by looking at the number of community members and stakeholders who identified the need, as well as how many people in the community experience the health issue, whether there is capacity and momentum to address the issue and if there are populations that are more affected by these health issues, otherwise known as health disparities.

Racism was a key determinant of health that factored prominently in both primary and secondary data sources. Racism impacts health in many ways; driving unfair treatment through policies, practices and resource allocation. It is a fundamental cause of health disparities across numerous health issues. All sources of data identified a need for an equitable approach to addressing proposed health needs. Additionally, the data recognized some groups in Milwaukee County who are more susceptible to social

disadvantages that lead to health inequities. These include but are not limited to: Black/African American, Hispanic/Latino, Children and Youth, and Older Adult/Elderly.

All of these factors and populations were considered when identifying the most significant needs. Below is the rationale for the identification of significant needs from the long list of identified community health needs in Milwaukee County that included the lens of health equity.

- Mental health and access to mental health care services were identified by the community input and the secondary data as top needs. For the purposes of this CHNA, the need for “Mental Health” encompasses access to mental health services.
- Alcohol misuse and drug misuse/overdose are different issues; however, due to the interrelated nature with behavioral health issues, both issues share many interventions and resources. For the purposes of this CHNA, alcohol and drug use/overdose will be combined into one need called “Alcohol and Drug Use.”
- Chronic disease was recognized by the community as both the need for access to chronic disease management and the need for healthy living such as healthy eating and exercise. For the purposes of this CHNA, both of these were combined into one significant need of “Chronic Disease and Prevention.”
- Access to affordable healthcare was specifically identified in the community survey; however, Ascension Wisconsin is committed to addressing all aspects of access to care, which includes affordability, geographic access and culturally competent care with trustworthy providers. For purposes of the significant need, we have broadened it to “Access to Care.”
- Access to affordable housing and safe housing are important for individual and community health. For the purposes of this CHNA, they were combined into “Safe and Affordable Housing.”
- Gun violence, community safety and other forms of violence were all identified as factors that need to be addressed to improve the community’s health. For the purposes of this CHNA, these were all combined into the need of “Community Safety.”
- Infant mortality in Milwaukee County is an issue identified by secondary data; however, the community did not raise this as a significant issue. For the purposes of this CHNA, infant mortality will not be identified as a significant need.
- Sexually transmitted infections were identified as an issue of concern through secondary data only. The community did not raise this issue as a significant issue. For the purposes of this CHNA, sexually transmitted infections were not identified as a significant need.
- Infectious diseases were identified by the community as an issue; however, key stakeholders shared that this was around the COVID-19 pandemic. Considering it is the duty of health systems to address infectious diseases such as COVID-19 and that the pandemic is a fluid issue, it was not identified as a significant need.

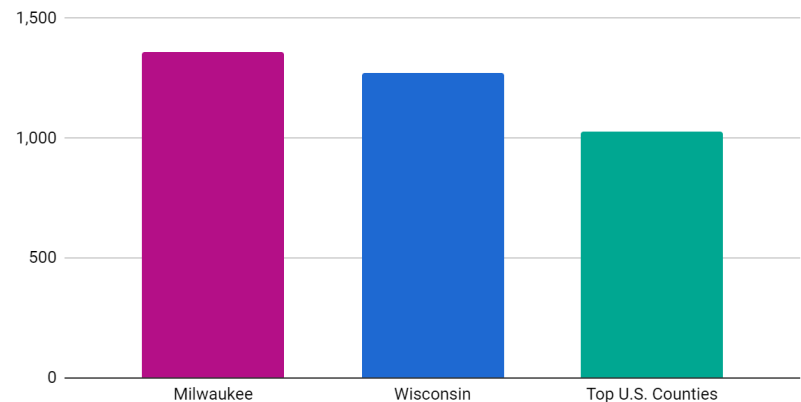
Through the identification process for the 2021 CHNA, the significant needs below are a result of the aggregation of several of the community identified needs.

- Access to Care
- Alcohol and Drug Use
- Community Safety

- Chronic Disease and Prevention
- Mental Health
- Safe and Affordable Housing

To view healthcare facilities and community resources available to address the significant needs, please see Appendix E (page 52).

A description (including data highlights, community challenges and perceptions, local assets and resources and health disparities/individuals who are more vulnerable) of each significant need is on the following pages.

| Access to Care | | | | | | | | | |
|--|--|----------|---|-----------|-------|-----------|-------|-------------------|-------|
| Why is it Important? | Data Highlights | | | | | | | | |
| <p>Access to affordable, quality health care is important to physical, social and mental health.¹ Access to Care includes the timely use of personal health services to achieve the best health outcomes through three distinct steps: gaining entry into the healthcare system (usually through insurance coverage); accessing a location where needed healthcare services are provided (geographic availability); finding a healthcare provider whom the patient trusts and can communicate with (personal relationship).²</p> | <p>Primary Care Physicians Ratio (the number of individuals served by 1 primary care physician)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Primary Care Physicians Ratio (approx.)</th> </tr> </thead> <tbody> <tr> <td>Milwaukee</td> <td>1,360</td> </tr> <tr> <td>Wisconsin</td> <td>1,200</td> </tr> <tr> <td>Top U.S. Counties</td> <td>1,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The ratio of primary care physicians in Milwaukee County is 1,360:1, meaning there is one primary care physician per 1,360 people. This ratio is worse than top U.S. counties and Wisconsin. The uninsured rate in Milwaukee County is higher at 8% than Wisconsin at 7% and the top U.S. counties at 6%. The rate of preventable hospital stays was considerably higher in Milwaukee County than in Wisconsin and top U.S. counties. Several portions of Milwaukee County are considered Healthcare Provider Shortage Areas by the U.S. Health Resources and Services Administration.⁶ | Location | Primary Care Physicians Ratio (approx.) | Milwaukee | 1,360 | Wisconsin | 1,200 | Top U.S. Counties | 1,000 |
| Location | Primary Care Physicians Ratio (approx.) | | | | | | | | |
| Milwaukee | 1,360 | | | | | | | | |
| Wisconsin | 1,200 | | | | | | | | |
| Top U.S. Counties | 1,000 | | | | | | | | |
| Local Assets & Resources | | | | | | | | | |
| <ul style="list-style-type: none"> Milwaukee and other local health departments Federally Qualified Health Centers Several community resources to connect residents with care Health Systems in Milwaukee | | | | | | | | | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable | | | | | | | | |
| <ul style="list-style-type: none"> Poor communication and lack of trust contribute to racial disparities in accessing all health services Over 21% of Black and 13% of Hispanic residents reported being treated differently in healthcare based on their race High costs, lack of providers and transportation barriers COVID-19 restrictions | <p>-Significant racial/ethnic disparities exist through all levels of access to care, including insurance, having an ongoing source of care and access to primary care.³</p> <p>-In Milwaukee County, there is a significant gap in preventable hospital stay rates for Black, American Indian and Hispanic residents compared to White residents. This suggests that the quality of care provided in the outpatient setting for these residents was less than ideal and/or emergency rooms and urgent care are used more often as a main source of care for these residents.⁴</p> <p>-In the United States, mothers of color are more likely to receive less than adequate prenatal care.⁵</p> | | | | | | | | |

¹ [County Health Rankings & Roadmaps: Access to Care](#)

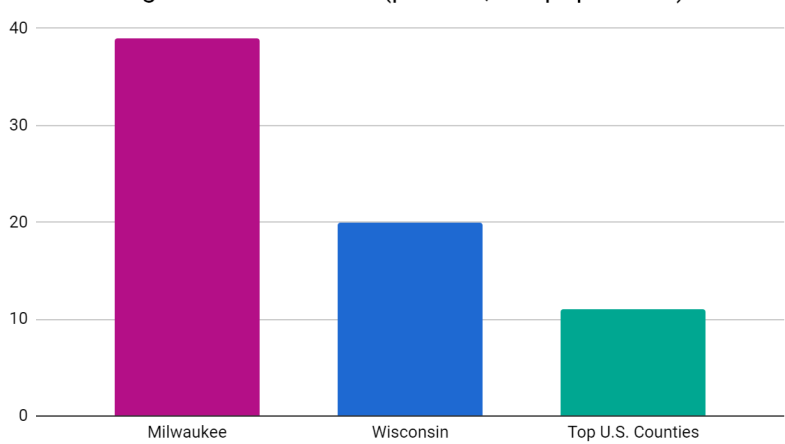
² [Healthy People.gov: Access to Health Services](#)

³ [Disparities in Health and Health Care](#)

⁴ [County Health Rankings and Roadmaps: Preventable Hospital Stay](#)

⁵ [Racial Disparities in Maternal and Infant Health](#)

⁶ [HRSA.gov HPSA areas](#)

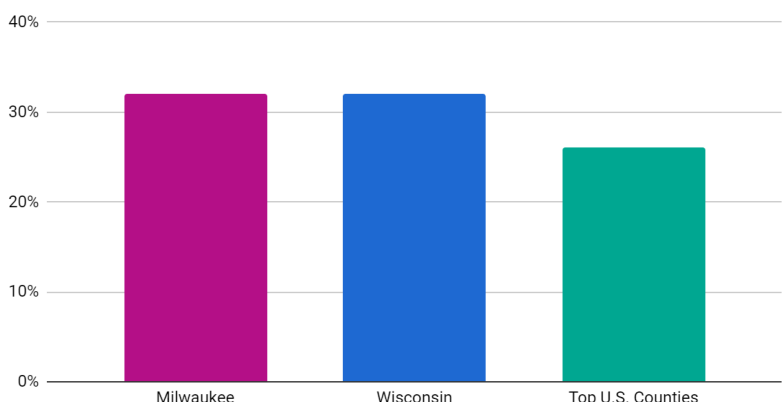
| Alcohol and Drug Use | | | | | | | | | |
|---|--|----------|---|-----------|-----|-----------|----|-------------------|----|
| Why is it Important? | Data Highlights | | | | | | | | |
| <p>Consuming alcohol and/or drugs alters the user's mind and behavior which can lead to negative behavioral and health outcomes. The health implications of substance use (e.g. overdoses, accidents, mental health issues, etc.) are considerable, as are the social, political and legal responses.¹</p> <p>COVID-19 has increased substance use in the U.S. related to social isolation, income-related stress, anxiety and fear of the virus and loss of loved ones.²</p> | <p>Drug Overdose Deaths (per 100,000 population)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Drug Overdose Deaths (per 100,000 population)</th> </tr> </thead> <tbody> <tr> <td>Milwaukee</td> <td>~38</td> </tr> <tr> <td>Wisconsin</td> <td>20</td> </tr> <tr> <td>Top U.S. Counties</td> <td>11</td> </tr> </tbody> </table> | Location | Drug Overdose Deaths (per 100,000 population) | Milwaukee | ~38 | Wisconsin | 20 | Top U.S. Counties | 11 |
| Location | Drug Overdose Deaths (per 100,000 population) | | | | | | | | |
| Milwaukee | ~38 | | | | | | | | |
| Wisconsin | 20 | | | | | | | | |
| Top U.S. Counties | 11 | | | | | | | | |
| Local Assets & Resources | | | | | | | | | |
| <ul style="list-style-type: none"> • Detox Center • Crisis Center • Increase in access and quality in telehealth services for recovery • Workgroup on opioids/post-fatality review board | <ul style="list-style-type: none"> • There are nearly double the drug overdose deaths in Milwaukee compared to Wisconsin and over three times the deaths compared to the top U.S. counties. • The percentage of adults in Milwaukee County that report they excessively drink is 23%, which is lower than Wisconsin at 27% but higher than the top U.S. counties at 15%. • The percent of alcohol-impaired driving deaths in Milwaukee County (30%) is lower than Wisconsin (36%) but nearly three times higher than the top U.S. counties (11%). | | | | | | | | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable | | | | | | | | |
| <ul style="list-style-type: none"> • Mental health, drug use and violence are interrelated • COVID-19 created challenges in caring for those in recovery and new options are not equally available • Affordable housing and racism/discrimination influence drug and alcohol use • Public stigma and limited outreach to specific populations | <p>-Racial/ethnic populations have been disproportionately affected by the consequences of drug abuse and addiction due to various systemic barriers.³</p> <p>-In Milwaukee County, there are disparities in drug overdose death rates (per 100,000 population) between American Indian (84), Black (40) and White (46) residents. It is important to note that this does not necessarily indicate significant differences in drug use, but instead may highlight disproportionate access to life-saving measures in the event of an overdose.</p> <p>-Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress.⁴</p> | | | | | | | | |

¹ [Healthy People 2020: Substance Use and Health](#)

² [CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24–30, 2020](#)

³ [Minnesota Department of Health: Differences in Rates of Drug Overdose Deaths by Race](#)

⁴ [NIHM: Substance Use and Co-Occurring Mental Disorders](#)

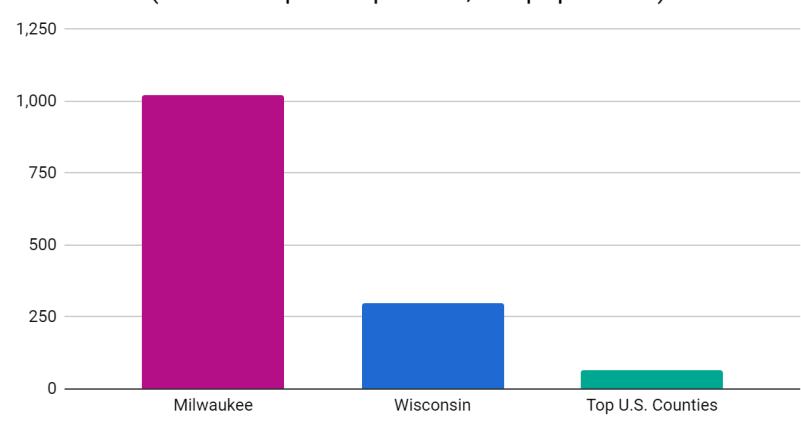
| Chronic Disease and Prevention | | | | | | | | | |
|---|---|----------|-------------------|-----------|-----|-----------|-----|-------------------|-----|
| Why is it Important? | Data Highlights | | | | | | | | |
| <p>Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United States. Receiving quality chronic disease management improves outcomes for those with chronic diseases.¹ Preventing chronic diseases can decrease healthcare costs and increase quality of life. Promoting health through the consumption of healthy foods and maintenance of healthy body weights reduces chronic disease risk including some cancers, oral disease, malnutrition, anemia and other risk factors, diseases and illnesses.²</p> | <p>Adult Obesity (percentage of adults age 20 and older with a BMI of 30 or greater)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Adult Obesity (%)</th> </tr> </thead> <tbody> <tr> <td>Milwaukee</td> <td>32%</td> </tr> <tr> <td>Wisconsin</td> <td>32%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>26%</td> </tr> </tbody> </table> | Location | Adult Obesity (%) | Milwaukee | 32% | Wisconsin | 32% | Top U.S. Counties | 26% |
| Location | Adult Obesity (%) | | | | | | | | |
| Milwaukee | 32% | | | | | | | | |
| Wisconsin | 32% | | | | | | | | |
| Top U.S. Counties | 26% | | | | | | | | |
| Local Assets & Resources | | | | | | | | | |
| <ul style="list-style-type: none"> Food Networks, Hunger Task Force and Feeding America Community-based food banks 211 Faith-based organizations School systems Supplemental Nutrition Assistance Program | <ul style="list-style-type: none"> 13% of Milwaukee County residents lack adequate access to food which is higher than both Wisconsin and top U.S. counties at 9%. 23% of residents in Milwaukee County report physical inactivity compared to 20% in Wisconsin and 19% for top U.S. counties. Diabetes prevalence for residents in Milwaukee County (10%) is the same as Wisconsin but higher than top U.S. counties (8%). | | | | | | | | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable | | | | | | | | |
| <ul style="list-style-type: none"> Lack of access to healthy foods contributes to chronic disease Lack of physical access to foods such as food deserts, particularly for communities of color Lack of knowledge about the benefits of healthy foods and how to prepare and store (not culturally appropriate) Financial/economic barriers Need stronger resources in schools for children's access to healthy snacks | <ul style="list-style-type: none"> -Low-income groups have more barriers to accessing healthy foods and often must rely on foods that are inexpensive and convenient that are low in nutrient density.³ -Low-income neighborhoods are less likely to be located near a grocery store and lack of transportation creates barriers to accessing healthy foods.⁴ -Good nutrition in children is important for healthy growth and development.² -Low-income groups and others with barriers to healthcare access receive less chronic disease management and can experience worse outcomes from chronic conditions compared to those with access to CDM.¹ | | | | | | | | |

¹ [Healthy People 2020: Chronic Disease Management Programs for Adults with Asthma](#)

² [Healthy People 2020: Nutrition and Weight Status](#)

³ [U.S. Department of Agriculture: Food Access](#)

⁴ [Healthy People 2030: Food Insecurity](#)

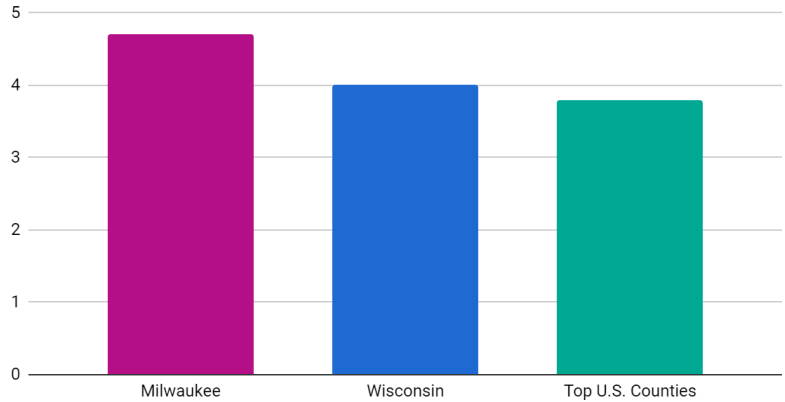
| Community Safety | | | | | | | | | |
|---|---|----------|--|-----------|--------|-----------|------|-------------------|------|
| Why is it Important? | Data Highlights | | | | | | | | |
| <p>Community safety refers to violent acts in neighborhoods and homes and injuries caused unintentionally through accidents. Unintentional injuries are a leading cause of death among individuals ages 1 through 44, and many of them are preventable. The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Unsafe neighborhoods can cause anxiety, depression and stress and are linked to higher rates of preterm births and low birthweight babies, even when income is accounted for.¹</p> | <p style="text-align: center;">Violent Crime (number reported per 100,000 population)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Violent Crime (per 100,000 population)</th> </tr> </thead> <tbody> <tr> <td>Milwaukee</td> <td>~1,000</td> </tr> <tr> <td>Wisconsin</td> <td>~300</td> </tr> <tr> <td>Top U.S. Counties</td> <td>~100</td> </tr> </tbody> </table> | Location | Violent Crime (per 100,000 population) | Milwaukee | ~1,000 | Wisconsin | ~300 | Top U.S. Counties | ~100 |
| Location | Violent Crime (per 100,000 population) | | | | | | | | |
| Milwaukee | ~1,000 | | | | | | | | |
| Wisconsin | ~300 | | | | | | | | |
| Top U.S. Counties | ~100 | | | | | | | | |
| Local Assets & Resources | | | | | | | | | |
| <ul style="list-style-type: none"> • Criminal Justice System and Law enforcement • Violence prevention through trauma healing programs (Alma Center, Core el Centro) • Mentoring programs for young people (Credible Messenger, Running Rebels, We Got This) | <ul style="list-style-type: none"> • There were significantly higher reported violent crime offenses per 100,000 population in Milwaukee county compared to Wisconsin and the top U.S. counties. • The number of firearm fatalities per 100,000 population in Milwaukee County is 18, which is far worse than the top U.S. counties at 8 and Wisconsin at 11. • Milwaukee reported 13 deaths by homicide per 100,000 population compared to 4 deaths in Wisconsin and 2 for the top U.S. counties. | | | | | | | | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable | | | | | | | | |
| <ul style="list-style-type: none"> • Children and elders are more susceptible to violence • Community safety influences all other aspects of life; stress, exercise, healthy eating and social isolation due to fear of leaving the home • Community Safety isn't just gun violence; it includes reckless driving, human trafficking and interpersonal violence | <p>-People living with low-income and racial and ethnic minorities are disproportionately affected by exposure to violent crime that damages the health and development of victims, family members and entire communities.²</p> <p>-In Milwaukee County, there is a large disparity in homicide for the Black population, with a rate of 39 compared to a rate of 3 for the White population.</p> <p>-Children and elders are susceptible to neglect and exploitation. About 1 in 10 people aged 60 and older who live at home are abused.³ At least 1 in 7 children have experience child abuse or neglect in the last year.⁴</p> | | | | | | | | |

¹ [County Health Rankings and Roadmaps: Community Safety](#)

² [HUD: Neighborhoods and Violent Crime](#)

³ [CDC: Preventing Elder Abuse](#)

⁴ [CDC: Preventing Child Abuse and Neglect](#)

| Mental Health | | | | | | | | | |
|--|---|----------|---|-----------|------|-----------|-----|-------------------|------|
| Why is it Important? | Data Highlights | | | | | | | | |
| <p>Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide).¹ During the COVID-19 pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.²</p> | <p>Average Number of Mentally Unhealthy Days (reported in the past 30 days and age-adjusted)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Average Number of Mentally Unhealthy Days</th> </tr> </thead> <tbody> <tr> <td>Milwaukee</td> <td>~4.7</td> </tr> <tr> <td>Wisconsin</td> <td>4.0</td> </tr> <tr> <td>Top U.S. Counties</td> <td>~3.8</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Milwaukee County residents reported nearly 18% more mentally unhealthy days than Wisconsin residents and nearly 24% more mentally unhealthy days than residents from top U.S. counties. • The ratio of mental health providers in Milwaukee County is 330:1, meaning there is one mental health provider per 330 people. This is worse than the top U.S. counties' ratio of 270:1 but better than Wisconsin's ratio of 470:1. • The suicide rate of 12 deaths due to suicide per 100,000 in Milwaukee County is better than Wisconsin's rate of 15, but higher than top U.S. counties' rate of 11. | Location | Average Number of Mentally Unhealthy Days | Milwaukee | ~4.7 | Wisconsin | 4.0 | Top U.S. Counties | ~3.8 |
| Location | Average Number of Mentally Unhealthy Days | | | | | | | | |
| Milwaukee | ~4.7 | | | | | | | | |
| Wisconsin | 4.0 | | | | | | | | |
| Top U.S. Counties | ~3.8 | | | | | | | | |
| Local Assets & Resources | | | | | | | | | |
| <ul style="list-style-type: none"> • Mental Health of America Wisconsin Crisis Line • Milwaukee County Behavioral Health Division • Milwaukee Mental Health Task Force • Milwaukee Behavioral Health Crisis Assessment and Response Team (CART) | | | | | | | | | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable | | | | | | | | |
| <ul style="list-style-type: none"> • Lack of accessible mental health care • Cost of mental healthcare • Services are not culturally appropriate or in one's preferred language • COVID-19 highlighted disparities and access issues • Stigma • Providers not understanding patients' identities or needs | <p>-Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.³</p> <p>-In Milwaukee County, the suicide rate for the White population is disparately higher at 16 as compared to the Hispanic population at 6, the Black population at 7 and the Asian population at 5.</p> <p>-In the United States, White adults receive needed mental health care twice as often as Black adults.⁴</p> <p>-Older adults are at higher risk for loneliness and social isolation as they are more often living alone, have lost family and friends, suffer from hearing loss or chronic illness.⁵</p> | | | | | | | | |

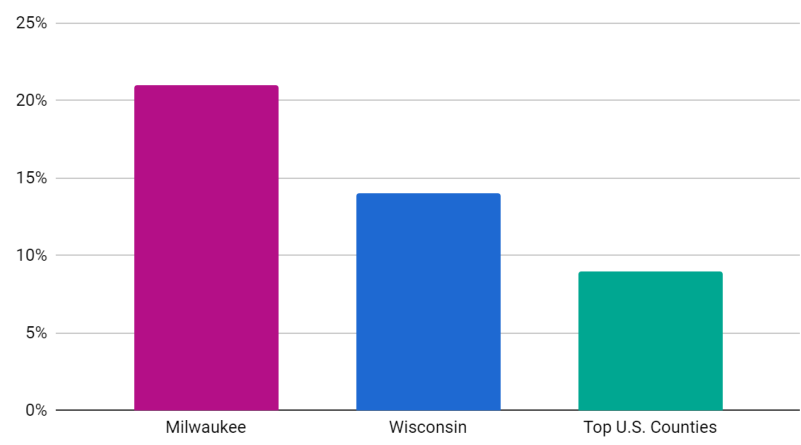
¹ [CDC: Mental Health and Chronic Conditions](#)

² [CDC: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic](#)

³ [Mental Health Foundation: Poverty and Mental Health](#)

⁴ [Mental Health America: Black and African American Communities and Mental Health](#)

⁵ [CDC: Alzheimer's Disease and Healthy Aging](#)

| Safe and Affordable Housing | | | | | | | | | |
|---|--|----------|--|-----------|-----|-----------|-----|-------------------|----|
| Why is it Important? | Data Highlights | | | | | | | | |
| <p>Healthy homes promote good physical and mental health. Not having a regular home or homelessness has been associated with declines in physical and mental health and high rates of mental health illness, substance use, infections and chronic conditions.¹ Unsafe or hazardous homes have been associated with increases in asthma, chronic conditions, cardiovascular disease, increase in respiratory and other infections caused by mold, mites or other allergens and injuries.² Safe and stable housing provides opportunities for access to education, community support and more stable employment and is overall associated with physical and mental well-being.</p> | <p>Severe Housing Problems*</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Percentage of households with at least 1 of 4 housing problems</th> </tr> </thead> <tbody> <tr> <td>Milwaukee</td> <td>21%</td> </tr> <tr> <td>Wisconsin</td> <td>14%</td> </tr> <tr> <td>Top U.S. Counties</td> <td>9%</td> </tr> </tbody> </table> <p>*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.</p> <ul style="list-style-type: none"> 21% of households in Milwaukee County are considered to have severe housing issues compared to 14% in Wisconsin and 9% in the top U.S. counties. 18% of Milwaukee County households pay 50% or more of their household income on housing. This is considerably more households than Wisconsin households and top U.S. counties. Over 50% of households rent their home in Milwaukee County compared to 33% in Wisconsin and 19% in the top U.S. counties. | Location | Percentage of households with at least 1 of 4 housing problems | Milwaukee | 21% | Wisconsin | 14% | Top U.S. Counties | 9% |
| Location | Percentage of households with at least 1 of 4 housing problems | | | | | | | | |
| Milwaukee | 21% | | | | | | | | |
| Wisconsin | 14% | | | | | | | | |
| Top U.S. Counties | 9% | | | | | | | | |
| Local Assets & Resources | | | | | | | | | |
| <ul style="list-style-type: none"> County Housing Division/Housing Navigators Eviction Prevention Coalition & Landlord Organizations Healthy Homes Initiatives Impact Connect United Way Safe and Stable Homes | | | | | | | | | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable | | | | | | | | |
| <ul style="list-style-type: none"> High cost-burden of safe and affordable housing creates a deficit for other basic needs Increase in homelessness for older adults Increase in young people with no home but constantly moving from place to place | <p>-People of color and people with low income are disproportionately affected with living in substandard housing or housing with more physical problems.³</p> <p>-Children are highly susceptible to substandard housing related health conditions such as asthma, lead or other toxin poisoning and injuries.⁴</p> <p>-Regardless of age, older adults face considerable housing-related challenges due to increased challenges in activities of daily living. Older adults are more susceptible to the physical and mental health consequences of substandard housing than younger adults.⁴</p> | | | | | | | | |

¹ [CDC: Homelessness as a Public Health Law Issue](#)

² [Office of the Surgeon General \(US\)](#)

³ [Taylor, L. Housing and Health: An Overview of the Literature](#)










⁴ [Krieger, J. & Higgins, D.: Housing and health: Time again for public health action](#)

Prioritized Needs

Ascension Franklin used a process based upon the AHA Community Health Improvement (ACHI) key components for prioritizing community health issues to identify the needs on which the hospitals would focus. Following the completion of the community health assessment, Ascension Franklin leadership and stakeholders considered the following criteria in choosing the significant needs:

- Scope of problem (number of people impacted, severity)
- Health disparities (by income and/or race and ethnicity)
- Feasibility (known interventions, capacity)
- Momentum/commitment (political will, community readiness)
- Alignment (with health department, coalitions, Ascension Wisconsin strategies)

Ascension Franklin has defined “prioritized needs” as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy. Following are the 2021 prioritized needs for Ascension Franklin.

| Community Health Priorities | | |
|--|--|---|
|  Access to Care |  Chronic Disease and Prevention |  Mental Health |
|  COVID-19 Considerations   Social Determinants of Health  | | |
|  Equity  | | |

Rationale

Access to Care was selected because access to affordable, quality health care is important to physical, social and mental health. Ascension Wisconsin is committed to addressing all aspects of access to care, which includes affordability, geographic access and culturally competent care with trustworthy providers. As a Catholic healthcare system, improving access to care for all, regardless of ability to pay, is a foundational principle for Ascension Wisconsin.

Chronic Disease and Prevention was selected because prevention is an important step toward a healthier community. For those with chronic diseases, proper treatment through healthcare can help improve quality of life. A healthy lifestyle through access to healthy foods, increase in

activity and decreased stress can reduce the risk of several chronic diseases, lessening the need for medication or other treatments. This priority especially focuses on communities disproportionately affected by structural barriers relating to poverty. Ascension Wisconsin is committed to quality treatment of chronic diseases and focusing on prevention efforts.

Mental Health was selected because mental health challenges are increasing during the pandemic and the community has clearly expressed the need for more support and resources. Mental health issues can lead to numerous physical health complications. Ascension Wisconsin is committed to expanding access to mental health providers and partnering with community organizations to address this health priority.

Rationale of Non-Chosen Priority Areas

Ascension Franklin understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Ascension Franklin has chosen to focus its efforts on the priorities listed above.

The following significant needs were not selected for the 2021 CHNA cycle: Alcohol and Drug Use, Community Safety, Infectious Diseases and Safe and Affordable Housing. Below is the rationale behind not prioritizing these issues.

For alcohol abuse and illegal drug use, a community response is necessary. Ascension Franklin does refer patients to numerous internal and community programs for treatment when needed and will actively participate in further collaborative efforts. Some efforts may be incorporated under the Mental Health priority as these issues are often interrelated.

While Infectious Diseases was identified as a top need, the Ascension Franklin stakeholders did not list it as a priority because the primary data report suggested that most people were concerned with COVID-19 specifically. Responding to this acute community concern is our duty as healthcare providers and should not be considered as community health improvement. Instead, all strategies should be created through the lens of the pandemic to consider the social impacts and further health disparities it has created.

Community Safety and Safe and Affordable Housing are both indeed important issues for Milwaukee County, but one that requires a systems approach outside of the hospital and led by experts in these respective areas. Ascension Franklin will support community efforts as available. Ascension Franklin will consider the social determinants of health as a lens in creating its implementation strategy and will support community efforts as available.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from Ascension Franklin's previous implementation strategy:

- Access to Care: Provided prescriptions free of charge to patients who had financial challenges.
- Chronic Disease Prevention: Partnered with Hunger Task Force to implement a Stockbox Program at Ascension Franklin, which offers a box of supplementary food to low-income seniors every month.
- Mental Health: Partnered with WisHope to provide support and ongoing coaching from a peer advocate who has personally experienced addiction and recovery for individuals who presented to the ED with substance abuse disorder concerns.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019-2022 CHNA can be found in Appendix F (page 55).

Approval by the Board of Directors of Ascension SE Wisconsin Hospital - Franklin Campus

To ensure the Ascension Franklin's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Franklin board for approval and adoption on April 26, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified and supports the strategy developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities Ascension Franklin serves. This report will be used by internal stakeholders, non-profit organizations, government agencies and other community partners of Ascension Franklin to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Franklin hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Milwaukee County. As a Catholic health ministry, Ascension Franklin is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to persons who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Franklin is dedicated to serving patients with compassionate care and medical excellence, while working to make a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix D: Secondary Data and Sources

Appendix E: Healthcare Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g., hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.

Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners working with the hospital to complete the assessment. Collaborators might help shape the process, identify key stakeholders, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human services and other community organizations, users of health services and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: the geographic area served by the hospital facility; target populations served, such as children, women, or the aged and principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Health disparities

Preventable differences in **health outcomes** (e.g. infant mortality), as well as the **determinants of health** (e.g. access to affordable housing) across populations.

Health equity

The principle that opportunities for good health in vulnerable populations are achievable by eliminating systemic, avoidable, unfair and unjust barriers. Progress towards achieving health equity can be measured by reducing gaps in health disparities.

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served.

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key stakeholders may include leaders of community organizations, service providers and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health and providers with a background in public health.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities, or are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Prioritized Need

Significant needs selected by the hospital to address through the CHNA implementation strategy.

Racism

Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities and saps the strength of the whole society through the waste of human resources.

Source: APHA

Significant Need

Identified needs deemed most significant to address based on established criteria and/or prioritization methods.

Surveys

Used to collect information from community members, stakeholders, providers and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The descriptions of the importance of the data are largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

| Population | Milwaukee County | Wisconsin | U.S. |
|---|------------------|-----------|-------------|
| Total | 939,489* | 5,893,718 | 331,893,745 |
| Male | 48.4% | 49.8% | 49.2% |
| Female | 51.6% | 50.2% | 50.8% |
| <i>Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, Population Estimates, July 1, 2021</i> <i>*Population Estimates April 1, 2020</i> | | | |

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

| Race or Ethnicity | Milwaukee County | Wisconsin | U.S. |
|---|------------------|-----------|-------|
| Asian | 4.7% | 3.0% | 5.9% |
| Black / African American | 27.2% | 6.7% | 13.4% |
| Hispanic / Latino (of any race) | 15.6% | 7.1% | 18.5% |
| Native American | 1.0% | 1.2% | 1.3% |
| White, not Hispanic | 50.6% | 80.9% | 60.1% |
| <i>Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, Population Estimates, July 1, 2021</i> | | | |

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater health care needs.

| Age | Milwaukee County | Wisconsin | U.S. |
|--|------------------|-----------|-------|
| Age 0-17 | 23.8% | 21.8% | 22.3% |
| Age 65+ | 14.0% | 17.5% | 16.5% |
| Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, Population Estimates, July 1, 2021 | | | |

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. Income affects access to health insurance, access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can impact mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households earning more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

| Income | Milwaukee County | Wisconsin | U.S. |
|--|------------------|-----------|----------|
| Median Household Income | \$52,260 | \$63,293 | \$64,994 |
| Per Capita Income | \$30,159 | \$34,450 | \$35,384 |
| People with incomes below the federal poverty guideline | 19% | 10% | 11.4% |
| ALICE Households^ | 26% | 23% | 29% |
| Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, Population Estimates, July 1, 2021 | | | |
| *U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, (in 2020 dollars), 2016-2020 | | | |
| United for ALICE, National, Wisconsin and Milwaukee County data, 2018 | | | |

Education

Why it is important: There is a strong relationship between health, lifespan and education. Generally, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support help create opportunities for healthier choices.

| Education | Milwaukee County | Wisconsin | U.S. |
|--|------------------|-----------|-------|
| High School grad or higher | 88.3% | 92.2% | 88.0% |
| Bachelor's degree or higher | 31.0% | 30.1% | 32.1% |
| Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, Population Estimates, July 1, 2021 | | | |

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

| Insurance | Milwaukee County | Wisconsin | U.S. |
|---|------------------|-----------|-------|
| Uninsured (persons < 65) | 8.5% | 6.8% | 10.2% |
| Medicaid Participation | 12% | 12% | 14% |
| Data sources: U.S. Census: Quick Facts: United States; Wisconsin; Milwaukee County, Population Estimates, July 1, 2021 U.S. Census Bureau "ALLOCATION OF MEDICAID/MEANS-TESTED PUBLIC COVERAGE" 2019 ACS | | | |

Appendix C: Community Input Data and Sources

Key Stakeholder Interview Participants

Forty-nine individuals participated in key stakeholder interviews about our community's most pressing health needs. The organizations listed here include many that serve low-income, minority and medically underserved populations. They represent an array of perspectives from communities that include but are not limited to: the elderly, youth, individuals with disabilities, faith communities, ethnic minorities, law enforcement and those living with mental illness, substance abuse and homelessness.

| KEY STAKEHOLDERS | | |
|-------------------------|---|---|
| NAME | TITLE | ORGANIZATION |
| Laura Gutierrez | Executive Director | United Community Center |
| Madeline Gianforte | Executive Director | Core El Centro |
| Michael Gifford | President & CEO | Vivent Health |
| Darlene Russell | Director of Community Engagement | Greater Milwaukee Foundation |
| John Hyatt | President & CEO | IMPACT Inc. |
| Gina Stilp | Executive Director | Zilber Family Foundation |
| John Chisholm | District Attorney | Milwaukee County District Attorney's Office |
| Shakita LaGrant-McClain | Director | Milwaukee County Department of Health and Human Services |
| Greg Neu | Executive Director | Milwaukee Rescue Mission / Safe Harbor |
| Amy Lindner | President & CEO | United Way of Greater Milwaukee & Waukesha County |
| Nicole Angresano | VP Community Impact | United Way of Greater Milwaukee & Waukesha County |
| Carmen Pitre | President & CEO | Sojourner Family Peace Center |
| Bria Grant | Executive Director | UniteWI |
| Barbara Beckert | Milwaukee Office Director | Disability Rights Wisconsin |
| Matt Crespin | Executive Director | Children's Health Alliance of Wisconsin / Milwaukee County Oral Health Task Force |
| Arman Tahir | President & CEO | Muslim Community & Health Center |
| Amy Kalkbrenner | Associate Professor of EHS | Zilber School of Public Health |
| Teri Zywicki | President & CEO | Milwaukee Center for Independence |
| Jeff Roman | Executive Director | Milwaukee County Office on African American Affairs |
| Joshua Parish | Assistant Chief MFD | Milwaukee Fire Department |
| Keith Posley | Superintendent | Milwaukee Public Schools |
| Erica Olivier | Deputy Commissioner of Community Health | City of Milwaukee Health Department |

| | | |
|-----------------------|---|--|
| Kirsten Beyer | Associate Professor of Epidemiology | Institute for Health and Equity at the Medical College of Wisconsin |
| Héctor Colón | President & CEO | Lutheran Social Services of Wisconsin and Upper Michigan, Inc. |
| Andi Elliott | CEO | Community Advocates Inc. |
| Lyle Ignace | President & CEO | Gerald L. Ignace Indian Health Center, Inc. |
| Mike Lappen | Administrator | Milwaukee County Behavioral Health Division |
| Caroline Gomez-Tom | Director of Patient and Community Engagement | Sixteenth Street Community Health Centers, Milwaukee Latino Health Coalition |
| Patti Habeck | President | Feeding America Eastern Wisconsin |
| Daniel Zomchek | Administrator | Milwaukee VA Medical Center |
| Cherrie Hanson | Program Director | Interfaith Conference of Greater Milwaukee |
| Marcey Patterson | Faith Based and Community Engagement Liaison | Office of the Mayor - City of Milwaukee |
| Rachel Kaehny-Frank | Aging Resource Center Manager | Milwaukee County Department of Health and Human Services |
| Daniel Idzikowski | Program and Policy Coordinator | Milwaukee County Department of Health and Human Services |
| Marques Hogans, Sr. | Project Manager | Ascension Wisconsin / Sherman Park BUILD Health |
| Arnitta Holliman | Director | Milwaukee Health Department, Office of Violence Prevention |
| Michele Bria | CEO | Journey House |
| Martina Gollin-Graves | President & CEO | Mental Health America of Wisconsin |
| Gerald Coon | President & CEO | Diverse & Resilient |
| Eve Hall | CEO | Milwaukee Urban League |
| George Hinton | President & CEO | Social Development Commission |
| Mayhoua Moua | Executive Director | Southeast Asian Educational Development of Wisconsin, Inc. |
| Ginny Finn | President & CEO | YWCA Southeast Wisconsin |
| Melinda Wyant Jansen | Vice President of Programs & Chief Academic Officer | Boys & Girls Clubs of Greater Milwaukee |
| Jeffrey Norman | Chief of Police | Milwaukee Police Department |
| Al Castro | Research Director | United Community Center |
| Genyne Edwards | Partner | P3 Development Group |
| Joe'Mar Hooper | Executive Director | Safe & Sound |
| Frank Cumberbatch | VP Community Engagement | Bader Philanthropies |

Focus Group Participants

Four focus groups were conducted between October and November 2021. The Milwaukee Health Care Partnership invited key partners, organizations and groups to participate in these 60-minute virtual sessions. The groups listed below represent a large array of community organizations, faith and community leaders, government officials and health system leadership and include many that serve low-income, minority and medically underserved populations.

| FOCUS GROUPS | |
|---|---|
| Community and Economic Development | |
| NAME | ORGANIZATION |
| Theo Lipscomb | LISC |
| Irma Yepez Klassen | Zilber Family Foundation |
| Emily Kenney | IMPACT211 |
| James Mathey | Milwaukee County Housing Administrator |
| Sheila Smith | Northwest Side Community Development Corporation |
| Danitra Jones | Northwest Side Community Development Corporation |
| Greg Stadter | Milwaukee Health Care Partnership |
| Youth Serving Community-Based Organizations | |
| NAME | ORGANIZATION |
| Santana Lee | All4Kids |
| Sharlen Moore | Urban Underground and Youth Justice Milwaukee |
| Darrin Madison | Urban Underground |
| TeAngelo Cargile, Jr. | Office of Violence Prevention |
| Kahina Cargile | I Have A Dream Foundation |
| Raegina Hyler | Alive MKE |
| Cecilia Gencuski | PEAK |
| Mayhoua Moua | Milwaukee Consortium for Hmong Health |
| Dean Heus | Vel R. Phillips School, Wauwatosa School District |

| Local Public Health Departments | |
|--|-------------------------------------|
| NAME | ORGANIZATION |
| Bob Leischow | West Allis Health Department |
| Mike Totoraitis | City of Milwaukee Health Department |
| Courtney Day | Franklin Health Department |
| Darcy Dubois | Oak Creek Health Department |
| Darren Rausch | Greenfield Health Department |
| Heather Puente | Cudahy Health Department |
| Kathleen Platt | North Shore Health department |
| Laura Stephens | Wauwatosa Health Department |
| Jackie Ove | South Milwaukee Health Department |
| Susan Shepeard | Greendale Health Department |
| Free & Community Clinics (FC3 Collaborative) (Full group 25+) | |

Data Reports

Full reports including purpose, methodology, data sources, listings of stakeholders and information for consultants and partners can be found here:

- [Milwaukee Community Health Needs Assessment Data Reports](#)

Appendix D: Secondary Data and Sources*

The tables below are based on data vetted, compiled by CUPH, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2020 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

*This report reflects several sources of reputable and reliable data. Because of differences in methods, there might be slight differences in measures between different sources.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trend: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top U.S. Counties: The best 10 percent of counties in the country. It is important to compare not just with Wisconsin but to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

| Indicators | Trend | Milwaukee County | WI | Top U.S. Counties | Description |
|--|-------|------------------|-------|-------------------|--|
| Length of Life | | | | | |
| Premature Death ★ | | 8,900 | 6,300 | 5,400 | Years of potential life lost before age 75 per 100,000 population (age-adjusted). |
| Life Expectancy ★ | | 76.9 | 79.5 | 81.1 | How long the average person should live. |
| Infant Mortality ★ | | 9 | 6 | 4 | Number of all infant deaths (within 1 year) per 1,000 live births. |
| Child Mortality ★ | | 70 | 50 | 40 | Number of deaths among children under age 18 per 100,000 population. |
| Physical Health | | | | | |
| Poor or Fair Health | | 20% | 15% | 14% | Percent of adults reporting fair or poor health. |
| Poor Physical Health Days | | 4.9 | 3.7 | 3.4 | Average number of physically unhealthy days reported in past 30 days (age-adjusted). |
| Frequent Physical Distress | | 14% | 11% | 10% | Percent of adults reporting 14 or more days of poor physical health per month. |
| Low Birth Weight ★ | | 10% | 7% | 6% | Percent of babies born too small (less than 2,500 grams). |
| Mental Health | | | | | |
| Poor Mental Health Days | | 4.7 | 4.0 | 3.8 | Average number of mentally unhealthy days reported in the past 30 days. |
| Frequent Mental Distress | | 14% | 13% | 12% | Percent of adults reporting 14 or more days of poor mental health per month. |
| Morbidity | | | | | |
| Diabetes Prevalence | | 10% | 10% | 8% | Percent of adults age 20 and above with diagnosed diabetes. |
| Communicable Disease | | | | | |
| HIV Prevalence | | 274 | 129 | 50 | Number of people age 13 years and over with a diagnosis of HIV per 100,000. |
| Sexually Transmitted Infections | | 1,175.8 | 483.6 | 161.2 | Number of newly diagnosed chlamydia cases per 100,000. |
| Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot ★ See disparities table on page 49 | | | | | |

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

| Indicators | Trend | Milwaukee County | WI | Top U.S. Counties | Description |
|---|-------|------------------|----------|-------------------|---|
| Economic Stability | | | | | |
| Median Household Income ★ | | \$53,500 | \$64,200 | \$72,900 | Income where half of households in a county earn more and half of households earn less. |
| Unemployment | | 4.0% | 3.3% | 2.6% | Percentage of population ages 16 and older unemployed but seeking work. |
| Childhood Poverty ★ | | 24% | 14% | 10% | Percentage of people under age 18 in poverty. |
| Educational Attainment | | | | | |
| High School Graduation | | 78% | 90% | 95% | Percentage of ninth-grade cohort that graduates in four years. |
| High School Completion | | 88% | 92% | 94% | Percentage of adults ages 25 and over with a high school diploma or equivalent. |
| Some College | | 66% | 70% | 73% | Percentage of adults ages 25-44 with some post-secondary education. |
| Social/Community | | | | | |
| Children in Single-parent Homes | | 40% | 23% | 14% | Percentage of children living in a household headed by a single parent. |
| Social Associations | | 8.6 | 11.5 | 18.2 | Number of membership associations per 10,000 population. |
| Disconnected Youth | | 7% | 5% | 4% | Percentage of teens and young adults ages 16-19 neither working nor in school. |
| Violent Crime | | 1,020 | 298 | 63 | Number of reported violent crime offenses per 100,000 population. |
| Injury Deaths ★ | | 107 | 84 | 59 | Number of deaths due to injury per 100,000 population. |
| Firearm Fatalities ★ | | 18 | 11 | 8 | Number of deaths due to firearms per 100,000 population. |
| Suicide ★ | | 12 | 15 | 11 | Number of deaths due to suicide per 100,000. |
| Access to Healthy Foods | | | | | |
| Food Environment Index | | 8.1 | 9.0 | 8.7 | Index of factors that contribute to a healthy food environment, 0-worst 10-best. |
| Food Insecurity | | 13% | 9% | 9% | Percent of the population lacking adequate access to food. |
| Limited Access to Healthy Foods | | 3% | 5% | 2% | Percent of the population who are low-income and do not live close to a grocery store. |
| Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot | | | | | |
| ★ See disparities table on page 49 | | | | | |

Physical Environment

Why it is important: The physical environment is where people live, learn, work and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

| Indicators | Trend | Milwaukee County | WI | Top U.S. Counties | Description |
|---|-------|------------------|-----|-------------------|---|
| Physical Environment | | | | | |
| Severe Housing Cost Burden | | 18% | 12% | 7% | Percentage of households that spend 50% or more of their household income on housing. |
| Severe Housing Problems | | 21% | 14% | 9% | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. |
| Air Pollution - Particulate Matter | | 8.3 | 7.0 | 5.2 | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). |
| Homeownership | | 49% | 67% | 81% | Percentage of occupied housing units that are owned. |
| Broadband | | 78% | 83% | 86% | Percentage of households with broadband internet connection. |
| Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot | | | | | |

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

| Indicators | Trend | Milwaukee County | WI | Top U.S. Counties | Description |
|------------------------------|-------|------------------|---------|-------------------|--|
| Healthcare Access | | | | | |
| Uninsured | | 8% | 7% | 6% | Percentage of population under age 65 without health insurance. |
| Uninsured Adults | | 10% | 8% | 7% | Percentage of adults under age 65 without health insurance. |
| Uninsured children | | 3% | 4% | 3% | Percentage of children under age 19 without health insurance. |
| Primary Care Physicians | | 1,360:1 | 1,270:1 | 1,030:1 | Ratio of the population to primary care physicians. |
| Other Primary Care Providers | | 490:1 | 810:1 | 620:1 | Ratio of the population to primary care providers other than physicians. |

| | | | | | |
|--|--|-------|-------|-------|---|
| Mental Health Providers | | 330:1 | 470:1 | 270:1 | Ratio of the population to mental health providers. |
| Hospital Utilization | | | | | |
| Preventable Hospital Stays ★ | | 5,196 | 3,747 | 2,565 | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. |
| Preventative Healthcare | | | | | |
| Flu Vaccinations★ | | 52% | 53% | 55% | Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. |
| Mammography Screenings★ | | 44% | 49% | 51% | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. |
| Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot ★ See disparities table on page 49 | | | | | |

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

| Indicators | Trend | Milwaukee County | WI | Top U.S. Counties | Description |
|----------------------------------|-------|------------------|-----|-------------------|--|
| Healthy Life | | | | | |
| Adult Obesity | | 32% | 32% | 26% | Percentage of the adult population (age 20 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m2. |
| Physical Inactivity | | 23% | 20% | 19% | Percentage of adults age 20 and over reporting no leisure-time physical activity. |
| Access to Exercise Opportunities | | 98% | 85% | 91% | Percentage of population with adequate access to locations for physical activity. |
| Insufficient Sleep | | 36% | 33% | 32% | Percentage of adults reporting fewer than seven hours of sleep on average. |
| Motor Vehicle Crash Deaths ★ | | 9 | 10 | 9 | Number of motor vehicle crash deaths per 100,000 population. |
| Substance Use and Misuse | | | | | |
| Adult Smoking | | 20% | 17% | 16% | Percentage of adults who are current smokers. |
| Excessive Drinking | | 23% | 27% | 15% | Percentage of adults reporting binge drinking or heavy drinking. |
| Alcohol-Impaired Driving Deaths | | 30% | 36% | 11% | Percent of alcohol-impaired driving deaths. |
| Drug Overdose ★ | | 39 | 20 | 11 | Number of drug poisoning deaths per 100,000 population. |

| Sexual Health | | | | | |
|---|--|---------|-------|-------|---|
| Teen Births ★ | | 29 | 15 | 12 | Number of births per 1,000 female population ages 15-19. |
| Sexually Transmitted Infections | | 1,175.8 | 483.6 | 161.2 | Number of newly diagnosed chlamydia cases per 100,000 population. |
| Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot | | | | | |
| ★ See disparities table on page 49 | | | | | |

Disparities, Milwaukee County

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community.

| Indicator | Population | Measure |
|------------------|----------------------------------|---------|
| Health Outcomes | | |
| Child Mortality | Overall | 70 |
| | Asian | 50 |
| | Black | 130 |
| | Hispanic | 50 |
| | White | 40 |
| Infant Mortality | Overall | 9 |
| | Asian | 9 |
| | Black | 18 |
| | Hispanic | 5 |
| | White | 4 |
| Life Expectancy | Overall | 76.9 |
| | American Indian & Alaskan Native | 75.2 |
| | Asian | 83.5 |
| | Black | 71.7 |
| | Hispanic | 82.5 |
| | White | 78.6 |
| Low Birth Weight | Overall | 10% |
| | American Indian & Alaskan Native | 11% |
| | Asian | 9% |
| | Black | 15% |
| | Hispanic | 8% |
| | White | 7% |
| Premature Death | Overall | 8,900 |
| | American Indian & Alaskan Native | 10,100 |
| | Asian | 5,000 |
| | Black | 14,600 |
| | Hispanic | 5,900 |
| | White | 7,100 |

| Social and Economic Factors | | |
|-----------------------------|----------------------------------|-----------------|
| Children in Poverty | Overall | 24% |
| | American Indian & Alaskan Native | 36% |
| | Asian | 32% |
| | Black | 43% |
| | Hispanic | 31% |
| | White | 9% |
| Firearm Fatalities | Overall | 18 |
| | Asian | 7 |
| | Black | 41 |
| | Hispanic | 8 |
| | White | 9 |
| Injury Deaths | Overall | 107 |
| | American Indian & Alaskan Native | 118 |
| | Asian | 29 |
| | Black | 123 |
| | Hispanic | 56 |
| | White | 121 |
| Median Household Income | Overall | \$53,500 |
| | American Indian & Alaskan Native | \$43,700 |
| | Asian | \$59,300 |
| | Black | \$30,900 |
| | Hispanic | \$40,900 |
| | White | \$63,500 |
| Suicides | Overall | 12 |
| | Asian | 5 |
| | Black | 7 |
| | Hispanic | 6 |
| | White | 16 |
| Clinical Care | | |
| Flu Vaccines | Overall | 52% |
| | American Indian & Alaskan Native | 37% |
| | Asian | 51% |
| | Black | 40% |
| | Hispanic | 46% |
| | White | 55% |
| Preventable Hospital Stays | Overall | 5,196 |
| | American Indian & Alaskan Native | 12,488 |
| | Asian | 4,591 |
| | Black | 7,714 |
| | Hispanic | 6,088 |
| | White | 4,432 |

| | | |
|---|----------------------------------|------------|
| Mammography Screening | Overall | 44% |
| | American Indian & Alaskan Native | 37% |
| | Asian | 32% |
| | Black | 40% |
| | Hispanic | 35% |
| | White | 46% |
| Health Behaviors | | |
| Drug Overdose | Overall | 39 |
| | American Indian & Alaskan Native | 84 |
| | Black | 40 |
| | Hispanic | 25 |
| | White | 46 |
| Motor Vehicle Crash Deaths | Overall | 9 |
| | Asian | 4 |
| | Black | 16 |
| | Hispanic | 7 |
| | White | 7 |
| Teen Births | Overall | 29 |
| | American Indian & Alaskan Native | 25 |
| | Asian | 20 |
| | Black | 51 |
| | Hispanic | 35 |
| | White | 9 |
| Source: https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/milwaukee/county/outcomes/overall/snapshot | | |

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Ascension Franklin has cataloged resources available in Milwaukee County that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem. The resources listed under each significant need heading are not intended to be exhaustive.

Access to Care

| Organization Name | Phone | Website |
|---|--------------|---|
| Ascension Columbia St. Mary's Hospital Milwaukee | 414-585-1000 | Ascension Columbia St. Mary's Website |
| Ascension SE Wisconsin Hospital - St. Joseph Campus | 414-447-2000 | Ascension St. Joseph Website |
| Ascension St. Francis Hospital | 414-647-5000 | Ascension St. Francis Website |
| Ascension SE Wisconsin Hospital - Franklin Campus | 414-325-4700 | Ascension Franklin Website |
| Aurora St. Luke's Medical Center | 414-649-6000 | Aurora St. Luke's Medical Center Website |
| Aurora West Allis Medical Center | 414-328-6000 | Aurora West Allis Medical Center Website |
| Froedtert Hospital | 414-805-3000 | Froedtert Hospital Website |
| Gerald L. Ignace Indian Health Center | 414-383-9526 | Ignace Indian Health Center Website |
| Milwaukee Hospital-Children's Wisconsin | 414-266-2000 | Milwaukee Hospital-Children's Wisconsin Website |
| Milwaukee Health Services, Inc. | 414-760-3900 | Milwaukee Health Services, Inc. Website |
| Outreach Community Health Centers | 414-727-6320 | Outreach Community Health Centers Website |
| Progressive Community Health Centers | 414-935-8000 | Progressive Community Health Centers Website |
| Sixteenth Street Community Health Centers | 414-672-1353 | Sixteenth Street Community Health Centers Website |

Alcohol and Drug Use

| Organization Name | Phone | Website |
|---|--------------|--|
| Ascension St. Francis Hospital - Behavioral Health | 414-389-3111 | Ascension St. Francis BH Website |
| Aurora Behavioral Health | 414-454-6600 | Aurora Behavioral Health Website |
| Milwaukee County Behavioral Health Division - Crisis Line | 414-257-7222 | Milwaukee County Behavioral Health Website |
| Rogers Behavioral Health | 414-865-2800 | Rogers Behavioral Health Website |

Chronic Disease and Prevention

| Organization Name | Phone | Website |
|-----------------------------------|--------------|---|
| Feeding America Eastern Wisconsin | 414-931-7400 | Feeding America Website |
| Hunger Task Force | 414-777-0483 | Hunger Task Force Website |
| MKE Rec Free Community Wellness | 414-475-8775 | Milwaukee Recreation: Free Community Wellness |
| UW-Extension Milwaukee County | 414-615-0550 | Extension Milwaukee County |

Community Safety

| Organization Name | Phone | Website |
|--|-----------------------|--|
| Milwaukee Police Department - Office of Community Outreach & Education | 414-935-7905 | Office of Community Outreach and Education |
| Safe & Sound, Inc. | 414-220-4798 | Safe & Sound - Milwaukee |
| Sexual Assault Nurse Examiner (SANE) Programs | Various - See Website | Wisconsin Forensic Programs |

Mental Health

| Organization Name | Phone | Website |
|--|--------------|---|
| Ascension Columbia St. Mary's Hospital - Behavioral Health | 414-585-5530 | Ascension Columbia St. Mary's Hospital Milwaukee BH |
| Ascension St. Francis Hospital - Behavioral Health | 414-389-3111 | Ascension St. Francis BH Website |
| Aurora Behavioral Health | 414-454-6600 | Aurora Behavioral Health Website |
| Mental Health America Wisconsin | 414-276-3122 | MHA Wisconsin Website |
| Milwaukee County Behavioral Health Division - Crisis Line | 414-257-7222 | Milwaukee County Behavioral Health Website |
| National Alliance on Mental Illness - Southeast Wisconsin | 414-344-0447 | NAMI Southeast Wisconsin |
| Rogers Behavioral Health | 414-865-2800 | Rogers Behavioral Health Website |

Safe and Affordable Housing

| Organization Name | Phone | Website |
|---|--------------|---|
| Milwaukee County Housing Division | 414-278-4894 | Milwaukee County Housing |
| Lutheran Social Services Affordable Housing Locations | 414-246-2304 | Affordable Housing Locations - Lutheran Social Services of Wisconsin and Upper Michigan |
| Milwaukee Habitat for Humanity | 414-562-6100 | Milwaukee Habitat for Humanity |
| Milwaukee Rental Housing Resource Center (MKE RHRC) | 414-895-7368 | Rental Housing Resource Center |
| The Housing Authority of the City of Milwaukee (HACM) | 414-286-5824 | Housing Housing Authority of the City of Milwaukee, WI |

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension Franklin's previous CHNA implementation strategy was adopted in July 2019 and addressed the following priority health needs: Access to Care, Chronic Disease Prevention and Mental Health.

The table below describes the actions taken during the 2019-2022 CHNA to address the priority needs and indicators of improvement. Note: At the time of the report publication in April, the third year of the cycle has not been completed. The table includes results up to that time.

| PRIORITY NEED | Access to Care | |
|---|--|--|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS |
| Increase Access to Prescription Medication | Provided prescriptions free of charge to patients who had financial challenges by participating in the Dispensary of Hope (DOH) program | <ul style="list-style-type: none"> Process Measures <ul style="list-style-type: none"> Paid the annual DOH membership fee 29 patients were provided with prescriptions 117 prescriptions were dispensed, free of charge Outcome Measures <ul style="list-style-type: none"> None tracked |
| Milwaukee Enrollment Network/Patient Financial Counseling | Screened patients for financial aid needs and helped self-paying patients apply to Medicaid, as part of the Milwaukee Health Care Partnership (MHCP) Milwaukee Enrollment Network (MKEN) | <ul style="list-style-type: none"> Process Measures <ul style="list-style-type: none"> Screened 3,039 self-pay patients in the ED and inpatient campus for financial aid need 106 patients received support in applying to Medicaid 1,023 patients received support in applying to Community Care Outcomes Measures <ul style="list-style-type: none"> 97.7% of self-pay patients in the ED and inpatient campus were screened for financial aid needs 1,129 community members were connected to financial aid for increased access to healthcare |
| Transportation Assistance | Referred patients to the Lyft program to receive free rides to medical appointments | <ul style="list-style-type: none"> Process Measures <ul style="list-style-type: none"> 2,507 rides provided at no charge to individuals to assist them in accessing healthcare services Outcome Measures |

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|-------------------------|---|---|
| | | <ul style="list-style-type: none"> ○ 78.5% increase in average yearly rides from baseline, resulting in improved access for patients to medical appointments |
| Mobile Mammography | Partnered with organizations to provide mammography screenings in the community to women with barriers to accessing preventative services | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ 171 community screening events held ○ 545 individuals received mammograms ○ 191 individuals provided with further breast health education/navigation ● Outcome Measures <ul style="list-style-type: none"> ○ Increased the average number of screenings provided yearly by 171%, improving access to mammograms for community members with barriers to screening |
| Primary Care Connection | Connected patients seen in the Emergency Department with a primary care provider in partnership with the Emergency Department Care Coordination initiative through the MHCP | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Partnered with Ascension St. Joseph and Ascension Columbia St. Mary's to make referrals to area safety-net clinics ● Outcome Measures <ul style="list-style-type: none"> ○ None tracked |

| PRIORITY NEED | Chronic Disease Prevention | |
|-----------------------------------|---|---|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS |
| Diabetes Prevention Program (DPP) | Offered Diabetes Prevention Program to multiple cohorts, providing guidance on eating healthier, increasing physical activity and losing weight to prevent the onset of type 2 diabetes | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ 2 cohorts enrolled in DPP for a total of 32 patients ● Outcome Measures <ul style="list-style-type: none"> ○ 4.3% average weight loss between the two cohorts, which is slightly behind the goal of 5.0% |
| ReNew You | Offered ReNew You program to individuals | <ul style="list-style-type: none"> ● Process Measures |

| | | |
|---|---|---|
| | to provide non-surgical medical weight management solutions | <ul style="list-style-type: none"> ○ 42 patients participated in ReNew You program ● Outcome Measures <ul style="list-style-type: none"> ○ 6.8% average weight loss over three years |
| BMI Screening | Standardized processes statewide for routine Body Mass Index screening in primary care clinics | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Convened a cross-sectional stakeholder group to identify screening opportunities and craft recommendations for improvement ○ Rolled out process improvement materials in 2020 ● Outcome Measures <ul style="list-style-type: none"> ○ Screening rates for all payers increased to 96.7%, which is slightly behind target of 98.0% ○ Screening rates for individuals with Medicaid increased to 97.3%, which is slightly behind target of 99.0% |
| Motivational Interviewing | Taught Motivational Interviewing techniques in the Ascension Wisconsin Nurse Residency Program to assist nurses in working and communicating with patients about risk behaviors for chronic disease | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ 131 nurses were trained on Motivational Interviewing ● Outcome Measures <ul style="list-style-type: none"> ○ 95% of the nurses that trained and returned the survey indicated that they planned to use the technique in their practice |
| Increase Access to Fruits and Vegetables | Partnered with Hunger Task Force to implement a Stockbox Program at Franklin hospital, which offers a box of supplementary food to low-income seniors every month | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ 193 Stockboxes distributed ● Outcome Measures <ul style="list-style-type: none"> ○ 100% of returning participants that took the survey indicated that they have increased their fruit and vegetable intake |
| Franklin Family Night and 5K Fun Walk/Run | Started planning a Family Fun Night and 5K Fun Walk/Run for community outreach and education | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Planning had started in early 2020 but was canceled due to COVID-19 ● Outcome Measures <ul style="list-style-type: none"> ○ None |

| PRIORITY NEED | Mental Health | |
|------------------------|--|---|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS |
| Screening and Referral | Standardized processes statewide for routine depression screening in primary care clinics | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Convened a cross-sectional stakeholder group to identify screening opportunities and craft recommendations for improvement ○ Rolled out process improvement materials in 2020 ● Outcome Measures <ul style="list-style-type: none"> ○ Screening rates for all payer types increased from a baseline of 65.5% to 81.1% ○ Screening rates for individuals with Medicaid increased from a baseline of 57.0% to 79.5% |
| Suicide Prevention | Convened a work group to plan an associate and community QPR event at the start of the CHNA cycle | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Planning was put on hold due to COVID-19 and staffing shortages ● Outcome Measures <ul style="list-style-type: none"> ○ None |
| Recovery Coaches | Partnered with WisHope to provide support and ongoing coaching from a peer advocate who has personally experienced addiction and recovery for individuals who presented to the ED with substance abuse disorder concerns | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Although COVID-19 prevented coaches from seeing patients in the ED in person during a large portion of the CHNA cycle, the coaches were able to connect with patients via telephone ○ 749 patients were connected with a peer recovery coach to overcome substance abuse ● Outcome Measures <ul style="list-style-type: none"> ○ 23.4% of individuals seen at the ED who are referred to a recovery coach sought Substance Use Disorder Treatment ○ 6.9% of individuals seen at the ED who are referred to a |

| | | |
|--|---|--|
| | | recovery coach sought medication-assisted treatment |
| Volition Franklin | Participated with the Volition Franklin coalition to prevent alcohol, tobacco and other drug use by educating young people to make informed decisions | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Provided financial sponsorship and hosted an educational event about Adolescent Drinking ○ Participation was put on hold due to COVID-19 and limited staff capacity ● Outcome Measures <ul style="list-style-type: none"> ○ None |
| Community Capacity Building | Participated in the Milwaukee Mental Health Task Force, which identifies issues faced by all people affected by mental illness and facilitates improvements in mental health services | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ Ascension Wisconsin leaders regularly attended the Milwaukee County Mental Health Task Force and provided education sessions to the members ● Outcome Measures <ul style="list-style-type: none"> ○ None tracked |
| Telehealth in the Emergency Department | Implemented telebehavioral capabilities in the emergency department to increase access to psychiatrists | <ul style="list-style-type: none"> ● Process Measures <ul style="list-style-type: none"> ○ A low number of patients were seen virtually in the ED, largely due to the limited capabilities to promote the service during COVID-19 restrictions and staff shortages ● Outcome Measures <ul style="list-style-type: none"> ○ None |