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

- **Aurora St. Luke’s Medical Center (ASLMC)** – Aurora’s quaternary hospital is known for remarkable treatment options and experienced specialty doctors practicing at the forefront of their fields. It provides advanced care and is the pioneer for numerous new procedures and technologies. Aurora St. Luke’s Medical Center earned the reputation 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 and provides excellent care for women and infant services.

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

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

<table>
<thead>
<tr>
<th>How Aurora’s five Milwaukee County Hospitals align with municipal health departments in Milwaukee County</th>
<th>ASLMC</th>
<th>ASLSS</th>
<th>ASMC</th>
<th>AWAMC</th>
<th>APH</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Milwaukee Health Department</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cudahy Health Department</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Franklin Health Department</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Greendale Health Department</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greenfield Health Department</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Hales Corners Health Department</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To view community health surveys dating back to 2003, visit http://www.aurora.org/commbenefits.

2016 Community Health Needs Assessment Report

2017-2019 Implementation Strategy

Part I | Aurora West Allis Medical Center (AWAMC)

Who we are. What we do
Our hospital was originally founded by the City of West Allis in 1961 to provide a full range of inpatient and outpatient services to the community. In 1995, after affiliation with Aurora Health Care, Inc., West Allis Memorial Hospital was renamed Aurora West Allis Medical Center.

Today Aurora West Allis Medical Center (AWAMC) offers the community convenient access to high-quality care, a complete range of primary and acute care programs, and a tertiary care center for women’s health services. Specialty services include cancer, digestive diseases, geriatrics, neurology, pulmonology and urology. Aurora West Allis is home to the Aurora Women’s Pavilion, where women at all stages of life will experience comprehensive care in a relaxed, healing environment. The facility offers women specialized programs and services for every stage of her life.

Who we serve
Located in the heart of West Allis, Wisconsin, just minutes off interstate 894 in Metro Milwaukee, the hospital serves residents as a hub for health and well-being services. As part of an integrated health care system, many of the significant needs across Milwaukee County are strategically addressed through Aurora’s coordinated system-wide network of health care facilities, providers and services sites in Milwaukee County, which include Aurora Medical Group Clinics, Aurora Family Service, Aurora Behavioral Health Services and Aurora At Home.

Aurora West Allis Medical Center by the numbers (2015)

- 195 staffed hospital beds
- 148,045 outpatient visits
- 38,323 emergency department visits
- 8,437 surgical cases (inpatient and outpatient)
- More than 3,832 newborn deliveries

Our distinctions include
- Accredited by the Joint Commission
- Certified as a primary stroke center by the Joint Commission
- Certified as a level 2 Clinical Hyperbaric Facility by the Undersea and Hyperbaric Medical Society
- Network Cancer Programs accredited by the Commission on Cancer
- Aurora Women’s Pavilion breast center accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons

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

Assessing Community Health Status – an ongoing commitment
Since 2003, Aurora Health Care has underwritten a community health survey of the City of West Allis and the Village of West Milwaukee every three years, conducted in partnership with the local health department (see page 42).* This helps the health department 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.
Although Aurora West Allis Medical Center (AWAMC) 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 West Allis and Village of West Milwaukee. AWAMC has a long history of partnering with the West Allis Health Department to conduct Community Health Assessments and Community Health Improvement Plans, as noted previously on page 3.

Both West Allis and West Milwaukee, located in Milwaukee County, have become relatively homogenous communities with a joint school system. The economy of both communities depended on heavy manufacturing until the mid-1970s, but today revitalization efforts are transforming former manufacturing sites into new office space, commercial, retail and residential developments.¹

The City of West Allis shares boundaries with municipalities in both Milwaukee and Waukesha Counties (including Greenfield and New Berlin). To its north, the city borders Interstate 94, a main transportation conduit bridging Madison, Milwaukee and Chicago. Interstate 894 runs north-south through the western segment of the city and multiple smaller, main transportation arteries traverse and connect West Allis to the life and commerce of neighboring communities.²

The Village of West Milwaukee is located in the middle of Milwaukee County. The City of Milwaukee, the City of West Allis and the Zablocki Veteran’s Administration Medical Center border West Milwaukee. The village is a blend of residential areas, retail, commercial and industry. West Milwaukee enjoys close proximity to several cultural and athletic venues within walking distance, including Miller Park, home of the Milwaukee Brewers.³

### Demographic Characteristics of the City of West Allis, Village of West Milwaukee, Milwaukee County and Wisconsin

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>City of West Allis*</th>
<th>Village of West Milwaukee*</th>
<th>Milwaukee County*</th>
<th>Wisconsin*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>60,595</td>
<td>4,214</td>
<td>953,401</td>
<td>5,724,692</td>
</tr>
<tr>
<td>Median Age (years)</td>
<td>37.9</td>
<td>34.7</td>
<td>34.0</td>
<td>38.8</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>87.4%</td>
<td>69.1%</td>
<td>62.1%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>4.2%</td>
<td>11.1%</td>
<td>26.4%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.6%</td>
<td>5.1%</td>
<td>3.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.9%</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>1.9%</td>
<td>9.1%</td>
<td>4.1%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.9%</td>
<td>5.6%</td>
<td>3.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>10.5%</td>
<td>29.3%</td>
<td>13.8%</td>
<td>6.2%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-14 years</td>
<td>17.5%</td>
<td>18.9%</td>
<td>20.8%</td>
<td>19.1%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>40.6%</td>
<td>44.2%</td>
<td>43.1%</td>
<td>38.7%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>27.4%</td>
<td>27.0%</td>
<td>24.3%</td>
<td>27.9%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>14.5%</td>
<td>9.8%</td>
<td>11.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td><strong>Education level of adults 25 years and older</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school degree</td>
<td>10.0%</td>
<td>21.5%</td>
<td>13.7%</td>
<td>9.2%</td>
</tr>
<tr>
<td>High school degree</td>
<td>35.2%</td>
<td>28.4%</td>
<td>28.6%</td>
<td>32.4%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>32.5%</td>
<td>32.4%</td>
<td>29.0%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>22.4%</td>
<td>17.7%</td>
<td>28.6%</td>
<td>27.4%</td>
</tr>
<tr>
<td><strong>Unemployment Rate Estimate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of those ages 16 or older who are unemployed (estimate)</td>
<td>7.9%</td>
<td>6.1%</td>
<td>10.5%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Median household income (estimate) (2014 inflation-adjusted dollars)</strong></td>
<td>$44,475</td>
<td>$34,709</td>
<td>$43,385</td>
<td>$52,738</td>
</tr>
<tr>
<td><strong>Percent below poverty in the last 12 months (estimate)</strong></td>
<td>13.9%</td>
<td>21.2%</td>
<td>21.9%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

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

Section 2 | How the CHNA was conducted

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

A Collaborative CHNA
Aurora Health Care is a member of the Milwaukee Health Care Partnership (the Partnership) www.mkehcp.org, a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee’s five health systems and the Milwaukee Health Department, along with the other municipal local health departments in Milwaukee County, aligned resources to complete a shared CHNA in 2013 and 2016. Supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org, this robust community-wide CHNA includes findings from a community health survey of over 5,600 adults, multiple secondary data sources and key informant interviews with forty-one individual interviews and four focus groups. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in Milwaukee County in collaboration with the Partnership to implement strategies to improve health outcomes and reduce disparities.
Data collection and analysis
Through the Partnership, quantitative data was collected through primary (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 | West Allis-West Milwaukee Community Health Survey Report
The community health survey is a source of primary community health data. The latest telephone survey was completed between March 16 and May 15, 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, and for the data summary see Appendix D.

Source #2 | Secondary Data Report
This report summarizes the demographic and health-related information for Milwaukee County (Appendix B). Data used in this report came from publicly available data sources. Data for each indicator is presented by race, ethnicity and gender when the data is available. When applicable, Healthy People 2020 (HP2020) objectives are presented for each indicator. The report was prepared by the Center for Urban Population Health (CUPH). For further description see Appendix B.

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

The Key Informant Interview Report presents the results, including cross-cutting themes, summaries of the top five health issues, comparison of results across jurisdictions (City of Milwaukee versus the suburban Milwaukee County municipalities), and summaries for additional identified health issues. Moreover, the Key Informant Interview Report compiles an extensive listing of community assets and potential resources and partnerships identified to address community health issues (Appendix C). The report was prepared by the 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 August 2016, AWAMC did not receive any comments on the current CHNA Report or Implementation Strategy.

Additional sources of data and information used to prepare the AWAMC CHNA Report were considered when identifying significant community health needs and are cited within the report.
Section 3 | Significant health needs identified through the Community Health Needs Assessment for West Allis/West Milwaukee

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

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

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

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

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

### Summary of municipal health department community health improvement plan (CHIP), *Healthiest Wisconsin 2020* and *Healthy People 2020*

<table>
<thead>
<tr>
<th>Municipal Health Department Community Health Improvement Plan (CHIP)</th>
<th>“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). <a href="http://www.dhs.wisconsin.gov/chip/">http://www.dhs.wisconsin.gov/chip/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Healthiest Wisconsin 2020</em></td>
<td>“<em>Healthiest Wisconsin 2020 (HW2020)</em> 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 <em>HW2020</em> can be grouped into three categories: crosscutting, health, and infrastructure. <a href="http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf">http://www.dhs.wisconsin.gov/hw2020/pdf/exesummary.pdf</a></td>
</tr>
</tbody>
</table>
| *Healthy People 2020* | “*Healthy People* provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:
- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities” [http://www.healthypeople.gov/2020/about/default.aspx](http://www.healthypeople.gov/2020/about/default.aspx) |
Summary of the significant health needs identified through the CHNA for West Allis/West Milwaukee

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 West Allis/West Milwaukee. The community health survey reports for the West Allis/West Milwaukee community and the secondary data and key informant interview report for Milwaukee County is available at http://www.aurora.org/commbenefits. Additionally, the community health survey summaries are presented in appendix D. When available and applicable, Healthy People 2020 objectives are listed for the health topics.

Access

Unmet medical care | In 2015, 20% of the respondents delayed or did not seek medical care due to costs in the past 12 months. The percentage of adults who receive primary health services through a medical home have decreased from 81% in 2003 to 79% in 2015. Of the households with a child, 3% reported that a child did not receive the needed medical care in the past 12 months, a stable trend since 2012. However, 97% of the children have a medical home with a personal health care clinician who knows the child well, exceeding the Healthy People 2020 target of 94.3%. While the percentage of children who receive needed medical care meets the Healthy People 2020 goal of 4.2%, the number of individuals with an unmet medical need remained at 11% (Source #1).

- The Healthy People 2020 targets are to reduce the proportion of persons who are without health care coverage to 0% and who are unable to obtain or delay in receiving necessary medical care to 4.2%.

Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability, and reduce preventable deaths. The Healthy People 2020 targets are to reduce the proportion of persons who are without health care coverage to 0% and who are unable to obtain or delay in receiving necessary medical care to 4.2%.

Dental services and unmet dental care | In 2015, 18% percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months. In addition, 6% of the households reported that their child did not receive the needed dental care in the past 12 months. The percentages of respondents and their children who did not receive the needed dental care in the past year have remained steady since 2012 but exceed the Healthy People 2020 target of 5.0% (Source #1).

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

Unmet prescription medications | In 2015, 12% of respondents reported that someone in their household had not taken their prescribed medication in the past 12 months due to prescription costs, similar to 2012.

- 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%.

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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.\(^6\)

Unmet mental health services | The percentage of respondents with an unmet mental health care need in the past year statistically decreased from 4% in 2012 to 3% in 2015 (Source #1).

Why is this significant? An unmet mental health care need can lead to further complications and increase future costs. Screening, early detection and access to services can improve outcomes and over time can provide savings to the health care system.\(^7\)

**Coverage**

Health care coverage | In 2015, 3% of adults reported they personally were not currently covered with health care insurance, down significantly from the 2012 (8%) and 2009 (11%) levels. In addition, 12% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months compared to 10% in 2012. Thirteen percent of adults reported a household member was not covered at least part of the time in the past year, the same as in 2012 but a significant decrease from 2003 (18%) (Source #1).

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

Why is this significant? Adults without consistent health care coverage are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death.\(^8\)

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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. Chronic diseases were identified as one of the top four health issues in the community by the residents (Source#1) and key stakeholders (Source #3).

**Asthma** | In 2015, 12% of adults reported asthma (current), up significantly from 5% in 2003. This is higher compared to the 10.6% for the state and 9.0% for the United States. In 2015, 11% of the children of the surveyed households currently had asthma, which is above the national level of 8.3% (Source #1). In 2014, 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 (Source #2).

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

**Diabetes** | In 2015, 9% of adults reported diabetes in the past three years, continuing a twelve-year upward trend and up significantly from the 2003 baseline of 5% (Source #1). In 2014, 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 (Source #2).

**Why is this significant?** Diabetes may lead to serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.\(^\text{11}\)

**Heart disease or heart condition** | In 2015, 9% of adults reported heart disease or heart condition in the past three years, the same in 2003. Respondents who were in the bottom 40 percent household income bracket were more likely to report heart disease/condition (Source #1).

**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.\(^\text{12}\) Chronic conditions such heart disease can result in health complications, compromised quality of life and burgeoning health care costs.

**Overweight/Obesity** | In 2015, 74% of adults in West Allis/West Milwaukee were classified as being overweight, a continued climb and significant increase from baseline of 63% in 2003. Respondents who were in the top 40.0% household income bracket were more likely to be classified as overweight. Since 74% of adults in West Allis/West Milwaukee in 2015 were classified as overweight, this means 26% of adults were classified as a healthy weight (Source #1).

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

In the West Allis/West Milwaukee 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.\(^\text{13}\)

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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 (HP2020). (Source #2).

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.\(^{34}\)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Milwaukee</th>
<th>WI</th>
<th>US</th>
<th>HP2020</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Incidence Rate</td>
<td>503.4</td>
<td>447.7</td>
<td>na</td>
<td>na</td>
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<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>132.1</td>
<td>125.4</td>
<td>122.0</td>
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<td>■</td>
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<tr>
<td>Cervical Cancer Incidence Rate</td>
<td>8.7</td>
<td>6.3</td>
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<tr>
<td>Male Colorectal Cancer Incidence Rate</td>
<td>53.5</td>
<td>42.4</td>
<td>46.1</td>
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<td>■</td>
</tr>
<tr>
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<td>39.3</td>
<td>31.6</td>
<td>34.9</td>
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<td>Male Lung/Bronchus Cancer Incidence Rate</td>
<td>88.1</td>
<td>66.7</td>
<td>73.0</td>
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<td>■</td>
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<tr>
<td>Female Lung/Bronchus Cancer Incidence Rate</td>
<td>61.7</td>
<td>53.4</td>
<td>52.0</td>
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<td>■</td>
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<tr>
<td>Prostate Cancer Incidence Rate</td>
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<td>128.3</td>
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<td>■</td>
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<td>21.5</td>
<td>20.7</td>
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<td>2.2</td>
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<tr>
<td>Male Colorectal Cancer Mortality Rate</td>
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<td>18.6</td>
<td>18.1</td>
<td>14.5</td>
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<tr>
<td>Female Colorectal Cancer Mortality Rate</td>
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<td>11.9</td>
<td>12.8</td>
<td>14.5</td>
<td>■</td>
</tr>
<tr>
<td>Male Lung/Bronchus Cancer Mortality Rate</td>
<td>67.3</td>
<td>56.1</td>
<td>57.9</td>
<td>45.5</td>
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<tr>
<td>Female Lung/Bronchus Cancer Mortality Rate</td>
<td>43.8</td>
<td>40.8</td>
<td>37.0</td>
<td>45.5</td>
<td>■</td>
</tr>
<tr>
<td>Prostate Cancer Mortality Rate: Age-Adjusted</td>
<td>25.3</td>
<td>23.5</td>
<td>20.8</td>
<td>21.8</td>
<td>■</td>
</tr>
</tbody>
</table>

*If Milwaukee County’s rate meets or exceeds the HP2020 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 HP2020 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 HP2020 or national data, or community data, then “na” is displayed for “not available”.

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.\(^{15}\)

Alcohol use | In 2015, 32% of adults in West Allis/West Milwaukee reported binge drinking in past month, a statistically significant increase from 2003 (18%), and higher compared to the state (23%) and the United States (17%). However, less than 1.0% of the population stated that they drove or rode in a vehicle when the driver had too much to drink (Source #1). Excessive drinking


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

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

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

**Substance use** Prescription drug misuse is escalating statewide. In Milwaukee County, the rate of
emergency department visits due to opiate poisonings (also known as opiate overdoses) was 34.5
per 100,000 in 2014, higher than the state average of 14.6 opiate poisonings per 100,000
population. In addition, Milwaukee County exceeded the Wisconsin opiate poisoning
hospitalizations at 29.6 overdoses per 100,000 population (compared to Wisconsin’s 13.2 opiate
overdoses per 100,000). The West Allis Health Department, key informants and residents all
identified alcohol and drug use/abuse as one of the top health issues challenging the community (Sources #1, #3).

- 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.

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**Tobacco Use and Exposure** | In 2015, 22% of adults in West Allis/West Milwaukee reported cigarette smoking in the past 30 days (current smoker), a downward trend and down significantly from the 2003 baseline (30%). Respondents who were in the bottom 40 percent household income bracket were more likely to report being a current smoker. In addition, 37% of current smokers in West Allis tried to quit smoking in the past year, a decrease from 47% in 2003. In 2015, 77% of the households prohibited smoking within the home, which is higher than the state but lower than national levels (75.0% and 79.0%, respectively). The percentage of non-smoking respondents who were exposed to secondhand smoke in the past 7 days declined drastically to 19% in 2015 compared to 28% in 2009 (Source #1).

- 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.\(^{20}\)

**Nutrition and physical activity** | In 2015, 47% of adults in West Allis/West Milwaukee reported engaging in recommended moderate or vigorous activity, remaining level since 2006. In 2015, 68% of the children in West Allis/West Milwaukee engaged in physical activity for 60 minutes at least five days out of the week, up from 60% in 2012. In 2015, 66% of adults in West Allis/West Milwaukee reported eating the recommended fruit servings while 29% of adults reported eating the recommended vegetable servings; West Allis/West Milwaukee adults’ fruit and vegetable consumption remained steady since 2003 (Source #1). Based on the 2015 *County Health Rankings* for Milwaukee County, 3% of the population had limited access to healthy foods.\(^{21}\) 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).

- 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. 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

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\(^{21}\) 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.
risk for overweight and obesity. Healthy eating helps reduce one’s risk for developing osteoporosis, some cancers, anxiety and depression.  

Health risk factors: high blood pressure and high blood cholesterol

High blood pressure and high blood cholesterol | In 2015, 25% of adults reported high blood pressure and 22% of adults reported high cholesterol in the past three years, a static trend from the 2003 baselines of 25% and 19% respectively. Respondents who were 65 and older, in the bottom 40% household income bracket (less than $40,001), or overweight were more likely to report high blood pressure and high blood cholesterol (Source #1).

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

Why is this significant? High blood pressure increases the risk for heart disease and stroke. Likewise, high cholesterol is a risk factor for heart disease. Once identified and diagnosed, high blood pressure and cholesterol can be treated and controlled.  

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).

- The Healthy People 2020 target for injury hospitalization rate is 555.8 per 100,000; the target for injury emergency department visit 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.

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. 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. 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.

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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 emergency departments for injuries every year.\textsuperscript{28}

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.\textsuperscript{29} 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.\textsuperscript{30} 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.\textsuperscript{31}

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.\textsuperscript{32}

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. 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.

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. 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.

Reproductive Health

Pap test screening | In 2015, 89% of women in West Allis/West Milwaukee reported having a pap test within three years, the same as 2012 and statistically steady since 2003. (Source #1).

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

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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%, and 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. 37

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. 38

Infant Mortality | From 2012 to 2014, the rate of infants dying before their first birthday in Milwaukee County decrease 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.

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Mental health

Mental health conditions | 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). In 2015, 16.0% of West Allis/West Milwaukee adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, comparable to 2009 and 2012 (15.0%) (Source #1). Mental health was identified as one of the top health issues in the county by the residents (Source#1) and key stakeholders (Source #3).

Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Mental health includes 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.” Anxiety, depression, and bipolar disorder are examples of mental illness.

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.

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Suicide | In 2015, 4% of adults in West Allis/West Milwaukee reported feeling so overwhelmed in the past year that they considered suicide, a statistically significant increase compared to 2% in 2003. This means approximately 2,040 adults in West Allis/West Milwaukee may have considered suicide in the past year. Respondents who were in the bottom 40 percent household income bracket (less than $40,001) were more likely to report this. Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered. No households reported having a child who was always or nearly always sad, unhappy or depressed in the past six months (Source #1). Additionally, in 2014, there were 94 suicides in Milwaukee County at a rate of 9.9 per 100,000, lower than the Wisconsin rate of 13.1 per 100,000 population (Source #2).

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.42

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, AWAMC has prioritized the significant health needs to address in its implementation strategy:
• Access and coverage
• Behavioral health
• Teen pregnancy
• Workplace wellness
• Cancer
• Senior care
• Health careers education
• Cancer survivorship
• Hepatitis C

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

Dental health is being addressed on a system level, rather than specifically through AWAMC. 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.
<table>
<thead>
<tr>
<th>Prioritized significant needs in Milwaukee County</th>
<th>Multi-Partner Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Milwaukee Health Care Partnership 43</td>
</tr>
<tr>
<td>Health care access</td>
<td>✓</td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td></td>
</tr>
<tr>
<td>Behavioral health</td>
<td>✓</td>
</tr>
<tr>
<td>Obesity, nutrition and physical activity</td>
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</tr>
<tr>
<td>Chronic disease</td>
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<tr>
<td>Infant mortality</td>
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<tr>
<td>Sexual health</td>
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<tr>
<td>Health literacy</td>
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<tr>
<td>Poverty</td>
<td></td>
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<td>Racial/ethnic health disparities</td>
<td></td>
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<tr>
<td>Social determinants</td>
<td></td>
</tr>
<tr>
<td>Specialty access for uninsured</td>
<td>✓</td>
</tr>
</tbody>
</table>

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 46, 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.

43 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/

44 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/LHF_Milw_CAP_final_w_cover.pdf

45 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 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 AWAMC are identified in the Implementation Strategy. For details, see Appendix C.


The impact of the initiatives identified in AWAMC’s 2013 Community Health Needs Assessment Report / 2014 Implementation Strategy plan was executed with some successes. Successes at AWAMC included assisting individuals with insurance coverage enrollment and financial assistance programs, supporting unpaid caregivers in the community and ensuring pregnant teens graduate from high school graduation and have healthy birth outcomes. Key learnings have helped to inform the 2017-2019 Implementation Strategy. For detailed evaluation of impact, see Appendix E.

This Community Health Needs Assessment (CHNA) Report was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 17, 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 | Aurora West Allis Medical Center Implementation Strategy**

**Introduction**

**Responsible stewardship of limited charitable resources: Our not-for-profit role in the community**

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

It is not surprising that we are asked to support a wide array of community activities and events in West Allis-West Milwaukee. 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Benefit Core Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority #1: Access and Coverage</td>
<td>Access for persons in our community with disproportionate unmet health needs</td>
</tr>
<tr>
<td>Priority #2: Community Health Improvement Plan</td>
<td>Build links between our clinical services and local health department community health improvement plan (CHIP)</td>
</tr>
<tr>
<td>Priority #3: Hospital focus</td>
<td>Address the underlying causes of persistent health problems</td>
</tr>
</tbody>
</table>

These implementation strategies do not constitute the entirety of the community benefits our hospital provides each year. An annual accounting of our reported community benefits can be found by visiting: [http://www.aurora.org/commbenefits](http://www.aurora.org/commbenefits).

We help people live well. Our hospital offers all the benefits of a true community hospital. Yet, as part of Aurora’s integrated health care system (IHCS), our hospital benefits from Aurora’s system-wide expertise and programing in areas including women’s 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 designation [mcs](#) 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 support our efforts to identify disparities and work to address them.
This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 17, 2016.
Focus | Access is an Aurora Health Care signature community benefit focus

Unmet medical care can lead to further health complications and increase future costs. In 2015, 20% of survey respondents in West Allis/West Milwaukee delayed or did not seek medical care due to costs in the past 12 months. The percentage of adults who receive primary health services through a medical home have decreased from 81% in 2003 to 79% in 2015 and the number of individuals with an unmet medical need remained at 11% (Source #1). Key informants identified access to health care as a top five priority (Source #3).

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora Behavioral Health Services (ABHS) and Aurora Psychiatric Hospital (APH)
- Aurora Parish Nurses
- Aurora Pharmacies
- Aurora at Home
- Aurora Senior Resource Nurse Program

Community partners
- **Greater Milwaukee Free Clinic (GMFC)** - The clinic, located two blocks from our hospital, provides free medical care and pharmaceuticals to low income, working people in the Milwaukee area without medical insurance or the ability to pay for medical care. The clinic is staffed by volunteer professionals.
- **Milwaukee Health Care Partnership (MHCP) Emergency Department 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 while the patient is at the hospital.
- **Sixteenth Street Community Health Centers**

Target population
- Medicaid-eligible and uninsured patients using our hospital emergency department (ED) for primary care

Activities – next page

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<table>
<thead>
<tr>
<th>Activities</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link Medicaid-eligible and uninsured patients with medical homes (the MHCP ED Care Coordination Initiative)</td>
<td>Total scheduled appointments</td>
<td>Annual volume</td>
<td>Increased number of Medicaid-eligible and uninsured patients with medical home</td>
</tr>
<tr>
<td></td>
<td>Total FQHC scheduled appointments</td>
<td></td>
<td>Decreased ED admissions for primary care needs</td>
</tr>
<tr>
<td></td>
<td>FQHC appointment show rate</td>
<td>&gt; 38%</td>
<td>Increased show rate</td>
</tr>
<tr>
<td>Embed Aurora Behavioral Health Counselor in the ED to expedite appropriate referrals and assist with navigation, facilitate interactions with ED staff, inpatient transfer, appointment scheduling and motivational interviewing</td>
<td>Number of ED patients referred to ABH services</td>
<td>Annual volume</td>
<td>Increased access to behavioral health services</td>
</tr>
<tr>
<td></td>
<td>Number of patients assisted by inpatient, partial-hospital and other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of hours spent with patients, including average per patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide imaging and laboratory services for Greater Milwaukee Free Clinic as necessary</td>
<td>Number of radiological and lab services at no cost</td>
<td>Annual volume</td>
<td>Improved diagnostics for GMFC patients</td>
</tr>
<tr>
<td>Support expanded hours of operation at Greater Milwaukee Free Clinic through Aurora’s Better Together Fund grant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Focus | Behavioral health

In 2015, 16.0% of West Allis/West Milwaukee adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, comparable to 2009 and 2012 (15.0%) (Source #1). Mental health was identified as one of the top health issues in the county by the residents (Source #1) and key informants (Source #3).

In 2015, 4% of adults in West Allis/West Milwaukee reported feeling so overwhelmed in the past year that they considered suicide, a statistically significant increase compared to 2% in 2003. This means approximately 2,040 adults in West Allis/West Milwaukee may have considered suicide in the past year (Source #1).

Principal partners

- Aurora Health Care Medical Group (AHCMG)
- Aurora Behavioral Health Services (ABHS) and Aurora Psychiatric Hospital (APH)

Community partners

- West Allis-West Milwaukee Health Department (WAWM HD)
- West Allis Police and Fire Departments
- Rogers Memorial Hospital
- West Allis/West Milwaukee Coalition
- West Allis/West Milwaukee School District
- Mental Health America – Milwaukee Chapter
- Department of Aging
- National Alliance on Mental Illness (NAMI)
- Tri-City Bank
- Greater Milwaukee Free Clinic
- City of West Allis
- Milwaukee Area Technical College (MATC)
- West Allis Clergy
- Impact 211

Target population

- West Allis/West Milwaukee residents

Activities – next page
The Mental Health and Substance Abuse Task Force is a collaboration of West Allis and West Milwaukee community leaders and partners working together to strengthen support and effectiveness of community interventions to address mental health and substance abuse issues in the community. As part of this initiative, AWAMC will work with the Task Force to:

- Convene and provide group leadership
- Identify evidence-based education on early warning signs of mental health, suicide risk and substance abuse
- Present education to existing community groups (Interfaith, Senior Center staff, businesses, etc.) and through local media coverage
- Work with IMPACT211 to ensure their list of community resources for mental health and substance abuse is up to date and comprehensive
- Create a mental health support network among area pastors

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/ Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Number of Mental Health and Substance Abuse Task Force meetings held</td>
<td>Annual volume</td>
<td>Reduced stigma related to mental health and substance abuse, increasing the likelihood that persons in need and their families will receive help</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Process milestones for implementation of education on early warning signs and treatment resources</td>
<td>Deadlines</td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Number of groups receiving education</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Results of pre and post-intervention evaluation of education including knowledge gain and change in perception</td>
<td>Annual results</td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Number of local media stories</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Process milestones of work with IMPACT211</td>
<td>Deadlines</td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Process milestones of creation of clergy mental health support network</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Support Meta House Inc., a women’s drug and alcohol addiction treatment center, by providing volunteer staff during support group meetings
- Provide transportation funding and support AODA treatment for women and children at Meta House, Inc. through Aurora’s Better Together Fund grant
- Provide funding for an AODA specialist to allow for expanded service hours at IMPACT Alcohol & Other Drug Abuse Services, Inc. through Aurora’s Better Together Fund grant
2017-2019 Implementation Strategy  Priority No. 2: Community Health Improvement

Focus | Teen pregnancy

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. 47

Principal partners
- Aurora Health Care Medical Group (AHCMG)

Community partner
- **Shared Journeys** charter high school – Started in September 2012, this charter high school educates pregnant and parenting teens both in parenting and academics with coursework including: Child Development I and II, Career and Social Aspects of Society I and II, Prenatal Coursework, Independent Study, Cooperative Education Employment as well as Compass Learning for online general studies. AWAMC supports the Shared Journeys mission of academic and parenting success and meeting the unique needs of each individual student.

![Shared Journeys Logo](http://sharedjourneys.wawm.k12.wi.us/)

- United Way Healthy Girls Initiative
- West Allis/West Milwaukee School District
- Life Connections
- West Allis WIC Program

Target population
- Pregnant teens in the West Allis/West Milwaukee school system

Activities – next page

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<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serve on the Shared Journeys charter school governance board</td>
<td>Annual volume</td>
<td>Improved birth outcomes for babies born to pregnant teens enrolled in Shared Journeys</td>
</tr>
<tr>
<td></td>
<td>Provide childbirth education, breastfeeding and infant care classes; work-development and job-skills mentoring at our hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Implement the Making Proud Choices curriculum through a United Way Healthy Girls grant</td>
<td>100%</td>
<td>Graduates are able to secure and maintain employment to support their infants</td>
</tr>
<tr>
<td></td>
<td>Provide facility and in-kind services, including support for grant writing to ensure sustainability</td>
<td>100%</td>
<td>Increased student knowledge about healthy relationships and avoiding risky lifestyles and a second pregnancy</td>
</tr>
<tr>
<td></td>
<td>Number of teen mothers enrolled</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of babies born to students, number full-term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of students who initiate breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of students who graduate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of graduates who enroll in post-secondary education or job training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent with a low risk score on the Adult Adolescent Parenting Inventory</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent demonstrating an increase in communication about sexual health with partners and goal for their future</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Focus | Workplace wellness

Employers are becoming more aware that overweight and obesity, lack of physical activity and tobacco use are adversely affecting the health and productivity of their employees and ultimately, the bottom line of each business. Work-site health promotion and disease-prevention programs have been shown to improve employee health, increase productivity and yield a significant return on investment for the employers.\(^{48}\)

Principal partners
- Aurora Health Care Medical Group (AHCMG)

Community partners
- West Allis/West Milwaukee Chamber of Commerce
- West Allis/West Milwaukee School District
- City of West Allis
- Village of West Milwaukee
- West Allis/West Milwaukee Health Department
- Milwaukee Area Technical College (MATC)
- Wellness Council of Wisconsin
- Wisconsin Athletic Club
- Chr. Hansen, Inc.
- West Allis/West Milwaukee employers participating in the Well City West Allis/West Milwaukee Initiative

Target population
- West Allis/West Milwaukee workforce

Activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Number of businesses recruited</td>
<td>20</td>
<td>Successful Well-City Designation for the communities of West Allis and West Milwaukee by 2020</td>
</tr>
<tr>
<td></td>
<td>Total number employed by recruited businesses</td>
<td>6,000</td>
<td></td>
</tr>
</tbody>
</table>

Representatives from AWAMC will serve on the Well City West Allis/West Milwaukee Advisory Council, Task Force and Sub-committees to move the process forward to achieve the Well-City Designation by:

- Actively promoting and recruiting businesses to join the project
- Communicating via our website, newsletter and meetings to promote project events, trainings, collaborations and shared projects
- Coordinating worksite wellness technical assistance
- Supporting fundraising activities to sustain project
- Serving on the advisory committee

Focus | Senior care

In 2014, the total number of injury-related 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. 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. However, 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.

Aurora West Allis Medical Center (AWAMC) is a NICHE-designated hospital (http://www.nicheprogram.org). AWAMC’s Transitions of Care program is a non-billable, geriatric nurse-driven program to help reduce 30-day readmissions for patients aged 65 years and older who are at high risk for returning to the hospital.

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora at Home

Community partner
- West Allis Fire Department Mobile Integrated Health Program (Community Paramedics)
- Area nursing homes
- West Allis-West Milwaukee Health Department
- Non-medical home care providers

Target population
- At-risk adults aged 65 years and older with multiple health conditions and challenges
- High-risk or complex patients (including those lacking in resources)

Activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Identify older adults at risk for readmission at AWAMC through use of the LACE tool embedded in EPIC</td>
<td>Identify services to be put in place for patients identified as high-risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number receiving transition services</td>
<td>Annual volume</td>
<td>Reduction in the number of preventable readmissions for patients in the Transitions of Care Program</td>
</tr>
<tr>
<td></td>
<td>Number of contacts the transition care nurse has with transition patients within 30-days post-discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number with a PCP appointment at discharge</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number with a PCP appointment within seven days of discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of transition patients with a POA for Health Care on chart</td>
<td>Annual volume</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average number of contacts within two days of discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Refer recently discharged patients to West Allis Fire Department Community Paramedic Program, based on likelihood of readmission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of patients referred</td>
<td>Annual volume</td>
<td>Reduction in the number of preventable readmissions for patients in the Transitions of Care Program</td>
</tr>
<tr>
<td></td>
<td>Percentage of patients readmitted within 30 days</td>
<td>Rates</td>
<td></td>
</tr>
</tbody>
</table>

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Focus | Health careers education

In 2015, seven of the 10 hardest positions to fill were related to healthcare. Employment of healthcare occupations is projected to grow 19% from 2014 to 2024, adding about 2.3 million new jobs. As outlined in the Wisconsin Health Care Workforce 2015 Report, hospitals should support the educational preparation of healthcare professionals to meet the existing and future workforce needs and for new and emerging roles as the rate of change in health care accelerates.

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora West Allis Medical Center caregivers
- Aurora Consolidated Lab

Community partner
- West Allis-West Milwaukee School District
- Dental Associates
- Rotary Club of West Allis
- West Allis-West Milwaukee Chamber of Commerce
- Cristo Rey Jesuit High School
- Milwaukee Area Technical College (MATC)
- Alverno College
- Marquette University
- University of Wisconsin

Target population
- Local high school students

Activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Number of students who attend event</td>
<td>Annual volume</td>
<td>Area high school students are inspired to pursue health-related careers and pursue required training, schooling.</td>
</tr>
<tr>
<td></td>
<td>Percentage of students who correctly identify the level of academic preparation required to pursue various health-related careers</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of students who job shadow</td>
<td>Annual volume</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of students from Cristo Rey participating in work-study</td>
<td>Annual volume</td>
<td></td>
</tr>
</tbody>
</table>

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Aurora West Allis Medical Center | Page 37 of 63
Focus | Cancer screening and care utilization among Spanish-speaking individuals

From 2009-2013, the cancer rate for Hispanics in Milwaukee County was 406.0 per 100,000, higher than the state rate of 368.6 per 100,000 Hispanic residents and the U.S. rate of 348.8 per 100,000 Hispanic residents. Further, Hispanic women in Milwaukee County had a higher rate of breast cancer at 98.9 per 100,000 than Hispanic women in Wisconsin at 96.3 per 100,000 and the U.S. at 91.9 per 100,000. Hispanic women in Milwaukee County had a higher rate of cervical cancer at 9.7 per 100,000 than non-Hispanics in Milwaukee County, Wisconsin and the U.S. at 6.0, 6.9 and 5.5 per 100,000 respectively. Hispanic men in Milwaukee County had a higher rate of prostate cancer at 122.0 per 100,000 than Hispanic Wisconsin and U.S. residents at 97.3 per 100,000 and 104.3 per 100,000, as well as non-Hispanic residents of Milwaukee County, Wisconsin and the U.S. at 123.1, 118.6 and 114.0 per 100,000 respectively.  

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora Cancer Services (ACS)

Community partner
- West Allis-West Milwaukee Health Department
- Susan G. Komen Foundation
- American Cancer Society
- Sixteenth Street Community Health Centers
- CORE/El Centro

Target population
- Spanish-speaking residents of West Allis/West Milwaukee

Activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Number of bilingual lay people trained to serve as cancer Promotores, by gender</td>
<td>6 (1 male)</td>
<td>Increased awareness about and access to cancer services among the Spanish-speaking community</td>
</tr>
<tr>
<td></td>
<td>Number of educational opportunities provided</td>
<td>Annual volume</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of individuals who receive cancer-related information, including demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of referrals for services provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Results of pre- and post-education knowledge evaluation</td>
<td>Annual results</td>
<td>Increased knowledge of warning signs and risk factors for cancer as evidenced by improvement in scores on knowledge evaluation</td>
</tr>
</tbody>
</table>

Focus | Cancer survivorship

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. Many cancer survivors are faced with health challenges for months and sometimes years after the completion of cancer treatment. Research conducted by the Virginia Commonwealth University suggests that cancer survivors need to take a more comprehensive approach to their health, rather than focusing just on their cancer.\textsuperscript{56}

Principal partners
- Aurora Health Care Medical Group (AHCMG)
- Aurora Cancer Services

Community partner
- Wisconsin Athletic Club

Target population
- Breast cancer survivors

Activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help survivors transition from diagnosis to wellness through a variety of services and access to resources, as well as an opportunity to connect with other cancer survivors, by:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offering monthly education/discussion sessions for cancer survivors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing weekly lifestyle modification program that incorporates nutrition, education, a health club membership and exercise instruction (14 week sessions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide quarterly six-week series of Yoga for Cancer Survivors classes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor and promote annual cancer survivorship celebration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Number of attendees at education/discussion sessions
- Number of participants in lifestyle modification program
- Number of participants showing improvement in quality of life assessment questionnaire
- Number of participants engaging in 150 minutes of physical activity per week
- Number of participants in Yoga for Cancer Survivors classes
- Number referred to additional system-wide Aurora-hosted offerings (next page)

### System Activities – The Aurora Cancer Care (ACC) Program

- ACC education and screening events take place year-round across Metro Milwaukee. These events and activities benefit people and communities we serve and to which we refer and support through our participation:

  - *Dia de la Mujer Latina* – clinical breast exams at Aurora Walker’s Point Community Clinic
  - *Sankofa* – Aurora Sinai Medical Center
  - *Team Phoenix* – Aurora Sinai Medical Center
  - *Reflections of Wellness* – Aurora West Allis Medical Center
  - *Living Well Beyond Cancer** – Aurora West Allis Medical Center
  - *Spanish Cancer Clinic* – Aurora St. Luke’s Medical Center
  - Aurora Cancer Care Speakers Bureau
  - *Know Your Family History Program*
  - Milwaukee-area partnerships developed through the *Wisconsin’s Collaborative Approach to Increase Colorectal Cancer Screening* grant
  - Workplace education and screenings across our metro area

*Breast cancer survivors of all stages, ages, and fitness levels train for a sprint distance triathlon as the impetus to regain an active lifestyle to achieve lifelong health and fitness. Treatment side effects are taken into consideration, including scarring and fibrosis caused by surgery and radiation, deconditioning due to chemotherapy, and altered metabolism caused by early menopause.

**A fourteen-week lifestyle management program to help survivors restore and enhance their wellness and confidence during and after treatment, two new sessions per year.
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.57

In Milwaukee County, almost 285,000 people are aged 50 years or older.58 In 2014, according to the Wisconsin Division of Public Health59:

- 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
- Aurora Health Care Medical Group (AHCMG)
- Aurora Walker’s Point Community Clinic

Community partner
- AIDS Resource Center of Wisconsin

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

System Activities — Hepatitis C

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Measures to Evaluate</th>
<th>Targets/Tracking</th>
<th>Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Data collected regionally as part of Greater Milwaukee South service area</td>
<td></td>
<td>Increased number of patients with hepatitis C are identified and referred for follow-up care and treatment</td>
</tr>
</tbody>
</table>


Appendix A | West Allis/West Milwaukee Community Health Survey Report (Source#1)

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

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

Respondents were scientifically selected so that the survey would be representative of all adults 18 years old and older. The sampling strategy was two-fold. 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=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 July 14, 2015. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±3 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in Milwaukee. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the total adult population. One percentage point equals approximately 510 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 290 households.

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

Partners & Contracts: This shared report is sponsored by the Milwaukee Health Care Partnership and Milwaukee’s five health systems, in collaboration with the twelve municipal health departments in Milwaukee County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B | Secondary Data Report: A summary of secondary sources related to health in Milwaukee County (2015-2016) (Source #2)

The report is available at [www.aurora.org/commbenefits](http://www.aurora.org/commbenefits)

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

**Publicly available data sources used for the Secondary Data Report**

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
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</thead>
</table>
| 2013 Milwaukee Health Report Summary and SES zip code map | This report summarizes the current health of the city and distribution of key factors that may have implications of future health. The report provides information regarding health disparities among the socio-economic groups within the City of Milwaukee and offers comparisons of health outcomes and determinants between the City of Milwaukee, the State of Wisconsin and the United States. The report draws from national, state and local data sources.  
*Source: Center for Urban Population Health.* |
| American Community Survey                   | *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.  
| 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 emergency department visits, injury hospitalizations, injury mortality, mortality and violent death. *Source:* [Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics](#) |

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

**Partners & Contracts:** This shared secondary data report is sponsored by the Milwaukee Health Care Partnership and Milwaukee’s five health systems, in collaboration with the twelve municipal health departments in Milwaukee County. The report was prepared by the Center for Urban Population Health.
Appendix C | Key Informant Interview Report: A summary of key informant interviews and focus groups in Milwaukee County (2015 – 2016) (Source #3)

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

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

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

Key informant interviews were conducted with the health officer for nine local health 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
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<tbody>
<tr>
<td><strong>12 Local Health Departments</strong></td>
<td>Milwaukee County has twelve local municipal health departments: City of Milwaukee, Cudahy, Franklin, Greendale⁷, Greenfield, Hales Corners⁷, North Shore, Oak Creek, St. Francis⁷, 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.</td>
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<tr>
<td><strong>AIDS Resource Center of Wisconsin (ARCW)</strong></td>
<td>“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.”</td>
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<tr>
<td><strong>Apostle Presbyterian Church</strong></td>
<td>“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.”</td>
</tr>
<tr>
<td><strong>Black Health Coalition of Wisconsin, Inc.</strong></td>
<td>“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.”</td>
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<td><strong>Boys &amp; Girls Club</strong></td>
<td>Boys &amp; 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.”</td>
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</table>
| **Center for Veteran’s Issues**        | 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**

“Its’ bilingual (Spanish/English) and culturally competent staff delivers educational programs and social and human services to families, children, youth and the aging to help them overcome the social, economic, linguistic and cultural barriers to self-sufficiency. The Centro Hispano manages six housing complexes for low income elders able to live independently, and offer them wraparound support services.”

**Children’s Health Alliance of Wisconsin**

“The Alliance was established in 1994 by the following founding partners: state government, Children’s Hospital of WI and American Family Children’s Hospital (formerly UW Children’s Hospital). 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 Centro**

“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 “Federally Qualified Health Centers (FQHCs, also known as Community Health Centers) provide a comprehensive range of primary care, dental and behavioral health services to medically underserved populations in 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 medial 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
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<tr>
<th>Organization</th>
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<tr>
<td><strong>Gerald L. Ignace Indian Health Center</strong></td>
<td>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.</td>
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<tr>
<td><strong>Hmong American Women’s Association</strong></td>
<td>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.</td>
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<tr>
<td><strong>IMPACT Planning Council</strong></td>
<td>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.</td>
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<tr>
<td><strong>Medical College of Wisconsin Institute for Health and Society</strong></td>
<td>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.</td>
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<tr>
<td><strong>Medical Society of Milwaukee County</strong></td>
<td>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.</td>
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<tr>
<td><strong>Mental Health America of Wisconsin</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Milwaukee Center for Independence</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Milwaukee County Department of Health &amp; Human Services</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Milwaukee County Oral Health Task Force</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Milwaukee County Behavioral Health Division</strong></td>
<td>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.</td>
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<tr>
<td><strong>Milwaukee Police Department</strong></td>
<td>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.”</td>
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<tr>
<td><strong>Milwaukee Public Schools</strong></td>
<td>Milwaukee Public Schools is committed to accelerating student achievement, building positive</td>
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## Community Partnerships

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<tr>
<th>Organization</th>
<th>Mission Statement</th>
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<tbody>
<tr>
<td>Next Door Foundation</td>
<td>“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.”</td>
</tr>
<tr>
<td>Tri-City National Bank</td>
<td>“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.”</td>
</tr>
<tr>
<td>United Way of Greater Milwaukee and Waukesha County</td>
<td>“As the newly merged United Way of Greater Milwaukee &amp; 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.”</td>
</tr>
<tr>
<td>UW-Milwaukee Joseph J. Zilber School of Public Health</td>
<td>“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.”</td>
</tr>
<tr>
<td>West Allis Fire Department</td>
<td>“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.”</td>
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<tr>
<td>West Allis/West Milwaukee Chamber of Commerce</td>
<td>“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.”</td>
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<tr>
<td>West Allis/West Milwaukee School District</td>
<td>“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.”</td>
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<tr>
<td>YMCA of Metro Milwaukee</td>
<td>“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.”</td>
</tr>
<tr>
<td>YWCA of Southeast Wisconsin</td>
<td>“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.”</td>
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</table>

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

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

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

<table>
<thead>
<tr>
<th>Top five issues that emerged as key health priorities for Milwaukee County and the identified community assets</th>
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<tr>
<td>The top five health issues that emerged as key priorities for Milwaukee County were 1) mental health, 2) alcohol and drugs, 3) chronic disease, 4) access to health care and 5) physical activity.</td>
</tr>
<tr>
<td><strong>Key community partners, resources and assets to address health issues:</strong></td>
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<tr>
<td>1. <strong>Mental health:</strong> Hospitals should be partnering with Federally Qualified Health Centers (FQHC), clinicians, the Veterans Administration, Mental Health America of Wisconsin, Mental Health Task Force, law enforcement, peer specialists, schools, the faith communities, Milwaukee County Behavioral Health, Milwaukee County Mental Health Board, involvement from non-profits who provide wraparound services, advocacy groups from within the African American and Latino communities, child care providers, community based organizations, and health departments.</td>
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<tr>
<td>2. <strong>Alcohol and drugs:</strong> Hospitals should be partnering with the Milwaukee Health Care Partnership, health departments, health care providers and systems (Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health, Wheaton Franciscan Healthcare), media, law enforcement, fire departments, emergency medical service providers, neighborhood associations, the Salvation Army, the Milwaukee Rescue Mission, the Medical Society of Milwaukee County, schools, the business community, community leaders, providers of culturally-specific programs and services, all levels of government, peer specialists, many community organizations and social service agencies.</td>
</tr>
<tr>
<td>3. <strong>Injury and violence:</strong> Hospitals should be partnering with health departments, the Milwaukee Health Care Partnership, neighborhood associations, law enforcement, fire departments, the Marquette Law School Restorative Justice Program, the Milwaukee Homicide Review Commission, the Hmong American Women’s Association, schools, faith communities, non-profit organizations, health care providers, the Data HUB, the Fatherhood Initiative, YMCA, Boys and Girls Club, Running Rebels, Sojourner Family Peace Center and Project Ujima.</td>
</tr>
<tr>
<td>4. <strong>Chronic disease:</strong> 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 Federally Qualified Health Centers, family members and caregivers, and pharmacies.</td>
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<tr>
<td>5. <strong>Access to health care:</strong> Hospitals should be partnering with business community, churches, schools, universities and allied health training programs, the emergency medical services system, the Milwaukee Health Care Partnership ED Care Coordination Initiative, community based organizations, state and local government, health care providers and health systems, disease-related non-profits, the Milwaukee Area Health Education Center, community health workers, CORE/EI Centro, transportation providers, FQHC and free clinics, HMOs, the Department on Aging, long-term care providers and health departments.</td>
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**Partners & Contracts:** This shared key informant interview report is sponsored by the Milwaukee Health Care Partnership and Milwaukee’s five health systems, in collaboration with the twelve municipal health departments in Milwaukee County. The report was prepared by the Center for Urban Population Health.
## West Allis/West Milwaukee Community Health Survey Summary


### Overall Health

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<td>West Allis/West Milwaukee</td>
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<tr>
<td>Excellent</td>
<td>20%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
<td>15%</td>
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<tr>
<td>Very Good</td>
<td>42%</td>
<td>45%</td>
<td>49%</td>
<td>38%</td>
<td>35%</td>
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<tr>
<td>Fair or Poor</td>
<td>12%</td>
<td>13%</td>
<td>18%</td>
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<td>21%</td>
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### Vaccinations (65 and Older)

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<td>West Allis/West Milwaukee</td>
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<tr>
<td>Flu Vaccination (past year)</td>
<td>82%</td>
<td>72%</td>
<td>60%</td>
<td>64%</td>
<td>74%</td>
</tr>
<tr>
<td>Pneumonia (ever)</td>
<td>67%</td>
<td>60%</td>
<td>73%</td>
<td>78%</td>
<td>75%</td>
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### Health Care Coverage

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<td>West Allis/West Milwaukee</td>
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<tr>
<td>Not Covered</td>
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<td>Personally (currently)</td>
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<td>Household Member (past 12 months)</td>
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<td>Other Research: (2012)</td>
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### Health Conditions in Past 3 Years

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<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>High Blood Cholesterol</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Asthma (Current)</td>
<td>5%</td>
<td>8%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Heart Disease/Condition</td>
<td>5%</td>
<td>7%</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
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### Did Not Receive Care Needed

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<tr>
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<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>High Blood Pressure</td>
<td>95%</td>
<td>95%</td>
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<tr>
<td>High Blood Cholesterol</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
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</tr>
<tr>
<td>Asthma (Current)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
<tr>
<td>Heart Disease/Condition</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
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### Health Information and Services:

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<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Routine Procedure:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cholesterol Test (4 years or less)</td>
<td>78%</td>
<td>72%</td>
<td>78%</td>
<td>72%</td>
<td>78%</td>
</tr>
<tr>
<td>Dental Checkup (past year)</td>
<td>63%</td>
<td>68%</td>
<td>63%</td>
<td>68%</td>
<td>63%</td>
</tr>
<tr>
<td>Primary Source for Health Information</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Other Research:</td>
<td></td>
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### Preventive Services: Exclusions

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<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening in Recommended Time Frame</td>
<td>57%</td>
<td>60%</td>
<td>68%</td>
<td>68%</td>
<td>64%</td>
</tr>
<tr>
<td>Other Research:</td>
<td></td>
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### Community Health Survey—2015

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<table>
<thead>
<tr>
<th>Women's Health</th>
<th>Alcohol Use in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammmogram (35+; within past 2 yrs)</td>
<td>87% 78% 77% 76% 76%</td>
</tr>
<tr>
<td>Bone Density Scan (65 and older)</td>
<td>75% 79% 89% 90% 99%</td>
</tr>
<tr>
<td>Pap Smear (18 or 65; within past 3 yrs)</td>
<td>94% 88% 87% 89% 89%</td>
</tr>
<tr>
<td>HPV Test (18 or 65; within 5 yrs)</td>
<td>66%</td>
</tr>
<tr>
<td>Screening in Recommended Time Frame</td>
<td>(18-29 Pap every 3 yrs, 30 to 65 Pap and HPV every 5 yrs or Pap only every 3 yrs)</td>
</tr>
<tr>
<td>Other Research: (2013)</td>
<td>HT U.S.</td>
</tr>
<tr>
<td>HT</td>
<td>U.S.</td>
</tr>
<tr>
<td>Mammogram (10-19; within past 2 yrs; 2010)</td>
<td>33% 31%</td>
</tr>
<tr>
<td>Pap Smear (18-25; within past 3 yrs; 2010)</td>
<td>88%</td>
</tr>
<tr>
<td>Tobacco Cigarette Use</td>
<td>Marijuana</td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2006 2009 2012 2015</td>
</tr>
<tr>
<td>Current Smokers (past 30 days)</td>
<td>30% 20% 28% 29% 22%</td>
</tr>
<tr>
<td>Of Current Smokers...</td>
<td>Distracted Driving</td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2015</td>
</tr>
<tr>
<td>Quit Smoking 1 Day or More in Past Year</td>
<td>Wished to Quit Smoking 1 Day or More in Past Year</td>
</tr>
<tr>
<td>Tried to Quit (2006)</td>
<td>49% 50% 50% 50% 50%</td>
</tr>
<tr>
<td>Exposure to Smoke</td>
<td>Mental Health Status:</td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2006 2011 2015</td>
</tr>
<tr>
<td>Smoking Policy at Home</td>
<td>Felt Sad, Blue or Depressed</td>
</tr>
<tr>
<td>Not allowed anywhere</td>
<td>68% 75% 77% 77% 77%</td>
</tr>
<tr>
<td>Allowed in some places at some times</td>
<td>12% 10% 10%</td>
</tr>
<tr>
<td>Allowed anywhere</td>
<td>3% 4% 2% 2% 2%</td>
</tr>
<tr>
<td>No risks inside home</td>
<td>17% 11% 11% 11% 11%</td>
</tr>
<tr>
<td>No smokers exposed to second-hand smoke</td>
<td>No No one</td>
</tr>
<tr>
<td>Smoking Ban in Public</td>
<td>Preventive Care (past 12 months)</td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2012 2015</td>
</tr>
<tr>
<td>Electronic Cigarettes</td>
<td>4% 4% 4% 4% 4%</td>
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<tr>
<td>Cigars, Cigarillos or Little Cigars</td>
<td>4% 4% 4% 4% 4%</td>
</tr>
<tr>
<td>Smokeless Tobacco</td>
<td>2% 2% 2% 2% 2%</td>
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<tr>
<td>Other Tobacco Products in Past Month</td>
<td>Dental Care</td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2015</td>
</tr>
<tr>
<td>Children ages 5 to 17 Years Old</td>
<td>8% 8%</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>50% 50% 50% 50% 50%</td>
</tr>
<tr>
<td>Mental Health or Depression</td>
<td>24% 24% 24% 24% 24%</td>
</tr>
<tr>
<td>Violence</td>
<td>58% 58% 58% 58% 58%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>22% 22% 22% 22% 22%</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>27% 14% 27% 27% 27%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>2% 3% 2% 3% 2% 3%</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>2% 3% 2% 3% 2% 3%</td>
</tr>
<tr>
<td>Top Community Health Issues:</td>
<td></td>
</tr>
<tr>
<td>Alcohol or Drug Use</td>
<td>54% 65% 54% 65% 54% 65%</td>
</tr>
<tr>
<td>Chronic Diseases</td>
<td>50% 50% 50% 50% 50% 50%</td>
</tr>
<tr>
<td>Mental Health or Depression</td>
<td>24% 24% 24% 24% 24% 24%</td>
</tr>
<tr>
<td>Violence</td>
<td>58% 58% 58% 58% 58% 58%</td>
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</tr>
<tr>
<td>Infant Mortality</td>
<td>2% 3% 2% 3% 2% 3%</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>2% 3% 2% 3% 2% 3%</td>
</tr>
<tr>
<td>Personal Safety in Past Year</td>
<td>8% 5% 8% 5% 8% 5%</td>
</tr>
<tr>
<td>Pushed, Kicked, Slapped, or Hit</td>
<td>2% 2% 2% 2% 2% 2%</td>
</tr>
<tr>
<td>At Least One of the Safety Issues</td>
<td>7% 9% 7% 9% 7% 9%</td>
</tr>
</tbody>
</table>
Overall Health and Health Care Key Findings:
In 2015, 50% of respondents reported their health as excellent or very good; 21% reported fair or poor. Respondents who were 55 and older, in the bottom 40 percent household income bracket 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, 3% of respondents reported they were not currently covered by health care insurance. Twelve percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents 18 to 34 years old or with some post high school education were more likely to report this. Thirteen 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 while the overall percent statistically remained the same for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically remained the same 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 male, 18 to 44 years old or in the top 40 percent household income bracket 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; married respondents were more likely to report this. Eleven percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents who were male or 45 to 54 years old were more likely to report this. Eighteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were 35 to 44 years old or married were more likely to report they did not receive the dental care needed. Three percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported an unmet medical need, unmet dental need or unmet mental health need in the past 12 months.

In 2015, 48% of respondents reported they contact their doctor when they need health information while 30% reported they go to the Internet. 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 male, 18 to 44 years old, with some post high school education, in the top 40 percent household income bracket or married were more likely to report the Internet as their source for health information. Eighty-five 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 or with some post high school education were more likely to report a primary care physician. Seventy-nine percent of respondents reported their primary place for health services was from a doctor’s or nurse practitioner’s office; respondents 45 to 54 years old or 65 and older were more likely to report this. Thirty-seven percent of respondents had an advance care plan; respondents 65 and older or with a high school education or less 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 for health information was the Internet. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their source for health information was their doctor. From 2006 to 2015, there was no statistical change 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, 83% of respondents reported a routine medical checkup two years ago or less while 80% reported a cholesterol test four years ago or less. Fifty-nine percent of respondents reported a visit to the dentist in the past year while 53% reported an eye exam in the past year. Respondents who were female, 45 to 54 years old, 65 and older or in the middle 20 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents 35 and older were more likely to report a cholesterol test four years ago or less. Respondents who were female, 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 65 and older, with some post high school education, in the top 40 percent household income bracket or married respondents 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 routine checkup two 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 cholesterol test four years ago or less or an eye exam in the past year.

In 2015, 47% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report a flu vaccination. Seventy-nine percent of respondents 65 and West Allis/West Milwaukee Community Health Survey Summary—2015
older had a pneumonia vaccination in their lifetime. From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 and older as well as for respondents 65 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 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 pressure (25%) or high blood cholesterol (22%). Respondents 65 and older, with a high school education or less, in the bottom 40 percent household income bracket, who were overweight or inactive were more likely to report high blood pressure. Respondents who were female, 65 and older, in the bottom 40 percent household income bracket, unmarried or overweight were more likely to report high blood cholesterol. Sixteen percent reported a mental health condition; respondents who were female, 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this. Nine percent of respondents reported they were treated for, or told they had heart disease. Respondents who were female, 65 and older or inactive were more likely to report heart disease/condition. Nine percent reported diabetes; respondents who were 65 and older, overweight, inactive or nonsmokers were more likely to report diabetes. Twelve percent reported current asthma; respondents 45 to 54 years old were more likely to report this. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported current asthma. 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 diabetes. 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 decrease in the overall percent of respondents who reported their heart disease/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, mental health condition, diabetes or current asthma was under control.

In 2015, 10% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Four percent of respondents felt so overwhelmed they considered suicide in the past year; respondents in the bottom 40 percent household income bracket 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 55 to 64 years old, in the bottom 40 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, they considered suicide in the past year or they seldom/near find meaning and purpose in daily life.

Behavioral Risk Factors: Key Findings:
In 2015, 35% of respondents did moderate physical activity five times a week for 30 minutes while 33% did vigorous activity three times a week for 20 minutes. Combined, 47% met the recommended amount of physical activity; respondents with a college education, in the middle 20 percent household income bracket, who were unmarried or not overweight were more likely to report this. Seventy-four percent of respondents were classified as overweight. Respondents who were male, in the top 40 percent household income bracket or who did not meet the recommended amount of physical activity were more likely to be overweight. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was 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, 66% of respondents reported two or more servings of fruit while 39% reported three or more servings of vegetables on an average day. Respondents who were in the top 60 percent household income bracket, married or who did at least some amount of physical activity were more likely to report at least two servings of fruit. Respondents who were 18 to 34 years old, in the middle 20 percent household income bracket or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Fifty-four percent of respondents reported they often read the labels of new food products they purchase, respondents who were female, 45 to 54 years old or not overweight were more likely to report this. Seventy-eight percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents with a college education, in the bottom 40 percent household income bracket, who were married or had a child in the household 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, 76% 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. Eighty-nine percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Sixty-six percent of respondents 18 to 65 years old reported an HPV test within the past year.
five years. Ninety-one 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 top 40 percent household income bracket or married were more likely to meet the recommendation. From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was 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 15 to 65 years old who reported having a pap smear within the past three years.

In 2015, 16% 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 65% reported a colonoscopy within the past ten years. This result in 68% 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 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, 22% of respondents were current tobacco cigarette smokers; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to be a smoker. In the past 12 months, 37% of current smokers quit smoking for one day or longer because they were trying to quit. Sixty-seven 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 2005 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, 77% of respondents reported smoking was not allowed anywhere inside the home. Respondents who were in the middle 20 percent household income bracket or nonsmokers were more likely to report smoking is not allowed anywhere inside the home. Nineteen percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days; respondents who were male, with a high school education or less, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report 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, 4% of respondents used electronic cigarettes in the past month; respondents with a high school education or less were more likely to use electronic cigarettes. Four percent of respondents used cigars, cigarillos or little cigars in the past month; respondents who were male, with some post high school education, in the top 40 percent household income bracket or married were more likely to report this. Two percent of respondents used smokeless tobacco in the past month.

In 2015, 32% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old or in the top 40 percent household income bracket were more likely to have binged at least once in the past month. Less than 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 passengers 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 households with children were more likely to report this. Two percent of respondents each reported someone in their household experienced a problem with marijuana, cocaine/heroin/other street drugs or gambling. Less than one percent of respondents reported someone in their household experienced a 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, 20% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 54% reported zero times. Respondents who were male, 18 to 44 years old, with some post high school education or in the West Allis West Milwaukee Community Health Survey Summary—2015
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 40 percent household income bracket or unmarried were more likely to report being distracted by technology zero times. Twenty-two percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 43% reported zero times. Respondents 18 to 34 years old, with some post high school education or in the top 40 percent household income bracket 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, 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, 5% of respondents reported someone made them afraid for their personal safety in the past year, respondents who were female or with at least some post high school education were more likely to report this. Two percent of respondents reported they had been pushed, kicked, slapped or hit in the past year. A total of 5% reported at least one of these two situations; female respondents 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-seven percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 97% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Six percent of respondents reported there was a time in the past 12 months their child did not receive the medical care needed while 3% each reported their child did not receive the medical care needed or their child was not able to visit a specialist they needed to see. Eleven 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 percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 20% reported three or more servings of vegetables. Sixty-eight percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Five 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. Forty-four percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 40% reported verbal bullying, 5% cyber bullying and 2% reported physical 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 visited their personal doctor for preventive care in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting they had asthma. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child was seldom or never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their 5 to 17 year old child ate two or more servings of fruit on an average 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 reporting 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 increase in the overall percent of respondents who reported in the past year their child was bullied overall. 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, physically or cyber bullied.

Community Health Issues Key Findings:
In 2015, respondents were asked to pick the top three health issues in West Allis/West Milwaukee out of eight listed. The most often cited were alcohol/drug use (65%), chronic diseases (60%), mental health/depression (36%) and violence (32%). Respondents 35 to 44 years old or in the top 40 percent household income bracket were more likely to report alcohol/drug use as a top health issue. Respondents 18 to 34 years old were more likely to report chronic diseases. Respondents 18 to 34 years old, 45 to 54 years old, with a college education, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report mental health/depression.Respondents who were female, 55 to 64 years old, in the middle 20 percent household income bracket or married were more likely to report violence. Fifteen percent reported infectious diseases; respondents who were 18 to 34 years old or unmarried were more likely to report this. Seventeen percent of respondents reported teen pregnancy as a top issue; respondents who were 45 to 54 years old, in the top 60 percent household income bracket or married were more likely to report this. Three percent 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 alcohol/drug use, 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 teen pregnancy, infectious diseases, 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 lead poisoning.
Appendix E | Evaluation of Impact

Focus | Access to care

**Intended Impact**

- Uninsured and Medicaid-eligible patients currently relying on our ED for primary care services, chronic disease management and dental care are transitioned to a medical home
- Uninsured patients are transitioned into health insurance plans within the Marketplace that meet their needs

**Actions Taken Timeline**

- Sep 14: Marketplace info-graphic distributed
- Nov 14: Open Enrollment flyer distributed to all West Allis residences


**Results**

**2014**

- 318 individuals with non-emergent Emergency Department (ED) visits were placed with a medical home within 28 days of their ED visit
- 1,281 uninsured ED patients screened for financial assistance programs
- 407 Medicaid applications completed for uninsured ED patients
- 413 Helping Hands applications completed for uninsured ED patients
- 59 uninsured ED patients identified and referred to the Marketplace for insurance

**2015**

- 148 individuals with non-emergent Emergency Department (ED) visits were placed with a medical home within 28 days of their ED visit

**Percentage of West Allis-West Milwaukee Residents With Insurance Coverage**

- **2012**
  - Personally (current): 92%
  - Personally (past 12 months): 90%
  - Household member (past 12 months): 87%

- **2015**
  - Personally (current): 97%
  - Personally (past 12 months): 88%
  - Household member (past 12 months): 87%
Focus | Access to care

Intended Impact
Residents will:
- Gain competencies in accessing effective, quality health care in a timely manner from the appropriate medical provider
- Learn to advocate for their own health needs

Actions Taken Timeline

Results

2014
- 51 participants attended advanced directive community outreach events
- 76 caregivers received “How to have a conversation about advanced directives” training

2015
- 350 individuals educated on Advance Care Plans at outreach events
- 32,000 households received “Path to Better Health” educational flyer on the list of recommended preventive health screenings
- 446 copies of “A Road to Better Health Care” and CMS’s “From Coverage to Care” booklet distributed in the community

Percentage of Transition Patients with Power of Attorney on Chart
Focus | Workplace Wellness

Intended Impact

- Employers in West Allis will add to or expand their employee wellness programs
- Employees and local residents will be more greatly aware of and knowledgeable about their body weight, blood pressure, and blood glucose and lipid levels

Actions Taken Timeline

- Oct 14: Initiated development of Point of Decision Campaign
- Aug 15: Recruited 10 businesses to join Well City USA Initiative
- Nov 15: Submitted and awarded Well City USA grant for West Allis


Results

2014
- 50 participants attended Senior Center’s Healthy Eating presentation
- 50 participants attended Know Your Numbers blood pressure and glucose screenings
- 18 employers attended three-part Workplace Wellness educational series

2015
- 24 individuals representing 16 businesses attended three-part Workplace Wellness educational series
Focus | Teen Pregnancy

Intended Impact
- Improved birth outcomes for babies born to pregnant teens enrolled at Shared Journeys charter school
- 100% graduation rates of pregnant teens enrolled at Shared Journeys charter school
- Graduates of Shared Journeys charter school are able to secure and maintain employment to support their infants or enroll in post-secondary education

Results
Of the students enrolled in Shared Journeys charter school:

**2014**
- 82.4% delivered full-term babies
- 94.1% initiated breastfeeding
- 100% graduated with a high school diploma
- 75% enrolled in post-secondary education; 25% obtained employment
- 35 participated in Sexual Wellness classes

**2015**
- 90.9% delivered full-term babies
- 100% initiated breastfeeding
- 100% graduated with a high school diploma
- 83% enrolled in post-secondary education
Focus | Senior Care

Intended Impact
- A reduction in unnecessary and traumatic hospital re-admissions for at-risk frail older adults with chronic conditions, co-morbidities
- Frail older adult patients with chronic conditions are connected to resources to achieve better outcomes and optimal lifestyle independence

Actions Taken Timeline

Results
- 184 referrals processed by transitional care nurses in 2014
- 716 referrals processed by transitional care nurses in 2015

Percentage of Seniors Readmitted Within 30 Days of Discharge for Pneumonia, Heart Failure, and COPD
Focus | Caregivers

Intended Impact
- Unpaid personal home caregivers will be recognized, validated and supported in their roles
- Increase in caregiver self-efficacy (reported increase in confidence to perform caregiving duties and commitment to self-care behaviors)

Return on Investment:
For each month an individual remains in their Milwaukee home, it saves the taxpayer $4,128 in assisted living care costs.60

Actions Taken Timeline

Results
2014
76 family caregivers participated in the 4th Annual Recognition, Renewal and Care for Caregivers event
- 42 blood pressure screenings provided to family caregivers
- 35 anxiety/depression screenings administered to family caregivers

2015
46 family caregivers participated in the 5th Annual Recognition, Renewal and Care for Caregivers event
- 88% of the participants reported that they were likely to engage in self-care activities as a result of attending the Caregivers event
- 20 blood pressure screenings provided to family caregivers

Focus | Chronic Diseases

<table>
<thead>
<tr>
<th>Intended Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved health status and positive self-care behaviors for individuals with chronic disease (e.g., heart disease, asthma, diabetes) who enroll in a Healthy Living or Living Well program</td>
</tr>
</tbody>
</table>

Actions Taken Timeline

<table>
<thead>
<tr>
<th>Jan 14</th>
<th>Mar 14</th>
<th>Mar 15</th>
<th>Sep 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnered on Healthy Living with Diabetes program</td>
<td>Conducted Living Well with Chronic Conditions program</td>
<td>Conducted Living Well with Chronic Conditions program</td>
<td>Conducted Living Well with Chronic Conditions program</td>
</tr>
</tbody>
</table>


Results

2014

• 80% of participants enrolled in the Healthy Living with Diabetes program completed all session
• 80% of participants enrolled in the Living Well with Chronic Conditions program completed all sessions

2015

• 86.2% of participants enrolled in the Living Well with Chronic Conditions program completed all sessions
  • 100% of participants reported improvement on health status, self-efficacy, self-management behaviors and health care utilization six months after starting the program
Focus | Cancer survivorship

**Intended Impact**
- Participants will make lifestyle changes to achieve and maintain optimal health and reduce risk factors for cancer recurrence specifically.
- Participants will achieve 7% weight loss and engage in a minimum of 150 minutes of physical activity per week.

**Results**

**2014**
- 17 cancer survivors completed phase I of the Living Well Beyond Cancer program
- 31 cancer survivors completed phase II of the Living Well Beyond Cancer program

**2015**
- 31 cancer survivors completed phase I of the Living Well Beyond Cancer program
- 13 cancer survivors completed phase II of the Living Well Beyond Cancer program

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**Percentage of Cancer Survivors Achieving 150 Minutes of Weekly Exercise Through Phase II**

Year 2014: 100%
Year 2015: 75%

**Average Decrease in Fasting Blood Glucose Level of Cancer Survivors Through Phase II**

Year 2014: 6.0
Year 2015: 2.6

**Average Percentage Weight Loss of Cancer Survivors Through Phase II**

Year 2014: 5.0%
Year 2015: 2.6%