

# Milwaukee County Health Needs Assessment

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A summary of key informant interviews and focus groups

2012

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in Milwaukee County

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## Introduction

This report presents a summary of public health priorities for Milwaukee County, as identified in 2012 by providers, policy-makers, and other local experts and community members (“key informants”). These findings are a critical supplement City of Milwaukee Community Health Survey and the Secondary Data Analysis components of the overall community health needs assessment (CHNA) commissioned by the health system members of the Milwaukee Health Care Partnership in collaboration with local health departments. The CHNA incorporates input from persons representing the broad community served by the hospitals, focusing on a range of public health issues relevant to the community at large.

Key informants in Milwaukee County were identified by the Milwaukee Health Care Partnership in collaboration with the City of Milwaukee Health Department. The interviews were conducted by Partnership members and graduate students supervised by the City of Milwaukee Health Department. The interviewers used a standard interview script (“schedule”) that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin’s State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
  - Existing strategies to address the issue
  - Barriers/challenges to addressing the issue
  - Additional strategies needed
  - Key groups in the community that hospitals should partner with to improve community health

All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2012 CHNA key informant interviews for Milwaukee County. Cross-cutting themes, summaries of the top five health issues, and a comparison of results across jurisdictions (Milwaukee city v. other Milwaukee County municipalities) are presented.

Thirty-four individual key informant interviews were conducted in Milwaukee County. Of note, ten public health officers participated in the interviews as key informants. In addition, six group interviews were also conducted using the same interview schedule. The full list of participants is presented in Appendix A.

### A. General Themes

**Poverty** emerged as an important topic related to the health of Milwaukee County, often as a barrier to improved health. One key informant listed it as a top health issue in addition to the

options provided in the interview schedule. Other related issues of socioeconomic status, joblessness, homelessness, and transiency were also mentioned. Housing (e.g., lead and other exposures), stress, and crime/incarceration were also noted as tied to both poor health and poverty. This overlaps with some key informants' responses about disparities related to socioeconomic status being a concern for health in Milwaukee across topic areas.

**Race and Ethnicity** emerged as important aspects influencing health in Milwaukee. First, respondents often identified culturally and/or neighborhood-specific prevention and treatment services and strategies to address health concerns. Organizations and initiatives on the South Side of Milwaukee (city) were identified as addressing health issues for the Latino residents living in that area, for example, and the Lifecourse Initiative for Health Families was offered as an example of a program to address the disparity in Black and White infant mortality. More broadly, race and ethnicity were mentioned in relation to concerns about health disparities. Respondents felt strategies addressing health issues in Milwaukee must be inclusive and culturally competent. One respondent specifically mentioned racial segregation as a key barrier to better health.

**Chronic and communicable disease issues** were important to the public. Broadly, these conditions were noted as having similar barriers and challenges. Suggested strategies generally focused on providing education to those in the community and increasing health literacy, and providing early detection methods and preventive services to the community.

**Social marketing** emerged across the health topics. In some cases, marketing was named as a barrier or challenge, including topics like Chronic Disease (lack of marketing resources, competing messages), Tobacco (tobacco companies use marketing that targets children, minorities, low income areas), and Overweight/Obesity (marketing of fast food). Social media and marketing were also named as examples of strategies that could be used to address several issues. For example, social media and a "public awareness campaign" were suggested for Alcohol & Drug Use and "a primary care campaign in media" was suggested to address Access concerns.

**Schools**, school districts, school programs, school-community partnerships, and parent-teacher organizations were named as leaders of existing strategies, potential strategies, and potential partnerships for many of the key focus area issues. Importantly, schools were noted as a point of contact for large portions of the population (both students and parents). A coalition led by the school district doing community outreach, school summer programs, and Franklin Area Parents and Students United are existing school-related strategies, for example, to address Alcohol and Drug use. Partnerships with schools around Asthma and early education efforts were common suggestions for needed strategies. Schools were listed as potential partners in addressing almost all of the key health issues presented.

**Health literacy** was commonly noted by many respondents as a challenge to improving the community's health. This theme may tie into the related themes of enhanced social marketing strategies and education through schools and other community settings. In general, and across issues and localities, respondents felt there was a need to increase the understanding of health issues and to work with community members and providers to make health information more

comprehensible. Aside from general education, there were not many strategies offered as ways of addressing this barrier.

**Health Insurance Coverage, Access to Health Care Services, and Navigating Health Care Services** emerged as key health concerns. These three issues were clearly intertwined for respondents. Each topic elicited similar challenges and each was mentioned as a barrier for the other. Considering these three topics, informants suggested common strategies to help Milwaukee County, focusing on the importance of creating and maintaining partnerships and expanding access by adding staff, reducing costs, and increasing availability of services. Respondents generally noted lack of awareness of how to enroll in insurance benefits, existing programs, and how insurance and health systems work as barriers to all three issues, providing examples of how the three issues can compound one another. Community health workers and navigators were named as a needed strategy to address all three issues. Additional work may be needed to disentangle these issues from one another and to pinpoint where the most pressing opportunities for change can be found.

## **B. Top Five Health Issues**

The top five health issues that emerged as key priorities for Milwaukee County were: (1) Behavioral Health; (2) Access to Health Care Services; (3) Health Insurance Coverage; (4) Physical Activity/Overweight and Obesity/Nutrition; and (5) Infant Mortality.

### **Behavioral Health**

Key informants almost universally discussed mental health or alcohol and drug issues, with many discussing both. Mental health was more frequently discussed than alcohol and drug. Stigma and access to behavioral health services were noted as challenges to both areas. However, strategies to address the issue, both existing and needed, varied considerably. Because of these differences, as well as issue-specific challenges, we present the two issues separately under the larger umbrella of behavioral health.

**Mental Health:** Mental health emerged as the most commonly discussed issue by Milwaukee County key informants. This area was noted as needing significant change and community investment, although several ongoing initiatives to make these changes were identified.

*Existing Strategies:* The Milwaukee County Behavioral Health Redesign project was noted by many respondents as a critical strategy to address adult mental health issues, as was the related Nursing Voices project. Informants also identified a network of clinics, community programs and providers that address mental health for adults, children, families, and specific populations (Latinos). Many organizations have internal referral strategies or services, and there are also strategies to address the continuum of care across the community, like the community Warmline, Meta House, and the Mobile Crisis Team. Outreach programs for patients and professionals, funding to provide mental

health coverage (including the Affordable Care Act), and several child behavioral health programs (e.g., the Infant Mental Health Certificate Program through the UW Division of Continuing Studies) were noted.

*Barriers and Challenges:* The key informants identified stigma and lack of general knowledge about mental health as barriers. Issues within the health care system (navigation, reimbursement, lack of providers, and lack of preventive services and screening as part of routine primary care), unemployment and poverty, lack of Spanish-speaking and Latino providers, cost of care, and transportation were barriers for patients attempting to find care. Informants also noted a lack of education and training for other public sector employees, a siloed system where each organization is “on their own,” and lack of funding for programs as challenges to the system. Although several strategies were noted that intend to address providing care across the community, several informants suggested the absence of a community system of care that went across or beyond the county’s approach or individual health systems.

*Needed Strategies:* The interviewees felt additional funds and providers, including physicians, will be needed to address mental health issues. Healthcare coverage, age- and culturally appropriate programs (especially for Latinos) to increase mental health awareness, screening, and education starting in schools and continuing through the lifecourse, the integration of mental health into primary care settings, and reimbursing supporting care agencies were also suggested as potential strategies to address this issue. Community education, for the general public and for professionals who encounter individuals with mental health concerns, could increase understanding of and compassion for individuals struggling with these issues. Additional strategies include improving care management and coordination, greater focus on holistic health, and addressing specific needs of the mentally ill (such as housing).

*Key Community Partners to Improve Health:* Community nonprofits such as Meta House, National Alliance on Mental Illness (NAMI), Bread of Healing, Community Advocates, and AIDS Resource Center of Wisconsin (ARCW), pastors and churches, school districts, Warmline, County programs (such as the Behavioral Health Division and Mental Health Task Force), and police and emergency services are listed as key partners who will need to work with the community health systems to address mental health concerns in the community. The importance of health systems commitment to this issue was also noted.

**Alcohol and Drug / Substance Abuse:** Many key informants ranked Alcohol and Drug as a top five health priority. Of note, this issue was considered separate from Tobacco, which was also commonly selected as a top health issue, with similar strategies and barriers. More information specific to Tobacco is presented separately.

*Existing Strategies:* The Drink Less Campaign, 2-1-1 Impact, Franklin Area Parents and Students United, Milwaukee County Mental Health System Redesign, and school summer programs were provided as examples of existing strategies. Several informants did not name any existing strategies.

*Barriers and Challenges:* The culture, state laws, lack of funding, lack of in-patient and out-patient resources, lack of clarity about how treatment will be financed under the Affordable Care Act, stigma, and lack of other social outlets were suggested as barriers and challenges to addressing alcohol and drug use.

*Needed Strategies:* A community drop box for prescription drugs, education for providers and consumers, public policy changes, social media campaigns, peer mentors for teenagers, “second chance” strategies, and educational programming for children were named as examples of strategies needed to address these issues.

*Key Community Partners to Improve Health:* Examples of key community groups that could be helpful in addressing these issues are schools, law enforcement, pharmacies, Medicaid, community agencies such as Meta House, Community Advocates, WCS, YMCA, and UCC, faith-based organizations, and the Department on Aging.

### **Access to Health Care Services**

Access to Health Care Services was noted as a top concern for Milwaukee County. Respondents were concerned with the high cost of care, under-utilization of non-MD practitioners, a lack of quality health care, and the disconnect between primary care and specialty services, specifically naming oral and mental health care services. In addition, access to other health-related services and goods was also noted both as a barrier to better health (lack of access to healthier food options) and as a reason for poor health (easy access to tobacco products). Access to services was routinely noted by key informants as barriers to addressing many health issues.

*Existing Strategies:* Existing strategies listed by the interviewees included free clinics, the Dispensary of Hope, FQHC’s, and the Milwaukee Health Care Partnership, and financial assessment education and enrollment efforts. Charity care, the health home model, and the Affordable Care Act were also noted.

*Barriers and Challenges:* Lack of providers and low reimbursement rates, over reliance on physicians and underutilization of nurse practitioner and physician assistants, lack of focus on prevention, increased costs, language barriers, complex health systems, and lack of transportation were all named as barriers. Gaps in coverage for certain services (dental and mental health) and for “in-betweeners” not eligible for certain coverage types were also noted. Others noted mistrust of health professionals and fear of disclosing undocumented immigrant status as barriers.

*Needed Strategies:* Informants suggested expanding capacity of free clinics, increasing efforts to improve health literacy, building trust with providers, employ more navigators, and raising awareness regarding primary care options. New partnerships that emphasis a holistic approach to mental health should be built and existing efforts like the Milwaukee Health Care Partnership should be sustained. Leaders and champions are needed in the community, including supporting community-based providers supported by public health programs, including efforts like the

Promotoras model. Additionally, one respondent suggested the need to assess the impact of access-related policies on the community and, more specifically, on minority populations.

*Key Community Partners to Improve Health:* Nonprofit organization, corporate leaders, health departments, and funders were noted as key participants needed to address Access issues. Specifically, the Milwaukee Health Care Partnership, FQHCs, the Mayor, 211 Impact, United Way, Greater Milwaukee Foundation, Black Health Coalition, the United Neighborhood Centers of Milwaukee member organizations, Zilber School of Public Health, Health Watch, United Community Center and the Medical Society were all named as potential partners.

Of note, **Oral Health** was consistently ranked as a health priority, with the vast majority of issues focused on access-related barriers: lack of insurance coverage and reimbursement, lack of providers who serve the underinsured and uninsured, shortage of bilingual services, and underutilization of dental hygienists and assistants. Respondents noted a number of ongoing community initiatives to address these challenges, including Marquette University Community Dental Clinics, St. Elizabeth Ann Seton Dental Clinic, and Sixteenth Street Community Health Center, and programs to train new dentists, work with retired dentists, and build new clinics. Several important community partners specific to oral health included the Dental Society, Milwaukee Public Schools' sealant program, the Marquette School, Children's Health Alliance, and Progressive Community Health Clinic. Volunteers, including retirees, were suggested as one approach to improving oral health of the community. Additional leaders and champions are needed to bring this issue to the forefront of the health conversation.

## **Health Insurance Coverage**

Although Coverage was closely linked to access, it emerged as a critical issue of its own.

*Existing Strategies:* Education around care coordination and navigation, financial eligibility assessment, Medicaid expansion, and use of patient advocates and Promotoras were identified as existing strategies to increase coverage.

*Barriers and Challenges:* Language barriers, limited health department staffing, lack of understanding about the Affordable Care Act or a "coherent conversation" around the issue, and providers screening out Medicaid and uninsured patients were provided as examples of barriers and challenges to addressing this issue. Financial resources and literacy issues, including an understanding of how health systems work, were noted as challenges for patients.

*Needed Strategies:* Additional partnerships and HMO and community-based organization advocates were examples provided of strategies needed to address this issue. Most respondents felt the Affordable Care Act was on the right track and should be supported.

*Key Community Partners to Improve Health:* FQHCs and free clinics, HMOs, Common Ground, AARP, charitable foundations, faith-based organizations, legislative advocacy groups, and refugee

settlement agencies were examples of community groups that should partner with health systems to improve coverage.

### **Physical Activity, Overweight and Obesity, and Nutrition**

Physical Activity, Overweight and Obesity, and Nutrition were high priorities for respondents, with suggested strategies, partners and challenges overlapping across these three topics. Respondents focused on children and encouraged the involvement of local school districts by improving school lunches and removing vending machines, increasing activity and physical education, and educating students about nutrition. The key informants also wanted the community to be involved in creating safer parks and community gardens, and expanding access to healthier fresh food.

*Existing Strategies:* Existing strategies noted by the key informants included a variety of WIC Programs, grants, programs, utilization of Community Health Promoters, and community organizations that allow students and families to access healthy foods. Many community-based urban farming initiatives, gardens, health corner store initiatives, cooking class programs and health recipes, and workplace wellness discounts were identified. Formation of walking groups, the promotion of family activities, physical activity initiatives and education for youth (especially those that are family accessible, affordable, and culturally appropriate), and health programs to calculate BMI's and offer nutritional guidance were also noted.

*Barriers and Challenges:* Keeping partners at the table, needing more community participation and involvement, poverty, and lack of resources (including funding, space, and programming) were noted as challenges. Barriers included the food environment and culture (promoting fast and unhealthy food options), lack of information about preparing nutritious meals with limited resources ("*how do you make balanced, nutritious meals with food stamps?*"), lack of access to wholesome foods, and lack of education about healthy choices. In addition, some respondents felt the perception of these issues as personal health issues rather than as community or environmental concerns limited the menu of prevention efforts.

*Needed Strategies:* Informants felt coordination between existing community efforts (support of urban agriculture and incentives for grocery stores to open up in urban areas), education for adults including more understandable nutrition fact labels, enhancing the school food environment (improve school lunch offerings and eliminate vending machines) and providing wellness screenings were promising strategies for Milwaukee. Federal, state, and local collaborations for consistent messaging, broader economic strategies, and coordination with nearby organizations were also suggested. Fun walks, runs, and play groups, lowering the cost of activities in the community, improving park safety, and starting a bike share program were also suggested.

*Key Community Partners to Improve Health:* The strategies needed by Milwaukee require commitment of private partners, community organizations, social service agencies, women's organizations, employers, health departments, and policymakers. The YMCA, school districts, park

systems, gardens and farmer market initiatives, the Sodexo Foundation, and local food establishments and retailers were key community partners listed by the informants.

### **Infant Mortality**

*Existing Strategies:* The Lifecourse Initiative for Healthy Families, United Way efforts, City of Milwaukee Health Department programming, Healthy Baby Zone, Parenting Network programming, and community awareness building were named as existing strategies to address infant mortality.

*Barriers and Challenges:* Racism and health disparities, too much focus on co-sleeping /cultural biases about co-sleeping, lack of focus on support for new mothers and substance abuse and mental health, judgmental attitudes toward at-risk mothers, lack of education and awareness, young parents, missing fathers, poor nutrition, and poverty were all named as community challenges. Lack of cohesion between programs and community organizations was also named as a challenge.

*Needed Strategies:* “Our community does not lack for strategies.” Social marketing campaigns, education about bed-sharing, breastfeeding support, faith community involvement, outreach work with community health workers and peer mentors, work within schools, and fatherhood support (specifically noted for African American fathers) including education and career training were named as additional strategies needed to address this issue. One respondent noted a plan has been laid out by the *Milwaukee Lifecourse Initiative for Healthy Families: Community Action Plan*. (It is important to note that plan focuses on the jarring disparity in infant mortality between black and white babies. Other informants suggested the importance of adopting different approaches for “specific cultural groups” including Latinos and Hmong families.)

*Key Community Partners to Improve Health:* United Way, City of Milwaukee, the Lifecourse Initiative for Healthy Families, childcare providers, faith communities, W-2 agencies, health departments, schools, the Black Health Coalition, and the Milwaukee Health Care Partnership Access Initiative were named as key community groups needed as health system partners to improve community health around infant mortality.

### **C. Comparing City to County**

A separate analysis focused on partners within the city of Milwaukee (rather than the larger Milwaukee County) was conducted to guide the work of the City of Milwaukee Health Department. CUPH compared the results from these interviews to the responses from representatives from other county municipalities to identify any differences in informant responses. Overall, top issues for the city were quite similar to those of the other county municipalities. Though key informants from the city and county chose many of the same health focus areas as priorities, there were some differences in their

responses about existing strategies, barriers or challenges, strategies needed, and potential partners.<sup>1</sup> In this section, a few key differences are highlighted. While it may be helpful to examine these differences, both the small number of respondents from each municipality and the differences between municipalities likely influence the results.

Generally, informants from Milwaukee city **more often noted the need for more culturally competent providers and culturally appropriate education, services, and programs** to address top health concerns, particularly for Spanish speaking or bilingual Latino communities in Milwaukee. For example, more informants from the city of Milwaukee named specific programs and current or potential partners serving Milwaukee's South Side, such as the United Community Center, Sixteenth Street Community Health Centers, CORE/El Centro, and the Aurora Walker's Point Community Clinic.

Discussion around the topic of **Injury and Violence reflected some differences for city and county municipality informants**. Responses from informants at the county level focused on injury prevention for children (e.g., crib, seatbelt, helmet, and bicycling safety, and drug abuse prevention education), whereas responses from Milwaukee city informants reflected additional concerns about gun violence, specifically the amount of guns and lack of effective gun control policy in Milwaukee. Also of note for city respondents were barriers and challenges related to racism, specifically the high incarceration rates of African American men and stereotypes of Black men as criminals, an issue not commonly addressed by respondents outside of Milwaukee city. Both county and city interviewees' responses addressed concerns about intimate partner and domestic violence and both named law enforcement as an important collaborator for Injury and Violence prevention in general.

Issues presented for Milwaukee city more often had nuances reflecting **diversity as well as racism and racial and ethnic inequities or disparities in access to services**. With few exceptions, the responses from other municipalities less often pointed explicitly to racial or ethnic diversity as a health-related issue. Responses that explicitly named racial disparities were common among city-based respondents. Racial disparities in birth outcomes, the need to address the concerns of Black fathers, potential immigrant mistrust of health care systems, racism in the criminal justice system, and the need for culturally appropriate mental health services for Latino and African American Milwaukeeans are some examples of issues identified by city-based respondents. As a point of comparison, **poverty and socio-economic disparities were commonly referenced as issues across jurisdictions**.

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<sup>1</sup> For reference, the Milwaukee city report identified seven top health concerns (four tied for fourth place) organized somewhat differently than those issues presented in this report: (1) Mental Health; (2) Access to Health Care Services; (3) Overweight/Obesity; and (4) tied - Nutrition, Infant Mortality, Oral Health, Health Insurance Coverage.

Alternatively, several specific issues were identified by County representatives from outside of Milwaukee City. These issues included:

- High prevalence of heroin use
- Prescription drug use
- Bullying, suicide, and hoarding as specific mental health issues

Lastly, while informants from Milwaukee city and other municipalities alike discussed issues related to access to services and the impact of transportation, there were some slight variations in the nature of these barriers. One respondent from outside Milwaukee city noted large travel distances required of local residents accessing specific services that were only located in Milwaukee city, whereas city respondents focused on lack of public transportation.

## **D. Additional Health Issues**

The remaining health issues and suggestions for addressing these concerns (all except for one identified as a top five health issue by at least one respondent) are described below in alphabetical order.

### **Asthma**

*Existing Strategies:* The City's lead abatement efforts and the American Lung Association's programs were named as examples of existing strategies in place to address asthma in Milwaukee County.

*Barriers and Challenges:* Lack of parent education about second hand smoke and environmental issues and lack of awareness of community clinics and hours were given as examples of barriers and challenges that need to be addressed.

*Needed Strategies:* Informants felt parent education, school partnerships, and work with medical providers were needed to better address asthma in the community.

*Key Community Partners to Improve Health:* The American Lung Association and organizations serving children (e.g., Next Door Foundation, Penfield Children's Center) were named as potential community partners for addressing this issue in Milwaukee County.

### **Cancer Screening and Management**

Cancer Screening and Management was not ranked as one of the top health related priorities for the County. Neither strategies nor barriers were described.

## **Cardiovascular Disease**

*Existing Strategies:* Programs in place through health systems, educational materials, and educational staff were listed as existing strategies to address cardiovascular disease.

*Barriers and Challenges:* Lack of funding, lack of transportation, and few available resources to address the issue were named as current barriers or challenges.

*Needed Strategies:* No additional strategies were identified to address this issue.

*Key Community Partners to Improve Health:* The Lion's Club, faith-based communities, and Early Childhood Interagency Council were potential partners named to address cardiovascular disease.

## **Chronic Disease**

Of note, the second survey broke this category into more specific disease groups, with most being ranked by at least one respondent as a top five health issue: Asthma; Diabetes; Cardiovascular Disease; HIV/AIDS; and Cancer. More information about each specific disease category is provided below under the "Additional Health Issues" section.

*Existing Strategies:* The existing strategies that the key informants identified included care coordination and case management programs, promotion of the medical home model, screening and prevention strategies, the Well Women Program, and in-person and social media outreach.

*Barriers and Challenges:* The interviewees listed barriers that included access issues, poverty, lack of marketing resources and uniform messaging, and individual resistance to lifestyle changes. Informants also noted a lack of inter-agency collaboration and partnerships to address chronic disease issues in the community.

*Needed Strategies:* Early detection and prevention programs, medical record exchange and health system collaboration, and expansion of services (including medical services as well as non-traditional prevention services like Fondy Foods) were noted as needed strategies. Partnerships to plan for the future, both focusing on the Affordable Care Act and more generally, were also recommended.

*Key Community Partners to Improve Health:* Key partners included education partners (e.g., Milwaukee Public Schools (MPS), YMCA) that work with children, health departments, Federally Qualified Health Centers (FQHC) and other free clinics, and private sector partners. Several responses seemed to focus on engaging businesses, agencies, and organizations with a stake in nutrition and/or active living.

## **Communicable Disease**

*Existing Strategies:* Strategies listed by the key informants are marketing campaigns to help share information with the community, early detection and preventive actions, TB treatment, and advance notice to professionals.

*Barriers and Challenges:* Cuts to public health, misunderstanding and the use of the internet were listed as barriers by the key informants.

*Needed Strategies:* Additional strategies that could help address this issue are improving health literacy and inter-agency collaboration and information sharing.

*Key Community Partners to Improve Health:* In addition to the health systems, important partners listed by the key informants are public health, FQHCs, community organizations, and public schools.

## **Diabetes**

*Existing Strategies:* Existing prevention strategies include wellness work done by CORE/El Centro, Walker's Point Community Clinic, the Sixteenth Street Community Health Center, and diabetes prevention programs.

*Barriers and Challenges:* Poverty, prevention is a low priority, low educational attainment, low health literacy, lack of knowledge of risk factors, no medical home, and inadequate numbers of interpreters in health care settings were suggested as barriers.

*Needed Strategies:* Health promoter programs to improve communication and access to information were suggested as an example of a strategy to address this issue. Focus on prevention and testing in children and at risk populations (Latinos).

*Key Community Partners to Improve Health:* The Wisconsin Health Care Association, the Diabetes Association, United Community Center, employers and insurance companies, and Community Health Workers were named as key partners to improve community health around this issue.

## **Environmental and Occupational / Environmental Quality and Preparedness**

*Existing Strategies:* Radon screenings for homes, reverse 911 program, ordinance and statutes, Milwaukee County Crisis Team, and lead abatement are all existing strategies in Milwaukee County.

*Barriers and Challenges:* Challenges listed by the key informants include lack of funding, lack of staff, no statutes for long term compliance, and general lack of knowledge and awareness.

*Needed Strategies:* Public and neighbor awareness and education, increased number of staff, and reducing the use of everyday chemicals were mentioned as needed strategies.

*Key Community Partners to Improve Health:* The Mental Health Complex and crisis team, partnerships with private companies and community departments, Milwaukee Riverkeeper- Senior Water Advocacy Network, Brico Fund, and the Urban Ecology Center were named as potential partners.

### **Growth and Development**

*Existing Strategies:* The interviewees included the Lifecourse Initiative for Healthy Families, Birth to Three, Ages and Stages Questionnaire (ASQ) Screenings, Early Childhood Interagency Council, and reproductive health education as existing strategies.

*Barriers and Challenges:* The challenges the key informants listed include lack of resources and information for the community, long wait for Children’s Hospital of Wisconsin referrals, teen pregnancies, and lack of screenings.

*Needed Strategies:* Nutrition and physical activity programs, health literacy programs, immunization programs, checklists for doctors and patients, advertising, increase the number services and providers, and pre-birth counseling were all included as additional needed strategies.

*Key Community Partners to Improve Health:* School districts, midwives, and community based agencies and clinics were listed as key partnering groups for healthcare systems.

### **HIV Infection/AIDS**

*Existing Strategies:* The Wisconsin AIDS Fund, the AIDS Resource Center of Wisconsin, and Diverse and Resilient were named as organizations currently addressing HIV/AIDS in Milwaukee.

*Barriers and Challenges:* Homophobia, the perception of HIV/AIDS as only a “gay problem,” and denial in African American and Latino communities were named as barriers to addressing this issue.

*Needed Strategies:* Increased comprehensive sexual health education and testing are examples of further strategies needed to address this issue.

*Key Community Partners to Improve Health:* Beyond the partners named above, the Black Health Coalition, the Sixteenth Street Community Health Center, and the Benedict Center were potential community partners named to address this issue in Milwaukee County.

### **Immunization**

*Existing Strategies:* School system, work place, and refugee immunization regulations and messaging and education from health care providers were named as current strategies to address immunization.

*Barriers and Challenges:* Policy changes, lack of records, language barriers, negative perceptions of vaccinations, and lack of funding were given as examples of challenges to addressing immunization.

*Needed Strategies:* Parent education, health departments programs providing vaccination to the uninsured and underinsured, social marketing, and ongoing training and updates for staff were listed as needed strategies to address immunization challenges.

*Key Community Partners to Improve Health:* Marketing agencies, schools, faith communities, and refugee resettlement groups were named as potential partners around this issue.

### **Injury and Violence**

*Existing Strategies:* Existing strategies to address violence included anti-bullying campaigns, domestic violence organizations (including Sojourner Family Peace Center) and police advocates. Focusing on injury prevention, informants listed seat belt, pedestrian and bicycle safety programs, safe sleep programs, and helmet distribution programs as current efforts. Reproductive planning and drug use prevention programs, and enforcement of city policies were also noted as impacting violence and injury.

*Barriers and Challenges:* Lack of sidewalks, lack of resources, lack of candid discussion, the long amount of time it takes to break the cycle of violence, and lack of family support systems were named as examples of barriers and challenges to addressing the range of issues. Barriers to addressing gun violence are lack of enforcement and the increasing amount of guns present. Additional barriers included racial stereotyping and incarceration rates.

*Needed Strategies:* Collaborative work and information sharing, infant safety and preventative education (youth education), extension of current services, access to counseling and awareness building in communities, and changing gun control policies are examples of strategies still needed to address these issues.

*Key Community Partners to Improve Health:* School districts, Medical College of Wisconsin Violence Prevention Initiative, faith communities, police departments, day care centers, the Housing Authority, and women's groups are examples of key community groups who should be partnering to improve community health around issues of Violence and Injury.

### **Navigation of Health Care Services**

*Existing Strategies:* The Community Health Worker movement, City of Milwaukee Health Department, Lindsay Heights Health Care Commons, home visiting services, and enhanced personnel training (including LPNs) are examples of current strategies in use or development to address navigation issues.

*Barriers and Challenges:* Waiting lists and project shutdowns, language barriers, health literacy, lack of confidence and trust, cost, and limited staffing were named as challenges.

*Needed Strategies:* More staff (especially more cultural competent and better trained), new partnerships, medical homes that include mental health services, educate and empower patients, and transportation services were named as strategies needed to address this issue.

*Key Community Partners to Improve Health:* The Milwaukee Health Care Partnership, the Area Health Education Center, School of Public Health, United Way, the 2-1-1 hotline, FQHCs, faith-based organizations, and interpreters were named as key potential community partners.

### **Reproductive and Sexual Health / Responsible Sexual Behavior**

*Existing Strategies:* Milwaukee Public Schools health education in Human Growth and Development, programming through Planned Parenthood, the United Way Healthy Girls initiative, and the prevention network were listed as existing strategies to address these issues in Milwaukee County.

*Barriers and Challenges:* Sex and sexuality as taboo topics and the “moralization” of these issues, a reduction in number of school nurses, and the health department no longer being able to take patients were listed as relevant barriers and challenges.

*Needed Strategies:* Communication and community-level education are needed.

*Key Community Partners to Improve Health:* No additional community groups were suggested as new partners, although it was noted that there are many partners already working to address these issues.

### **Tobacco**

*Existing Strategies:* School events, D.A.R.E., and other tobacco use prevention programming in schools, taxes on tobacco products, public service announcements, and public health department efforts (cessation programs) were listed as strategies already in place to address this issue.

*Barriers and Challenges:* Lack of funding and discussion (especially in transient communities) tobacco product marketing directed toward children, minorities, and in low-income areas, easy access to products, and lack of a strong lobby against tobacco were provided as examples of barriers and challenges to addressing this issue.

*Needed Strategies:* Programming for younger children, social media campaigns against tobacco use, teen peer mentors, enforcing tobacco free zones around schools, compliance assessments, incentive programs to quit or not start, and programming that treats tobacco as an addictive drug were listed as additional strategies needed to address tobacco use in Milwaukee County.

*Key Community Partners to Improve Health:* Schools, law enforcement, YMCA, parent-teacher organizations, the American Lung Association, the American Cancer Society, United Way, and SERVE marketing were suggested as potential partners.

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**Limitations:** The report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, it is possible that the results would have been different if a different set of informants had been interviewed. Moreover, several invited informants were not able to participate in the interviews. Results should be interpreted in conjunction with other Milwaukee County data (e.g., CHNA surveys and secondary data reports). The large number of interviewers could have resulted in some inconsistencies in data collection. Lastly, although CUPH used a consistent analysis process to review the interview data, it is possible that certain responses have been misinterpreted.

## Appendix A. Interview and Focus Group Participants for Milwaukee County

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### Key Informant Interview Participants

First Name	Last Name	Credentials	Title	Organization
Nicole	Angresano	MPH	Vice President	United Way of Greater Milwaukee
Bevan	Baker	FACHE, MHA	Milwaukee Health Commissioner	City of Milwaukee Health Department
Jamie	Berg	RS, MPH	Health Officer	North Shore Health Department
Hector	Colon	MS, OT	Director	Milwaukee County Department of Health & Human Services
Matt	Crespin	MPH, RDH	Associate Director	Children's Health Alliance of Wisconsin
Kathleen	Demien	RN	Public Health Nurse	North Shore Health Department
Ricardo	Diaz		Executive Director	United Community Center
Scott	Gelzer	MA	Executive Director	The Faye McBeath Foundation
Michael	Gifford	MBA	President & CEO	AIDS Resource Center of Wisconsin
Veronica	Gunn	MD, MPH, FAAP	Medical Director	Community Services for Children's Hospital and Health System
			Vice President, Population Health	Children's Hospital of Wisconsin
Robert	Harris		Regional Director	Wisconsin Department of Public Health Services
Janel	Hines	JD	Director	Greater Milwaukee Foundation
Willie L.	Hines, Jr.	BA	President	Milwaukee Common Council
Nancy	Kreuser	RN, PhD	Health Officer	Wauwatosa Health Department
Robin	Maryl	MSW	Vice President	Helen Bader Foundation
Patricia	McManus	PhD, MSN	Executive Director & CEO	Black Health Coalition of Wisconsin
John	Meurer	MD, MBA	Director	Medical College of Wisconsin Institute for Health and Society
Michael	Murphy	MPA	Alderman, 10th District	Milwaukee Common Council
Sally	Nusslock	RN, BSN	Interim Health Officer	West Allis & West Milwaukee Health Department
Jacqueline	Ove	RN	Health Officer	South Milwaukee Health Department
Magda	Peck	Sc.D.	Founding Dean, Professor	UW-Milwaukee Joseph J. Zilber School of Public Health
Paula	Penebaker	BS	President & CEO	YWCA Milwaukee
Debra	Persak	RN	Health Officer	Hales Corners Health Department
Larry	Pheifer		Executive Vice President	Medical Society of Milwaukee County
Kathy	Platt	RN	Public Health Nurse	North Shore Health Department
Judi	Price	RN, BSN, MSHCA	Health Officer	Oak Creek Health Department
Helen	Ramon	MS	Program Officer	Helen Bader Foundation
Darren J.	Rausch	MS	Health Officer	Greenfield Health Department
Kathy	Scott	RN	Public Health Officer	Saint Francis Health Department
Sue	Shepard	RN, MSN	Health Officer	Greendale Health Department
Tony	Shields	MSM	Executive Director	UNCOM (United Neighborhood

				Centers of Milwaukee)
Ana-Paula	Soares Lynch	MS, CPC	Program Director/ Psychotherapist	CORE/ El Centro
Bill	Solberg	MSW, LCSW	Chair  Director of Community Services	Milwaukee Oral Health Task Force  Columbia St. Mary's
Joy	Tapper	MPA	Executive Director	Milwaukee Health Care Partnership
Jessie	Tobin	MPH	Program Manager	Lindsay Heights Health Alliance
Joe	Volk		CEO	Community Advocates
Kim	Whitmore	MSN, RN, CPN	Health Officer	Cudahy Health Department
William	Wucherer	RN	Health Officer	Franklin Health Department
Bob	Yamachika		President and CEO	YMCA of Metro Milwaukee
Mary Lou	Young		President and CEO	United Way of Greater Milwaukee
Virginia	Zerpa-Uriona	MPH	Interim Chair	Latino Health Coalition

**Focus Groups:**

UNCOM Executive Directors  
Boys and Girls Clubs of Greater Milwaukee  
Staff Housing Authority of the City of Milwaukee  
Residents from Parklawn and Highland Gardens  
Medical Society of Milwaukee County