2016 Community Health Needs Assessment **Report**

2017-2019 Implementation **Strategy**

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

Aurora Sinai Medical Center
945 N. 12th Street
Milwaukee, WI 53233

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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 (ASLMC)** – Aurora's quaternary hospital is known for remarkable treatment options and experienced specialty doctors practicing at the forefront of their fields. It provides advanced care and is the pioneer for numerous new procedures and technologies. Aurora St. Luke's Medical Center earned its reputation as Wisconsin's leading medical center and is a national destination hospital for highly specialized care in the areas such as heart and vascular, neuroscience, cancer, organ transplant, orthopedics and gastroenterology.

- **Aurora St. Luke's South Shore (ASLSS)** – This full service community-centered hospital provides a full spectrum of medical and surgical care, including behavioral health services, inpatient and outpatient care and 24/7 emergency care.

- **Aurora Sinai Medical Center (ASMC)** – Milwaukee's last remaining downtown hospital, Aurora Sinai includes the nationally recognized Acute Care for the Elderly (ACE) unit, which works to decrease the risk of functional decline that sometimes occurs during hospitalization of patients who are frail or have memory loss. Aurora Sinai also offers outstanding services in orthopedics and bariatric surgery, provides excellent care for women and infant services.

- **Aurora West Allis Medical Center (AWAMC)** – This hospital offers a complete range of care programs as well as the Aurora Women's Pavilion, where women at all stages of life receive comprehensive care in a relaxed, healing environment. This hospital is uniquely situated in the second-largest city within Milwaukee County.

- **Aurora Psychiatric Hospital (APH)** – This innovative hospital has been providing quality behavioral health care since 1884. People of all ages are served with inpatient and residential programs as well as outpatient offerings during the day and evenings. Aurora Psychiatric Hospital 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 | ASMC

Who we are. What we do

ASMC is a 157-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, high-risk obstetric care, Neonatal Intensive Care Unit (NICU), 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 seven 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

ASMC serves people of diverse cultural and economic backgrounds in the city of Milwaukee. We are the only hospital that serve predominantly low-income neighborhoods in Milwaukee's central city that often experience limited access to health care. Over 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:

- 176,000 outpatient visits
- 58,000 patients who come through our Emergency Department (ED)
- 4,000 surgeries
- 2,500 infants delivered

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 see https://ahc.aurorahealthcare.org/aboutus/community-benefits/hospitals/sinai.asp.

Distinctions include:

- *Certification for Joint Replacement – Hip and Knee*, The Joint Commission (2014-2016)
- *Certification for Primary Stroke Center*, The Joint Commission (2014-2016)
- *Accreditation for Inpatient Rehabilitation: Stroke Specialty,* Commission on Accreditation of Rehabilitation Facilities (CARF International)
- *Designations of Bariatric Surgery Center of Excellence,* Metabolic Bariatric Surgery Accreditation and Quality Improvement Program
- *Top 6% of all U.S. hospitals* in the widely recognized *Electronic Medical Record Adoption Model*
- *Gold Plus Recognition for the* Get With The Guidelines *Heart Failure Achievement indicators,* American Heart Association

ASMC – 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, the North Shore communities and the City of Wauwatosa every three years, conducted in partnership with the local health departments (see page 37.)* 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. To see community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.

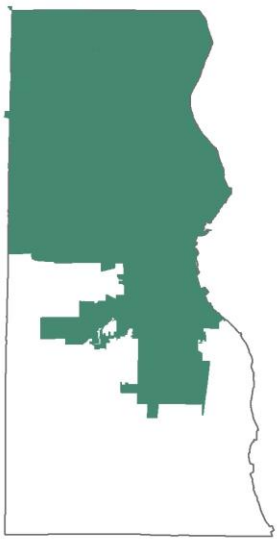
*For the purpose of this CHNA Report and Implementation Strategy as depicted in the table on page 3.

[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)
2016 Community Health Needs Assessment (CHNA) Report

Section 1 | Community served: City of Milwaukee, North Shore Communities and City of Wauwatosa

Although 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 along with the North Shore communities and the City of Wauwatosa, as noted previously on page 3. There is a special emphasis on serving low-income neighborhoods in zip codes 53205, 53206, 53208, 53210, 53216 and 53233.



Milwaukee County boundary, shaded area is the City of Milwaukee, North Shore and Wauwatosa

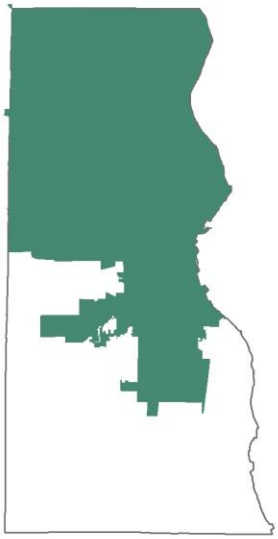
City of Milwaukee

Milwaukee is the largest city in both Milwaukee County and Wisconsin and is among the 35-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.

The City of Milwaukee 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]

The south side of Milwaukee, in particular zip codes 53204 and 53215, consists of predominantly Latino/Hispanic neighborhoods. Milwaukee's north and northwest sides consist mostly of Blacks/African Americans, specifically in zip codes 53205, 53206, 53210, 53216 and 53218. Over 45 percent of the region's poor African American residents live in extreme poverty neighborhoods.[6] In addition, 11.2% of Milwaukee's Latino population lives in extreme poverty.[7]

[2] U.S. Census Bureau. Data Visualization Gallery. Available at http://www.census.gov/dataviz/. Accessed March 30, 2016.
[3] American Community Survey. 2010-2014 Five Year Estimates, Available at factfinder.census.gov/. Accessed March 24, 2016.
[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. *CUPH*: 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.
[7] Levine, M. (2016). Latino Milwaukee: A Statistical Portrait. *University of Wisconsin-Milwaukee Center for Economic Development*: Milwaukee, WI



Milwaukee County boundary, shaded area is the City of Milwaukee, North Shore and Wauwatosa

North Shore Communities

The North Shore communities consist of seven municipalities located in the northeast quadrant of Milwaukee County, including:

- Village of Bayside (zip code 53217) – Incorporated in 1953, Bayside comprises of approximately 2.39 square miles and has no industrial property.[8]
- Village of Brown Deer (53209, 53217, 53223) – First settled in 1835, Brown Deer is bounded by the City of Milwaukee on the south and west while the Milwaukee River and Brown Deer Park form the eastern boundary.[9]
- Village of Fox Point (53217) - Officially incorporated in 1926, the Village's name derives from a Dutch settlement that was originally located in the area.[10]
- City of Glendale (53209, 53217) - Located on a narrow corridor of 5.7 square miles to the west of Fox Point, Whitefish Bay and Shorewood, Glendale is a dynamic community that maintains its own identity just 4 miles from the City of Milwaukee.[11]
- Village of River Hills (53217) – Incorporated in 1930, the 5.5 square miles of River Hills is home to the Lynden Sculpture Garden.[12]
- Village of Shorewood (53211) – Established in 1900 as the Village of East Milwaukee and renamed the Village of Shorewood in 1917, it measures only a mile by a mile-and-a-half but is home to over 13,000 residents, the densest community in the state.[13]
- Village of Whitefish Bay (53211, 53217) – Incorporated in 1892, the Village of Whitefish Bay is a predominantly single family residential community, covering an area of 2.4 square miles, with a population of approximately 14,000 people.[14]

City of Wauwatosa

Bounded by the City of Milwaukee to the east and Waukesha County to the west, the City of Wauwatosa was founded in 1835 and incorporated in 1892. It is home to the Milwaukee Regional Medical Center and shares several zip codes with other communities (53210, 53213, 53222, 53225 and 53226).[15]

[8] Village of Bayside. Available at http://www.bayside-wi.gov/174/History, accessed June 27, 2016.

[9] Village of Brown Deer. Available at http://www.browndeerwi.org/about-us/ accessed June 27, 2016.

[10] Village of Fox Point. Available at http://www.vil.fox-point.wi.us/318/About-Fox-Point accessed June 27, 2016.

[11] City of Glendale. Available at http://www.glendale-wi.org/149/About-Glendale, accessed June 27, 2016.

[12] Village of River Hills. Available at http://www.riverhillswi.com/, accessed June 27, 2016.

[13] Village of Shorewood. Available at http://villageofshorewood.org/669/Why-Shorewood, accessed June 27, 2016.

[14] Village of Whitefish Bay. Available at http://www.wfbvillage.org/ accessed June 27, 2016.

[15] City of Wauwatosa. Available at http://www.wauwatosa.net/, accessed June 27, 2016.

Demographic Characteristics of the City of Milwaukee, Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood, Wauwatosa, Whitefish Bay, Milwaukee County and Wisconsin

Characteristics	City of Milwaukee*	Village of Bayside**	Village of Brown Deer**	Village of Fox Point**	City of Glendale**	Village of River Hills**
Total Population*	598,078	4,479	12,067	6,695	12,893	1,501
Median Age (years)*	30.8	45.4	42.9	44.7	45.5	49.5
Race						
White (non-Hispanic)	47.0%	91.8%	57.7%	91.8%	79.9%	84.3%
Black or African American (non-Hispanic)	39.3%	3.1%	32.8%	2.9%	13.0%	1.9%
Asian	3.7%	2.8%	3.1%	2.8%	1.8%	8.5%
American Indian and Alaska Native	0.5%	0.6%	0.3%	0.1%	0.2%	0.5%
Native Hawaiian or Other Pacific Islander	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
Some other race	5.8%	0.0%	1.1%	0.0%	0.4%	1.0%
Two or more races	3.7%	1.4%	5.0%	2.5%	4.6%	3.7%
Hispanic or Latino (of any race)	17.7%	1.8%	3.9%	2.0%	6.3%	4.5%
Age						
0-14 years	22.5%	22.3%	15.2%	21.1%	14.6%	17.2%
15-44 years	46.4%	26.5%	37.4%	29.1%	34.6%	26.7%
45-64 years	27.4%	29.8%	29.3%	30.4%	28.9%	34.1%
65 years and older	9.2%	21.4%	18.1%	19.5%	21.7%	22.0%
Education						
Less than high school degree	18.9%	2.2%	5.5%	1.2%	5.8%	1.5%
High school degree	31.9%	9.7%	22.9%	7.3%	17.1%	8.2%
Some college/associates	27.1%	18.2%	33.0%	15.0%	24.3%	13.4%
Bachelor degree or higher	22.0%	69.9%	38.6%	76.5%	52.7%	76.8%
Unemployment rate (estimate)	8.5%	2.7%	5.0%	2.7 %	2.9%	4.5%
Median household income	$35,489	$103,726	$55,396	$107,466	$83,659	$175,500
Percent below poverty estimate in the last 12 months	29.4%	1.9%	9.6%	3.9%	9.6%	2.0%

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

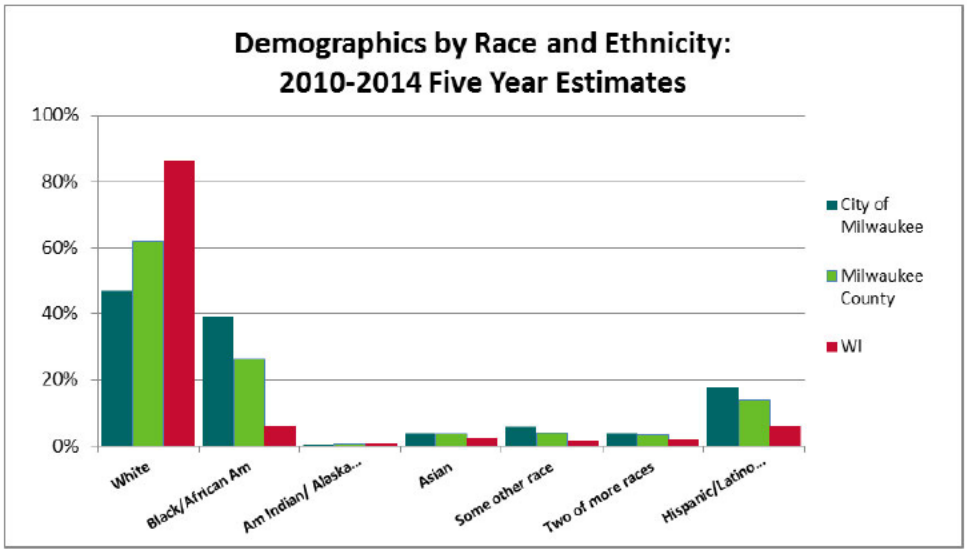
* American Community Survey. 2010-2014 5-year Estimates, accessed March 23, 2016.

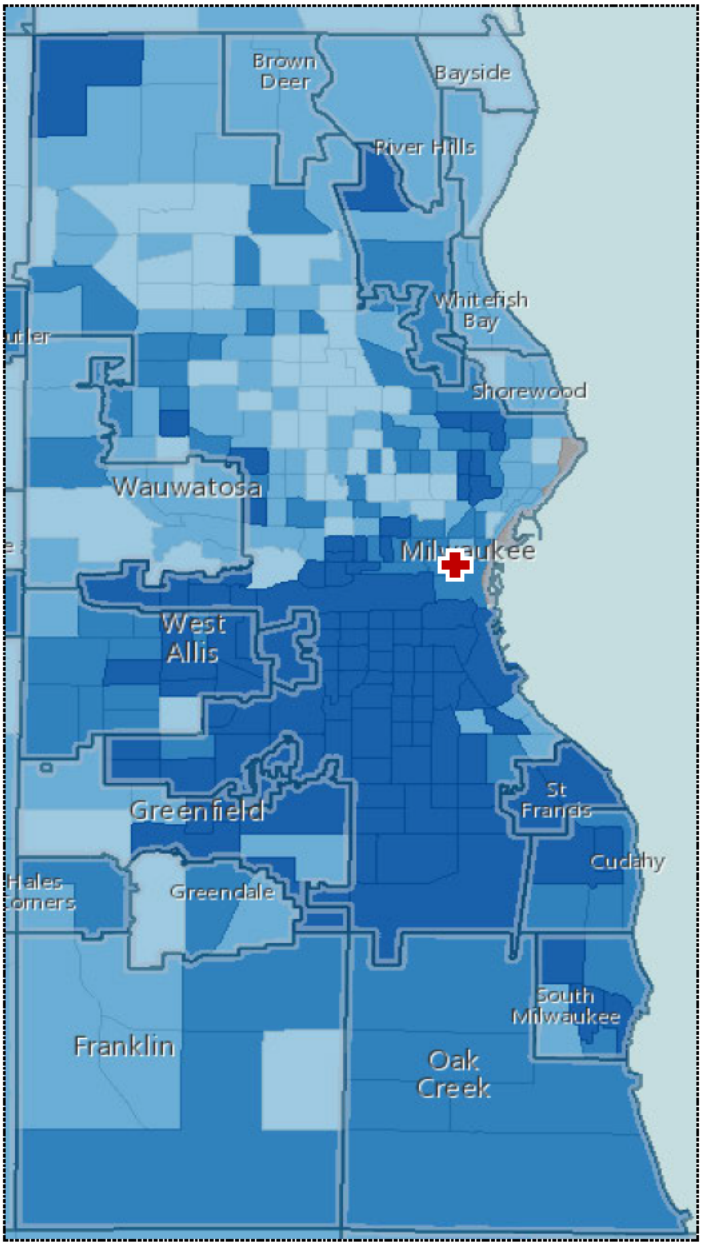
** American Community Survey. 2010-2014 5-year Estimates, accessed April 8, 2016.

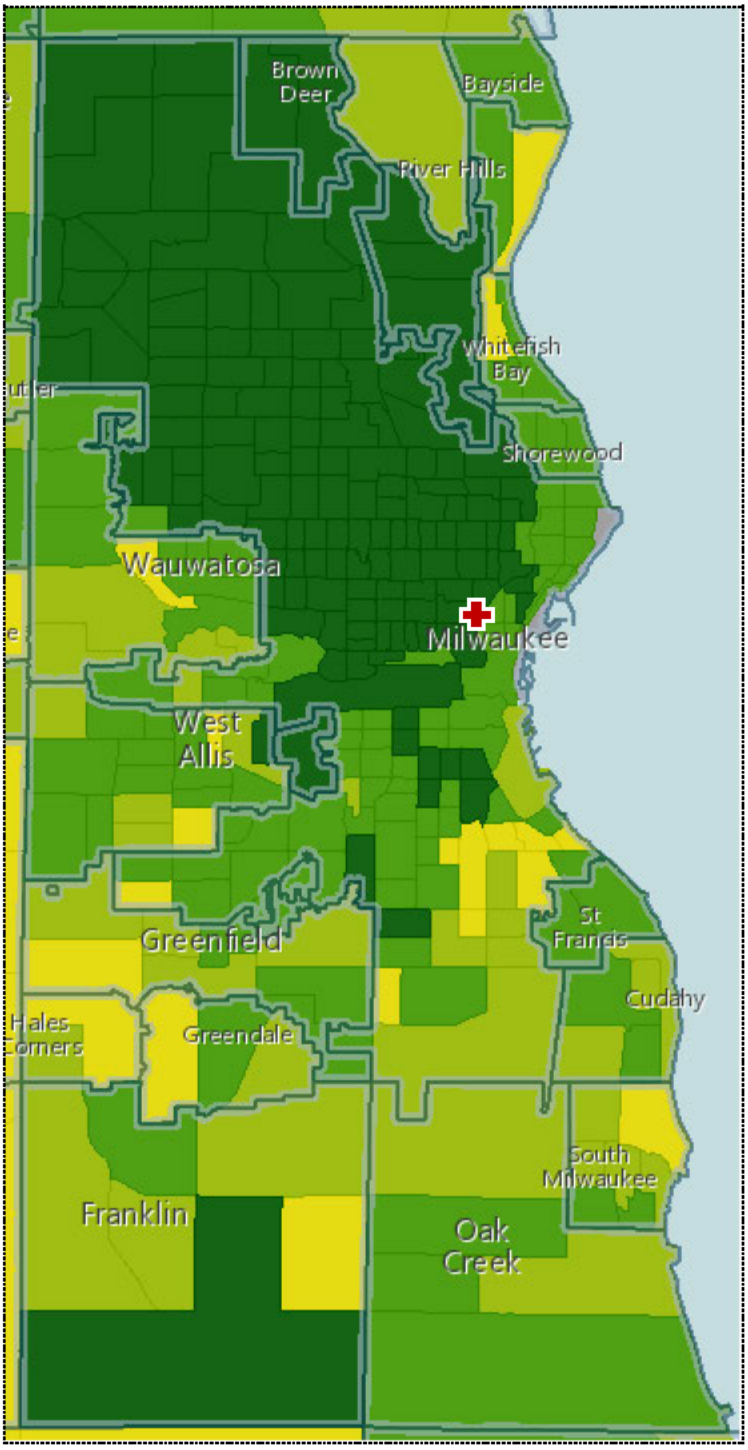
Characteristics	Village of Shorewood**	City of Wauwatosa**	Village of Whitefish Bay**	Milwaukee County*	Wisconsin *
Total Population*	13,245	46,838	14,132	953,401	5,724,692
Median Age (years)*	38.8	38.5	40.5	34.0	38.8
Race					
White (non-Hispanic)	89.0%	90.1%	90.3%	62.1%	86.7%
Black or African American (non-Hispanic)	2.7%	4.3%	2.0%	26.4%	6.2%
Asian	4.8%	2.6%	3.9%	3.6%	2.4%
American Indian and Alaska Native	0.6%	0.3%	0.3%	0.6%	0.9%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	0.5%	0.4%	1.0%	4.1%	1.6%
Two or more races	2.5%	2.4%	2.6%	3.3%	2.1%
Hispanic or Latino (of any race)	2.8%	2.9%	3.0%	13.8%	6.2%
Age					
0-14 years	15.2%	18.8%	23.5%	20.8%	19.1%
15-44 years	43.7%	39.5%	34.0%	43.1%	38.7%
45-64 years	27.3%	26.5%	30.3%	24.3%	27.9%
65 years and older	14.0%	15.3%	12.2%	11.7%	14.4%
Education					
Less than high school degree	3.3%	3.5%	1.5%	13.7%	9.2%
High school degree	9.6%	15.4%	9.3%	28.6%	32.4%
Some college/associates	19.5%	25.3%	13.4%	29.0%	31.0%
Bachelor degree or higher	67.6%	55.9%	75.8%	28.6%	27.4%
Unemployment rate (estimate)	3.6%	3.3%	3.4%	10.5%	7.2%
Median household income	$63,550	$69,467	$102,576	$43,385	$52,738
Percent below poverty estimate in the last 12 months	11.4%	6.0%	3.5%	21.9%	13.3%

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

* American Community Survey. 2010-2014 5-year Estimates, accessed March 23, 2016.


Demographics by Race and Ethnicity:
2010-2014 Five Year Estimates
100%
80%
60%
40%
20%
0%
White
Black/African Am
Am Indian/ Alaska...
Asian
Some other race
Two of more races
Hispanic/Latino...
City of Milwaukee
Milwaukee County
WI


Brown Deer
Bayside
River Hills
Whitefish Bay
Shorewood
Wauwatosa
West Allis
Greenfield
St Francis
Cudahy
Hales Corners
Greendale
South Milwaukee
Franklin
Oak Creek
Population of Hispanic Origin: Percent by Census Tract
American Community Survey 2010-2014
Over 10.0%
5.1 - 10.0%
2.1 - 5.0%
Under 2.1%
No Data or Data Suppressed
ASMC

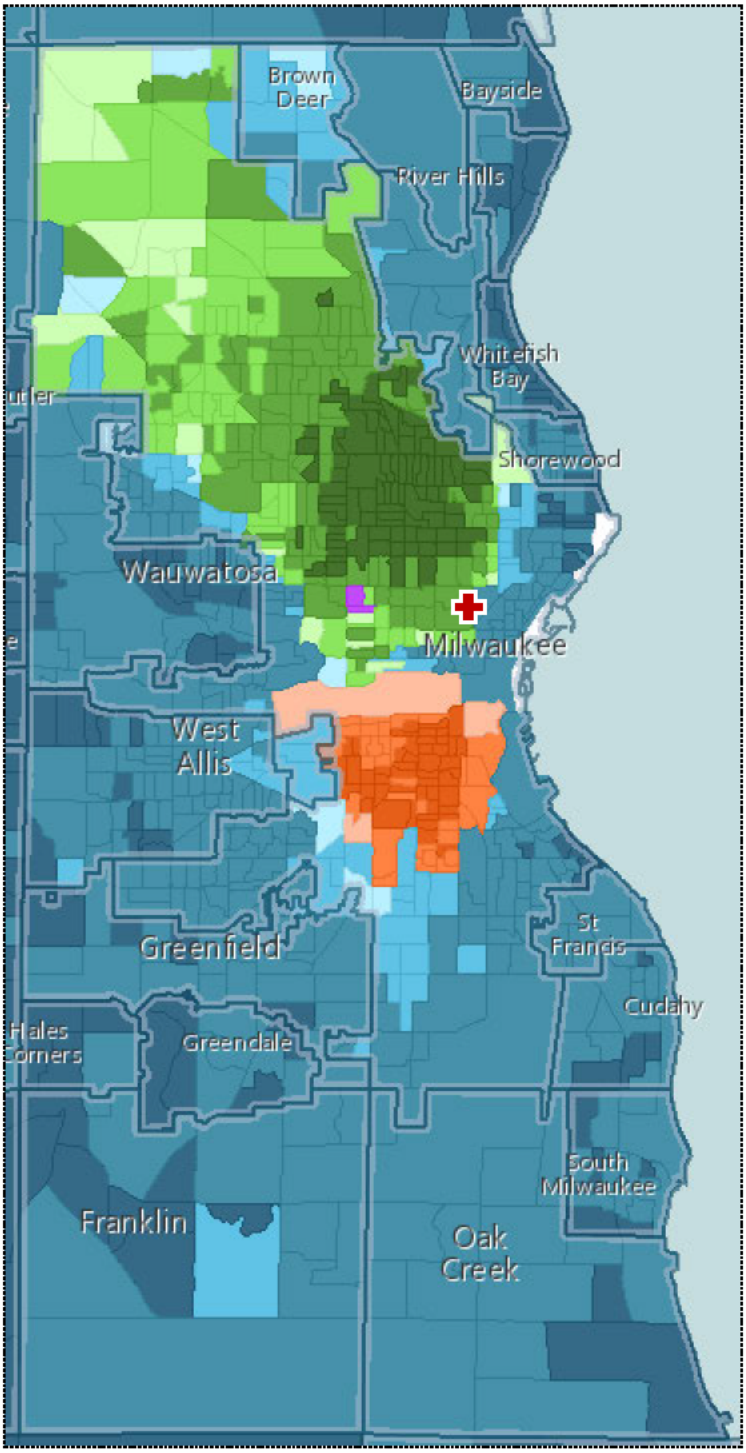


Population of Black, non-Hispanic: Percent by Census Tract

American Community Survey 2010-2014

- Over 10.0%
- 2.1 - 10.0%
- 0.6 - 2.0%
- Under 0.6%
- No Data or Data Suppressed

ASMC



Predominant Race / Ethnicity by Block Group

US Census 2010

- White, > 90%
- White, 70% - 90%
- White, 50% - 70%
- White, < 50%
- Hispanic, > 90%
- Hispanic, 70% - 90%
- Hispanic, 50% - 70%
- Hispanic, < 50%
- Black, > 90%
- Black, 70% - 90%
- Black, 50% - 70%
- Black, < 50%
- Asian, > 90%
- Asian, 70% - 90%
- Asian, 50% - 70%
- Asian, < 50%

ASMC

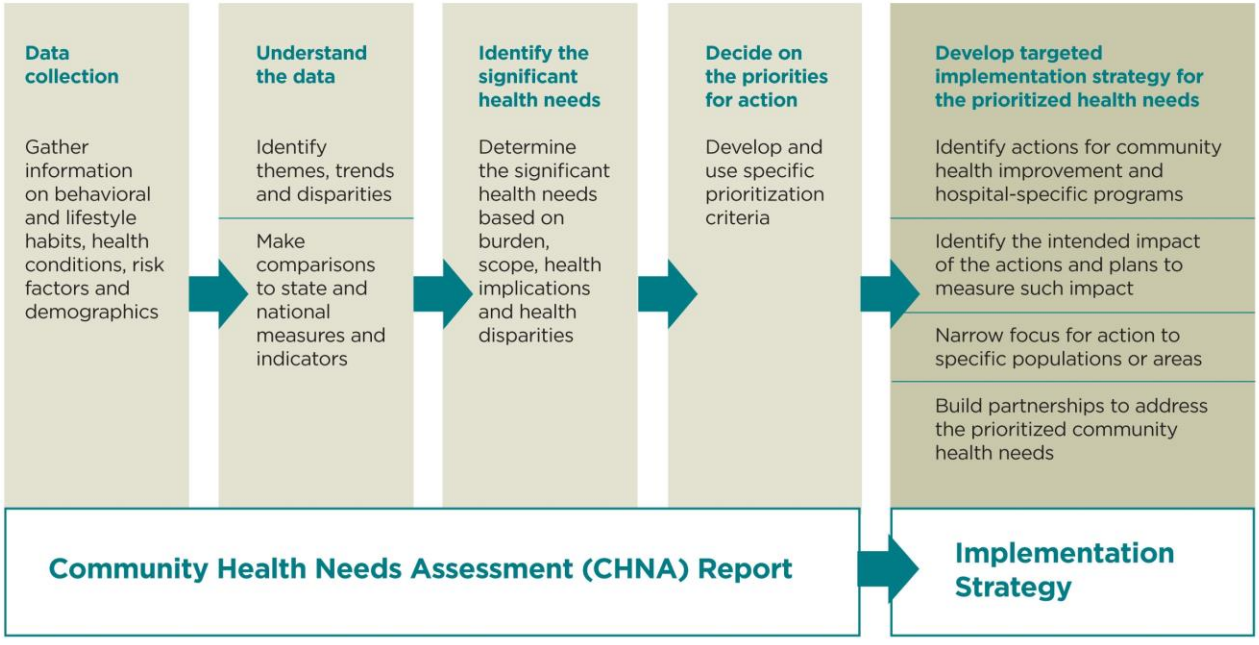
Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

Purpose and process of the shared Community Health Needs Assessment

Since 2003, Aurora Health Care has underwritten a community health survey of the City of Milwaukee, the North Shore communities and the City of Wauwatosa every three years, conducted in partnership with the local health departments. In 2012 and again in 2015, a shared community health needs assessment (CHNA) was conducted to 1) determine current community health needs, 2) gather input from persons who represent the broad interests of the community and to identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs within the context of the hospital's existing programs, resources, strategic goals and partnerships. The process of conducting the CHNA is illustrated below and is described in this report. The inaugural CHNA was conducted in 2013 and adopted by the Social Responsibility Committee of the Aurora Health Care Board (AHC) of Directors on August 9, 2013. The 2016 community health needs assessment is based on prior efforts undertaken by Aurora Health Care to assess community health needs.

A Collaborative CHNA

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



Data collection and analysis

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

The core data sources for the CHNA include:

Quantitative data sources

Source #1 | Cities of Milwaukee and Wauwatosa and the North Shore Community Health Survey Reports

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

Source #2 | Secondary Data Report

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

Qualitative data source

Source #3 | Key Informant Interview Report

Forty-one individual key informant interviews were conducted between May and October 2015. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Milwaukee County, based on the focus areas presented in Wisconsin's State Health Plan, *Healthiest Wisconsin 2020 (HW2020)*. Twenty-two additional key informants participated in four focus groups utilizing the same interviewing process. For each top-ranked health topic, the informant was asked to specify existing strategies to address the issue, barriers or challenges addressing the issue, additional strategies needed and key groups in the community that hospitals should partner with to improve community health. Among the key informants were the health officers for nine of the twelve local health departments in Milwaukee County, as well as leaders of academic centers and school systems, health coalitions, foundations, law enforcement, emergency response agencies, social service agencies and community organizations. These key informants focused on a range of public health issues and/or health disparities, and represented the broad interest of the community served, including medically underserved, low-income and minority populations. For further description, see Appendix C.

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

Source #4 | Written Comments on the Current CHNA Report and Implementation Strategy
Aurora Health Care invites the community to provide written comments on its current CHNA Reports and Implementation Strategies via a one-click portal on its website at http://www.aurora.org/commbenefits. *Through June 2016, AMCS did not receive any comments on the current CHNA Report or Implementation Strategy.*

Additional sources of data and information used to prepare the ASMC CHNA Report were considered when identifying significant community health needs and are cited within the report.

Section 3 | Significant health needs identified through the CHNA for the City of Milwaukee, the North Shore community and the City of Wauwatosa

The significant health needs identified through the CHNA are also identified as key health issues for the state as outlined in the state health plan, *HW2020*, as well as the nation as outlined in the *HEALTHY PEOPLE 2020*, and are among major focus areas of the Centers for Disease Control and Prevention (CDC). From a local perspective, the significant health needs identified through the CHNA have an impact on community health, both for the community at-large and in particular specific areas within the community (such as neighborhoods or populations experiencing health disparities).

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

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

Local 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 (HW2020)	*"Healthiest Wisconsin 2020 (HW2020)* identifies priority objectives for improving health and quality of life in Wisconsin. These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, and to eliminate health disparities and achieve more equal access to conditions in which people can be healthy. Priorities were influenced by more than 1,500 planning participants statewide, and shaped by knowledgeable teams based on trends affecting health and information about effective policies and practices in each focus area." The 23 focus area profiles of *HW2020* can be grouped into three categories: crosscutting, health, and infrastructure. http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf
Healthy People 2020	"*Healthy People 2020* 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

This report focuses on the following data collection years: 2003, 2006, 2009, 2012 and 2015. The Community Health Survey (Source #1), the secondary data (Source #2) and the key informant interview reports (Source #3) provide an overview of the community health issues in the communities of Milwaukee, North Shore and Wauwatosa. The community health survey reports for the five municipalities and the secondary data and key informant interview report for Milwaukee County are available at http://www.aurora.org/commbenefits. Additionally, the community health survey summaries are presented in appendices D – H. When available and applicable, *Healthy People 2020* objectives are listed for the health topics.

Top Health Issue

Access

Unmet medical care | Respondents reporting they did not get the medical care they needed in the last 12 months (Source #1):

	Unmet Medical (adult)		Delayed care due to costs	Unmet Medical (child)		Unmet Specialist (child)	
City or Village	2012	2015	2015	2012	2015	2012	2015
City of Milwaukee	13%	14%	20%	3%	3%	2%	1%
North Shore	7%	9%	14%	1%	<1%	<1%	0%
Wauwatosa	4%	8%	14%	1%	<1%	0%	<1%

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

Respondents reporting they have a medical home or a primary care provider (PCP) they regularly see for check-ups or care (Source #1):

	Received Primary Health Services Through a Medical Home (adults)		Primary Care Provider (adult)	Primary Care Provider (child)		Received Primary Health Services Through a Medical Home (child)	
City or Village	2006	2015	2015	2012	2015	2012	2015
City of Milwaukee	74%	61%	84%	88%	91%	96%	92%
North Shore	91%	71%	88%	94%	99%	91%	95%
Wauwatosa	86%	78%	86%	94%	93%	92%	88%

Respondents who have a medical home but not a PCP are more likely to obtain their care at a clinical setting with rotating providers. Respondents with a PCP but who do not receive their primary health services at their medical home are more likely to access urgent care services, an increasing trend among adults in all of the communities. Children are more likely to receive primary health services through a medical home and a have PCP than adults.

- The *Healthy People* targets are to reduce the proportion of persons who have a primary care provider and a medical home to 95%.

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.[16]

[16] *Healthy People 2020 (HP2020)* – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed September 1, 2015.

Unmet dental care | Respondents reporting they did not get the medical care they needed in the last 12 months (Source #1):

	Unmet Dental (adult)		Unmet Dental (child)	
City or Village	2012	2015	2012	2015
City of Milwaukee	21%	21%	10%	11%
North Shore	7%	14%	1%	0%
Wauwatosa	9%	16%	0%	0%

Residents from all municipalities who were in the bottom 40 percent income level were more likely to experience an unmet dental need.

- 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 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 cancers and reduce dental care costs.[17]

Unmet prescription medications and mental health care | Respondents reporting that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs or who had an unmet mental health need (Source #1):

	Unmet Prescription (household)		Unmet Mental Health (adult)	
City or Village	2012	2015	2012	2015
City of Milwaukee	15%	12%	6%	5%
North Shore	9%	6%	3%	4%
Wauwatosa	5%	11%	<1%	3%

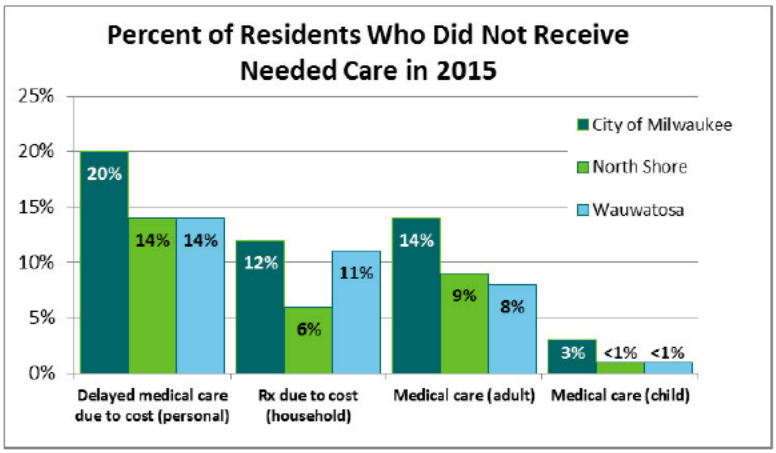
Residents from Milwaukee and Wauwatosa who were in the bottom 40 percent income level were more likely to report an unmet need for prescription medications.

- 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.[18]

Why is this significant? An 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.[19]

[17] *Healthy People 2020 (HP2020)* – Oral Health. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Accessed September 1, 2015.
[18] Healthy People 2020 – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed September 1, 2015
[19] 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

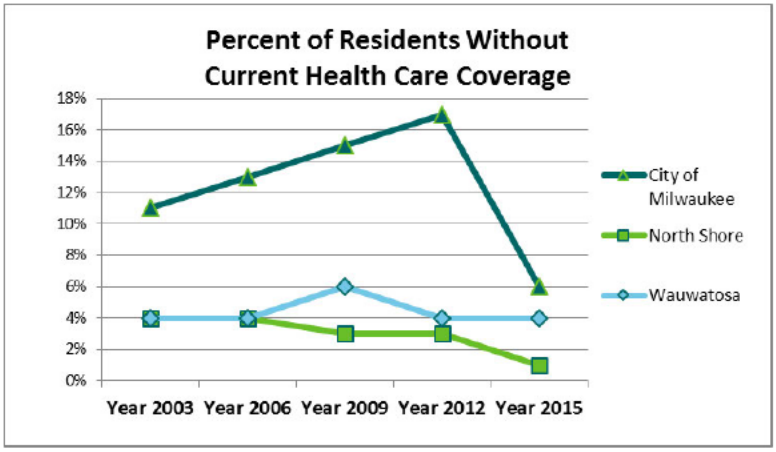


Coverage

Health care coverage | Respondents reporting they did not have health care coverage (Source #1):

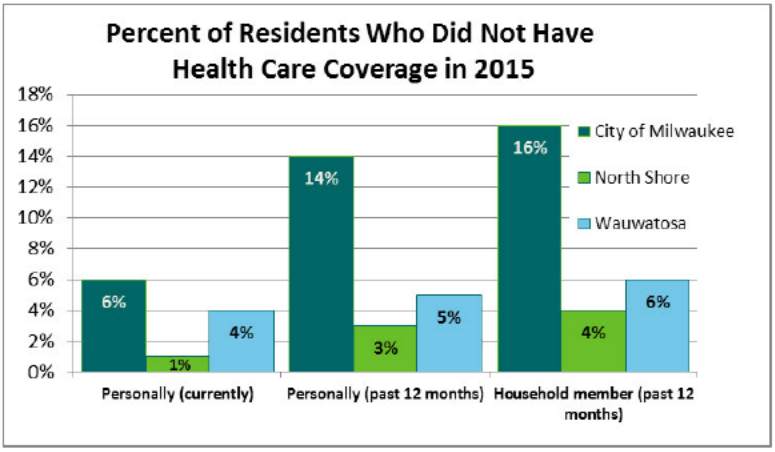
	Currently not covered (personally)		Not covered sometime in the past 12 months (personally)		Not covered sometime in the past 12 months (household)	
City or Village	**2012**	**2015**	**2012**	**2015**	**2012**	**2015**
City of Milwaukee	17%	6%	22%	14%	25%	16%
North Shore	3%	1%	5%	3%	6%	4%
Wauwatosa	4%	4%	6%	5%	6%	6%

Except for Wauwatosa which remained stagnant, the municipalities reported a statistical decrease since 2003 in the percentage of adults who reported they personally were not currently covered with health care insurance.



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

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.[20]



Chronic disease: asthma, diabetes, heart disease, overweight/obesity and cancer

Chronic conditions such as asthma, diabetes, heart disease and cancer can result in health complications, compromised quality of life and burgeoning health care costs.[21] Chronic diseases were identified as one of the top health issues in the community by the residents (Source #1) and key stakeholders (Source #3).

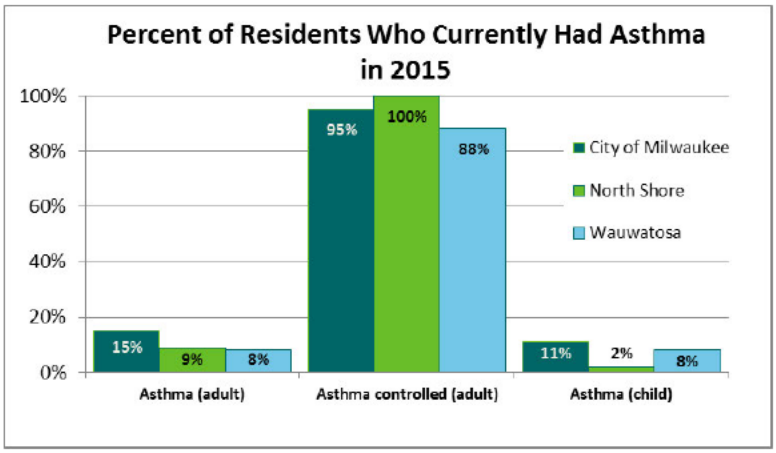
Asthma| Respondents reporting current asthma in the past three years (Source #1):

	Asthma, current (adult)		Asthma controlled* (adult)		Asthma, current (child)	
City or Village	**2012**	**2015**	**2012**	**2015**	**2012**	**2015**
City of Milwaukee	14%	15%	93%	95%	14%	11%
North Shore	11%	9%	97%	100%	12%	2%
Wauwatosa	8%	8%	97%	88%	7%	8%

*Self-reporting of asthma controlled through medications, therapy or lifestyle changes

Generally, children had lower rates of a current asthma diagnosis than adults. In addition, 28.0% of non-Hispanic Black/African American adults living in Milwaukee County reported a current asthma diagnosis compared to only 9.3% of non-Hispanic White adults in 2014 (Source #2).

[20] *Healthy People* 2020 (HP2020) – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed September 1, 2015.
[21] 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



Why is this significant? Without proper management, asthma can lead to high health care costs.[22] Management of the disease with medical care and prevention of attacks by avoiding triggers is essential.

Diabetes | Adults reporting diabetes in the past three years (Source #1):

	Diabetes		Diabetes controlled*	
City or Village	2012	2015	2012	2015
City of Milwaukee	10%	11%	90%	90%
North Shore	8%	11%	92%	95%
Wauwatosa	6%	6%	96%	96%

*Self-reporting of diabetes and heart disease/condition controlled through medications, therapy or lifestyle changes

In addition, 11.4% of non-Hispanic Black/African American adults living in Milwaukee County reported a diagnosis of diabetes compared to only 7.8% of non-Hispanic White adults in 2014 (Source #2).

Why is this significant? Diabetes may lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.[23]

Heart disease/condition | Adults reporting a heart disease or condition in the past three years (Source #1):

	Heart disease or condition		Heart disease or condition controlled*	
City or Village	2012	2015	2012	2015
City of Milwaukee	9%	8%	89%	93%
North Shore	9%	11%	77%	95%
Wauwatosa	5%	9%	100%	89%

*Self-reporting of diabetes and heart disease/condition controlled through medications, therapy or lifestyle changes

[22] Centers for Disease Control and Prevention - Asthma. Available at http://www.cdc.gov/asthma/default.htm. Accessed September 1, 2015
[23] Centers for Disease Control and Prevention. - Diabetes Public Health Resources. Available at http://www.cdc.gov/basics/diabetes.html. Accessed September 1, 2015

Why is this significant? The term "heart disease" refers to several types of heart conditions, such as coronary artery disease, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease.[24] Chronic conditions such heart disease can result in health complications, compromised quality of life and burgeoning health care costs.

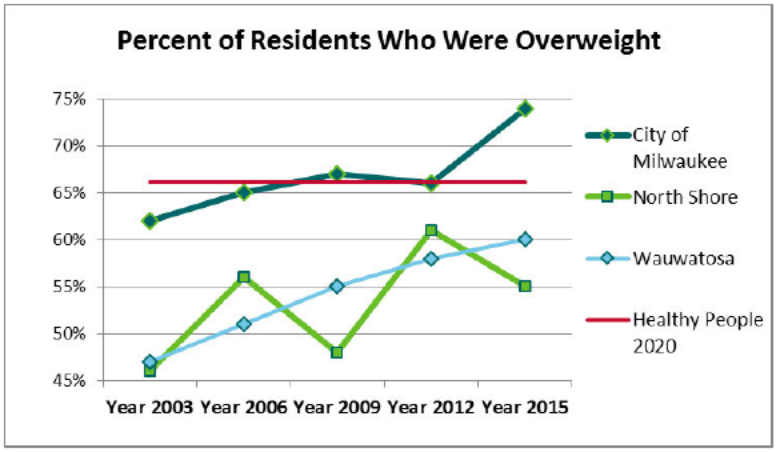
Overweight/Obesity | Adults who reported being at least overweight (Source #1):

	Overweight/ Obese		State and National Data	
City or Village	2012	2015	WI	US
City of Milwaukee	66%	74%	67%	64%
North Shore	61%	55%	67%	64%
Wauwatosa	58%	62%	67%	64%

Overall, the percentage of adults who reported being either overweight or obese trended upward since 2003. The City of Milwaukee had a higher percentage of adults who were overweight or obese than the state and national averages.

- The *Healthy People 2020* goal for healthy weight is 33.9%.

In the Community Health Survey, 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 weight in kilograms/height in meters^2 (Source #1).



Why is this significant? Overweight and obesity can increase the risk for high blood pressure, high cholesterol levels, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.[25]

[24] Centers for Disease Control and Prevention - Heart Disease. Available at http://www.cdc.gov/heartdisease/index.htm. Accessed September 2, 2015

[25] Centers for Disease Control and Prevention – Physical Activity for a Healthy Weight. Available at http://www.cdc.gov/healthyweight/physical_activity/index.html Accessed September 1, 2015

Cancer | The 2008-2012 cancer age-adjusted incidence rate in Milwaukee County was 503.4 per 100,000 population, higher compared to the state at 447.7 per 100,000. The table below compares Milwaukee County's age-adjusted cancer incidence and mortality rates per 100,000 population with the rates for Wisconsin (WI), national (US), and *Healthy People 2020* objectives. (Source #2).

Cancer	Milwaukee	WI	US	*Healthy People 2020*	Status
Cancer Incidence Rate	503.4	447.7	na	na	■
Female Breast Cancer Incidence Rate	132.1	125.4	122.0	na	■
Cervical Cancer Incidence Rate	8.7	6.3	na	na	■
Male Colorectal Cancer Incidence Rate	53.5	42.4	46.1	na	■
Female Colorectal Cancer Incidence Rate	39.3	31.6	34.9	na	■
Male Lung/Bronchus Cancer Incidence Rate	88.1	66.7	73.0	na	■
Female Lung/Bronchus Cancer Incidence Rate	61.7	53.4	52.0	na	■
Prostate Cancer Incidence Rate	144.6	103.2	128.3	na	■
Female Breast Cancer Mortality Rate	24.1	21.4	21.5	20.7	■
Cervical Cancer Mortality Rate	2.7	1.7	na	2.2	■
Male Colorectal Cancer Mortality Rate	21.5	18.6	18.1	14.5	■
Female Colorectal Cancer Mortality Rate	13.0	11.9	12.8	14.5	●
Male Lung/Bronchus Cancer Mortality Rate	67.3	56.1	57.9	45.5	■
Female Lung/Bronchus Cancer Mortality Rate	43.8	40.8	37.0	45.5	●
Prostate Cancer Mortality Rate: Age-Adjusted	25.3	23.5	20.8	21.8	■

*If Milwaukee County's rate meets or exceeds the Healthy People 2020 benchmark, then a green circle (●) is shown under "Status". Conversely, if the community falls below the 2020 goal, then a red square (■) is shown. If the CDC did not set a Healthy People 2020 goal in a specific health indicator, then the community's health information is compared with the U.S. goal. If no information is available under Healthy People 2020 or national data, or community data, then "na" is displayed for "not available".

Why is this significant? A person's cancer risk can be reduced in a number of ways including, but not limited to, receiving regular medical care and screenings, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight and being physically active.[26]

Health risk behaviors: alcohol use, substance 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 consumption, tobacco use and exposure, poor nutrition and lack of physical activity.[27]

[26] Centers for Disease Control and Prevention – Cancer. Available at http://www.cdc.gov/cancer/dcpc/prevention/. Accessed September 1, 2015.
[27] Centers for Disease Control and Prevention-Chronic Disease Overview. Available at http://www.cdc.gov/chronicdisease/overview/index.htm. Accessed September 1, 2015

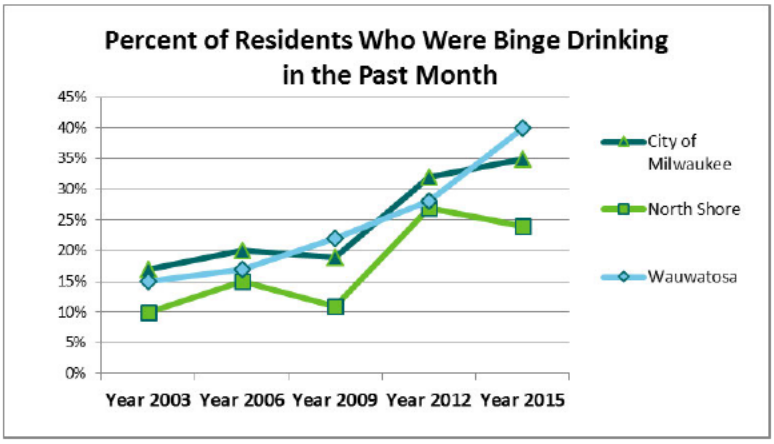
Alcohol use | Excessive drinking reflects the percent of adults who report either binge drinking or heavy drinking. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is defined as alcohol consumption that brings the blood alcohol concentration to 0.08% or more; this is generally achieved through consuming four or more alcoholic beverages for women or five or more for men within approximately two hours. In addition, the NIAAA defines heavy drinking as drinking more than one drink for women or two drinks for men per day on average.[28] Alcohol (and other drugs) was identified as one of the top three health issues in all of the communities by the residents (Source #1) and in the county by key stakeholders (Source #3). Adults who reported binge drinking in the past month (Source #1):

Top Health Issue

	Binge drinking		State and National Data	
City or Village	2012	2015	WI	US
City of Milwaukee	32%	35%	23%	17%
North Shore	27%	24%	23%	17%
Wauwatosa	28%	40%	23%	17%

All municipalities had a higher percentage of adults who reported binge drinking in the past month than the state and national averages. Since 2003, there was a statistical increase in the number of individuals who were binge drinking in the past month across all communities.

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



Why is this significant? Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drownings), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society from losses in productivity, health care, crime and other expenses.[29]

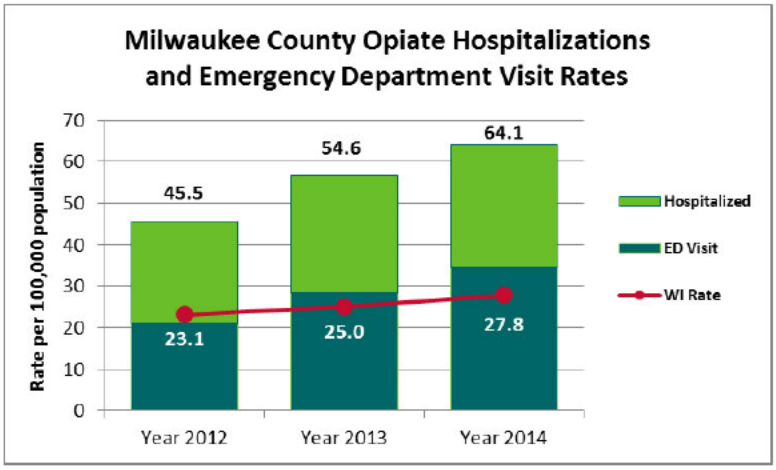
[28] National Institute on Alcohol Abuse and Alcoholism – Alcohol & Your Health. Available at http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking. Accessed August 17, 2015.
[29] Centers for Disease Control and Prevention – Alcohol & Public Health. Available at http://www.cdc.gov/alcohol/index.htm. Accessed September 1, 2015

Substance use Prescription drug mis-use is escalating statewide. In Milwaukee County, the rate of ED visits due to opiate poisonings (also known as opiate overdoses) was 34.5 per 100,000 in 2014, higher than the state average of 14.6 opiate poisonings per 100,000 population. In addition, Milwaukee County exceeded the Wisconsin opiate poisoning hospitalizations at 29.6 overdoses per 100,000 population (compared to Wisconsin's 13.2 opiate overdoses per 100,000).[30] Key informants and residents all identified alcohol and drug use/abuse as one of the top health issues challenging the community (Sources #1, #3).

Top Health Issue

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

Why is this significant? Nationally, the amount of pain medicines prescribed and sold has almost quadrupled since 1999. Every day in the U.S., 44 people die due to an overdose of prescription opioids. The overprescribing of opiates and other pain medicines leads to medicinal abuse and overdose deaths.[31]



Tobacco Use and Exposure | Adults reporting tobacco use and exposure, including cigarette smoking in the past 30 days (current smoker) (Source #1):

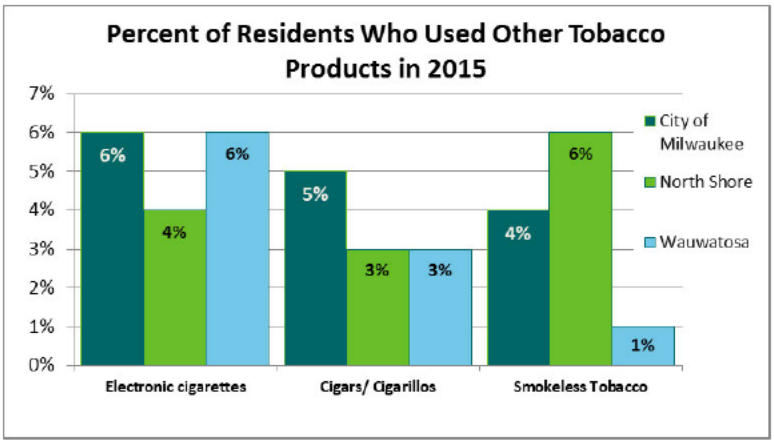
	Current smoker		Tried to quit smoking in the past year		Smoking not allowed in the home		Nonsmoker exposed to second-hand smoke in the past 7 days	
City or Village	2012	2015	2012	2015	2012	2015	2012	2015
City of Milwaukee	28%	21%	66%	61%	71%	72%	25%	26%
North Shore	12%	13%	33%	43%	81%	89%	10%	5%
Wauwatosa	11%	12%	58%	55%	86%	86%	13%	12%

From 2012 to 2015, there was a significant decrease in the percentage of Milwaukee residents who were current smokers. There was a significant increase in the percentage of homes which did not allow indoor smoking from 2009 to 2015 in all of the communities. In addition, from 2009 to 2015, all communities had a significant decrease in the percentage of nonsmokers who were exposed to secondhand smoke in the previous week.

[30] Wisconsin Interactive Statistics on Health, 2015.. Available at https://www.dhs.wisconsin.gov/wish/injury-hosp/index.htm, and injury-related emergency department visits module, https://www.dhs.wisconsin.gov/wish/injury-ed/index.htm. Accessed February 25, 2016

[31] Centers for Disease Control and Prevention – Injury Prevention & Control: Prescription Drug Overdose. Available at http://www.cdc.gov/drugoverdose/data/overdose.html. Accessed September 22, 2015

– The *Healthy People 2020* target is to reduce cigarette smoking by adults to 12.0% and increase the percentage of current smokers to quit smoking in the past year to 80.0%. Also, it aims to increase the prohibition of smoking within the homes to 87.0% and to reduce the percentage of non-smokers exposed to secondhand smoke in the past seven days to 33.8%.



Additionally, in 2014, 11.1% 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| 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). Ninety percent of all deaths from chronic obstructive lung disease are caused by smoking. In addition, 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.[32]

Nutrition and physical activity | Respondents who reported eating the recommended fruit and vegetable servings (Source #1):

	Fruit servings (adult)		Vegetable servings (adult)		Fruit servings (child)		Vegetable servings (child)	
City or Village	2012	2015	2012	2015	2012	2015	2012	2015
City of Milwaukee	61%	59%	25%	26%	75%	82%	31%	30%
North Shore	70%	68%	37%	36%	93%	90%	45%	36%
Wauwatosa	77%	71%	36%	37%	84%	83%	25%	21%

[32] Centers for Disease Control and Prevention – Smoking & Tobacco Use. Available at http://www.cdc.gov/tobacco/index.htm. Accessed September 1, 2015

Based on the *2015 County Health Rankings* for Milwaukee County, 3% of the population had limited access to healthy foods.[33] This was lower than the state (5.0%), and higher than the national benchmark (0% of the population had limited access to healthy foods) (Source #2).

Why is this significant? A healthy and balanced diet, including eating fruits and vegetables, is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke and diabetes. A poor diet can lead to energy imbalance (e.g., eating more calories than one expends through physical activity) and can increase one's risk for overweight and obesity. Healthy eating helps reduce one's risk for developing osteoporosis, some cancers, anxiety and depression.[34]

Respondents who reported engaging in physical activity (Source #1):

	Moderate activity - 30 mins/5 times/ week (adult)		Recommended moderate/vigorous activity (adult)		Moderate activity - 60 mins/5 times/ week (child)	
City or Village	**2012**	**2015**	**2012**	**2015**	**2012**	**2015**
City of Milwaukee	33%	37%	46%	48%	66%	70%
North Shore	36%	44%	50%	56%	67%	64%
Wauwatosa	37%	33%	57%	44%	75%	71%

With the exception of Wauwatosa, all of the other communities met or were better than the *Healthy People 2020* goal of the percentage of adults engaged in the recommended amount of physical activity. However, as noted in the "Overweight/Obesity" section, all of the communities continue to have more adults who are overweight or obese.

- The *Healthy People 2020* target is to increase the percentage of adults engaged in the recommended moderate or vigorous physical activity to 47.9%.

Why is this significant? Inactive adults have a higher risk for obesity, coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions.[35]

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and cholesterol | Adults who reported high blood pressure or high blood cholesterol in the past three years (Source #1):

	High blood pressure		High blood pressure controlled		High blood cholesterol		High blood cholesterol controlled	
City or Village	**2012**	**2015**	**2012**	**2015**	**2012**	**2015**	**2012**	**2015**
City of Milwaukee	29%	30%	96%	93%	19%	18%	84%	87%
North Shore	28%	24%	97%	98%	22%	26%	88%	95%
Wauwatosa	24%	24%	98%	98%	26%	19%	95%	89%

[33] Note: Limited access to healthy foods captures the percentage of the population who are low income and do not live close to a grocery store. In rural areas, living close to a grocery store means living less than 10 miles from a grocery store whereas in non-rural areas it is less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size.
[34] Centers for Disease Control and Prevention – Physical Activity for a Healthy Weight. Available at http://www.cdc.gov/healthyweight/physical_activity/index.html Accessed September 1, 2015
[35] Centers for Disease Control and Prevention – Physical Activity for a Healthy Weight. Available at http://www.cdc.gov/healthyweight/physical_activity/index.html Accessed September 1, 2015

The City of Milwaukee did not meet the *Healthy People 2020* goals of the percentage of adults with high blood pressure. High blood pressure affected more individuals in the bottom 40 percent income in Milwaukee whereas it affected more individuals in the middle 20 percent income bracket in North Shore and Wauwatosa. None of the communities met the *Healthy People 2020* goals of the percentage of adults with high blood cholesterol. However, all of the communities met and exceeded *Healthy People 2020* goal of the percentage of adults with their blood pressure under control.

- The *Healthy People 2020* goal of adults with high blood pressure is 26.9% and adults with high total blood cholesterol is 13.5%; the goal of adults with their high blood pressure under control is 61.2%.

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. Once identified and diagnosed, high blood pressure and cholesterol can be treated and controlled.[36]

Injury and Violence

Injury hospitalization | The 2014 Milwaukee County injury hospitalizations rate was 1,148.4 per 100,000, which is higher compared to the state (912.4 per 100,000) and exceeds the *Healthy People 2020* target. The injury emergency room visit rate for Milwaukee County was 9,062.0 per 100,000, which is higher than the Wisconsin rate (7,167.8 per 100,000) but lower than the U.S. rate (9,972.0 per 100,000) (Source #2). Among all ages in 2014, the leading cause of injury emergency room visits was falls, followed by "struck by or against object or person" (Source #2).

Top Health Issue

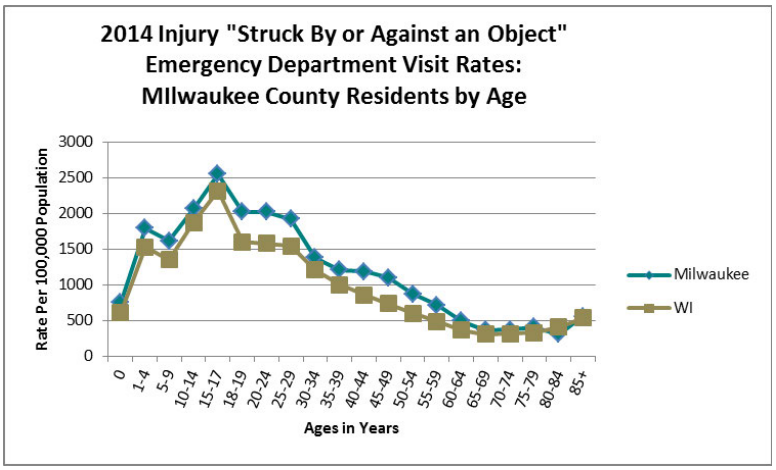
- The *Healthy People 2020* target for injury hospitalization rate is 555.8 per 100,000; the target for injury ED visit rate is 7,533.4 per 100,000.

Why is this significant? Injuries are a leading cause of death for people ages 1-44 in the United States. Each year, injuries cost more than 406 billion dollars in lost productivity and medical care. They are faced with life-long mental, physical and financial problems. Injuries can be prevented and their consequences reduced for infants, children and adults.[37]

Youth injury | In 2014, the total number of injury hospitalizations among Milwaukee County youth aged 0-17 years was 676, which is a rate of 293.2 per 100,000, higher than the state rate of 260.0.[38] Also in 2014, the total number of injury emergency room visits among Milwaukee County youth was 23,266 – a rate of 10,089.5 per 100,000, higher than the state rate of 8,040.0 per 100,000.[39] Of the emergency room visits by Milwaukee County youth, 4,337 resulted from being struck by or striking against an object or another person at a rate of 1,880.8 per 100,000; this is higher than the state rate of 1,664.8 per 100,000.[40]

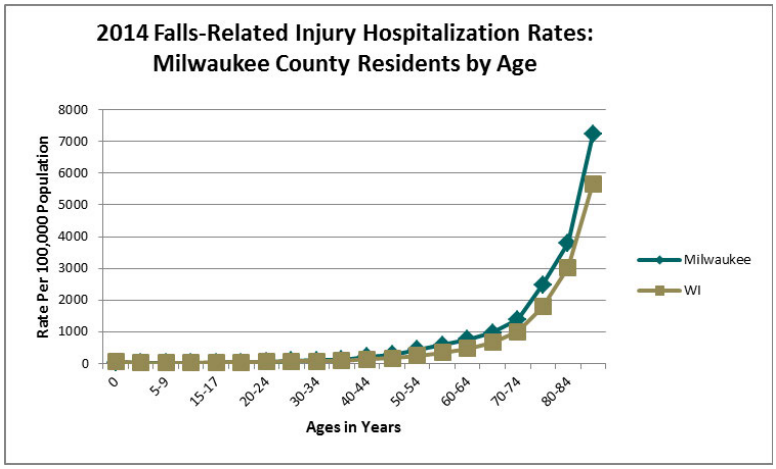
Why is this significant? The leading cause of medical spending for children is injury treatment at nearly $11.5 billion annually in the United States. Almost nine million children aged 0 to 19 years are seen in EDs for injuries every year.[41]

[36] Centers for Disease Control and Prevention – High Blood Pressure and High Cholesterol. Available at http://www.cdc.gov/VitalSigns/CardiovascularDisease/index.html. Accessed September 2, 2015
[37] Centers for Disease Control and Prevention – Injury Prevention and Control. Available at http://www.cdc.gov/injury/. Accessed September 1, 2015
[38] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016
[39] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016
[40] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016
[41] Centers for Disease Control and Prevention – Protect the Ones You Love: Child Injuries are Preventable. Available at http://www.cdc.gov/safechild/. Accessed September 8, 2015.



Older adults injury | In 2014, the total number of injury emergency room visits among Milwaukee County adults aged 65 years and older was 7,682, which is a rate of 6,624.0 per 100,000, lower than the state rate of 6,781.7.[42] Also in 2014, the rate of injury-related hospitalizations due to falls among Milwaukee County adults aged 80-84 years was 3,805.9 per 100,000 population compared to the lower state rate of 3,023.2 per 100,000.[43] For Milwaukee County adults aged 85+ years, the rate of injury-related hospitalizations due to falls was 7,218.8 per 100,000, higher than the Wisconsin rate of 5,660.6 per 100,000 population.[44]

> **Why is this significant?** Of adults aged 65 years or older, one-third experience a fall each year but less than half inform their healthcare providers about it. Most fractures among older adults are due to falls. Besides fractures, older adults who suffered from a fall have lacerations, traumatic brain injuries and experience a fear of falling, thus limiting their future activities.[45]



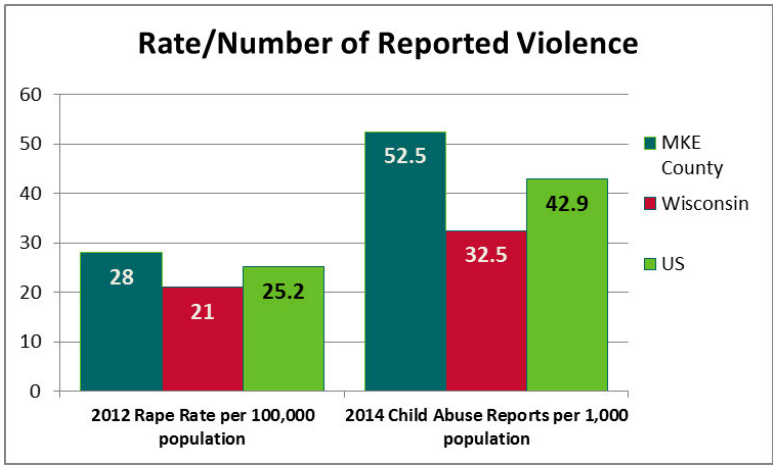
[42] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016
[43] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016
[44] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016
[45] Centers for Disease Control and Prevention – Older Adult Falls: Get the Facts. Available at http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html. Accessed September 11, 2015.

Sexual violence | The rate of rape for Milwaukee County was 28 reports per 100,000 persons, higher than Wisconsin's overall rate of 21.0 per 100,000 in 2012.[46] Sexual assault and rape are underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source.

> **Why is this significant?** Sexual violence 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.[47]

Other violence | The rate of aggravated assault for Milwaukee County in 2012 was 492 reports per 100,000 persons, much higher than Wisconsin's overall rate of 175.0 per 100,000.[48] In Wisconsin, the rate of Child Protective Services (CPS) reports was 32.5 per 1,000 children in 2014; Milwaukee County's rate was higher at 52.5 reports per 1,000 children (Source #2). In addition, the rate of violent crime offenses for Milwaukee County in 2015 was 800.0 reports per 100,000 persons, much higher than Wisconsin's overall rate of 255.0 per 100,000.

> **Why is this significant?** Violence has a lasting effect throughout one's life. Survivors of violence may suffer from physical, emotional, social and other health problems.[49]



[46] Wisconsin Department of Justice, Crime in Wisconsin 2012, September 2013. Available at https://wilenet.org/html/justice-programs/programs/justice-stats/library/crime-and-arrest/2012-crime-in-wi.pdf. Accessed February 22, 2016
[47] Centers for Disease Control and Prevention – Sexual Violence: Consequences. Available at http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed July 22, 2015.
[48] Wisconsin Department of Justice, Crime in Wisconsin 2012, September 2013. Available at https://wilenet.org/html/justice-programs/programs/justice-stats/library/crime-and-arrest/2012-crime-in-wi.pdf. Accessed February 22, 2016.
[49] Centers for Disease Control and Prevention – Violence Prevention. Available at http://www.cdc.gov/violenceprevention/index.html. Accessed September 1, 2015.

Reproductive Health

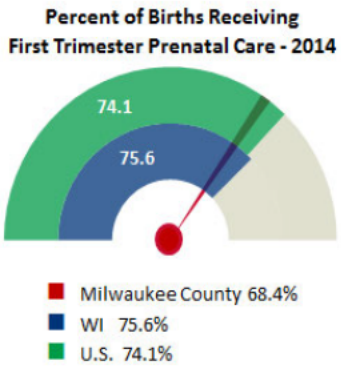
Pap test screening | Women who reported having a pap test within three years (Source #1):

	Pap test in the past 3 years	
City or Village	2012	2015
City of Milwaukee	85%	81%
North Shore	94%	93%
Wauwatosa	85%	91%

- The *Healthy People 2020* target for women having a pap test within three years is 93.0%.

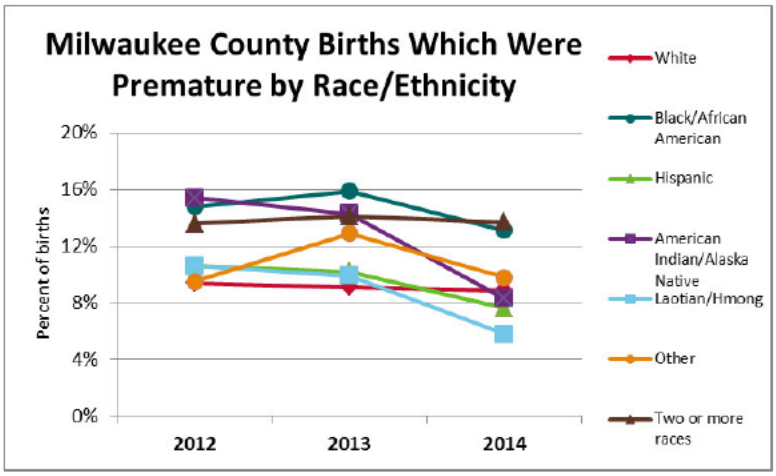
Births receiving first trimester care | From 2012 to 2014, the percent of births receiving first trimester care in Milwaukee County stagnated from 68.5% to 67.5%, and was lower compared to the state (75.4%) (Source #2).

- The *Healthy People 2020* target for births receiving first trimester care is 77.9%.



Premature births | From 2012 to 2014, the percent of premature births (before 37 weeks) in Milwaukee County decreased from 11.6% to 10.3%, but was higher compared to the state (9.1%) (Source #2).

- The *Healthy People 2020* target for premature births is 11.4%.



Low birth weight | From 2012 to 2014, the percent of low birth weight births (less than 2,500 grams or approximately 5.5 pounds) in Milwaukee County increased from 9.1% to 9.7%, and was significantly higher compared to the state (2.1%) (Source #2).

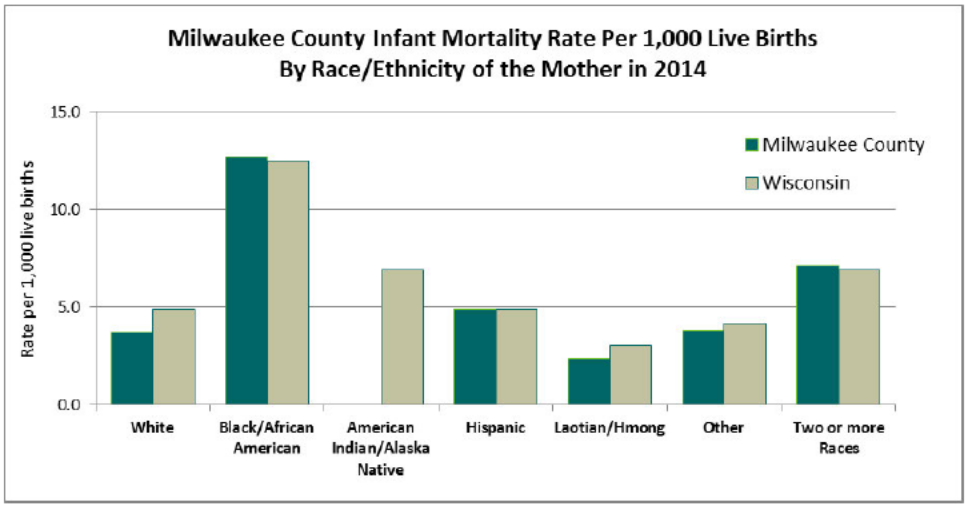
- The *Healthy People 2020* target for low birth-weight births is 7.8%

Why is this significant? Preconception and early prenatal care improves mother and infant outcomes. Babies born prematurely (three weeks or earlier than their due date) or with a low birth weight (less than 2,500 grams or about 5.5 pounds) experience a greater risk for an adverse outcome including a serious disability or death. [50]

Birth rate to teens| In 2014, births among Milwaukee County females aged 15-17 years was 16.4 per 1,000 females, higher than the state rate of 7.7 births per 1,000 females. For Milwaukee County females aged 18-19 years, the birth rate was 57.5 per 1,000 females, higher than the state rate of 34.0 births per 1,000 females.[51]

Infant Mortality | From 2012 to 2014, the rate of infants dying before their first birthday in Milwaukee County decreased from 8.1 deaths per 1,000 live births to 7.2 deaths per 1,000 live births, higher than the statewide rate of 5.7 deaths per 1,000 live births (Source #2).

- The *Healthy People 2020* target for rate of infant deaths (within one year) is 6.0 per 1,000 live births.



Mental health

Mental health conditions| Respondents who reported mental health issues or conditions (Source #1):

	Always/nearly always felt sad/depressed past 30 days (adult)		Seldom/never find meaning/purpose in daily life (adult)		Always/nearly always felt sad/depressed past 6 months (child)	
City or Village	**2012**	**2015**	**2012**	**2015**	**2012**	**2015**
City of Milwaukee	9%	8%	7%	9%	9%	3%
North Shore	5%	5%	4%	6%	1%	6%
Wauwatosa	2%	4%	3%	3%	0%	2%

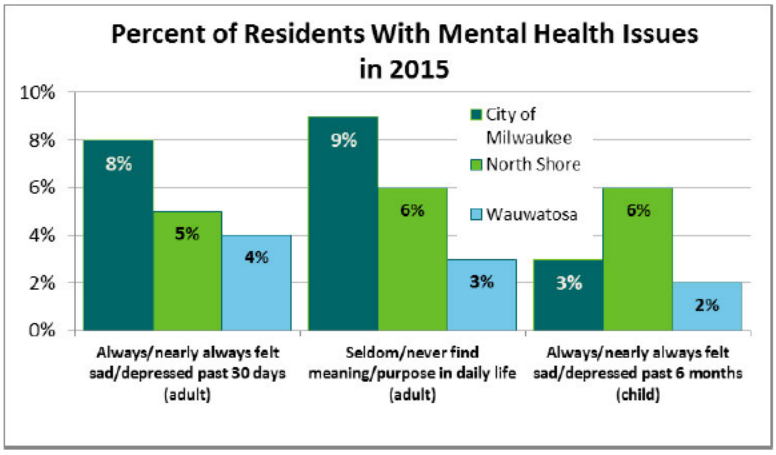
[50] Centers for Disease Control and Prevention – Infant Mortality: What is the CDC doing? Available at http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality-CDCDoing.htm. Accessed September 3, 2015.
[51] Wisconsin Interactive Statistics on Health (WISH), Available at https://www.dhs.wisconsin.gov/wish/index.htm. Accessed February 22, 2016

Top Health Issue

Mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[52] Indicators of mental health include emotional, social and psychological well-being. This definition differs from mental illness, which is classified as diagnosable mental disorders or "health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning."[53] Anxiety, depression, and bipolar disorder are examples of mental illness.

According to the *County Health Rankings*, Milwaukee County adults reported an average of 3.6 mentally unhealthy days in the past 30 days, more than the state average of 3.0 days (Source #2). Mental health was identified as one of the top health issues in the county by the residents (Source #1) and key informants (Source #3).

Why is this significant? Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking and insufficient sleep.[54]



Suicide| Adults who reported feeling so overwhelmed in the past year that they considered suicide (Source #1):

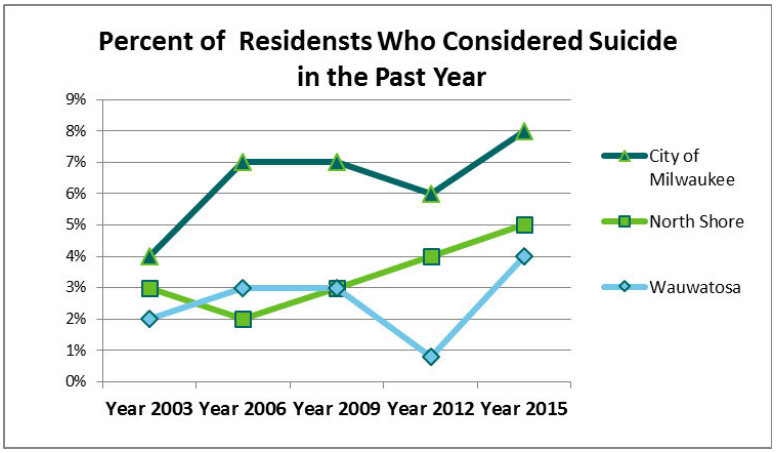
	Considered suicide in the past year (adult)	
City or Village	2012	2015
City of Milwaukee	6%	8%
North Shore	4%	5%
Wauwatosa	<1%	4%

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. Additionally, in 2014, there were 94 suicides in Milwaukee County at a rate of 9.9 per 100,000, lower than the Wisconsin rate of 13.1 per 100,000 population (Source #2).

[52] Centers for Disease Control and Prevention – Mental Health Basics. Available at http://www.cdc.gov/mentalhealth/basics.html. Accessed September 1, 2015
[53] Centers for Disease Control and Prevention – Mental Health Basics. Available at http://www.cdc.gov/mentalhealth/basics.html. Accessed September 1, 2015
[54] Centers for Disease Control and Prevention – Mental Health Basics. Available at http://www.cdc.gov/mentalhealth/basics.html. Accessed September 1, 2015

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

Why is this significant? Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that decrease risk factors and promote resilience.[55]



[55] Centers for Disease Control and Prevention – Suicide Prevention. Available at http://www.cdc.gov/ViolencePrevention/suicide/index.html. Accessed September 2, 2015

Section 4 | Prioritized significant health needs

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

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

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

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

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

- Access and coverage
- Infant mortality
- Injury prevention - "Abuse Response Services"
- Hepatitis C

Significant health needs not being addressed in the implementation strategy and the reason:
The implementation strategy does not include specific strategies for two health risk behaviors (alcohol and tobacco use), diabetes and youth injuries since these are part of the standard continuum of clinical care at ASMC and Aurora clinics and one of the aims of increasing access to primary care to address the health risk factors and behaviors that put individuals at greater risk for health complications and disease.

Dental health is being addressed on a system level, rather than specifically through ASMC. Aurora Health Care is working to improve access to dental care through organizations within the community. Sixteenth Street Community Health Center, Progressive Primary Care on Lisbon, Children's Health Alliance and Columbia St. Mary's are currently addressing dental care for children and adults.

Aligning forces for population health research and collaborative implementation strategies

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

Prioritized significant needs in Milwaukee County	Multi-Partner Initiatives		
	Milwaukee Health Care Partnership[56]	Lifecourse Initiative[57]	United Way[58]
Health care access	✓	✓	✓
Health insurance coverage	✓		
Behavioral health	✓	✓	✓
Obesity, nutrition and physical activity		✓	✓
Chronic disease	✓		✓
Infant mortality	✓	✓	✓
Sexual health			✓
Health literacy	✓	✓	✓
Poverty		✓	✓
Racial/ethnic health disparities		✓	✓
Social determinants		✓	✓
Specialty access for uninsured	✓		

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

[56] The Milwaukee Health Care Partnership is a public/private consortium dedicated to improving health care coverage, access and care coordination for underserved populations in Milwaukee County. View http://mkehcp.org/

[57] The goals of the Lifecourse Initiative are: 1) Strengthen father involvement in African-American families; 2) Reduce poverty among African-American families; 3) Expand access to health care. View http://www.planningcouncil.org/PDF/LIHF_Milw_CAP_final_w_cover.pdf

[58] For *United Way of Greater Milwaukee* initiatives, view http://www.unitedwaymilwaukee.org/home

Section 5 | Community resources and assets

The assessment identified a multitude of community resources and assets for all five of Aurora's Milwaukee County hospitals plus eight other hospitals and their community benefit programs, primary and specialty health care providers and dentists, municipal governments and their departments, public and private schools, and many religious organizations. The *Milwaukee County Health Needs Assessment: A Summary of Key Informant Interviews Report 2015-2016* describes available community health resources and assets under each health issue as noted by the interviewed community members. The organizations listed as providing key informants for interviews are assets and resources for the community as well. Specific resources leveraged by ASMC are identified in the Implementation Strategy, in particular Aurora Family Services which provides support for families struggling with emotional or financial problems. Additionally, Aurora Behavioral Health Services and Aurora Psychiatric Hospital are community assets both within our system and within our community for addressing mental health and AODA issues. For details about assets and resources for the community, see Appendix C.

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

The impact of the initiatives identified in ASMC's *2013 Community Health Needs Assessment Report / 2014 Implementation Strategy* plan was executed with some successes. Successes at ASMC included assisting individuals with insurance coverage enrollment and financial assistance programs, improving parenting outcomes and reducing household ED visits, reducing adverse birth outcomes of program participants, and providing needed community abuse response services. Key learnings have helped to inform the *2017-2019 Implementation Strategy*. For detailed evaluation of impact, see Appendix G.

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

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, go to www.aurora.org/commbenefits.

Part III | ASMC 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 focusing on the City of Milwaukee while also addressing the North Shore and Wauwatosa communities. 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 departments' community health improvement plans (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. An annual account of the community benefits we provide can be found by visiting http://www.aurora.org/commbenefits.

We help people live well. As part of Aurora's integrated health care system, our hospital benefits from Aurora's system wide expertise and programing in areas including mental health and cancer care, greatly expanding the scope of options, opportunities and expertise we can offer to our patients in settings across Metro-Milwaukee. When this is the case, you find the IHCS, with measures reflecting regional and/or system-wide targets, tracking and reports.

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

Special focus: Health Disparities

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

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

Focus | Access – Increasing access to care and linkages with medical homes

In 2015, 14% of adults living in the City of Milwaukee, 9% of adults in North Shore and 8% of adults in Wauwatosa reported that they had an unmet medical need. Twenty percent of City of Milwaukee residents, 14% of North Shore residents and 14% of Wauwatosa residents said they delayed medical care due to cost (Source #1). 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.[59]

Additionally, 14% of City of Milwaukee residents, 3% of North Shore residents and 5% of Wauwatosa residents reported not having health insurance sometime in the past year. Sixteen percent of City of Milwaukee residents, 4% of North Shore residents and 6% of Wauwatosa residents had a household member who was not covered in the past year. 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.[60]

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

Patients with medical homes benefit from management of their health across the healthcare spectrum. This improves the quality of care patients receive and results in patients with more simplified access to care, a better understanding of their health needs and a greater likelihood to comply with treatment and preventative measures.[61]

Principal partners

- Aurora Health Care Medical Group (AHCMG) Clinics
- Aurora Family Service (AFS)

Community partners

- Bread of Healing (BOH) free clinic
- Progressive Community Health Center

Target populations

- Medicaid-eligible and uninsured patients using the ED for primary care
- Patients using hospital ED for primary care

Activities (next page)

[59] *Healthy People 2020 (HP2020)* – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed September 1, 2015.
[60] *Healthy People 2020(HP2020)* – Access to Health Services. U.S. Department of Health and Human Service. Available at http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services Accessed September 1, 2015.
[61] Adamson M. The Patient-Centered Medical Home: An Essential Destination on the Road to Reform. American Health & Drug Benefits. 2011;4(2):122-124.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
A. Participate in the MHCP Emergency Care Coordination Initiative to link Medicaid-eligible and uninsured patients with medical homes in the Milwaukee area by scheduling appointments in the ED			
Ongoing	Total scheduled appointments	Annual volume	An increased number of Medicaid-eligible and uninsured patients who establish a medical home with an FQHC or free clinic
	Total FQHC scheduled appointments		
	FQHC appointment show rate	>44%	
B. Triage Medicaid-eligible and uninsured patients in our ED to the 12th Street Urgent Care clinic adjacent to our ED and promote referrals to Kilbourn Avenue Health Center in our physician office building			
Ongoing	Number of patients served	Baseline data	Expedited care and improved outcomes for patients treated in 12th Street Urgent Care Improved access for patients to establish a medical home with Kilbourn Avenue Health Center Decreased utilization of hospital ED for primary care
C. Provide intensive and systematic case-management for hospital ED high utilizers incorporating health care literacy, health care advocacy, health care coordination and health care homes			
Ongoing	Number of patients served	>47	Reduction in number of ED high utilizers

A. MHCP ED Care Coordination Initiative: Includes community-wide ED to Medical Home Care Coordination. Milwaukee County EDs identify target populations, provide patient education and schedule appointments with medical homes. Using MyHealthDIRECT appointment-scheduling technology, community health centers (CHCs) post open appointments. EDs schedule appointments electronically while the patient is at the hospital. Intake coordinators at CHCs reach out to patients prior to first appointment and attempt to reschedule if appointment is not kept. Aurora Health Care is a founding member of the MHCP.

B. Progressive Community Health Centers: Progressive Community Health Centers, a designated FQHC, improves the health and quality of life of the community by providing culturally competent services that address identified needs. The 12th Street Urgent Care clinic at ASMC is adjacent to our ED and the Kilbourn Avenue Health Center provides access to primary care for un- and under-insured patients in our Physician Office Building.

C. Coverage to Care (C2C) program: The service delivery of the C2C program a) Focuses on the patient's health beliefs and attempts to reshape those beliefs in a way that promotes effective health care utilization and management; b) Provides patients with necessary knowledge, skills and tools to successfully navigate the health care system and to advocate on their own individual health care needs and preferences; c) Considers the influence of patients' cultural factors and pays particular attention to the impact of social determinants such as poverty, trauma, racism and mental health.

Additional hospital activities

• **Provide prescriptions upon discharge free of cost to uninsured patients who lack resources through the Aurora *Essential Medication Fund***			
Ongoing	Number of prescriptions provided	Annual volume	Improved outcomes for uninsured patients discharged from our care

Focus | Access for refugees IHCS

Refugee Health Coordination Program: A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. Refugees come to the United States through the United Nations High Commissioner for Refugees, which refers them to the U.S. Department of State and Department of Health Services. Once approved, refugees are provided medical insurance and required to receive a health screening within 90 days of being relocated into a new city. In 2015, Aurora Family Service (AFS) entered into a contract with the Wisconsin Department of Children and Families to provide the coordination of refugee health screenings and primary medical care. AFS works in partnership with the AHCMG to provide screenings and care.

Principal partners

- Aurora Family Service
- AHCMG Clinics
- Aurora Translation Services
- Aurora Walker's Point Community Clinic (AWPCC)

Community partners

- BOH free clinic

Target population

- Refugees resettled in Milwaukee County

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide the coordination of refugee health screenings and primary medical care**			
Ongoing	Number of Milwaukee County refugees served	Annual volume	All refugees referred to AFS receive required health screenings
	Percent of refugees referred to AFS who receive health screenings	100%	
	Percent of health screenings provided by an AHCMG Clinic	≥73%	
	Percent of health screenings provided by BOH	≥26%	
	Percent of health screenings provided by AWPCC	Baseline data	
	Percent of refugees referred who establish care with an Aurora provider (AHCMG, BOH or AWPCC)	>70%	The majority of refugees referred to AFS establish care and a medical home with an Aurora provider or free clinic

Focus | Infant Mortality – four distinct programs aimed at improving the health and well-being of mothers to improve outcomes for babies

Infant Mortality Rate is commonly accepted as a measure of the general health and well-being of a population.[62] From 2012 to 2014, the rate of infants dying before their first birthday in Milwaukee County was 7.2 deaths per 1,000 live births. In 2014, the Milwaukee County infant mortality rate per 1,000 live births by race/ethnicity of the mother was:

- 3.7 White
- 12.7 Black/African American
- 4.9 Hispanic
- 2.4 Laotian/Hmong
- 3.8 Other
- 7.1 Two or more races (Source #2)

HW 2020 identified significant racial and ethnic disparities in birth outcomes in Wisconsin. In Wisconsin and Milwaukee County, infants who are born to Black/African American women have a higher infant mortality rate than those born to White women. Infant mortality is attributable to low birth weights and prematurity.

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
- AHCMG Midwifery and Wellness Center
- ASMC Women's Health Center

Community partners

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

Target population

- Women who deliver at ASMC and whose infant is at risk of infant mortality and child abuse and neglect due to mental health issues, chronic medical issues, multiple parenting stresses and environmental issues

Activities (next page)

[62] Milwaukee Health Department – Infant Mortality. Available at: http://city.milwaukee.gov/health/Infant-Mortality#.Vz4DaJWYa70. Accessed May 19, 2016.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide home visiting services for expectant and new parents and their families, including ongoing family-centered case management services, in-home parent education, assistance with navigating the health system, support and advocacy, managing stress and anger, completing school and learning skills**			
Ongoing	Total admitted into program	Annual volume	All parents/caregivers admitted to Family Enrichment Program report improvement in parenting/caregiving skills and improvement in coping with and reducing stress, as reported in participant survey
	Percent of parents/caregivers reporting improvement in parenting/caregiving skills	100%	
	Percent of parents/caregivers reporting improvement in coping with and reducing stress		

2. **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* program goals: a) improving and maximizing existing services that help at-risk African American mothers develop self-care skills during the interconception period, and b) strengthening father involvement in African American families. This grant is based on a previous work of *Healthy Mom Healthy Baby* funded by the United Way. ASMC was selected because it is the only delivery center in downtown Milwaukee.

Principal partners

- Aurora Family Service
- Center for Urban Population Health
- New Concepts, Inc.

Community partners

- Milwaukee Lifecourse Collaborative (Note: Aurora and AFS caregivers have been actively engaged in the *Milwaukee Lifecourse Initiative for Healthy Families* Collaborative from its inception in 2013)

Target population

- At-risk parents who have experienced an adverse birth outcome. Program participants are identified by ASMC's Neonatal Intensive Care Unit (NICU) health providers

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide interconception care education utilizing the family-focused *Interconception Wellness Model* (IWM) to help mothers gain healthcare self-sufficiency, connect with relevant community resources and encourage father and family involvement** • **Provide home visiting services to new parents of fragile, preterm infant, including ongoing family-centered case management services, in-home parent education, and assistance with navigating the health system**			
Ongoing	Number of fathers provided with interconception care support materials	Annual volume	Fathers involved with their families and in interconception care
	Number of fathers connected to community resources		
	Percent of individuals reporting parental emotional well-being	>72%	Improved emotional well-being of parents as self-reported by participants
	Percent of individuals reporting parenting stress	<30%	Improved emotional well-being of parents as self-reported by participants

3. **CenteringPregnancy:** This model integrates health assessment, education and support into a unified program within a group setting. Women with similar gestational ages meet to learn care skills, participate in a facilitated discussion and develop a support network with other group members.

Principal Partners

- Aurora Midwifery and Wellness Center at ASMC
- ASMC Women's Health Center

Community Partners

- Centering Healthcare Institute

Target population

- Women receiving Medicaid, but open to any women

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide CenteringPregnancy groups**			
Ongoing	Number of CenteringPregnancy groups held	>6	Reduction in infant mortality among participants
	Number of mothers attending CenteringPregnancy groups	>42	
	Percent of staff trained	>28%	
	Percent of babies born to program participants who were premature	<9.6%	Reduced number of premature and low birth weight babies born to program participants
	Percent of infants born to program participants who were low birth weight	<7.8%	

4. **Maternal Addiction Recovery Center (MARC):** This innovative program provides care for pregnant women who are addicted to opioids (heroin or prescription opioids) through Medication-Assisted Treatment (MAT) interventions which can reduce the potential harm of pre- and post-natal substance exposure to the fetus, integrated Behavioral Health and pre- and post-natal nursing support throughout pregnancy and postpartum, ongoing substance-abuse counseling throughout pregnancy and postpartum and referral to substance abuse treatment six weeks post-delivery. Healthier outcomes are anticipated for the baby with the mother's increased engagement in therapy and pre-natal care, reducing the effects of neonatal abstinence syndrome (NAS) and the time the baby needs to stay in the neo-natal intensive care unit.

Principal Partners

- ASMC Maternal-Fetal Medicine Department
- ASMC Labor and Delivery Department
- ASMC Neo-natal Intensive Care Unit
- Aurora Psychiatric Hospital Substance Abuse Services
- Aurora Pharmacy
- Aurora Medical Group Behavioral Health Services
- ASMC Outpatient Pharmacy Department

Target population

- Women 18 years and older at any stage in their pregnancy who are addicted to opioids and in our care

Activities (next page)

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide care to pregnant women addicted to opioids**			
Ongoing	Number of women enrolled in program	Annual volume	Reduction in neo-natal syndrome and length of stay in NICU
	Show rate for behavioral health nurse appointments, antepartum and postpartum	≥93%	
		≥79%	
	Medication compliance rate, antepartum and postpartum	≥89%	
		≥93%	
	Therapy show rate, antepartum and postpartum	≥82%	
		≥72%	
	Abstinence rate based on urine drug screenings, antepartum and postpartum	≥95%	
		100%	
	Average APGAR scores of babies born to mothers who were enrolled in MARC, at one and five minutes	≥8	Reduction in risk(s) for infant mortality
		≥9	
	Average length of stay of babies born with NAS whose mothers were enrolled in MARC*	≤11.7	
	Percentage of women who remained active in substance abuse treatment after six-week postpartum period	≥78%	Mothers in MARC maintain progress, success post-partum

*pilot data showed that the average length of stay for babies born with NAS whose mothers were not enrolled in the MARC program was 19 days

Focus | Abuse Response Services – four integrated programs, incorporating mental health

The rate of rape for Milwaukee County was 28 reports per 100,000 persons in 2012.[63] Sexual assault and rape are underreported and the definition of sexual assault varies across different agencies; therefore, the number and rate may vary depending on the source. Furthermore, in the United States, it is estimated that 27.3% of women and 11.5% of have experienced contact sexual violence, physical violence or stalking by an intimate partner.[64]

Sexual and intimate partner violence can have harmful and lasting consequences for survivors, 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 survivors, families and communities.[65]

1. **Sexual Assault Treatment Center:** Aurora's Sexual Assault Treatment Center (SATC) at ASMC 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 survivor-sensitive services to people of all ages who have been affected. The nurses complete specialized training and receive certification to be a SANE.

Principal Partner

- AHCMG Clinics

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
- Greater Milwaukee Foundation
- Sojourner Family Peace Center (SFPC)

Target population

- Any individual who has been sexually assaulted

Activities (next page)

[63] Wisconsin Department of Justice, Crime in Wisconsin 2012, September 2013. Available at https://wilenet.org/html/justice-programs/programs/justice-stats/library/crime-and-arrest/2012-crime-in-wi.pdf. Accessed February 22, 2016
[64] Centers for Disease Control and Prevention – Intimate Partner Violence Consequences. Available at http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html Accessed May 19, 2016.
[65] Centers for Disease Control and Prevention – Sexual Violence: Consequences. Available at http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html. Accessed July 22, 2015.

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide immediate, acute care and forensic nursing to individuals who have been sexually assaulted** • **Provide community education/prevention/outreach presentations**			
Ongoing	Number of people provided with services and medical care related to sexual assault, primary and secondary survivors	Annual volume	Survivors of sexual assault received specialized care
	Number of calls from survivors and the 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	>14	Increased number of survivors accessed appropriate care
	Number of people attending education/prevention/outreach presentations	>628	
• **Innovate new ways to assess, prevent and respond to sexual assault in our community by convening the Milwaukee Sexual Assault Review**			
Through 2017	Number of cases reviewed	Annual volume	Successful implementation of recommendations
	Number of reports produced and for what audiences		
	Number of recommendations advanced		
• **Expand sexual assault forensic nursing and crisis counseling to reach victims in community based programs / settings.**			
Through 2017	Place an Aurora SANE at Sojourner Family Peace Center	1	Increase access to appropriate care within the community
	Place an Aurora crisis counselor at Sojourner Family Peace Center	1	
Ongoing	Number of people provided with services and medical care related to sexual assault		Increased number of survivors accessed appropriate care

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

Principal Partner

- AHCMG Clinics

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 been affected by sexual violence

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide individual and family counseling for survivors of sexual assault and their families** • **Provide support groups including: Survivors Toward Recovery, Men's Group, Sexual Wholeness, Adult Rape/Sexual Assault, Adults Molested as Children** • **Survey counseling and support group participants for improvements in mental health and coping techniques** • **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**			
Ongoing	Number of support groups held	>4	Improved quality of life (as self-reported)
	Number of individuals served through support groups	>36	
	Number of individual and family counseling sessions	>523	
	Number of individuals served through counseling sessions	>114	
	Number of individuals served through advocacy, by type of advocacy	Baseline data	
	Number of individuals surveyed	>23	Improved mental health and use of healthy coping techniques
	Number of individuals in counseling or support groups who report improved mental health	100%	
	Number of individuals in counseling or support groups who report being able to use healthy coping techniques		
	Number of trainings held for professionals, mental health providers and community members	>5	Increased awareness and access to appropriate care
	Number of individuals trained	>368	

3. **Domestic Violence Services**: 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.

Principal Partner

- AHCMG Clinics

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

Activities (next page)

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **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** • **Serve as a resource for all Aurora staff with questions about referring or treating patients reporting domestic violence** • **Conduct clinical visits with ED patients to provide advocacy and counseling regarding shelters, restraining orders, transportation, additional counseling or other community resources**			
Ongoing	Number of physicians, nurses, social workers, medical residents and other health care providers trained	>940	Survivors of domestic violence received trauma-informed care
	Number of staff requests for ED domestic violence consult for the Aurora hospitals in Milwaukee County	Annual volumes	
	Number of cases referred to the clinician		
	Number of referrals provided by the clinician		

4. **Safe Mom Safe Baby -** A case-management service provided 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

Activities

Time Frame	Measures to Evaluate	Targets/ Tracking	Intended Outcomes
• **Provide support to abused pregnant women through case management, education and advocacy, including intensive case management when needed**			
Ongoing	Number of women served	Annual volume	Increased number of women who are safe and deliver healthy babies
	Number of women provided with intensive support		
	Percent of women with improved safety behaviors	≥82%	
	Percent of women who reach full term	≥83%	
	Percent of women who have low birth weight babies	≤28%	

Aurora Health Care *Better Together Fund* partners are increasing access to care and preventing violence by:

- **Benedict Center** – expanding behavioral health capacity for women in the criminal justice system by becoming licensed as a Mental Health & Substance Abuse Disorder Treatment program and expanding staffing
- **City on a Hill** – hiring an health navigator to identify medical homes and providing outreach to homeless populations
- **Marquette University** – expanding their response to sexual assault and providing campus-wide education and advertising
- **Mental Health America of Wisconsin** – providing community linkage and stabilization program to receive referrals form Aurora Sinai Medical Center
- **Milwaukee Health Services, Inc**. – recruiting six healthcare providers including two family physicians, one obstetrician/gynecologist, two nurse practitioners and one psychologist, creating an opportunity for 19,500 new appointments
- **Pathfinders Milwaukee** – providing program coordination of specialized services to youth ages 13 through 25 and prevention programing
- **Penfield Children's Center** – providing behavioral health care for 500 children in family homes, community outreach and training, and consults with teachers to implement class-based therapy
- **Salvation Army-Wisconsin/Upper Michigan** – hiring a full-time mental health counselor to provide crisis intervention and assessment, along with individual, couples and family counseling to shelter residents and community clients

Focus| Hepatitis C Program IHCS

According to the CDC, hepatitis C-related mortality in 2013 surpassed the total combined number of deaths from 60 other infectious diseases. Death certificates often underreport hepatitis C, so there likely were even more hepatitis C-related deaths than reported.

The greatest hepatitis C burden falls on baby boomers, those born from 1945 to 1965. Many baby boomers were infected during medical procedures prior to 1985, when injection and blood transfusion technologies were not as safe as they are today. Without diagnosis and treatment, hepatitis C may lead to liver cancer and other life-threatening diseases and may be transmitted to others.[66] In Milwaukee County, almost 285,000 people are aged 50 years or older.[67] In 2014, according to the Wisconsin Division of Public Health[68]:

- Number of newly diagnosed cases of hepatitis C in Milwaukee County – 797
- Milwaukee County hepatitis C incidence rate per 100,000 population – 83.1
- Wisconsin hepatitis C incidence rate per 100,000 population – 56.1
- Median age of death in Wisconsin due to hepatitis C – 57 years
- Hepatitis C is under-reported on death certificates and plays a larger role in premature death in Wisconsin than is recognized.

Principal partners

- AHCMG Clinics
- Aurora Walker's Point Community Clinic

Community partner

- City of Milwaukee Health Department
- AIDS Resource Center
- Refugee Health program
- Sixteenth Street Community Health Center

Target population

- Adults born from 1945 to 1965 residing in the Greater Milwaukee South service area

System Activities – Hepatitis C

Time Frame	Measures to Evaluate	Target/ Tracking	Intended Outcomes
• **Screen and diagnose patients for hepatitis C in primary care and specialty clinics** • **Manage, treat and track all patients diagnosed with hepatitis C** (See ASLMC IS plan)			
Ongoing	Data collected regionally as part of Greater Milwaukee South service area		Increased number of patients with hepatitis C are identified and treated

[66] CDC, http://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html, accessed May 6, 2016.
[67] American Community Survey, 2014 estimates, http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF, accessed May 6, 2016.
[68] WI DHS, "Wisconsin Hepatitis C Surveillance Study: 2014", https://www.dhs.wisconsin.gov/publications/p00440-2014.pdf, accessed May, 6, 2016.

Appendix A | City of Milwaukee, North Shore community and City of Wauwatosa 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 Community Health Survey Report Summary for the city of Milwaukee (Appendix D), North Shore (Appendix E) and the city of Wauwatosa (Appendix F).

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. 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. The margin of error for smaller subgroups will be larger. When applicable, the data was compared with measures from the *Behavioral Risk Factor Surveillance System* (BRFSS) and indicators established by *Healthy People 2020*.

Milwaukee
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=690). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=510). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between March 16 and July 14, 2015. 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 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 4,360 adults. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Each percentage point for household-level data represents approximately 80 households.

North Shore
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=300). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=100). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between March 16 and May 14, 2015. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in the North Shore. 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 500 adults. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Each percentage point for household-level data represents approximately 280 households.

Wauwatosa

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=313). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=87). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included.

A total of 400 telephone interviews were completed between March 16 and May 6, 2015. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Wauwatosa. 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 360 adults. In certain questions of the Community Health Survey, respondents were asked to report information about their household. Each percentage point for household-level data represents approximately 200 households.

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

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

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

Data Collection & Analysis: In summer 2015, the CUPH was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Milwaukee County.

Publicly available data sources used for the Secondary Data Report

Source	Description
2013 Milwaukee Health Report Summary and SES zip code map	This report summarizes the current health of the city and distribution of key factors that may have implications of future health. The report provides information regarding health disparities among the socio-economic groups within the City of Milwaukee and offers comparisons of health outcomes and determinants between the City of Milwaukee, the State of Wisconsin and the United States. The report draws from national, state and local data sources. *Source: CUPH.*
American Community Survey	*American Community Survey* 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*
County Health Rankings	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.*
Domestic Abuse Incident Report (DAIR)	Under Wisconsin Statutes § 968.075(9), each county is required to provide data regarding domestic abuse incidents to the Wisconsin Department of Justice's Office of Crime Victim Services. For most counties, compliance with this requirement is achieved when the Department uses an automated system to extract county level data entered into the PROTECT system-a case management system used by Wisconsin district attorneys' offices. The data is combined in a Department database which generates annual reports and tables. *Source: Wisconsin Department of Justice, Office of Crime Victims*
Impact 2-1-1 Statistical Call Report	This report provides an overview of the types and quantities of calls seeking resources and services in Milwaukee County. The report covers from January through December 2015. The information is aggregated across each zip code and includes all service requests with 1000 or more individual callers. *Source: IMPACT 2-1-1 (2015 data)*
Milwaukee Health Professional Shortage Area Maps	The maps mark the professional shortage areas in Milwaukee County for primary care, mental health and dental health. *Source: Wisconsin Primary Health Care Association (January 2016)*

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

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

Partners & Contracts: This shared secondary data report is sponsored by the MHCP and Milwaukee's five health systems, in collaboration with the twelve local health departments in Milwaukee County. The report was prepared by the CUPH.

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

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

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

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

Key informant interviews were conducted with the health officer for nine local health 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
***Denotes focus groups**

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

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

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

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

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

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

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

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

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

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

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

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

3. **Injury and violence**: Hospitals should be partnering with health departments, the MHCP, neighborhood associations, law enforcement, fire departments, the Marquette Law School Restorative Justice Program, the Milwaukee Homicide Review Commission, HAWA, schools, faith communities, non-profit organizations, health care providers, the Data HUB, the Fatherhood Initiative, YMCA, Boys and Girls Club, Running Rebels, SFPC and Project Ujima.

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

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

Partners & Contracts: This shared key informant interview report is sponsored by the MHCP and Milwaukee's five health systems, in collaboration with the twelve local health departments in Milwaukee County. The report was prepared by the CUPH.

Summary

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

Overall Health					
Milwaukee	2003	2006	2009	2012	2015
Excellent	18%	16%	16%	15%	15%
Very Good	32%	31%	29%	32%	33%
Fair or Poor	17%	21%	22%	24%	21%
Other Research: (2013)				*WI*	*U.S.*
Fair or Poor				*15%*	*17%*

Health Care Coverage					
Milwaukee	2003	2006	2009	2012	2015
Not Covered					
Personally (currently)	11%	13%	15%	17%	6%
Personally (past 12 months)			26%	22%	14%
Household Member (past 12 months)	27%	30%	30%	25%	16%
Other Research: (2013)				*WI*	*U.S.*
Personally Not Covered (currently)				*12%*	*17%*

Did Not Receive Care Needed					
Milwaukee	2003	2006	2009	2012	2015
Delayed/Did Not Seek Care Due to					
Cost (past 12 months)					20%
Prescript. Meds Not Taken Due to					
Cost (Household) (past 12 months)				15%	12%
Unmet Care (past 12 months)					
Medical Care		14%	--	13%	14%
Dental Care				21%	21%
Mental Health Care				6%	5%

Health Information and Services					
Milwaukee	2003	2006	2009	2012	2015
Primary Source of Health Information					
Doctor	52%	--	44%	45%	48%
Internet	8%	--	21%	28%	30%
Have a Primary Care Physician					84%
Primary Health Services					
Doctor/nurse practitioner's office		74%	67%	65%	61%
Urgent care center		3%	7%	7%	12%
Public health clinic/com. health center		6%	8%	8%	5%
Hospital emergency room		8%	10%	9%	13%
Hospital outpatient		4%	3%	3%	2%
No usual place		6%	5%	6%	5%
Advance Care Plan	25%	28%	26%	23%	27%

Colorectal Cancer Screenings (50 and Older)					
Milwaukee	2003	2006	2009	2012	2015
Blood Stool Test (within past year)	36%	23%	--	15%	15%
Sigmoidoscopy (within past 5 years)			10%	12%	13%
Colonoscopy (within past 10 years)			54%	59%	67%
Screening in Recommended Time Frame			57%	65%	73%

Vaccinations (65 and Older)					
Milwaukee	2003	2006	2009	2012	2015
Flu Vaccination (past year)	71%	69%	65%	60%	76%
Pneumonia (ever)	58%	66%	64%	67%	77%
Other Research: (2013)				*WI*	*U.S.*
Flu Vaccination (past year)				*55%*	*63%*
Pneumonia (ever)				*73%*	*70%*

Health Conditions in Past 3 Years					
Milwaukee	2003	2006	2009	2012	2015
High Blood Pressure	23%	27%	29%	29%	30%
Mental Health Condition			14%	16%	19%
High Blood Cholesterol	17%	21%	21%	19%	18%
Asthma (Current)	10%	12%	14%	14%	15%
Diabetes	7%	8%	10%	10%	11%
Heart Disease/Condition	7%	8%	9%	9%	8%

Condition Controlled Through Meds, Therapy or Lifestyle Changes	
High Blood Pressure	96% 93%
Mental Health Condition	81% 87%
High Blood Cholesterol	84% 87%
Asthma (Current)	93% 95%
Diabetes	90% 90%
Heart Disease/Condition	89% 93%

Routine Procedures					
Milwaukee	2003	2006	2009	2012	2015
Routine Checkup (2 yrs. ago or less)	87%	87%	85%	84%	87%
Cholesterol Test (4 years ago or less)	73%	70%	70%	70%	69%
Dental Checkup (past year)	66%	58%	52%	51%	57%
Eye Exam (past year)	50%	43%	40%	41%	47%
Other Research:				*WI*	*U.S.*
Routine Checkup (≤2 years; 2013)				*82%*	*81%*
Cholesterol Test (≤5 years; 2013)				*77%*	*76%*
Dental Checkup (past year; 2012)				*72%*	*67%*

Physical Health					
Milwaukee	2003	2006	2009	2012	2015
Physical Activity/Week					
Moderate Activity (5 times/30 min)	27%	33%	31%	33%	37%
Vigorous Activity (3 times/20 min)		20%	18%	25%	28%
Recommended Moderate or Vigorous		43%	40%	46%	48%
Overweight	62%	65%	67%	66%	74%
Fruit Intake (2+ servings/day)	63%	58%	56%	61%	59%
Vegetable Intake (3+ servings/day)	29%	22%	20%	25%	26%
Often Read Food Label of New Product					51%
Restaurant Food Meals (2 or fewer/past week)					71%
Other Research:				*WI*	*U.S.*
Overweight (2013)				*67%*	*64%*
Recommended Mod. or Vig. Activity (2009)				*53%*	*51%*

Women's Health					
Milwaukee	2003	2006	2009	2012	2015
Mammogram (50+; within past 2 years)	82%	76%	76%	77%	82%
Bone Density Scan (65 and older)		60%	64%	64%	80%
Cervical Cancer Screening					
Pap Smear (18 – 65; within past 3 yrs)	90%	90%	88%	85%	81%
HPV Test (18 – 65; within past 5 yrs)					64%
Screening in Recommended Time Frame					
(18-29: Pap every 3 yrs; 30 to 65: Pap and HPV					
every 5 yrs or Pap only every 3 yrs)					82%
Other Research:				*WI*	*U.S.*
Mammogram (50+; within past 2 yrs; 2012)				*82%*	*77%*
Pap Smear (18+; within past 3 years; 2010)				*85%*	*81%*
Tobacco Cigarette Use					
Milwaukee	2003	2006	2009	2012	2015
Current Smokers (past 30 days)					
Of Current Smokers…	28%	29%	29%	28%	21%
Quit Smoking 1 Day or More in Past					
Year Because Trying to Quit	53%	55%	58%	66%	61%
Saw a Health Care Professional Past					
Year and Advised to Quit Smoking		78%	72%	83%	80%
Other Research:				*WI*	*U.S.*
Current Smokers (2013)				*19%*	*19%*
Tried to Quit (2006)				*49%*	*56%*
Exposure to Smoke					
Milwaukee			2009	2012	2015
Smoking Policy at Home					
Not allowed anywhere			59%	71%	72%
Allowed in some places/at some times			17%	11%	12%
Allowed anywhere			5%	4%	2%
No rules inside home			19%	13%	15%
Nonsmokers Exposed to Second-Hand					
Smoke In Past Seven Days			32%	25%	26%
Other Research: (WI: 2003; US: 2006-2007)				*WI*	*U.S.*
Smoking Prohibited at Home				*75%*	*79%*
Other Tobacco Products in Past Month					
Milwaukee					2015
Electronic Cigarettes					6%
Cigars, Cigarillos or Little Cigars					5%
Smokeless Tobacco					4%
Top Community Health Issues					
Milwaukee		2006	2009	2012	2015
Chronic Diseases		48%	44%	50%	66%
Violence		58%	57%	56%	55%
Alcohol or Drug Use		49%	62%	57%	54%
Mental Health or Depression		25%	19%	21%	31%
Teen Pregnancy		46%	50%	36%	28%
Infectious Diseases		33%	31%	29%	21%
Infant Mortality		7%	15%	20%	10%
Lead Poisoning		5%	6%	3%	2%

Alcohol Use in Past Month					
Milwaukee	2003	2006	2009	2012	2015
Binge Drinker	17%	20%	19%	32%	35%
Driver/Passenger When Driver					
Perhaps Had Too Much to Drink	3%	4%	4%	2%	3%
Other Research: (2013)				*WI*	*U.S.*
Binge Drinker				*23%*	*17%*
Household Problems Associated With…					
Milwaukee		2006	2009	2012	2015
Alcohol		3%	3%	3%	2%
Marijuana				2%	2%
Misuse of Prescription or OTC Drugs				1%	2%
Gambling				1%	1%
Cocaine, Heroin or Other Street Drugs				<1%	<1%
Distracted Driving					
Milwaukee					2015
Driving with Technology Distractions (1+ times/day)					18%
Driving with Other Distractions (1+ times/day)					13%
Mental Health Status					
Milwaukee	2003	2006	2009	2012	2015
Felt Sad, Blue or Depressed					
Always/Nearly Always (past 30 days)	9%	10%	9%	9%	8%
Find Meaning & Purpose in Daily Life					
Seldom/Never	7%	6%	7%	7%	9%
Considered Suicide (past year)	4%	7%	7%	6%	8%
Children in Household					
Milwaukee				2012	2015
Personal Health Doctor/Nurse who					
Knows Child Well and Familiar with History				88%	91%
Visited Personal Doctor/Nurse for					
Preventive Care (past 12 months)				96%	92%
Did Not Receive Care Needed (past 12 months)					
Medical Care				3%	3%
Dental Care				10%	11%
Specialist				2%	1%
Current Asthma				14%	11%
Safe in Community/Neighborhood (seldom/never)				6%	6%
Children 5 to 17 Years Old					
Fruit Intake (2+ servings/day)				75%	82%
Vegetable Intake (3+ servings/day)				31%	30%
Physical Activity (60 min./5 or more days/week)				66%	70%
Children 8 to 17 Years Old					
Unhappy, Sad or Depressed					
Always/Nearly Always (past 6 months)				8%	3%
Experienced Some Form of Bullying (past 12 months)				23%	14%
Verbally Bullied				18%	12%
Physically Bullied				11%	5%
Cyber Bullied				2%	2%
Personal Safety in Past Year					
Milwaukee	2003	2006	2009	2012	2015
Afraid for Their Safety	7%	13%	10%	8%	8%
Pushed, Kicked, Slapped, or Hit	4%	7%	6%	4%	3%
At Least One of the Safety Issues	10%	16%	13%	10%	9%

Overall Health and Health Care Key Findings

In 2015, 48% of respondents reported their health as excellent or very good; 21% reported fair or poor. Respondents who were female, 55 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket, unmarried, overweight, inactive or smokers were more likely to report fair or poor conditions. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2015, 6% of respondents reported they were not currently covered by health care insurance; respondents 18 to 24 years old, 45 to 54 years old, non-white and non-African American, Hispanic, with some post high school education, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report this. Fourteen 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 18 to 24 years old, 35 to 44 years old, non-white and non-African American, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Sixteen percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, the overall percent statistically decreased for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months. From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2015, 20% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents who were 18 to 24 years old, 45 to 54 years old, non-white and non-African American, with some post high school education or unmarried were more likely to report this. Twelve percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months; respondents in the bottom 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; non-Hispanic respondents were more likely to report this. Twenty-one percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were female, 18 to 24 years old, non-white, with some post high school education, in the bottom 40 percent household income bracket or unmarried were more likely to report they did not receive the dental care needed. Five percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed; respondents who were female, 18 to 24 years old, non-Hispanic or unmarried were more likely to report this. *From 2012 to 2015, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2006 to 2015, the overall percent statistically remained the same for respondents who reported an unmet medical need. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported an unmet dental need or unmet mental health need in the past 12 months.*

In 2015, 48% of respondents reported they contact their doctor when they need health information while 30% reported they go to the Internet. Respondents who were 65 and older, African American, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report they contact their doctor. Respondents who were 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 the Internet as their source for health information. Eighty-four percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 65 and older, white, non-Hispanic, in the top 40 percent household income bracket or married were more likely to report a primary care physician. Sixty-one 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 at least some post high school education, in the top 60 percent household income bracket or married were more likely to report this. Twenty-seven percent of respondents had an advance care plan; respondents who were 65 and older, white, non-Hispanic, in the top 40 percent household income bracket or married were more likely to report an advance care plan. *From 2003 to 2015, there was no statistical change in the overall percent of respondents*

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

In 2015, 87% of respondents reported a routine medical checkup two years ago or less while 69% reported a cholesterol test four years ago or less. Fifty-seven percent of respondents reported a visit to the dentist in the past year while 47% reported an eye exam in the past year. Respondents who were female, 65 and older, African American, non-Hispanic, with some post high school education or less, in the bottom 40 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents who were 55 to 64 years old, white, non-Hispanic, in the top 40 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were white, in the middle 20 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents who were 65 and older or non-Hispanic were more likely to report an eye exam in the past year. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting a cholesterol test four years ago or less or a dental checkup in the past year. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less or an eye exam in the past year.*

In 2015, 43% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older, white, non-Hispanic or in the bottom 40 percent household income bracket were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2015, out of six health conditions listed, the three most often mentioned in the past three years were high blood pressure (30%), a mental health condition (19%) or high blood cholesterol (18%). 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, overweight or inactive were more likely to report high blood pressure. Respondents who were female, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents who were 65 and older, white, African American, non-Hispanic, with a high school education or less, overweight or inactive were more likely to report high blood cholesterol. Eleven percent reported diabetes; respondents who were 65 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report diabetes. Eight percent of respondents reported they were treated for, or told they had heart disease. Respondents who were 65 and older, non-Hispanic, with some post high school education or less, in the bottom 40 percent household income bracket, overweight or inactive were more likely to report heart disease/condition. Fifteen percent reported current asthma; respondents who were female, African American, with some post high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported high blood pressure, diabetes or current asthma. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood cholesterol or heart disease/condition. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported a mental health condition. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting each health condition was under control through medication, therapy or lifestyle changes.*

In 2015, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were female, 45 to 64 years old, non-Hispanic or in the bottom 40 percent household income bracket were more likely to report this. Eight percent of respondents felt so overwhelmed they considered suicide in the past year; respondents who were male, 18 to 24 years old, 45 to 54 years old, non-white and non-African

American, Hispanic, with some post high school education or unmarried respondents were more likely to report this. Nine percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were male, in the middle 20 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past month. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year or they seldom/never find meaning and purpose in daily life.*

Behavioral Risk Factors Key Findings

In 2015, 37% of respondents did moderate physical activity five times a week for 30 minutes while 28% did vigorous activity three times a week for 20 minutes. Combined, 48% met the recommended amount of physical activity; respondents who were male, 25 to 44 years old, with a college education or in the middle 20 percent household income bracket were more likely to report this. Seventy-four percent of respondents were classified as overweight; respondents who were 45 to 54 years old, Hispanic, married or who did an insufficient amount of physical activity were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2015, there was a statistical increase in the overall percent of respondents being overweight.*

In 2015, 59% of respondents reported two or more servings of fruit while 26% reported three or more servings of vegetables on an average day. Respondents who were 35 to 54 years old, non-white and non-African American, with at least some post high school education, in the top 40 percent household income bracket, married or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were 25 to 54 years old, non-white and non-African American, with a college education, in the top 60 percent household income bracket or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Fifty-one percent of respondents reported they often read the labels of new food products they purchase; respondents who were 35 to 64 years old, white, non-Hispanic, with at least some post high school education, in the top 40 percent household income bracket, married or who met the recommended amount of physical activity were more likely to report this. Seventy-one percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents who were female, 55 and older, white, with a high school education or less or in the bottom 40 percent household income bracket were more likely to report two or fewer restaurant meals. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit on an average day or at least three servings of vegetables on an average day.*

In 2015, 82% of female respondents 50 and older reported a mammogram within the past two years. Eighty percent of female respondents 65 and older had a bone density scan. Eighty-one percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-four percent of respondents 18 to 65 years old reported an HPV test within the past five years. Eighty-two percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents 25 to 44 years old, with a college education or married respondents were more likely to meet the recommendation. *From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.*

In 2015, 15% of respondents 50 and older reported a blood stool test within the past year. Thirteen percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 67% reported a colonoscopy within the past ten years. This results in 73% of respondents meeting the current colorectal cancer screening recommendations. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2015, there was no statistical change in the overall*

percent of respondents who reported a sigmoidoscopy within the past five years. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported a colonoscopy within the past ten years. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended time frame.

In 2015, 21% of respondents were current tobacco cigarette smokers; respondents who were 55 to 64 years old, non-white and non-African American, with a high school education or less or in the bottom 40 percent household income bracket were more likely to be a smoker. In the past 12 months, 61% of current smokers quit smoking for one day or longer because they were trying to quit; respondents who were African American, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eighty percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who were current tobacco cigarette smokers. From 2003 to 2015, there was a statistical increase in the overall percent of current tobacco cigarette smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2006 to 2015, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2015, 72% 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-six percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were 25 to 34 years old, non-white and non-African American, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. *From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.*

In 2015, 6% of respondents used electronic cigarettes in the past month; respondents who were male, non-white and non-African American or with some post high school education were more likely to use electronic cigarettes. Five percent of respondents used cigars, cigarillos or little cigars in the past month; respondents who were male, 25 to 34 years old, non-white and non-African American or Hispanic were more likely to report this. Four percent of respondents used smokeless tobacco in the past month; respondents who were male, 25 to 34 years old or in the top 40 percent household income bracket were more likely to report this.

In 2015, 35% of respondents were binge drinkers in the past month. 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 have binged at least once in the past month. Three percent reported they had been a driver or a passenger when the driver perhaps had too much to drink; respondents who were 18 to 24 years old, Hispanic, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.*

In 2015, 2% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. Two percent of respondents each reported a household problem with marijuana or with the misuse of prescription drugs/over-the-counter drugs in the past year. One percent of respondents reported a household problem in connection with gambling. Less than one percent of respondents reported a household problem in connection with cocaine/heroin/other street drugs. *From 2006 to 2015, there was a statistical decrease in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.*

In 2015, 18% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 52% reported zero times. Respondents who were male, 35 to 44 years old, non-white or in the top 40 percent household income bracket were more likely to report being distracted by technology at least once a day. Respondents who were female, 65 and older, African American, non-Hispanic, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report being distracted by technology zero times. Thirteen percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 55% reported zero times. Respondents who were 35 to 44 years old, with some post high school education, in the top 60 percent household income bracket or married were more likely to report driving with non-technology distractions at least once a day. Respondents who were male, 65 and older, African American, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report driving with non-technology distractions zero times in the past month.

In 2015, 8% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 25 to 34 years old, white or with some post high school education were more likely to report this. Three percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were male, non-white and non-African American, Hispanic, with a college education or in the top 40 percent household income bracket were more likely to report this. A total of 9% reported at least one of these two situations; respondents who were 55 to 64 years old, non-African American or with some post high school education were more likely to report this. *From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household Key Findings

In 2015, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-one percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 92% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Eleven percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while 3% reported their child did not receive the medical care needed. One percent of respondents reported their child was not able to visit a specialist they needed to see in the past 12 months. Eleven percent of respondents reported their child currently had asthma. Six percent of respondents reported their child was seldom or never safe in their community. Eighty-two percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 30% reported three or more servings of vegetables. Seventy percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Three percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Fourteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 12% reported verbal bullying, 5% physical bullying and 2% reported cyber bullying. *From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child has a personal doctor/nurse or their child saw their personal doctor/nurse in the past year for preventive care. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, unmet dental need or unmet specialist care need in the past 12 months. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate at least two servings of fruit on an average day, ate at least three servings of vegetables a day or was physically active five times a week for at least 60 minutes. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was bullied. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported in the past year their child was physically bullied. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported in the past year their child was verbally or cyber bullied.*

Community Health Issues Key Findings

In 2015, respondents were asked to pick the top three health issues in Milwaukee out of eight listed. The most often cited were chronic diseases (66%), violence (55%) or alcohol/drug use (54%). Respondents who were Hispanic or in the middle 20 percent household income bracket were more likely to report chronic diseases. Respondents who were female, 55 to 64 years old, African American, non-Hispanic, with a college education, in the middle 20 percent household income bracket or married were more likely to report violence. Respondents who were white, Hispanic or in the top 40 percent household income bracket were more likely to report alcohol/drug use as a top health issue. Thirty-one percent of respondents reported mental health/depression as a top health issue. Respondents who were female, 45 to 64 years old, with a college education or in the top 40 percent household income bracket were more likely to report mental health/depression. Twenty-eight percent of respondents reported teen pregnancy as a top issue; respondents who were 18 to 24 years old, non-white and non-African American, Hispanic, with some post high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report this. Twenty-one percent reported infectious diseases; respondents who were female, 35 to 44 years old or African American were more likely to report this. Ten percent reported infant mortality as a top issue; respondents who were 35 to 44 years old, in the top 40 percent household income bracket or married were more likely to report this. Two percent of respondents reported lead poisoning as a top issue. *From 2006 to 2015, there was a statistical increase in the overall percent of respondents who reported chronic diseases, alcohol/drug use, mental health/depression or infant mortality as one of the top health issues in the community. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents who reported teen pregnancy, infectious diseases or lead poisoning as one of the top health issues in the community. From 2006 to 2015, there was no statistical change in the overall percent of respondents who reported violence as a top issue.*

North Shore Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of North Shore residents. This summary was prepared by JKV Research 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 North Shore Health Department and the Center for Urban Population Health. Additional data is available at www.aurora.org/commbenefits, www.chw.org, www.columbia-stmarys.org/Serving_Our_Community, www.Froedtert.com/community-engagement, www.mywheaton.org and www.nshealthdept.org.

Overall Health					
North Shore	2003	2006	2009	2012	2015
Excellent	29%	31%	26%	28%	21%
Very Good	40%	36%	41%	39%	42%
Fair or Poor	7%	10%	9%	11%	11%
Other Research: (2013)				*WI*	*U.S.*
Fair or Poor				*15%*	*17%*

Health Care Coverage					
North Shore	2003	2006	2009	2012	2015
Not Covered					
Personally (currently)	4%	4%	3%	3%	1%
Personally (past 12 months)			7%	5%	3%
Household Member (past 12 months)	13%	14%	9%	6%	4%
Other Research: (2013)				*WI*	*U.S.*
Personally Not Covered (currently)				*12%*	*17%*

Did Not Receive Care Needed					
North Shore	2003	2006	2009	2012	2015
Delayed/Did Not Seek Care Due to					
Cost (past 12 months)					14%
Prescript. Meds Not Taken Due to					
Cost (Household) (past 12 months)				9%	6%
Unmet Care (past 12 months)					
Medical Care				7%	9%
Dental Care				7%	14%
Mental Health Care				3%	4%

Health Information and Services					
North Shore	2003	2006	2009	2012	2015
Primary Source of Health Information					
Doctor				41%	44%
Internet				33%	33%
Myself/Family Member in Health Field				7%	10%
Have a Primary Care Physician					88%
Primary Health Services					
Doctor/nurse practitioner's office		91%	87%	82%	71%
Urgent care center		<1%	4%	3%	10%
Hospital emergency room		<1%	<1%	3%	4%
Public health clinic/com. health center		5%	5%	3%	3%
Hospital outpatient		<1%	<1%	<1%	<1%
No usual place		2%	2%	5%	10%
Advance Care Plan	35%	42%	46%	44%	41%

Colorectal Cancer Screenings (50 and Older)					
North Shore	2003	2006	2009	2012	2015
Blood Stool Test (within past year)	31%	22%	--	12%	19%
Sigmoidoscopy (within past 5 years)			11%	8%	11%
Colonoscopy (within past 10 years)			69%	69%	69%
Screening in Recommended Time Frame			70%	73%	77%

Vaccinations (65 and Older)					
North Shore	2003	2006	2009	2012	2015
Flu Vaccination (past year)	73%	68%	74%	71%	76%
Pneumonia (ever)	57%	72%	81%	72%	77%
Other Research: (2013)				*WI*	*U.S.*
Flu Vaccination (past year)				*55%*	*63%*
Pneumonia (ever)				*73%*	*70%*

Health Conditions in Past 3 Years					
North Shore	2003	2006	2009	2012	2015
High Blood Cholesterol	20%	21%	21%	22%	26%
High Blood Pressure	20%	25%	23%	28%	24%
Mental Health Condition			12%	14%	14%
Diabetes	4%	5%	7%	8%	11%
Heart Disease/Condition	7%	8%	8%	9%	11%
Asthma (Current)	6%	7%	9%	11%	9%

Condition Controlled Through Meds, Therapy or Lifestyle Changes					
High Blood Cholesterol				88%	95%
High Blood Pressure				97%	98%
Mental Health Condition				83%	95%
Diabetes				92%	95%
Heart Disease/Condition				77%	95%
Asthma (Current)				97%	100%

Routine Procedures					
North Shore	2003	2006	2009	2012	2015
Routine Checkup (2 yrs. ago or less)	81%	83%	82%	88%	91%
Cholesterol Test (4 years ago or less)	77%	79%	79%	81%	77%
Dental Checkup (past year)	77%	76%	80%	81%	79%
Eye Exam (past year)	52%	51%	48%	51%	51%
Other Research:				*WI*	*U.S.*
Routine Checkup (≤2 years; 2013)				*82%*	*81%*
Cholesterol Test (≤5 years; 2013)				*77%*	*76%*
Dental Checkup (past year; 2012)				*72%*	*67%*

Physical Health					
North Shore	2003	2006	2009	2012	2015
Physical Activity/Week					
Moderate Activity (5 times/30 min)	32%	35%	38%	36%	44%
Vigorous Activity (3 times/20 min)		28%	29%	29%	37%
Recommended Moderate or Vigorous		51%	52%	50%	56%
Overweight	46%	56%	48%	61%	55%
Fruit Intake (2+ servings/day)	76%	75%	72%	70%	68%
Vegetable Intake (3+ servings/day)	36%	34%	30%	37%	36%
Often Read Food Label of New Product					69%
Restaurant Food Meals (2 or fewer/past week)					75%
Other Research:				*WI*	*U.S.*
Overweight (2013)				*67%*	*64%*

Women's Health					
North Shore	2003	2006	2009	2012	2015
Mammogram (50+; within past 2 years)	82%	84%	83%	83%	89%
Bone Density Scan (65 and older)		76%	84%	84%	84%
Cervical Cancer Screening					
Pap Smear (18 – 65; within past 3 yrs)	93%	93%	90%	94%	93%
HPV Test (18 – 65; within past 5 yrs)					52%
Screening in Recommended Time Frame					
(18-29: Pap every 3 yrs; 30 to 65: Pap and HPV					
every 5 yrs or Pap only every 3 yrs)					93%
Other Research:				*WI*	*U.S.*
Mammogram (50+; within past 2 yrs; 2012)				*82%*	*77%*
Pap Smear (18+; within past 3 years; 2010)				*85%*	*81%*
Tobacco Cigarette Use					
North Shore	2003	2006	2009	2012	2015
Current Smokers (past 30 days)	15%	13%	11%	12%	13%
Of Current Smokers…					
Quit Smoking 1 Day or More in Past					
Year Because Trying to Quit	52%	44%	54%	33%	43%
Saw a Health Care Professional Past					
Year and Advised to Quit Smoking		58%	62%	80%	75%
Other Research:				*WI*	*U.S.*
Current Smokers (2013)				*19%*	*19%*
Tried to Quit (2006)				*49%*	*56%*
Exposure to Smoke					
North Shore			2009	2012	2015
Smoking Policy at Home					
Not allowed anywhere			83%	81%	89%
Allowed in some places/at some times			3%	5%	2%
Allowed anywhere			3%	3%	<1%
No rules inside home			11%	11%	9%
Nonsmokers Exposed to Second-Hand					
Smoke In Past Seven Days			15%	10%	5%
Other Research: (WI: 2003; US: 2006-2007)				*WI*	*U.S.*
Smoking Prohibited at Home				*75%*	*79%*
Other Tobacco Products in Past Month					
North Shore					2015
Smokeless Tobacco					6%
Electronic Cigarettes					4%
Cigars, Cigarillos or Little Cigars					3%
Top Community Health Issues					
North Shore				2012	2015
Chronic Diseases				66%	64%
Alcohol or Drug Use				60%	53%
Mental Health or Depression				23%	44%
Violence				50%	20%
Infectious Diseases				23%	20%
Teen Pregnancy				30%	7%
Infant Mortality				27%	2%
Lead Poisoning				<1%	2%

Alcohol Use in Past Month					
North Shore	2003	2006	2009	2012	2015
Binge Drinker	10%	15%	11%	27%	24%
Driver/Passenger When Driver					
Perhaps Had Too Much to Drink	3%	2%	1%	3%	2%
Other Research: (2013)				*WI*	*U.S.*
Binge Drinker				*23%*	*17%*
Household Problems Associated With…					
North Shore		2006	2009	2012	2015
Alcohol		3%	1%	1%	4%
Marijuana				1%	2%
Cocaine, Heroin or Other Street Drugs				<1%	3%
Misuse of Prescription or OTC Drugs				<1%	2%
Gambling				<1%	5%
Distracted Driving					
North Shore	2003	2006	2009	2012	2015
Driving with Technology Distractions (1+ times/day)					19%
Driving with Other Distractions (1+ times/day)					17%
Mental Health Status					
North Shore	2003	2006	2009	2012	2015
Felt Sad, Blue or Depressed					
Always/Nearly Always (past 30 days)	3%	3%	4%	5%	5%
Find Meaning & Purpose in Daily Life					
Seldom/Never	2%	3%	4%	4%	6%
Considered Suicide (past year)	3%	2%	3%	4%	5%
Children in Household					
North Shore				2012	2015
Personal Doctor/Nurse who					
Knows Child Well and Familiar with History				94%	99%
Visited Personal Doctor/Nurse for					
Preventive Care (past 12 months)				91%	95%
Did Not Receive Care Needed (past 12 months)					
Medical Care				1%	<1%
Dental Care				1%	0%
Specialist				<1%	0%
Current Asthma				12%	2%
Safe in Community/Neighborhood (seldom/never)				0%	0%
Children 5 to 17 Years Old					
Fruit Intake (2+ servings/day)				93%	90%
Vegetable Intake (3+ servings/day)				45%	36%
Physical Activity (60 min./5 or more days/week)				67%	64%
Children 8 to 17 Years Old					
Unhappy, Sad or Depressed					
Always/Nearly Always (past 6 months)				1%	6%
Experienced Some Form of Bullying (past 12 months)				21%	26%
Verbally Bullied				18%	22%
Physically Bullied				5%	8%
Cyber Bullied				3%	4%
Personal Safety in Past Year					
North Shore	2003	2006	2009	2012	2015
Afraid for Their Safety	10%	4%	6%	6%	4%
Pushed, Kicked, Slapped, or Hit	3%	1%	2%	5%	4%
At Least One of the Safety Issues	11%	5%	8%	8%	7%

Overall Health and Health Care Key Findings

In 2015, 63% of respondents reported their health as excellent or very good; 11% reported fair or poor. Respondents who female, 55 and older, in the bottom 40 percent household income bracket, overweight or physically inactive were more likely to report fair or poor conditions. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2015, 1% of respondents reported they were not currently covered by health care insurance. Three percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months. Four percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months. *From 2003 to 2015, the overall percent statistically decreased for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months. From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2015, 14% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents 45 to 54 years old were more likely to report this. Six percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Nine percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 18 to 34 years old, 55 to 64 years old or in the bottom 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were female, 18 to 34 years old, 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 they did not receive the dental care needed. Four percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2012 to 2015, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2012 to 2015, the overall percent statistically increased for respondents who reported an unmet dental need in the past 12 months. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported an unmet medical need or unmet mental health need in the past 12 months.*

In 2015, 44% of respondents reported they contact their doctor when they need health information while 33% reported they go to the Internet. Ten percent reported themselves or a family member was in the health field and their source of information. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report they contact their doctor. Respondents who were 35 to 44 years old, 55 to 64 years old, with some post high school education, in the middle 20 percent household income bracket or married were more likely to report the Internet as their source of health information. Respondents with a high school education or less or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health field and their source of health information. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 and older or with a college education were more likely to report a primary care physician. Seventy-one percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were 55 to 64 years old, in the middle 20 percent household income bracket or married were more likely to report this. Forty-one percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their source of health information was themselves/family member in the health field. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their source of health information was their doctor or the Internet. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2015, there was a statistical increase in the overall percent of respondents having an advance care plan.*

In 2015, 91% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-nine percent of respondents reported a visit to the dentist in the past year while 51% reported an eye exam in the past year. Respondents who were female or in the middle 20 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents who were 35 and older, in the middle 20 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents with a college education or in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older or with some post high school education were more likely to report an eye exam in the past year. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents reporting a routine checkup two years ago or less.*

From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less, a dental checkup in the past year or an eye exam in the past year.

In 2015, 48% of respondents had a flu vaccination in the past year. Respondents 65 and older were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination. From 2003 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2015, out of six health conditions listed, the two most often mentioned in the past three years were high blood cholesterol (26%) and high blood pressure (24%). Respondents 65 and older, with a high school education or less, in the middle 20 percent household income bracket, who were overweight, inactive or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older, overweight or inactive were more likely to report high blood cholesterol. Eleven percent of respondents reported they were treated for, or told they had heart disease. Respondents who were male, 65 and older or unmarried were more likely to report heart disease/condition. Fourteen percent reported a mental health condition; respondents who were female or 45 to 54 years old were more likely to report this. Eleven percent reported diabetes; respondents who were 55 to 64 years old, in the bottom 60 percent household income bracket, overweight or nonsmokers were more likely to report diabetes. Nine percent reported current asthma; respondents with a college education or who were unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol, heart disease/condition, diabetes or current asthma. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a mental health condition. From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported their heart disease/condition or mental health condition was controlled through medication, therapy or lifestyle changes. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their high blood pressure, high blood cholesterol, diabetes or current asthma was under control.*

In 2015, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; female respondents were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents with a college education were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were 18 to 34 years old, 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past 30 days or they considered suicide in the past year.*

Behavioral Risk Factors Key Findings

In 2015, 44% of respondents did moderate physical activity five times a week for 30 minutes while 37% did vigorous activity three times a week for 20 minutes. Combined, 56% met the recommended amount of physical activity; respondents with a high school education or less, in the top 60 percent household income bracket or unmarried respondents were more likely to report this. Fifty-five percent of respondents were classified as overweight. Respondents who were 55 to 64 years old or married were more likely to be classified as overweight. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2015, there was a statistical increase in the overall percent of respondents being overweight.*

In 2015, 68% of respondents reported two or more servings of fruit while 36% reported three or more servings of vegetables on an average day. Respondents who were female, in the top 40 percent household income bracket, married, not overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 18 to 34 years old, in the top 40 percent household income bracket, unmarried or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Sixty-nine percent of respondents reported they often read the labels of new food products they purchase; respondents who were 35 to 54 years old or married were more likely to report this. Seventy-five percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents who were 45 and older, in the bottom 40 percent household income bracket, married, not overweight, did not meet the recommended amount of physical activity or who had a child in the household were more likely to report two or fewer restaurant meals. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents*

who reported at least two servings of fruit on an average day. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day.

In 2015, 89% of female respondents 50 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Ninety-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-two percent of respondents 18 to 65 years old reported an HPV test within the past five years. Ninety-three percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education, who were in the bottom 60 percent household income bracket or married were more likely to meet the cervical cancer recommendation. *From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.*

In 2015, 19% of respondents 50 and older reported a blood stool test within the past year. Eleven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 69% reported a colonoscopy within the past ten years. This results in 77% of respondents meeting the current colorectal cancer screening recommendations. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.*

In 2015, 13% of respondents were current tobacco cigarette smokers; respondents who were male, with a high school education or less or unmarried were more likely to be a smoker. In the past 12 months, 43% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-five percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2003 to 2015, there was no statistical change in the overall percent of current tobacco cigarette smokers. From 2003 to 2015, there was no statistical change 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 2015, there was a statistical increase in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2015, 89% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married or in households with children were more likely to report smoking is not allowed anywhere inside the home. Five percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days. *From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.*

In 2015, 6% of respondents used smokeless tobacco in the past month; respondents 45 to 54 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to use smokeless tobacco. Four percent of respondents used electronic cigarettes in the past month; respondents who were male, 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Three percent of respondents used cigars, cigarillos or little cigars in the past month.

In 2015, 24% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket or unmarried respondents were more likely to have binged at least once in the past month. Two percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.*

In 2015, 4% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year; respondents in the top 40 percent household income bracket were more likely to report this. Five percent of respondents reported someone in their household experienced some kind of problem with gambling in the past year while 3% reported a household problem with cocaine/heroin/other street drugs. Two percent of respondents each reported a household problem with marijuana or prescription drugs/over-the-counter drugs. Respondents in the bottom 40 percent household income bracket were more likely to report gambling was a household problem in the past year.

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

In 2015, 19% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 43% reported zero times. Respondents who were 18 to 34 years old, with at least some post high school education, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report being distracted by technology at least once a day. Respondents who were 65 and older, with a high school education or less, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report being distracted by technology zero times. Seventeen percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 46% reported zero times. Respondents who were 18 to 34 years old, 45 to 54 years old or with a college education were more likely to report driving with non-technology distractions at least once a day. Respondents who were 65 and older, with a high school education or less or unmarried were more likely to report driving with non-technology distractions zero times in the past month.

In 2015, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old or 45 to 54 years old were more likely to report this. A total of 7% reported at least one of these two situations. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety in the past year. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household Key Findings

In 2015, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-nine percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 95% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Less than one percent of respondents reported there was a time in the past 12 months their child did not get the medical care needed. Zero percent of respondents each reported their child did not receive the dental care needed or their child did not visit a specialist they needed to see. Two percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Ninety percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 36% reported three or more servings of vegetables. Sixty-four percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Six 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. Twenty-six percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 22% reported verbal bullying, 8% reported physical bullying and 4% cyber bullying. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their child has a personal doctor or nurse. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not in the past 12 months. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported their child had asthma. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate two or more servings of fruit per day, ate at least three servings of vegetables per day or was physically active five times a week for at least 60 minutes. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied in the past year or in the type of bullying.*

Community Health Issues Key Findings

In 2015, respondents were asked to pick the top three health issues in North Shore out of eight listed. The most often cited were chronic diseases (64%) alcohol/drug use (53%) and mental health/depression (44%). Respondents 55 to 64 years old were more likely to report chronic diseases. Respondents 18 to 34 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report alcohol/drug use as a top health issue. Respondents who were female, 18 to 34 years old or with at least some post high school education were more likely to report mental health/depression.

Twenty percent reported infectious diseases; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Twenty percent of respondents reported violence. Seven percent of respondents reported teen pregnancy as a top issue; respondents who were 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents each reported infant mortality or lead poisoning as a top issue. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported mental health/depression as one of the top health issues in the community. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported alcohol/drug use, teen pregnancy, violence or infant mortality as one of the top health issues in the community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported chronic diseases, infectious diseases or lead poisoning.*

Wauwatosa Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Wauwatosa residents. This summary was prepared by JKV Research 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 Wauwatosa Health Department and the Center for Urban Population Health. Additional data is available at www.aurora.org/commbenefits, www.chw.org, www.columbia-stmarys.org/Serving_Our_Community, www.Froedtert.com/community-engagement, www.mywheaton.org and www.wauwatosa.net/healthdata.

Overall Health					
Wauwatosa	2003	2006	2009	2012	2015
Excellent	26%	25%	29%	23%	19%
Very Good	46%	42%	44%	48%	36%
Fair or Poor	6%	11%	7%	6%	14%
Other Research: (2013)				*WI*	*U.S.*
Fair or Poor				*15%*	*17%*

Health Care Coverage					
Wauwatosa	2003	2006	2009	2012	2015
Not Covered					
Personally (currently)	4%	4%	6%	4%	4%
Personally (past 12 months)			10%	6%	5%
Household Member (past 12 months)	12%	17%	13%	6%	6%
Other Research: (2013)				*WI*	*U.S.*
Personally Not Covered (currently)				*12%*	*17%*

Did Not Receive Care Needed					
Wauwatosa	2003	2006	2009	2012	2015
Delayed/Did Not Seek Care Due to					
Cost (past 12 months)					14%
Prescript. Meds Not Taken Due to					
Cost (Household) (past 12 months)				5%	11%
Unmet Care (past 12 months)					
Medical Care				4%	8%
Dental Care				9%	16%
Mental Health Care				<1%	3%

Health Information and Services					
Wauwatosa	2003	2006	2009	2012	2015
Primary Source for Health Information					
Doctor		35%	--	41%	47%
Internet		15%	--	31%	25%
Myself/Family Member in Health Field		2%	--	9%	12%
Have a Primary Care Physician					86%
Primary Health Services					
Doctor/nurse practitioner's office		86%	90%	83%	78%
Urgent care center		3%	4%	6%	10%
Public health clinic/com. health center		2%	<1%	2%	2%
Hospital emergency room		1%	<1%	2%	3%
Hospital outpatient		3%	2%	<1%	2%
No usual place		4%	3%	7%	4%
Advance Care Plan	32%	39%	41%	42%	43%

Colorectal Cancer Screenings (50 and Older)					
Wauwatosa	2003	2006	2009	2012	2015
Blood Stool Test (within past year)	32%	22%	--	13%	11%
Sigmoidoscopy (within past 5 years)			8%	8%	4%
Colonoscopy (within past 10 years)			63%	63%	67%
Screening in Recommended Time Frame			65%	67%	70%

Vaccinations (65 and Older)					
Wauwatosa	2003	2006	2009	2012	2015
Flu Vaccination (past year)	75%	76%	72%	69%	81%
Pneumonia (ever)	52%	73%	71%	75%	80%
Other Research: (2013)				*WI*	*U.S.*
Flu Vaccination (past year)				*55%*	*63%*
Pneumonia (ever)				*73%*	*70%*

Health Conditions in Past 3 Years					
Wauwatosa	2003	2006	2009	2012	2015
High Blood Pressure	20%	20%	27%	24%	24%
High Blood Cholesterol	21%	19%	25%	26%	19%
Mental Health Condition			12%	15%	17%
Heart Disease/Condition	7%	7%	8%	5%	9%
Asthma (Current)	9%	6%	8%	8%	8%
Diabetes	3%	6%	4%	6%	6%

Condition Controlled Through Meds, Therapy or Lifestyle Changes	
High Blood Pressure	98% 98%
High Blood Cholesterol	95% 89%
Mental Health Condition	98% 87%
Heart Disease/Condition	100% 89%
Asthma (Current)	97% 88%
Diabetes	96% 96%

Routine Procedures					
Wauwatosa	2003	2006	2009	2012	2015
Routine Checkup (2 yrs. ago or less)	87%	81%	87%	88%	84%
Cholesterol Test (4 years ago or less)	76%	77%	81%	84%	79%
Dental Checkup (past year)	83%	83%	79%	77%	74%
Eye Exam (past year)	50%	51%	51%	50%	59%
Other Research:				*WI*	*U.S.*
Routine Checkup (≤2 years; 2013)				*82%*	*81%*
Cholesterol Test (≤5 years; 2013)				*77%*	*76%*
Dental Checkup (past year; 2012)				*72%*	*67%*

Physical Health					
Wauwatosa	2003	2006	2009	2012	2015
Physical Activity/Week					
Moderate Activity (5 times/30 min)	31%	37%	36%	37%	33%
Vigorous Activity (3 times/20 min)		32%	28%	36%	36%
Recommended Moderate or Vigorous		55%	51%	57%	47%
Overweight	47%	51%	55%	58%	60%
Fruit Intake (2+ servings/day)	77%	75%	71%	77%	71%
Vegetable Intake (3+ servings/day)	35%	33%	31%	36%	37%
Often Read Food Label of New Product					63%
Restaurant Food Meals (2 or fewer/past week)					62%
Other Research:				*WI*	*U.S.*
Overweight (2013)				*67%*	*64%*

Women's Health					
Wauwatosa	2003	2006	2009	2012	2015
Mammogram (50+; within past 2 years)	87%	86%	78%	78%	80%
Bone Density Scan (65 and older)		84%	82%	83%	79%
Cervical Cancer Screening					
Pap Smear (18 – 65; within past 3 yrs)	95%	92%	96%	85%	91%
HPV Test (18 – 65; within past 5 yrs)					61%
Screening in Recommended Time Frame					
(18-29: Pap every 3 yrs; 30 to 65: Pap and HPV					
every 5 yrs or Pap only every 3 yrs)					94%
Other Research:				*WI*	*U.S.*
Mammogram (50+; within past 2 yrs; 2012)				*82%*	*77%*
Pap Smear (18+; within past 3 years; 2010)				*85%*	*81%*

Tobacco Cigarette Use					
Wauwatosa	2003	2006	2009	2012	2015
Current Smokers (past 30 days)	12%	10%	13%	11%	12%
Of Current Smokers…					
Quit Smoking 1 Day or More in Past					
Year Because Trying to Quit	38%	39%	46%	58%	55%
Saw a Health Care Professional Past					
Year and Advised to Quit Smoking		73%	87%	82%	64%
Other Research:				*WI*	*U.S.*
Current Smokers (2013)				*19%*	*19%*
Tried to Quit (2006)				*49%*	*56%*

Exposure to Smoke				
Wauwatosa		2009	2012	2015
Smoking Policy at Home				
Not allowed anywhere		80%	86%	86%
Allowed in some places/at some times		9%	5%	4%
Allowed anywhere		1%	<1%	2%
No rules inside home		10%	9%	8%
Nonsmokers Exposed to Second-Hand				
Smoke In Past Seven Days		20%	13%	12%
Other Research: (WI: 2003; US: 2006-2007)			*WI*	*U.S.*
Smoking Prohibited at Home			*75%*	*79%*

Other Tobacco Products in Past Month	
Wauwatosa	2015
Electronic Cigarettes	6%
Cigars, Cigarillos or Little Cigars	3%
Smokeless Tobacco	<1%

Top Community Health Issues		
Wauwatosa	2012	2015
Chronic Diseases	57%	79%
Alcohol or Drug Use	62%	45%
Violence	55%	17%
Mental Health or Depression	21%	48%
Infectious Diseases	20%	22%
Teen Pregnancy	34%	8%
Infant Mortality	28%	4%
Lead Poisoning	2%	2%

Alcohol Use in Past Month					
Wauwatosa	2003	2006	2009	2012	2015
Binge Drinker	15%	17%	22%	28%	40%
Driver/Passenger When Driver					
Perhaps Had Too Much to Drink	3%	3%	5%	4%	1%
Other Research: (2013)				*WI*	*U.S.*
Binge Drinker				*23%*	*17%*

Household Problems Associated With…				
Wauwatosa	2006	2009	2012	2015
Alcohol	3%	4%	<1%	3%
Marijuana			<1%	1%
Cocaine, Heroin or Other Street Drugs			2%	<1%
Gambling			<1%	<1%
Misuse of Prescription or OTC Drugs			<1%	0%

Distracted Driving	
Wauwatosa	2015
Driving with Technology Distractions (1+ times/day)	24%
Driving with Other Distractions (1+ times/day)	21%

Mental Health Status					
Wauwatosa	2003	2006	2009	2012	2015
Felt Sad, Blue or Depressed					
Always/Nearly Always (past 30 days)	3%	4%	4%	2%	4%
Find Meaning & Purpose in Daily Life					
Seldom/Never	4%	4%	5%	3%	3%
Considered Suicide (past year)	2%	3%	3%	<1%	4%

Children in Household		
Wauwatosa	2012	2015
Personal Health Doctor/Nurse who		
Knows Child Well and Familiar with History	94%	93%
Visited Personal Doctor/Nurse for		
Preventive Care (past 12 months)	92%	88%
Did Not Receive Care Needed (past 12 months)		
Medical Care	1%	<1%
Dental Care	0%	0%
Specialist	0%	<1%
Current Asthma	7%	8%
Safe in Community/Neighborhood (seldom/never)	0%	0%
Children 5 to 17 Years Old		
Fruit Intake (2+ servings/day)	84%	83%
Vegetable Intake (3+ servings/day)	25%	21%
Physical Activity (60 min./5 or more days/week)	75%	71%
Children 8 to 17 Years Old		
Unhappy, Sad or Depressed		
Always/Nearly Always (past 6 months)	0%	2%
Experienced Some Form of Bullying (past 12 months)	13%	15%
Verbally Bullied	13%	12%
Physically Bullied	2%	3%
Cyber Bullied	0%	2%

Personal Safety in Past Year					
Wauwatosa	2003	2006	2009	2012	2015
Afraid for Their Safety	7%	6%	5%	2%	13%
Pushed, Kicked, Slapped, or Hit	2%	1%	2%	1%	2%
At Least One of the Safety Issues	8%	7%	7%	3%	13%

Overall Health and Health Care Key Findings

In 2015, 55% of respondents reported their health as excellent or very good; 14% reported fair or poor. Respondents with some post high school education or less, in the bottom 60 percent household income bracket, who were unmarried or inactive were more likely to report fair or poor conditions. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2015, 4% of respondents reported they were not currently covered by health care insurance; respondents who were male or 18 to 34 years old were more likely to report this. Five 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 34 years old or 55 to 64 years old were more likely to report this. Six percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months. *From 2003 to 2015, the overall percent statistically remained the same for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months. From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2015, 14% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents 18 to 34 years old were more likely to report this. Eleven percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report someone in the household did not take their prescription medication due cost. Eight percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents with some post high school education or who were unmarried were more likely to report this. Sixteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed. Respondents who were male, 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report they did not receive the dental care needed. Three percent of respondents reported in the past 12 months they did not receive the mental health care needed. *From 2012 to 2015, the overall percent statistically increased for respondents who reported in the past 12 months someone in their household had not taken their prescribed medication due to prescription costs. From 2012 to 2015, the overall percent statistically increased for respondents who reported an unmet medical need, unmet dental need or unmet mental health care need in the past 12 months.*

In 2015, 47% of respondents reported they contact their doctor when they need health information while 25% reported they go to the Internet. Twelve percent reported themselves or a family member was in the health field and their source for information. Respondents 65 and older were more likely to report they contact their doctor. Respondents who were female or 35 to 44 years old were more likely to report the Internet as their source for health information. Male respondents were more likely to report themselves or a family member in the health field and their source for health information. Eighty-six percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents 65 and older, with a high school education or less or in the top 60 percent household income bracket were more likely to report a primary care physician. Seventy-eight percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were female, 55 to 64 years old, with a high school education or less, with a college education or in the middle 20 percent household income bracket were more likely to report this. Forty-three percent of respondents had an advance care plan; respondents 65 and older or in the middle 20 percent household income bracket were more likely to report an advance care plan. *From 2006 to 2015, there was a statistical increase in the overall percent of respondents reporting their source for health information was their doctor, the Internet or themselves/family member in the health field. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2015, there was a statistical increase in the overall percent of respondents having an advance care plan.*

In 2015, 84% of respondents reported a routine medical checkup two years ago or less while 79% reported a cholesterol test four years ago or less. Seventy-four percent of respondents reported a visit to the dentist in the past year while 59% reported an eye exam in the past year. Respondents who were 45 to 54 years old, 65 and older, in the middle 20 percent household income bracket or married were more likely to report a routine checkup two years ago or less. Respondents who were 45 to 54 years old, with a college education, in the top 60 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents who were female, 35 and older, with a college education or in the middle 20 percent household income bracket were more likely to report a dental checkup in the past year. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting a dental checkup in the past year. From 2003 to 2015, there was a statistical increase in the overall percent of respondents reporting an eye exam in the past year. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less or a cholesterol test four years ago or less.*

In 2015, 54% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or in the middle 20 percent household income bracket were more likely to report a flu vaccination. Eighty percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination. From 2003 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2015, out of six health conditions listed, the three most often mentioned in the past three years were high blood pressure (24%), high blood cholesterol (19%) or a mental health condition (17%). Respondents who were 65 and older, with some post high school education or less, in the middle 20 percent household income bracket, unmarried, overweight or inactive were more likely to report high blood pressure. Respondents who were 55 and older or overweight were more likely to report high blood cholesterol. Respondents who were female, 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition. Nine percent of respondents reported they were treated for, or told, they had heart disease. Respondents who were 65 and older, with a high school education or less, unmarried or inactive were more likely to report heart disease/condition. Six percent of respondents reported diabetes; respondents who were 65 and older, with a high school education or less, in the middle 20 percent household income bracket, overweight or inactive were more likely to report diabetes. Eight percent reported current asthma; respondents who were 45 to 54 years old or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported diabetes. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood pressure, high blood cholesterol, heart disease/condition or current asthma. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported a mental health condition. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported their mental health condition was controlled through medication, therapy or lifestyle changes. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their high blood pressure, high blood cholesterol, heart disease/condition, diabetes or current asthma was under control.*

In 2015, 4% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were 55 to 64 years old, with a high school education or less or unmarried were more likely to report this. Four percent of respondents felt so overwhelmed they considered suicide in the past year; respondents with a high school education or less or unmarried respondents were more likely to report this. Three percent of respondents reported they seldom or never find meaning and purpose in daily life. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed or they seldom/never find meaning and purpose in daily life. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they considered suicide in the past year.*

Behavioral Risk Factors Key Findings

In 2015, 33% of respondents did moderate physical activity five times a week for 30 minutes while 36% did vigorous activity three times a week for 20 minutes. Combined, 47% met the recommended amount of physical activity; respondents who were 18 to 34 years old, with a college education or not overweight were more likely to report this. Sixty percent of respondents were classified as overweight. Respondents in the bottom 40 percent household income bracket or who were inactive were more likely to be overweight. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2015, there was a statistical increase in the overall percent of respondents being overweight.*

In 2015, 71% of respondents reported two or more servings of fruit while 37% reported three or more servings of vegetables on an average day. Respondents who were female, with some post high school education, in the middle 20 percent household income bracket, not overweight or who met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents 18 to 34 years old or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Sixty-three percent of respondents reported they often read the information labels of new food products they purchase; respondents who were female, with a college education, married, not overweight or who met the recommended amount of physical activity were more likely to report this. Sixty-two percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents 55 and older, in the middle 20 percent household income bracket or who were not overweight were more likely to report two or fewer restaurant meals. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit on an average day or at least three servings of vegetables on an average day.*

In 2015, 80% of female respondents 50 and older reported a mammogram within the past two years. Seventy-nine percent of female respondents 65 and older had a bone density scan. Ninety-one percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-one percent of respondents 18 to 65 years old reported an HPV test within the past five years. Ninety-four percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). *From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.*

In 2015, 11% of respondents 50 and older reported a blood stool test within the past year. Four percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 67% reported a colonoscopy within the past ten years. This results in 70% of respondents meeting the current colorectal cancer screening recommendations. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or who reported a colonoscopy within the past ten years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.*

In 2015, 12% of respondents were current tobacco cigarette smokers; respondents 35 to 44 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to be a smoker. In the past 12 months, 55% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-four percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. *From 2003 to 2015, there was no statistical change in the overall percent of respondents who were current tobacco cigarette smokers. From 2003 to 2015, there was no statistical change in the overall percent of current tobacco cigarette smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2006 to 2015, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.*

In 2015, 86% 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 who had a child in the household were more likely to report smoking is not allowed anywhere inside the home. Twelve percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2015, there was a statistical decrease in the overall percent of nonsmoking respondents who reported they were exposed to second-hand smoke in the past seven days.*

In 2015, 6% of respondents used electronic cigarettes in the past month; respondents 18 to 34 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report this. Three percent of respondents used cigars, cigarillos or little cigars in the past month while less than one percent used smokeless tobacco.

In 2015, 40% of respondents were binge drinkers in the past month. Respondents 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to have binged at least once in the past month. One percent of respondents reported they had been a driver or a passenger when the driver perhaps had too much to drink. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.*

In 2015, 3% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. One percent of respondents reported someone in their household experienced a problem with marijuana while less than one percent of respondents each reported a household problem with cocaine/heroin/other street drugs or with gambling. Zero percent of respondents reported a household problem with the misuse of prescription drugs/over-the-counter drugs. *From 2006 to 2015, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana, cocaine/heroin/other street drugs, gambling or with the misuse of prescription drugs/over-the-counter drugs in the past year.*

In 2015, 24% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 44% reported zero times. Respondents 18 to 34 years old were more likely to report being distracted by technology at least

once a day. Respondents who were 65 and older, with some post high school education or less, in the middle 20 percent household income bracket or unmarried were more likely to report being distracted by technology zero times. Twenty-one percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 40% reported zero times. Respondents 18 to 34 years old were more likely to report driving with non-technology distractions at least once a day. Respondents who were 65 and older, with a high school education or less or unmarried were more likely to report driving with non-technology distractions zero times in the past month.

In 2015, 13% of respondents reported someone made them afraid for their personal safety in the past year. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 13% reported at least one of these two situations; respondents 18 to 34 years old, with some post high school education, in the bottom 40 percent household income bracket or unmarried respondents were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents reporting they were afraid for their personal safety. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit in the past year. From 2003 to 2015, there was a statistical increase in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household Key Findings

In 2015, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-three percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 88% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Zero percent of respondents reported there was a time in the past 12 months their child did not receive the dental care needed while less than one percent reported their child did not receive the medical care needed. Less than one percent reported their child was not able to visit a specialist they needed to see in the past 12 months. Eight percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Eighty-three percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 21% reported three or more servings of vegetables. Seventy-one percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Two 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. Fifteen percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 12% reported verbal bullying, 3% reported physical bullying and 2% cyber bullying. *From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child has a personal doctor/nurse or their child visited their personal doctor/nurse for preventive care in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child had an unmet dental need, unmet medical need or their child needed to see a specialist but could not in the past 12 months. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their child had asthma or their child was seldom/never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate two or more servings of fruit a day, ate three or more servings of vegetables a day or was physically active five times a week for at least 60 minutes. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy/sad/depressed in the past six months or was bullied in the past 12 months.*

Community Health Issues Key Findings

In 2015, respondents were asked to pick the top three health issues in Wauwatosa out of eight listed. The most often cited were chronic diseases (79%), mental health/depression (48%) and alcohol/drug use (45%). Respondents who were male, 35 to 44 years old or married were more likely to report chronic diseases. Respondents 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report mental health/depression. Respondents with a college education or who were unmarried were more likely to report alcohol/drug use as a top health issue. Twenty-two percent reported infectious diseases as a top issue; respondents who were female, 18 to 44 years old, 55 to 64 years old, with a high school education or less or in the top 40 percent household income bracket were more likely to report this. Seventeen percent of respondents reported violence as a top issue; respondents who were male, with some post high school education or unmarried were more likely to report this. Eight percent of respondents reported teen pregnancy as a top issue; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. Four percent reported infant mortality; respondents who were male, 18 to 34 years old, in the top 40 percent household income bracket or married were more likely to report this. Two percent of respondents reported lead poisoning as a top issue. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported chronic diseases or mental health/depression as one of the top health issues in the community. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported alcohol/drug use, teen pregnancy, violence or infant mortality as one of the top health issues in the community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported infectious diseases or lead poisoning as a top health issue.*

Focus | Access

Intended Impact

- Provide a health home for uninsured and Medicaid eligible patients currently relying on the ED 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

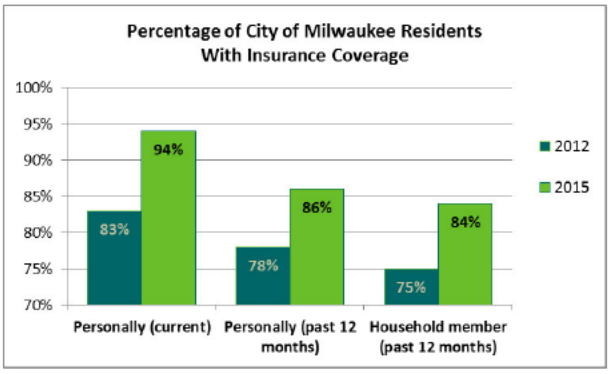
Results

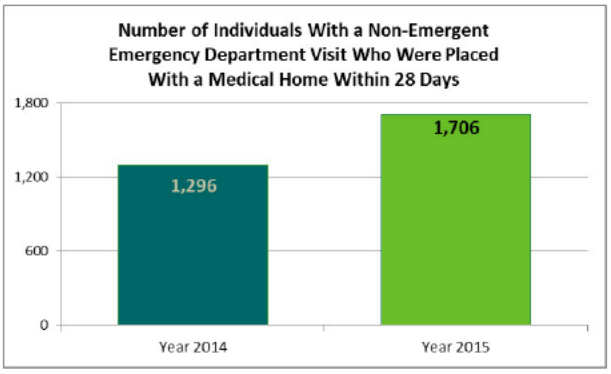
2014

- 1,296 individuals with non-emergent ED visits were placed with a medical home within 28 days of their ED visit
- 10,553 uninsured/self-pay ED patients screened for financial assistance programs
- 46 individuals received in-kind imaging services at ASMC
- 299 individual financial assessments for the Marketplace were conducted by Aurora parish nurses
- 64 individuals referred from BOH Clinic to Aurora for Specialty Access for the Uninsured Program (SAUP)
- 654 patients from the BOH Clinic were assisted with obtaining Medicaid insurance and reassigned a new primary care provider/medical home

2015

- 1,706 individuals with non-emergent ED visits were placed with a medical home within 28 days of their ED visit
- 396 individuals referred from BOH Clinic to Aurora for SAUP





Intended Impact

- Improve caregiving and parenting skills and the ability to better cope with and reduce stress
- Decrease adverse birth outcomes for pregnant mothers in the target population
- 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

Results

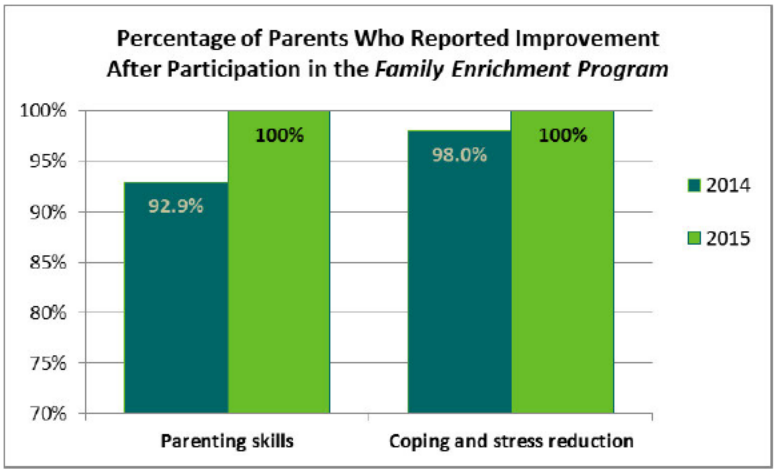
Family Enrichment Program:
To make the best choice for themselves and their new babies, the program provides parents with support, information and guidance, including prenatal care coordination, child care coordination and parenting education.

2014

- 92.9% of the parents/caregivers reported improvement in their parenting skills
- 98.0% of the parents/caregivers reported improvement in coping with and reducing their stress

2015

- 100% of the parents/caregivers reported improvement in their parenting skills
- 100% of the parents/caregivers reported improvement in coping with and reducing their stress



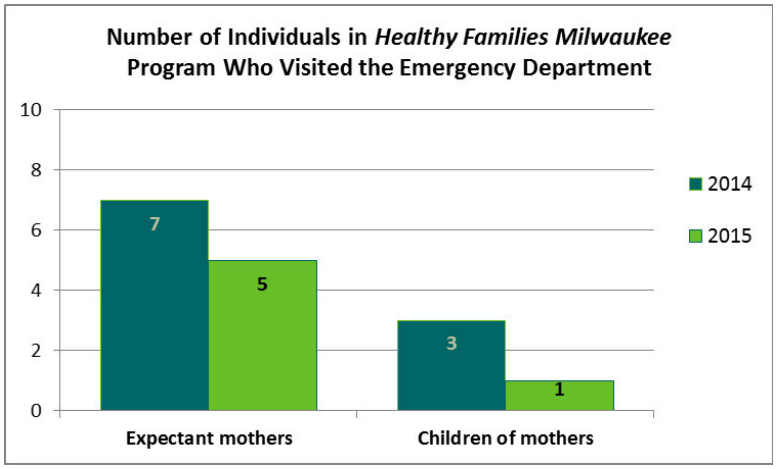
Healthy Families Milwaukee:
A voluntary program which offers home-visiting services for expectant parents and their families.

2014

- 7 expectant mothers in the targeted population visited the ED
- 3 children of mothers in the targeted population visited the ED
- 21.7% of the 161 expectant mothers screened reported parental stress
- 100% of program participants had insurance
- 16.8% of the 161 families needed and received referrals
- 27 families identified as needing additional screening for domestic violence with one individual referred for services

2015

- 5 expectant mothers in the targeted population visited the ED
- 1 child of a mother in the targeted population visited the ED
- 28.0% of the expectant mothers screened reported parental stress
- 100% of program participants had insurance
- 37 families needed and received referrals
- 49 families identified as needing additional screening for domestic violence with 3 safety plans developed



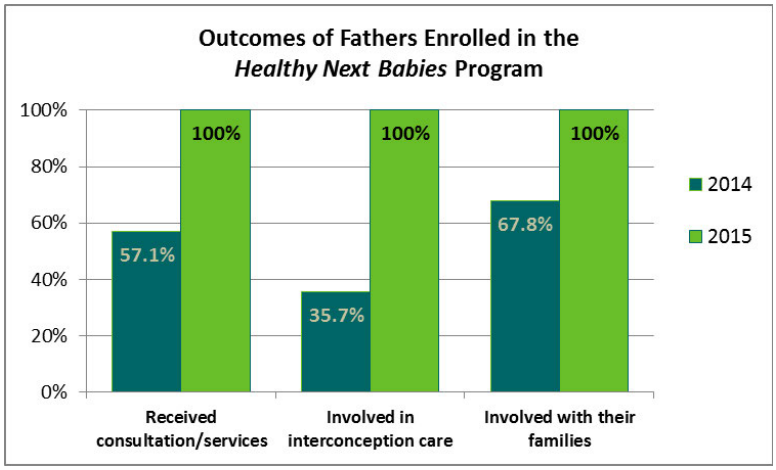
Healthy Next Babies:
A highly-targeted, innovative and integrated care delivery and coordination model to decrease adverse birth outcomes among low-income African American mothers.

2014

- 57.1% of the 28 fathers received consultation and services by a fatherhood specialist
- 50% of the 28 fathers were present during a home visit and received interconception care support materials
- 100% of families delayed pregnancy by at least six months
- 35.7% of 28 fathers were involved in interconception care
- 67.8% the 28 fathers were involved with their families

2015

- 100% of the 17 fathers received consultation and services by a fatherhood specialist
- 100% of the 17 fathers were present during a home visit and received interconception care support materials
- 100% of families delayed pregnancy by at least six months
- 100% of 17 fathers were involved in interconception care
- 100% the 17 fathers were involved with their families



CenteringPregnancy:

Added in 2015, this model integrates health assessment, education, and support into a unified program within a group setting. Women with similar gestational ages meet to learn care skills, participate in a facilitated discussion, and develop a support network with other group members. The provider completes standard physical health assessments.

2015

- 42 women joined a *CenteringPregnancy* group
- 15% of the infants were born prematurely
- 15% of the infants were born with a low birth weight

Intended Impact

- Increase access to services, resources and advocacy for individuals who have been sexually assaulted
- Increase awareness about sexual assault and available resources
- Recovery and improved quality of life for victims of sexual violence
- Improve system-wide awareness and practice to respond to disclosures of domestic violence and provide trauma-informed care
- 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

Results

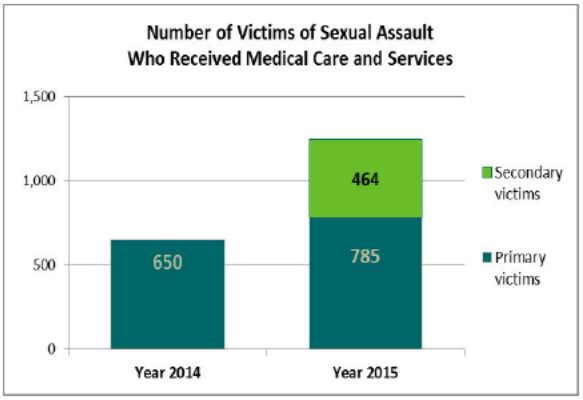
Sexual Assault Treatment Center:
This 24-hour emergency sexual assault treatment program combines aspects of a rape crisis center and a SANE program to offer trauma-informed and victim-sensitive services to people of all ages who have been affected.

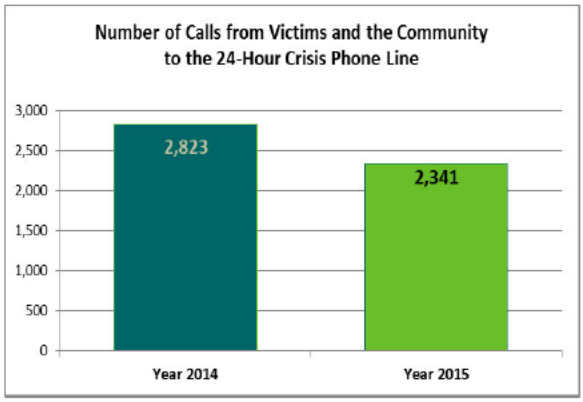
2014

- 650 victims of sexual assault received medical care and service
- 2,823 calls from victims and the community to the 24-hour crisis phone line

2015

- 1,249 victims of sexual assault received medical care and services
  - 785 were primary victims of sexual assault
  - 464 were secondary victims of sexual assault
- 2,341 calls from victims and the community to the 24-hour crisis phone line
- 1,190 personal advocacy and liaison services with the Sensitive Crimes Unit/District Attorney's Office were provided
- 775 referrals to counseling and social service agencies
- 11 community education/prevention/outreach presentations with 234 individuals in attendance





The Healing Center:
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.

2014
- 550 hours of advocacy provided to 147 survivors
- 3,221 hours of free counseling provided to 321 survivors
- 27 therapy groups provided to 219 survivors
- 673 professionals, mental health providers, and community members trained on sexual violence and victim advocacy
- 3 media interviews educating the community on sexual violence and victim advocacy were conducted

2015
- 99% of participants reported making progress toward at least one treatment goal after receiving services
- 95% of participants reported improved mental health after receiving services
- 97.2% of participants reported that overall, their life was better than before receiving services
- 95% of participants reported the ability to use healthy coping techniques after receiving services
- 291 survivors received individual counseling and 149 survivors received group therapy
- 947 professionals, mental health providers, and community members trained on sexual violence and victim advocacy
- 4,081 individuals were educated on sexual violence and victim advocacy through outreach efforts and resource fairs
- 5 media interviews educating the community on sexual violence and victim advocacy were conducted

Domestic Violence Service:
This service provides safe environments with skilled staff at multiple Aurora Health Care settings to promote disclosure of abuse, along with advocacy and counseling services.

2014
- 121 physicians, nurses, social workers, residents, and other health care providers were educated on domestic violence
- 167 cases referred to clinical nurse specialist

2015
- 940 physicians, nurses, social workers, residents, and other health care providers were educated on domestic violence
- 93 cases referred to clinical nurse specialist in 2015; 65 of the cases originated from the ED
- 65 cases referred by the clinical nurse specialist to shelter, police, AFS, or advocacy services

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

2014

- 69 women were provided services
- 20.3% of the women needed intensive support

2015

- 137 women were provided services
- 21% of the women needed intensive support
- 82% of the women demonstrated improved safe behaviors
- Of the women in the program who delivered:
  - 83% delivered full term babies
  - 72% delivered healthy weight babies