

Ascension Columbia

St. Mary's Hospital Milwaukee

**2024 Community Health Needs Assessment
Milwaukee County, WI**

June 30, 2025



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Milwaukee County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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.

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The tax year 2024 Community Health Needs Assessment report was approved by the Ascension Southeast Wisconsin Board on May 20, 2025 (2024 tax year) and applies to the following three-year cycle: July 2025 to June 2028. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Acknowledgements and/or Executive Statement

The tax year 2024 (TY2024) 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 which included the county and municipal health departments. Ascension Columbia St. Mary's Hospital Milwaukee ("Ascension Columbia St. Mary's") 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 promote a healthier, more equitable place to live, work and play."

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

Executive Summary

The goal of the tax year 2024 (TY2024) 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 (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy plan.

Community Served

Although Ascension Columbia St. Mary's serves Milwaukee and surrounding areas, Ascension Columbia St. Mary's has defined its community served as Milwaukee County for the TY2024 CHNA. Milwaukee County was selected as Ascension Columbia St. Mary's community served 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.

Data Analysis Methodology

The TY2024 CHNA was conducted from April 2024 to April 2025, in collaboration with the Milwaukee Health Care Partnership (MHCP) and utilized the County Health Rankings and Roadmaps process, which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are marginalized and to unmet health needs or gaps in services. Community input was collected to reflect the voice of the community. It included an online survey taken by 6,265 Milwaukee County residents and key informant interviews conducted with 46 key informants representing health care consumers, health care professionals, community stakeholders, and multi-sector industries. In addition, 10 focus groups were held. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. Secondary data was compiled and reviewed to understand the health status of the community. Various indicators from reputable and reliable sources reflecting chronic disease, social and economic factors, and healthcare access were reviewed as well as utilization trends in the community.

Community Needs

Ascension Columbia St. Mary's analyzed secondary data of various indicators and gathered community input through an online survey, key informant interviews and focus groups to identify the needs of Milwaukee County. In collaboration with MHCP, Ascension Columbia St. Mary's used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Access to Health Care
- Chronic Conditions
- Community Safety
- Economic Stability
- Healthy Living
- Maternal & Child Health
- Mental Health
- Substance Misuse

Next Steps and Conclusion

The TY2024 CHNA was presented to the Ascension Southeast Wisconsin Board for approval and adoption on May 20, 2025. Following approval of the CHNA, Ascension Columbia St. Mary's will complete a prioritization matrix and develop an implementation strategy. The implementation strategy will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs throughout the same three-year CHNA cycle: July 2025 to June 2028.

Ascension Columbia St. Mary's Hospital hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Milwaukee County members. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (<https://healthcare.ascension.org/chna>).

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided \$2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 health care 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 Columbia St. Mary's Hospital Milwaukee

As a Ministry of the Catholic Church, Ascension Columbia St. Mary's Hospital Milwaukee ("Ascension Columbia St. Mary's") is a non-profit hospital, governed by a local board of directors, that provides



medical care to Milwaukee County and the surrounding communities. 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.

In Wisconsin, Ascension operates 16 hospitals and more than 100 related healthcare facilities serving more than three million patients each year. Ascension Wisconsin is a non-profit and Catholic health system with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. Ascension sites of care in Wisconsin have been serving patients and their communities since 1848. Ascension employs more than 12,000 associates,

serving communities in Southeastern Wisconsin and the Fox Valley region. In FY2024, Ascension provided more than \$250 million in community benefit in Wisconsin.

For more information about Ascension Columbia St. Mary's Hospital Milwaukee, visit <https://healthcare.ascension.org/locations/wisconsin/wimil/milwaukee-ascension-columbia-st-marys-hospital>

About the Community Health Needs Assessment

A community health needs assessment is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools with the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority 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 Columbia St. Mary's commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.² Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.³

¹ Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

² National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

³ Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5-8. <https://doi.org/10.1177/00333549141291S203>

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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 ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports or a request for paper copies can be accessed at <https://healthcare.ascension.org/CHNA>.

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 TY2024 CHNA, Ascension Columbia St. Mary's has defined its community served as Milwaukee County. Although Ascension Columbia St. Mary's serves Milwaukee and surrounding areas, the "community served" was defined as such because (a) most of our service area is in each 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 Columbia St. Mary's specific location and patient population when assessing the community health needs. Ascension Columbia St. Mary's is a large regional hospital that serves multiple zip codes within the county and beyond. However, the hospital supports three local, low-income neighborhoods that are predominantly populated by Black/African American individuals and families. Three of the five top zip codes that utilize Ascension Columbia St. Mary's services are within the top eleven highest need



zip codes* in Milwaukee County. In high need zip codes, residents are expected to experience greater burdens related to preventable health issues. Therefore, Ascension Columbia St. Mary's felt it was important to explore the specific voice of community members that align demographically with the neighborhoods that surround the hospital.

*High needs zip codes have higher socioeconomic needs based on determinants such as income, unemployment and educational attainment. The top eleven high need zip codes are as follows: 53204, 53205, 53206, 53208, 53209, 53210, 53212, 53215, 53218, 53225, 53233.

Demographic Data

Located in the Southeast region of Wisconsin, Milwaukee County has a population of 916,205 and is the largest county with the most racial/ethnic diversity in Wisconsin. Below are demographic data highlights for Milwaukee County:

- 15.2 percent of the community members of Milwaukee County are 65 or older, compared to 19.1 percent in the state.
- Milwaukee County has the largest Hispanic population in Wisconsin at 17.2 percent and one third of all Hispanics in Wisconsin. The Hispanic population makes up 8.1 percent of the population in Wisconsin.
- 48.4 percent of community members are non-Hispanic White; 5.4 percent are Asian; 1.1 percent are American Indian or Alaska Native, and 25.9 percent are non-Hispanic Black or African American. The vast majority of Black or African-American people in Wisconsin live in Milwaukee County. That is nearly 76 percent of the Black or African-American population in Wisconsin.
- The median household income is below the state median income (\$63,300 for Milwaukee; \$74,700 for Wisconsin)
- The percent of all ages of people in poverty was significantly higher than the state.(17.1 percent for Milwaukee; 10.7 percent for Wisconsin; 11.1 percent for the U.S.)

Table 1: Description of the Community

Demographic Highlights			
Population			
Indicator	Milwaukee	Wisconsin	Description
Percentage living in rural communities	0.3%	32.9%	N/A
Percentage below 18 years of age	23.5%	21.1%	N/A
Percentage 65 years of age and over	15.2%	19.1%	N/A
Percentage Asian	5.4%	3.3%	N/A
Percentage American Indian or Alaska Native	1.1%	1.2%	N/A
Percentage Hispanic	17.2%	8.1%	N/A
Percentage non-Hispanic Black	25.9%	6.3%	N/A
Percentage non-Hispanic White	48.4%	79.5%	N/A
Social and Community Context			
English proficiency	97%	99%	Percent of residents who are proficient in English
Median household income	\$63,300	\$74,700	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	23%	13%	Percentage of people under age 18 in poverty
Percentage of uninsured	8%	6%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	90%	93%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	3.8%	3.0%	Percentage of population ages 16 and older unemployed but seeking work

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

To view community demographic data in their entirety, see Appendix B (Page 37).

Table 2: Additional Description of the Community - Top 5 Zip Codes

Indicator	53206*	53209*	53211	53212*	53215*
Population					
Total Population	20,219	44,963	34,427	29,099	58,375
% below 18 years of age	32.6%	26.6%	14.2%	23.9%	30.1%
% 65 and older	14.6%	16.8%	13.8%	10.2%	9.2%
% Hispanic	2.6%	5.5%	5.0%	11.5%	69.2%
% Non-Hispanic Asian	<1.0%	2.0%	5.4%	1.0%	5.5%
% Non-Hispanic Black/African American	91.0%	66.4%	3.8%	47.7%	4.8%
% Non-Hispanic White	2.7%	22.0%	80.6%	34.7%	18.0%
English Proficiency**	98.4%	99.7%	96.5%	96.8%	71.5%
Median Household Income	\$28,995	\$45,288	\$72,206	\$42,679	\$49,207
Overall Poverty	37.3%	24.4%	17.8%	26.2%	23.1%
Percent of Uninsured Ages 19-64 noninstitutionalized	7.9%	6.7%	4.2%	8.7%	19.2%
High School Graduate Or Higher*	81.8%	88.5%	98.2%	90.6%	67%
Percent of Unemployment 16 and older seeking work	10.9%	8.7%	3.6%	7.9%	4.5%
*High need zipcode 2023: ACS 5-year estimates **2015: ACS 5-year estimates Sources: U.S. Census Bureau: Tables B03002; B16001; B19013; S0101; S1501; S1701; S1901; S2301; S2701					

Process and Methods Used

Many factors influence people's health, well-being and individual opportunities. These factors are influenced by the people around us, our neighborhoods, our larger communities, and by systems, laws, and institutions that exist on a very large scale. Ascension Columbia St. Mary's recognizes the importance of understanding the health needs, the factors that influence health and assets of the community.

Collaborators and/or Consultants

Ascension Columbia St. Mary's completed its TY2024 CHNA in collaboration with MHCP. 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:

- Aurora Health Care
- Children's Wisconsin
- Froedtert Health
- Center for Urban Population Health
- City of Milwaukee Health Department
- INPOWER
- Milwaukee County Department of Health and Human Services

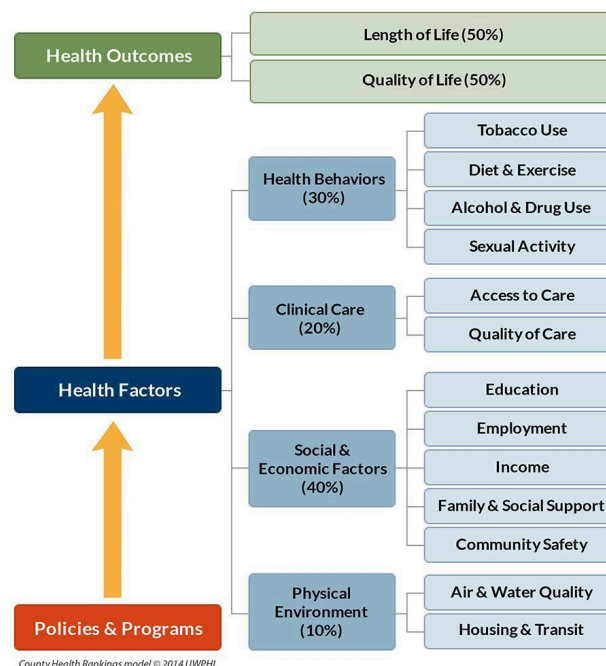
The MHCP is a public/private consortium dedicated to improving healthcare for persons of low income and who are underserved in Milwaukee County. Its aim is to improve health outcomes, promote health equity and lower the total cost of care. The member organizations and their connections in the community were many of the participating community voices during the CHNA data collection process. The Center for Urban and Population Health (CUPH) provided survey data analysis to facilitate the identification of population differences in survey answers as well as report strategy and development. INPOWER was a critical partner who aimed to drive transformative change and empower individuals and communities throughout the CHNA data collection process.

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.

Data Collection Methodology

Ascension Columbia St. Mary's 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 Columbia St. Mary'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.

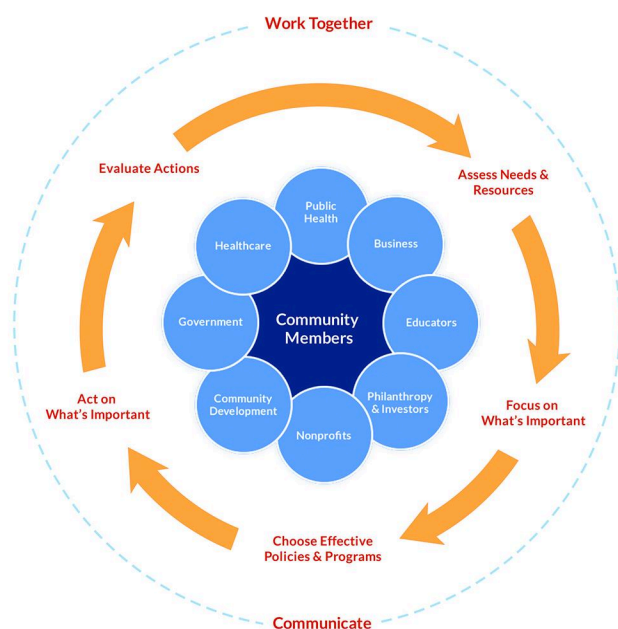


Community Health Improvement Approach

Ascension Columbia St. Mary's 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

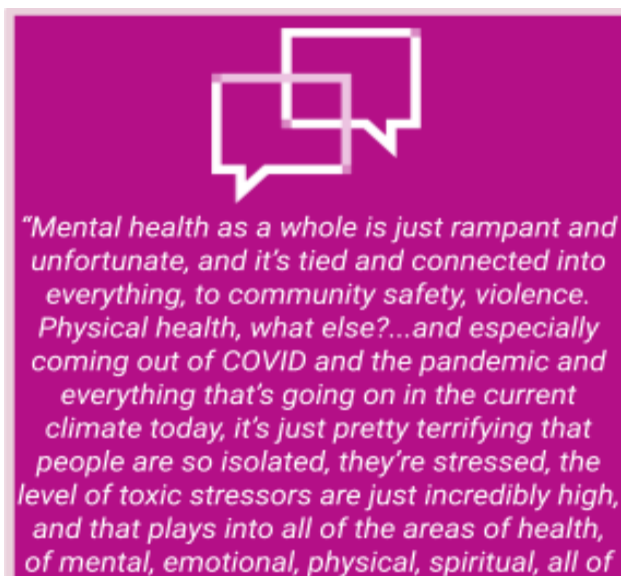
Throughout the whole process, communication and collaborative work is critical.



Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a community health needs assessment (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. 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, 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 community surveys, key informant interviews and key informant focus groups. These methods provided additional perspectives on selecting and responding to top health issues facing Milwaukee County. A summary of the process and results is outlined below.



Community Survey

An online survey was conducted by the Milwaukee Health Care Partnership to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health behaviors, social determinants of health, and clinical care for Milwaukee County. A total of 6,265 individuals participated in the survey. The survey was held between June 2024 and September 2024. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 56 questions and was distributed in English and Spanish to Milwaukee County community members through an online link or QR scanning. Paper format was also available.

Community Summary
Key Summary Points
<ul style="list-style-type: none"> • 53% of respondents identified gun violence/community violence as a top-three health issue in Milwaukee County. • 30.6% of respondents stated they had been treated for or been to the doctor for a mental health-related condition in the past three years. • 27.9% of respondents named drug use and abuse as one of the top health issues facing Milwaukee and that rate goes up to 34.4% for Hispanic/Latino residents. • When asked about top health issues in their community, 23% of the respondents named chronic diseases, like diabetes and heart disease, as one of the three most important health issues in Milwaukee • 4.8% of respondents did not have health insurance.

Populations/Sectors represented	Common Themes
<ul style="list-style-type: none"> • Milwaukee County • Various diverse groups • Medically underserved • Marginalized • Families with children • Spanish-speaking 	<ul style="list-style-type: none"> • Violence rose to the top of the health issues in 2024, both in quantitative and qualitative data. • More than 40% community members reported that they believe mental health or mental conditions is one of the top three issues in Milwaukee. • Lack of access to safe, affordable housing. • Lack of employment opportunities. • Access to health care encompassed physical locations of health clinics, insurance status, provider availability, difficulty navigating large health systems, continuity of care, and cultural patient-provider fit. • Significant health disparities between Black and White populations, inclusive of maternal and child health.
Meaningful Quotes	
<ul style="list-style-type: none"> • “My doctor & dentist are located on the opposite side of the county. It is difficult & dangerous to drive there, & as I & my partner and I are aging, it is becoming more difficult each year. Also, dental work is expensive & many Rx meds are high priced.” 	

Key Stakeholder Interviews and focus groups

A series of 46 interviews and 10 focus groups held between August 2024 and December 2024, were conducted by the Milwaukee Health Care Partnership staff and representatives from the four health systems. The Center for Urban Population Health gathered feedback from key stakeholders on the health needs and assets of Milwaukee County. Sectors represented by participants included faith, justice system, mental health, public health, refugee, safety net clinics, and the youth communities.

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • Violence was elevated in relation to many social determinants of health, most significantly socioeconomic status, employment opportunities, education, housing instability, food security, racism, and community trauma. • Mental health was the second most recurrently discussed health issue in Milwaukee County by key informants and focus groups. • Community interviews and focus groups called out the complex relationship between trauma, mental health, and substance use. • Maternal and child health is an elevated concern in Milwaukee County and it has been linked to social determinants of health such as racism, housing, access to food and health care and employment. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Milwaukee County • Faith Community • Justice system community • Public health / health department • Social services • Safety net clinics 	<ul style="list-style-type: none"> • Violence was often mentioned by key informants and focus group participants as a Milwaukee County community health issue and the general themes of violence discussed included domestic violence, gun violence, and reckless driving or street violence. • Mental Health was discussed in terms of experiences of mental health challenges, including anxiety, depression, substance use, and

<ul style="list-style-type: none"> • Youth community 	<ul style="list-style-type: none"> abuse/addiction, and access to behavioral health care and culturally competent treatment options. • Current trauma and stigma around getting mental or behavioral health help continues to exist. • Lack of regular access to food for self or family and lack of affordable nutritious food. • Lack of knowledge of resources. • Language barriers. • Data demonstrates the disparities and poor outcomes in measures of maternal and infant health in Milwaukee County.
Meaningful Quotes	
<ul style="list-style-type: none"> • “I would say, you know, from the community based perspective, we look at substance use as mental health, not attending to, you know, physical things as mental health... I think they’re so intertwined.” • “Right now, unfortunately, community safety is a huge, huge topic, I guess. Not even just talking specifically about like violence or like gun violence, but also like street safety, reckless driving.” • One other thing I would add very specifically to the Rohingya population is that that population seems to have more chronic health conditions than some of the other populations that we’re serving. And then that intersects with our work in that we’re seeing people who are pregnant who are also sick with other chronic health conditions. And then that also impacts the pregnancy and birth outcomes.” 	

To view community input data in its entirety, see Appendix C (Page 39).

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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

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

To view the secondary data and sources in their entirety, see Appendix D (Page 46).

Written Comments on Previous CHNA and Implementation Strategy

Ascension Columbia St. Mary's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. The following is a summary of the comments that were received: Requests for copies of older CHNAs.

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 assess all the community's needs fully.

For this assessment, three types of limitations were identified:

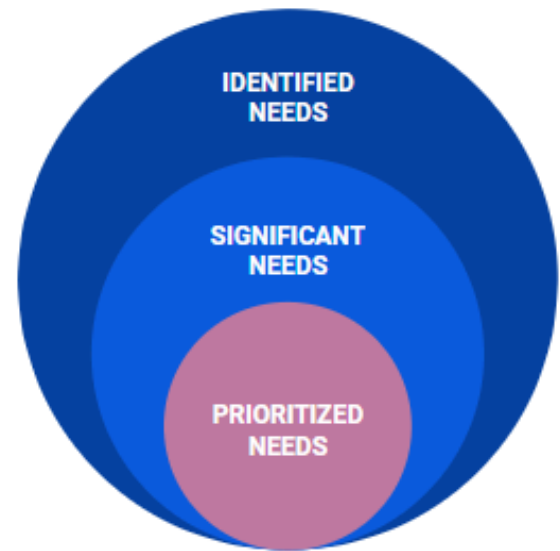
- Some groups of individuals may not have been adequately represented through the community input process. For example, persons who are experiencing homelessness, persons who speak other languages other than English or Spanish.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- Interviews were conducted by several different individuals, which may have resulted in some inconsistencies in data collection.

Despite the data limitations, Ascension Columbia St. Mary's 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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

Community Needs

Ascension Columbia St. Mary's synthesized and analyzed secondary data of a number of indicators and gathered community input through community surveys, key informant interviews and focus groups to identify the needs in Milwaukee County. In collaboration with the Milwaukee Health Care Partnership and its members, Ascension Columbia St. Mary's used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension Columbia St. Mary's will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension 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 health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of "significant needs" determined most crucial for community stakeholders to address. In collaboration with various community partners, Ascension Columbia St. Mary's synthesized and analyzed the data to determine which of the identified needs were most significant. Data from various reputable and reliable sources was compiled. Ascension Columbia St. Mary's has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

- Number of community members and stakeholders who identified the need
- Number of 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.

Based on the synthesis and analysis of the data, the significant needs for the TY2024 CHNA are as follows:

- Access to Care
- Chronic Conditions
- Community Safety
- Economic Stability
- Healthy Living
- Maternal & Child Health
- Mental Health
- Substance Misuse

In addition to these significant needs, all forms of data collected in this CHNA demonstrated the critical impact of racism and discrimination on health. Racism and discrimination was a recurrent theme when discussing health needs in the community. On the community health survey, respondents identified structural or systematic racism, historic gaps in wealth between People of Color and White people and unequal exposure to pollution and environmental toxins as the top three major reasons that “On average, People of Color in the U.S. have worse health outcomes compared to White people.”. In focus groups and interviews, racism/discrimination was often mentioned to describe differences in opportunities that support health. These comments and survey responses, when relevant, are shared in the following pages that contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 53).

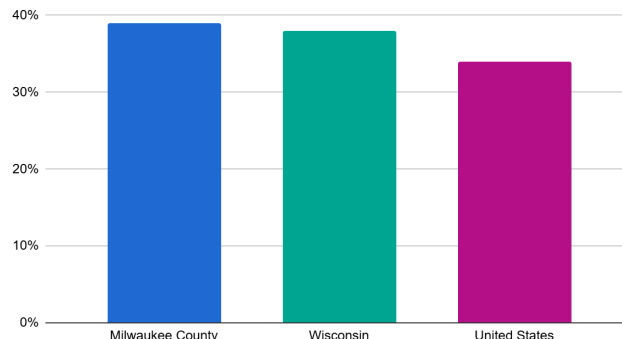
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

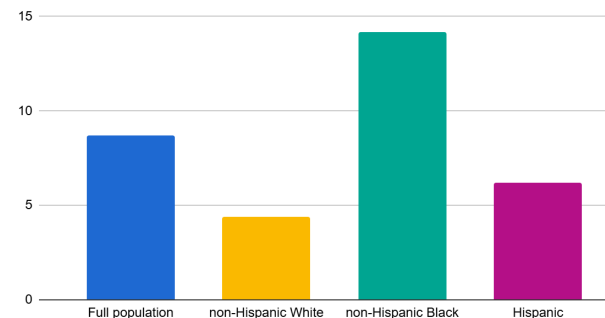
Access to Care																			
Significance	Populations Most Impacted																		
Access to affordable, quality health care is important to physical, social and mental health. Access to Care includes the timely use of personal health services to achieve the best health outcomes through three 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). Access to affordable, high quality health care is associated with positive health outcomes.	-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. -There are also significant health outcome disparities for people living in areas with high concentrations of poverty and for people that identify as LGBTQ+. -Individuals who reside in historically redlined communities with higher rates of residential segregation have much higher odds of limited geographical access to primary care, distrust of healthcare and poor health outcomes.																		
Community Input Highlights																			
<p>-Access to clinical care was mentioned by key informants as a key barrier for many Milwaukee residents due to lack of insurance, transportation, large health systems that are difficult to navigate and low health literacy.</p> <p>-Lack of access to care was often mentioned when discussing other health issues such as chronic conditions, maternal child health and mental and behavioral health.</p> <p>-Cost of care was a common barrier mentioned, including general cost to access care, lack of funds for purchasing needed medication, being uninsured or underinsured, and medical debt. Twenty-six percent of survey respondents reported having either individual or household medical debt.</p> <p>-Those interviewed and focus groups acknowledged the experiences of racism and/or discrimination in health care that decrease the quality of interactions, providers not understanding the lived experiences of their patients and a need for building trust between patients, providers and health systems through community engagement and empowerment.</p> <p>-Twenty-nine percent of Black/African American survey respondents answered yes to feeling they are treated differently based on their race. That is nearly three times more often than the overall population of survey respondents.</p>																			
Secondary Data Highlights																			
<p>-Milwaukee County has a high rate of preventable acute ED visits. This indicates a lack of access to primary providers.</p> <p>- Milwaukee County has one primary care provider for every 1,300 community members compared to Wisconsin at 1,250:1 and the U.S. 1,330:1.</p> <p>-Milwaukee County has one dentist for every 1,100 community members. This is better than Wisconsin and the U.S. that both have one dentist for every 1,360 people.</p> <p>-Both the primary care provider and dentist ratio has improved since the last CHNA; however, the majority of these providers are in outlying suburbs.</p> <p>-Twenty-two percent of residents, adults 18 and older report not seeing a doctor for a routine checkup in the past 12 months.</p>	<p>Preventable acute emergency department visit rate per 100,000</p>  <table><thead><tr><th>Category</th><th>Milwaukee</th><th>Wisconsin</th></tr></thead><tbody><tr><td>Full Population</td><td>~1050</td><td>~900</td></tr><tr><td>NH White</td><td>~850</td><td>~900</td></tr><tr><td>NH Black</td><td>~1750</td><td>~1750</td></tr><tr><td>Asian</td><td>~650</td><td>~500</td></tr><tr><td>Hispanic</td><td>~1050</td><td>~900</td></tr></tbody></table> <p>Health Compass Milwaukee: Preventable acute emergency department visit rate https://healthcompassmilwaukee.org/topics/WIHRM?tab=map</p>	Category	Milwaukee	Wisconsin	Full Population	~1050	~900	NH White	~850	~900	NH Black	~1750	~1750	Asian	~650	~500	Hispanic	~1050	~900
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<p>Sources: County Health Rankings and Roadmaps: Clinical care https://www.countyhealthrankings.org/health-data/community-conditions/health-infra-structure/clinical-care?</p> <p>Disparities in Health and Health Care: 5 Key Questions and Answers (2024) https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/</p> <p>Health Compass Milwaukee: Visited doctor for routine checkup https://healthcompassmilwaukee.org/topics/WIHRM?tab=map</p>	<p>Healthy People 2030: Access to health services https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services</p> <p>Hahn, R., Racial and ethnic residential segregation as a root social determinant of public health and health equity (2017) Poverty and race, 26(2) https://www.prrac.org/racial-and-ethnic-residential-segregation-as-a-root-social-determinant-of-public-health-and-health-inequity-a-persistent-public-health-challenge-in-the-united-states-2/#:~:text=i,2003</p>																		

Chronic Conditions	
Significance	Populations Most Impacted
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. Chronic conditions must be addressed by both prevention and risk reduction and high quality treatment. Preventing chronic diseases can increase the length and quality of life and decrease healthcare costs. For those who have been diagnosed with a chronic condition, receiving quality health care to manage those conditions is imperative for decreasing the risks of long-term disability and improving quality of life.	<p>-Aging increases the risk of chronic diseases like dementia, heart disease, type 2 diabetes, arthritis, and cancer. Older adults have barriers to health care due to high out-of-pocket costs, limited mobility and lack of reliable transportation to get to health care facilities.</p> <p>-Individuals experiencing low-income and some racial and ethnic minorities have higher rates of obesity and chronic diseases such as diabetes, heart disease, high cholesterol and blood pressure, and stroke. These populations often receive less chronic disease management (CDM) and can experience worse outcomes from chronic conditions compared to those with access to CDM.</p>
Community Input Highlights	
<p>-Chronic conditions such as diabetes and heart disease were identified by 23% of survey respondents as one of the three most important health issues.</p> <p>-Only a little over half of survey respondents self-rated their health as healthy or very healthy.</p> <p>-Thirty-two percent of survey respondents reported having high blood pressure and 29% reported high cholesterol. Both conditions greatly increase the risk of heart disease and stroke.</p> <p>-Forty-nine percent of older adults and 43.4% of Black/African American respondents reported high blood pressure compared to the overall report of 32%.</p> <p>- At 19% Black/African Americans made up the largest percentage of those reporting diabetes compared to the overall percentage of 12.7% reporting diabetes.</p> <p>-Hispanic/Latino respondents reported the lowest access to primary care providers of all other groups.</p>	
Secondary Data Highlights	
<p>Hypertension emergency department visit rate per 100,000</p>  <p>Source: Health Compass Milwaukee: Hypertension emergency department visit rate https://healthcompassmilwaukee.org/topics/WIHRH?topic=hypertension-emergency-department-visit-rate</p> <p>Sources: CDC: Older Adults https://www.cdc.gov/cdi/indicator-definitions/older-adults.html County Health Rankings and Roadmaps: About dentists https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/clinical-care/dentists?year=2025 County Health Rankings and Roadmaps: Chronic disease management programs https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/chronic-disease-management-programs</p>	<p>-Nineteen percent of adults in Milwaukee County report fair or poor health compared to 16% for Wisconsin and 17% for the U.S..</p> <p>-Chronic conditions such as heart disease, cancer and other chronic conditions are responsible for the majority of premature deaths in Milwaukee County. Chronic diseases negatively impact all subgroups in Milwaukee, but data also show significant disparities between Black and White populations.</p> <p>-Milwaukee County is in the top five worst counties in Wisconsin for premature death. Years Potential Life Lost is a key measure to understand premature death. It is 11,200 years in Milwaukee compared to 7,400 in Wisconsin and 8,400 in the U.S.. There are significant disparities in the county with the non-Hispanic White rate at 8,300 compared to non-Hispanic Black rate at 20,000 potential years of life lost.</p> <p>Source: County Health Rankings and Roadmaps: Milwaukee County, WI https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p> <p>Cleveland Clinic: How race and ethnicity impact heart disease https://my.clevelandclinic.org/health/articles/23051-ethnicity-and-heart-disease Healthy People 2030: Heart disease and stroke https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke Office of Disease Prevention and Health Promotion: Social determinants of health and older adults https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#health</p>

Community Safety													
Significance	Populations Most Impacted												
<p>While community violence causes the loss of thousands of lives every year in the U.S., there are many other consequences. Physical injuries, social isolation, anxiety, depression and chronic conditions have all been associated with community violence and a lack of community safety. The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Chronic exposure to violence results in disparities in stress processes and behavioral development leading to lifelong decreases in prospects and risk of chronic conditions including mental health and substance use.</p>	<p>-Sixty percent of U.S. children are exposed to some sort of violence. Children of color historically live in communities that experience more violence and have higher rates of exposure.</p> <p>- Young adults and children are particularly vulnerable to the exposure of violence due to their incomplete neurological development. They can be victims, perpetrators or witnesses of violence leading to adverse childhood experiences (ACEs).</p> <p>-Homicide is the second leading cause of death for youth ages 10 to 24.</p> <p>-Racially segregated communities experience higher rates of exposure to violence that have been impacted by historical and ongoing discriminatory practices and have created entire communities with limited resources.</p>												
Community Input Highlights													
<p>-Violence rose to the top of the health issues in this CHNA from multiple sources of community input such as community members, focus groups and key informants.</p> <p>-Fifty-three percent of survey respondents identified gun violence/community violence as one of the top three issues.</p> <p>-Violence was elevated in its relationship with many other social determinants of health including but not limited to SES, racism and community trauma. Violence also came up in discussion of mental health, substance misuse and maternal child health.</p> <p>-Survey respondents who identified as Black/African American and/or living in high-need zipcodes had the highest percentages of all groups identifying violence as a top issue.</p>													
Secondary Data Highlights													
<p>-There were significantly higher reported aggravated assault/battery offenses per 100,000 population between 2017-2021 in Milwaukee County (691.0) compared to Wisconsin (207.8) and the U.S. (244.9).</p> <p>-The number of firearm fatalities per 100,000 population in Milwaukee County (23) is far worse than the U.S. (13) and nearly double Wisconsin (12).</p> <p>-There are significant disparities in exposure to gun violence between different groups in Milwaukee.</p> <p>-Milwaukee reported 18 deaths by homicide per 100,000 population compared to 5 deaths in Wisconsin and 7 in the U.S..</p> <p>Source: Health Compass Milwaukee: Aggravated assault/battery https://healthcompassmilwaukee.org/topics/CRA?tab=chart County Health Rankings and Roadmaps: Milwaukee County 2025 https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p> <p>Sources: Browning, C., Calder, C., & Haynie, D. (2017) Understanding racial difference in exposure to violent areas: Integrating survey, smartphone and administrative data resources.669(1) https://doi.org/10.1177/0002716216678 CDC: About community violence https://www.cdc.gov/community-violence/about/index.html#:~:text=What%20is%20community%20violence%20and%20on%20the%20streets.</p>	<p>Deaths due to firearms per 100,000 population</p>  <table border="1"> <thead> <tr> <th>Group</th> <th>Deaths per 100,000 population</th> </tr> </thead> <tbody> <tr> <td>Overall</td> <td>23</td> </tr> <tr> <td>Hispanic</td> <td>12</td> </tr> <tr> <td>non-Hispanic Asian</td> <td>13</td> </tr> <tr> <td>non-Hispanic Black</td> <td>23</td> </tr> <tr> <td>non-Hispanic White</td> <td>12</td> </tr> </tbody> </table> <p>County Health Rankings and Roadmaps: Milwaukee County 2025 https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p> <p>County Health Rankings and Roadmaps: Milwaukee County 2025 https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025 County Health Rankings and Roadmaps: Safety and social support https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support? Eitle, D. (2009) Dimensions of racial segregation, hypersegregation and Black homicide rates. Journal of Criminal Justice, 37(1). https://doi.org/10.1016/j.jcrimjus.2008.12.005</p>	Group	Deaths per 100,000 population	Overall	23	Hispanic	12	non-Hispanic Asian	13	non-Hispanic Black	23	non-Hispanic White	12
Group	Deaths per 100,000 population												
Overall	23												
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Economic Stability	
Significance	Populations Most Impacted
<p>Economic stability is an upstream factor that has a profound influence on the health of individuals, families and communities. Economic stability includes safe and affordable housing, food security and access to healthy foods, and employment among other factors. The inability to access these necessary human social factors can have profound negative effects on mental and physical health outcomes and limits opportunities for healthy living. Being able to earn a steady income that supports an individual's and family's health needs has been associated with improved health outcomes. Experiencing poverty or low-income is associated with more chronic conditions, mental health issues and lower levels of educational attainment, while having higher levels of education and income is associated with better health outcomes.</p>	<p>–Individuals and families of color are more likely to experience poverty at some point in their lives compared to those not of color.</p> <p>–ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level but less than the basic cost of living for the county. Often ineligible for benefits, these households struggle to afford basic necessities like housing, food, childcare, and healthcare. Households that are experiencing poverty or are ALICE are considered below the ALICE threshold.</p> <p>–Deep poverty refers to individuals/families whose income is less than half of the Federal Poverty Level (FPL). Deep poverty leads to more severe health consequences, long lasting challenges and has a higher risk of generational poverty.</p>
Community Input Highlights	
<p>-Access to affordable, healthy food was called out as one of the top three important community needs by 27% of survey respondents.</p> <p>-Access to affordable housing was identified as the second most important community need by 44.2% of survey respondents; however, it was identified as the highest need by respondents who reside in high-need zip codes and those who are Black/African American.</p> <p>-In discussion on the significant needs, economic stability was brought up as a major underlying factor for every significant need identified in this CHNA.</p>	
Secondary Data Highlights	
<p>Percent of children experiencing poverty by race/ethnicity</p>  <p>Source: <i>County Health Rankings and Roadmaps</i> https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p>	<p>- In Milwaukee County, 16% of households face severe housing cost burden compared to 11% in Wisconsin and 14% in the U.S.. Notably, this rate is even higher, at 25.4%, for households of non-Hispanic Black residents alone.</p> <p>-Fourteen percent of the population in Milwaukee County report experiencing food insecurity compared to 11% in Wisconsin. While 10% non-Hispanic White individuals report food insecurity, 30% non-Hispanic Black and 28% Hispanic individuals report it.</p> <p>-Forty-four percent of households in Milwaukee County are below the ALICE threshold compared to 34% in Wisconsin and 41% in the U.S..</p> <p>-Nearly 8 percent of individuals experience deep poverty in Milwaukee County; however, in the City of Milwaukee that number jumps to 10% with some zip codes demonstrating 15% - 30% of individuals experience deep poverty.</p>
<p>Sources: <i>ALICE in the crosscurrents: COVID and financial hardship in Wisconsin (2024)</i> https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf</p> <p>CDC: <i>Disability and health</i> https://www.cdc.gov/disability-and-health/articles-documents/socioeconomic-factors-race-and-ethnicity.htm</p> <p>County Health Rankings and Roadmaps: <i>Health and Wellbeing</i> https://www.countyhealthrankings.org/findings-and-insights/webinars/health-wealth-using-data-to-address-income-inequality</p>	<p>Health Compass Milwaukee: <i>Food insecurity and Housing Cost Burden</i> https://healthcompassmilwaukee.org/topics/FAI?topic=food-insecurity https://healthcompassmilwaukee.org/topics/HBS?tab=chart</p> <p>Healthy People 2030: <i>Economic stability</i> https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability</p> <p>Milwaukee County Community Health Needs Assessment 2024 https://healthcompassmilwaukee.org/community-health-needs-assessment</p>

Healthy Living									
Significance	Populations Most Impacted								
<p>Most chronic conditions are caused by a few risk factors including smoking, excess alcohol use, limited consumption of healthy foods, limited physical activity and unhealthy body weight. Promoting health by eating healthy foods and maintaining a healthy body weight reduces the risk for chronic conditions such as heart disease, diabetes, cancers and other illnesses. Good nutrition in children is important for healthy growth and development. People experiencing low-income/poverty often face greater barriers in accessing healthy and affordable food due to neighborhood gaps in retailers which may negatively affect food security.</p>	<p>-Populations experiencing low-income or poverty, elderly and people of color often have more barriers to accessing healthy foods and often must rely on foods that are inexpensive and convenient and have low nutrient density.</p> <p>-Multiple barriers to physical activity exist in metro areas, particularly in low-income communities. How communities are set up, traffic, lack of sidewalks or safe spaces for people to ride a bike, walk or engage in other activities.</p> <p>-Healthy foods and physical activity are crucial to the health of older adults who already experience more chronic conditions. Older adults experience barriers to physical activity such as fear of injury, relying on others and fatigue. Older adults also face barriers to healthy eating due to the inability to shop, difficulty in preparing meals, chronic conditions that impact eating such as dental issues and declining income.</p>								
Community Input Highlights									
<p>-Nutrition and eating habits ranked as the number one concern for children among those with children living in their homes.</p> <p>-Forty-one percent of survey respondents connected lack of opportunities for healthy activities and/or eating as a major reason for health disparities.</p> <p>-While 63% of survey respondents agreed that their community had affordable foods, only 38% of Black/African American respondents and 48% of those respondents residing in high-needs zip codes agreed, suggesting disparities in availability of affordable food.</p>									
Secondary Data Highlights									
<p>Percent of adults age 18 or older that report obesity based on BMI</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Percent of adults age 18 or older that report obesity based on BMI</th> </tr> </thead> <tbody> <tr> <td>Milwaukee County</td> <td>~38%</td> </tr> <tr> <td>Wisconsin</td> <td>~36%</td> </tr> <tr> <td>United States</td> <td>~34%</td> </tr> </tbody> </table> <p>Source: <i>County Health Rankings and Roadmaps</i> https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p>	Location	Percent of adults age 18 or older that report obesity based on BMI	Milwaukee County	~38%	Wisconsin	~36%	United States	~34%	<p>-Twenty-three percent of Milwaukee County residents report no leisure-time for physical activity compared to 21% in Wisconsin and 23% in the U.S..</p> <p>-The percentage of adults who smoke is higher in the county (17%) than the state (15%) or U.S.(13%).</p> <p>-Diseases of the heart is the second leading cause of death under age 75 in Milwaukee County at 104.3 per 100,000. This rate is nearly equal to the leading cause of death being cancer at 104.5 per 100,000.</p> <p>-There are significant differences in emergency room visits for heart failure among groups. For example, the non-Hispanic Black rate (504.32 per 100,000) is over three times higher than the non-Hispanic White rate (158.95 per 100,000).</p> <p>Source: <i>Health Compass Milwaukee: Heart failure emergency department visit rate</i> https://healthcompassmilwaukee.org/topics/WIHRF?tab=chart <i>County Health Rankings and Roadmaps</i> https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p>
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<p>Source: Barriers to eating are associated with poor physical function in older women. doi: 10.1016/j.vpmed.2020.106234 CDC: Preventing chronic diseases HP 2030: Poverty Exploring Perceived Barriers to Physical Activity among Older Adults. doi: 10.3390/healthcare11222948 Promoting Children's Physical Activity in Low-Income Communities in Colorado: What Are the Barriers and Opportunities?</p>									

Maternal and Child Health											
Significance	Populations Most Impacted										
<p>Maternal and child health (MCH) includes the health of women during pregnancy, childbirth and the postpartum period, as well as the health and well-being of children from infancy through adolescence. The health of birthing people and infants has long been an indicator for the health of communities. Healthy mothers are more likely to have healthy pregnancies and deliver healthy babies. Children who are born healthy, receive appropriate care and have access to opportunities for healthy living, such as healthy foods, physical activity and emotional support are more likely to reach their full potential into adulthood. Investing in the health of mothers and children is vital for the long-term health of generations and leads to social and economic benefits.</p>	<p>-Non-Hispanic Black and non-Hispanic American Indian or Alaska Native and non-Hispanic Hawaiian or Pacific Islander have far worse maternal and infant outcomes compared to other groups in the U.S..</p> <p>-Populations that are exposed to poverty, environmental toxins, housing instability, lower levels of education and racism have higher rates of poor maternal and child outcomes.</p> <p>-While Wisconsin regularly reports lower pregnancy-related mortality ratio (PRMR) than the nation, the PRMR is 2.5 times higher for non-Hispanic Black people compared to non-Hispanic White people.</p>										
Community Input Highlights											
<p>-Key community stakeholders elevated the significant disparities in the health of Black mothers and infants in Milwaukee. They highlighted the importance of addressing racism in health care and including community based strategies such as doulas as efforts to improve maternal and infant outcomes.</p> <p>-Key informants shared that access to care was a key barrier for many Milwaukee residents due to insurance, transportation and past experiences of racism in clinical settings. Nearly 15% of women with at least one child reported feeling that they are treated differently in health care due to their race.</p> <p>-Survey respondents who are women and have at least one child reported food insecurity (21.4%), limited access to quality housing (27.4%) and reported that their lives have been affected by unconscious bias (48.6%).</p>											
Secondary Data Highlights											
<p>-Preterm birth and low birthweight are the leading causes of infant mortality. Milwaukee County has an overall higher percentage of preterm births than Wisconsin or the U.S. and significant racial disparities. People of color have the highest preterm births being 1.5 to nearly 2.0 times higher than non-Hispanic White preterm births.</p> <p>-Despite multiple efforts in Milwaukee County to reduce infant mortality disparities, the non-Hispanic Black rate has consistently been nearly 3-4 times higher than the non-Hispanic White rate for over 15 years.</p> <p>-The three most common causes of pregnancy-related death in Wisconsin between 2016-2017 were mental health conditions including substance use disorders and overdoses (52%), hemorrhage (12%) and cardiomyopathy (9%). Wisconsin mortality reviews decided that discrimination was a contributing factor in 21% of deaths.</p> <p>Source: Wisconsin Department of Health Services: 2016-2017 Wisconsin maternal mortality report (2022) https://www.dhs.wisconsin.gov/publications/p03226.pdf Health Compass Milwaukee: Preterm births https://healthcompassmilwaukee.org/topics/PRE?tab=chart</p>	<p>Rate of infant deaths per 1,000 live births 2016-2020 Milwaukee County</p>  <table border="1"> <thead> <tr> <th>Population Group</th> <th>Rate of infant deaths per 1,000 live births (approx.)</th> </tr> </thead> <tbody> <tr> <td>Full population</td> <td>8.5</td> </tr> <tr> <td>non-Hispanic White</td> <td>4.5</td> </tr> <tr> <td>non-Hispanic Black</td> <td>14.5</td> </tr> <tr> <td>Hispanic</td> <td>6.5</td> </tr> </tbody> </table> <p>Source: Health Compass Milwaukee: Infant mortality https://healthcompassmilwaukee.org/topics/IFM?tab=chart</p>	Population Group	Rate of infant deaths per 1,000 live births (approx.)	Full population	8.5	non-Hispanic White	4.5	non-Hispanic Black	14.5	Hispanic	6.5
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<p>CDC: Infant mortality https://www.cdc.gov/maternal-infant-health/infant-mortality/ KFF: The U.S. government and global maternal and child health efforts https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-maternal-and-child-health-efforts/</p>	<p>Wisconsin Department of Health Services: 2016-2017 Wisconsin maternal mortality report (2022) https://www.dhs.wisconsin.gov/publications/p03226.pdf</p>										

Mental Health	
Significance	Populations Most Impacted
<p>Mental health includes our emotional, psychological, and social well-being and impacts how we process information, deal with stress, relate to others and our decisions. 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). Nearly 25% of US adults have a mental illness.</p>	<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.</p> <p>-Mental health disproportionately affects racial/ethnic minorities, LGBTQ+, persons experiencing homelessness and persons living in rural areas.</p> <p>-Minorities in the U.S. are more likely to delay mental health care treatment and are less likely to receive the best available treatments for depression and anxiety. Black/African Americans are more likely to terminate treatment prematurely when compared to White Euro-Americans.</p>
Community Input Highlights	
<p>-Mental health was the second most recurrently discussed health issue in Milwaukee County.</p> <p>-Thirty-one percent of survey respondents reported having a mental health condition.</p> <p>-Forty-four percent of survey respondents identified mental health and mental conditions as one of the top three issues in Milwaukee.</p> <p>-In the 2024 CHNA survey, among those who did not receive mental health services or alcohol/substance use treatment when they needed it, 72.6% stated it was due to high out-of-pocket cost, with or without insurance, while 30.9% indicated that the wait for care was too long.</p> <p>-Focus group participants and interview informants encompassed the topic in terms of experiences of mental health challenges, including anxiety, depression, and access to behavioral health care.</p> <p>-Culturally appropriate care and providers that understand the lived experiences of those that are receiving their care was discussed as an important factor and a barrier to many receiving needed mental health care.</p>	
Secondary Data Highlights	
<p>Mental health emergency department visit rate, 2019-2023</p>  <p>Source: Health Compass Milwaukee: Mental health emergency department visit rate https://healthcompassmilwaukee.org/topics/WIHR2?tab=chart</p>	<p>-While the ratio of mental health providers in Milwaukee County at 260:1 is better than Wisconsin's ratio of 370:1 and the U.S. ratio of 300:1, focus groups identified a lack of access to mental health care that meets the demand.</p> <p>-The average number of mentally unhealthy days reported in the past 30 days by Milwaukee County residents was 5.7, compared to 5.4 for Wisconsin and 5.1 for the U.S.. This is an increase for the county since the last CHNA (2022) when the number of unhealthy days was 4.3.</p> <p>-There are significant differences among groups in visits to the emergency department for mental health conditions (substance misuse excluded) suggesting that there are disparities in mental health care access for certain groups in Milwaukee County.</p> <p>Source: Health Compass Milwaukee: Mental health emergency department visit rate https://healthcompassmilwaukee.org/topics/WIHR2?tab=chart County Health Rankings and Roadmaps: Milwaukee County, WI https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p>
<p>Sources:</p> <p>CDC: Prioritizing minority mental health https://www.cdc.gov/minority-health/features/minority-mental-health.htm</p> <p>CDC: Protecting the nation's mental health https://www.cdc.gov/mental-health/about/what-cdc-is-doing.html</p> <p>McGuire, T. & Miranda, J. (2014) Racial and ethnic disparities in mental health care: Evidence and policy implications Author manuscript NIH> PMID: 183332495</p>	

Substance Misuse																			
Significance	Populations Most Impacted																		
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. Use and misuse of alcohol, nicotine, illicit drugs, and prescription drugs cost Americans more than \$700 billion a year in increased health care costs, crime, and lost productivity. Repeated drug use changes the brain, making it hard to resist the cravings; however, drug addiction is a chronic disease that can be treated with evidence-based approaches.	-Racial/ethnic populations have been disproportionately affected by the consequences of drug misuse and addiction due to various systemic barriers. -Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress. -While alcohol misuse is seen in all socioeconomic status (SES) levels, unemployment, low-income and unstable housing have been associated with greater alcohol-related consequences. -There are widening disparities between different populations in the U.S.. In addition, a lower proportion of people from racial and ethnic minority groups receive addiction treatment. Most people who died by opioid overdose had no evidence of receiving addiction treatment.																		
Community Input Highlights																			
<p>-Survey respondents from Milwaukee County identified substance misuse as the third highest health issue only behind violence and mental health in their communities.</p> <p>-Community members shared that they did not feel that there were adequate resources for timely access to addiction care. Stigma, lack of trust among certain communities for government and health care services and lack of knowledge of available resources were identified as barriers to care.</p> <p>-Community interviews and focus groups called out the complex relationship between trauma, mental health and substance misuse.</p>																			
Secondary Data Highlights																			
<p>-Wisconsin continues to rank as one of the worst states for excessive alcohol consumption in the nation, with Milwaukee County (22%) slightly lower than Wisconsin (24%) but higher than the U.S. (19%).</p> <p>-In Milwaukee County, 20% of motor vehicle crash deaths involved alcohol, this is much lower than Wisconsin (33%) and the U.S. (26%). This percentage in Milwaukee County has been decreasing.</p> <p>-The rate of drug overdose deaths in Milwaukee County is significantly higher at 63 per 100,000 people, compared to 29 for Wisconsin and 31 for the United States. Non-Hispanic Black (88) and non-Hispanic American Indian and Native Alaskan (173) have much higher rates in the county when compared to the overall.</p>	<div><p>Opioid-related emergency department visit rate 2019-2023 (per 100,000)</p><table><thead><tr><th>Category</th><th>Milwaukee County</th><th>Wisconsin</th></tr></thead><tbody><tr><td>Full population</td><td>330</td><td>180</td></tr><tr><td>non-Hispanic White</td><td>310</td><td>170</td></tr><tr><td>non-Hispanic Black</td><td>490</td><td>460</td></tr><tr><td>Asian</td><td>50</td><td>30</td></tr><tr><td>Hispanic or Latino</td><td>300</td><td>190</td></tr></tbody></table></div> <div><p>Source: Health Compass Milwaukee: Opioid-related emergency department visit rate https://healthcompassmilwaukee.org/topics/WIHR3?tab=chart</p></div>	Category	Milwaukee County	Wisconsin	Full population	330	180	non-Hispanic White	310	170	non-Hispanic Black	490	460	Asian	50	30	Hispanic or Latino	300	190
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<p>Source: County Health Rankings and Roadmaps: Milwaukee County https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025</p> <p>Source: CDC: Drug overdose deaths rise, disparities widen https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html Collins, S. Associations between socioeconomic factors and alcohol outcomes https://pmc.ncbi.nlm.nih.gov/articles/PMC4872618/</p>	<p>Minnesota Department of Health: Differences in rates of drug overdose deaths by race https://www.health.state.mn.us/communities/opioids/data/racedisparity.html NIH: Substance use and co-occurring mental disorders https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health</p>																		

Next Steps

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension Columbia St. Mary's will narrow the significant needs to a set of prioritized needs. Ascension defines "prioritized needs" as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Ascension Columbia St. Mary's will respond to the prioritized needs throughout the three-year CHNA cycle: July 2025 to June 2028. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

Summary of Impact of 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 respond to the prioritized 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.

Ascension Columbia St. Mary's previous CHNA implementation strategy was completed in July 2022 and responded to the following priority health needs: Access to Care, Chronic Disease and Prevention, and Mental Health.

Highlights from the Ascension Columbia St. Mary's previous implementation strategy include:

- Over 6,900 patient encounters at St. Ben's and Angel of Hope community clinics. These clinics provide respectful comprehensive health services to adults who experience barriers in traditional health care settings.
- 33,073 individuals and 48,857 encounters through the Smart Smiles program (preventative dental care) in Milwaukee
- Over 17,200 prescriptions provided to individuals at no cost to patients who have barriers obtaining their medications, through pharmacy assistance programs.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2021 CHNA implementation strategy can be found in Appendix F (Page 56).

Approval by Ascension Southeast Wisconsin Board

To ensure Ascension Columbia St. Mary's Milwaukee efforts meet the needs of the community and have a lasting and meaningful impact, the TY2024 CHNA was presented to the Ascension Southeast Wisconsin Board for approval and adoption on May 20, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

Ascension Columbia St. Mary's Hospital Milwaukee hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Milwaukee County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Columbia St. Mary's Hospital Milwaukee community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Ascension Columbia St. Mary's Hospital Milwaukee 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 those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Columbia St. Mary's Hospital Milwaukee is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (<https://healthcare.ascension.org/chna>) to submit any comments or questions.

Appendices

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Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”³ The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at [chausa.org](https://www.chausa.org).

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 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

Consultants

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

County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute. The CHR&R program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity. The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action.

Demographics

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

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 (including computer/video calls). 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 informants may include leaders of community organizations, service providers, and elected officials. Individuals with 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. Could also be referred to as Stakeholder Interviews.

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities or that 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.

Prioritized Need

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

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 both forced-choice and open-ended questions.

³ Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

Table 3: 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	Wisconsin	U.S.
Total	924,740	5,960,975	340,110,988
Male	48.5%	50.1%	49.5%
Female	51.5%	49.9%	50.5%

Source: U.S. Census QuickFacts: Milwaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin,WI,US/PST045224>

Table 4: Population by Race and Ethnicity

Why it is important: The racial and ethnic 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	Wisconsin	U.S.
Asian	5.4%	3.3%	6.4%
Black / African American	27.0%	6.6%	13.7%
Hispanic / Latino	17.2%	8.1%	19.5%
American Indian or Alaska Native	1.1%	1.2%	1.3%
Non-Hispanic White	48.4%	79.5%	58.4%

Source: U.S. Census QuickFacts: Milwaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin,WI,US/PST045224>

Table 5: 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, healthcare, and child care. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Milwaukee County	Wisconsin	U.S.
Ages 0-17	23.5%	21.1%	21.7%
Ages 18-64	61.3%	59.8%	60.6%
Ages 65+	15.2%	19.1%	17.7%

Source: U.S. Census QuickFacts: Milwaukee County; Wisconsin; United States
<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin,WI,US/PST045224>

Table 6: 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. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn 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	Wisconsin	U.S.
Median household income	\$62,118	\$75,670	\$78,538
Per capita income	\$36,955	\$42,019	\$43,289
People with incomes below the federal poverty guideline*	17.1%	10.7%	11.1%
ALICE+ poverty households	44.0%	34.0%	41.0%

Source: U.S. Census QuickFacts: Milwaukee County; Wisconsin; United States

<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin,WI,US/PST045224>

ALICE in the crosscurrents: COVID and financial hardship in Wisconsin (2024)

https://cdn.ymaws.com/www.unitedwaywi.org/resource/resmgr/alice/alice_crosscurrents_finalrep.pdf

Table 7: Education

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

Income	Milwaukee	Wisconsin	U.S.
High school diploma or higher	89.6%	93.4%	89.4%
Bachelor's degree or higher	33.9%	32.8%	35.0%

Source: U.S. Census QuickFacts: Milwaukee County; Wisconsin; United States

<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin,WI,US/PST045224>

Table 8: 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.

Income	Milwaukee	Wisconsin	U.S.
Uninsured*	7.7%	5.9%	9.5%
Medicaid Participation	28.6%	18.5%	21.3%

Source: U.S. Census QuickFacts: Milwaukee County; Wisconsin; United States

<https://www.census.gov/quickfacts/fact/table/milwaukeecountywisconsin,WI,US/PST045224>

U.S. Census Bureau: Table S2704 Milwaukee County, Wisconsin, U.S.

Appendix C: Community Input Data and Sources

Conducted electronically and on-paper, the community survey was comprised of the following questions:

1. In what zip code do you live? Please select your five-digit zip code from the drop down below. If you answered N/A, you have completed the survey.
2. Please select the city or village within Milwaukee County where you live.
3. Are you of Hispanic/Latino/Latinx origin or descent?
4. If you are Hispanic/Latino/Latinx, please share your national heritage:
5. Which of the following best describes you?
6. What is your age?
7. What is your current gender identity?
8. What sex were you assigned at birth?
9. Which of the following best describes you?
10. What is the highest level of education you have completed?
11. How much total money did all members of your household combined earn in the previous year?
12. Which is your current employment status?
13. If you are not working, what is the main reason(s) you are not working?
14. What language do you mainly speak at home?
15. Including yourself, how many people currently live in your household?
16. In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that:
 - a. You have diabetes?
 - b. You have high blood pressure?
 - c. Your blood cholesterol is high?
 - d. You have heart disease or a heart condition?
 - e. You have a mental health condition, such as an anxiety disorder, obsessive-compulsive disorder, panic disorder, post-trauma?
17. How many times during the last month did you have five or more alcoholic drinks (if man) or four or more alcoholic drinks (if woman)?
18. How frequently do you smoke tobacco cigarettes?
19. How frequently do you smoke electronic cigarettes or vape?
20. How would you rate your own personal health in the past 12 months?
21. Do you currently have a health insurance plan/health coverage?
22. If you have insurance, which type of health insurance or plan do you use to pay for your health care services? In the past 12 months, was there a time that you needed health care or dental services but did not get the care that you needed (you didn't go to a doctor's or dentist's office when you needed to)?
23. If yes, select the top reason(s) that you did not receive the health care/dental services that you needed in the past 12 months.

24. In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services?
25. If yes, select the main reason(s) that you did not receive mental health services or alcohol/substance use treatment.
26. In the past 12 months, did you go to a hospital Emergency Department (ED) or Urgent Care?
27. What were the main reasons that you went to the ED instead of a doctor's office or clinic?
28. Do you have medical debt?
29. What is your living situation today?
30. During the past month, my household has been able to meet its needs with the money and resources we have.
31. What issues, if any, do you have with your current housing situation?
32. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
33. In the last 12 months, did your child/children eat less than you felt they should because there wasn't enough money for food?
34. In the past 12 months, did you or someone living in your home receive emergency food from a church, clinic, a food pantry, or a food bank, or eat in a soup kitchen?
35. Thinking about your own life, have you been affected by any of the following? Select an option for your response in each row below
 - a. Unconscious bias – that is, people discriminating against other people without realizing they are doing it
 - b. Individual acts of racism and discrimination
 - c. Structural or systemic racism – that is, a system of established policies and practices that disadvantage people of color
 - d. Limited access to wealth (i.e., savings, retirement, property)
 - e. Limited access to quality education
 - f. Limited opportunities for career advancement
 - g. Limited access to quality housing
36. From the following list, what do you think are the three most important health issues in your community? Select three
 - a. Alcohol use and abuse (underage use, binge drinking, DWI)
 - b. Asthma and other breathing issues
 - c. Infectious diseases (West Nile Virus, Tuberculosis, measles, COVID-19)
 - d. Bullying in schools and other youth settings
 - e. Chronic diseases like diabetes and heart disease
 - f. Cancer
 - g. Child abuse and neglect
 - h. Cigarette smoking and other tobacco use
 - i. Dementia, including Alzheimer's Disease
 - j. Domestic violence/intimate partner violence
 - k. Drug use and abuse (prescription drug misuse and street drug use, including marijuana)

- l. Gun violence/community violence
 - m. Human trafficking
 - n. Infant Mortality
 - o. Lack of access to birth control/unexpected pregnancies
 - p. Lead poisoning
 - q. Mental health and mental conditions (anxiety, depression)
 - r. Nutrition and healthy eating
 - s. Oral health
 - t. Physical activity and exercise
 - u. Racism and discrimination
 - v. Sexually transmitted infections (including HIV)
 - w. Suicide
 - x. Unintentional injuries (falls, motor vehicle crashes, poisonings)
 - y. Vaping, juuling, and e-cigarette use
 - z. Other
37. From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community? Select three
- a. Access to affordable childcare/day care
 - b. Access to affordable healthcare
 - c. Access to affordable, healthy foods
 - d. Access to affordable housing
 - e. Access to community parks and other recreation locations for physical activity
 - f. Access to affordable dental care/dentists
 - g. Access to family planning or other reproductive health items
 - h. Access to mental health services
 - i. Access to social services/safety net for people who are struggling
 - j. Addressing bullying in schools
 - k. Addressing community safety/gun violence/community safety
 - l. Addressing racism and discrimination
 - m. Clean air
 - n. Clean water
 - o. Criminal justice reform
 - p. Good paying jobs and strong economy
 - q. Good schools and colleges
 - r. Public transportation
 - s. Support services for seniors (meals, transportation, housing, respite support)
 - t. Strong and supportive families/relationships
 - u. Other
38. Below are some statements about health care services in your community. Select an option for your response in each row below.
39. Below are some statements about health care services and providers (doctors, nurses, other hospital clinic staff) in your community. Select an option for your response in each row below.

40. Below are some statements about your community. Select an option for your response in each row below.
41. Below are some statements about your community. Select an option for your response in each row below.
42. Below are some statements about your community. Select an option for your response in each row below.
43. On average, people of color in the U.S. have worse health outcomes compared to White people. Do you think any of the following are reasons for the difference? Select an option for your response in each row below.
44. How many children (under age 18) currently live in your home? If you selected none above, please skip the next questions and go to the Vaccine section (Q53).
45. What type of health insurance or health plans do children in your home have to cover the costs of health care services?
46. Have the children (under 18) in your home experienced any of the following health issues/conditions?
47. Do you have concerns for any of the following activities for the children (under 18) in your home? .
48. In general would you say your child's quality of life is:
49. In the past 12 months, was there a time when children in your home needed medical care or other health related services but did not get the services that they needed?
50. If yes, which of the following services were the children in your home not able to get in the past 12 months when they needed them? .
- a. Alcohol or other substance use treatment
 - b. Dental care (routine cleaning or urgent care)
 - c. Emergency care services
 - d. Mental health services
 - e. Reproductive health services
 - f. Nutrition services
 - g. Prescription medications
 - h. Routine care/treatment for ongoing or chronic conditions - ex. allergies, respiratory conditions, diabetes
 - i. Scheduled vaccination(s)
 - j. Services for special needs
 - k. Sick visit/urgent care visit
 - l. Well child visit/check up
51. Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months.
- a. Cost-too expensive/can't pay
 - b. No insurance
 - c. I have health insurance but out of pocket cost is still too high (due to cost-sharing, coinsurance, co-pays, or deductibles)

- d. Lack of transportation
 - e. Not able to take off work for an appointment
 - f. Language barrier
 - g. Did not feel cared for, respected, or understood
 - h. Wait is too long
 - i. No doctor is nearby
 - j. Insurance not accepted
 - k. Cultural/religious reasons
 - l. Lack of trust in healthcare services and/or providers
 - m. Previous negative experience receiving care or services
 - n. Other (please specify)
52. Are you up to date with all the recommended vaccines for age and health situation?
53. If no or planning, then select which of the following contributes to your vaccine decision?
54. What is your COVID-19 Vaccine status?
55. If no or planning, then select which of the following contributes to your vaccine decision?

Key stakeholder survey

Interviewers and focus group facilitators used a standard discussion guide from which interviewees identified the top two community health issues that are the most important for Milwaukee County. For each community health priority, community partners were asked to identify:

- Existing strategies to address the issue.
- Barriers/challenges to addressing the issue.
- Additional strategies needed to address the issue.
- Key organizations or groups in the community that hospitals, MHD, or DHHS should partner with to improve community health.
- Geographic and other subgroups or populations in the community who experience health issues.
- Strengths/assets in the community.
- Organizations working to address the issue.
- What else should be considered when assessing the health of the community?

Interviews and focus groups were recorded via Zoom and transcribed by Reader AI for analysis. During interviews, notes were taken by at least one person to supplement transcripts. All data was uploaded into NVIVO software for thematic content analysis by CUPH staff. Primary coding used interviews and focus group guides for major codes. The transcripts were coded initially for the following major categories:

- Major health issues in Milwaukee
- Barriers and challenges
- Strategies needed to address health issues

In addition, a segmented analysis was completed to elevate issues faced by special populations, including infant/youth, and refugee/immigrant communities. A full report of the qualitative data is available at Health Compass Milwaukee.

We thank the following individuals for their willingness to volunteer their time and knowledge to this effort:

Key informant interviewees

Salma Akhter Clinic and Office Coordinator Muslim Community and Health Center of Wisconsin	Matt Crespin Executive Director Children's Health Alliance of Wisconsin	Helen Hermus Executive Director Milwaukee Consortium for Hmong Health, Inc.	Jeffrey Norman Chief of Police Milwaukee Police Department	Nick Tomaro Community Intervention Specialist Milwaukee County DHHS
Tina Anderson Administrator, Disabilities Services Milwaukee County DHHS	Frank Cumberbatch VP Community Engagement Bader Philanthropies	John Hyatt President and CEO IMPACT Inc.	Joshua Parish Assistant Chief The Milwaukee Fire Department Support Bureau	Melissa Ugland Public Health Advisor Gerald L. Ignace Indian Health Center
Kristen Beyer Professor, Division of Epidemiology Medical College of Wisconsin	Julie Divjak VP of Community Impact United Way Greater of Milwaukee and Waukesha County	Celia Jackson Consultant, Owner, Speaker, Advocate, Presenter, Writer Shidi LLC Coalition for Safe Driving MKE	Amy Parry Program Manager Epidemiology Medical College of Wisconsin	Carla Washington Wisconsin VP of Operations Vivent Health
Michele Bria Chief Executive Officer Journey House	Andi Elliott Chief Executive Officer Community Advocates Inc.	Abiola Keller Health Equity Researcher, Associate Professor, Interim Associate Dean for Research Marquette University	Bobby Peterson Executive Director/ Public Interest Attorney ABC for Health	Amanda Weiler Health Impact Manager United Way of Greater Milwaukee and Waukesha County
Maria Chay Program Manager/CHW Karenni Community Milwaukee Consortium for Hmong Health, Inc.	Martina Gollin-Graves President and CEO Mental Health America of Wisconsin	Emily Kenney Strategic Initiatives and Transformation Director Milwaukee County DHHS	Andrew Petroll Professor, Infectious Disease Specialist Infectious Disease Clinic Froedtert Hospital and the Medical College of Wisconsin	Jessica Wineberg Vision Zero Policy Director City of Milwaukee
John Chisholm Senior Lecturer Marquette University Former Milwaukee County District Attorney, Milwaukee County	Abby Gorecki VP Community Health Sixteenth Street Community Health Centers	Constance Kostelac Assistant Professor; Director Division of Data Surveillance and Informatics, Comprehensive Injury Center Medical College of Wisconsin	Carmen Pitre President and CEO Sojourner Family Peace Center	Bridget Whitaker Executive Director Safe and Sound
Faith Colas Director of Advocacy, Outreach, and Community Affairs Greater Milwaukee Urban League	Bria Grant Executive Director Unite WI	Shakita LaGrant-McClain Director, Health and Human Services Milwaukee County DHHS	Darlene Russell Director of Community Engagement Greater Milwaukee Foundation	Reeve Wittenberg Pediatric Nurse Gerald L. Ignace Indian Health Center
Eric Collins-Dyke Assistant Administrator of Supportive Housing and Homeless Services, Milwaukee County	Laura Gutiérrez Chief Executive Director United Community Center	Michael Lappen Administrator, Behavioral Health Milwaukee County DHHS	Robert Schneider Professor of Urban Planning University of Wisconsin Milwaukee	Tracy Williams Founder/Executive Elephant Parade Former President and CEO YWCA of Southeast Wisconsin
Héctor Colón President and CEO Lutheran Social Services of Wisconsin and Upper Michigan, Inc.	Patti Habeck President Feeding America Eastern Wisconsin	David Muhammad Deputy Director Milwaukee County DHHS	Arman Tahir CEO/Program Director Muslim Community and Health Center of Wisconsin	Erica Wright Deputy Commissioner of Community Health City of Milwaukee Health Department

Focus Groups

- Faith Focus: including representatives from organizations based in or affiliated with religious groups serving Milwaukee County
- Justice System Focus: including organizations and leaders with lived experience in the justice system in Milwaukee County
- Mental Health Focus: including organizations working to address mental health needs in Milwaukee County
- Milwaukee Health Department, Family and Community Health: Including individuals working with families through programs under Milwaukee Health Department's Family and Community Health branch.
- Public Health Leaders: including representatives from the local health departments serving Milwaukee County municipalities
- Refugee Focus: including organizations serving refugee populations in Milwaukee County
- Safety Net Clinics: including representatives from the Free and Community Clinic Collaborative (FC3), a coalition of safety net clinics that provide free and low-cost health care services to uninsured and underinsured patients
- Youth Community Members: Including 2 focus groups comprised of Milwaukee County residents ages 14 - 18.
- Youth Focus: including representatives from community based organizations serving children and adolescents

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, 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 annually and shares it with the public. The data below is from the 2025 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

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 for “why they are important” are largely drawn from the CHRR website.

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

Trends: 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.

United States (U.S.): Describes how the county's most recent data for the health issue compares to the U.S.

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.

Table 9: 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 members within a community.

Indicators	Trend	Milwaukee	WI	U.S.	Description
Length of Life					
Premature death		11,200	7,400	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		74.3	77.8	77.1	How long the average person is expected to live
Infant mortality		8	6	6	Number of all infant deaths (within one year) per 1,000 live births
Physical Health					
Poor or fair health		19.0%	16.0%	17.0%	Percentage of adults reporting fair or poor health
Poor physical health days		4.4	3.9	3.9	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress		13.0%	12.0%	12.0%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight		11.0%	8.0%	8.0%	Percentage of babies born too small (less than 2,500 grams)
Mental Health					
Poor mental health days		5.7	5.4	5.1	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		17.0%	17.0%	16.0%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide		13	15	14	Number of deaths due to suicide per 100,000
Feelings of loneliness		36.0%	32.0%	33.0%	Percentage of adults reporting that they always, usually or sometimes feel lonely.
Chronic Conditions					
Diabetes prevalence		11.0%	9.0%	10.0%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths		104.5	N/A	N/A	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence		415	138	387	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		1,132.5	435.7	495.0	Number of newly diagnosed chlamydia cases per 100,000

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

Table 10: 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.

Indicator	Trend	Milwaukee	WI	U.S.	Description
Economic Stability					
Median household income		\$63,300	\$74,700	\$77,700	The income where half of households in a county earn more and half of households earn less
Unemployment		3.8%	3.0%	3.6%	Percentage of population ages 16 and older unemployed but seeking work
Childhood poverty		23.0%	13.0%	16.0%	Percentage of people under age 18 in poverty
Child care cost burden		47.0%	31.0%	28.0%	Child care costs for a household with two children as a percent of median household income.
Educational Attainment					
High school completion		90.0%	93.0%	89.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college		67.0%	70.0%	68.0%	Percentage of adults ages 25-44 with some post-secondary education
School funding adequacy		\$2,219	\$1,807	\$1,411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
Social/Community					
Social associations		8.3	11.1	9.1	Number of membership associations per 10,000 population
Disconnected youth		7.0%	5.0%	7.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Homicides		18	5	7	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities		23	12	13	Number of deaths due to firearms per 100,000
Lack of social and Emotional support		29.0%	25.0%	25.0%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need.
Voter Turnout		67.8%	75.1%	67.9%	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.
Access to Healthy Foods					
Food environment index		8.5	8.8	7.4	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity		13.0%	11.0%	14.0%	Percentage of the population who lack adequate access to food
Limited access to healthy foods		2.0%	5.0%	6.0%	Percentage of the population who are low-income and do not live close to a grocery store

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

Table 11: Physical Environment

Why they are 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.

Indicator	Trend	Milwaukee	WI	U.S.	Description
Physical Environment					
Severe housing cost burden		17.0%	11.0%	15.0%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems		19.0%	12.0%	17.0%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter		9.1	7.7	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

Table 12: 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.

Indicator	Trend	Milwaukee	WI	U.S.	Description
Healthcare Access					
Uninsured		8.0%	6.0%	10.0%	Percentage of population under age 65 without health insurance
Uninsured adults		9.0%	7.0%	11.0%	Percentage of adults under age 65 without health insurance
Uninsured children		3.0%	5.0%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians		1,300:1	1,250:1	1,330:1	Ratio of the population to primary care physicians
Mental health providers		260:1	370:1	300:1	Ratio of the population to mental healthcare providers
Preventable hospital stays		3,427	2,498	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					
Flu vaccinations		53.0%	53.0%	48.0%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		43.0%	50.0%	44.0%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

Table 13: 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.

Indicator	Trend	Milwaukee	WI	U.S.	Description
Healthy Lifestyle					
Adult obesity		39.0%	38.0%	34.0%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity		23.0%	21.0%	23.0%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities		98.0%	84.0%	84.0%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep		36.0%	34.0%	37.0%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths		11	11	12	Number of motor vehicle crash deaths per 100,000 population
Teen births		23	11	16	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking		17.0%	15.0%	13.0%	Percentage of adults who are current smokers
Excessive drinking		22.0%	24.0%	19.0%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		20.0%	33.0%	26.0%	Percentage of driving deaths with alcohol involvement.
Drug overdose deaths		63	29	31	Number of drug poisoning deaths per 100,000 population.

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

Table 14: Disparities

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 improve health for everyone in the community.

Indicator	Population	Measure
Health Disparities		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	Overall	11,200
	Asian	6,100
	Non-Hispanic Black / African American	20,000
	Hispanic / Latino	7,900
	American Indian or Alaska Native	12,100
	Non-Hispanic White	8,300

Life Expectancy	Overall	74.3
	Asian	79.8
	Non-Hispanic Black / African American	67.2
	Hispanic / Latino	78.6
	American Indian or Alaska Native	75.3
	Non-Hispanic White	76.9
Infant Mortality per 1,000 live births	Overall	8
	Asian	6
	Non-Hispanic Black / African American	15
	Hispanic / Latino	6
	American Indian or Alaska Native	N/A
	Non-Hispanic White	4
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	Overall	11%
	Asian	8%
	Non-Hispanic Black / African American	17%
	Hispanic / Latino	8%
	American Indian or Alaska Native	13%
	Non-Hispanic White	7%
Mammography Screening percent of medicare enrolled ages 65-74 who received an annual mammogram	Overall	43%
	Asian	21%
	Non-Hispanic Black / African American	34%
	Hispanic / Latino	29%
	American Indian or Alaska Native	42%
	Non-Hispanic White	46%
Preventable hospital stays per 100,000 Medicare enrollees	Overall	3,427
	Asian	3,828
	Black / African American	5,258
	Hispanic / Latino	3,175
	American Indian or Alaska Native	2,442
	White	3,015
Teen Births Per 1,000 female population ages 15-19	Overall	23
	Asian	15
	Non-Hispanic Black / African American	43
	Hispanic / Latino	26
	American Indian or Alaska Native	16
	Non-Hispanic White	5
Drug Overdose Deaths	Overall	63
	Asian	9

Number of drug poisoning deaths per 100,000 population.	Non-Hispanic Black / African American	88
	Hispanic / Latino	40
	American Indian or Alaska Native	173
	Non-Hispanic White	63
Firearm Fatalities Number of deaths due to firearms per 100,000	Overall	23
	Asian	9
	Non-Hispanic Black / African American	61
	Hispanic / Latino	13
	American Indian or Alaska Native	N/A
	Non-Hispanic White	10
Children in Poverty Percent of people under 18 in poverty	Overall	23%
	Asian	28%
	Non-Hispanic Black / African American	37%
	Hispanic / Latino	26%
	American Indian or Alaska Native	37%
	Non-Hispanic White	8%

Source: County Health Rankings and Roadmaps; Milwaukee County (2025)
<https://www.countyhealthrankings.org/health-data/wisconsin/milwaukee?year=2025>

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Columbia St. Mary's has cataloged resources available in Milwaukee County that respond to 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 Campus	414-585-1000	https://healthcare.ascension.org/locations/wisconsin/wimi/milwaukee-ascension-columbia-st-marys-hospital
Ascension SE Wisconsin Hospital - St. Joseph Campus	414-447-2000	https://healthcare.ascension.org/locations/wisconsin/wimi/milwaukee-ascension-se-wisconsin-hospital-st-joseph
Ascension St. Francis Hospital	414-647-5000	https://healthcare.ascension.org/locations/wisconsin/wimi/milwaukee-ascension-st-francis-hospital?utm_campaign=qmb&utm_medium=organic&utm_source=local
Ascension SE Wisconsin Hospital - Franklin Campus	414-325-4700	https://healthcare.ascension.org/locations/wisconsin/wimi/franklin-ascension-se-wisconsin-hospital-franklin?utm_campaign=qmb&utm_medium=organic&utm_source=local
Aurora St. Luke's Medical Center	414-649-6000	https://www.aurorahealthcare.org/locations/hospital/aurora-st-lukes-medical-center/
Aurora West Allis Medical Center	414-328-6000	https://www.aurorahealthcare.org/locations/hospital/aurora-west-allis-medical-center/
Froedtert Hospital	414-805-3000	https://www.froedtert.com/locations/hospital/froedtert-hospital
Gerald L. Ignace Indian Health Center	414-383-9526	https://gliihc.net/
Milwaukee Hospital-Children's Wisconsin	414-266-2000	https://childrenswi.org/location-directory/locations/hospitals/milwaukee-hospital
Milwaukee Health Services, Inc.	414-760-3900	https://mhsi.org/
Outreach Community Health Centers	414-727-6320	https://www.ochc-milw.org/
Progressive Community Health Centers	414-935-8000	https://progressivechc.org/
Sixteenth Street Community Health Centers	414-672-1353	https://sschc.org/

Chronic Conditions

Organization	Phone	Website
American Heart Association: Support Network	414-271-9999	https://supportnetwork.heart.org/s/
Wisconsin Institute for Healthy Aging	608- 852-7251	https://wihealthyaging.org/programs/live-well-programs/living-well/
YMCA Diabetes Prevention Program	414-357-2811	https://www.ymcamke.org/programs/health-wellness/diabetes-prevention-program/
YMCA Blood Pressure Self Monitoring	414-357-2811	https://www.ymca.org/what-we-do/healthy-living/fitness/self-monitoring

Community Safety

Organization	Phone	Website
City of Milwaukee - Office of Community Wellness and Safety	414-286-5468	https://city.milwaukee.gov/doa/Services-and-Programs/staysafe
Milwaukee Police Department - Office of Community Outreach & Education	414-935-7905	https://mpdocoe.org/
Safe & Sound, Inc.	414-220-4798	https://safesound.org/
Sexual Assault Nurse Examiner (SANE) Programs	- See Website	https://wiforensicnurses.org/wisconsin-sane-programs-2/

Economic Stability

Organization	Phone	Website
Feeding America Eastern Wisconsin	414-931-7400	https://feedingamericawi.org/
The Housing Authority of the City of Milwaukee (HACM)	414-286-5824	https://www.hacm.org/programs/housing
Hunger Task Force	414-777-0483	https://www.hungertaskforce.org/
Lutheran Social Services Affordable Housing Locations	414-246-2304	https://www.lsswis.org/our-story/affordable-housing/
Milwaukee County Housing Division	414-278-4894	https://county.milwaukee.gov/EN/DHHS/Housing
United Way: Financial Stability	414-263-8100	https://unitedwaygmwc.org/Financial-Stability

Healthy Living

Organization	Phone	Website
Bucks Health and Wellness	414-316-9240	https://buckshealthandwellness.com/
Milwaukee Health Department: Healthy Living Resources	414-286-2489	https://city.milwaukee.gov/health/Links-to-Nutrition-Resource.htm
MKE Rec Free Community Wellness	414-475-8775	https://milwaukee recreation.net/en/Programs/Wellness-Events.htm
UW-Extension Milwaukee County	414-615-0550	https://milwaukee.extension.wisc.edu/family-living/

Maternal & Child Health

Organization	Phone	Website
Ascension Columbia St. Mary's Women's Medical Center	414-585-1000	https://healthcare.ascension.org/locations/wisconsin/wimil/milwaukee-ascension-columbia-st-marys-hospital/departments/womens-medical-center
Aurora Birthing Center	414-978-3000	https://www.aurorahealthcare.org/locations/aurora-west-allis-birthing-center-west-allis
Froedtert & Medical College of Wisconsin Maternal Mobile Clinic	414-805-4770	https://www.froedtert.com/birth/maternal-mobile-clinic
Milwaukee Health Department: Birth Outcomes Made Better (BOMB Doulas)	414-286-6800	https://city.milwaukee.gov/Health/Services-and-Programs/MCH/visit
MKE Empowering Families of Milwaukee	414-286-6800	https://city.milwaukee.gov/Health/Services-and-Programs/MCH/visit

Mental Health

Organization Name	Phone	Website
Ascension Columbia St. Mary's Hospital - Behavioral Health	414-585-1000	https://healthcare.ascension.org/locations/wisconsin/wimil/milwaukee-ascension-columbia-st-marys-hospital/departments/behavioral-health
Ascension St. Francis Hospital - Behavioral Health	414-389-3111	https://healthcare.ascension.org/locations/wisconsin/wimil/milwaukee-ascension-st-francis-hospital/departments/outpatient-center/behavioral-health
Aurora Behavioral Health	414-454-6600	Aurora Behavioral Health Website
Lutheran Social Services: Youth and Family Programs	414-246-2300	https://www.lsswis.org/service/children-and-families/youth-residential/?parent_id=73
Mental Health America Wisconsin	414-276-3122	http://www.mhawisconsin.org/home.aspx
Milwaukee County Behavioral Health Division - Crisis Line	414-257-7222	https://county.milwaukee.gov/EN/DHHS/BHD
National Alliance on Mental Illness - Southeast Wisconsin	414-344-0447	https://namisoutheastwi.org/
Rogers Behavioral Health	833-308-5887	https://rogersbh.org/locations/brown-deer

Substance Misuse

Organization Name	Phone	Website
Ascension St. Francis Hospital - Behavioral Health	414-585-1000	https://healthcare.ascension.org/locations/wisconsin/wimil/milwaukee-ascension-columbia-st-marys-hospital/departments/behavioral-health
Aurora Behavioral Health	414-454-6600	https://www.aurorahealthcare.org/services/behavioral-health-addiction/
Milwaukee County Behavioral Health Division - Crisis Line	414-257-7222	https://county.milwaukee.gov/EN/DHHS/BHD
Milwaukee Mental Health Emergency Center	414-966-3030	https://mentalhealthmke.org/contact/
Rogers Behavioral Health	414-865-2800	https://rogersbh.org/

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

Ascension Columbia St. Mary's previous CHNA implementation strategy was completed in July 2022 and responded to the following priority health needs: Access to Care, Chronic Disease and Prevention, and Mental Health.

The table below describes the actions taken during the TY2022-TY2024 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (May 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the TY2024 IRS Form 990/Schedule H.

Access to Care

Action(s) taken	Status of action(s)	Results
Support Community Access to Care Initiatives <ul style="list-style-type: none"> • Provide funding to important access initiatives and associate support towards these initiatives • Conduct bilingual mobile health screenings within the community • Work closely with community Emergency Medical Services (EMS) on health education and mobile health resources outside of the traditional health system • Partner with schools to administer oral health and other health care services for students 	Completed	<ul style="list-style-type: none"> ➤ Provided \$375,00 to United Way Shared Community Investment Fund (SCIF) a fund that helps to improve health care for low-income, underserved populations in Milwaukee ➤ 3,715 patient encounters at St. Ben's Clinic ➤ 3,207 patient encounters at Angel of hope clinic ➤ 33, 073 individuals and 48, 857 encounters through the Smart Smiles program (preventative care) in Milwaukee ➤ 2,177 individuals and 3,130 encounters through Seton Urgent Dental Care programs in Milwaukee ➤ 3,329 individuals and 4,808 encounters through the Mobile Restorative Care in Milwaukee. ➤ The Prehospital Relations Manager Team provides training and education on relevant medical emergencies including life support, Stop the Bleed and Fall Prevention for no cost to fire and police departments (143 participants) ➤ UW - Froedtert Hospital Foundation Deer (\$50,000) to help address Health Equity ➤ Milwaukee Public Schools- School to Work Program provided 55 students with the opportunity to experience and gain practice work skills in healthcare.
Expand Maternal and Child Health Outreach for Care <ul style="list-style-type: none"> • Offer maternal and child health programs such as Blankets of Love in community 	Completed	<ul style="list-style-type: none"> ➤ Blanket of Love for bilingual mothers connected 356 women to resources such as health insurance, primary care, emergency food, and infant supplies ➤ Maternal/Child Health Support Groups initiated. ➤ New Parent Connection Group: 439 attendees received

spaces <ul style="list-style-type: none"> • Partner with community organizations for improved outcomes • Provide education outreach to populations that are more at-risk for poor maternal, infant and child outcomes to connect them with necessary perinatal care 		support with questions related to newborn feeding, infant cares, postpartum care and emotional support, perinatal mood disorders and newborn growth and development.
Increase Access to Health Care Services by Providing Holistic Support for Ascension Patients <ul style="list-style-type: none"> • Support patients in engaging in a usual place of care by assisting patients in accessing financial assistance • Screen patients to determine if they have social related barriers to access to care and connect these individuals with local resources • Remove barriers to prescription medications for those with low income or other access barriers 	Completed	<ul style="list-style-type: none"> ➤ Financial Assistance: 5,142 applications approved (marketwide) ➤ Lyft transportation: 5,412 rides provided ➤ DOH: 281 pts received assistance (419 encounters); 1,249 Rx filled ➤ Meds to Beds: 6,693 referrals; 15,995 Rx filled ➤ Rx Sense: 1,152 patients; 13,770 claims submitted for assistance marketwide ➤ Medicaid Enrollment Assistance provided to 89 individuals.
Administer High-Quality Maternal and Child Health Clinical Care to Address Disparities <ul style="list-style-type: none"> • Enhance health education for expectant families to contribute to improved birth outcomes • Address social needs of expectant families • Offer and partner on innovative models of care to improve maternal and infant health outcomes 	Completed	<ul style="list-style-type: none"> ➤ Infant CPR offered to the community: 227 participants ➤ 311 patients participated in the Baby Buck program ➤ Eat, Sleep, Console program has shown a decrease in average day of stay from 13 days to 6.7 days. Intervention provide for SUD. ➤ Perinatal Mental Health Support Group started: 5 participants

Chronic Disease and Prevention

Action(s) taken	Status of action(s)	Results
Engage and Educate Community Members about Health and Prevention <ul style="list-style-type: none"> • Contribute to community education sessions on healthy foods within the community, focusing on early interventions, particularly with children • Provide chronic disease support and prevention to groups that have historically been marginalized 	Completed	<ul style="list-style-type: none"> ➤ 134 blood pressure screenings and 159 mammography screenings conducted at community services events; 20 people screened with clinical breast exams and given education on breast health at the Milwaukee Consortium for Hmong Health Conference ➤ Cancer Survivorship Health Fair provided health education to 52 cancer survivors/caregivers. ➤ 181 community glucose screenings along with education on diabetes prevention and/or hyperglycemia's next steps. ➤ Diabetes Education event provided education on healthy

		meals and A1C improvements plus SDoH screenings and referrals.
<p>Expand Opportunities for Community Members to be Engaged in Healthy Living Activities</p> <ul style="list-style-type: none"> • Donate fresh produce and other healthy foods through various channels • Partner with/support community-based organizations (CBOs) to positively influence the social determinants of health related to chronic conditions 	Completed	<ul style="list-style-type: none"> ➤ Donation to United Way Salvation Army (\$10,000), holiday meals and education provided. ➤ Produce donations to associates and community members. ➤ 100 stock boxes given out
<p>Promote Screenings and Interventions for Chronic Disease Support and Prevention</p> <ul style="list-style-type: none"> • Develop a food insecurity screening, tracking and referral program for patients • Connect food insecure patients with chronic conditions to condition-specific food, education and support • Improve standardized processes statewide for healthy weight/BMI screenings and provide referrals to nutritionists and other resources as needed 	Ongoing	<ul style="list-style-type: none"> ➤ Food security is addressed in screening questions, and the responses will be incorporated into IDRs as appropriate and followed by case management to ensure proper resources are in place at discharge ➤ Best Practice Alert for BMI updated to reflect enhanced recommendations - Education circulated to physicians
<p>Educate Patients and Associates about Healthy Living and Resources</p> <ul style="list-style-type: none"> • Hold healthy living demonstrations, particularly around specific chronic conditions, within Ascension Wisconsin healthcare facilities • Identify and address social factors that influence chronic conditions through screening and referral to mitigate social-related barriers 	Ongoing	<ul style="list-style-type: none"> ➤ Reached over 360 employees, 22 guests with healthy foods education and affordable fresh produce through Farmers Market ➤ Launched SDOH screening tool & referral program through Neighborhood Resources - quality improvement needed

Mental Health

Action(s) taken	Status of action(s)	Results
<p>Support Community-Based Initiatives that Create an Environment for Mental Wellbeing and Increased Access to Care</p> <ul style="list-style-type: none"> • Actively participate in suicide prevention initiatives and promote other bystander interventions • Support collective impact programs that 	Completed	<ul style="list-style-type: none"> ➤ \$1.5M of funding provided to Mental Health Emergency Center (MHEC) as subsidized service. A mental health crisis center open to the community and funded by the public health department and the area's four health systems. MHEC assesses, stabilizes and provides emergency treatment to people experiencing a mental health emergency. ➤ Provided funding to Marquette University which includes

address social factors that influence mental health wellbeing, particularly for those who have been historically marginalized		funding to the Health Equity community engagement summit (\$40,000) ➤ Referred over 35 individuals to the Housing Is Health MHCP program to try to find permanent housing placements
Partner on Substance Misuse Prevention in the Community <ul style="list-style-type: none"> • Work to support stigma reduction around substance use disorders • Direct efforts to important prevention activities in the community • Support Prescription Drug Take Back events to reduce opioids within the community 	Ongoing	➤ Active participation in the Take Back My Meds coalition ➤ Associate trained in QPR and planning new trainings
Deliver Comprehensive, Compassionate Care and Treatment for Patients and Associates with Mental Health Conditions Particularly Those Who Have Experienced Trauma <ul style="list-style-type: none"> • Implement and evaluate different models of care to increase access and timeliness to outpatient mental health providers and prescribers, including telehealth • Assist patients and associates with social needs and spiritual care that encourage healing and mental wellbeing • Coordinate response programs for trauma-informed care and spiritual care offerings that encourage healing and mental wellbeing 	Completed	➤ Employee Assistance Program (marketwide): 2480 hours provided of direct service to associates and their families (5.2% utilization rate); 160 hours of organization service ➤ 2 Trauma-Informed Care modules presented to Nurse Residency program; 118 people educated ➤ 299 individuals supported with compassionate, trauma-informed care through the SANE/HT team ➤ 904 residents and associates participated in a module to recognize signs of human trafficking and what to do to help support ➤ 15 associates were trained as Human Trafficking Responders to better respond with appropriate tools for those who have experienced this trauma
Integrate Timely Interventions in All Care Settings for Substance Misuse <ul style="list-style-type: none"> • Increase access to a variety of substance use treatment including medication-assisted treatment and innovative models of care • Provide support groups/peer programs for those in treatment • Reduce healthcare stigma by encouraging associate awareness on nonjudgmental compassionate care for those struggling with substance misuse disorder 	Completed	➤ PEER Recovery Coaches: 175 referral calls made for a Recovery Coach; 82 initial intakes; 76 follow-ups ➤ Distributed over 50 Naloxone kits to ED patients ➤ Over 90 Naloxone RX given out to ED patients ➤ 2 seminars on stigma reduction for nurse residency program ➤ 79 nurse residents educated on unconscious bias, patient labeling, and desensitization, alcohol and opioid withdrawal - respect, rapport, bias, language are discussed and pain seminar includes section on "words matter" and a lot of information about stigma