2016 Community Health Needs Assessment **Report**

2017-2019 Implementation **Strategy**

Aurora Psychiatric Hospital®

Aurora Psychiatric Hospital
1220 Dewey Avenue
Wauwatosa, WI 53213

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Introduction | Aurora Health Care

Aurora Health Care is a not-for-profit, integrated health care system with 15 hospitals spanning nearly the entire "east coast" of the state of Wisconsin. Five of Aurora's hospitals are located in Milwaukee County. They are:

- **Aurora St. Luke's Medical Center (ASLMC)** – Aurora's Quaternary hospital is known for remarkable treatment options and experienced specialty doctors practicing at the forefront of their fields. It provides advanced care and is the pioneer for numerous new procedures and technologies. Aurora St. Luke's Medical Center earned the reputation its Wisconsin's leading medical center and is a national destination hospital for highly specialized care in the areas such as heart and vascular, neuroscience, cancer, organ transplant, orthopedics and gastroenterology.
- **Aurora St. Luke's South Shore (ASLSS)** – This full service community-centered hospital serves the community, offering a full spectrum of medical and surgical care, behavioral health services, inpatient and outpatient care and 24/7 emergency care.
- **Aurora Sinai Medical Center (ASMC)** – Milwaukee's last remaining downtown hospital, Aurora Sinai includes the nationally recognized Acute Care for the Elderly (ACE) unit, which works to decrease the risk of functional decline that sometimes occurs during hospitalization of patients who are frail or have memory loss. Aurora Sinai also offers outstanding services in orthopedics and bariatric surgery, provides excellent care for women and infant services.
- **Aurora West Allis Medical Center (AWAMC)** – This hospital offers a complete range of care programs as well as the Aurora Women's Pavilion, where women at all stages of life receive comprehensive, respectful care in a relaxed, healing environment. This hospital is uniquely situated in the second-largest city within Milwaukee County.
- **Aurora Psychiatric Hospital (APH)** – This innovative hospital has been providing quality behavioral health care since 1884. People of all ages are served with inpatient and residential programs, as well as outpatient offerings during the day and evenings. Aurora Psychiatric Hospital (APH) also hosts Kradwell School, one of Southeastern Wisconsin's only specialty schools for children and adolescents who have behavioral health issues.

Since 2003, Aurora Health Care has partnered with local health departments in its service area, including those within Milwaukee County, to survey residents on their health status and habits. This helps the health departments to focus their resources on population health issues and enables us to align our charitable resources and expertise to respond to identified community health priorities. As a specialty hospital and outpatient service provider, APH is a resource to all municipal health departments in Milwaukee County and beyond.

How Aurora's five Milwaukee County Hospitals align with local health departments in Milwaukee County

	ASLMC	ASLSS	ASMC	AWAMC	APH
City of Milwaukee Health Department	✓		✓		✓
Cudahy Health Department		✓			✓
Franklin Health Department	✓				✓
Greendale Health Department	✓				✓
Greenfield Health Department	✓				✓
Hales Corners Health Department	✓				✓
North Shore Health Department			✓		✓
Oak Creek Health Department		✓			✓
St. Francis Health Department		✓			✓
South Milwaukee Health Department		✓			✓
Wauwatosa Health Department			✓		✓
West Allis-West Milwaukee Health Department				✓	✓

To view community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.

Part I | Aurora Psychiatric Hospital (APH)

Who we are. What we do

APH offers services for individuals struggling with mental health and substance abuse problems. Located on a 30-acre campus in Wauwatosa, Wisconsin, APH has served as a leader in behavioral health since 1884. Our staff includes some of the area's leading psychiatrists, psychologists, therapists and clinical nurses – all dedicated to delivering evidence-based treatment in a caring and confidential environment.

Our hospital serves individuals with a patient-centered approach to behavioral health care. Ours is the most comprehensive continuum of behavioral health care in the state with inpatient, partial hospitalization, residential treatment, intensive outpatient and clinic-based outpatient programming. We specialize in programming for children, adolescents, adults and older adults covering a broad spectrum of mental health and substance abuse issues. Our continuum of Behavioral Health Services care includes fifty operating locations across the Aurora Health Care system, serving more than 43,000 unique patients per year.

Who we serve

As a leader in behavioral health care since 1884, APH serves all social and economic backgrounds from Milwaukee County and beyond, as a cornerstone of Aurora Behavioral Health Services. In 2015, the following services were provided:

- 29,592 inpatient days
- 6,601 inpatient admissions
- 250,414 professional encounters
- 43,508 unique patients
- 15,578 urgent behavioral assessments

To learn more about our hospital, please see https://ahc.aurorahealthcare.org/aboutus/community-benefits/hospitals/aurora-psych.asp.

Part II | Aurora Psychiatric Hospital (APH)
2016 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: Milwaukee County

Although APH serves the entire Milwaukee metro area and beyond, for the purpose of the CHNA the community served is defined as Milwaukee County. The emphasis is on addressing behavioral and mental health issues in Milwaukee County.

Milwaukee County is located in the southeastern quadrant of the state of Wisconsin. The city of Milwaukee is the county seat. Milwaukee County is bounded to the east by Lake Michigan, to the south by Racine County, to the west by Waukesha County and to the north by Ozaukee County.[1]

Milwaukee County is approximately 90 miles north of the Chicago metropolitan area and has the largest airport in the state of Wisconsin. The county is served by Interstate highways 94 and 43, as well as the I-894 bypass, which connects to U.S. Highway 41/45. I-794 connects downtown Milwaukee to the airport. These transportation corridors link Milwaukee County to its neighboring counties, as well as to other parts of the states of Wisconsin, Illinois, Minnesota and the Upper Peninsula of Michigan.

Milwaukee County is characterized by its 19 cities and villages:

Bayside (partial)	Oak Creek
Brown Deer	River Hills
Cudahy	Shorewood
Fox Point	South Milwaukee
Franklin	St. Francis
Glendale	Wauwatosa
Greendale	West Allis
Greenfield	West Milwaukee
Hales Corners	Whitefish Bay
Milwaukee (city)	

The City of Milwaukee is the largest municipality in Milwaukee County. Within the city, there are concentrated areas of poverty and unemployment;[2] these areas have the most pronounced health disparities.[3] Metro Milwaukee ranks 9th among the nation's 100 largest metro areas in the percentage of its poor population living in "extreme poverty" (neighborhoods with poverty rates higher than 40 percent).[4] Over 45% of the region's poor African American residents live in extreme poverty neighborhoods.[5] In addition, 11.2% of Milwaukee's Latino population lives in extreme poverty.[6]

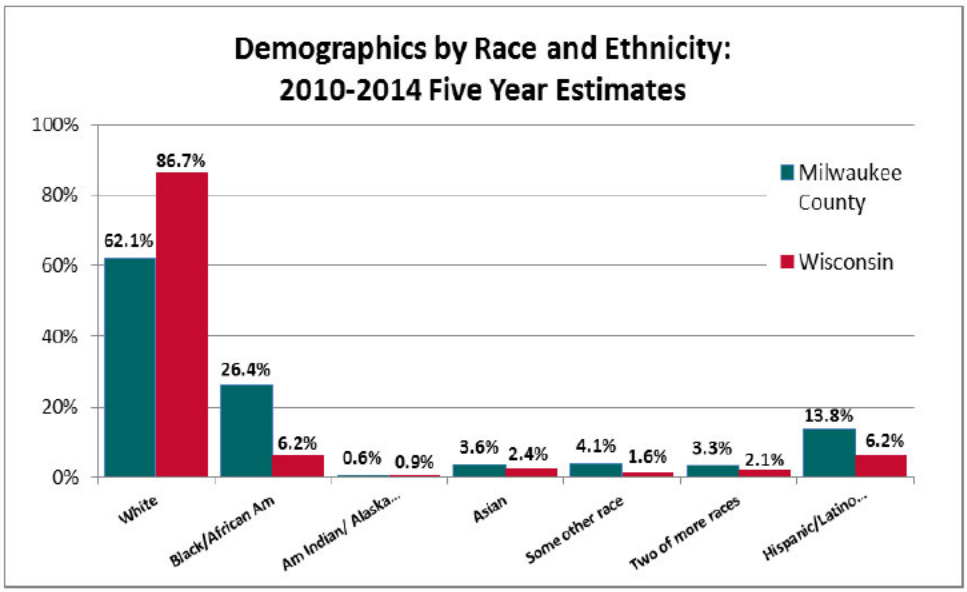
[1] Milwaukee County. Available at https://www.wisconline.com/counties/milwaukee/ Accessed on March 8, 2016
[2] American Community Survey. Available at http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk, Accessed March 8, 2016
[3] Greer, D.M., Baumgardner, D.J., Bridgewater, F.D., Frazer, D.A., Kessler, C.L., LeCounte, E.S., Swain, G.R., & Cisler, R.A. (2013). Milwaukee Health Report 2013: Health Disparities in Milwaukee by Socioeconomic Status. *Center for Urban Population Health*: Milwaukee, WI.
[4] Kneebone, E., Nadeau, C., Berube, A. (2011). The Re-Emergency of Concentrated Poverty: Metropolitan Trends in the 2000s. Metropolitan Policy Program at Brookings: Washington D.C.
[5] Levine, M. (2013). Perspectives on the Current State of the Milwaukee Economy. University of Wisconsin-Milwaukee Center for Economic Development: Milwaukee, WI
[6] Levine, M. (2016). Latino Milwaukee: A Statistical Portrait. *University of Wisconsin-Milwaukee Center for Economic Development*: Milwaukee, WI

Demographic Characteristics of Milwaukee County and Wisconsin

Characteristics	Milwaukee County*	Wisconsin*
Total Population	953,401	5,724,692
Median Age (years)	34.0	38.8
Race		
White (non-Hispanic)	62.1%	86.7%
Black or African American (non-Hispanic)	26.4%	6.2%
Asian	3.6%	2.4%
American Indian and Alaska Native	0.6%	0.9%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some other race	4.1%	1.6%
Two or more races	3.3%	2.1%
Hispanic or Latino (of any race)	13.8%	6.2%
Age		
0-14 years	20.8%	19.1%
15-44 years	43.1%	38.7%
45-64 years	24.3%	27.9%
65 years and older	11.7%	14.4%
Education level of adults 25 years and older		
Less than high school degree	13.7%	9.2%
High school degree	28.6%	32.4%
Some college/associates	29.0%	31.0%
Bachelor degree or higher	28.6%	27.4%
Unemployment rate (estimate)	10.5%	7.2%
Median household income (estimate) (2011 inflation-adjusted dollars)	$43,385	$52,738
Percent below poverty estimate in the last 12 months (estimate)	21.9%	13.3%

Note: Some totals may be more or less than 100% due to rounding or response category distribution.

* American Community Survey. 2010-2014 5-year Estimates. Accessed January 26, 2016.


Demographics by Race and Ethnicity:
2010-2014 Five Year Estimates
100%
80%
60%
40%
20%
0%
Milwaukee County
Wisconsin
62.1%
86.7%
26.4%
6.2%
0.6%
0.9%
3.6%
2.4%
4.1%
1.6%
3.3%
2.1%
13.8%
6.2%
White
Black/African Am
Am Indian/ Alaska...
Asian
Some other race
Two of more races
Hispanic/Latino...

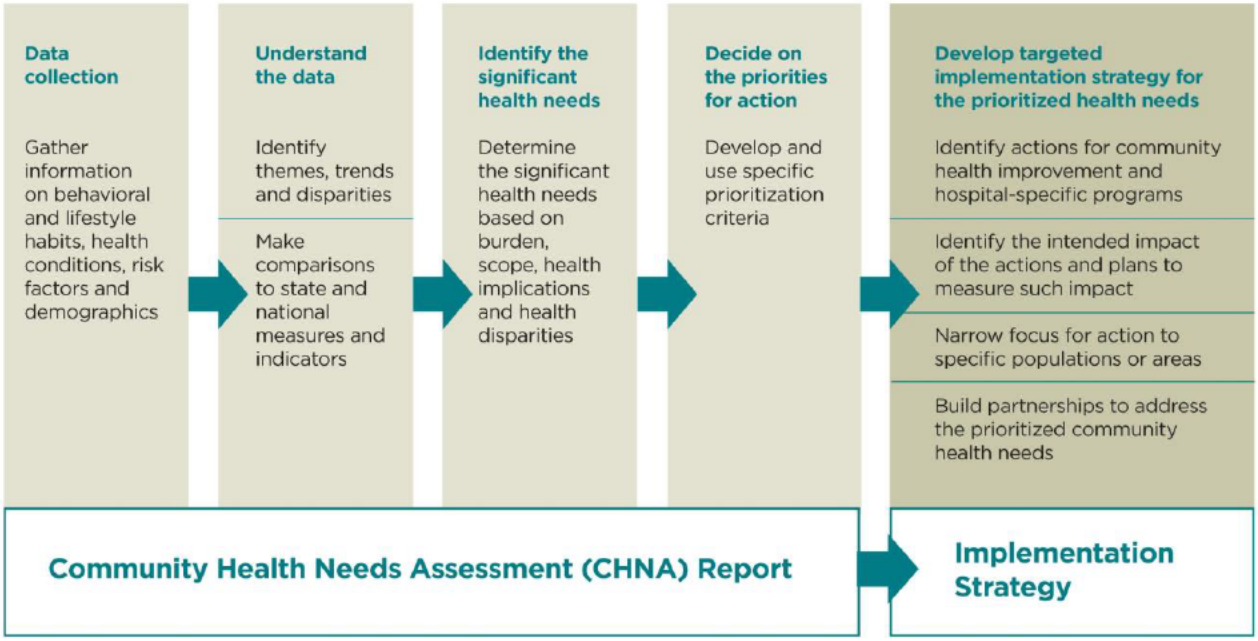
Section 2 | How the CHNA was conducted

Purpose and process of the shared CHNA

Since 2003, Aurora Health Care has underwritten a community health survey of Milwaukee County and its municipalities every three years, conducted in partnership with the local health departments. In 2012 and again in 2015, a shared CHNA was conducted to 1) determine current community health needs in the Milwaukee County, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report. The inaugural CHNA was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care Board (AHC) of Directors on November 22, 2013. The 2016 CHNA is based on prior efforts undertaken by Aurora Health Care to assess community health needs.

A Collaborative CHNA

Aurora Health Care is a member of the Milwaukee Health Care Partnership (the Partnership) www.mkehcp.org, a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee's five health systems and the Milwaukee Health Department, along with the other municipal local health departments in Milwaukee County, aligned resources to complete a shared CHNA in 2013 and 2016. Supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org, this robust community-wide CHNA includes findings from a community health survey of over 5,600 adults, multiple secondary data sources and key informant interviews with forty-one individual interviews and four focus groups. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in Milwaukee County in collaboration with the Partnership to implement strategies to improve health outcomes and reduce disparities.



Data collection and analysis

Through the Partnership, quantitative data was collected through primary and secondary sources and was supplemented with qualitative data gathered through key informant interviews and focus groups. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2009, 2012, 2015) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources

Source #1 | Milwaukee County Community Health Survey Reports

The community health survey is a source of primary community health data. The latest telephone survey was completed between March 16 and July 14, 2015, and analyzed and posted in 2016. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. This report collects data on the prevalence of risk factors and disease conditions existing within the adult population and compares, where appropriate and available, health data of residents to state and national measures. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions have been added at different points in time. JKV Research, LLC analyzed the data and prepared the final report. For further description, see Appendix A. For the data summaries, see Appendix D.

Source #2 | Secondary Data Report

This report summarizes the demographic and health-related information for Milwaukee County (Appendix B). Data used in this report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, *Healthy People 2020* objectives are presented for each indicator. The report was prepared by the Center for Urban Population Health. See Appendix B.

Qualitative data source

Source #3 | Key Informant Interview Report

Forty-one individual key informant interviews were conducted between May and October 2015. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Milwaukee County, based on the focus areas presented in Wisconsin's State Health Plan, *Healthiest Wisconsin 2020*. Twenty-two additional key informants participated in four focus groups utilizing the same interviewing process. For each top-ranked health topic, the informant was asked to specify existing strategies to address the issue, barriers or challenges addressing the issue, additional strategies needed and key groups in the community that hospitals should partner with to improve community health. Among the key informants were the health officers for nine of the twelve local health departments in Milwaukee County, as well as leaders of academic centers and school systems, health coalitions, foundations, law enforcement, emergency response agencies, social service agencies and community organizations. These key informants focused on a range of public health issues and/or health disparities, and represented the broad interest of the community served, including medically underserved, low income and minority populations. For further description, see Appendix C.

The report presents the results, including cross-cutting themes, summaries of the top five health issues, comparison of results across jurisdictions (City of Milwaukee versus the suburban Milwaukee County municipalities), and summaries for additional identified health issues. Moreover, the report compiles an extensive listing of community assets and potential resources and partnerships identified to address community health issues (Appendix C). The report was prepared by the Center for Urban Population Health.

Source #4 | Written Comments on the Current CHNA Report and Implementation Strategy

Aurora Health Care invites the community to provide written comments on its current CHNA Reports and Implementation Strategies via a one-click portal on its website at http://www.aurora.org/commbenefits. *Through June 2016, APH did not receive any comments on the current CHNA Report or Implementation Strategy.*

Section 3 | Significant health needs identified through the CHNA for Milwaukee County

The significant health needs identified through the CHNA are also identified as key health issues for the state as outlined in the state health plan, *Healthiest Wisconsin 2020*, as well as the nation as outlined in the *Healthy People 2020*, and are among major focus areas of the Centers for Disease Control and Prevention (CDC). From a local perspective, the significant health needs identified through the CHNA have an impact on community health, both for the community at-large and, in particular, specific areas within the community (such as neighborhoods or populations experiencing health disparities).

To determine the significant health needs identified through the CHNA, the following criteria was considered:

- Burden of the health issue on individuals, families, hospitals and/or health care systems (e.g., illness, complications, cost, death);
- Scope of the health issue within the community and the health implications;
- Health disparities linked with the health issue; and/or
- Health priorities identified in the local health department Community Health Improvement Plan (CHIP)

The *Healthy People 2020* definition of a health disparity:

> If a health outcome is seen in greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location all contribute to an individual's ability to achieve good health.

Summary of local health department CHIP, *Healthiest Wisconsin 2020* and *Healthy People 2020*

Local health department *CHIP*	"Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents." This process has been referred to as the CHIP. http://www.dhs.wisconsin.gov/chip/
Healthiest Wisconsin 2020	*"Healthiest Wisconsin 2020 (HW2020)* identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area." The 23 focus area profiles of *HW2020* can be grouped into three categories: crosscutting, health, and infrastructure. http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf
Healthy People 2020	"*Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to: • Encourage collaborations across communities and sectors • Empower individuals toward making informed health decisions • Measure the impact of prevention activities" http://www.healthypeople.gov/2020/about/default.aspx

Summary of the significant health needs identified through the CHNA for Milwaukee County

The significant health needs addressed by APH are focused on behavioral and mental health issues. For additional significant health needs for Milwaukee County, view the Milwaukee County CHNA Report at http://mkehcp.org/publications/. A CHNA report and implementation strategy has been developed for the other four Aurora hospitals located in Milwaukee County.

Access

Questions about unmet prescription medication and mental health care were added to the community health survey (Source #1) in 2012.

Unmet prescription medications | In 2015, 11% of Milwaukee County respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, the same as in 2012 (Source #1). Individuals in the bottom 40% household income bracket were more likely to report not taking their prescription medications due to costs.

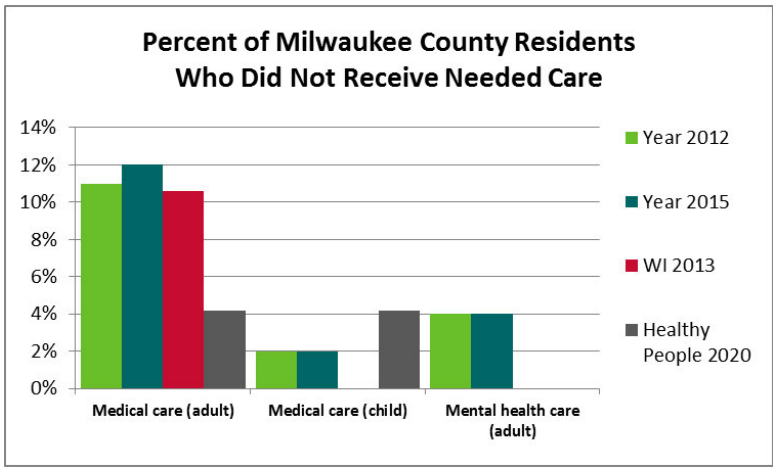
- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or who encounter substantial delay in receiving necessary prescription medication to 2.8%.

  Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.[7]

Unmet mental health services | The percentage of respondents in Milwaukee County with an unmet mental health care need in the past year remained the same in 2012 and 2015 at 4% (Source #1). Females were more likely to report an unmet mental health need. However, APH and Aurora Behavioral Health Services covers mental and behavioral health services throughout the eastern third of Wisconsin. Across the majority of Aurora's footprint, there are Health Resources and Services Administration (HRSA) designated mental health provider shortages from the census tract level to a county-wide level.[8]

Why is this significant? An unmet mental health care need can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.[9]

[7] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed September 1, 2015
[8] HRSA Data Warehouse. Available at https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx. Accessed June 7, 2016.
[9] Aurora Health Care Emotional Wellness. Available at http://aurorapsych.wordpress.com/2013/08/20/aurora-offers-primary-care-physician-training-on-behavioral-health/. Accessed August 23, 2013

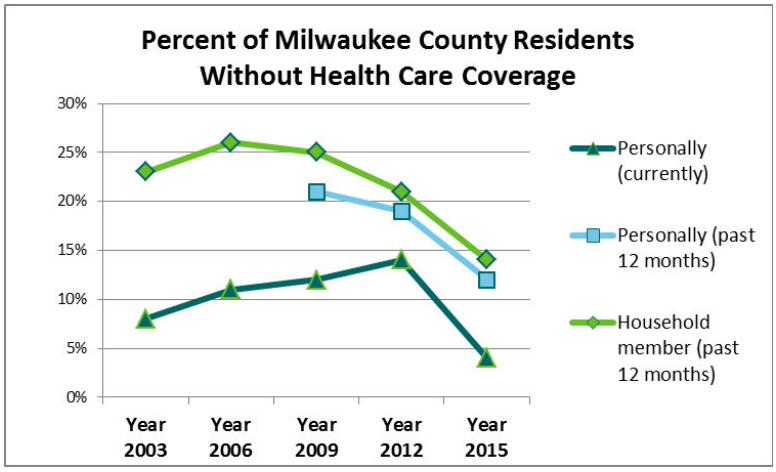


Coverage

Health care coverage | In 2015, 4% of adults reported they personally were not currently covered with health care insurance, down significantly from the 2012 levels (14%). Respondents who were identified as Hispanic or in the bottom 40% household income bracket were more likely to report non-coverage. In addition, 12% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months compared to 19% in 2012. Fourteen percent of adults reported a household member was not covered at least part of the time in the past year, significantly lower than in 2012 and 2003 (21% and 23% respectively) (Source #1).

- The *Healthy People 2020* target for health care coverage is 100%.

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.[10]

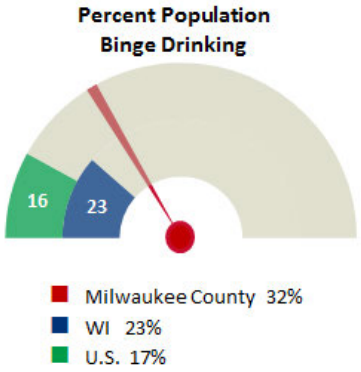


[10] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed September 1, 2015.

Alcohol use

Top Health Issue

Alcohol use | In 2015, 32% of adults in Milwaukee County reported binge drinking in the past month, a statistically significant increase from 2003 (17%), and higher compared to the State (23%) and the United States (17%). Respondents who are male or in the top 60% household income bracket were more likely to report binge drinking. However, 3% of the population stated that they drove or rode in a vehicle when the driver had too much to drink (Source #1). Hispanics or respondents in the lowest 40% household income bracket were more likely to report drinking and driving. Two percent of Milwaukee County respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year (Source #1).



Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average.[11] Alcohol (and other drugs) was identified as one of the top three health issues in the county by the residents (Source#1) and key stakeholders (Source #3).

- The *Healthy People 2020* goal for adult binge drinking is 24.4%.

Why is this significant? Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g., car crashes, falls, burns, drownings), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society from losses in productivity, health care, crime and other expenses.[12]

Substance use

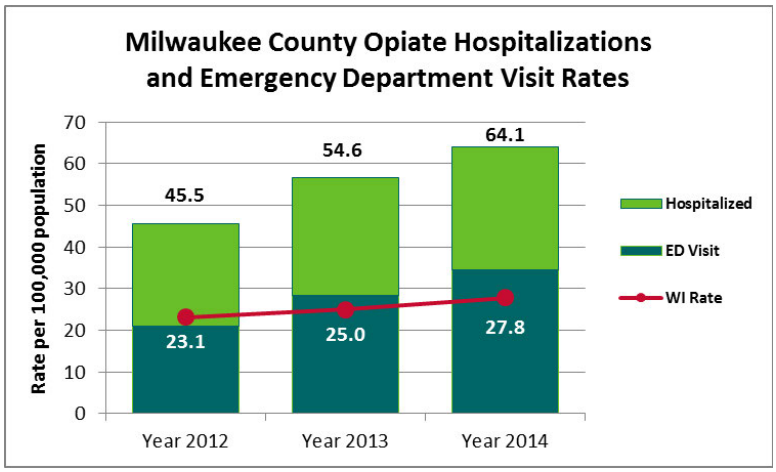
Top Health Issue

Substance use | Prescription drug misuse is escalating statewide. In Milwaukee County, the rate of emergency department visits due to opiate poisonings (also known as opiate overdoses) was 34.5 per 100,000 in 2014, higher than the state average of 14.6 opiate poisonings per 100,000 population. In addition, Milwaukee County exceeded the Wisconsin opiate poisoning hospitalizations at 29.6 overdoses per 100,000 population (compared to Wisconsin's 13.2 opiate overdoses per 100,000).[13] From 2006 to 2012, the rate of drug poisoning deaths in Milwaukee County was 19 per 100,000 population, significantly higher than Wisconsin's rate of 11 per 100,000 population.[14] Key informants and residents all identified alcohol and drug use/ abuse as one of the top health issues challenging the community (Sources #1, #3).

[11] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health. Available at http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed August 17, 2015.
[12] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at http://www.cdc.gov/alcohol/index.htm. Accessed September 1, 2015
[13] Wisconsin Interactive Statistics on Health, 2015. Available at https://www.dhs.wisconsin.gov/wish/injury-hosp/index.htm, and injury-related emergency department visits module, https://www.dhs.wisconsin.gov/wish/injury-ed/index.htm. Accessed February 25, 2016
[14] County Health Rankings, 2015. Available at http://www.countyhealthrankings.org/app/wisconsin/2015/overview. Accessed March 10,2016.

– The *Healthy People 2020* goal for drug-induced deaths is 12.6 deaths per 100,000 population.

Why is this significant? Nationally, the amount of pain medicines prescribed and sold has almost quadrupled since 1999. Every day in the U.S., 44 people die due to an overdose of prescription opioids. The overprescribing of opiates and other pain medicines leads to medicinal abuse and overdose deaths.[15]



Mental health

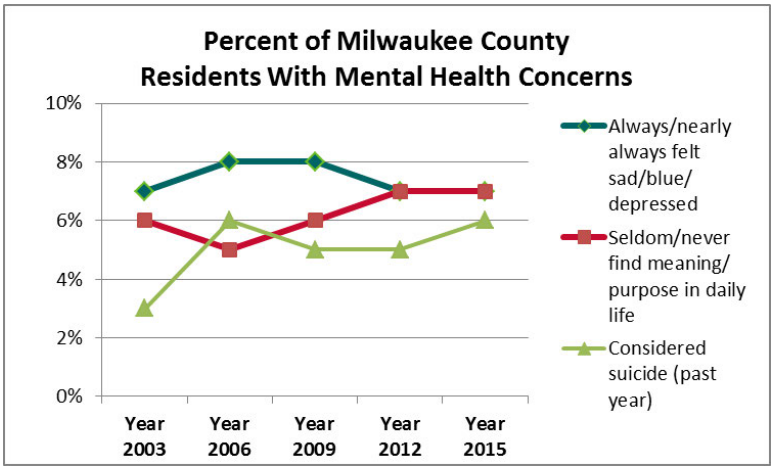
Top Health Issue

Mental health conditions| In 2015, 18% of Milwaukee County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a statistical increase from 13% in 2009 and 14% in 2012. The percentage of respondents whose mental health condition was controlled through medications, therapy or lifestyle changes significantly increased from 81% in 2012 to 88% in 2015 (Source #1). According to the *County Health Rankings*, Milwaukee County adults reported an average of 3.6 mentally unhealthy days in the past 30 days, more than the state average of 3.0 days (Source #2). Additionally, 3% of the Milwaukee County households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months, a statistical decrease from 7% in 2012 (Source #1). Mental health was identified as one of the top health issues in the county by the residents (Source#1) and key stakeholders (Source #3).

Mental health is defined as **"**a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[16] Indicators of mental health include emotional, social and psychological well-being. This definition differs from mental illness, which is classified as diagnosable mental disorders or "health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/ or impaired functioning."[17] Anxiety, depression, and bipolar disorder are examples of mental illness.

[15] Centers for Disease Control and Prevention – Injury Prevention & Control: Prescription Drug Overdose. Available at http://www.cdc.gov/drugoverdose/data/overdose.html. Accessed September 22, 2015
[16] Centers for Disease Control and Prevention – Mental Health Basics. Available at http://www.cdc.gov/mentalhealth/basics.html. Accessed September 1, 2015
17 Centers for Disease Control and Prevention – Mental Health Basics. Available at http://www.cdc.gov/mentalhealth/basics.html. Accessed September 1, 2015

Why is this significant? Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep.[18]



Suicide | In 2015, 6% of adults in Milwaukee County reported feeling so overwhelmed in the past year that they considered suicide, a statistically significant increase compared to 3% in 2003. This means approximately 22,800 adults in Milwaukee County may have considered suicide in the past year. Respondents who were in the bottom 40 percent household income bracket (less than $40,001), male or Hispanic, were more likely to report this. Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered (Source #1). Additionally, in 2014, there were 94 suicides in Milwaukee County at a rate of 9.9 per 100,000, lower than the Wisconsin rate of 13.1 per 100,000 population (Source #2).

– The *Healthy People 2020* target is 10.2 suicides per 100,000.

Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that decrease risk factors and promote resilience.[19]

18 Centers for Disease Control and Prevention – Mental Health Basics. Available at http://www.cdc.gov/mentalhealth/basics.html. Accessed September 1, 2015
19 Centers for Disease Control and Prevention – Suicide Prevention. Available at http://www.cdc.gov/ViolencePrevention/suicide/index.html. Accessed September 2, 2015

Section 4 | Prioritized significant health needs

As a specialty hospital, APH focuses on behavioral health care needs including mental health and substance use and addictions.

Criteria for prioritizing significant health needs
During 2012, an ad hoc committee of the Aurora Health Care Board of Directors' Social Responsibility Committee undertook a five-month process to identify a common need in all Aurora Health Care service areas. The ad hoc committee presented its final recommendation to the Social Responsibility Committee in October of 2012 and, for the purpose of developing community benefit implementation strategies, a signature community benefit focus for all Aurora Health Care hospital facilities was determined:

- A demonstrable increase in "health home" capacity and utilization by underserved populations across Aurora's footprint (Medicaid-eligible and uninsured)

During 2016, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and FQHCs
- Resonates with key stakeholders as a meaningful priority for the Aurora hospital to address
- Potential exists to leverage additional resources to extend impact
- Increases collaborative partnerships with others in the community by expanding the care continuum
- Improves the health of people in the community by providing high-quality preventive and primary care
- Aligns hospital resources and expertise to support strategies identified in local health department CHIP

Using this criteria, APH has prioritized the significant health needs to address in its implementation strategy:

- Access and coverage
- Mental health issues and conditions
- Alcohol, drug dependence and substance abuse

Significant health needs not being addressed in the implementation strategy and the reason:
The implementation strategy does not include specific strategies and goals for patients with extremely high acuity, particularly when manifested by physically aggressive behavior, which a specialized unit and staffing. APH is not designed structurally to manage this population.

Additionally, the implementation strategy does not include specific strategies for the prevention of bullying; however, Kradwell School, an affiliate of APH, works with students who have been victims of bullying and addresses social and behavioral issues related to being bullied. In the past, this was a topic covered by the APH professional education for school personnel.

Other prioritized significant health needs in Milwaukee County

Aligning forces for population health research and collaborative implementation strategies
Aurora Health Care, the corporate parent, has a history of leveraging its health system resources through its well-coordinated network of affiliated health care facilities, providers and service sites within Milwaukee County, and through community-wide partnerships and collaborations. One example is the Center for Urban Population Health, which was established in April 2001 as a pioneering collaboration between Aurora Health Care, the University of Wisconsin School of Medicine and Public Health and UW–Milwaukee (UWM). Housed on the campus of Aurora Sinai Medical Center, this Center is focused on identifying what determines health, well-being and disease in certain groups, forging partnerships with community health and academic experts to design and implement preventive interventions, and measuring the effectiveness of those interventions. Accordingly, Aurora provides financial and in-kind resources to the collaborative efforts listed below to address significant community health needs in Milwaukee County identified through community health research.

Prioritized significant needs in Milwaukee County	Multi-Partner Initiatives		
	Milwaukee Health Care Partnership[20]	Lifecourse Initiative[21]	United Way[22]
Health care access	✓	✓	✓
Health insurance coverage	✓		
Behavioral health	✓	✓	✓
Obesity, nutrition and physical activity		✓	✓
Chronic disease	✓		✓
Infant mortality	✓	✓	✓
Sexual health			✓
Health literacy	✓	✓	✓
Poverty		✓	✓
Racial/ethnic health disparities		✓	✓
Social determinants		✓	✓
Specialty access for uninsured	✓		

In addition, Aurora established a charitable fund at the Greater Milwaukee Foundation and, in partnership with the Foundation, facilitated grant-making process over time using those funds in 2014 and in 2016. The initiative, named the ***Better Together Fund*** , supported the expansion of primary care and behavioral health services with Federally Qualified Health Centers (FQHCs) and free clinics, as well as sexual assault and domestic violence prevention and treatment programs with agencies and universities, to expand care in the community-based settings to address identified health needs. The funds were awarded to recipients in 2015 and we continue to partner with recipients in our hospital's service area.

[20] The Milwaukee Health Care Partnership is a public/private consortium dedicated to improving health care coverage, access and care coordination for underserved populations in Milwaukee County. View http://mkehcp.org/
[21] The goals of the Lifecourse Initiative are: 1) Strengthen father involvement in African-American families; 2) Reduce poverty among African-American families; 3) Expand access to health care. View http://www.planningcouncil.org/PDF/LIHF_Milw_CAP_final_w_cover.pdf
[22] For *United Way of Greater Milwaukee* initiatives, view http://www.unitedwaymilwaukee.org/home

Section 5 | Community resources and assets

The assessment identified a multitude of community resources and assets including all five of Aurora's Milwaukee County hospitals plus eight other hospitals and their community benefit programs, primary and specialty health care providers and dentists, municipal governments and their departments, public and private schools, and many religious organizations. The *Milwaukee County Health Needs Assessment: A Summary of Key Informant Interviews Report 2015-2016* describes available community health resources and assets under each health issue as noted by the interviewed community members. The organizations listed as providing key informants for interviews are assets and resources for the community as well. Specific resources leveraged by APH are identified in the Implementation Strategy. For details about assets and resources for the community, see Appendix C.

Section 6 | Evaluation of impact: APH's 2013 CHNA Report / 2014 Implementation Strategy

The impact of the initiatives identified in APH's *2013 CHNA Report / 2014 Implementation Strategy* can be characterized by both successes and challenges. Successes at APH included expanding access through implementing telepsychiatry, adding more behavioral health staffing, providing assessments via the call center and integrating behavioral health with primary care at the clinic site. Increasing psychology residents and implementing a program for opiate-addicted pregnant women added to APH's successes. The shortage of providers specializing in behavioral health was the main challenge. For detailed evaluation of impact, see Appendix E.

This CHNA Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on August 18, 2016.

To submit written comments about the CHNA report or request a paper version of the report, go to www.aurora.org/commbenefits.

Part III | APH Implementation Strategy

Introduction

Responsible stewardship of limited charitable resources: Our not-for-profit role in the community
As an affiliate of Aurora Health Care Inc., the leading not-for-profit healthcare provider in eastern Wisconsin, our purpose is to help people live well. We recognize our role in addressing concerns about the accessibility and affordability of health care in Milwaukee County. Further, we recognize that we are accountable to our patients and communities, and that our initiatives to support our communities must fit our role as a not-for-profit community hospital.

It is not surprising that we are asked to support a wide array of community activities and events in Milwaukee County. However, today's community health needs require us to reserve limited charitable resources for programs and initiatives that improve access for underserved persons and specifically support community health improvement initiatives.

The implementation strategies presented here are the result of our process for assessing community health needs, obtaining input from community members and public health representatives, prioritizing needs and consulting with our hospital staff and physician partners. Our strategies are organized into three main categories in alignment with three core principles of community benefit as shown below.

Category	Community Benefit Core Principle
Priority #1: Access and Coverage	Access for persons in our community with disproportionate unmet health needs
Priority #2: Community Health Improvement Plan	Build links between our clinical services and local health departments' CHIPs
Priority #3: Hospital focus	Address the underlying causes of persistent health problems

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. An annual account of the community benefits we provide can be found by visiting http://www.aurora.org/commbenefits.

Principal community health improvement tool: Community Partnerships
For any community health concern, it is widely recognized that a diverse team of engaged community partners is essential for implementing strategic community health improvement initiatives that make a difference. Therefore, we recognize the need to be a good community partner. Our implementation strategies strongly reinforce our role as a partner for community capacity building to address unmet community health needs.

Special focus: Health Disparities
Providing culturally competent and appropriate care has always been a priority for us in helping people live well. Going forward, in addition to the demographic data already collected by our providers, we will be making an extra effort to collect demographic information on individuals touched by the programs in our Implementation Strategies. This will allow us to take a deeper look at the populations we are serving and enable us to identify disparities and work to address them.

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on August 18, 2016.

Focus | Access

In 2015, 18% of Milwaukee County adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a statistical increase from 13% in 2009 and 14% in 2012 (Source #1). According to the *County Health Rankings*, Milwaukee County adults reported an average of 3.6 mentally unhealthy days in the past 30 days, more than the state average of 3.0 days (Source #2). Additionally, 3% of the Milwaukee County households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months, a statistical decrease from 7% in 2012 (Source #1). Mental health was identified as one of the top health issues in the county by the residents (Source#1) and key stakeholders (Source #3).

Once identified, mental health conditions should be medically managed by a mental health professional[23]. The percentage of respondents whose mental health condition was controlled through medications, therapy or lifestyle changes significantly increased from 81% in 2012 to 88% in 2015. However, 4% of Milwaukee County respondents reported an unmet mental health need in 2015 (Source #1). An unmet mental health care need can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.[24]

Principal partners

- Aurora Health Care Medical Group (AHCMG)

Community partners

- Milwaukee Health Care Partnership
- Progressive Community Health Centers
- Free clinics and FQHCs

Target population

- Adults and children newly or self-referred for services

Commitment to Quality: *Continue to provide the best possible care for all patients utilizing Aurora's behavioral health services programs: Adult Inpatient, Mental Health Partial Hospital, Intensive Outpatient, Partial Hospital (Cudahy and Sheboygan hospitals), Eating Disorder*

Additional Activities – next page

[23] Substance Abuse and Mental Health Services Administration – Behavioral Health Treatments and Services. Available at http://www.samhsa.gov/treatment. Accessed May 27, 2016.
[24] Aurora Health Care Emotional Wellness. Available at http://aurorapsych.wordpress.com/2013/08/20/aurora-offers-primary-care-physician-training-on-behavioral-health/. Access August 23, 2013

Expand Services within Milwaukee County		
Service	**Activity**	**3-year goals**
ED and urgent care intake assessments	• Continue to embed Aurora behavioral health specialists in each of four Aurora hospital EDs in Milwaukee County • Continue to provide urgent care evaluations and referrals to appropriate levels of care	>7,004/year
Partial-hospital intensive	Open Partial Hospital and Intensive Outpatient Program for addictions at Aurora St. Luke's South Shore hospital in Cudahy by year-end 2017	Increased points of access
Substance abuse and addictions	• Add 15 addiction beds to Dewey Center (APH campus) • Add 4 beds at Alumni House transitional living (APH campus) • Provide psychiatric and psychotherapy outpatient addictions-care through new ABHS clinic in South Milwaukee (established 2016)	By 3/31/17 increase capacity for crisis and transitional care
MARC	Provide AODA therapist for Maternal Addiction Recovery Center at Aurora Sinai Medical Center, downtown Milwaukee	Reduce newborn length of stay in NICU
Clinical care	Provide psychiatric and psychotherapy outpatient addictions care through the clinic in South Milwaukee (established in 2016)	Increased points of access
FQHC-based	• Partner with Progressive Community Health Center to develop behavioral health clinic in City of Milwaukee (on Aurora Sinai Medical Center campus) • Provide technical support for licensure, workflow, coordination of care, etc.	By 12/31/17 improved access for uninsured and Medicaid populations
ED and urgent care intake assessments	• Continue to embed Aurora behavioral health specialists in each of four Aurora hospital EDs in Milwaukee County • Continue to provide urgent care evaluations and referrals to appropriate levels of care	>7,004/year
Expand services across 11 other Aurora Health Care hospital service areas:		
Service	**Activity / Geographies**	**3-year goals**
Additional ED intake assessments	Provide Aurora behavioral health specialists at all Aurora Health Care hospitals either in person or via secure video link, to conduct intake assessments in the ED and direct patients to appropriate resources and levels of care	Establish 2017 baseline & track annual increases
Telephonic triage	Expand ABHS Call Center coverage to include Intake Center telephone triage services for Aurora St. Luke's South Shore (Milwaukee County) and Aurora Sheboygan Memorial Medical Center to increase telephonic triage and referrals to appropriate levels of care	Increased access and expedited referrals
Tele-psychiatry	• Continue to provide inpatient tele-psychiatry consultations at all Aurora Health Care hospitals • Continue to provide medication management outpatient tele-psychiatry services at ABHS-Marinette Clinic	Increased referrals and expedited care
Partial-hospital intensive outpatient	Provide Partial-Hospital, Intensive Outpatient and clinic-based outpatient care at ABHS's new Glendale and Muskego hospital-based clinic locations through programs established in 2016	Increased access to hospital-based care in primary care settings
Outpatient	Open hospital-based behavioral health clinic in Aurora's Menomonee Falls clinic	Increased access to care
Call Center	Expand to 24/7 coverage for both patients and providers to provide clinical coverage after hours and providing information on behavioral health treatment	By 12/31/2019
Clinical integrated network	• Expand outpatient capacity by partnering with outside organizations, through Clinically Integrated Network agreements, providing coordination of care and communication with primary care providers • Expand the behavioral health - primary care integration model to Aurora's New Berlin Primary Care clinic	By 12/31/2019 increased and expedited referrals

Aurora Health Care *Better Together Fund* partners are increasing access and expanding our continuum of care in a community based settings by:

- **Milwaukee Center for Children and Youth, Inc**. – providing primary care and behavioral health access, including a youth advocate for care management
- **Milwaukee Center for Independence, Inc.** – expanding space for exam rooms and therapy suites
- **Wisconsin Lutheran Child and Family Service –** providing counseling in schools at no cost for children impacted by violence

Focus | Alcohol, drug dependence and substance abuse

In 2015, 32% of adults in Milwaukee County reported binge drinking in past month and 2% of Milwaukee County respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year (Source #1).

In addition, prescription drug misuse and abuse are escalating statewide. In Milwaukee County, the rate of emergency department visits due to opiate poisonings (also known as opiate overdoses) was 34.5 per 100,000 in 2014, and Milwaukee County exceeded the Wisconsin opiate poisoning hospitalizations at 29.6 overdoses per 100,000 population. From 2006 to 2012, the rate of drug poisoning deaths in Milwaukee County was 19 per 100,000 population. Key informants and residents all identified alcohol and drug use/abuse as one of the top health issues challenging the community (Sources #1, #3).

Support groups are an important aspect of the continuum of care for persons with substance use disorders. Research has shown that support groups facilitate recovery and reduce health care costs. They also promote a sense of belonging within the community and help in the development of self-efficacy.[25]

Principal partner

- Aurora Health Care Foundation (funding partner)

Community partners

- Community 12-step recovery programs
- Not-for-profit service providers

Target population

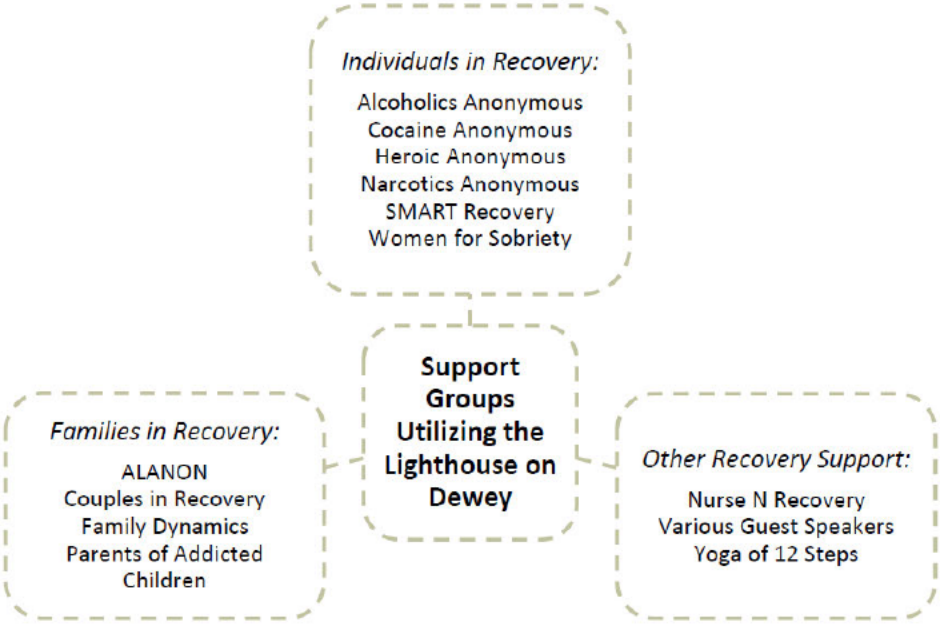
- Community members benefiting from 12-step recovery programs

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide non-clinical meeting space to accommodate support groups serving individuals and their families seven days a week through the journey to maintain sobriety**			
Ongoing	Number of hours per week Lighthouse on Dewey is used by target population	>56	Increased number of support group accommodations for individuals in recovery and their families
	Number of support and not-for-profit groups utilizing Lighthouse on Dewey	>40	
	Number of people attending support groups at Lighthouse on Dewey	>700	

[25] Substance Abuse and Mental Health Services Administration – Peer Support and Social Inclusion. Available at http://www.samhsa.gov/recovery/peer-support-social-inclusion. Accessed May 16, 2016.

Lighthouse on Dewey, Aurora Psychiatric Hospital



Focus | Health professions and community education, workforce development

As with all health professions, continuing education is highly valuable for behavioral health professionals. It ensures that providers' practice is current, aids in the development of contact with other behavioral health professionals, provides information about the health system and enhances self-efficacy.[26]

Additionally, in 2015, 3% of the Milwaukee County households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months (Source #1). The onset of many mental health conditions occurs in adolescence. Undiagnosed and untreated mental health conditions can affect a student's ability to learn, grow and develop. School personnel play an important role in identifying the early warning signs of an emerging mental health condition.[27]

Continuing education program #1: Evidence-based behavioral health series for health professionals

The objective of this series is to improve the diagnostic and therapeutic capabilities in psychiatry and addiction medicine for psychotherapists, psychologists and physicians treating patients and their families. Programming is based on the analysis of current primary caregiver needs as requested by past attendees and topics will be relevant to medical and associated allied staff.

Principal partner

- Aurora Health Care Medical Group (AHCMG)
- Aurora Office of Professional Development

Community partners

- Health care systems and hospitals, provider organizations, advocates, foundations, academic institutions and community organizations

Target population

- Psychiatrists, psychologists, social workers, nurses and other allied health professionals who deal with mental health issues and addiction medicine

Activities – next page

[26] Association of American Medical Colleges and the American Association of Colleges of Nursing – Lifelong Learning in Medicine and Nursing. Available at http://www.aacn.nche.edu/education-resources/MacyReport.pdf. Accessed May 17, 2016.
[27] National Alliance on Mental Illness – Mental Health In Schools. Available at https://www.nami.org/Learn-More/Public-Policy/Mental-Health-in-Schools. Accessed May 16, 2016.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Host and provide continuing education through the Evidence-Based Health Series of lectures and intensive workshops to enhance knowledge in specialized areas of behavioral health and requested clinical topics**			
Ongoing	Number of continuing education programs held	≥8	Increased potential for early identification, referral and intervention
	Number of intensive workshops held	>1	
	Number of individuals attending each lecture or workshop, by discipline: psychiatrists, psychologists, nurses, social workers, etc.	>460	Providers report improvement in their clinical practice for behavioral health issues
	Number reporting that they will change a specific aspect of their practice as a result of the lecture or workshop	Baseline data	
• **Provide immersion program for Aurora RNs to educate unit leaders on working with behavioral health patients**			
Ongoing	Number of RNs trained	30/year	Increased number of non-psychiatry staff educated on skills to work with behavioral health patients
	Responses to participant surveys	Annual results	
• **Provide Verbal Defense and Influence (VDI) training on how to manage aggressive behavior for emergency department, intensive care unit and labor and delivery providers within Aurora hospital facilities**			
Ongoing	Number of Aurora providers trained in VDI	132	Expanded number of providers equipped to manage aggressive behavior
	Responses to participant surveys	Annual results	
• **Provide training to primary care providers and support staff on working with behavioral health patients in Aurora Health Care facilities**			
Ongoing	Number of trainings provided	2/year	Increased potential for early identification, referral and intervention
	Number of individuals trained	Annual volume	
	Responses to participant surveys	Annual results	

Continuing education program #2: Behavioral health issues in the schools

The objective of this series is to provide additional information about behavioral health issues that may impact social workers, counselors, psychologists and educators in the schools. It is intended to help school professionals better understand the etiology of behavioral health illnesses, as well as treatment alternatives and strategies for coping with these problems.

Principal partner

- Aurora Health Care Medical Group (AHCMG)
- Aurora Office of Professional Development

Community partners

- Local school districts

Target population

- School-based educators, counselors, social workers and psychologists

Activities – next page

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide continuing education series to school professionals on recognizing behavioral health issues and improving the outlook for students who would benefit from behavioral health services**			
Ongoing	Number of continuing education lectures held	≥6/year	Expanded educational opportunities for school professionals
	Number of educational settings, by type	Baseline data	
	Number of individuals attending	>246	
	Number reporting that they will change a specific aspect of their work with students as a result of the lecture	Baseline data	Attendees report increased confidence in identifying and referring behavioral health issues

Workforce development

Across the majority of Aurora's footprint, there are HRSA-designated mental health provider shortages from the census tract level to a county-wide level.[28] Efforts to recruit, train and retain providers are necessary to increase the numbers of providers available to patients in the Aurora service area.

Principal partner

- Aurora Human Resources Department

Community partners

- Local colleges and universities with psychiatry programs

Target population

- Behavioral health providers and providers-in-training

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Hire additional behavioral health providers**			
As soon as possible	Number of psych nurse practitioners hired system-wide	15	Greater number of providers available for increased access to behavioral health care and reduced wait times
	Number of clinical nurse specialists hired at our downtown Milwaukee and West Allis hospitals	2	
	Number of geriatric psych providers added	1	
By 7-30-17	Number of additional psychiatry residents added on our hospital campus	1	
By 12-31-17	Number of consultation liaison psych fellows added at our flagship hospital in Milwaukee County	1	
	Number of 0.5 FTE masters-level clinicians added through Health Psychology program on our campus	2	
	Number of 0.5 FTE masters-level clinicians added at our downtown Milwaukee hospital	2	
• **Continue to administer four psychology residency positions on our hospital campus** • **Focus on retaining program graduates in the Aurora Health Care system**			
Ongoing	Number of psychology residents trained	4	Increased access to behavioral health care and reduced wait times
	Number of psychology residents retained	2	

[28] HRSA Data Warehouse. Available at https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx. Accessed June 7, 2016.

Appendix A | Milwaukee County Community Health Survey Report (Source#1)

The report is available at www.aurora.org/commbenefits

Data collection and analysis: The community health survey, a comprehensive phone-based survey, gathers specific data on behavioral and lifestyle habits of the adult population and select information about the respondent's household. In addition, this report collects data on the prevalence of risk factors and disease conditions existing within the adult population, and compares, where appropriate and available, health data of residents to state and national measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. The health topics covered by the community health survey are provided in the Milwaukee County Community Health Survey Report Summary (Appendix D).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=1,292). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=675). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 1,967 telephone interviews were completed between March 16 and July 14, 2015. With a sample size of 1,967, we can be 95% sure that the sample percentage reported would not vary by more than ±2 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Milwaukee. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 7,150 adults. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Each percentage point for household-level data represents approximately 3,800 households.

The margin of error for smaller subgroups will be larger. For the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. Throughout the report, some totals may be more or less than 100% due to rounding and response category distribution. Percentages occasionally may differ by one or two percentage points from previous reports or the Appendix as a result of rounding, recoding variables or response category distribution.

Partners & Contracts: This shared report is sponsored by the Milwaukee Health Care Partnership and Milwaukee's five health systems, in collaboration with the twelve local health departments in Milwaukee County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.

Appendix B| Secondary Data Report: A summary of secondary sources related to health in Milwaukee County (2015-2016) (Source #2)

The report is available at www.aurora.org/commbenefits

Data Collection & Analysis: In summer 2015, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Milwaukee County.
Publicly available data sources used for the Secondary Data Report

Source	Description
2013 Milwaukee Health Report Summary and SES zip code map	This report summarizes the current health of the city and distribution of key factors that may have implications of future health. The report provides information regarding health disparities among the socio-economic groups within the City of Milwaukee and offers comparisons of health outcomes and determinants between the City of Milwaukee, the State of Wisconsin and the United States. The report draws from national, state and local data sources. *Source: Center for Urban Population Health.*
American Community Survey (ACS)	*American Community Survey* (ACS) provides access to data about the United States. The data comes from several censuses and surveys. The ACS is a nationwide survey designed to provide information of how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. *Source: United States Department of Commerce, US Census Bureau*
County Health Rankings	Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publicly available data. Ranking includes health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors and physical environment). *Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.*
Domestic Abuse Incident Report (DAIR)	Under Wisconsin Statutes § 968.075(9), each county is required to provide data regarding domestic abuse incidents to the Wisconsin Department of Justice's Office of Crime Victim Services. For most counties, compliance with this requirement is achieved when the Department uses an automated system to extract county-level data entered into the PROTECT system - a case management system used by Wisconsin district attorneys' offices. The data is combined in a Department database which generates annual reports and tables. *Source: Wisconsin Department of Justice, Office of Crime Victim Services*
Impact 2-1-1 Statistical Call Report	This report provides an overview of the types and quantities of calls seeking resources and services in Milwaukee County. The report covers from January through December 2015. The information is aggregated across each zip code and includes all service requests with 1,000 or more individual callers. *Source: IMPACT 2-1-1 (2015 data)*
Milwaukee Health Professional Shortage Area Maps	The maps mark the professional shortage areas in Milwaukee County for primary care, mental health and dental health. *Source: Wisconsin Primary Health Care Association (January 2016)*

Wisconsin Child Abuse and	Data for this report is from the electronic Wisconsin Statewide Automated

Neglect Report	Child Welfare Information System (eWiSACWIS). Child Protective Service agencies use eWiSACWIS to manage their cases. The data is combined in a Department database which generates annual reports and tables. *Source: Wisconsin Department of Children and Families, Child Protective Services Program*
Wisconsin Interactive Statistics on Health (WISH)	WISH uses protected databases containing Wisconsin data from a variety of sources and provides information about health indicators (measure of health). Select topics include Behavioral Risk Factor Survey, birth counts, fertility, infant mortality, low birth weight, prenatal care, teen births, cancer, injury emergency department visits, injury hospitalizations, injury mortality, mortality and violent death. *Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics*

Data for each indicator is presented by race, ethnicity and gender when the data is available. In some cases, data is not presented by the system from which it was pulled due to internal confidentiality policies which specify that data will not be released when the number is less than five. In other cases, the data were available but the rates or percentages are not presented in this report. This is due to the indicator having small numbers in the numerator or denominator resulting in rates or percentages that were subject to large year-to-year fluctuations and, as such, would not have provided a meaningful representation of the data for the population subset. When applicable, *Healthy People 2020* objectives are presented for each indictor. The objectives were not included unless the indicator directly matched with a *Healthy People 2020* objective.

Partners & Contracts: This shared secondary data report is sponsored by the Milwaukee Health Care Partnership and Milwaukee's five health systems, in collaboration with the twelve local health departments in Milwaukee County. The report was prepared by the Center for Urban Population Health.

Appendix C | Key Informant Interview Report: A summary of key informant interviews and focus groups in Milwaukee County (2015 – 2016) (Source #3)

The report is available at www.aurora.org/commbenefits

Data Collection and Analysis: Forty individual interviews and five focus group interviews were conducted between May and October 2015. Twenty-two additional key informants participated in four focus groups conducted using the same interview schedule. Members of the Milwaukee Health Care Partnership, in collaboration with the City of Milwaukee Health Department, identified various organizations to participate in the key informant interview. The organizations were selected based on the following criteria:

- Provided a broad interest of the community and the health needs in Milwaukee County, as well as the local municipalities within Milwaukee County,
- Comprised of leaders within the organization with knowledge or expertise relevant to the health needs of the community, health disparities or public health, and/or
- Served, represented, partnered or worked with members of the medically underserved, low-income and/or minority populations

Key informant interviews were conducted with the health officer for nine local health departments, as well as leaders of academic centers, health coalitions and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

***Denotes focus groups**

Organization	Description of the organizations *The description is based on information provided on the organization's website, accessed between November 10 and 12, 2015.*
12 Local Health Departments	Milwaukee County has twelve local local health departments: City of Milwaukee, Cudahy, Franklin, Greendale†, Greenfield, Hales Corners†, North Shore, Oak Creek, St. Francis†, South Milwaukee, Wauwatosa, and West Allis-West Milwaukee. Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents. † Declined to be interviewed
AIDS Resource Center of Wisconsin (ARCW)	"The AIDS Resource Center of Wisconsin is home to the ARCW Medical Center - Wisconsin's largest and fastest growing HIV health care system. Through its integrated medical, dental and mental health clinics, along with its pharmacy and dedicated social services that include food pantries, a legal program, and social work case management, more than 3,300 HIV patients in Wisconsin gain the health care and social services they need for long-term survival with HIV disease from ARCW. ARCW is also a leading provider of innovative and aggressive prevention services to help at-risk individuals stay free of HIV."
Apostle Presbyterian Church	"A medium-sized congregation founded in 1904, they have a long history of community service and outreach. They are affiliated with the Presbyterian Church (USA), the Synod of Lakes and Prairies, and the Presbytery of Milwaukee."
Black Health Coalition of Wisconsin, Inc. (BHCW)	"The Black Health Coalition of Wisconsin, Inc. is a group of local organizations and individuals whose collaborative goal is to address the health problems of African Americans. The primary objective of the Coalition is to improve the health status of African Americans in the State of Wisconsin and to ensure equitable and comprehensive healthcare for all people.
Boys & Girls Club	Boys & Girls Clubs of Greater Milwaukee's mission is to inspire and empower all young people to realize their full potential as productive, caring, responsible citizens. They offer after-school and summer programming for children ages 5 to 18. They provide safety and support during critical hours of the day as well as meals, strong role models, organized athletics and access to the arts.
Center for Veteran's	Based in Milwaukee, Wisconsin, the Center for Veterans Issues, Ltd. (CVI) is a 501 (c) (3) non-

Issues (CVI)	profit veterans' administration and management organization. CVI supports the concerns of all veterans by providing information, resources, identification of funding, technical assistance and organizational development to veteran service organizations. CVI also provides transitional housing to homeless veterans, while offering many services to help veterans transition back into the community.
Centro Hispano	"Its bilingual (Spanish/English) and culturally competent staff delivers educational programs and social and human services to families, children, youth and the aging to help them overcome the social, economic, linguistic and cultural barriers to self-sufficiency. The Centro Hispano manages six housing complexes for low income elders able to live independently, and offer them wraparound support services."
Children's Health Alliance of Wisconsin	"The Alliance was established in 1994 by the following founding partners: state government, Children's Hospital of WI and American Family Children's Hospital (formerly UW Children's Hospital). Their mission is to ensure Wisconsin children are healthy, safe and able to thrive…through collaboration, advocacy, mobilization, and support. Programs address asthma, early literacy, emergency care, grief and bereavement, injury prevention and death review, medical home and oral health."
Children's Hospital of Wisconsin (CHW)	"They are the region's only independent health care system dedicated solely to the health and well-being of children. In Milwaukee and throughout the state, they provide kids and their families a wide range of care and support - everything from routine care for ear aches or sore throats to life saving advances and treatment options. They take a multifaceted approach to reaching Wisconsin's most at-risk children in the communities where they live, learn and play – whether that be through child advocacy, child and family counseling, foster care and adoption services, better access to primary care, or initiatives focused on family support and preservation."
City of West Allis Administration	The City Administration "works in conjunction with the Mayor and Common Council to make West Allis one of the most attractive places to live, work and do business by enhancing the ability of city agencies to provide high quality services at a cost citizens can afford, by influencing state and federal legislation on policies that affect the city's ability to thrive and by protecting the city's fiscal foundation."
Community Advocates	"Since 1976, Community Advocates help low-income Milwaukeeans meet their most basic needs – including safe and affordable housing, adequate healthcare, and reliable heat and other utilities. Beyond basic needs advocacy, they also provide case management, advocacy services to individuals seeking Social Security Disability benefits, and services for individuals and families with domestic violence, substance addiction, and mental health issues."
CORE/El Cento	"CORE/El Centro: a healing, dynamic, grassroots, 501(c)(3) non-profit organization that offers individuals of all income levels access to natural healing therapies. Their programs serve a variety of populations: women, men, children, survivors of trauma, those with chronic health issues, survivors of cancer, and beyond."
EMS Council of Milwaukee County*	"The Milwaukee County EMS Council assists the EMS Division and other medical providers within the council. Assistance includes: planning, review and evaluation of EMS; making recommendations regarding the operation of the EMS delivery systems to the Section of EMS and to the Health & Human Needs Committee of the County Board of Supervisors; recommending policy relating to the coordination, oversight, and delivery of EMS within the county; and acting as the coordinating body for all pertinent local, state, or federal grant applications pertaining to the provision of EMS."
Federally Qualified Health Center (FQHC) Coalition*	Milwaukee's four "Federally Qualified Health Centers (FQHCs, also known as Community Health Centers) provide a comprehensive range of primary care, dental and behavioral health services to medically underserved populations in their community. This includes care management, health promotion and supportive services such as transportation, interpretation and financial counseling. They provide culturally competent health services in the communities where their patients live."

Free and Community Clinic Collaborative (FC3)*	"The Free and Community Clinic Collaborative (FC3) of Southeastern Wisconsin is a coalition of safety-net clinics that provide free and low-cost medical services to uninsured and underinsured individuals in their communities. A variety of models and support systems are embraced among their members, including: clinics fully supported by private donations and grant funds, clinics supported through combined hospital system and government resources, and hospital-affiliated clinics."
Gerald L. Ignace Indian Health Center	"The Mission of the Gerald L. Ignace Indian Health Center, Inc. is to improve the health, peace and welfare of Milwaukee's urban Indian Community. Their urban Indian health center's medical, wellness, and social services are available for people of all tribes, races, and ethnicities."
Hmong American Women's Association (HAWA)	"The Hmong American Women's Association (HAWA), Inc. is a non-profit organization that was founded in 1993. HAWA is unique by being the first and only Hmong women's organization in the state of Wisconsin dedicating its resources to the advancement of Hmong women and girls. Their innovative programs are designed to be language and culture specific to the Hmong community and are concentrated in three areas: (1) Youth, (2) Family, and (3) Women's Leadership."
IMPACT Planning Council	"IMPACT Planning Council works in partnership with community leaders, decision makers, and service providers that are committed to improving the well-being of residents in Southeastern Wisconsin. Their role is to determine best practices; conduct research; evaluate data; and, assemble stakeholders to address issues such as substance abuse, poverty, public health, violence prevention, diversity, teen pregnancy, infant mortality and mental health."
Medical College of Wisconsin Institute for Health and Society	"On July 1, 2010, the Medical College of Wisconsin, Department of Population Health was reorganized into the Institute for Health and Society to reflect the increased role it will take in the College's public and community health, and clinical and translational sciences efforts. The mission of the Institute for Health and Society is to improve health and advance health equity through community and academic partnerships."
Medical Society of Milwaukee County*	"Established in 1846, the Medical Society of Milwaukee County is an organization of physicians that provides leadership on critical health issues to improve the overall health status of the community. Members contribute to health care at the highest level, donating time, thought leadership and resources to provide access to those in need and working together to improve the health of people across their community."
Mental Health America of Wisconsin	"Mental Health America of Wisconsin (MHA) is an affiliate of the nation's leading community-based non-profit dedicated to helping all Americans achieve wellness by living mentally healthier lives. Their work is driven by their commitment to promote mental health as a critical part of overall wellness."
Milwaukee Center for Independence	"The Milwaukee Center for Independence has been a leading provider of life-changing programs and services for children and adults with disabilities, special needs and barriers to success since 1938. Their mission is to assist individuals and families with special needs to better live and work in the community."
Milwaukee County Department of Health & Human Services	"The Department of Health and Human Services provides a wide range of life-sustaining and life-saving services to children and adults through age 60. Programs focus on providing services for delinquent children, developmentally disabled persons, physically disabled persons, mentally ill persons and the homeless. Many of the services provided are mandated by state statute and/or provided through a state/county contract."
Milwaukee County Oral Health Task Force	"The task force is committed to improving oral health for children in Milwaukee. One program provides dental screening exams, fluoride treatments, teeth cleanings, dental sealants, oral health instruction, and referrals for additional dental care to children with BadgerCare insurance coverage, as well as those without insurance at 44 inner city schools. The State of Wisconsin, corporations, and private foundations provide funding for the program's operational expenses."
Milwaukee County Behavioral Health Division	"The Behavioral Health Division provides care and treatment to adults, children, and adolescents with mental illness, substance use disorders, and intellectual disabilities through both County-operated programs and contracts with community agencies. Services include intensive short-term treatment through their crisis services and inpatient services, as well as a full array of supportive community services for persons with serious mental illness and substance use disorders."

Milwaukee Police Department	The Milwaukee Police Department's mission is "In partnership with the community, they will create and maintain neighborhoods capable of sustaining civic life. They commit to reducing the levels of crime, fear, and disorder through community-based, problem-oriented, and data-driven policing."
Milwaukee Public Schools	"Milwaukee Public Schools is committed to accelerating student achievement, building positive relationships between youth and adults and cultivating leadership at all levels."
Next Door Foundation	"Next Door is an education and social service center, working with Milwaukee children and families to help build the educational and life skills they need to succeed."
Tri-City National Bank	"Tri City National Bank Corporation is a wholly owned banking subsidiary of Tri City Bankshares, Inc., a single bank holding company headquartered in Oak Creek, WI. The bank has two subsidiaries, Tri City Capital Corporation, a Nevada corporation and Tri City Investment Services, a division of the parent."
United Way of Greater Milwaukee and Waukesha County	"As the newly merged United Way of Greater Milwaukee & Waukesha County, they impact individuals and families in the four-county region, by investing in 220-plus programs at over 110 local agency program partners. United Way brings together partners from business, education, government, faith-based and non-profit organizations to work toward common goals, resulting in a better quality of life for all. Through the Community Impact Fund, they strategically focus on the areas of Education, Income and Health – the building blocks to a good quality of life."
UW-Milwaukee Joseph J. Zilber School of Public Health	"The mission of the University of Wisconsin-Milwaukee Joseph J. Zilber School of Public Health is to advance population health, health equity, and social and environmental justice among diverse communities in Milwaukee, the state of Wisconsin, and beyond through education, research, community engagement, and advocacy for health-promoting policies and strategies."
West Allis Fire Department	"The West Allis Fire Department is organized and dedicated to serve, protect and preserve the life and property of the citizens, businesses and visitors of West Allis. The department will provide this service with the highest level of professionalism through the delivery of fire prevention, public education, incident stabilization and emergency medical services, twenty-four hours a day, seven days a week."
West Allis/West Milwaukee Chamber of Commerce	"The West Allis/West Milwaukee Chamber of Commerce actively promotes economic development and business retention in both communities, enhances the images of West Allis and West Milwaukee and their business communities, sponsors programs and services which are responsive to member needs, serves as both an information center for business and residents, and as a collective voice on economic issues affecting both West Allis and West Milwaukee."
West Allis/West Milwaukee School District (WAWM)	"The West Allis-West Milwaukee (WAWM) School District is a 4K-12th grade public school district. They are the second largest school district in Milwaukee County and the eleventh largest in the state of Wisconsin. WAWM Schools serve over 9,800 students in three High Schools, four Intermediate Schools, eleven Elementary Schools, and one Charter School. Their schools provide engaging learning experiences in classrooms where students are welcome, challenged, and supported. They develop school cultures where students, teachers, and families form strong relationships to support learning."
YMCA of Metro Milwaukee	"The YMCA of Metropolitan Milwaukee is a powerful association of men, women and children of all ages and walks of life joined together by a shared vision to create a healthier, stronger, and safer Milwaukee where families of all incomes and backgrounds truly thrive. Their impact in Milwaukee is widespread, from teaching thousands of kids to swim each year to being one of the only safe spaces open seven-days-a-week in the neighborhoods they serve to helping to reduce the diabetes epidemic through proven, targeted programs."
YWCA of Southeast Wisconsin	"They are dedicated to eliminating racism and empowering women. They fulfill their mission by providing resources and employment training to individuals facing poverty and discrimination, helping them to gain economic stability and access to opportunities. At the same time, they offer racial justice education that aims to eliminate disparities that disproportionately impact people of color."

The key informant interviews were conducted by Milwaukee Health Care Partnership members. The interviewers used a standard interview script that included the following elements:

1) 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
2) For those five public health issues:
    a. Existing strategies to address the issue
    b. Barriers/challenges to addressing the issue
    c. Additional strategies needed
    d. Key groups in the community that hospitals should partner with to improve community health

The report summarized the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. Also, the report describes the themes that presented across the top ranked health topics along with a summary of the strategies, barriers and partners described by the participants.

Top five issues that emerged as key health priorities for Milwaukee County and the identified community assets

The top five health issues that emerged as key priorities for Milwaukee County were 1) mental health, 2) alcohol and drugs, 3) injury and violence, 4) chronic disease and 5) access to health care.

Key community partners, resources and assets to address health issues:

1. **Mental health**: Hospitals should be partnering with Federally Qualified Health Centers (FQHC), clinicians, the Veterans Administration, Mental Health America of Wisconsin, Mental Health Task Force, law enforcement, peer specialists, schools, the faith communities, Milwaukee County Behavioral Health, Milwaukee County Mental Health Board, involvement from non-profits who provide wraparound services, advocacy groups from within the African American and Latino communities, child care providers, community-based organizations, and health departments.

2. **Alcohol and drugs**: Hospitals should be partnering with the Milwaukee Health Care Partnership, health departments, health care providers and systems (Children's Hospital of Wisconsin, Columbia St. Mary's Health System, Froedtert Health, Wheaton Franciscan Healthcare), media, law enforcement, fire departments, emergency medical service providers, neighborhood associations, the Salvation Army, the Milwaukee Rescue Mission, the Medical Society of Milwaukee County, schools, the business community, community leaders, providers of culturally-specific programs and services, all levels of government, peer specialists, many community organizations and social service agencies.

3. **Injury and violence**: Hospitals should be partnering with health departments, the Milwaukee Health Care Partnership, neighborhood associations, law enforcement, fire departments, the Marquette Law School Restorative Justice Program, the Milwaukee Homicide Review Commission, the Hmong American Women's Association, schools, faith communities, non-profit organizations, health care providers, the Data HUB, the Fatherhood Initiative, YMCA, Boys and Girls Club, Running Rebels, Sojourner Family Peace Center and Project Ujima.

4. **Chronic disease**: Hospitals should be partnering with Department on Aging, Interfaith Older Adult programs, clinicians, the Veterans Health Administration, community clinics, non-profits that address specific diseases, senior centers, dental providers, eye care professionals, podiatry specialists, health departments, community health workers and navigators, free clinics and FQHC, family members and caregivers, and pharmacies.

5. **Access to health care**: Hospitals should be partnering with business community, churches, schools, universities and allied health training programs, the emergency medical services system, the Milwaukee Health Care Partnership ED Care Coordination Initiative, community-based organizations, state and local government, health care providers and health systems, disease-related non-profits, the Milwaukee Area Health Education Center, community health workers, CORE/El Centro, transportation providers, FQHC and free clinics, HMOs, the Department on Aging, long-term care providers and health departments.

Partners & Contracts: This shared key informant interview report is sponsored by the Milwaukee Health Care Partnership and Milwaukee's five health systems, in collaboration with the twelve local health departments in Milwaukee County. The report was prepared by the Center for Urban Population Health.

Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Milwaukee County residents. The following data are highlights of the comprehensive study.

Overall Health					
Milwaukee County	2003	2006	2009	2012	2015
Excellent	19%	18%	18%	17%	14%
Very Good	35%	33%	33%	35%	36%
Fair or Poor	16%	18%	18%	20%	19%
Other Research: (2013)				*WI*	*U.S.*
Fair or Poor				*15%*	*17%*

Health Care Coverage					
Milwaukee County	2003	2006	2009	2012	2015
Not Covered					
Personally (currently)	8%	11%	12%	14%	4%
Personally (past 12 months)			21%	19%	12%
Household Member (past 12 months)	23%	26%	25%	21%	14%
Other Research: (2013)				*WI*	*U.S.*
Personally Not Covered (currently)				*12%*	*17%*

Did Not Receive Care Needed		
Milwaukee County	2012	2015
Delayed/Did Not Seek Care Due to		
Cost (past 12 months)		18%
Prescript. Meds Not Taken Due to		
Cost (Household) (past 12 months)	11%	11%
Unmet Care (past 12 months)		
Medical Care	11%	12%
Dental Care	19%	18%
Mental Health Care	4%	4%

Health Information and Services					
Milwaukee County	2003	2006	2009	2012	2015
Primary Source of Health Information					
Doctor				45%	49%
Internet				28%	30%
Have a Primary Care Physician					86%
Primary Health Services					
Doctor/nurse practitioner's office		77%	73%	70%	65%
Urgent care center		3%	6%	7%	12%
Public health clinic/com. health center		5%	7%	6%	4%
Hospital emergency room		6%	7%	7%	11%
Hospital outpatient		3%	2%	3%	2%
No usual place		5%	4%	6%	5%
Advance Care Plan	27%	32%	31%	29%	31%

Colorectal Cancer Screenings (50 and Older)					
Milwaukee County	2003	2006	2009	2012	2015
Blood Stool Test (within past year)	36%	23%	--	14%	14%
Sigmoidoscopy (within past 5 years)			10%	10%	11%
Colonoscopy (within past 10 years)			58%	61%	67%
Screening in Recommended Time Frame			61%	67%	72%

Vaccinations (65 and Older)					
Milwaukee County	2003	2006	2009	2012	2015
Flu Vaccination (past year)	77%	71%	69%	63%	76%
Pneumonia (ever)	58%	71%	72%	69%	77%
Other Research: (2013)				*WI*	*U.S.*
Flu Vaccination (past year)				*55%*	*63%*
Pneumonia (ever)				*73%*	*70%*

Health Conditions in Past 3 Years					
Milwaukee County	2003	2006	2009	2012	2015
High Blood Pressure	22%	27%	29%	30%	29%
High Blood Cholesterol	18%	22%	22%	21%	20%
Mental Health Condition			13%	14%	18%
Asthma (Current)	9%	10%	12%	12%	14%
Diabetes	7%	8%	9%	10%	11%
Heart Disease/Condition	8%	8%	9%	8%	9%

Condition Controlled Through Meds, Therapy or Lifestyle Changes	
High Blood Pressure	96% 94%
High Blood Cholesterol	86% 89%
Mental Health Condition	81% 88%
Asthma (Current)	92% 95%
Diabetes	92% 92%
Heart Disease/Condition	91% 91%

Routine Procedures					
Milwaukee County	2003	2006	2009	2012	2015
Routine Checkup (2 yrs. ago or less)	87%	85%	85%	83%	89%
Cholesterol Test (4 years ago or less)	74%	73%	75%	72%	70%
Dental Checkup (past year)	68%	63%	60%	56%	62%
Eye Exam (past year)	51%	44%	42%	42%	48%
Other Research:				*WI*	*U.S.*
Routine Checkup (≤2 years; 2013)				*82%*	*81%*
Cholesterol Test (≤5 years; 2013)				*77%*	*76%*
Dental Checkup (past year; 2012)				*72%*	*67%*

Physical Health					
Milwaukee County	2003	2006	2009	2012	2015
Physical Activity/Week					
Moderate Activity (5 times/30 min)	28%	33%	31%	35%	38%
Vigorous Activity (3 times/20 min)		22%	19%	24%	31%
Recommended Moderate or Vigorous		45%	41%	47%	49%
Overweight	62%	63%	66%	66%	69%
Fruit Intake (2+ servings/day)	66%	61%	58%	62%	62%
Vegetable Intake (3+ servings/day)	30%	24%	21%	26%	28%
Often Read Food Label of New Product					54%
Restaurant Food Meals (2 or fewer/past week)					72%
Other Research:				*WI*	*U.S.*
Overweight (2013)				*67%*	*64%*
Recommended Mod. or Vig. Activity (2009)				*53%*	*51%*

Women's Health					
Milwaukee County	2003	2006	2009	2012	2015
Mammogram (50+; within past 2 years)	84%	78%	78%	77%	81%
Bone Density Scan (65 and older)		67%	73%	71%	82%
Cervical Cancer Screening					
Pap Smear (18 – 65; within past 3 yrs)	91%	90%	89%	86%	82%
HPV Test (18 – 65; within past 5 yrs)					60%
Screening in Recommended Time Frame					
(18-29: Pap every 3 yrs; 30 to 65: Pap and HPV					
every 5 yrs or Pap only every 3 yrs)					84%
Other Research:				*WI*	*U.S.*
Mammogram (50+; within past 2 yrs; 2012)				*82%*	*77%*
Pap Smear (18+; within past 3 years; 2010)				*85%*	*81%*
Tobacco Cigarette Use					
Milwaukee County	2003	2006	2009	2012	2015
Current Smokers (past 30 days)	26%	26%	25%	24%	19%
Of Current Smokers…					
Quit Smoking 1 Day or More in Past					
Year Because Trying to Quit	51%	54%	53%	64%	58%
Saw a Health Care Professional Past					
Year and Advised to Quit Smoking		77%	72%	80%	78%
Other Research:				*WI*	*U.S.*
Current Smokers (2013)				*19%*	*19%*
Tried to Quit (2006)				*49%*	*56%*
Exposure to Smoke					
Milwaukee County			2009	2012	2015
Smoking Policy at Home					
Not allowed anywhere			64%	74%	75%
Allowed in some places/at some times			14%	10%	10%
Allowed anywhere			4%	4%	2%
No rules inside home			18%	12%	13%
Nonsmokers Exposed to Second-Hand					
Smoke In Past Seven Days			29%	23%	21%
Other Research: (WI: 2003; US: 2006-2007)				*WI*	*U.S.*
Smoking Prohibited at Home				*75%*	*79%*
Other Tobacco Products in Past Month					
Milwaukee					2015
Electronic Cigarettes					6%
Cigars, Cigarillos or Little Cigars					5%
Smokeless Tobacco					4%
Top Community Health Issues					
Milwaukee County				2012	2015
Chronic Diseases				52%	66%
Alcohol or Drug Use				58%	55%
Violence				55%	42%
Mental Health or Depression				21%	31%
Teen Pregnancy				35%	23%
Infectious Diseases				26%	19%
Infant Mortality				21%	7%
Lead Poisoning				3%	2%

Alcohol Use in Past Month					
Milwaukee County	2003	2006	2009	2012	2015
Binge Drinker	17%	19%	20%	31%	32%
Driver/Passenger When Driver					
Perhaps Had Too Much to Drink	3%	3%	3%	2%	3%
Other Research: (2013)				*WI*	*U.S.*
Binge Drinker				*23%*	*17%*
Household Problems Associated With…					
Milwaukee County		2006	2009	2012	2015
Alcohol		3%	3%	2%	2%
Marijuana				2%	2%
Misuse of Prescription or OTC Drugs				<1%	2%
Gambling				1%	1%
Cocaine, Heroin or Other Street Drugs				<1%	<1%
Distracted Driving					
Milwaukee County					2015
Driving with Technology Distractions (1+ times/day)					17%
Driving with Other Distractions (1+ times/day)					13%
Mental Health Status					
Milwaukee County	2003	2006	2009	2012	2015
Felt Sad, Blue or Depressed					
Always/Nearly Always (past 30 days)	7%	8%	8%	7%	7%
Find Meaning & Purpose in Daily Life					
Seldom/Never	6%	5%	6%	7%	7%
Considered Suicide (past year)	3%	6%	5%	5%	6%
Children in Household					
Milwaukee County				2012	2015
Personal Doctor/Nurse who					
Knows Child Well and Familiar with History				89%	91%
Visited Personal Doctor/Nurse for					
Preventive Care (past 12 months)				93%	92%
Did Not Receive Care Needed (past 12 months)					
Medical Care				2%	2%
Dental Care				8%	9%
Specialist				2%	1%
Current Asthma				11%	11%
Safe in Community/Neighborhood (seldom/never)				4%	5%
Children 5 to 17 Years Old					
Fruit Intake (2+ servings/day)				78%	82%
Vegetable Intake (3+ servings/day)				26%	27%
Physical Activity (60 min./5 or more days/week)				66%	69%
Children 8 to 17 Years Old					
Unhappy, Sad or Depressed					
Always/Nearly Always (past 6 months)				7%	3%
Experienced Some Form of Bullying (past 12 months)				22%	18%
Verbally Bullied				18%	16%
Physically Bullied				10%	5%
Cyber Bullied				2%	2%
Personal Safety in Past Year					
Milwaukee County	2003	2006	2009	2012	2015
Afraid for Their Safety	6%	10%	9%	7%	6%
Pushed, Kicked, Slapped, or Hit	4%	5%	6%	4%	3%
At Least One of the Safety Issues	9%	13%	12%	9%	8%

Overall Health and Health Care Key Findings

In 2015, 50% of respondents reported their health as excellent or very good; 19% reported fair or poor. Respondents who were female, 55 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket, unmarried, overweight, inactive or smokers were more likely to report fair or poor conditions. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2015, 4% of respondents reported they were not currently covered by health care insurance; respondents who were 18 to 24 years old, non-white and non-African American, Hispanic, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Twelve percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were male, 35 to 44 years old, non-white, Hispanic, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Fourteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, the overall percent statistically decreased for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months. From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2015, 18% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents who were 35 to 54 years old, non-white and non-African American, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Twelve percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were 35 to 54 years old, non-Hispanic or in the bottom 40 percent household income bracket were more likely to report this. Eighteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were female, 35 to 44 years old, African American, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report they did not receive the dental care needed. Four percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed; respondents who were female, 25 to 34 years old, non-Hispanic or unmarried were more likely to report this. *From 2012 to 2015, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported an unmet medical need, unmet dental need or unmet mental health need in the past 12 months.*

In 2015, 49% of respondents reported they contact their doctor when they need health information while 30% reported they go to the Internet. Respondents who were 65 and older, African American, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report they contact their doctor. Respondents who were 18 to 24 years old, non-white and non-African American, with a college education or in the middle 20 percent household income bracket were more likely to report the Internet as their source for health information. Eighty-six percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, white, non-Hispanic or married were more likely to report a primary care physician. Sixty-five percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were female, 65 and older, white, non-Hispanic, with a college education, in the top 60 percent household income bracket or married were more likely to report this. Thirty-one percent of respondents had an advance care plan; respondents who were 65 and older, white, non-Hispanic, in the top 40 percent household income bracket or married were more likely to report an advance care plan. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their source of health information was their doctor. From 2012 to*

2015, there was no statistical change in the overall percent of respondents reporting their source of information was the Internet. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2015, there was a statistical increase in the overall percent of respondents having an advance care plan.

In 2015, 89% of respondents reported a routine medical checkup two years ago or less while 70% reported a cholesterol test four years ago or less. Sixty-two percent of respondents reported a visit to the dentist in the past year while 48% reported an eye exam in the past year. Respondents who were female, 65 and older, African American, non-Hispanic, with some post high school education or less or married were more likely to report a routine checkup two years ago or less. Respondents who were female, 55 and older, white, non-Hispanic, with a college education, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, 18 to 24 years old, white, in the middle 20 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older or non-Hispanic were more likely to report an eye exam in the past year. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting a cholesterol test four years ago or less or a dental checkup in the past year. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less or an eye exam in the past year.*

In 2015, 48% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older, white, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2015, out of six health conditions listed, the three most often mentioned in the past three years were high blood pressure (29%), high blood cholesterol (20%) or a mental health condition (18%). Respondents who were 65 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report high blood pressure. Respondents who were 65 and older, white, African American, non-Hispanic, with a high school education or less, married, overweight or inactive were more likely to report high blood cholesterol. Respondents who were female, 35 to 54 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition. Eleven percent reported diabetes; respondents who were 65 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report diabetes. Nine percent of respondents reported they were treated for, or told they had heart disease. Respondents who were 65 and older, white, African American, non-Hispanic, with some post high school education or less, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report heart disease/condition. Fourteen percent reported current asthma; respondents who were female, African American, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported high blood pressure, diabetes or current asthma. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or heart disease/condition. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported a mental health condition. From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their mental health condition was under control through medication, therapy or lifestyle changes. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported the remaining health conditions were under control through medication, therapy or lifestyle changes.*

In 2015, 7% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were female, 35 to 64 years old, African American, with some post high school education or

less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Six percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were male, 18 to 34 years old, Hispanic, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seven percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month or they seldom/never find meaning and purpose in daily life.*

Behavioral Risk Factors Key Findings

In 2015, 38% of respondents did moderate physical activity five times a week for 30 minutes while 31% did vigorous activity three times a week for 20 minutes. Combined, 49% met the recommended amount of physical activity; respondents who were male, 25 to 34 years old, non-white and non-African American, in the middle 20 percent household income bracket or not overweight were more likely to report this. Sixty-nine percent of respondents were classified as overweight. Respondents who were male, 45 to 54 years old, African American, married or who did an insufficient amount of physical activity were more likely to be overweight. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2015, there was a statistical increase in the overall percent of respondents being overweight.*

In 2015, 62% of respondents reported two or more servings of fruit while 28% reported three or more servings of vegetables on an average day. Respondents who were 35 to 44 years old, non-white and non-African American, Hispanic, with a college education, in the top 40 percent household income bracket, married, not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 25 to 34 years old, non-white and non-African American, with a college education, in the top 60 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Fifty-four percent of respondents reported they often read the labels of new food products they purchase; respondents who were female, 35 to 54 years old, non-Hispanic, with at least some post high school education, in the top 60 percent household income bracket, married, overweight or who met the recommended amount of physical activity were more likely to report this. Seventy-two percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents who were female, 55 and older, white, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report two or fewer restaurant meals. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day.*

In 2015, 81% of female respondents 50 and older reported a mammogram within the past two years; African American respondents were more likely to report this. Eighty-two percent of female respondents 65 and older had a bone density scan. Eighty-two percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-four percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents who were 25 to 44 years old, white, African American, non-Hispanic, with a college education, in the top 40 percent household income bracket or married were more likely to meet the recommendation. *From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.*

In 2015, 14% of respondents 50 and older reported a blood stool test within the past year. Eleven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 67% reported a colonoscopy within the past ten years. This results in 72% of respondents meeting the current colorectal cancer screening recommendation. African American respondents were more likely to meet the recommendation. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame.*

In 2015, 19% of respondents were current tobacco cigarette smokers; respondents who were 55 to 64 years old, non-white and non-African American, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker. In the past 12 months, 58% of current smokers quit smoking for one day or longer because they were trying to quit; respondents who were 18 to 24 years old, African American, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Seventy-eight percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking; female respondents were more likely to report this. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers. From 2003 to 2015, there was no statistical change in the overall percent of current tobacco cigarette smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2006 to 2015, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2015, 75% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Twenty-one percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were 25 to 34 years old, African American, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.*

In 2015, 6% of respondents used electronic cigarettes in the past month; respondents who were male, 18 to 24 years old, with some post high school education or unmarried were more likely to use electronic cigarettes. Five percent of respondents used cigars, cigarillos or little cigars in the past month; respondents who were male, 25 to 34 years old, non-white and non-African American or Hispanic were more likely to report this. Four percent of respondents used smokeless tobacco in the past month; respondents who were male or 18 to 34 years old were more likely to report this

In 2015, 32% of respondents were binge drinkers in the past month. Respondents who were male, 25 to 34 years old, with at least some post high school education or in the top 60 percent household income bracket were more likely to have binged at least once in the past month. Three percent reported they had been a driver or a passenger when the driver perhaps had too much to drink; respondents who were Hispanic, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.*

In 2015, 2% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Two percent of respondents each reported a household problem with marijuana or with the misuse of prescription drugs/over-the-counter drugs in the past year. One percent of respondents reported a household problem in connection with gambling. Less than

one percent of respondents reported a household problem in connection with cocaine/heroin/other street drugs. *From 2006 to 2015, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting a household problem with the misuse of prescription drugs/over-the-counter drugs in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs or gambling.*

In 2015, 17% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 53% reported zero times. Respondents who were male, 35 to 44 years old, non-white, with at least some post high school education or in the top 40 percent household income bracket were more likely to report being distracted by technology at least once a day. Respondents who were female, 65 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report being distracted by technology zero times. Thirteen percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 51% reported zero times. Respondents who were 25 to 44 years old, with at least some post high school education, in the top 60 percent household income bracket or married were more likely to report driving with non-technology distractions at least once a day. Respondents who were male, 65 and older, African American, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report driving with non-technology distractions zero times in the past month.

In 2015, 6% of respondents reported someone made them afraid for their personal safety in the past year; respondents 25 to 34 years old or with some post high school education were more likely to report this. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were male, 25 to 34 years old, non-white and non-African American, Hispanic, with a college education or in the top 40 percent household income bracket were more likely to report this. A total of 8% reported at least one of these two situations; respondents who were 25 to 34 years old, non-white and non-African American or with at least some post high school education were more likely to report this. *From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household Key Findings

In 2015, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-one percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 92% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Nine percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 2% reported their child did not receive the medical care needed. One percent of respondents reported their child was not able to visit a specialist they needed to see in the past 12 months. Eleven percent of respondents reported their child currently had asthma. Five percent of respondents reported their child was seldom or never safe in their community. Eighty-two percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 27% reported three or more servings of vegetables. Sixty-nine percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Three percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Eighteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 16% reported verbal bullying, 5% physical bullying and 2% reported cyber bullying. *From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child has a personal doctor/nurse or their child saw their personal doctor/nurse in the past year for preventive care. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, unmet dental need or unmet specialist care need in the past 12 months. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day, ate at least three servings of vegetables a day or was physically active five times a week for at least 60 minutes. From 2012 to 2015, there was a statistical decrease in the overall*

percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported in the past year their child was bullied overall. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was physically bullied. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported in the past year their child was verbally or cyber bullied.

Community Health Issues Key Findings

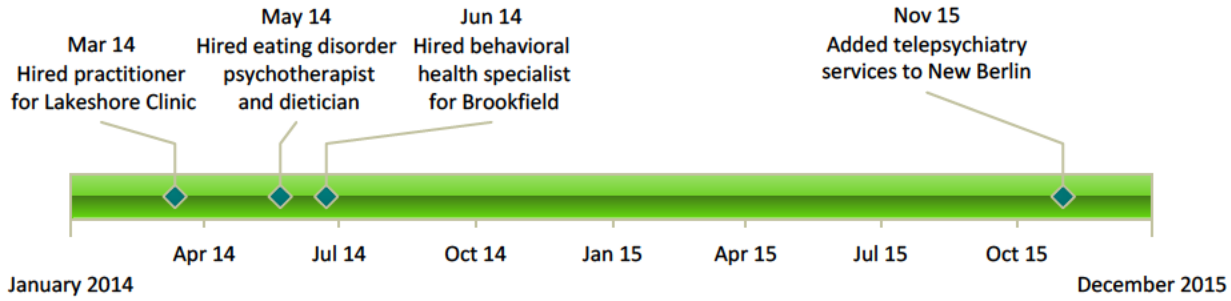
In 2015, respondents were asked to pick the top three health issues in their community out of eight listed. The most often cited were chronic diseases (66%), alcohol/drug use (55%) or violence (42%). Respondents who were non-white and non-African American, Hispanic, with a college education or in the middle 20 percent household income bracket were more likely to report chronic diseases. Respondents who were 18 to 24 years old, white or in the top 40 percent household income bracket were more likely to report alcohol/drug use as a top health issue. Respondents who were female, 25 to 34 years old, 45 to 64 years old, African American, non-Hispanic or in the middle 20 percent household income bracket were more likely to report violence. Thirty-one percent of respondents reported mental health/depression as a top health issue; respondents who were female, 25 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report this. Twenty-three percent of respondents reported teen pregnancy as a top issue; respondents who were 18 to 24 years old, non-white and non-African American, Hispanic, with some post high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Nineteen percent reported infectious diseases; respondents who were 35 to 44 years old or African American were more likely to report this. Seven percent of respondents reported infant mortality as a top issue; respondents who were female, 35 to 44 years old or married were more likely to report this. Two percent of respondents reported lead poisoning as a top issue. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported chronic diseases or mental health/depression as one of the top health issues in the community. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported alcohol/drug use, violence, teen pregnancy, infectious diseases, infant mortality or lead poisoning as one of the top health issues in the community.*

Focus | Access to care

Intended Impact

- Improved availability and convenience for newly and self-referred patients
- Decreased wait times
- Previously uninsured patients gain coverage
- Increase outpatient capacity across our continuum of care
- Improved access for persons referred to behavioral health services in the primary care setting
- Redirect patients to appropriate mental/behavioral health or AODA services
- Expedite referral process

Actions Taken Timeline



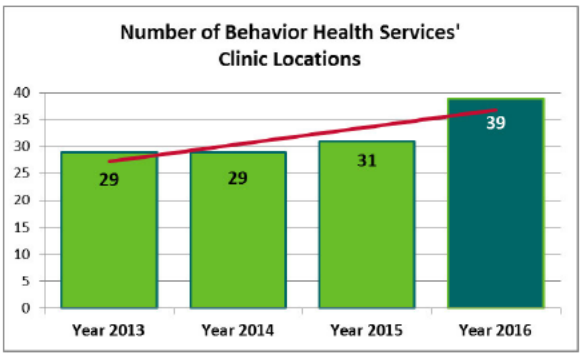
Results

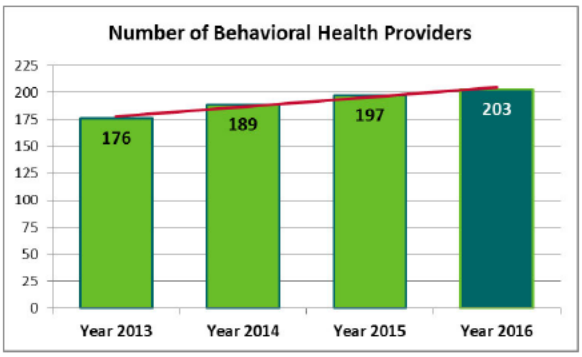
2014

- 1,517 telephonic intake assessments completed
- 3,270 Aurora emergency department patients redirected to appropriate Aurora behavioral health services
  - 2,872 individuals screened for financial assistance; 17 uninsured individuals identified
  - 17 applications completed for financial assistance

2015

- 879 telephonic intake assessments completed
- 7,004 Aurora emergency department patients redirected to appropriate Aurora behavioral health services
- 7,445 intake assessments completed at APH
- 525 urgent care evaluations provided
- Added 20 more behavioral health outpatient providers





Focus | Behavioral and Mental Health in the Community

Intended Impact

- A data-driven plan for the effective and sustainable redesign of the mental health system in Milwaukee County served by public and private systems and organizations
- Improved diagnostic and therapeutic capabilities in psychiatry and addiction medicine to benefit patients and their families
- Expand knowledge among school personnel to recognize behavioral health issues in their schools and improve outlook for students who would benefit from behavioral health services

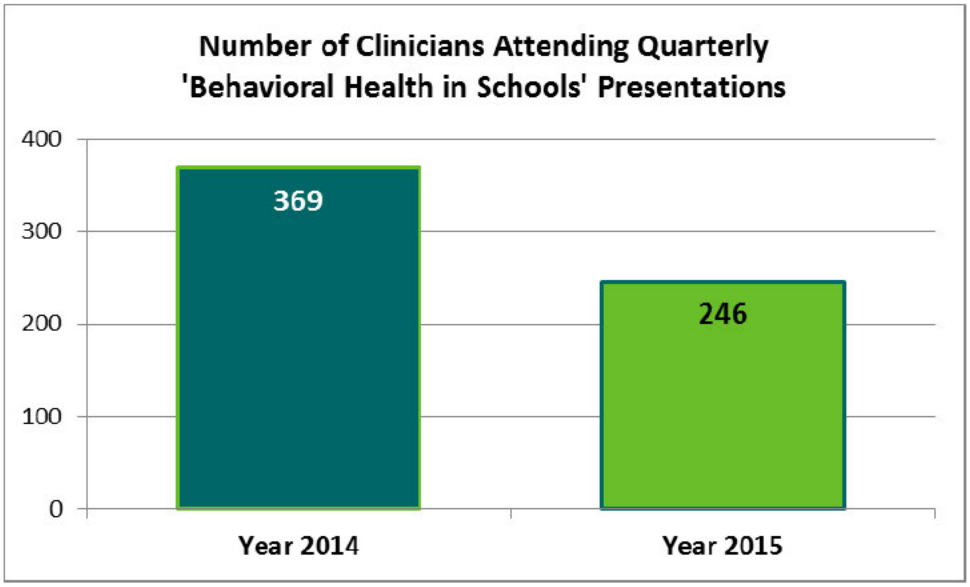
Results

2014

- Aurora President of Behavioral Health was Vice Chair of the Milwaukee County Mental Health Board
- 482 clinicians attended quarterly evidence-based behavioral health series presentations
- 230 clinicians attended professional development workshops
- 368 clinicians attended quarterly 'Behavioral Health in Schools Series' presentations

2015

- Aurora President of Behavioral Health was Vice Chair of the Milwaukee County Mental Health Board
- 460 clinicians attended 8 professional development programs
- 246 clinicians attended quarterly 'Behavioral Health in Schools Series' presentations



Intended Impact

- Expand the continuum of care for people in addiction-recovery programs
- Increase in number of support group meetings and times for community members in recovery
- Increase in number of individuals participating in support group meetings

Results

2014

- 22 weekly support groups held at Lighthouse on Dewey
- 500 participants attended weekly support groups held at Lighthouse on Dewey
- 33 hours of weekly programming provided to the community

2015

- 40 weekly support groups held at Lighthouse on Dewey
- Over 700 participants attended weekly support groups held at Lighthouse on Dewey
- 56 hours of weekly programming provided to the community