2013 *Community Health Needs Assessment* Report

2014 *Implementation* Strategy

Aurora Sinai Medical Center®
of Aurora Health Care Metro, Inc.

Aurora Sinai Medical Center
945 N. 12th Street
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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, 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 Sinai Medical Center (ASMC)

Who we are. What we do

Aurora Sinai Medical Center (ASMC) is a 200-bed hospital facility located in downtown Milwaukee at the intersection of N. 12 and W. State Street. This full-service, comprehensive hospital offers inpatient and outpatient care with compassion and expertise to meet the diverse needs of our patients and our surrounding communities. Our featured specialty medical services include: Women's Health Care, Senior Services, including Wisconsin's first Acute Care for the Elderly (ACE) unit, Aurora Sports Medicine Institute, Bariatric Surgery Services, Milwaukee Heart Institute/Cardiac Services, Orthopedic Services, Rehabilitation Services, and a Vince Lombardi Cancer Center.

Aurora Sinai also shares in a rich history with the University of Wisconsin Medical School. Our Aurora Sinai campus is home to nine community-based clinics, hospital, and community-health research programs with faculty physicians and midwives who are teaching the next generation of health care providers.

Who we serve

Aurora Sinai Medical Center serves people of diverse cultural and economic backgrounds in the city of Milwaukee. We are one of only two hospitals that serve predominantly low-income neighborhoods in Milwaukee's central city that often experience limited access to health care. Roughly half of the patients at Aurora Sinai are covered by state health programs that generally pay less than the hospitals' costs to provide care. Our service volume includes approximately:

- 13,000 hospital discharges annually
- 275,000 outpatient visits and procedures
- 50,000 patients who come through our emergency department

History

Milwaukee Hospital, which later became Lutheran Hospital of Milwaukee, was founded in 1863. Mount Sinai Hospital opened in 1903, and Evangelical Deaconess Hospital was founded in 1910. Lutheran Hospital of Milwaukee and Evangelical Deaconess Hospital merged to become Good Samaritan Medical Center in 1980. In 1984, an affiliation of Good Samaritan Medical Center and St. Luke's Medical Center created St. Luke's Samaritan Health Care, and, in 1987, Good Samaritan Medical Center merged with Mount Sinai Medical Center to form Sinai Samaritan Medical Center, bringing Mount Sinai into this partnership. Later that same year, St. Luke's Samaritan Health Care was renamed Aurora Health Care. This set the stage for Aurora Health Care's growth throughout the 1990s and the past decade.

To learn more about our hospital, please click here.

In 2013, *U.S. News & World Report* ranked Aurora Sinai Medical Center (ASMC) as the #5 hospital in Wisconsin and the #3 hospital in the Milwaukee Metro region. ASMC was among the top 50 hospitals in the nation for geriatrics and is recognized as high-performing in the area of orthopedics.

Additional distinctions include:

- *Designations of Bariatric Surgery Center of Excellence*, American Society for Metabolic & Bariatric Surgery
- *Certificate of Accreditation for Comprehensive Breast Cancer Centers*, National Accreditation Program for Breast Centers
- *Outstanding Commitment to Quality Patient Care*, American Nurses Association – National Database of Nursing Quality Indicators
- *Top Performers on Key Quality Measures*, The Joint Commission
- *Full Accreditation with Commendation Integrated Network Cancer Program*, Commission on Cancer
- *Certificate of Accreditation*, Commission on Accreditation of Rehabilitation Facilities
- *Certificate of Distinction for Joint Replacement – Hip and Knee*, The Joint Commission
- *Certificate of Distinction as a Primary Stroke Center*, The Joint Commission

Aurora Sinai Medical Center – in the heart of downtown Milwaukee

Today, as the only hospital operating in downtown Milwaukee, Aurora Sinai is in the unique position of providing accessible care for individuals residing in the surrounding community where neighborhood poverty rates exceed 40 percent and non-employment rates approach 50 percent. As noted in "The Economic Impact of Aurora Health Care in Wisconsin"[1]

> Since 1977, nine hospitals have closed in the city of Milwaukee, increasing the importance of Aurora Sinai for the city's most vulnerable populations. The operation of Aurora Sinai, with all the financial challenges that entails, constitutes an important, ongoing commitment of Aurora to health care in the city of Milwaukee and a major contribution to the city's economy.

Assessing Community Health Status – an ongoing commitment

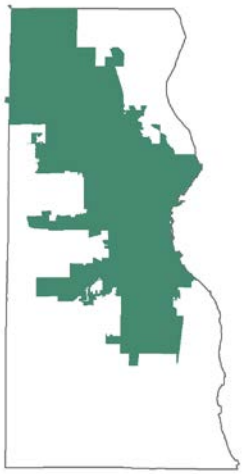
Since 2003, Aurora Health Care has underwritten a community health survey of the City of Milwaukee every three years, conducted in partnership with the Milwaukee Health Department. This helps the health department to focus its resources on population health issues and enables us to align our charitable resources and expertise to respond to identified community health priorities. To see community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.

[1] Levine, M. V. (2013). The Economic Impact of Aurora Health Care in Wisconsin. *University of Wisconsin-Milwaukee Center for Economic Development*: Milwaukee, Wisconsin. The Center for Economic Development website is http://www.ced.uwm.edu. The report is available at: http://www.aurora.org/commhealth.

Part II | Aurora Sinai Medical Center (ASMC)
2013 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: City of Milwaukee

Although Aurora Sinai Medical Center (ASMC) serves the entire Milwaukee metro area and beyond, for the purpose of the community health needs assessment the community served is defined as the city of Milwaukee. There is a special emphasis on serving low-income neighborhoods in Milwaukee's central city.



Milwaukee County boundary, shaded area is the City of Milwaukee

Milwaukee is the largest city in both Milwaukee County and Wisconsin and is among the 30-most populous cities in the United States.[2] The city is a business, transportation, cultural and academic hub for the state. Milwaukee is rich in resources and cultural diversity.

However, it also has concentrated areas of poverty and unemployment;[3] these areas have the most pronounced health disparities.[4] 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).[5] Over 45 percent of the region's poor African American residents live in extreme poverty neighborhoods.[6]

[2] U.S. Census Bureau. U.S. Census Bureau. Top 20 Cities: Highest Ranking Cities, 1790 to 2010. Available at http://www.census.gov/dataviz/visualizations/007/. Accessed July 19, 2013
[3] American Community Survey. 2007-2011 Five Year Estimates, S1701
[4] 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.
[5] 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.
[6] Levine, M. (2013). Perspectives on the Current State of the Milwaukee Economy. *University of Wisconsin-Milwaukee Center for Economic Development*: Milwaukee, WI.

Demographic Characteristics of the City of Milwaukee, Milwaukee County and Wisconsin

Characteristics	City of Milwaukee	Milwaukee County	Wisconsin
Total Population*	594,833	947,735	5,686,986
Median Age (years)*	30.3	33.6	38.5
Race*			
White (non-Hispanic)	44.8%	60.6%	86.2%
Black or African American (non-Hispanic)	40.0%	26.8%	6.3%
Asian	3.5%	3.4%	2.3%
American Indian and Alaska Native	0.8%	0.7%	1.0%
Some other race	7.5%	5.4%	2.4%
Hispanic or Latino (of any race)	17.3%	13.3%	5.9%
Age*			
0-14 years	22.7%	20.8%	19.4%
15-44 years	46.8%	43.7%	39.2%
45-64 years	21.6%	24.1%	27.7%
65 years and older	9.0%	11.5%	13.8%
Education level of adults 25 years and older**			
Less than high school degree	19.4%	14.8%	10.2%
High school degree	31.5%	30.0%	33.6%
Some college/associates	27.7%	28.1%	30.1%
Bachelor degree or higher	21.3%	27.1%	26.1%
Unemployment Rate Estimate***	12.4%	10.0%	7.1%
Median household income** (2011 inflation-adjusted dollars)**	$35,851	$43,397	$52,374
Percent below poverty estimate in the last 12 months****	27.0%	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

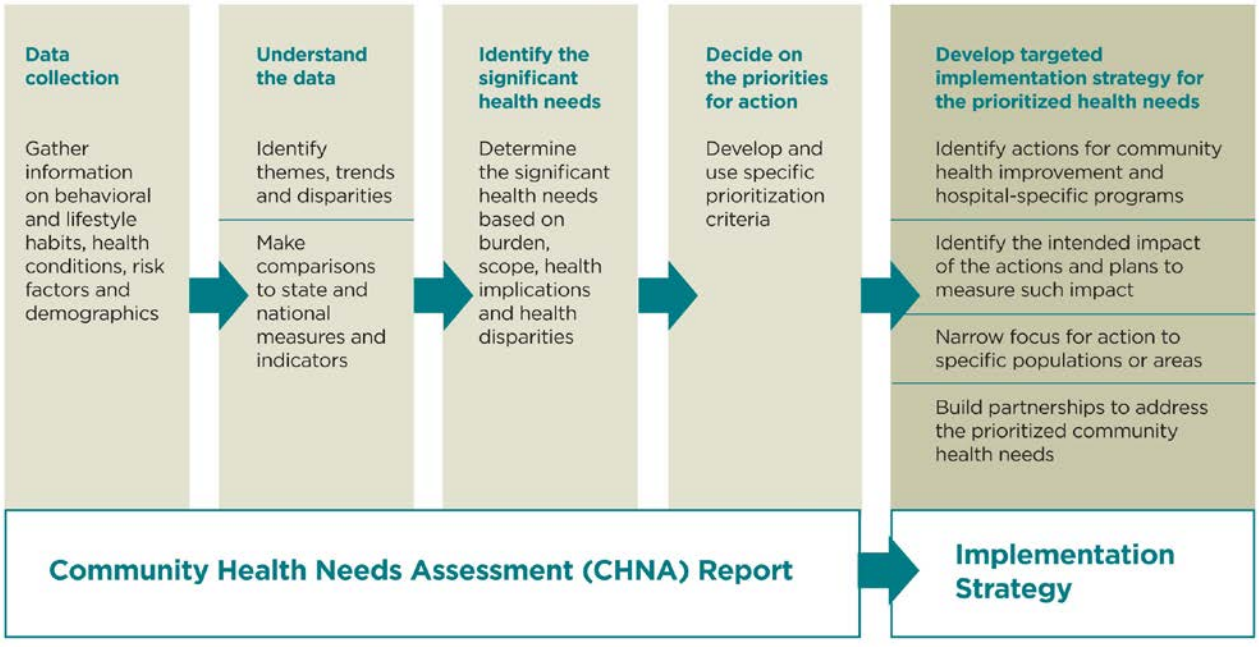
Partnership

Aurora Health Care is a member of the Milwaukee Health 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 the City of Milwaukee every three years, conducted in partnership with the Milwaukee Health Department.

Purpose and process of the shared Community Health Needs Assessment (CHNA)

From 2012 – 2013 a community health needs assessment (CHNA) was conducted to 1) determine current community health needs in the City of Milwaukee, 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 (city-specific) and secondary (county-level) sources and was supplemented with qualitative data gathered through key informant interviews and focus groups. This community needs assessment includes county-level data since it provides pertinent information for assessing the community health needs for the city of Milwaukee. 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 | City of Milwaukee 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 measurements. Conducted every three years, the survey can be used to identify community trends and changes over time. New questions and measures 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

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

Qualitative data source

Source #3 | Key Informant Interview Report

Forty-one individual key informant interviews 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 local health departments, as well as leaders of academic centers, health coalitions, foundations and community organizations focused on a range of public health issues and/or health disparities. These key informants 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. Additionally, 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 Sinai Medical Center CHNA and considered when identifying significant community health needs:

Source #4 | **Toward a Coordinated Sexual Assault Advocacy Response in Milwaukee: A Needs Assessment of Sexual Assault Advocacy Services – April 2010**
The needs assessment report was prepared by Melissa Ugland, MPH, Principal, Ugland Associates, with technical assistance from Courtenay Kessler, MS. Funding provided by the Wisconsin Office of Justice Assistance (grant number 2009-VA-05D-6426 and 2009-VR-05D-6645). This report was supervised and implemented by The Healing Center, with support from Aurora Health Care. Available at http://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/MCDVSA/SexualAssaultNeedsAssessment.pdf

Source #5 | **Aurora Health Care Abuse Response Services: Domestic Violence 2002-2011 ten-year report**
The report was prepared by Aurora Health Care Abuse Response Services. Available at http://www.aurora.org/commhealth

Section 3 | Significant health needs identified through the Community Health Needs Assessment (CHNA) for the City of Milwaukee

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

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

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

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

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

Summary of local health department *Community Health Improvement Plan* (CHIP), *Healthiest Wisconsin 2020* and *Healthy People 2020*

Municipal Health Department *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 the City of Milwaukee

When available and applicable, *Healthy People 2020* targets are listed for the health topics.

Access

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

Unmet medical care | In 2012, 13% of adults reported that they did not get the medical care they needed in the last 12 months. Respondents who were 18 to 24 years old, 45 to 64 years old, African American, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report unmet medical care (Source #1).

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or delay in receiving necessary medical care to 4.2%

  Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths.[7]

Unmet dental care | In 2012, 21% of adults reported that they did not get the dental care they needed in the last 12 months. Respondents who were African American, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report unmet dental care (Source #1).

- The *Healthy People 2020* target is to reduce the proportion of persons who are unable to obtain or delay in receiving necessary dental care to 5.0%

  Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs.[8]

Unmet prescription medications | In 2012, 15% 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 60 percent household income bracket were more likely to report this (Source #1).

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

  Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues.[9]

[7] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Accessed August 23, 2013.
[8] Centers for Disease Control and Prevention – Chronic Disease Prevention and Health: Preventing Cavities, Gum Diseases, Tooth Loss, and Oral Cancers At A Glance 2011. Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/doh.htm. Accessed August 23, 2013.
[9] 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

Unmet mental health care | In 2012, 6% of adults reported that they did not get the mental health care they needed in the last 12 months. Respondents who were 45 to 54 years old, non-white and non-African American, Hispanic or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report unmet mental health care (Source #1).

> **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.[10]

Coverage

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

In 2012, 17% of adults reported they personally were not currently covered, an increase from 2003 (11%). Respondents who were male, 18 to 24 years old, non-white, 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 were not currently covered by health insurance (Source #1).

In 2012, 22% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 2009 (26%). 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 they personally did not have health insurance coverage at least part of the time in the past 12 months (Source #1).

In 2012, 25% of adults reported a household member was not covered at least part of the time in the past year, a slight decrease from 2003 (27%). Respondents who were in the bottom 40 percent household income bracket 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.[11]

[10] 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

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

Chronic disease: asthma, diabetes and heart disease

Chronic disease was one of the top three community health issues reported by adults (Source #1). Chronic conditions such as asthma, diabetes and heart disease can result in health complications, compromised quality of life and burgeoning health care costs.[12]

Asthma | In 2012, 14% of adults reported current asthma in the past three years, an increase from 2003 (10%). Respondents who were female, 45 to 54 years old, nonwhite, with some post 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 current asthma (Source #1).

> **Why is this significant?** Asthma attacks can be mild, moderate, or serious – and even life threatening. Management of the disease with medical care and prevention of attacks by avoiding triggers is essential. Without proper management, asthma can lead to high health care costs.[13]

Diabetes | In 2012, 10% of adults reported diabetes in the past three years, up from 7% in 2003. Respondents who were 65 and older, African American, high school education or less, bottom 40 percent household income bracket, overweight or inactive were more likely to report diabetes (Source #1).

> **Why is this significant?** Diabetes can cause serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.[14]

Heart disease or heart condition| In 2012, 9% of adults reported heart disease or heart conditions in the past three years, a slight increase from 2003 (7%). Respondents who were 65 and older, non-Hispanic, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report heart disease/heart condition (Source #1).

> **Why is this significant?** The term "heart disease" refers to several types of heart conditions, such as coronary heart disease, which can lead to heart attack, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease.[15] Chronic conditions such heart disease can result in health complications, compromised quality of life and burgeoning health care costs. In 2010, heart disease was a leading cause of death for Milwaukee County.[16]

[12] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed July 19, 2013
[13] Centers for Disease Control and Prevention - Asthma. Available at http://www.cdc.gov/asthma/default.htm Accessed July 19,2013
[14] Centers for Disease Control and Prevention. - Diabetes Public Health resources. Available at http://www.cdc.gov/diabetes/. Accessed July 13, 2013
[15] Centers for Disease Control and Prevention - Heart Disease. Available at http://www.cdc.gov/heartdisease/. Accessed July 19, 2013
[16] Wisconsin Department of Health Services. Milwaukee County Public Health Profile (2010). Available at http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/milwaukee10.pdf. Access July 19, 2013.

Health risk behaviors: alcohol use, tobacco use, nutrition and physical activity

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol use, tobacco use, poor nutrition and lack of physical activity.[17]

Alcohol use | Alcohol and drug use was one of the top three community health issues reported by adults (Source #1).

Binge drinking has increased considerably. In 2012, 32% 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, white, college education, or top 40 percent household income bracket (at least $60,001) were more likely to have binged at least once in the past month. Alcohol and drug use was one of the top three community health issues reported by adults (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 (Source #1). Note: the comparison to the state and U.S is based on the 2010 Behavioral Risk Factor Surveillance System.

> **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), 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.[18]

Smoking | In 2012, 28% of adults reported cigarette smoking in the past 30 days (current smoker), same as in 2003. Respondents who were male, 25 to 34 years old, African American, non-Hispanic, high school education or less, bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report being a current smoker (Source #1).

- The *Healthy People 2020* target is to reduce cigarette smoking by adults to 12.0%

Additionally, in 2010, 10.9% of Milwaukee County mothers indicated smoking during pregnancy (Source #2).

- The *Healthy People 2020* target is no greater than 1.4%

> **Why is this significant?** 90% of all deaths from chronic obstructive lung disease are caused by smoking. Smoking increases the risk of coronary heart disease, stroke, and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach). Additionally, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth.[19] In 2010, cancer was a leading cause of death in Milwaukee County. [20]

[17] Centers for Disease Control and Prevention - Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/chronicdisease/index.htm. Accessed July 19, 2013
[18] Centers for Disease Control and Prevention – Alcohol. Available at http://www.cdc.gov/alcohol/. Accessed July 19, 2013
[19] Centers for Disease Control and Prevention – Smoking Tobacco Use. Available at http://www.cdc.gov/tobacco/. Accessed July 19, 2013
[20] Wisconsin Department of Health Services. Milwaukee County Public Health Profile (2010). Available at http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/milwaukee10.pdf. Access July 19, 2013.

Nutrition and physical activity | In 2012, 46% of adults reported engaging in recommended moderate or vigorous activity, up from 43% in 2006. 61% of adults reported eating the recommended fruit servings while 25% of adults reported eating the recommended vegetable servings (Source #1). Based on the key informant findings, nutrition and physical activity emerged as one of the top five health issues for Milwaukee County (Source #3).

> **Why is this significant?** Inactive adults have a higher risk for coronary health disease, type 2 diabetes, stroke, some cancers, depression, and other health conditions. Good nutrition plays a vital role in maintaining weight as well as decreases the risk high blood pressure and chronic diseases, such as diabetes and certain cancers.[21]

Health risk factors: high blood pressure, high blood cholesterol and overweight

High blood pressure and high blood cholesterol | In 2012, 29% of adults reported high blood pressure and 19% of adults reported high cholesterol in the past three years, an increase from 2003 (23% and 17%, respectively). Respondents who were female, 65 years and older, African American, non-Hispanic, high school education or less, bottom 40 percent household income bracket ($40,001 or less), overweight or inactive were more likely to report high blood pressure. Respondents 65 years and older, White, high school education or less, overweight or inactive were more likely to report high blood cholesterol (Source #1).

- The *Healthy People 2020* goal of adults with high blood pressure is 26.9% and adults with high total blood cholesterol is 13.5%

> **Why is this significant?** High blood pressure increases the risk for heart disease and stroke. Likewise, high cholesterol is a risk factor for heart disease. Fortunately, there are ways to prevent high blood pressure and cholesterol or treat it if it is already high.[22] In 2010, heart disease was a leading cause of death in Milwaukee County.[23]

Overweight/Obesity | Based on the key informant findings, overweight/obesity emerged as one of the top five health issues for Milwaukee County (Source #3).

In 2012, 66% of adults were classified as being overweight, an increase from 2003 (62%). Respondents who were 45 to 54 years old (80%), African American (72%), or Hispanic (75%) were more likely to be classified as overweight.

- The *Healthy People 2020* goal for healthy weight is 34%. As a result, the unhealthy weight goal is 66%

The category "overweight" includes overweight and obese respondents. One nationally used definition of overweight status developed by the CDC is when a person's body mass index (BMI) is greater or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter^2 (Source #1).

> **Why is this significant?** Overweight and obesity can increase the risk for coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.[24]

[21] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity and Obesity. Available at http://www.cdc.gov/nccdphp/dnpao/. Accessed July 19, 2013
[22] Centers for Disease Control and Prevention – High Blood Pressure and High Cholesterol. Available at http://www.cdc.gov/bloodpressure/ and http://www.cdc.gov/cholesterol/. Accessed July 19,2013
[23] Wisconsin Department of Health Services. Milwaukee County Public Health Profile (2010). Available at http://www.dhs.wisconsin.gov/localdata/pdf/10pubhlth/milwaukee10.pdf. Access July 19, 2013.
[24] Centers for Disease Control and Prevention – Division of Nutrition, Physical Activity and Obesity. Available at http://www.cdc.gov/nccdphp/dnpao/. Accessed July 19, 2013

Infant mortality, low birth weight and premature births

Infant mortality, low birth weight and premature births| Based on key informant interviews, infant mortality emerged as one of the top five health issues for Milwaukee County (Source #3).

The death of a baby before his or her first birthday is called infant mortality. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. In 2010, infant mortality rate for Milwaukee County was 8.1 per 1,000 live births, while the state had a lower rate (5.7 per 1,000 births). In Milwaukee County, the percent of low birth weight births and infant mortality rate were over two times more frequent for births to African American/Black mothers (14.1%, 14.2 deaths per 1,000 live births, respectively) than for White mothers (6.9%, 4.6 deaths per 1,000 live births) (Source #2).

- The *Healthy People 2020* infant mortality rate target is 6.0 per 1,000 live births

  Why is this significant? Infant mortality rate is a widely used indicator of a population's health status because factors affecting the health of the entire population, such as economic development and availability of health services, also can impact the mortality rate of infants.[25]

Mental health

Based on the key informant findings, behavioral health (mental health) emerged as one of the top five health issues for Milwaukee County (Source #3).

Mental health conditions| In 2012, 16% 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 (14%). Respondents who were female, 45 to 54 years old, with some post high school education or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report a mental health condition (Source #1).

Suicide | In 2012, 6% of adults reported feeling so overwhelmed in the past year that they considered suicide, a slight increase from 2003 (4%). This means approximately 25,980 adults in the City of Milwaukee 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).

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? 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.[26]

[25] Centers for Disease Control and Prevention – Infant Mortality. Available at http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm. Accessed July 19,2013
[26] Centers for Disease Control and Prevention – Mental Health. Available at http://www.cdc.gov/mentalhealth/. Accessed July 19, 2013

Sexual assault and domestic violence

Sexual assault and domestic violence are underreported. Estimates indicate these are substantial health concerns and continue to be a major community health issue (Source #4 and Source #5).

Sexual assault | In 2009, 1,455 sexual assaults were reported to the Milwaukee Police Department (children and adults) (Source #4). Based on estimates, approximately 17.6% of Milwaukee women have been victims of sexual assault at some time during their lifetimes. In other words, it is estimated that for every 1,000 women in Milwaukee, 176 can be expected to have been the victims of an attempted or completed rape, while 148 of them can be expected to have been the victims of a completed rape (based on 2008 female population) (Source #4).

Domestic violence | Domestic violence is a leading cause of female homicides and injury-related deaths during pregnancy (Source #5). Estimates indicate approximately 1 out of 12 pregnant women may be experiencing domestic violence (Source #5). Results from an Aurora Health Care study found nearly one in two women experienced physical abuse in their lifetime; 11.7% had experienced physical abuse within the past year; and women in every demographic group reported instances of abuse in their lifetime, although younger, poorer and less-educated women reported the highest rates (Source #5). Injury and violence prevention is one of the twelve health focus areas for *Healthiest Wisconsin 2020*.

> **Why is this significant?** Both domestic violence and sexual assault can have harmful and lasting consequences for victims, families, and communities including, but not limited to unintended pregnancy, sexually transmitted infections, long term physical consequences, immediate and chronic psychological consequences, health behavior risks, and financial cost to victims, families and communities.[27]

[27] Centers for Disease Control and Prevention – Violence Prevention. Available at http://www.cdc.gov/ViolencePrevention/index.html. Accessed July 19, 2013

Sexual and reproductive health: teen pregnancy and sexually transmitted infections

Teen pregnancy | In Milwaukee County, from 2008 to 2010, the teen pregnancy rates for ages 15-19 and ages 15-17 have been declining; however, disparities still exist. Teen births have some of the highest risk ratios when comparing the lowest socio-economic status (SES) zip codes to Milwaukee's highest SES zip codes. Teens in the lower SES zip codes have 7.5 times greater risk for pregnancy than teens in the higher SES zip codes (Source #2).

> **Why is this significant?** Teen pregnancy and childbearing can bring substantial social and economic costs through immediate and long-term impacts on the teen parents and their children.[28]

Sexually transmitted infections | The 2010 Milwaukee County sexually transmitted infections incidence rate was 1,469 per 100,000 and the 2011 HIV incidence rate was 15.7 per 100,000, nearly three times higher than the state rate (500 per 100,000 and 4.6 per 100,000, respectively). Persons in the lower socio-economic status zip codes had a 4.8 greater risk for Chlamydia and a 3.4 greater risk for HIV than persons in the higher SES zip codes (Source #2).

> **Why is this significant?** An untreated sexually transmitted infection (also referred to as sexually transmitted disease) can lead to serious health problems. HIV affects specific cells of the immune system and over time can destroy so many of these cells that the body cannot fight off infection and disease. When this happens, HIV infection leads to AIDS. There are effective strategies for reducing STI risk and transmission.[29]

[28] Centers for Disease Control and Prevention – Teen Pregnancy. Available at http://www.cdc.gov/TeenPregnancy/. Accessed July 19, 2013
[29] Centers for Disease Control and Prevention – Sexually Transmitted Diseases (STDs) and HIV/AIDS. Available at http://www.cdc.gov/std/ and http://www.cdc.gov/hiv/. Accessed July 19, 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 facility leaders prioritized significant needs based on the following criteria:

- Meets a defined community need (i.e., access for underserved populations)
- Aligns community benefit to organizational purpose and clinical service commitment to coordinate care across the continuum
- Aligns with hospital resources and expertise and the estimated feasibility for the hospital to effectively implement actions to address health issues and potential impact
- Reduces avoidable hospital costs by redirecting people to less costly forms of care and expands the care continuum
- Has evidence-basis in cross-section of the literature for management of chronic diseases in defined populations
- Leverages existing partnerships with free and community clinics and Federally Qualified Health Centers (FQHC)
- 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 Sinai Medical Center has prioritized the significant health needs to address in its implementation strategy:

- Access and coverage, including chronic disease management
- Infant mortality, low birth weight and premature birth
- Sexual assault and domestic violence, including mental health

Significant health needs not being addressed in the implementation strategy and the reason:
Our Aurora Sinai Medical Center (ASMC) implementation strategy does not include specific strategies for the four health risk behaviors (alcohol use, cigarette use, nutrition, and physical activity) and two health risk factors (high blood cholesterol and obesity) since these are part of the standard continuum of clinical care at ASMC. Additionally, one of the aims of increasing access to health care, specifically primary care, is to address the health risk factors and behaviors that put individuals at greater risk for health complications and disease.

Through its well-coordinated network of healthcare facilities, providers and service sites within Milwaukee County, Aurora Health Care has a system strategy for leveraging resources and expertise to strengthen community capacity to address significant health needs. For example, teen pregnancy is being addressed on a system level, along with ASMC. Aurora Health Care continues to be a community partner and works with other organizations to reduce the teen pregnancy rate in the city of Milwaukee, including a long-standing partnership with the United Way Teen Pregnancy Prevention Collaborative and the City of Milwaukee Health Department for this purpose.

While clinical practices and patient assessments are in place to address sexually transmitted infections, this is not addressed in our ASMC implementation strategy because considerable work is already being done through other organizations within the community. The AIDS Resource Center of Wisconsin (ARCW), Sixteenth Street Community Health Center, and Diverse and Resilient are organizations currently addressing HIV/AIDS in Milwaukee. Milwaukee Public Schools, the City of Milwaukee Health Department, and Planned Parenthood of Wisconsin are working to decrease the rate of sexually transmitted infections in the city of Milwaukee.

To learn more about Aurora's integrated approach to addressing community health needs, please view our Aurora 2012 Community Benefit Report, http://www.aurora.org/commbenefits.

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on August 9, 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 Sinai Medical Center 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 the City of Milwaukee. 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 our community. 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 August 9, 2013.

Access and coverage

Based on the City of Milwaukee Community Health Survey Report, in 2012, 17% of adults reported they personally were not currently covered, 22% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, and 25% of adults reported a household member was not covered at least part of the time in the past year (CHNA Source #1).

In 2012, 15% of adults reported someone in their household had not taken their prescribed medication due to cost, 21% reported unmet dental care, 13% reported unmet medical care, and 6% reported unmet mental health care in last 12 months (CHNA Source #1).

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

Focus | Access is an Aurora Health Care signature community benefit program focus, including chronic disease management

Principal partners

- **Aurora University of Wisconsin Medical Group Clinics (AUWMG) at Aurora Sinai Medical Center -** AUWMG provides a broad range of primary and specialty care for underserved communities in Milwaukee County and completed more than 36,700 patient visits during 2012 at these clinics at Aurora Sinai Medical Center. Note: Aurora Wiselives and Aurora Walker's Point Community Clinic are offsite AUWMG Clinics.
  - Aurora Internal Medicine Clinic
  - Family Practice Clinics at Aurora Sinai Medical Center
  - Aurora Family Care Center
  - Aurora Midwifery and Wellness Center
  - Aurora Women's Health Center
  - ExclusivelyForWomen
  - Aurora Comprehensive Breast Care Center
  - Aurora Center for Senior Health and Longevity
- Aurora Parish Nurse

Community partners

- **Bread of Healing Clinic (BOH) -** BOH was founded in 2000 by one of Aurora's parish nurses, in partnership with a medical resident from Aurora Sinai Medical Center. The mission of BOH is to provide high-quality, basic medical care for uninsured community members who experience limited access to health care services at three community-based sites on Milwaukee's north side. The vital health services BOH provides are focused on individuals with chronic health conditions such as diabetes, high blood pressure and asthma. Aurora Sinai supports this clinic with essential financial support, accepting clinic vouchers for radiology and lab services, and supporting Aurora Sinai physicians who care for and treat patients at the clinics. BOH provides a health home for uninsured patients and offers preventive and primary care services.

- **Milwaukee Health Care Partnership (MHCP) Emergency Department Care Coordination Initiative -** Includes community-wide Emergency Department (ED) to Medical Home Care Coordination Process. This process includes 1) Milwaukee County EDs identify target populations, provide patient education and schedule appointments with medical homes; 2) Using MyHealthDIRECT appointment scheduling technology, community health centers post open appointments. EDs schedule appointments electronically while the patient is at the hospital; and 3) Intake coordinators at community health centers reach out to patients prior to first appointment and attempt to reschedule if appointment is not kept. Aurora Health Care is a founding and sustaining member of the MHCP and ASMC is a participating emergency department.

Target population

- Medicaid-eligible and uninsured patients using the emergency department (ED) for primary care and frequent users of the ED for non-emergent conditions.

What we will do

To improve access and coverage for uninsured and Medicaid-eligible patients using ASMC's Emergency Department (ED) for primary care and dental care we will implement the following:

For Access

- Continue to provide in-kind imaging services for patients referred from AUWMG and Bread of Healing (BOH) clinics
- Continue to support Aurora Medical Group (AMG) physicians who volunteer at BOH
- Continue to contract with AMG specialists to treat uninsured patients requiring specialty care
- Enroll uninsured pregnant women in financial assistance programs and refer to the Women's Health Center or Midwifery Center (if pregnant woman has a chronic disease)
- Refer Medicaid-eligible and uninsured patients to the BOH, AUWMG, community clinics or Federally Qualified Health Centers (FQHCs) for primary care, prevention services, dental care or chronic disease management
- ED case manager will provide an action plan for frequent ED users and assist in navigating uninsured patients to health homes
- Track appointments kept and clinic show rates
- Provide an information kit to Medicaid-eligible and uninsured patients

For Coverage

- Actively screen uninsured patients seen in ED for financial assistance programs, including Aurora's *Helping Hand Patient Financial Assistance* program, and assist with application processes
- Through our specially trained financial advocates, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (the health insurance exchange) and provide assistance as needed
- ED case manager will inform and educate uninsured patients about the insurance exchange and assist in navigating patients to our financial counselors who will assist with the application process
- Refer patients to Aurora parish nurses who assist community members with accessing the Marketplace (the health insurance exchange)

Intended impact

- Provide a health home for uninsured and Medicaid eligible patients currently relying on the emergency department for primary care services, chronic disease management and dental care
- Transition uninsured and Medicaid-eligible persons seeking primary care and/or dental services to a health home
- Transition uninsured patients into a health insurance plan

Measures to evaluate impact

- Number of Bread of Healing (BOH) patients referred to Aurora for specialty care access
- Number of referrals to BOH, AUWMG clinics, community clinics or Federally Qualified Health Centers (for primary care, chronic disease management or dental care
- Number of pregnant women enrolled in financial assistance programs and number of referrals to the ASMC Women's Health Center or Midwifery & Wellness Center (for pregnant women with chronic disease)
- Number of uninsured patients screened for financial assistance and number enrolled in programs (e.g. *Aurora's Helping Hand Patient Financial Assistance* program) and the Marketplace (the health insurance exchange)
- The Milwaukee Health Care Partnership, in collaboration with MyHealthDIRECT, monitors and tracks the Milwaukee Health Care Partnership Emergency Care Coordination Initiative, http://mkehcp.org/care-coordination-2/emergency-department-care-coordination/
    - Measures include total scheduled appointments, total kept appointments (FQHC only), show rate (FQHC only, percent), number of scheduled appointments by ASMC (per month), clinic appointment show rate for ASMC (per month)

Milwaukee Infant Mortality (2010)

Infant mortality rate (>365 days) **8.1**

Related disparities for infant mortality

Infant Mortality Rate by Race/Ethnicity of Mother

Non-Hispanic White **4.6**
Non-Hispanic Black **14.2**
Hispanic **5.3**
Laotian/Hmong **6.1**

All data are per 1,000 live births
Source: Wisconsin Interactive Statistics on Health (WISH), infant mortality module. Presented in the secondary data report.

Linking to city and state community health improvement plan
The reduction of infant mortality, and specifically the reduction of racial disparities in infant mortality, is a goal of the City of Milwaukee Health Department.
http://city.milwaukee.gov/Infant-Mortality

Healthiest Wisconsin 2020 (HW 2020) identified significant racial and ethnic disparities in birth outcomes in Wisconsin. A greater proportion of infants born to Black/African American women than those born to White women are low birth weight or preterm. HW 2020 Objectives:

- Improve women's health for healthy babies
- Reduce disparities in health outcomes

http://www.dhs.wisconsin.gov/hw2020/pdf/healthygrowth.pdf

Focus | Infant Mortality – three distinct programs, including low birth weight, premature births, safe sleep and behavioral health

1. **Family Enrichment Program -** To make the best choice for themselves and their new babies, the program provides parents with support, information and guidance, including prenatal care coordination, child care coordination and parenting education.

Principal partners

- Aurora Family Service
- Aurora UW Medical Group Midwifery and Wellness Center

Community partners

- United Way of Greater Milwaukee
- Wisconsin Division of Health and Human Services

Target population

- Women who deliver at Aurora Sinai Medical Center

What we will do

- Provide home-based education, information, counseling, and referral to medical and other community resources to ensure a healthy pregnancy and healthy birth
- Provide supportive home visits by a case manager or parent educator to help parents cope with the demands of caring for a newborn – from child development and infant care, managing stress and anger, to completing school and learning job skills
- Provide group sessions in which parents can support one another and learn together how to give their children a healthy start in life. Several parenting education models are available to meet the unique needs of each family.

Intended impact

- Improve caregiving and parenting skills and the ability to better cope with and reduce stress

Measures to evaluate impact

- Percent of parents/caregivers reporting improvement in parenting/caregiver skills
- Percent of parents/caregivers reporting improvement in coping with and reducing stress

Note: This measure is taken twice a year using the survey tool from United Way of Greater Milwaukee.

2. **Healthy Families Milwaukee -** A voluntary program that offers home-visiting services for expectant parents and their families. This is a collaborative effort between three social-service agencies in Milwaukee and Aurora Sinai Medical Center.

Principal partners

- Aurora Family Service
- Aurora Sinai Women's Health Center

Community partners

- The Parenting Network
- Rosalie Manor Community & Family Services

Target population

- Women who deliver at ASMC and are connected with Aurora Family Service, who are at high risk due to mental health issues, chronic medical issues, domestic violence, multiple parenting stresses; also teen pregnant mothers

What we will do

- Provide home-visiting services for expectant parents and their families, including ongoing family-centered case-management services, in-home parent education, assistance with navigating the health system, support and advocacy
- Provide Well Mom/Well Baby program to engage new mothers to enhance their own health and the health of the newborn, including home visiting services, case management and support to new parents, their babies and their families

Intended impact

- Decrease adverse birth outcomes for pregnant mothers in the target population

Measures to evaluate impact

- Number of ED visits among mothers in the target population
- Number of ED visits for children of mothers in the target population (when child is 1 week, 1 month, 2 months, 4 months, 6 months, 9 months, and 12 months of age) and incidence of child injuries requiring medical treatment
- Percent of individuals reporting parental emotional well-being or parenting stress
- Percent of individuals with health insurance (maternal and child health insurance)
- Number of families that require services and completed referral to community resources
- Number screened for domestic violence, families identified for presence of domestic violence, number of referrals and safety plans developed

Note: This is a federal grant and there are several benchmarks identified by the Federal government. This data is collected and entered into the State's Informational System (Sphere).

3. **Healthy Next Babies -** A highly-targeted, innovative and integrated care delivery and coordination model to decrease adverse birth outcomes among low-income African-American mothers. The program addresses two *Milwaukee Lifecourse Initiative for Healthy Families'* goals: 1) improving and maximizing existing services that help at-risk African-American mothers develop self-care skills during the interconception period; 2) and strengthening father involvement in African American families. This grant is based on a previous work of Healthy Mom Healthy Baby, which is funded by the United Way.

Principal partners

- Aurora Family Service and the University of Wisconsin-Milwaukee's Center for Urban Population Health

Community partners

- Milwaukee Lifecourse Collaborative (Note: Aurora caregivers, including Aurora Family Service, have been actively engaged in the *Milwaukee Lifecourse Initiative for Healthy Families* Collaborative from its inception).

Target population

- The program will target the most at-risk African-American parents who have experienced an adverse birth outcome. Program participants will be identified by Aurora Sinai Medical Center Neonatal Intensive Care Unit (NICU) admission reports. ASMC was selected because it is the only delivery center in downtown Milwaukee. In 2011, ASMC delivered more than 2,500 total births; 70% were born to minority mothers, 14% of live births were delivered preterm and 14.5% were born with low birth weight. Of all births, there were 22 stillbirths and 17 infant deaths.

What we will do

- Provide postpartum and interconception care, health care navigation, and health education bridging communication between health care system and in-home services
- Implement a client-directed, family-focused interconception Wellness Model (IWM) Program. The model helps mothers gain healthcare self-sufficiency, connecting them with relevant community resources and encouraging father and family involvement
- Build father-centered program components that connect fathers with relevant community resources
- Promote holistic interconception care between the health care system and mothers at-risk for adverse birth outcomes through strong relationships with the care coordination team at Aurora Family Service

Intended impact

- Delay next pregnancy by at least 12 months
- Meet the health needs of the entire family and increase capacity to address stressors
- Increase engagement and support of the family, access to community resources and involvement in interconception care by fathers

The long-term goal of the **Healthy Next Babies** is reduce preterm and low weight births, and ultimately help eliminate black-white disparity in infant mortality in Milwaukee.

Measures to evaluate impact

- Integrated consultation and services to fathers by a fatherhood specialist (partnership with New Concepts, Inc. Fatherhood Resource Center has been initiated)
- Portable interconception Care Support Log implemented to record both the mother and father's health care and health-promoting activities
- Number of interconception care support materials distributed to fathers
- Number of fathers connected to community resources
- Number of families delaying next pregnancy by at least six months
- Percent of fathers involved in interconception care
- Percent of fathers involvement with their families

Note: The Center for Urban Population Health is conducting the evaluation for Healthy Next Babies

In 2009, 1,455 sexual assaults were reported to the Milwaukee Police Department (children and adults) (CHNA Source #4). Based on estimates, approximately 17.6% of Milwaukee women have been victims of sexual assault at some time during their lifetimes.

In other words, it is estimated that for every 1,000 women in Milwaukee, 176 can be expected to have been the victims of an attempted or completed rape, while 148 of them can be expected to have been the victims of a completed rape (based on 2008 female population) (CHNA Source #4).

Focus | Abuse Response Services – four distinct programs, including mental health

Aurora Sinai Medical Center is widely recognized for having developed a network of services that are integrated to address the impact of sexual assault and domestic violence, and has been a Regional Center for Excellence for Aurora Sinai Medical Center since 1986.

1. **Sexual Assault Treatment Center -** Aurora's Sexual Assault Treatment Center (SATC) at Aurora Sinai Medical Center is hospital-based and the only 24-hour emergency sexual assault treatment site in Milwaukee. This program combines aspects of a rape crisis center and a **Sexual Assault Nurse Examiner** (SANE) program to offer trauma-informed and victim-sensitive services to people of all ages who have been affected. The nurses complete specialized training and receive certification to be a sexual assault nurse examiner.

Community partners

- City of Milwaukee Health Department
- Commission on Domestic Violence and Sexual Assault
- Milwaukee County District Attorney Office, Domestic Violence and Sexual Assault Unit
- Multiple community organizations dedicated to serving individuals who have been sexually assaulted

Target population

- The Sexual Assault Treatment Center provides immediate, acute care to individuals who have been sexually assaulted

What we will do

- Provide medical assessment and treatment, crisis intervention and emotional support, discharge counseling and resource information
- Conduct forensic exam with evidence collection (if seen within 72- 120 hours of the assault)
- Provide pregnancy risk assessment and screen for sexually transmitted infections, as appropriate
- Provide personal advocacy to community-based organizations which includes, but not limited to, Sensitive Crimes Unit, District Attorney's Office, and Department of Human Services
- Provide follow-up contact, emotional support and referrals to community-based organizations to assist with healing
- Provide a 24-hour crisis line

Intended impact

- Increase access to services, resources and advocacy for individuals who have been sexually assaulted
- Increase awareness about sexual assault and available resources

Measures to evaluate impact

- Number of people provided with services and medical care related to sexual assault
- Number of calls from victims and the general public to the 24-hour crisis phone line
- Number of personal advocacy and liaison services with the Sensitive Crimes Unit, District Attorney's Office
- Number of referrals to counseling and social service agencies
- Number of community education/prevention/outreach presentations
- Number of people attending education/prevention/outreach presentations

2. **The Healing Center (THC) -** An off-site program of Aurora Sinai and the only resource in Milwaukee exclusively committed to serving victims of sexual violence at any point in their recovery and healing process. THC receives referrals from across Southeastern Wisconsin region.

Community partners

- City of Milwaukee Health Department Commission on Domestic Violence and Sexual Assault
- Milwaukee County District Attorney Office, Domestic Violence and Sexual Assault Unit
- UMOS - Latina Resource Center
- Pathfinders
- Multiple community organizations dedicated to serving individuals who have been sexually assaulted

Target population

- Adults who have experienced and been traumatized by sexual violence

What we will do

- Advocate for survivors
- Provide individual counseling for survivors of sexual assault
- Provide support groups and education programs, including
  - Survivors Toward Recovery
  - Men's Group
  - Sexual Wholeness
  - Adult Rape/Sexual Assault support group
  - Adults Molested as children
- Conduct community education and sexual assault advocacy training to teach professionals, mental health service providers and community members about sexual violence and how to advocate for survivors

Intended impact

- Recovery and improved quality of life for victims of sexual violence

Measures to evaluate impact

- Percent of individuals (in counseling or support group) reporting improved mental health
- Number of individuals able to use healthy coping techniques
- Number of individual counseling and support groups and people served
- Number of professionals, mental health providers and community members trained

Domestic violence is a leading cause of female homicides and injury-related deaths during pregnancy (CHNA Source #5). Results from an Aurora Health Care study found nearly one in two women experienced physical abuse in their lifetime; 11.7% had experienced physical abuse within the past year; and women in every demographic group reported instances of abuse in their lifetime, although younger, poorer and less educated women reported the highest rates (CHNA Source #5).

Estimates indicate approximately 1 out of 12 pregnant women may be experiencing domestic violence (based on an average of 8%) (CHNA Source #5). Injury and violence prevention is one of the twelve health focus areas for *Healthiest Wisconsin 2020*.

3. **Domestic Violence Service -** Provides safe environments with skilled staff at multiple Aurora Health Care settings to promote disclosure of abuse, along with advocacy and counseling services. This enables patients to have confidential access to support services they need in addition to the health care services they seek.

Community partners

- Sojourner Family Peace Center
- City of Milwaukee and Milwaukee County Law Enforcement
- Community organizations dedicated to serving individuals who are experiencing domestic violence

Target population

- Individuals experiencing and disclosing domestic violence

What we will do

- Provide training to physicians, nurses, social workers, medical Residents and other health care providers on domestic violence and trauma-informed care at ASMC and Aurora's other Milwaukee County hospitals
- Act as a resource for staff with questions about referring or treating patients reporting domestic violence
- Conduct visits with inpatients and provide the advocacy and counseling, such as connection with a shelter, restraining order, transportation, counseling, or other community resources

Intended impact

- Improve system-wide awareness and practice to respond to disclosures of domestic violence and provide trauma-informed care

Measures to evaluate impact

- Number of Aurora physicians, nurses, social workers, residents and other health care providers educated
- Number of cases referred to the clinical nurse specialist
- Number of staff requests for domestic violence consult (e.g. social work, emergency department) for the Aurora Milwaukee County hospitals
- Number of requests for inpatient visits (reported domestic violence)
- Number of referrals provided by the clinical nurse specialist

4. **Safe Mom Safe Baby -** A case-management service provided specifically to pregnant or recently delivered women experiencing intimate partner violence.

Principal partners

- Aurora Sinai Women's Health Center
- Aurora Midwifery and Wellness Center

Target population

- Women receiving obstetric services at ASMC and other Aurora facilities

What we will do

- Provide support to abused pregnant women through case management, education and advocacy (including intensive case management when needed)
- Maintain partnership with Sojourner Family Peace Center, which helps the woman pursue protective legal action and connect to other community resources
- Help women interact successfully with healthcare providers and navigate the complicated criminal justice, legal and social service systems in order to produce the best health outcomes for both moms and babies
- Develop a collaborative model of care for survivors of IPV that can be replicated in other health care settings to improve outcome

Intended impact

- A consistent and sustainable response to intimate partner violence in the perinatal setting
- Improved safety behaviors of pregnant women
- Improved health outcomes of mothers and infants

Measures to evaluate impact

Safe Mom Safe Baby has been studied and tracked since 2005 demonstrating that women in the program have fewer adverse birth outcomes. We will continue to track

- Number of women served
- Percent of women needing intensive support
- Percent of women with improved safety behaviors
- Percent of women who reach full term and percent of preterm (before 37 weeks of gestation) and low birth weight births (less than 2,500 grams or approximately 5.5. pounds)

Appendix A | City of Milwaukee Community Health Survey Report (Source #1)
The report is available at www.aurora.org/commbenefits

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

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=744). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=456). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 1,200 telephone interviews were completed between June 20 and November 7, 2012. With a sample size of 1,200, we can be 95% sure that the sample percentage reported would not vary by more than ±3 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Milwaukee. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 4,330 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 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 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 of how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. *Source: United States Department of Commerce, US Census Bureau*
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 includes 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. The report was prepared by the Center for Urban Population Health.

Appendix C | Key Informant Interview Report: A summary of key informant interviews and focus groups in Milwaukee County (2012 – 2013) (Source #3)
The report is available at 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 local health department as well as leaders of academic centers, health coalitions and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

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. The key 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.
- **Behavioral Health (mental health and alcohol and drug use): For 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. **For 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.
- **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. The 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 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 Milwaukee Health Department and 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, www.mywheaton.org and http://city.milwaukee.gov/Health/Reports-and-Publications.

Overall Health					**Vaccinations (65 and Older)**				
Milwaukee	2003	2006	2009	2012	Milwaukee	2003	2006	2009	2012
Excellent	18%	16%	16%	15%	Flu Vaccination (past year)	71%	69%	65%	60%
Very Good	32%	31%	29%	32%	Pneumonia (ever)	58%	66%	64%	67%
Fair or Poor	17%	21%	22%	24%					
					Other Research: (2010)			*WI*	*U.S.*
Other Research: (2010)			*WI*	*U.S.*	*Flu Vaccination (past year)*			*68%*	*68%*
Fair or Poor			*14%*	*15%*	*Pneumonia (ever)*			*73%*	*69%*
Health Care Coverage					**Health Conditions in Past 3 Years**				
Milwaukee	2003	2006	2009	2012	Milwaukee	2003	2006	2009	2012
Not Covered					High Blood Pressure	23%	27%	29%	29%
Personally (currently)	11%	13%	15%	17%	High Blood Cholesterol	17%	21%	21%	19%
Personally (past 12 months)			26%	22%	Mental Health Condition			14%	16%
Household Member (past 12 months)	27%	30%	30%	25%	Asthma (Current)	10%	12%	14%	14%
					Diabetes	7%	8%	10%	10%
Other Research: (2010)			*WI*	*U.S.*	Heart Disease/Condition	7%	8%	9%	9%
Personally Not Covered (currently)			*11%*	*15%*	Cancer			3%	3%
					Stroke	2%	3%	3%	2%
Did Not Receive Care Needed (Past 12 Months)					Condition Controlled Through Medication,				
Milwaukee		2006	2009	2012	Exercise or Lifestyle Changes				
Prescript. Meds Not Taken Due to Cost (Household)				15%	High Blood Pressure				96%
Unmet Care					High Blood Cholesterol				84%
Dental Care				21%	Mental Health Condition				81%
Medical Care		14%	--	13%	Asthma (Current)				93%
Mental Health Care				6%	Diabetes				90%
					Heart Disease/Condition				89%
Health Information and Services									
Milwaukee	2003	2006	2009	2012	**Physical Health**				
Health Information Source					Milwaukee	2003	2006	2009	2012
Doctor	52%	--	44%	45%	Physical Activity/Week				
Internet	8%	--	21%	28%	Moderate Activity (5 times/30 min)	27%	33%	31%	33%
Advance Care Plan	25%	28%	26%	23%	Vigorous Activity (3 times/20 min)		20%	18%	25%
Primary Source of Health Advice/Service					Recommended Moderate or Vigorous		43%	40%	46%
Doctor/nurse practitioner's office		74%	67%	65%	Overweight	62%	65%	67%	66%
Hospital emergency room		8%	10%	9%	Fruit Intake (2+ servings/day)	63%	58%	56%	61%
Public health clinic/community health center		6%	8%	8%	Vegetable Intake (3+ servings/day)	29%	22%	20%	25%
Urgent care center		3%	7%	7%					
Hospital outpatient		4%	3%	3%	*Other Research:*			*WI*	*U.S.*
No usual place		6%	5%	6%	*Overweight (2010)*			*64%*	*64%*
					Recommended Mod. or Vig. Activity (2009)			*53%*	*51%*
Routine Procedures									
Milwaukee	2003	2006	2009	2012	**Women's Health**				
Routine Checkup (2 yrs. ago or less)	87%	87%	85%	84%	Milwaukee	2003	2006	2009	2012
Cholesterol Test (4 years ago or less)	73%	70%	70%	70%	Mammogram (50+; within past 2 years)	82%	76%	76%	77%
Dental Checkup (past year)	66%	58%	52%	51%	Bone Density Scan (65 and older)		60%	64%	64%
Eye Exam (past year)	50%	43%	40%	41%	Pap Smear (18 - 65; within past 3 years)	90%	90%	88%	85%
Other Research:			*WI*	*U.S.*	*Other Research: (2010)*			*WI*	*U.S.*
Routine Checkup (≤2 years; 2009)			*79%*	*84%*	*Mammogram (50+; within past 2 years)*			*80%*	*78%*
Cholesterol Test (<5 years; 2010)			*77%*	*77%*	*Pap Smear (18−; within past 3 years)*			*85%*	*81%*
Dental Checkup (past year; 2010)			*75%*	*70%*					

--Not asked in 2006 or 2009

Men's Health (40 and Older)				
Milwaukee		2006	2009	2012
Prostate Cancer Screening				
Within Past 2 Years		61%	58%	45%
Colorectal Cancer Screenings (50 and Older)				
Milwaukee	2003	2006	2009	2012
Blood Stool Test (within past year)	36%	23%	--	15%
Sigmoidoscopy (within past 5 years)			10%	12%
Colonoscopy (within past 10 years)			54%	59%
Screening in Recommended Time Frame			57%	65%
Cigarette Use				
Milwaukee	2003	2006	2009	2012
Current Smokers (past 30 days)	28%	29%	29%	28%
Other Tobacco Products (past 30 days)				8%
Of Current Smokers…				
Quit Smoking 1 Day or More in Past				
Year Because Trying to Quit	53%	55%	58%	66%
Saw a Health Care Professional Past Year				
And Advised to Quit Smoking		78%	72%	83%
Other Research:			*WI*	*U.S.*
Current Smokers (2010)			*19%*	*17%*
Tried to Quit (2005)			*49%*	*56%*
Exposure to Smoke				
Milwaukee			2009	2012
Smoking Policy at Home				
Not allowed anywhere			59%	71%
Allowed in some places or at some times			17%	11%
Allowed anywhere			5%	4%
No rules inside home			19%	13%
Nonsmokers' Second-Hand Smoke				
Exposure in Past Seven Days			32%	25%
Other Research: (WI: 2003; US: 2006-2007)			*WI*	*U.S.*
Smoking Prohibited at Home	*75%*	*79%*		
Mental Health Status				
Milwaukee	2003	2006	2009	2012
Felt Sad, Blue or Depressed				
Always/Nearly Always (past 30 days)	9%	10%	9%	9%
Find Meaning and Purpose in Daily Life				
Seldom/Never	7%	6%	7%	7%
Considered Suicide (past year)	4%	7%	7%	6%
Personal Safety in Past Year				
Milwaukee	2003	2006	2009	2012
Afraid for Their Safety	7%	13%	10%	8%
Pushed, Kicked, Slapped, or Hit	4%	7%	6%	4%
At Least One of the Safety Issues	10%	16%	13%	10%

Alcohol Use in Past Month				
Milwaukee	2003	2006	2009	2012
Binge Drinker	17%	20%	19%	32%
Driver/Passenger When Driver				
Perhaps Had Too Much to Drink	3%	4%	4%	2%
Other Research: (2010)			*WI*	*U.S.*
Binge Drinker			*22%*	*15%*
Household Problems Associated With…				
Milwaukee		2006	2009	2012
Alcohol		3%	3%	3%
Marijuana				2%
Misuse of Prescription or OTC Drugs				1%
Gambling				1%
Cocaine, Heroin or Other Street Drugs				<1%
Children in Household				
Milwaukee				2012
Personal Health Doctor/Nurse who				
Knows Child Well and Familiar with History				88%
Visited Personal Health Professional for				
Preventive Care (past 12 months)				96%
Did Not Receive Care Needed (past 12 months)				
Dental Care				10%
Medical Care				3%
Specialist				2%
Current Asthma				14%
Safe in Community/Neighborhood (seldom/never)				6%
Children 2 or Younger				
Infant Slept in Bed with Respondent or Another Person				4%
Children 5 to 17 Years Old				
Fruit Intake (2+ servings/day)				75%
Vegetable Intake (3+ servings/day)				31%
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)				8%
Experienced Some Form of Bullying (past 12 months)				23%
Verbally Bullied				18%
Physically Bullied				11%
Cyber Bullied				2%
Community Health Issues				
Milwaukee		2006	2009	2012
Alcohol or Drug Use		49%	62%	57%
Violence		58%	57%	56%
Chronic Diseases		48%	44%	50%
Teen Pregnancy		46%	50%	36%
Infectious Diseases		33%	31%	29%
Mental Health or Depression		25%	19%	21%
Infant Mortality		7%	15%	20%
Lead Poisoning		5%	6%	3%

--Not asked in 2009

Overall Health and Health Care Key Findings

In 2012, 47% of respondents reported their health as excellent or very good; 24% reported fair or poor. Respondents who were female, 45 to 54 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, 17% of respondents reported they were not currently covered by health care insurance; respondents who were male, 18 to 24 years old, non-white, 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-two 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-five 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 remained the same 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, 15% 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 60 percent household income bracket were more likely to report this. Thirteen percent of respondents reported that they did not get the medical care they needed in the last 12 months; respondents who were 18 to 24 years old, 45 to 64 years old, African American, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Twenty-one percent of respondents reported that they did not get the dental care they needed in the last 12 months; respondents who were African American, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Six percent of respondents reported that they did not get the mental health care they needed in the last 12 months; respondents who were 45 to 54 years old, non-white and non-African American, Hispanic or in the bottom 40 percent household income bracket were more likely to report this. *From 2006 to 2012, there was no statistical change in the overall percent of respondents reporting there was a time in the last 12 months they did not receive the medical care needed.*

In 2012, 45% of respondents reported they receive most of their health information from a doctor while 28% reported the internet. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report they receive most of their health information from a doctor. Respondents who were male, 25 to 34 years old, non-white and non-African American, with a college education or in the middle 20 percent household income bracket were more likely to report they receive most of their health information from the internet. Sixty-five percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were female, 65 and older, white, non-Hispanic, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report this. Twenty-three percent of respondents had an advance care plan; respondents who were female, 65 and older, white, non-Hispanic, with a college education or in the top 40 percent household income bracket were more likely to report an advance care plan. *From 2003 to 2012, there was a statistical decrease in the overall percent of respondents reporting they receive most of their health information from a doctor while there was a statistical increase in the overall percent of respondents reporting the internet as their primary source. 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, 84% of respondents reported a routine medical checkup two years ago or less while 70% reported a cholesterol test four years ago or less. Fifty-one percent of respondents reported a visit to the dentist in the past year while 41% 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, African

American, non-Hispanic, with a college education, in the top 60 percent household income bracket or married respondents were more likely to report a cholesterol test four years ago or less. Respondents 35 to 54 years old, 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 65 and older 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, 35% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older, Hispanic, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report a flu vaccination. Sixty-seven 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 no statistical change 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 (29% and 19%, 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 overweight or inactive were more likely to report high blood pressure. Respondents who were 65 and older, white, non-Hispanic, with a high school education or less, who were overweight or inactive were more likely to report high blood cholesterol. Respondents who were 65 and older, non-Hispanic, in the bottom 40 percent household income bracket, 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 or in the bottom 40 percent household income bracket 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, 45 to 54 years old, non-white, with some post high school education or less, 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, diabetes or current asthma. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported high blood cholesterol, 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 or cancer.*

In 2012, 9% 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. Six 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 65 and older, 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, 33% of respondents did moderate physical activity five times a week for 30 minutes while 25% did vigorous activity three times a week for 20 minutes. Combined, 46% 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 unmarried respondents were more likely to report this. Sixty-six percent of respondents were classified as overweight. Respondents who were 45 to 54 years old, African American or Hispanic 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, 61% of respondents reported two or more servings of fruit while 25% reported three or more servings of vegetables on an average day. Respondents who were female, non-African American, Hispanic 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, non-Hispanic, with a college education, in the top 40 percent household income bracket or overweight were more likely to report at least three servings of vegetables on an average day. *From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit on an average day. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported 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. Sixty-four percent of female respondents 65 and older had a bone density scan. Eighty-five 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 or in the top 40 percent household income bracket were more likely to report this. *From 2003 to 2012, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 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, 45% 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 who were 50 and older or African American 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, 15% of respondents 50 and older reported a blood stool test within the past year. Twelve percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 59% reported a colonoscopy within the past ten years. This results in 65% of respondents meeting current colorectal cancer screening recommendations; African American respondents were more likely to report this. *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, 28% of respondents were current smokers; respondents who were male, 25 to 34 years old, African American, non-Hispanic, 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. Eight percent of respondents reported other tobacco use such as cigars, pipes, chewing tobacco or snuff in the past 30 days; respondents who were male, 25 to 44 years old, white, with a college education or in the top 40 percent household income bracket were more likely to report this. In the past 12 months, 66% of current smokers quit smoking for one day or longer because they were trying to quit. Eighty-three percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking; respondents who were 35 to 54 years old or married 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, 71% 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-five 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, 32% of respondents were binge drinkers in the past month. Respondents who were male, 25 to 34 years old, white, with a college education 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, 3% 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 each reported misuse of prescription drugs/over-the-counter drugs or a household problem with gambling. Less than one percent reported someone in their household experienced a problem in connection with cocaine/heroin/other street drugs. *From 2006 to 2012, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical, in connection with drinking in the past year.*

In 2012, 8% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were non-Hispanic or with at least 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 or unmarried were more likely to report this. A total of 10% reported at least one of these two situations; respondents who were non-Hispanic or with some post high school education 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-eight percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 96% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Ten percent of respondents reported there was a time in the last 12 months their child did not receive the dental care needed. Three percent of respondents reported their child did not receive the medical care needed while 2% reported their child did not visit a specialist they needed to see. Seventy-five percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 31% 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. Fourteen percent of respondents reported their child currently had asthma, with 46% of them having had an asthma attack in the past year. Four percent of respondents with a child two years old or younger reported their infant child slept in a bed with them or with another person. Eight 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. Six percent of respondents reported their child was seldom or never safe in their community or neighborhood. Twenty-three percent reported their 8 to 17 year old child experienced some form of bullying in the past 12 months. Eighteen percent reported verbal bullying, 11% 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 (57%), violence (56%) and chronic diseases (50%). Respondents who were non-white and non-African American, in the top 40 percent household income bracket or married were more likely to report alcohol or drug use as a top community health issue. Respondents with a college education were more likely to report violence. Respondents who were white, with at least some post high school education or in the top 40 percent household income bracket were more likely to report chronic diseases. Respondents who were 18 to 24 years old, non-white and non-African American, Hispanic, with some post high school education or less, in the bottom 40 percent household income bracket 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 or non-Hispanic were more likely to report mental health or depression. Respondents who were female, white, with at least some post high school education, in the middle 20 percent household income bracket or married respondents were more likely to report infant mortality. Respondents who were female, Hispanic, with a high school education or less or with a college education were more likely to report lead poisoning as a top community health issue. ***From 2006 to 2012, there was a statistical increase in the overall percent of respondents who reported alcohol/drug use or infant mortality as a top community health issue. From 2006 to 2012, there was a statistical decrease in the overall percent of respondents who reported teen pregnancy, infectious diseases, mental health/depression or lead poisoning. From 2006 to 2012, there was no statistical change in the overall percent of respondents who reported violence or chronic diseases as a top community health issue.***