2013 *Community Health Needs Assessment* Report

2014 *Implementation* Strategy

Aurora Psychiatric Hospital®

Aurora Psychiatric Hospital
1220 Dewey Avenue
Wawautosa, 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 those hospitals are located in Milwaukee County. They are:

- **Aurora St. Luke's Medical Center** – Aurora's flagship quaternary hospital is internationally known for its expertise in heart care, is the site of the majority of Aurora's clinical research, and is home to the second-largest hyperbaric chamber in the world and a biorepository called ORBIT that is open to researchers around the world, streamlining medical research and discovery.

- **Aurora St. Luke's South Shore** – Formerly known as Trinity Memorial Hospital, the community-centered Cudahy campus of Aurora St. Luke's Medical Center was created 55 years ago at the request of citizens. It continues to serve the community with the latest in medical care.

- **Aurora Sinai Medical Center** – Milwaukee's last remaining downtown hospital, Aurora Sinai includes the nationally recognized Acute Care for the Elderly 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's services, and is home to the Regional Parkinson Center.

- **Aurora West Allis Medical Center** – 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 care in a relaxed, healing environment. Note: *This hospital is uniquely situated in the second-largest city within Milwaukee County.*

- **Aurora Psychiatric Hospital** – 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 also hosts Kradwell School, one of Southeastern Wisconsin's only specialty schools for children and adolescents who have behavioral health issues.

Since 2003, as part of a comprehensive survey of eastern Wisconsin to identify significant health needs, Aurora Health Care has partnered with municipal 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, Aurora Psychiatric Hospital is a resource to all.

How Aurora's five Milwaukee County Hospitals align with municipal 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

Aurora Psychiatric Hospital offers services for individuals struggling with mental health and substance abuse problems. Located on a 30-acre campus in Wauwatosa, Wisconsin, Aurora Psychiatric Hospital 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 and intensive outpatient programming. We specialize in programming for children, adolescents and adults covering a broad spectrum of mental health and substance abuse issues. Our continuum of Behavioral Health Services care includes thirty operating locations across the Aurora system, serving 300-400 patients per week.

Who we serve

As a leader in behavioral health care since 1884, Aurora Psychiatric Hospital serves all social and economic backgrounds from Milwaukee County and beyond.

- More than 3,100 hospital discharges annually
- Approximately 13,700 outpatient hospital visits annually
- 68 Staffed Beds
- Average Length of Stay (Days):
  - 5.1 - Psychiatric
  - 3.0 - Alcoholism/Chemical Dependency
  - 4.7 - Total Hospital

To learn more about our hospital, please click here.

Economic Impact

A report by the University of Wisconsin-Milwaukee found that Aurora Health Care's economic impact is substantial in every county in which its hospitals, clinics and other ambulatory facilities operate. When all multiplier effects are calculated, Aurora's economic impact accounts for an estimated 6.3 percent of all employment and 7.3 percent of total payroll in Milwaukee County.

Within Milwaukee County, Aurora Psychiatric Hospital accounts for $42.11 million in output/revenues; $19.02 million in earnings; and, when all multiplier effects are calculated, 572 jobs.

Levine, M.V. (2013). The Economic Impact of Aurora Health Care in Wisconsin. *University of Wisconsin-Milwaukee Center for Economic Development* (http://www.ced.uwm.edu). Report available at http://www.aurora.org/commbenefits

Part II | Aurora Psychiatric Hospital (APH)
2013 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: Milwaukee County

Although Aurora Psychiatric Hospital (APH) serves the entire Milwaukee metro area and beyond, for the purpose of the community health needs assessment 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.

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 further characterized by its 19 cities and villages:[1]

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 is 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]

[1] Milwaukee County. Available at http://county.milwaukee.gov/Milwaukee%20County7699.htm. Accessed on October 15, 2013
[2] American Community Survey. 2007-2011 Five Year Estimates, S1701
[3] Chen, H-Y., Baumgardner, D.J., Frazer, D.A., Kessler, C.L., Swain, G.R., & Cisler, R.A. (2012). Milwaukee Health Report 2012: 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.

Demographic Characteristics of Milwaukee County and Wisconsin

Characteristics	Milwaukee County	Wisconsin
Total Population*	947,735	5,686,986
Median Age (years)*	33.6	38.5
Race*		
White (non-Hispanic)	60.6%	86.2%
Black or African American (non-Hispanic)	26.8%	6.3%
Asian	3.4%	2.3%
American Indian and Alaska Native	0.7%	1.0%
Some other race	5.4%	2.4%
Hispanic or Latino (of any race)	13.3%	5.9%
Age*		
0-14 years	20.8%	19.4%
15-44 years	43.7%	39.2%
45-64 years	24.1%	27.7%
65 years and older	11.5%	13.8%
Education level of adults 25 years and older**		
Less than high school degree	14.8%	10.2%
High school degree	30.0%	33.6%
Some college/associates	28.1%	30.1%
Bachelor degree or higher	27.1%	26.1%
Unemployment rate (estimate)***	10.0%	7.1%
Median household income (estimate)**** **(2011 inflation-adjusted dollars)**	$43,397	$52,374
Percent below poverty estimate in the last 12 months (estimate)******	19.9%	12.0%

Note: Some totals may be more or less than 100% due to rounding or response category distribution
* U.S. Census Bureau 2010 Demographic Data, DP-1
** American Community Survey. 2007-2011 5-year Estimates, DP02
*** American Community Survey. 2007-2011 5-year Estimates, DP03
**** American Community Survey. 2007-2011 5-year Estimates, S2301

Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

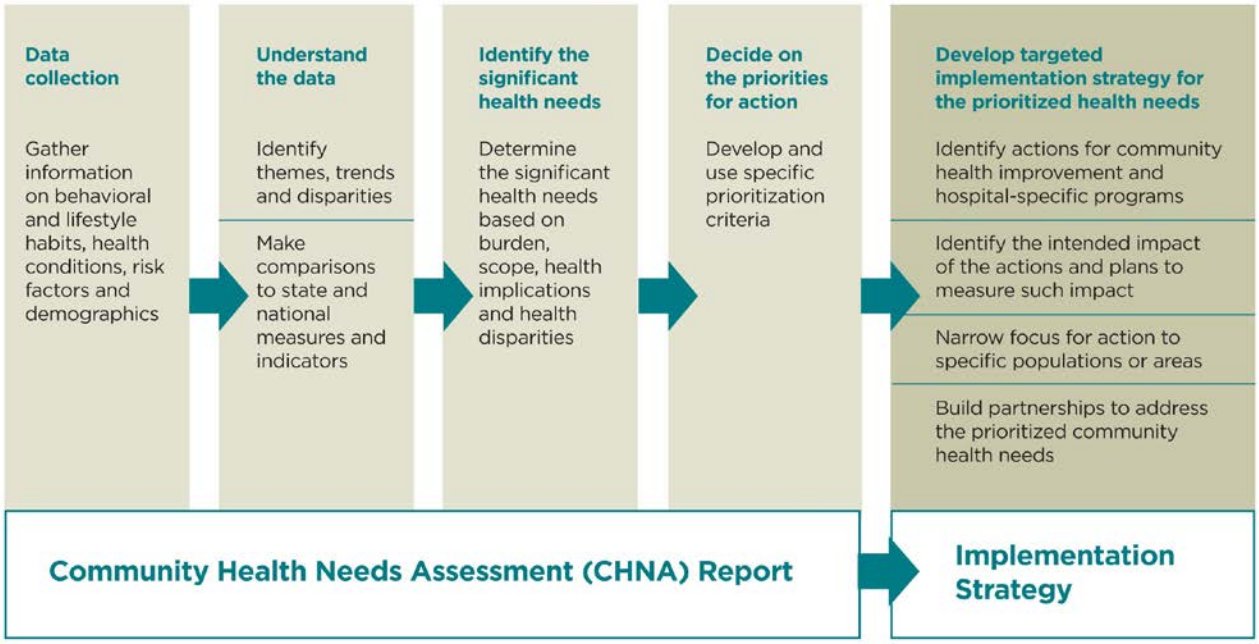
Partnership

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 health departments in Milwaukee County, aligned resources to complete a shared community health needs assessment (CHNA) in 2013. 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 1,900 adults, key informant interviews and multiple secondary data sources. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in Milwaukee County to implement strategies to improve health outcomes and reduce disparities.

The 2013 community health needs assessment is based on prior efforts undertaken by Aurora Health Care to assess community health needs. Since 2003, Aurora Health Care has underwritten a community health survey of Milwaukee County and the municipalities every three years, conducted in partnership with the municipal health departments.

Purpose and process of the shared Community Health Needs Assessment

From 2012 – 2013, a community health needs assessment (CHNA) was conducted to 1) determine current community health needs in Milwaukee County, 2) gather input from persons who represent the broad interests of the community and 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.



Data collection and analysis

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 year (e.g., 2010, 2012) 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 Report

The community health survey is a source of primary community health data. The latest telephone survey was completed between June 20 and November 7, 2012, and analyzed and posted in 2013. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. 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 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 and for the data summary see Appendix D.

Source #2 | Secondary Data Report (2012-2013)

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

Qualitative data source

Source #3 | Key Informant Interview Report (2012-2013)

Forty-one individual key informant interviews and five focus groups were conducted between August and December 2012. 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*. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to 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 the twelve municipal health departments in Milwaukee County, as well as leaders of academic centers, health coalitions, health systems, foundations, social service agencies and community organizations. These key informants focus on a range of public health issues and/or health disparities, and represent the broad interest of the community served, including medically underserved, low income and minority populations. For further description see Appendix C.

The Key Informant Interview Report presents the results, including cross-cutting themes, summaries of the top five health issues, comparison of results across jurisdictions (city of Milwaukee versus other Milwaukee County municipalities), and summaries for additional identified health issues. Moreover, the Key Informant Interview 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.

Additional sources of data and information used to prepare the Aurora Psychiatric Hospital CHNA and considered when identifying significant community health needs:

Source #4 | Wisconsin Mental Health and Substance Abuse Needs Assessment (January 2013)
The report is prepared by the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, Bureau of Prevention Treatment and Recovery. The report is available at http://scaoda.state.wi.us/docs/main/CombinedNAdraft013013.pdf

Source #5 | Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (September 2012)
The epidemiological profile is prepared by the Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute, and is funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The profile is available at http://www.dhs.wisconsin.gov/publications/p4/p45718-12.pdf

Section 3 | Significant health needs identified through the Community Health Needs Assessment (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 Milwaukee County 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 behavioral and mental 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 municipal health department Community Health Improvement Plans (CHIPs)

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 the municipal health departments Community Health Improvement Plan (CHIP), *Healthiest Wisconsin 2020* and *Healthy People 2020*

Municipal Health Departments *Community Health Improvement Plan (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 Community Health Improvement Plan (CHIP) http://www.dhs.wisconsin.gov/chip/
Healthiest Wisconsin 2020	*"Healthiest Wisconsin 2020* 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 for Aurora Psychiatric Hospital are focused on behavioral and mental health issues. For additional significant health needs for Milwaukee County, view the Milwaukee County Community Health Needs Assessment (CHNA) Report at http://www.aurora.org/commhealth. 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 medication | In 2012, 11% of adults 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 (less than $40,001) were more likely to report this (Source #1).

> **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.[5]

Unmet mental health care | In 2012, 4% of adults reported they did not get the mental health care they needed sometime in last the 12 months. Respondents who were 45 to 54 years old, non-white and non-African American, Hispanic, with some post high school education or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report unmet mental health care.

> **Why is this significant?** Unmet mental health care 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.[6]

Access to mental health services in Milwaukee County | The demand for mental health services continues to be a pressing issue for Milwaukee County. The 2012 Aurora Psychiatric Hospital (APH) individual patient counts:[7]

Type	Age Group	Patients
Hospital	Child	415
Hospital	Adolescent	721
Hospital	Adult	4,403
Outpatient	Child	1,621
Outpatient	Adolescent	1,953
Outpatient	Adult	16,558

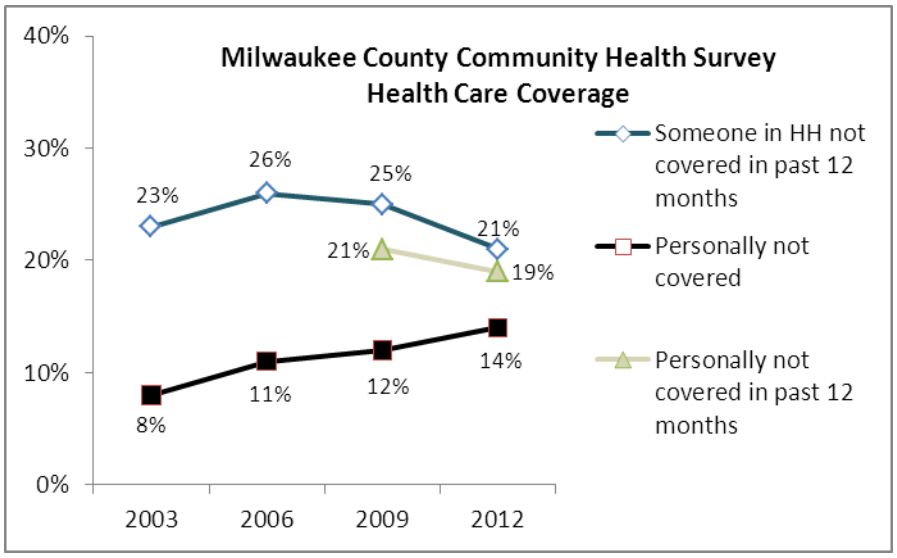
In 2012, the outpatient child/adolescent access time for new patient visits at APH was 18.97 days.

Based on estimates from the Wisconsin Department of Health Services, Milwaukee County has a shortage of psychiatrists. In particular, there needs to be an addition of approximately 17 full-time psychiatrists to reduce the psychiatrist shortage in the inner city of Milwaukee (Source #4). A nine county provider assessment (2009) identified unmet needs for outpatient services including, but not limited to, psychiatrists and nurse time (especially to prescribe and manage medications), child psychiatrist services, wait times up to 3-6 months, and providers willing to accept Medicaid reimbursement rates (Source #4).

[5] Centers for Disease Control and Prevention – Primary Care & Public Health Initiative: Medication Adherence. Available at http://www.cdc.gov/primarycare/materials/medication/. Accessed August 23, 2013
[6] 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
[7] The information was provided by Aurora Psychiatric Hospital. Data was retrieved September 6, 2013

Coverage

Health care coverage | Based on the key informant interview findings, access to health care services and health insurance coverage emerged as one of the top five health issues for Milwaukee County (Source #3).



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

In 2012, 14% of adults reported they personally were not currently covered, an increase from 2003 (8%). Respondents who were male, 18 to 24 years old, non-white, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried respondents were more likely to report they personally were not currently covered (Source #1).

In 2012, 19% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a slight decrease from 2009 (21%). Respondents who were male, 18 to 24 years old, non-white, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report not being personally covered at least part of the time in the past 12 months (Source #1).

In 2012, 21% of adults reported a household member was not covered at least part of the time in the past year, a slight decrease from 2003 (23%). Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report this (Source #1).

> **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.[8]

[8] Centers for Disease Control and Prevention. Vital Signs – Access to Health Care. Available at http://www.cdc.gov/vitalsigns/healthcareaccess/. Accessed July 19, 2013

Alcohol and drug abuse and dependence and binge drinking

Alcohol abuse or dependence | Deaths and hospitalizations
The "other" alcohol-related death rate includes all alcohol-related deaths other than alcoholic liver cirrhosis and motor vehicle deaths. The most frequent causes of "other" alcohol-related deaths are mental and behavioral health disorders due to alcohol, alcohol dependence syndrome, unspecified liver cirrhosis, homicide, poisoning and suicide (Source #5).

- The 2002-2010 (combined years) average number of "other" alcohol-related deaths for Milwaukee County was 284. The rate was 30.3 per 100,000, which was higher compared to the state (19.4 per 100,000)

In 2009-2010, Milwaukee County was among nine counties in Wisconsin with the highest rates of alcohol-related hospitalizations (at least 25% above the state average) (Source #5).

- The 2009-2010 Milwaukee County alcohol-related hospitalizations rate was 1,101 per 100,000, which was considerably higher compared to the state (856 per 100,000)

Alcohol dependence or abuse rate was unavailable for the county. For the state, from 2003 to 2009 the reported rate of alcohol dependence or abuse among the Wisconsin population age 12 and older declined from 11% in 2003-2004 to 8% in 2008-2009. The 2008-2009 national rate was 7% (Source #5).

Drug abuse or dependence | Hospitalizations
In 2009-2010, Milwaukee County was among nine counties in Wisconsin with the highest rate of drug-related hospitalizations (at least 25% above the state average) (Source #5).

- The 2009-2010 Milwaukee County drug-related hospitalizations rate was 398 per 100,000, which was considerably higher compared to the state (262 per 100,000)

Drug dependence or abuse rate was unavailable for the county. For the state, for most years from 2003 through 2009, the rate of dependence on or abuse of illicit drugs was the same (3%) for Wisconsin and the United States (Source #5).

Binge drinking | Binge drinking has increased considerably in Milwaukee County. In 2012, 31% of adults reported binge drinking in the past month, almost two times higher when compared to 2003 (17%), and higher when compared to the state (22%) and the United States (15%). Respondents who were male, 25 to 34 years old or in the top 40 percent household income bracket (at least $60,001) were more likely to have binged at least once in the past month (Source #1).

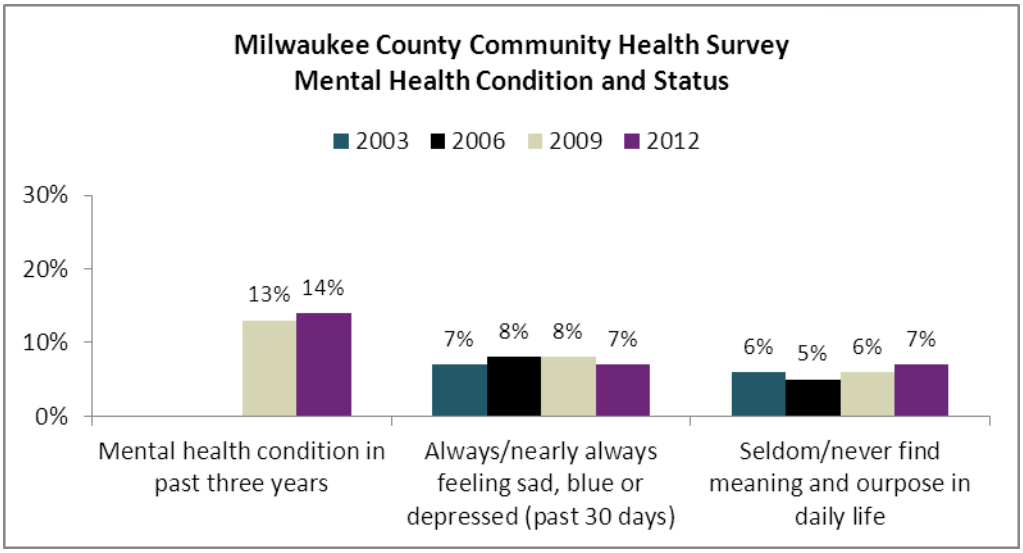
- The *Healthy People 2020* goal for adult binge drinking is 24%

Binge drinking is defined as five or more drinks on one occasion for males and four or more for females. Note: the comparison to the state and U.S is based on the 2010 Behavioral Risk Factor Surveillance System (Source #1).

> **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, drowning), 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.[9]

[9] Centers for Disease Control and Prevention – Alcohol. Available at http://www.cdc gov/alcohol/. Accessed July 19, 2013

Mental health issues and conditions for adults and emotional well-being of children and adolescents



Mental health conditions| Mental health was identified as a significant need for all municipalities in Milwaukee County.

Based on the key informant interview findings, behavioral health (mental health and alcohol and drug issues) emerged as one of the top five health issues for Milwaukee County. Key informants almost universally discussed mental health or alcohol and drug issues, with many discussing both. Stigma and access to behavioral health services were noted as challenges for both. Mental health was noted as needing significant change and community investment, although several initiatives to make these changes were identified. One initiative frequently mentioned was the Milwaukee County Mental Health Redesign, which was noted as a critical strategy to address adult mental health issues (Source #3).

In 2012, 14% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, a slight increase from 2009 (13%). Respondents who were female, 45 to 54 years old, with some post high school education, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report a mental health condition (Source #1).

> **Why is this significant?** Mental health conditions are extremely costly to society due to diminished personal, social and occupational functioning. 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 and excessive drinking.[10]

[10] Centers for Disease Control and Prevention – Mental Health. Available at http://www.cdc.gov/mentalhealth/. Accessed July 19, 2013

Mental health status | In 2012, 7% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Respondents who were 45 to 54 years old, non-white and non-African American, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they always or nearly always felt sad, blue or depressed (Source #1).

Additionally, 7% of respondents reported they seldom or never find meaning and purpose in daily life. Respondents who were male, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report this (Source #1).

Suicide | In 2012, 5% of adults reported feeling so overwhelmed in the past year that they considered suicide, a slight increase from 2003 (3%). This means approximately 35,550 adults in Milwaukee County may have considered suicide in the past year. 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 2010, there were 116 suicides in Milwaukee County (12.2 per 100,000) (Source #2).

- The *Healthy People 2020* target is 10.2 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 increase risk and increase factors that promote resilience.[11]

Emotional well-being of children and adolescents| In 2012, additional questions were asked of survey respondents with a child or children in their households (Source #1). In households with more than one child, respondents were asked to randomly select one child, and then asked questions about that one child's emotional well-being.

- In 2012, 7% of respondents reported their 8 to 17 year old always or nearly always felt unhappy, sad or depressed in the past six months (Source #1)
- In 2012, 22% of respondents reported their 8 to 17 year old child experienced some form of bullying (Source #1). In particular:
  - 18% reported their child was verbally bullied; for example, mean rumors were said or kept of a group.
  - 10% reported their child was physically bullied, for example, being hit or kicked
  - 2% reported their child was cyber or electronically bullied; for example, teased, taunted, humiliated or threatened by email, cell phone, Facebook postings, texts or other electronic methods

  Why is this significant? Bullying can result in physical injury, social and emotional distress, and even death. Victimized youth are at increased risk for depression, anxiety, sleep disturbances and poor school adjustment.[12]

[11] Centers for Disease Control and Prevention – suicide prevention. Available at http://www.cdc.gov/violenceprevention/suicide/. Accessed July 19, 2013

[12] Centers for Disease Control & Prevention – Understanding Bullying Fact Sheet. Available at http://www.cdc.gov/violenceprevention/pdf/bullyingfactsheet2012-a.pdf. Accessed September 9, 2013

Section 4 | Prioritized 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 2013, Aurora hospital leaders prioritized significant needs of the Milwaukee County Community Health Needs Assessment 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 Federally Qualified Health Centers (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 municipal health department Community Health Improvement Plan (CHIP)

Using this criteria, Aurora Psychiatric Hospital 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 binge drinking since this is part of the patient assessments and the standard continuum at the Aurora hospitals and clinics located in Milwaukee County. The Aurora Psychiatric Hospital is focused in providing services for individuals with alcohol and drug dependence and substance abuse issues.

Additionally, the implementation strategy does not include specific strategies for the prevention of bullying; however the Kradwell School, which is closely affiliated with the Aurora Psychiatric Hospital (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.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, click here.

Part III | Aurora Psychiatric Hospital 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 department community health improvement plan (CHIP)
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. A full accounting of our community benefits are reported each year and 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.

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.

Access

The demand for mental health services continues to be a pressing issue for Milwaukee County. The 2012 Aurora Psychiatric Hospital individual patient counts:[13]

Type	Age Group	Patients
Hospital	Child	415
Hospital	Adolescent	721
Hospital	Adult	4,403
Outpatient	Child	1,621
Outpatient	Adolescent	1,953
Outpatient	Adult	16,558

Access is a an Aurora Health Care signature community benefit focus

Our implementation strategy considers four dimensions of access as conceived by Penchansky and Thomas (1981)[14]: Availability, affordability, accessibility, accommodation.

Focus | Availability and affordability

Meeting demand for services in our Adult Program and Partial Hospital Programs is impeded by a shortage of psychiatrists and the wait times for new patients to be assessed before seeing a psychiatrist. For persons in crisis without health insurance, this poses additional delays.

Target population

- Adults and children newly or self-referred for services

What we will do

To minimize the wait times between assessments and each patient's first appointment with a psychiatrist, we will:

- Fully implement a 45-minute telephone assessment piloted with success in 2013 to replace the two-hour in-person assessment

To assure ongoing coverage for patients who are uninsured, we will:

- Actively screen all uninsured patients for financial assistance programs, including Aurora's *Helping Hand Patient Financial Assistance* program, and other safety net programs for which they qualify, and assist with application processes
- Through our specially trained financial counselors and public benefits specialists, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (also known as exchanges) and provide assistance as needed

Intended impact

- Improved availability and convenience for newly and self-referred patients
- Decreased wait times
- Previously uninsured patients gain coverage

Measures to evaluate impact

- Number of telephone assessments
- Number of urgent care evaluations provided

[13] The information was provided by Aurora Psychiatric Hospital, data was retrieved September 6, 2013.

[14] Penchansky R, Thomas JW. The Concept of Access: Definition and Relationship to Consumer Satisfaction. Medical Care. 1981;19(2):127–40.[PubMed]

Focus | Accessibility

All patients need the right care, at the right time, in the right place. Not all persons needing behavioral health services require intensive outpatient or partial hospitalization programs.

Target population

- Patients who have a behavioral health need that requires outpatient care

What we will do

To increase access points for patients who are less acute, we will:

- Provide behavioral health specialists in primary care settings, placing a behavioral health specialist at Lakeshore Medical Clinic in Milwaukee County (on Milwaukee's south side) during 2014
- Explore opportunities for further integration of behavioral health specialists into primary care settings
- Add additional outpatient psychiatry, nurse practitioners and create an outpatient clinic for patients who are experiencing an eating disorder

Intended impact

- Increase outpatient capacity across our continuum of care
- Improved access for persons referred to behavioral health services in the primary care setting

Measures to evaluate impact

- Number of patients who utilize behavioral health specialists at Lakeshore Medical Clinic
- Number of patients accessing outpatient services

Focus | Accommodation

Patients with acute mental health or substance abuse issues experience delays in getting the help they need when they arrive in hospital emergency departments.

Target population

- Patients with mental health or substance abuse issues who present to emergency departments at four Aurora hospitals in Milwaukee County

What we will do

To assure the right levels of care and services, we will:

- Embed an Aurora Behavioral Health specialist in each of four of Aurora hospital emergency departments in Milwaukee County to conduct intake

Intended impact

- Redirect patients to appropriate mental/behavioral health or AODA services
- Expedite referral process

Measures to evaluate impact

- Number of referred/deferred patients in Aurora hospital emergency departments successfully directed to appropriate resources and levels of care within Aurora facilities

- In 2012, 14% of adults in Milwaukee County reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years (CHNA Source #1)
- In 2012, 5% of adults reported feeling so overwhelmed in the past year that they considered suicide. This means approximately 35,550 adults in Milwaukee County may have considered suicide in the past year (CHNA Source #1)
- In 2010, there were 116 suicides in Milwaukee County (12.2 per 100,000). The *Healthy People 2020* target is 10.2 per 100,000 (CHNA Source #2)

Focus | Behavioral and mental health services in Milwaukee County

In April 2011, the Milwaukee County Board of Supervisors passed a resolution supporting efforts to redesign the Milwaukee County mental health system and create a Mental Health Redesign and Implementation Task Force (Redesign Task Force) to provide the Board with data-driven implementation and planning initiatives based on the recommendations of various public and private entities. See: http://county.milwaukee.gov/MHRedesign.htm

Principal partner

- Aurora St. Luke's South Shore (ASLSS) behavioral health inpatient and partial hospital program

Community partners

- Health care systems and hospitals, provider organizations, advocates, foundations, academic institutions, community organizations, community members and persons with lived experience

Target population

- All individuals, current and future, who need mental and behavioral health services

What we will do

To fulfill our role in the Milwaukee County Mental Health Redesign Task Force, we will:

- Provide content expertise and thought leadership throughout the redesign process
- Actively serve as the co-chair for Redesign Task Force (APH hospital president)
- Actively serve as content-experts on the action teams (APH and ASLSS staff), which are:

1) System of care
2) Crisis system redesign
3) Continuum of community-based services
4) Integrated multi-system partnerships
5) Reduction of Inpatient utilization
6) Cultural intelligence

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. Note: This will be developed as quickly as possible and based on funding for the Milwaukee County Behavioral Health Division.

Measures to evaluate impact

- Monthly progress reports on the five improvement areas will continue to be made to the Milwaukee County Board and the community, which are:

1) System of care
2) Crisis system redesign
3) Continuum of community-based services
4) Integrated multi-system partnerships
5) Reduction of inpatient utilization

Focus | Evidence-based behavioral health series for health professionals

Target population

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

What we will do

To continually advance knowledge and expertise of mental and behavioral health specialists, we will:

- Annually provide a continuing education series of eight lectures to enhance knowledge in specialized areas of our profession (e.g. ethics and boundaries, confusing medical ailments with mental illness, internal family systems, etc.)
- Provide four full-day intensive workshops with national speakers on requested clinical topics including boundaries, ethics, eating disorders

Intended impact

- Improved diagnostic and therapeutic capabilities in psychiatry and addiction medicine to benefit patients and their families

Measures to evaluate impact

- Attendance and number of disciplines
- Mental health professionals' program evaluations

Focus |Behavioral health issues in the schools

Target population

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

What we will do

To help school professionals better understand the etiology of behavioral health illnesses, as well as treatment alternatives and strategies for coping with behavioral health issues in schools, we will:

- Provide a continuing education series of four lectures to school professionals per education semester

Intended impact

- 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

Measures to evaluate impact

- Attendance and completion
- Attendee evaluations

In the most recent national Survey of Substance Abuse Treatment Services, the number of recovering patients in Wisconsin jumped 12% from 2009 to 2010.

In 2011, the Dewey Center on our APH Campus treated more than 2,200 patients ages 18 to 65+, the majority of whom were between the ages of 22 and 49.

Focus | Alcohol, drug dependence and substance abuse

Groups that support individuals and their families through the journey to maintain sobriety need non-clinical venues in which to meet. There is a shortage of space on our campus and in our community to meet this purpose.

Principal partner (funding partner)

- Aurora Health Care Foundation

Target population

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

What we will do

To promote the efficacy and proliferation of 12-step recovery support groups for those in recovery, and to increase accessibility to support groups, we will:

- Raise funds to restore the *Lighthouse on Dewey* on our campus into a modern space for hosting concurrent 12-step group programs at one location
- Make this facility available on evenings and weekends for family programming, leisure activities and retreats
- Include a Women's Center for women in recovery who have experienced physical, sexual and/or emotional trauma; rooms and halls of various sizes for large and small meetings

Intended impact

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

Measures to evaluate impact

- Number of support groups utilizing facility
- Number of hours facility is used by target population
- Numbers and types of not-for-profit groups utilizing facility for community education and outreach
- Numbers of people attending support groups and educational sessions at the *Lighthouse on Dewey*

Appendix A | Milwaukee County Community Health Survey Report (Source #1)
The report is available at http://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 measures. 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=1,428). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=542). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included. Data collection was conducted by Management Decisions Incorporated.

A total of 1,970 telephone interviews were completed between June 20 and November 7, 2012. With a sample size of 1,970, 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 County. 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 7,110 adults.

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 City of Milwaukee Health Department and other municipal 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 (2012-2013) (Source #2)
The report is available at http://www.aurora.org/commbenefits

Data Collection & Analysis: In spring 2012, 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
2012 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*
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*
American FactFinder and American Community Survey	American FactFinder provides access to data about the United States. The data comes from several censuses and surveys. The American Community Survey (ACS) is a nationwide survey designed to provide information 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*
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*
County Health Rankings & Roadmaps	Each year the overall health of almost every county in all 50 states is assessed and ranked using the latest publically 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.*
Impact 2-1-1 Statistical Call Report	This report provides an overview of the types and quantities of call seeking resources and services related to health and health care. The report covers callers from 10 zip codes from January through December 2012. The 10 zip codes represent the lower socio-economic status (SES) group of neighborhoods within the City of Milwaukee as identified in the Milwaukee Health Report. *Source: IMPACT 2-1-1*

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. 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 City of Milwaukee and other municipal health departments in Milwaukee County. This 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 (2012 – 2013) (Source #3)
The report is available at http://www.aurora.org/commbenefits

Data Collection and Analysis: Forty-one individual interviews and five focus group interviews were conducted between August and December 2012. 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 each municipal health department as well as leaders of academic centers, health coalitions, health care systems, foundations, social service agencies 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

Organization	Description of the organizations *The description is based on information provided on the organization's website, accessed July 5, 2013*
12 Local Health Departments	Milwaukee County has twelve local municipal 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.
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 with a location in Milwaukee. 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."
Black Health Coalition of Wisconsin	The mission of the Black Health Coalition of Wisconsin, Inc. is to "improve the health status of African Americans in the state of Wisconsin and to insure equitable and comprehensive health for all people." The Black Health Coalition of Wisconsin, Inc. (BHC) adopted the concerns of the Health and Human Services' Secretary Task Force on Black and Minority Health as its basis for concentration.
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 UW Children's Hospital. United around a common desire: "quality health care for all children and families." Main focus is on collaboration, advocacy, mobilization, and support; and programming for asthma, grief and bereavement, injury prevention and death review, lead poisoning, oral health, and Reach Out and Read Wisconsin.
Children's Hospital and Health System, Community Services	Children's Hospital of Wisconsin Community Services provides community health services, foster and adoption services, child and family counseling, child advocacy services, family resource centers and education services.
Columbia St. Mary's, Milwaukee Oral Health Task force	The task force is committed to improving oral health for children in Milwaukee. One such initiative, is Smart Smiles School-based Oral Health, at Columbia St. Mary's Health System. The 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.
Community Advocates	Community Advocates "helps people meet their most basic needs -- like a roof over their heads, the lights and heat on at night, and healthcare for their kids." In addition to basic needs advocacy, Community Advocates provides 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.
Greater Milwaukee Foundation	Since the Greater Milwaukee Foundation began in 1915, they've been guided by three tenets – helping donors create personal legacies of giving that last beyond their lifetimes; investing donor funds for maximum return with minimum risk; and playing a leadership role tackling the community's most challenging needs. These guiding principles continue to serve the Foundation, their donors, and the community well.
Helen Bader Foundation	The Helen Bader Foundation, Inc. strives to be a philanthropic leader in improving the quality of life of the diverse communities in which it works. The Foundation makes grants, convenes partners, shares knowledge to affect emerging issues in key areas, "from providing safe places for Milwaukee youth to go after school, to bringing the public and private sectors together to help people get back to work during difficult economic times, the groups we fund are focused on finding innovative solutions to the challenges people face."
Latino Health Coalition	The Latino Health Coalition (LHC) in Milwaukee works within a "social justice framework to organize the Latino community to address the social determinants of health affecting all of us." LHC defines social justice as the "equitable distribution of resources to ensure that everyone has opportunities in all aspects of health for complete physical, mental and social well-being."
Lindsay Heights Neighborhood Health Alliance	The Lindsay Heights Neighborhood Health Alliance (LHNHA) is a gathering of "community-anchored groups, neighbors, friends and partners that promote and serve as a resource for health." The Alliance works to "reduce health disparities and create a deep and sustained culture of health and community sufficiency" for families and the neighborhood.
Medical College of Wisconsin, Institute for Health and Society	The Institute for Health and Society is to "improve health and advance health equity through community and academic partnerships." In recent years, there has been an increased emphasis on public and community health and clinical and translational sciences at the Medical College of Wisconsin (MCW). One example is the Advancing a Healthier Wisconsin endowment funds, which provide support for three complementary programs, each of which "encompasses public and community health and certain translational activities that aim to improve the health of the people of Wisconsin."
Milwaukee Common Council	The Common Council "exercises all policy-making and legislative powers of the city, including the adoption of ordinances and resolutions, the approval of the city's annual budget, and the enactment of appropriation and tax levy ordinances." The Council also has approval over the mayor's appointments of cabinet heads to direct day-to-day operations of city departments. In addition to "their powers as legislators, council members serve as district administrators, responsible to the citizens in their districts for city services." The seven standing committees of the Milwaukee Common Council are Community and Economic Development, Finance & Personnel, Judiciary & Legislation, Licenses, Public Safety, Public Works, and Zoning, Neighborhoods & Development.
Milwaukee County Department of Health & Human Services	The Department of Health & Human Services consists of the following divisions: delinquency & court services, management services, behavioral health, disabilities services, housing, and emergency medical services. The mission of the Milwaukee County Department of Health & Human Services is to secure human services for individuals who need assistance living a healthy, independent life in the community.
Milwaukee Health Care Partnership	The Milwaukee Health Care Partnership is a public / private partnership dedicated to improving health care for underserved populations in Milwaukee County. The Partnership includes Milwaukee's five healthcare systems, four Federally Qualified Health Centers, the Medical College of Wisconsin, and the City, County and State health departments. These organizations have committed their leadership as well as financial and in kind resources to "support the implementation of a community-wide plan that will improve health outcomes, reduce health disparities and reduce the total cost of care," by focusing on three priority areas: coverage, access and care coordination.
The Faye McBeath Foundation	The Faye McBeath Foundation is a private, independent foundation providing grants to tax-exempt nonprofit 501 (c) (3) organizations in the metropolitan Milwaukee area. The major areas of interest are: children, aging and elders, health, health education, and civic and governmental affairs.
United Community Center	The United Community Center is a comprehensive social service agency serving the families of Milwaukee's south side. Programs range from education to elder programs, meeting the needs of three year olds to 93 year olds, and everyone in between.
United Neighborhood Centers of Milwaukee (UNCOM)	UNCOM is a 501(c)(3) non-profit organization working in collaboration with Milwaukee neighborhood centers to create model programs, build organizational capacity, and share expertise and best practices across agencies. The mission of the United Neighborhood Centers of Milwaukee is to "strengthen city neighborhoods by combining and enhancing the assets of our partner agencies to improve the quality of life for urban families." Together UNCOM agencies work to "utilize the assets of Milwaukee's diverse

	communities supporting the growth of healthy, wholesome, and empowered neighborhoods."
United Way of Greater Milwaukee	United Way of Greater Milwaukee is an independently-governed 501(c)3 nonprofit organization connected to a network of more than 1,400 local United Ways through United Way Worldwide. It has its own board of directors and focus on local solutions for local problems. United Way advances the common good as Greater Milwaukee's largest community-based investor in Education, Income and Health – the building blocks for a good quality of life. After all, "everyone deserves opportunities for a quality education that leads to a stable job, family-sustaining income through all of life's stages, good health and a safe home."
UW-Milwaukee Joseph J. Zilber School of Public Health	The University of Wisconsin-Milwaukee Joseph J. Zilber School of Public Health "conducts rigorous public health research and scholarship; educates the current and future public health workforce; and influences the development of strategies and policies that promote health among diverse populations." The school is focused on addressing the "environmental hazards and complex health disparities whose solutions go beyond medicine, we are responding with innovative, interdisciplinary education that prepares leaders for effective practice and policy."
Wisconsin Department of Health Services	The Wisconsin Department of Health Services' mission is to "support economic prosperity and quality of life, the Department of Health Services exercises multiple roles in the protection and promotion of the health and safety of the people of Wisconsin." The six divisions includes (1) enterprise services, (2) health access and accountability, (3) long term care, (4) mental health and substance abuse services, (5) public health, and (6) quality assurance. There are five regions within the state. The Southeastern regional office is located in Milwaukee.
Wisconsin Medical Society	The Wisconsin Medical Society (Society) is the largest physician advocacy organization in Wisconsin, representing nearly 12,500 physicians and their patients. The mission is to "improve the health of the people of Wisconsin by supporting and strengthening physicians' ability to practice high-quality patient care in a changing environment."
YMCA of Metro Milwaukee	The YMCA of Metro Milwaukee is a cause-driven organization that is for youth development, healthy living and social responsibility; "that's because a strong community can only be achieved when we invest in our kids, our health and our neighbors."

The key informant interviews were conducted by Milwaukee Health Care Partnership members and graduate students supervised by the City of Milwaukee Health Department. The interviewers used a standard interview script that included the following elements:

1) Each key informant was asked to rank order the top 3 to 5 major health-related issues for Milwaukee County, which is based on the focus areas presented in Wisconsin's State Health Plan, *Healthiest Wisconsin 2020.*
2) For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Healthiest Wisconsin 2020 focus areas include alcohol and drug, chronic disease, communicable disease, environmental and occupational health, growth and development, mental health, nutrition, oral health, physical activity, reproductive & sexual health, tobacco, access, and injury and violence.

Qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. The report presents the results of this process, including cross-cutting themes, summaries of top five health issues, and a comparison of results across jurisdictions (City of Milwaukee versus other Milwaukee County municipalities). Additional summaries of each health issue are also reported, as well as potential resources and partnerships to address each of the community health issues.

Community assets, potential resources and partnerships identified through the CHNA (key informants) for the top five issues that emerged as key health priorities for Milwaukee County

The top five health issues that emerged as key priorities for Milwaukee County were behavioral health (mental health and alcohol/drug use), access to health care services, physical activity/overweight and obesity/nutrition, health insurance coverage and infant mortality.

Key community partners:

- **Access to health care services:** Nonprofit organization, corporate leaders, health departments, and funders were noted as key participants needed to address Access issues. Specifically, the Milwaukee Health Care Partnership, FQHCs, the mayor, 211 Impact, United Way, Greater Milwaukee Foundation, Black Health Coalition, the United Neighborhood Centers of Milwaukee member organizations, Zilber School of Public Health, Health Watch, United Community Center and the Medical Society. Key community partners to improve dental health partners include Marquette University Community Dental Clinics, St. Elizabeth Ann Seton Dental Clinic, and Sixteenth Street Community Health Center, and programs to train new dentists, work with retired dentists and build new clinics.

- **Alcohol and drug use***:* schools, law enforcement, pharmacies, Medicaid, community agencies such as Meta House, Community Advocates, WCS, YMCA, and UCC, faith-based organizations, and the Department on Aging.

- **Health insurance coverage:** FQHCs and free clinics, HMOs, Common Ground, AARP, charitable foundations, faith-based organizations, legislative advocacy groups, and refugee settlement agencies.

- **Infant mortality:** United Way, City of Milwaukee, the Lifecourse Initiative for Healthy Families, childcare providers, faith communities, W-2 agencies, health departments, schools, the Black Health Coalition, and the Milwaukee Health Care Partnership Access Initiative.

- **Mental health:** Community nonprofits such as Meta House, National Alliance on Mental Illness (NAMI), Bread of Healing, Community Advocates, and AIDS Resource Center of Wisconsin (ARCW), pastors and churches, school districts, Warmline, County programs (such as the Behavioral Health Division and Mental Health Task Force), and police and emergency services. The importance of health systems commitment to this issue was also noted.

- **Physical activity, overweight and obesity/nutrition:** private partners, community organizations, social service agencies, women's organizations, employers, health departments, policymakers, YMCA, school districts, park systems, gardens and farmer market initiatives, the Sodexo Foundation, and local food establishments and retailers.

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 City of Milwaukee and other municipal health departments in Milwaukee County. This report was prepared by the Center for Urban Population Health.

Milwaukee Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Milwaukee County residents. This summary was prepared by JKV Research, LLC for Aurora Health Care, Children's Hospital of Wisconsin, Columbia St. Mary's Health System, Froedtert Health and Wheaton Franciscan Healthcare in partnership with the Center for Urban Population Health. Additional data is available at www.aurora.org, www.chw.org, www.columbia-stmarys.org/Serving_Our_Community, www.Froedtert.com/AboutUs and www.mywheaton.org.

Overall Health

Milwaukee County	2003	2006	2009	2012
Excellent	19%	18%	18%	17%
Very Good	35%	33%	33%	35%
Fair or Poor	16%	18%	18%	20%

Other Research: (2010)	*WI*	*U.S.*
Fair or Poor	*14%*	*15%*

Health Care Coverage

Milwaukee County	2003	2006	2009	2012
Not Covered				
Personally (currently)	8%	11%	12%	14%
Personally (past 12 months)			21%	19%
Household Member (past 12 months)	23%	26%	25%	21%

Other Research: (2010)	*WI*	*U.S.*
Personally Not Covered (currently)	*11%*	*15%*

Did Not Receive Care Needed (Past 12 Months)

Milwaukee County	2012
Prescript. Meds Not Taken Due to Cost (Household)	11%
Unmet Care	
Dental Care	19%
Medical Care	11%
Mental Health Care	4%

Health Information and Services

Milwaukee County	2003	2006	2009	2012
Health Information Source				
Doctor				45%
Internet				28%
Advance Care Plan	27%	32%	31%	29%
Primary Source of Health Advice/Service				
Doctor/nurse practitioner's office		77%	73%	70%
Hospital emergency room		6%	7%	7%
Urgent care center		3%	6%	7%
Public health clinic/community health center		5%	7%	6%
Hospital outpatient		3%	2%	3%
No usual place		5%	4%	6%

Routine Procedures

Milwaukee County	2003	2006	2009	2012
Routine Checkup (2 yrs. ago or less)	87%	85%	85%	83%
Cholesterol Test (4 years ago or less)	74%	73%	75%	72%
Dental Checkup (past year)	68%	63%	60%	56%
Eye Exam (past year)	51%	44%	42%	42%

Other Research:	*WI*	*U.S.*
Routine Checkup (12 years; 2000)	*79%*	*84%*
CholesterolTest (15 years; 2010)	*77%*	*77%*
Dental Checkup (past year; 2010)	*75%*	*70%*

Vaccinations (65 and Older)

Milwaukee County	2003	2006	2009	2012
Flu Vaccination (past year)	77%	71%	69%	63%
Pneumonia (ever)	58%	71%	72%	69%

Other Research: (2010)	*WI*	*U.S.*
Flu Vaccination (past year)	*68%*	*68%*
Pneumonia (ever)	*73%*	*69%*

Health Conditions in Past 3 Years

Milwaukee County	2003	2006	2009	2012
High Blood Pressure	22%	27%	29%	30%
High Blood Cholesterol	18%	22%	22%	21%
Mental Health Condition			13%	14%
Asthma (Current)	9%	10%	12%	12%
Diabetes	7%	8%	9%	10%
Heart Disease/Condition	8%	8%	9%	8%
Cancer			3%	4%
Stroke	2%	2%	2%	2%
Condition Controlled Through Medication, Exercise or Lifestyle Changes				
High Blood Pressure				96%
High Blood Cholesterol				86%
Mental Health Condition				81%
Asthma (Current)				92%
Diabetes				92%
Heart Disease/Condition				91%

Physical Health

Milwaukee County	2003	2006	2009	2012
Physical Activity/Week				
Moderate Activity (5 times/30 min)	28%	33%	31%	35%
Vigorous Activity (3 times/20 min)		22%	19%	24%
Recommended Moderate or Vigorous		45%	41%	47%
Overweight	62%	63%	66%	66%
Fruit Intake (2+ servings/day)	66%	61%	58%	62%
Vegetable Intake (3+ servings/day)	30%	24%	21%	26%

Other Research:	*WI*	*U.S.*
Overweight (2010)	*64%*	*64%*
Recommended Mod. or Vig. Activity (2009)	*53%*	*51%*

Women's Health

Milwaukee County	2003	2006	2009	2012
Mammogram (50+; within past 2 years)	84%	78%	78%	77%
Bone Density Scan (65 and older)		67%	73%	71%
Pap Smear (18 - 65; within past 3 years)	91%	90%	89%	86%

Other Research: (2010)	*WI*	*U.S.*
Mammogram (50+; within past 2 years)	*80%*	*78%*
Pap Smear (18+; within past 3 years)	*85%*	*81%*

Men's Health (40 and Older)				
Milwaukee County		2006	2009	2012
Prostate Cancer Screening				
Within Past 2 Years		61%	64%	51%
Colorectal Cancer Screenings (50 and Older)				
Milwaukee County	2003	2006	2009	2012
Blood Stool Test (within past year)	36%	23%	--	14%
Sigmoidoscopy (within past 5 years)			10%	10%
Colonoscopy (within past 10 years)			58%	61%
Screening in Recommended Time Frame			61%	67%
Cigarette Use				
Milwaukee County	2003	2006	2009	2012
Current Smokers (past 30 days)	26%	26%	25%	24%
Other Tobacco Products (past 30 days)				6%
Of Current Smokers…				
Quit Smoking 1 Day or More in Past				
Year Because Trying to Quit	51%	54%	53%	64%
Saw a Health Care Professional Past Year				
And Advised to Quit Smoking		77%	72%	80%
Other Research:			*WI*	*U.S.*
Current Smokers (2010)			*19%*	*17%*
Tried to Quit (2005)			*49%*	*56%*
Exposure to Smoke				
Milwaukee County			2009	2012
Smoking Policy at Home				
Not allowed anywhere			64%	74%
Allowed in some places or at some times			14%	10%
Allowed anywhere			4%	4%
No rules inside home			18%	12%
Nonsmokers' Second-Hand Smoke				
Exposure in Past Seven Days			29%	23%
Other Research: (WI: 2003; US: 2006-2007)			*WI*	*U.S.*
Smoking Prohibited at Home			*75%*	*79%*
Mental Health Status				
Milwaukee County	2003	2006	2009	2012
Felt Sad, Blue or Depressed				
Always/Nearly Always (past 30 days)	7%	8%	8%	7%
Find Meaning and Purpose in Daily Life				
Seldom/Never	6%	5%	6%	7%
Considered Suicide (past year)	3%	6%	5%	5%
Personal Safety in Past Year				
Milwaukee County	2003	2006	2009	2012
Afraid for Their Safety	6%	10%	9%	7%
Pushed, Kicked, Slapped, or Hit	4%	5%	6%	4%
At Least One of the Safety Issues	9%	13%	12%	9%

--Not asked in 2009

Alcohol Use in Past Month				
Milwaukee County	2003	2006	2009	2012
Binge Drinker	17%	19%	20%	31%
Driver/Passenger When Driver				
Perhaps Had Too Much to Drink	3%	3%	3%	2%
Other Research: (2010)			*WI*	*U.S.*
Binge Drinker			*22%*	*15%*
Household Problems Associated With…				
Milwaukee County		2006	2009	2012
Alcohol		3%	3%	2%
Marijuana				2%
Gambling				1%
Misuse of Prescription or OTC Drugs				<1%
Cocaine, Heroin or Other Street Drugs				<1%
Children in Household				
Milwaukee County				2012
Personal Health Doctor/Nurse who				
Knows Child Well and Familiar with History				89%
Visited Personal Health Professional for				
Preventive Care (past 12 months)				93%
Did Not Receive Care Needed (past 12 months)				
Dental Care				8%
Medical Care				2%
Specialist				2%
Current Asthma				11%
Safe in Community/Neighborhood (seldom/never)				4%
Children 5 to 17 Years Old				
Fruit Intake (2+ servings/day)				78%
Vegetable Intake (3+ servings/day)				26%
Physical Activity (60 min/5 or more days)				66%
Children 8 to 17 Years Old				
Unhappy, Sad or Depressed				
Always/Nearly Always (past 6 months)				7%
Experienced Some Form of Bullying (past 12 months)				22%
Verbally Bullied				18%
Physically Bullied				10%
Cyber Bullied				2%
Community Health Issues				
Milwaukee County				2012
Alcohol or Drug Use				58%
Violence				55%
Chronic Diseases				52%
Teen Pregnancy				35%
Infectious Diseases				26%
Mental Health or Depression				21%
Infant Mortality				21%
Lead Poisoning				3%

Overall Health and Health Care Key Findings

In 2012, 52% of respondents reported their health as excellent or very good; 20% reported fair or poor. Respondents who were female, 45 to 64 years old, African American, with a high school education or less, in the bottom 40 percent household income bracket, who were unmarried, overweight, inactive or smokers were more likely to report fair or poor conditions. *From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2012, 14% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 24 years old, non-white, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Nineteen 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, 18 to 24 years old, non-white, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Twenty-one 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 2012, the overall percent statistically increased for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2009 to 2012, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past 12 months. From 2003 to 2012, the overall percent statistically remained the same for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2012, 11% 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. Nineteen percent of respondents reported they did not get the dental care needed in the last 12 months; respondents who were 18 to 24 years old, African American, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Eleven percent of respondents reported they did not get the medical care needed in the last 12 months; respondents who were 18 to 24 years old, 45 to 64 years old, African American, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Four percent of respondents reported they did not get the mental health care needed in the last 12 months; respondents who were 45 to 54 years old, non-white and non-African American, Hispanic, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this.

In 2012, 45% of respondents reported they receive most of their health information from a doctor while 28% reported the internet. Seventy 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 40 percent household income bracket or married respondents were more likely to report this. Twenty-nine percent of respondents had an advance care plan; respondents who were 65 and older, white, non-Hispanic, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report an advance care plan. *From 2006 to 2012, 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 2012, there was no statistical change in the overall percent of respondents having an advance care plan.*

In 2012, 83% of respondents reported a routine medical checkup two years ago or less while 72% reported a cholesterol test four years ago or less. Fifty-six percent of respondents reported a visit to the dentist in the past year while 42% reported an eye exam in the past year. Respondents who were female, 65 and older, African American or non-Hispanic were more likely to report a routine checkup two years ago or less. Respondents who were 65 and older, white, non-Hispanic, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents who were female, 45 to 54 years old, white, non-Hispanic, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report a dental checkup in the past year. Respondents who were 65 and older, non-Hispanic, with at least some post high school education or married were more likely to report an eye exam in the past year. *From 2003 to 2012, there was a statistical decrease in the overall percent of respondents reporting a routine checkup two years ago or less, a dental*

checkup in the past year or an eye exam in the past year. From 2003 to 2012, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less.

In 2012, 38% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or married were more likely to report a flu vaccination. Sixty-nine percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2012, there was no statistical change in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2012, 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 2012, out of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (30% and 21%, respectively). 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, who were unmarried, overweight or inactive were more likely to report high blood pressure. Respondents who were 55 and older, white, non-Hispanic, with a high school education or less, who were married, overweight or inactive were more likely to report high blood cholesterol. Respondents who were 65 and older, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report heart disease/condition. Respondents who were female, 45 to 54 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report a mental health condition. Respondents who were 65 and older, African American, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report diabetes. Respondents who were female, 18 to 24 years old, 35 to 44 years old, non-white, Hispanic, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report current asthma. *From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported high blood pressure, high blood cholesterol, diabetes or current asthma. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported heart disease/condition or stroke. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a mental health condition. From 2009 to 2012, there was a statistical increase in the overall percent of respondents who reported cancer.*

In 2012, 7% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 45 to 54 years old, non-white and non-African American, Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were 18 to 24 years old, non-white and non-African American, 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, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed or they seldom/never find meaning and purpose in daily life. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported they considered suicide.*

Behavioral Risk Factors Key Findings

In 2012, 35% of respondents did moderate physical activity five times a week for 30 minutes while 24% did vigorous activity three times a week for 20 minutes. Combined, 47% met the recommended amount of physical activity; respondents who were 18 to 34 years old, non-white and non-African American, Hispanic, with at least some post high school education or respondents who were not overweight were more likely to report this. Sixty-six percent of respondents were classified as overweight. Respondents who were 45 to 64 years old, non-white, Hispanic, with some post high school education or less or inactive respondents were more likely to be classified as overweight. *From 2003 to 2012, 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 2012, 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 2012, there was no statistical change in*

the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2012, there was a statistical increase in the overall percent of respondents being overweight.

In 2012, 62% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents who were female, 25 to 34 years old, non-African American, with a college education, in the top 40 percent household income bracket, who were 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, 35 to 44 years old, white, non-Hispanic, with a college education, in the top 40 percent household income bracket, who were married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. *From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day or at least three servings of vegetables on an average day.*

In 2012, 77% of female respondents 50 and older reported a mammogram within the past two years; respondents who were in the top 60 percent household income bracket or married were more likely to report this. Seventy-one percent of female respondents 65 and older had a bone density scan; respondents with at least some post high school education were more likely to report this. Eighty-six percent of female respondents 18 to 65 years old reported a pap smear within the past three years; respondents who were 35 to 44 years old, African American, non-Hispanic, with a college education or married respondents were more likely to report this. *From 2003 to 2012, there was a statistical decrease in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2012, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2012, 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 2012, 51% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a prostate-specific antigen (PSA) test. Respondents 50 and older were more likely to report this. *From 2006 to 2012, there was a statistical decrease in the overall percent of male respondents 40 and older who reported a prostate cancer screening within the past two years.*

In 2012, 14% of respondents 50 and older reported a blood stool test within the past year. Ten percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 61% reported a colonoscopy within the past ten years. This results in 67% of respondents meeting current colorectal cancer screening recommendations. *From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years. From 2009 to 2012, 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 2012, 24% of respondents were current smokers; respondents who were male, 25 to 34 years old, African American, with a high school education or less, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. Six percent of respondents reported other tobacco use such as cigars, pipes, chewing tobacco or snuff in the past 30 days; respondents who were male or 25 to 34 years old were more likely to report this. In the past 12 months, 64% of current smokers quit smoking for one day or longer because they were trying to quit; respondents who were 18 to 24 years old or African American were more likely to report this. Eighty percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking; respondents 35 to 54 years old were more likely to report this. *From 2003 to 2012, there was no statistical change in the overall percent of respondents who were current smokers. From 2003 to 2012, there was a statistical increase in the overall percent of current 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 2012, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2012, 74% 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-three percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were male, 18 to 24 years old, non-white, Hispanic, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried

respondents were more likely to report this. *From 2009 to 2012, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2012, 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 2012, 31% of respondents were binge drinkers in the past month. Respondents who were male, 25 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Two percent reported they had been a driver or a passenger in the past month when the driver perhaps had too much to drink. *From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported in the past month they were a driver or passenger when the driver perhaps had too much to drink.*

In 2012, 2% of respondents reported someone in their household experienced a legal, social, personal or physical problem in the past year in connection with drinking. Two percent of respondents reported someone in their household experienced a problem in connection with marijuana use. One percent of respondents reported a household problem with gambling while less than one percent of respondents each reported a household problem with the misuse of prescription drugs/over-the-counter drugs or with cocaine/heroin/other street drugs. *From 2006 to 2012, there was a statistical decrease 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 in the past year.*

In 2012, 7% of respondents reported someone made them afraid for their personal safety in the past year; respondents with some post high school education were more likely to report this. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were male, 18 to 24 years old or unmarried were more likely to report this. A total of 9% reported at least one of these two situations; respondents who were 18 to 24 years old, 55 to 64 years old, with some post high school education or unmarried respondents were more likely to report this. *From 2003 to 2012, 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 2012, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household

In 2012, a random child was selected for the respondent to talk about the child's health issues. Eighty-nine percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 93% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Eight percent of respondents reported there was a time in the last 12 months their child did not receive the dental care needed. Two percent of respondents each reported their child did not receive the medical care needed or their child did not visit a specialist they needed to see in the past 12 months. Seventy-eight percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 26% reported three or more servings of vegetables. Sixty-six percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Eleven percent of respondents reported their child currently had asthma, with 40% of them having had an asthma attack in the past year. Eight percent of respondents with a child two years old or younger reported as an infant, their child slept in a bed with them or with another person. Seven 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. Four percent of respondents reported their child was seldom or never safe in their community or neighborhood. Twenty-two percent reported their 8 to 17 year old child experienced some form of bullying in the past 12 months. Eighteen percent reported verbal bullying, 10% reported physical bullying and 2% reported cyber bullying.

Community Health Issues

In 2012, respondents were asked to pick the top three health issues in the area out of eight listed. The most often cited were alcohol or drug use (58%), violence (55%) and chronic diseases (52%). Respondents who were non-white and non-African American or married were more likely to report alcohol or drug use as a top community health issue. Respondents in the middle 20 percent household income bracket were more likely to report violence. Respondents who were white, non-Hispanic, with a college education or in the top 40 percent household income bracket were more likely to report chronic

diseases. Respondents who were female, 18 to 24 years old, non-white and non-African American, Hispanic, with a high school education or less or unmarried respondents were more likely to report teen pregnancy. Respondents who were 18 to 24 years old, African American, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report infectious diseases as a top community health issue. Respondents who were 35 to 44 years old, non-Hispanic or with a college education were more likely to report mental health or depression. Respondents who were female, 25 to 34 years old, 45 to 54 years old, white, with a college education, in the middle 20 percent household income bracket or married respondents were more likely to report infant mortality. Respondents who were Hispanic or with a high school education or less were more likely to report lead poisoning as a top community health issue.