# 2013 Community Health Needs Assessment Report

## 2014 Implementation Strategy

### Table of Contents

**Introduction |** Aurora Health Care ................................................................. 3

**Part I |** Aurora West Allis Medical Center ...................................................... 4

**Part II |** Aurora West Allis Medical Center 2013 Community Health Needs Assessment (CHNA) Report ........................................................................................................ 5 – 21

   **Section 1|** Community Served: City of West Allis and Village of West Milwaukee ........ 5 – 6

   **Section 2|** How the Community Health Needs Assessment (CHNA) was conducted ...... 7 – 9

   **Section 3|** Significant health needs of the community identified through the CHNA ...... 10 – 19

   **Section 4|** Prioritized significant health needs (and reasons for not addressing significant health needs) ........................................................................................................ 20 – 21

**Part III |** 2014 Aurora West Allis Medical Center Implementation Strategy .................. 22 – 32

   **Introduction** ........................................................................................................ 22

   **Priority 1 |** Access ............................................................................................... 23 – 24

   **Priority 2 |** Community Health Improvement ....................................................... 25 – 27

   **Priority 3 |** Community Benefit Hospital Focus ................................................... 28 – 32

**Appendix A |** West Allis-West Milwaukee Community Health Survey Report (Source #1 description) ........................................................................................................ 33

**Appendix B |** Secondary Data Report: A summary of secondary sources related to health in Milwaukee County (2012-2013) (Source #2 description) .................................................................................. 34 – 35

**Appendix C |** Key Informant Interview Report: A summary of key informant interviews and focus groups in Milwaukee County (2012-2013) (Source #3 description) .................................................................................. 36 – 39

**Appendix D |** West Allis-West Milwaukee Community Health Survey Summary ................. 40 – 45
Introduction | Aurora Health Care

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

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

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

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

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

- **Aurora Psychiatric Hospital** – This innovative hospital has been providing quality behavioral health care since 1884. People of all ages are served with inpatient and residential programs as well as outpatient offerings during the day and evenings. Aurora Psychiatric Hospital also hosts Kradwell School, one of Southeastern Wisconsin’s only specialty schools for children and adolescents who have behavioral health issues.

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

<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>
<tr>
<td>North Shore Health Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Oak Creek Health Department</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>St. Francis Health Department</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>South Milwaukee Health Department</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Wauwatosa Health Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>West Allis-West Milwaukee 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](http://www.aurora.org/commbenefits).
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. In 1997 and 1998 our hospital underwent a major remodeling project that enabled us to offer private rooms to all of our patients.

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 cardiology, digestive diseases, cancer, orthopedics, and wound care and hyperbaric medicine. 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.

In 2013, U.S. News & World Report ranked Aurora West Allis Medical Center as the #3 hospital in Wisconsin and the #2 hospital in the Milwaukee Metro region, and in the top 50 hospitals in the United States for Gynecology.

Who we serve
Located in the heart of West Allis, Wisconsin, just minutes off interstate 894 and only 15 minutes from anywhere 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 University of Wisconsin Medical Group Clinics, Aurora Family Service, Aurora Behavioral Health Services and Aurora Visiting Nurse Association.

Aurora West Allis Medical Center by the numbers (2012)
- 204 hospital beds
- More than 105,800 outpatient visits
- More than 26,800 emergency department visits
- More than 8,000 surgical cases (inpatient and outpatient)
- More than 3,600 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 click here.

Anchoring the community - Economic Impact
A report by the University of Wisconsin-Milwaukee found that Aurora Health Care’s economic impact is substantial in every county in which its hospitals, clinics and other ambulatory facilities operate. When all multiplier effects are calculated, Aurora’s economic impact accounts for an estimated 5.5 percent of all employment and 6.3 percent of total payroll in metro Milwaukee.

When all multiplier effects are calculated, Aurora West Allis Medical Center accounts for $379.55M in output/revenues, $105.97M in earnings and 2,858 jobs.

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-West Milwaukee Health Department to conduct Community Health Assessments and Community Health Improvement Plans.

Both West Allis and West Milwaukee, located in Milwaukee County, have become relatively homogenous communities with a joint health department and 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>60,411</td>
<td>4,206</td>
<td>947,735</td>
<td>5,686,986</td>
</tr>
<tr>
<td>Median Age (years)*</td>
<td>37.7</td>
<td>34.7</td>
<td>33.6</td>
<td>38.5</td>
</tr>
</tbody>
</table>

### Race*

<table>
<thead>
<tr>
<th>Race</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>White (non-Hispanic)</td>
<td>86.7%</td>
<td>69.4%</td>
<td>60.6%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>3.6%</td>
<td>10.2%</td>
<td>26.8%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.0%</td>
<td>3.2%</td>
<td>3.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>1.1%</td>
<td>0.8%</td>
<td>0.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Some other race</td>
<td>3.6%</td>
<td>12.1%</td>
<td>5.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>9.6%</td>
<td>25.4%</td>
<td>13.3%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

### Age*

<table>
<thead>
<tr>
<th>Age</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>0-14 years</td>
<td>17.2%</td>
<td>19.2%</td>
<td>20.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>15-44 years</td>
<td>41.7%</td>
<td>44.7%</td>
<td>43.7%</td>
<td>39.2%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>26.5%</td>
<td>26.4%</td>
<td>24.1%</td>
<td>27.7%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>14.6%</td>
<td>9.6%</td>
<td>11.5%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

### Education level of adults 25 years and older**

<table>
<thead>
<tr>
<th>Education Level</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>Less than high school degree</td>
<td>10.5%</td>
<td>14.7%</td>
<td>14.8%</td>
<td>10.2%</td>
</tr>
<tr>
<td>High school degree</td>
<td>37.1%</td>
<td>39.7%</td>
<td>30.0%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Some college/associates</td>
<td>32.2%</td>
<td>29.2%</td>
<td>28.1%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>20.2%</td>
<td>16.4%</td>
<td>27.1%</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

### Unemployment Rate Estimate***

<table>
<thead>
<tr>
<th>Percent of those ages 16 or older who are unemployed (estimate)</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>8.5%</td>
<td>2.2%</td>
<td>10.0%</td>
<td>7.1%</td>
<td></td>
</tr>
</tbody>
</table>

### Median household income (estimate)****

<table>
<thead>
<tr>
<th>(2011 inflation-adjusted dollars)</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>$44,200</td>
<td>$39,958</td>
<td>$43,397</td>
<td>$52,374</td>
<td></td>
</tr>
</tbody>
</table>

### Percent below poverty in the last 12 months (estimate)****

<table>
<thead>
<tr>
<th>Percent below poverty in the last 12 months (estimate)</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>12.6%</td>
<td>16.9%</td>
<td>19.9%</td>
<td>12.0%</td>
<td></td>
</tr>
</tbody>
</table>

* U.S. Census Bureau 2010 Demographic Data, DP-1
** American Community Survey. 2007-2011 5-year Estimates, DP02
*** American Community Survey. 2007-2011 5-year Estimates, DP03
**** American Community Survey. 2007-2011 5-year Estimates, S2301

Note: Some totals may be more or less than 100% due to rounding or response category distribution.
Section 2 | How the Community Health Needs Assessment (CHNA) was conducted

Partnership
Aurora Health Care is a member of the Milwaukee Health Care Partnership (the Partnership) www.mkehcp.org, a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee’s five health systems and the Milwaukee Health Department, along with the other municipal health departments in Milwaukee County, aligned resources to complete a shared community health needs assessment (CHNA) in 2013. Supported by additional data collection and analysis from the Center for Urban Population Health, www.cuph.org, this robust community-wide CHNA includes findings from a community health survey of over 1,900 adults, key informant interviews and multiple secondary data sources. This shared CHNA serves as the foundation for Aurora Health Care and its five hospitals located in Milwaukee County to implement strategies to improve health outcomes and reduce disparities.

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

Purpose and process of the shared Community Health Needs Assessment
From 2012 – 2013, a shared community health needs assessment (CHNA) was conducted to 1) determine current community health needs in West Allis-West Milwaukee, 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.
Data collection and analysis
Quantitative data was collected through primary (city-specific) and secondary (county-level) sources and was supplemented with qualitative data gathered through key informant interviews and focus groups. This community health needs assessment includes county-level data since it provides pertinent information for assessing the community health needs for West Allis-West Milwaukee. Different data sources were collected, analyzed and published at different intervals and therefore the data years (e.g., 2010, 2012) will vary in this report. The most current data available was used for the CHNA.

The core data sources for the CHNA include:

Quantitative data sources
Source #1 | 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 June 20 and August 27, 2012, and analyzed and posted in 2013. This comprehensive phone-based survey gathers specific data on behavioral and lifestyle habits of the adult population and select information about child health. 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 objectives are presented for each indicator. The report was prepared by the Center for Urban Population Health. For further description see Appendix B.

Qualitative data source
Source #3 | Key Informant Interview Report
Forty-one individual key informant interviews and five focus groups were conducted between August and December 2012. Each key informant was asked to rank order the top 3 to 5 major health-related issues for Milwaukee County, based on the focus areas presented in Wisconsin’s State Health Plan, Healthiest Wisconsin 2020. For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges addressing the issue, additional strategies needed and key groups in the community that hospitals should partner with to improve community health. Among the key informants were the health officers for the twelve municipal health departments in Milwaukee County, as well as leaders of academic centers, health coalitions, health 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 other Milwaukee County municipalities), and summaries for additional identified health issues. Moreover, the Key Informant Interview Report compiles an extensive listing of community assets and potential resources and partnerships identified to address community health issues (Appendix C). The report was prepared by the Center for Urban Population Health.
Additional sources of data and information used to prepare the Aurora West Allis Medical Center CHNA and considered when identifying significant community health needs:

**Source #4 | Wisconsin Cancer Facts & Figures (2011)**

**Source #5 | West Allis-West Milwaukee Community Health Improvement Plan (CHIP) 2011-2015**
The CHIP was prepared by the West Allis-West Milwaukee Health Department. The plan is available online at [http://www.westalliswi.gov/documentcenter/view/401](http://www.westalliswi.gov/documentcenter/view/401)

**Source #6 | 2011 West Allis-West Milwaukee Youth Risk Behavior Survey**
The 2011 West Allis-West Milwaukee Youth Risk Behavior Survey was administered in January 2011 to West Allis-West Milwaukee School District students in 8th – 12th grade. JKV Research, LLC analyzed the data. The survey report is available at [http://www.westalliswi.gov/DocumentCenter/View/407](http://www.westalliswi.gov/DocumentCenter/View/407)

**Source #7 | The Face of Aging in Milwaukee County (Third Edition) - Milwaukee County Department on Aging Demographic Report (2012)**
The Center for Urban Population Health, [www.cuph.org](http://www.cuph.org), was enlisted by the Milwaukee County Department on Aging to update The Face of Aging report. The report chronicles the changes of the aging community in Milwaukee County using secondary data. The Helen Bader Foundation provided funding to support the third edition of The Face of Aging. The report is available online at [http://county.milwaukee.gov/Aging](http://county.milwaukee.gov/Aging)
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>Healthiest Wisconsin 2020</td>
<td>“<em>Healthiest Wisconsin 2020</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 HW2020 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

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

Access

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

Unmet medical care | In 2012, 11% of adults reported they did not get the medical care they needed sometime in the past 12 months. Respondents who were female or 45 to 54 years old were more likely to report they did not get the medical care they needed (Source #1).

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

  Why is this significant? Unmet medical care can lead to further health complications and increase future costs. Access to medical care can detect and treat disease at an earlier stage, improve overall health, prevent disease and disability and reduce preventable deaths. ⁴

Unmet dental care | In 2012, 17% of adults reported they did not get the dental care they needed in the past 12 months. Respondents who were in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they did not get the dental care they needed (Source #1).

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

  Why is this significant? Unmet dental care can increase the likelihood for oral disease, ranging from cavities to oral cancer, which can lead to pain and disability. Access to oral health services can prevent cavities, gum disease and tooth loss, improve the detection of oral cancer and reduce future dental care costs. ⁵

Unmet prescription medication | In 2012, 11% of adults reported someone in their household had not taken their prescribed medication due to cost in the past 12 months (Source #1).

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

  Why is this significant? Lack of access to prescribed medication can decrease medication adherence and reduce self-management of chronic diseases and other health issues. ⁶

---


Unmet mental health care | In 2012, 4% of adults reported they did not get the mental health care they needed sometime in the past 12 months. Respondents who were 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report they did not get the mental health care they needed in the last 12 months (Source #1).

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

Coverage

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

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

In 2012, 8% of adults reported they personally were not currently covered, an increase from 2003 (6%). Respondents who were male, 18 to 34 years old, with a high school education or less or unmarried were more likely to report they personally were not covered (Source #1).

In 2012, 10% of adults reported they personally did not have health care coverage at least part of the time in the past 12 months, a decrease from 2009 (15%). Respondents who were male, 18 to 34 years old, with a high school education or less or unmarried were more likely to report not being personally covered at least part of the time in the past 12 months (Source #1).

In 2012, 13% of adults reported a household member was not covered at least part of the time in the past year, a decrease from 2003 (18%). Respondents who were unmarried were more likely to report this (Source #1).

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

Chronic disease: asthma, diabetes, heart disease and cancer

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

### Asthma

In 2012, 11% of adults reported current asthma, an increase from 2003 (5%), and higher compared to the state (8%) and the United States (9%). Respondents in the middle 20 percent household income bracket (between $40,001 and $60,000) were more likely to report current asthma (Source #1). Note: the comparison to the state and U.S is based on the 2010 Behavioral Risk Factor Surveillance System.

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

### Diabetes

In 2012, 10% of adults reported diabetes in the past three years, up from 6% in 2003. Respondents who were 55 and older, overweight or inactive were more likely to report diabetes (Source #1).

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

### Heart disease or heart condition

In 2012, 10% of adults reported heart disease or heart condition in the past three years, a slight increase from 2003 (9%). Respondents who were 65 and older or in the bottom 40 percent household income bracket (less than $40,001) were more likely to report heart disease/heart condition (Source #1).

---


Why is this significant? The term “heart disease” refers to several types of heart conditions, such as coronary heart disease, which can lead to heart attack, angina, heart failure and arrhythmias. High blood pressure, high cholesterol and smoking are key risks for heart disease.\textsuperscript{11} In 2010, heart disease was a leading cause of death in Milwaukee County.\textsuperscript{12}

Cancer | In 2012, 4\% of adults reported cancer in the past three years, a slight increase from 2009 (3\%).

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, 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.\textsuperscript{13} In 2010, cancer was a leading cause of death in Milwaukee County.\textsuperscript{14}

Additionally, the 2004 -2008 Milwaukee County cancer incidence rate was 469.6 per 100,000, lower when compared to the state (510.3 per 100,000) (Source #2).

Based on the 2011 Wisconsin Cancer Facts & Figures, the 2003-2007 total number of cancer cases for Milwaukee County was 23,074 (all sites). There were 3,383 cases of lung and bronchus cancer, 3,132 cases of female breast cancer, 2,959 cases of prostate cancer, and 2,392 cases of colon and rectum cancer (Source #4).

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

Four modifiable health risk behaviors are responsible for the main share of premature death and illness related to chronic diseases: excessive alcohol consumption, tobacco use, poor nutrition and lack of physical activity.\textsuperscript{15}

\textsuperscript{13} Centers for Disease Control and Prevention – Cancer. Available at http://www.cdc.gov/cancer/dcpc/prevention/
Alcohol use | Alcohol and drug use was one of the top three community health issues reported by adults (Source #1).

In 2012, 30% of adults reported binge drinking in the past month, a considerable increase from 2003 (18%), and higher when compared to the state (22%), and the United States (15%). Respondents who were male, 45 to 54 years old, with some post high school education or in the top 40 percent household income bracket (at least $60,001) were more likely to report binge drinking at least once in the past month.

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

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

**Why is this significant?** Binge drinking is associated with an array of health problems including, but not limited to, unintentional injuries (e.g. car crashes, falls, burns, drowning), intentional injuries (e.g., firearm injuries, sexual assault, domestic violence), alcohol poisoning, sexually transmitted infections, unintended pregnancy, high blood pressure, stroke and other cardiovascular diseases, and poor control of diabetes. Binge drinking is extremely costly to society due to losses in productivity, health care, crime and other expenses. 16

Smoking | In 2012, 26% of adults reported cigarette smoking in the past 30 days (current smoker), down from 30% in 2003. Respondents who were male, 18 to 34 years old, with a high school education or less or who were unmarried were more likely to report being a current smoker (Source #1).

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

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

- The Healthy People 2020 target for smoking during pregnancy is no greater than 1.4%

**Why is this significant?** 90% of all deaths from chronic obstructive lung disease are caused by smoking. Smoking increases the risk of coronary heart disease, stroke and several types of cancer (acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, mouth, pancreatic, throat and stomach). 17 In 2010, cancer was a leading cause of death in Milwaukee County. 18 Additionally, research has shown that smoking during pregnancy can cause health problems for both mother and baby, such as pregnancy complications, premature birth, low birth weight infants and stillbirth. 19

---

Nutrition and physical activity | Based on the key informant interview findings, nutrition and physical activity emerged as one of the top five health issues for Milwaukee County (Source #3).

In 2012, 55% of adults reported engaging in recommended moderate or vigorous activity, up from 48% in 2006. 63% of adults reported eating the recommended fruit servings, while 25% of adults reported eating the recommended vegetable servings (Source #1).

Why is this significant? Inactive adults have a higher risk for coronary heart disease, type 2 diabetes, stroke, some cancers, depression and other health conditions. Good nutrition plays a vital role in maintaining weight and decreases the risk for high blood pressure and chronic diseases, such as diabetes and certain cancers.20

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

High blood pressure and high blood cholesterol | In 2012, 30% of adults reported high blood pressure and 26% of adults reported high cholesterol in the past three years, an increase from 2003 (25% and 19%, respectively). Respondents who were 65 and older or overweight were more likely to report high blood pressure. Respondents 65 and older, in the bottom 40 percent household income bracket (less than $40,001), overweight or nonsmokers were more likely to report high blood cholesterol (Source #1).

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

Why is this significant? High blood pressure increases the risk for heart disease and stroke. Likewise, high cholesterol is a risk factor for heart disease. Fortunately, there are ways to prevent high blood pressure and cholesterol or treat it if it is already high.21  In 2010, heart disease was a leading cause of death in Milwaukee County.22

---

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

In 2012, 70% of adults were classified as being overweight, an increase from 2003 (63%). Respondents who were male were more likely to be classified as overweight. Since 70% of adults in 2012 were classified as overweight, this means 30% of adults were classified as a healthy weight (Source #1).

- The *Healthy People 2020* goal for healthy weight is 34%

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 Centers for Disease Control is when a person’s body mass index (BMI) is greater or equal to 25.0. A BMI of 30.0 or more is considered obese. Body Mass Index is calculated by using kilograms/meter² (Source #1).

**Why is this significant?** Overweight and obesity can increase the risk for high blood pressure, high blood cholesterol, coronary heart disease, type 2 diabetes, stroke, some cancers and other health conditions.²³

Mental health

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

In 2012, 15% of adults reported a mental health condition (such as depression, anxiety disorder or post-traumatic stress disorder) in the past three years, the same as in 2009. Respondents who were female, in the bottom 40 percent household income bracket (less than $40,001) or unmarried were more likely to report a mental health condition (Source #1).

**Why is this significant?** Mental health conditions are extremely costly to society, due to diminished personal, social and occupational functioning. Mental health conditions are associated with chronic diseases such as cardiovascular disease, diabetes and obesity, and related to risk behaviors for chronic disease, such as physical inactivity, smoking and excessive drinking.²⁴

Suicide | In 2012, 5% of adults reported feeling so overwhelmed in the past year that they considered suicide, up from 2% in 2003. This means approximately 2,550 adults in West Allis-West Milwaukee may have considered suicide in the past year. Note: All respondents were asked if they have felt so overwhelmed that they considered suicide in the past year. The survey did not ask how seriously, how often or how recently suicide was considered (Source #1).

Additionally, in 2010, there were 116 suicides in Milwaukee County (12.2 per 100,000) (Source #2).

- The *Healthy People 2020* target is 10.2 per 100,000

**Why is this significant?** Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.²⁵

---


Teen pregnancy

Based on the West Allis-West Milwaukee Community Health Improvement Plan, in 2009, 19 of 886 West Allis-West Milwaukee births (2.1%) were to younger teens (<18 years) (Source #5). Although a small percent of births, teen pregnancy remains a significant health need in West Allis-West Milwaukee.

The West Allis – West Milwaukee Youth Risk Behavior Survey (YRBS) provides information on the health status and risk behaviors of 8th – 12th grade public high school students. The survey has been administered in 2004, 2005, 2007, 2009 and 2011. Based on the 2011 West Allis – West Milwaukee YRBS findings (Source #6):

- From 2004 to 2011, there was an increase in the overall percent of respondents who reported seldom or never using a birth control method (18% to 29%)
- From 2004 to 2011, there was a decrease in the overall percent of respondents who reported always using a birth control method (66% to 50%)
- From 2007 to 2011, there was a decrease in the overall percent of respondents who reported using a condom during their last sexual intercourse (68% to 57%)

Why is this significant? Teen pregnancy and childbearing can bring substantial social and economic costs through immediate and long-term impacts on the teen parents and their children.26

Senior health

The Face of Aging in Milwaukee County report chronicles the changes of the aging community in Milwaukee County (Source #7). Some of the key findings from the report:

- It is projected that the Milwaukee County older adult population will slightly increase over the next 30 years despite projections that the total population of Milwaukee County will decrease.
- The largest percent change in Milwaukee County population was shared across the 55-59 and 60-64 age categories, both of which experienced more than a 40% increase from 2000-2010. This increase is generally considered to be driven by the fact that the “baby boomer” generation (individuals born between 1946 – 1964) will be crossing into the older adult categories during this next decade.
- Milwaukee County older adults die at a slightly higher rate than their Wisconsin counterparts. Heart disease is the leading cause of death for Milwaukee County older adults, followed by cancer, chronic lower respiratory disease and stroke.

In this report, a few of the municipalities in Milwaukee County experienced a high percentage of change relative to their total population. The most noted was the City of Franklin, which experienced a 74% change of older adults population ages 60 and older from 2000-2010 (Source #6). Franklin is a few miles south of West Allis-West Milwaukee and within the service area of the Aurora West Allis Medical Center.

Among older populations there is an increase in health issues including, but not limited to, high blood pressure, high cholesterol levels, chronic disease, injuries and falls.

- In 2012, West Allis-West Milwaukee respondents 65 years and older were more likely to report high blood pressure, high cholesterol, diabetes and heart disease or heart condition (Source #1)
- In 2010, Milwaukee County’s injury hospitalization rate was 1,036.2 per 100,000, which was higher compared to the state (943.4 per 100,000) (Source #2)
  - The average patient age for injury hospitalizations in Milwaukee County was 57.3 years, average length of hospital stay was 5.7 days and average hospital charge was $37,441
  - The Healthy People 2020 target for injury hospitalizations is 555.8 per 100,000

Based on the West Allis- West Milwaukee Community Health Improvement Plan (CHIP), in 2009, there were 205 falls among residents 65 years of age or older (Source #5).

**Why is this significant?** Older adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain healthy, live independently and incur fewer health-related costs. An essential component to keeping older adults healthy is preventing chronic diseases and reducing associated complications. About 80% of older adults have one chronic condition and 50% have at least two.\(^{27}\)

Each year, one in every three adults age 65 and older falls. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. Fortunately, there are prevention strategies to reduce are falls and related injuries.\(^{28}\)


Section 4 | Prioritized significant health needs

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

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

During 2013, Aurora hospital facility leaders prioritized significant needs based on the following criteria:

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

Using this criteria, Aurora West Allis Medical Center has prioritized the significant health needs to address in its implementation strategy:

- Access and coverage
- Health risk factors – high blood pressure, high blood cholesterol and overweight/obesity
- Teen pregnancy
- Senior health
- Chronic disease
- Health risk behaviors – nutrition and physical activity
**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 a founding and sustaining partner of the Milwaukee Health Care Partnership, which is working to improve access to dental care. Additionally, there is important work being done through organizations within the community. Sixteenth Street Community Health Center, Children’s Health Alliance and Columbia St. Mary’s are currently addressing dental care for children and adults.

While clinical patient assessments are in place to identify and expediently refer persons with mental health needs seen in our Emergency Department, this is not addressed in the AWAMC implementation strategy since considerable work is already being done through Aurora Behavioral Health Services and Aurora Psychiatric Hospital. Furthermore, the focus on mental health is being addressed at the county level through the Milwaukee Health Care Partnership.

Aurora West Allis Medical is home to Aurora Women’s Pavilion where we provide a range of programs and support services for women in every stage of life. These ongoing programs cover important topics such as stress, incontinence, heart health, nutrition and exercise, midlife and menopause, sleep concerns, and parenting.

---

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

To submit written comments about the Community Health Needs Assessment (CHNA) report or request a paper version of the report, [click here](#).
Part III | Aurora 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. A full accounting of our community benefits are reported each year and can be found by visiting http://www.aurora.org/commbenefits.

Principal community health improvement tool: Community Partnerships

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

This Community Benefit Implementation Strategy was adopted by the Social Responsibility Committee of the Aurora Health Care Board of Directors on November 22, 2013.
Access • In 2012, 17% of adults reported unmet medical care, 11% reported someone in their household had not taken their prescribed medication due to cost, 11% reported unmet dental care and 4% reported unmet mental health care in last 12 months (CHNA Source #1) • Based on the key informant findings, access to health care services and health insurance coverage emerged as one of the top five health issues for Milwaukee County (CHNA Source #3)

The Healthy People 2020 health care coverage goal is 100%

Focus | Aurora Health Care signature community benefit focus is access

Principal partners • Aurora Advanced Healthcare (AAH) physician partners • Aurora Medical Group (AMG) • Aurora UW Medical Group (AUWMG) physician partners • Aurora Parish Nurse

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 - This community-wide emergency department initiative, ED to Medical Home Care Coordination Process, includes the following strategies: – Milwaukee County hospital EDs identify target populations, provide patient education and schedule appointments with medical homes – Using MyHealthDIRECT appointment scheduling technology, community health centers post open appointments. EDs schedule appointments electronically while the patient is at the hospital; and – Intake coordinators at community health centers reach out to patients prior to first appointment and attempt to reschedule if appointment is not kept – West Allis Health Department • West Allis-West Milwaukee Health Department
Target population

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

What we will do

To improve access for uninsured and Medicaid-eligible patients using our ED for primary and dental care we will:

- Provide staff assistance to navigate uninsured patients to medical homes in the Milwaukee area, including the Greater Milwaukee Free Clinic (GMFC), Aurora UW Medical Group clinics and Federally Qualified Health Centers
- Encourage AMG, AAH physician partners to accept GMFC patients referred for specialty services
- Provide in-kind imaging and lab services for patients referred from AAH and AMG physician partners and GMFC
- Promote financial support for GMFC through Aurora’s annual employee giving campaign
- Collaborate with the West Allis West Milwaukee Health Department’s “Access to Care” committee to:
  - Develop an easy-to-read information kit listing all available resources in Milwaukee County
  - Promote the benefits of becoming established with a medical home for primary and preventive care offered at AMG, AAH, AUWMG and Federally Qualified Health Centers
  - Provide printing for the above-referenced information kit
- Develop a tracking methodology for patients referred by our ED to medical homes

To improve coverage for uninsured and Medicaid-eligible patients using our ED for primary and dental care we will:

- Actively screen all uninsured patients for financial assistance programs, including Aurora’s Helping Hand Patient Financial Assistance program, and other safety net programs for which they qualify, and assist with application processes
- Through our specially trained financial advocates, inform and educate all uninsured patients at our hospital about the benefits of securing coverage through the Marketplace (the health insurance exchange) and provide assistance as needed
- Refer patients to Aurora parish nurses who assist community members with accessing the Marketplace (the health insurance exchange)

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

Measures to evaluate impact

- Baseline data on the number of patients (Medicaid-eligible and uninsured) who do not identify having a primary care provider during ED visit
- Number of referrals to a primary care provider (AAH, AMG, AUWMG, GMFC) for follow-up care
- Tracking plan developed and fully implemented to monitor show-rate of ED patients referred to primary care providers (medical home)
- Number of uninsured patients screened for financial assistance and number enrolled in programs (e.g. Aurora’s Helping Hand Patient Financial Assistance program) and the Marketplace (the health insurance exchange)
  - Measures include total scheduled appointments, total kept appointments (FQHC only), show rate (FQHC only, percent), number of scheduled appointments by AWAMC (per month), clinic appointment show rate for AWAMC (per month)
The 2011-2015 West Allis-West Milwaukee Community Health Improvement Plan (CHIP) identified nine health priorities for improving community health and developed committees to create and implement objectives for the community to complete by the year 2015.

**Community Benefit Core Principle:**
Build links between clinical services and community health improvement initiatives

---

**Focus | Access to care**
In order to access cost effective, quality health care in a timely manner from the appropriate medical provider, it is extremely important for health care consumers to learn to advocate for their own health care needs.\(^{29}\) Part of being a responsible consumer includes having an Advance Directive.

**Principal partners**
- Aurora Advanced Healthcare
- Aurora Medical Group

**Community partner**
- West Allis-West Milwaukee Health Department (WAWM HD)

**Target population**
- West Allis-West Milwaukee residents

**What we will do**
*To fulfill our role in supporting the WAWM HD Access to Care committee goal to launch a community campaign to educate residents on being responsible health consumers, we will:*  
- Develop a “train the trainer” module to be used by the committee and conduct initial trainings  
- Train staff at our hospital and clinics to coach new patients at all patient-access points

*To reinforce public awareness about Advance Planning within the context of being a responsible health care consumer, we will:*  
- Work with our physician offices to increase the number of signed Advance Directives within our own patient population

**Intended impact**
- West Allis-West Milwaukee 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

**Measures to evaluate impact**
- Number of newly completed Advance Directives across our patient population  
- Number of teaching tools developed and distributed (2015 measure)  
- Number of staff trained on the “train the trainer” module (2015 measure)  
- Number of clients or patients coached about being a responsible health consumer (2015 measure)

Focus | Healthy Lifestyle Committee – 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, each businesses’ “bottom line.” 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. \(^{30}\)

Community partners
- West Allis Chamber of Commerce
- West Allis-West Milwaukee Health Department (WAWM HD)

Target population
- West Allis-West Milwaukee businesses/employers

What we will do
*To fulfill our role in supporting the WAWM HD Healthy Lifestyles Workplace Wellness committee, we will:*
- Actively serve on the West Allis Chamber of Commerce Wellness Committee
- Provide outreach and resources to businesses in West Allis West Milwaukee on ways to initiate an employee wellness program
- Provide clinical content experts to Chamber of Commerce Wellness Committee to develop presentations (such as a dietician to develop a healthy eating presentation)
- Collaborate with the WAWM HD to implement a communitywide preventive “Know Your Numbers” health education and screening campaign, including measures of weight, blood pressure, fasting blood glucose and lipids

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

Measures to evaluate impact
- Education materials and resources developed for the employee wellness programs
- “Know Your Numbers” campaign is developed and implemented
- Number of employers engaged in this initiative
- Number of businesses that added or expanded employee wellness program (2015 measure)
- Number of people reached by the “Know Your Numbers” Campaign (2015 measures)

Focus | Healthy Lifestyles Committee – Teen pregnancy

Based on the West Allis–West Milwaukee Community Health Improvement Plan, in 2009, 19 of 886 West Allis-West Milwaukee births (2.1%) were to younger teens (<18 years).

Community partners

- **Shared Journeys** charter high school — Started in September 2012, this charter high school educates pregnant 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.
- West Allis-West Milwaukee School District

Target population

- Pregnant teens in the West Allis-West Milwaukee school system

What we will do

*To fulfill our role in supporting the Healthy Lifestyles Committee focus on pregnant teens, we will:*

- Serve on the Shared Journeys Charter School governance board
- For pregnant teens enrolled primarily at Shared Journeys charter school:
  - Provide childbirth education, breastfeeding and infant care classes located at our hospital
  - Provide education, work-development and job-skills mentoring at our hospital
- Commence an AWAMC physician-led planning committee to develop a sexual wellness class for female West Allis-West Milwaukee high school students. The curriculum will be centered on an evidence-based sexual education program implemented in Texas and will be taught by two AWAMC physicians

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

Measures to evaluate impact

- Percent of full-term deliveries to students enrolled in Shared Journeys charter school
- Percent of teens at Shared Journeys charter school who initiate breastfeeding
- Percent of teen mothers enrolled in Shared Journeys charter school who graduate
- Percent of teen mothers enrolled in Shared Journeys charter school who enroll in post-secondary education or job training
- Development and implementation of curriculum and evaluation tool for measuring the impact of the sexual wellness class
Focus | Senior care

Our Senior Resource Nurse program is a NICHE-designated, http://www.nicheprogram.org, non-billable, geriatric nurse-driven program to help our hospital improve the care of older adults treated within our system and also frail elderly persons referred from within our community. It was implemented by our hospital in 2007. In addition to Aurora West Allis Medical Center, this program operates at three other Aurora health facilities.

Principal partners

- Aurora’s Acute Care for the Elderly ACE Tracker – A daily snapshot (accurate as of the midnight census for the previous day) of current Aurora inpatients and observation patients aged 65 and older occupying beds at Aurora hospitals. This snapshot is compiled from data available within Smart Chart (our EMR) and used by our patient care managers, case managers, Senior Resource Nurse and interdisciplinary teams to identify those geriatric patients who are at highest risk for functional decline during hospitalization
- Aurora Medical Group (AMG) and Aurora Advanced Healthcare physicians in Milwaukee County who refer patients to our Senior Resource Nurse
- Aurora Parish Nurse

Community partners

Collaborators include multiple community agencies including, but not limited to:

- Interfaith Older Adult Programs
- Milwaukee County Department of Aging
- Local Senior Centers and Senior Housing

Target population

- Frail older adults with multiple health conditions, challenges

What we will do

To ensure a continuum of patient-centered, community based care for our older adult population with multiple chronic conditions, we will:

- Expand the capacity of our hospital-sponsored Senior Resource Nurse (SRN) Program by adding a second full-time geriatric resource nurse
- Assure that frail elderly persons referred to our SRNs are assessed for:
  - Behavioral health needs
  - Cognitive skills (using MoCA – Montreal Cognitive Assessment)
  - Family and social support
  - Home visits when possible
  - Nutrition needs
  - Pharmaceutical assistance program
  - Safe-At-Home or appropriate supportive placements

---

- Transportation needs for follow-up care

- Provide patient education and support for:
  - Advance Directives (Power of Attorney)
  - Family guidance and support services
  - Medication management, safety
  - Referral to appropriate resource

- Expand community awareness of special needs of frail elderly through outreach services including:
  - Community health screenings and education for early detection and intervention
  - Professional education to community based agencies and law enforcement
  - Senior resource nurse health professions education

**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

**Measures to evaluate impact**

*To continually monitor the impact of the SRN program, the following data will be tracked on a monthly basis:*

- Number of seniors served
- Number of successfully-avoided re-admissions for pneumonia, heart failure, MI, stroke, COPD, dementia, diabetes, hip and knee replacements. Note: measure from Project BOOST (Better Outcomes for Older Adults through Safe Transitions)
- Total referrals (by category – e.g. home assessments, office visits; hospital discharges)
- Number of Advance Directives (Power of Attorney) on file
The value of unpaid family caregivers will likely continue to be the largest source of long-term care services in the U.S., and the aging populations 65 years or older will more than double between the years of 2000 and 2030, increasing to 71.5 million from 35.1 million in 2000.  

Focus | Caregivers
A caregiver is an unpaid individual (a spouse, partner, family member, friend, or neighbor) involved in assisting others with activities of daily living and/or medical tasks. The close relationship between the caregiver and care recipient, and the challenges of providing direct care, can lead to psychological and physical stressors. This is why it is important for caregivers to develop self-care strategies and for us to provide the tools they need.

Principal partner
- Aurora Rehabilitation Services

Community partners
- First United Methodist Church of West Allis
- Mitchell Manor West Allis Senior Living Community
- Synergy HomeCare
- VMP Manor Park

Target population
- Unpaid caregivers of aging persons with chronic disease(s) in our service area

What we will do
*To support caregivers and address their emotional, psychological and physical challenges, we will*
- Provide our fourth annual Recognition, Renewal and Care for Caregivers event, a low-cost, annual interactive, daylong seminar for those caring for aging adults with long-term health conditions, such as stroke, Alzheimer’s/Parkinson disease, dementia, etc., with complimentary respite care available for the care-receivers
- Provide expert presentations and free health screenings
- Develop hands-on exhibits to help caregivers learn how to safely assist their loved ones

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)

Measures to evaluate impact
- Number of participants
- Number of health screenings completed
- Percent reporting confidence to perform caregiving duties and commitment to self-care behaviors
- Responses to a participant evaluation
- Feedback received via email

---

Focus | Chronic disease
In 2012, 11% of adults in West Allis West Milwaukee reported current asthma, 10% of adults reported diabetes and heart disease or heart conditions, and 4% of adults reported cancer. Chronic disease was one of the top three community health issues reported by adults (CHNA Source #1).

Principal partner
• Aurora Parish Nurses

Community partner
• Wisconsin Department of Health and Human Services

Target population
• Adults of any age with one or more chronic disease(s)

What we will do
To improve self-efficacy of persons in our community living with chronic disease(s) we will:
• Promote and present Living Well with Chronic Disease, Wisconsin’s implementation of the evidence-based Stanford Chronic Disease Self-Management Program
• Provide two workshops each year co-facilitated by two Aurora parish nurses specially trained through the state to implement the program at the local level. Each 2.5-hour session in the six-week program will cover:
  - Techniques to deal with frustration, fatigue, pain and isolation
  - Appropriate exercise for maintaining and improving strength, flexibility and endurance
  - Appropriate use of medications
  - Communicating effectively with family, friends and health professionals
  - Nutrition
  - Understanding and evaluating new treatments

Intended impact
• Improved health status and positive self-care behaviors for individuals with chronic disease (e.g. heart disease, asthma, diabetes) who enroll in program

Measures to evaluate impact
• Number of participants enrolled
• Number of participants who complete all six sessions; type of chronic condition(s) addressed
• Percent improvement (baseline to post six-months) on health status, self-efficacy, self-management behaviors and health care utilization
• Previous evaluations on the Living Well with Chronic Disease program
Focus | Cancer survivorship and healthy lifestyle
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.33

Principal partners
• Aurora Advanced Healthcare
• Aurora Medical Group

Community partner
• Wisconsin Athletic Club

Target population
• Survivors of all cancers who have completed active treatment

What we will do
To support cancer survivors in taking a more comprehensive approach to their health, we will:
• Provide the Living Well Beyond Cancer year-long program, a Lifestyle Management Program that incorporates nutrition education, a health club membership and exercise instruction, stress management, peer support and lifestyle coaching. The 12-month program is divided into two phases:

1. Phase one is conducted over a three month period and includes
   - Twelve weekly educational classes held at Wisconsin Athletic Club
   - Three-month membership to Wisconsin Athletic Club (all six locations included)
   - Individual exercise prescription from exercise specialist (body-fat measurements taken and monitored), weekly monitored food and activity journals and progress and emphasis on healthy lifestyle skills and extensive support from program coordinators, facility management staff, dietitians, exercise specialists and group members

2. Phase two is a nine-month maintenance program specific to cancer survivorship taking place at our hospital
   - Educational classes and continued support from program coordinators and group members at our hospital
   - Weekly, evidence-based weight-maintenance strategies
   - Ongoing challenges and contests to keep participants engaged and extensive support from program coordinators, wellness coaches and group members

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

Measures to evaluate impact
• Number who complete program; both phases or phase 1 only
• Average increase in weekly physical activity
• Percent improvement in blood glucose and cholesterol profile
• Average reduction in body weight for participants with a Body Index Measure (BMI) greater than 25

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=342). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=58). 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 June 20, 2012 and August 27, 2012. With a sample size of 400, we can be 95% sure that the sample percentage reported would not vary by more than ±5 percent from what would have been obtained by interviewing all persons 18 years old and older who lived in West Allis/West Milwaukee. The margin of error for smaller subgroups will be larger. When applicable, the data was compared with measures from the Behavioral Risk Factor Surveillance System (BRFSS) and indicators established by Healthy People 2020.

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.

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

Partners & Contracts: This shared report is sponsored by the Milwaukee Health Care Partnership and Milwaukee’s five health systems, in collaboration with the City Health Department and other municipal health departments in Milwaukee County. The data was analyzed and prepared by JKV Research, LLC. Data collection was conducted by Management Decisions Incorporated.
Appendix B| Secondary Data Report: A summary of secondary sources related to health in Milwaukee County (2012-2013) (Source #2)
The report is available at www.aurora.org/commbenefits

**Data Collection & Analysis:** In spring 2012, the Center for Urban Population Health was enlisted to compile secondary data to supplement the community health survey and key informant interviews. This report summarizes the demographic and health-related information for Milwaukee County.

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012 Milwaukee Health Report Summary and SES zip code map</strong></td>
<td>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. <em>Source: Center for Urban Population Health</em></td>
</tr>
<tr>
<td><strong>Milwaukee Health Professional Shortage Area Maps</strong></td>
<td>The maps mark the professional shortage areas in Milwaukee County for primary care, mental health and dental health. <em>Source: Wisconsin Primary Health Care Association</em></td>
</tr>
<tr>
<td><strong>American FactFinder and American Community Survey</strong></td>
<td>American FactFinder provides access to data about the United States. The data comes from several censuses and surveys. The American Community Survey (ACS) is a nationwide survey designed to provide information how communities are changing. ACS collects and produces population and housing information every year, and provides single and multi-year estimates. <em>Source: United States Department of Commerce, US Census Bureau</em></td>
</tr>
<tr>
<td><strong>Wisconsin Interactive Statistics on Health (WISH)</strong></td>
<td>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. <em>Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics</em></td>
</tr>
<tr>
<td><strong>County Health Rankings &amp; Roadmaps</strong></td>
<td>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). <em>Source: Collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.</em></td>
</tr>
<tr>
<td><strong>Impact 2-1-1 Statistical Call Report</strong></td>
<td>This report provides an overview of the types and quantities of call seeking resources and services related to health and health care. The report covers callers from 10 zip codes from January through December 2012. The 10 zip codes represent the lower socio-economic status (SES) group of neighborhoods within the City of Milwaukee as identified in the Milwaukee Health Report. <em>Source: IMPACT 2-1-1</em></td>
</tr>
</tbody>
</table>
Data for each indicator is presented by race, ethnicity and gender when the data is available. In some cases data is not presented by the system from which it was pulled due to internal confidentiality policies which specify that data will not be released when the number is less than five. When applicable, Healthy People 2020 objectives are presented for each 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 City of Milwaukee and other municipal health departments in Milwaukee County, and prepared by the Center for Urban Population Health.
Appendix C | Key Informant Interview Report: A summary of key informant interviews and focus groups in Milwaukee County (2012 - 2013) (Source #3)
The report is available at www.aurora.org/commbenefits

Data Collection and Analysis: Forty-one individual interviews and five focus group interviews were conducted between August and December 2012. Members of the Milwaukee Health Care Partnership, in collaboration with the City of Milwaukee Health Department, identified various organizations to participate in the key informant interview. The organizations were selected based on the following criteria:

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

Key informant interviews were conducted with the health officer for each municipal health department as well as leaders of academic centers, foundations, health coalitions, health care systems, social service agencies and community organizations. Cumulatively, these organizations focus on a range of public health issues and represent the broad interests of community, including medically underserved, low-income and/or minority populations.

Summary of the organizations representing the broad interest of the community

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Local Health Departments</td>
<td>Milwaukee County has twelve local municipal health departments: City of Milwaukee, Cudahy, Franklin, Greendale, Greenfield, Hales Corners, North Shore, Oak Creek, St. Francis, South Milwaukee, Wauwatosa, and West Allis-West Milwaukee. Since 1993, Wisconsin State Statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents.</td>
</tr>
<tr>
<td>AIDS Resource Center of Wisconsin (ARCW)</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 with a location in Milwaukee. Through its integrated medical, dental and mental health clinics along with its pharmacy and dedicated social services that include food pantries, a legal program, and social work case management, more than 3,300 HIV patients in Wisconsin gain the health care and social services they need for long-term survival with HIV disease from ARCW. ARCW is also a leading provider of “innovative and aggressive prevention services to help at-risk individuals stay free of HIV.”</td>
</tr>
<tr>
<td>Black Health Coalition of Wisconsin</td>
<td>The mission of the Black Health Coalition of Wisconsin, Inc. is to “improve the health status of African Americans in the state of Wisconsin and to insure equitable and comprehensive health for all people.” The Black Health Coalition of Wisconsin, Inc. (BHC) adopted the concerns of the Health and Human Services' Secretary Task Force on Black and Minority Health as its basis for concentration.</td>
</tr>
<tr>
<td>Children’s Health Alliance of Wisconsin</td>
<td>The Alliance was established in 1994 by the following founding partners: state government, Children’s Hospital of WI and UW Children’s Hospital. United around a common desire: “quality health care for all children and families.” Main focus is on collaboration, advocacy, mobilization, and support; and programming for asthma, grief and bereavement, injury prevention and death review, lead poisoning, oral health, and Reach Out and Read Wisconsin.</td>
</tr>
<tr>
<td>Children’s Hospital and Health System, Community Services</td>
<td>Children’s Hospital of Wisconsin Community Services provides community health services, foster and adoption services, child and family counseling, child advocacy services, family resource centers and education services.</td>
</tr>
<tr>
<td>Columbia St. Mary’s, Milwaukee Oral Health Task force</td>
<td>The task force is committed to improving oral health for children in Milwaukee. One such initiative, is Smart Smiles School-based Oral Health, at Columbia St. Mary’s Health System. The program provides dental screening exams, fluoride treatments, teeth cleanings, dental sealants, oral health instruction, and referrals for additional dental care to children with BadgerCare insurance coverage, as well as those without insurance at 44 inner city schools. The State of Wisconsin, corporations, and private foundations provide funding for the program’s operational expenses.</td>
</tr>
<tr>
<td>Community Advocates</td>
<td>Community Advocates “helps people meet their most basic needs -- like a roof over their heads, the lights and heat on at night, and healthcare for their kids.” In addition to basic needs advocacy, Community Advocates provides case management, advocacy services to individuals seeking Social Security Disability benefits.</td>
</tr>
</tbody>
</table>
benefits, and services for individuals and families with domestic violence, substance addiction, and mental health issues.

**Greater Milwaukee Foundation**
Since the Greater Milwaukee Foundation began in 1915, they’ve been guided by three tenets – helping donors create personal legacies of giving that last beyond their lifetimes; investing donor funds for maximum return with minimum risk; and playing a leadership role tackling the community’s most challenging needs. These guiding principles continue to serve the Foundation, their donors, and the community well.

**Helen Bader Foundation**
The Helen Bader Foundation, Inc. strives to be a philanthropic leader in improving the quality of life of the diverse communities in which it works. The Foundation makes grants, convenes partners, shares knowledge to affect emerging issues in key areas, “from providing safe places for Milwaukee youth to go after school, to bringing the public and private sectors together to help people get back to work during difficult economic times, the groups we fund are focused on finding innovative solutions to the challenges people face.”

**Latino Health Coalition**
The Latino Health Coalition (LHC) in Milwaukee works within a “social justice framework to organize the Latino community to address the social determinants of health affecting all of us.” LHC defines social justice as the “equitable distribution of resources to ensure that everyone has opportunities in all aspects of health for complete physical, mental and social well-being.”

**Lindsay Heights Neighborhood Health Alliance**
The Lindsay Heights Neighborhood Health Alliance (LHNHA) is a gathering of “community-anchored groups, neighbors, friends and partners that promote and serve as a resource for health.” The Alliance works to “reduce health disparities and create a deep and sustained culture of health and community sufficiency” for families and the neighborhood.

**Medical College of Wisconsin, Institute for Health and Society**
The Institute for Health and Society is to “improve health and advance health equity through community and academic partnerships.” In recent years, there has been an increased emphasis on public and community health and clinical and translational sciences at the Medical College of Wisconsin (MCW). One example is the Advancing a Healthier Wisconsin endowment funds, which provide support for three complementary programs, each of which “comprises public and community health and certain translational activities that aim to improve the health of the people of Wisconsin.”

**Milwaukee Common Council**
The Common Council “exercises all policy-making and legislative powers of the city, including the adoption of ordinances and resolutions, the approval of the city’s annual budget, and the enactment of appropriation and tax levy ordinances.” The Council also has approval over the mayor’s appointments of cabinet heads to direct day-to-day operations of city departments. In addition to “their powers as legislators, council members serve as district administrators, responsible to the citizens in their districts for city services.” The seven standing committees of the Milwaukee Common Council are Community and Economic Development, Finance & Personnel, Judiciary & Legislation, Licenses, Public Safety, Public Works, and Zoning, Neighborhoods & Development.

**Milwaukee County Department of Health & Human Services**
The Department of Health & Human Services consists of the following divisions: delinquency & court services, management services, behavioral health, disabilities services, housing, and emergency medical services. The mission of the Milwaukee County Department of Health & Human Services is to secure human services for individuals who need assistance living a healthy, independent life in the community.

**Milwaukee Health Care Partnership**
The Milwaukee Health Care Partnership is a public / private partnership dedicated to improving health care for underserved populations in Milwaukee County. The Partnership includes Milwaukee’s five healthcare systems, four Federally Qualified Health Centers, the Medical College of Wisconsin, and the City, County and State health departments. These organizations have committed their leadership as well as financial and in kind resources to “support the implementation of a community-wide plan that will improve health outcomes, reduce health disparities and reduce the total cost of care,” by focusing on three priority areas: coverage, access and care coordination.

**The Faye McBeath Foundation**
The Faye McBeath Foundation is a private, independent foundation providing grants to tax-exempt nonprofit 501 (c) (3) organizations in the metropolitan Milwaukee area. The major areas of interest are: children, aging and elders, health, health education, and civic and governmental affairs.

**United Community Center**
The United Community Center is a comprehensive social service agency serving the families of Milwaukee’s south side. Programs range from education to elder programs, meeting the needs of three year olds to 93 year olds, and everyone in between.

**United Neighborhood Centers of Milwaukee (UNCOM)**
UNCOM is a 501(c)(3) non-profit organization working in collaboration with Milwaukee neighborhood centers to create model programs, build organizational capacity, and share expertise and best practices across agencies. The mission of the United Neighborhood Centers of Milwaukee is to “strengthen city neighborhoods by combining and enhancing the assets of our partner agencies to improve the quality of life for urban families.” Together UNCOM agencies work to “utilize the assets of Milwaukee’s diverse
United Way of Greater Milwaukee is an independently-governed 501(c)3 nonprofit organization connected to a network of more than 1,400 local United Ways through United Way Worldwide. It has its own board of directors and focus on local solutions for local problems. United Way advances the common good as Greater Milwaukee’s largest community-based investor in Education, Income and Health – the building blocks for a good quality of life. After all, “everyone deserves opportunities for a quality education that leads to a stable job, family-sustaining income through all of life’s stages, good health and a safe home.”

United Way of Greater Milwaukee Joseph J. Zilber School of Public Health

The University of Wisconsin-Milwaukee Joseph J. Zilber School of Public Health “conducts rigorous public health research and scholarship; educates the current and future public health workforce; and influences the development of strategies and policies that promote health among diverse populations.” The school is focused on addressing the “environmental hazards and complex health disparities whose solutions go beyond medicine, we are responding with innovative, interdisciplinary education that prepares leaders for effective practice and policy.”

Wisconsin Department of Health Services

The Wisconsin Department of Health Services’ mission is to “support economic prosperity and quality of life, the Department of Health Services exercises multiple roles in the protection and promotion of the health and safety of the people of Wisconsin.” The six divisions includes (1) enterprise services, (2) health access and accountability, (3) long term care, (4) mental health and substance abuse services, (5) public health, and (6) quality assurance. There are five regions within the state. The Southeastern regional office is located in Milwaukee.

Wisconsin Medical Society

The Wisconsin Medical Society (Society) is the largest physician advocacy organization in Wisconsin, representing nearly 12,500 physicians and their patients. The mission is to “improve the health of the people of Wisconsin by supporting and strengthening physicians’ ability to practice high-quality patient care in a changing environment.”

YMCA of Metro Milwaukee

The YMCA of Metro Milwaukee is a cause-driven organization that is for youth development, healthy living and social responsibility; “that’s because a strong community can only be achieved when we invest in our kids, our health and our neighbors.”

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

1) Each key informant was asked to rank order the top 3 to 5 major health-related issues for Milwaukee County, which is based on the focus areas presented in Wisconsin’s State Health Plan, Healthiest Wisconsin 2020.

2) For each top-ranked health topic the informant was asked to specify existing strategies to address the issue, barriers or challenges to addressing the issue, additional strategies needed, and key groups in the community that hospitals should partner with to improve community health. Healthiest Wisconsin 2020 focus areas include alcohol and drug, chronic disease, communicable disease, environmental and occupational health, growth and development, mental health, nutrition, oral health, physical activity, reproductive & sexual health, tobacco, access, and injury and violence.

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

<table>
<thead>
<tr>
<th>The top five health issues that emerged as key priorities for Milwaukee County were behavioral health (mental health and alcohol/drug use), access to health care services, physical activity/overweight and obesity/nutrition, health insurance coverage and infant mortality. Key community partners:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to health care services</strong>: Nonprofit organization, corporate leaders, health departments, and funders were noted as key participants needed to address Access issues. Specifically, the Milwaukee Health Care Partnership, FQHCs, the mayor, 211 Impact, United Way, Greater Milwaukee Foundation, Black Health Coalition, the United Neighborhood Centers of Milwaukee member organizations, Zilber School of Public Health, Health Watch, United Community Center and the Medical Society. Key community partners to improve dental health partners include Marquette University Community Dental Clinics, St. Elizabeth Ann Seton Dental Clinic, and Sixteenth Street Community Health Center, and programs to train new dentists, work with retired dentists and build new clinics.</td>
</tr>
<tr>
<td><strong>Alcohol and drug use</strong>: schools, law enforcement, pharmacies, Medicaid, community agencies such as Meta House, Community Advocates, WCS, YMCA, and UCC, faith-based organizations, and the Department on Aging.</td>
</tr>
<tr>
<td><strong>Health insurance coverage</strong>: FQHCs and free clinics, HMOs, Common Ground, AARP, charitable foundations, faith-based organizations, legislative advocacy groups, and refugee settlement agencies.</td>
</tr>
<tr>
<td><strong>Infant mortality</strong>: United Way, City of Milwaukee, the Lifecourse Initiative for Healthy Families, childcare providers, faith communities, W-2 agencies, health departments, schools, the Black Health Coalition, and the Milwaukee Health Care Partnership Access Initiative.</td>
</tr>
<tr>
<td><strong>Mental health</strong>: Community nonprofits such as Meta House, National Alliance on Mental Illness (NAMI), Bread of Healing, Community Advocates, and AIDS Resource Center of Wisconsin (ARCW), pastors and churches, school districts, Warmline, County programs (such as the Behavioral Health Division and Mental Health Task Force), and police and emergency services. The importance of health systems commitment to this issue was also noted.</td>
</tr>
<tr>
<td><strong>Physical activity, overweight and obesity/nutrition</strong>: private partners, community organizations, social service agencies, women’s organizations, employers, health departments, policymakers, YMCA, school districts, park systems, gardens and farmer market initiatives, the Sodexo Foundation, and local food establishments and retailers.</td>
</tr>
</tbody>
</table>

**Partners & Contracts**: This shared key informant interview report is sponsored by the Milwaukee Health Care Partnership and Milwaukee’s five health systems, in collaboration with the City of Milwaukee and other municipal health departments in Milwaukee County. The report was prepared by the Center for Urban Population Health.
Appendix D | West Allis-West Milwaukee Community Health Survey Report Summary

West Allis/West Milwaukee Community Health Survey Summary


<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Vaccinations (65 and Older)</th>
<th>Other Research (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>20% 16% 15% 16%</td>
<td>Flu Vaccination (past year) 82% 72% 60% 60%</td>
</tr>
<tr>
<td>Very Good</td>
<td>43% 43% 45% 38%</td>
<td>Pneumonia (year) 67% 50% 75% 75%</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>12% 13% 16% 18%</td>
<td>Other Research (2010) 37% U.S.</td>
</tr>
<tr>
<td>Fair or Poor</td>
<td>14% 13%</td>
<td>Pneumonia (year) 78% 68%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Coverage</th>
<th>Health Conditions in Past 3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2003 2006 2009 2012</td>
</tr>
<tr>
<td>Not Covered</td>
<td>West Allis/West Milwaukee</td>
</tr>
<tr>
<td>Personally (current)</td>
<td>6% 9% 11% 8%</td>
</tr>
<tr>
<td>Personally (past 12 months)</td>
<td>12% 13% 14% 14%</td>
</tr>
<tr>
<td>Household Member (past 12 months)</td>
<td>14% 18% 17% 12%</td>
</tr>
<tr>
<td>Other Research (2010)</td>
<td>West U.S.</td>
</tr>
<tr>
<td>Financially W/Insurance (current)</td>
<td>11% 13%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did Not Receive Care Needed (Past 12 Months)</th>
<th>Health Information and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2003 2006 2009 2012</td>
</tr>
<tr>
<td>Prevent. Meds Not Taken Due to Cost</td>
<td>11%</td>
</tr>
<tr>
<td>Unmet Care</td>
<td>17%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>11%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>4%</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Did Not Receive Care Needed (Past 12 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2003 2006 2009 2012</td>
</tr>
<tr>
<td>Physical Activity/Week</td>
<td>23%</td>
</tr>
<tr>
<td>Moderate Activity (30 min/5 days)</td>
<td>23% 34% 30% 45%</td>
</tr>
<tr>
<td>Vigorous Activity (20 min/3 days)</td>
<td>21% 15% 25%</td>
</tr>
<tr>
<td>Recommended Moderate or Vigorous</td>
<td>10% 13% 13%</td>
</tr>
<tr>
<td>Overweight</td>
<td>65% 65% 68% 70%</td>
</tr>
<tr>
<td>Fruit intake (4 servings/day)</td>
<td>66% 60% 54% 63%</td>
</tr>
<tr>
<td>Vegetable intake (3 servings/day)</td>
<td>30% 24% 23% 25%</td>
</tr>
<tr>
<td>Physical health climax-Community health center</td>
<td>3% 3% 5% 3%</td>
</tr>
<tr>
<td>Health maintenance</td>
<td>3% 3% 5% 3%</td>
</tr>
<tr>
<td>National place</td>
<td>3% 5% 5% 5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routine Procedures</th>
<th>Women’s Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Allis/West Milwaukee</td>
<td>2003 2006 2009 2012</td>
</tr>
<tr>
<td>Baseline Checkup (2 yrs. ago or less)</td>
<td>8% 7% 8% 8%</td>
</tr>
<tr>
<td>Baseline Checkup (2 yrs. ago or less)</td>
<td>7% 7% 7% 7%</td>
</tr>
<tr>
<td>Baseline Checkup (past year)</td>
<td>6% 6% 6% 6%</td>
</tr>
<tr>
<td>Eye Exam (past year)</td>
<td>4% 4% 4% 4%</td>
</tr>
<tr>
<td>Other Research (2010)</td>
<td>West U.S.</td>
</tr>
<tr>
<td>Baseline Checkup (past year)</td>
<td>7% 7% 7% 7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix D</th>
<th>West Allis-West Milwaukee Community Health Survey Report Summary</th>
<th>December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora West Allis Medical Center</td>
<td>Page 40 of 45</td>
<td></td>
</tr>
<tr>
<td>Men's Health (40 and Older)</td>
<td>Alcohol Use in Past Month</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prostate cancer screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>within 2 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>2009</td>
<td>2012</td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening (50 and Older)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>biennial stool test (prior 10 years)</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>gastroscopy (within 5 years)</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Cigarette Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>current smokers (past 30 days)</td>
<td>30%</td>
<td>28%</td>
</tr>
<tr>
<td>Other Tobacco Products (past 30 days)</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Quit smoking 1 day or more in past year because trying to quit</td>
<td>47%</td>
<td>43%</td>
</tr>
<tr>
<td>saw a health care professional last year and advised to quit smoking</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Children in Household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>current smokers (past 30 days)</td>
<td>30%</td>
<td>28%</td>
</tr>
<tr>
<td>children not provided with needed health care provider</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>exposure to smoke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>smoking policy at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not allowed anywhere</td>
<td>88%</td>
<td>75%</td>
</tr>
<tr>
<td>allowed in some places at some times</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>not allowed anywhere</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>physical activity (60 min 5 or more days)</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>lottery probability of smoking</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>Other Reversals (WJ 2005 US 2006-2007)</td>
<td>61%</td>
<td>71%</td>
</tr>
<tr>
<td>depression status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unmet needs for care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mental health status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>had sad, blue or depressed</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>found meaning and purpose in daily life</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>suicide attempts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>personal safety in past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>community health issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>violence</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>alcohol or drug use</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>chronic diseases</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>personal safety in past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Allis/West Milwaukee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>last 30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mental health or depressed</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>infectious diseases</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>lead poisoning</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Aurora West Allis Medical Center*
Overall Health and Health Care Key Findings

In 2012, 54% of respondents reported their health as excellent or very good, 18% reported fair or poor. Respondents who were 65 and older, those with a high school education or less, those who were in the bottom 40 percent household income bracket, unmarried or smokers were more likely to report fair or poor conditions. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.

In 2012, 8% of respondents reported they were not currently covered by health care insurance. Respondents who were male, 18 to 34 years old, those with a high school education or less, or who were unmarried were more likely to report this. Ten percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months; respondents who were 18 to 34 years old, with a high school education or less, or who were unmarried 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; unmarried respondents were more likely to report this. From 2003 to 2012, the overall percent statistically remained the same for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care insurance. From 2009 to 2012, the overall percent statistically decreased for respondents who reported no personal health care insurance at least part of the time in the past 12 months. From 2003 to 2012, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.

In 2012, 11% of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Seventeen percent of respondents reported that they did not get the dental care they needed sometime in the last 12 months; respondents who were in the bottom 40 percent household income bracket or unmarried were more likely to report this. Eleven percent of respondents reported that they did not get the medical care they needed sometime in the last 12 months; respondents who were female or 45 to 54 years old were more likely to report this. Four percent of respondents reported that they did not get the mental health care they needed sometime in the last 12 months; respondents who were 18 to 34 years old, with a high school education or less, in the bottom 40 percent household income bracket or unmarried were more likely to report this.

In 2012, 49% of respondents reported they receive most of their health information from a doctor followed by 23% who reported the internet. Seventy-six percent of respondents reported their primary place for health services was from a doctor’s or nurse practitioner’s office; respondents who were 65 and older, in the middle 20 percent household income bracket or married were more likely to report this. Thirty-one percent of respondents had an advance care plan; respondents who were 65 and older or married were more likely to report an advance care plan. From 2006 to 2012, 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 2012, there was no statistical change in the overall percent of respondents having an advance care plan.

In 2012, 85% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Fifty-six percent of respondents reported a visit to the dentist in the past year while 45% reported an eye exam in the past year. Respondents who were 55 and older or married were more likely to report a routine checkup two years ago or less. Respondents who were 55 to 54 years old, 65 and older or with some post high school education were more likely to report a cholesterol test four years ago or less. Respondents with a college education, who were in the top 40 percent household income bracket or married were more likely to report a dental checkup in the past year. Respondents 65 and older were more likely to report an eye exam in the past year. From 2003 to 2012, there was no statistical change in the overall percent of respondents reporting a routine checkup two years ago or less, a cholesterol test four years ago or less, or an eye exam in the past year. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents reporting a dental checkup in the past year.

In 2012, 49% of respondents had a flu vaccination in the past year. Respondents who were female, 65 and older or married were more likely to report a flu vaccination. Seventy-six percent of respondents 65 and older had a pneumonia vaccination in their lifetime. From 2003 to 2012, there was no statistical change in the overall percent of respondents 18 and older...
who reported a flu vaccination in the past 12 months. From 2005 to 2012, there was a statistical decrease in the overall percent of respondents 65 and older who reported a flu vaccination in the past 12 months. From 2005 to 2012, there was no statistical change in the overall percent of respondents 65 and older who had a pneumonia vaccination.

Health Risk Factors Key Findings

In 2012, of eight health conditions listed, the two most often mentioned in the past three years were high blood pressure or high blood cholesterol (30% and 26%, respectively). Respondents who were 65 and older or overweight were more likely to report high blood pressure. Respondents who were 65 and older, in the bottom 40 percent household income bracket, overweight or nonsmokers were more likely to report high blood cholesterol. Respondents who were 65 and older or in the bottom 40 percent household income bracket were more likely to report heart disease/condition. Respondents who were female in the bottom 40 percent household income bracket or unmarried were more likely to report a mental health condition. Respondents who were 55 and older, overweight or inactive were more likely to report diabetes. Respondents in the middle 20 percent household income bracket were more likely to report current asthma. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol, diabetes or current asthma. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported high blood pressure or heart disease/condition. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported stroke. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a mental health condition or cancer.

In 2013, 8% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days. Respondents with a high school education or less or in the bottom 40 percent household income bracket were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year. Respondents who were female, 18 to 34 years old, 45 to 54 years old, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report this. Seven percent of respondents reported they seldom or never find meaning and purpose in daily life. Respondents with a high school education or less, in the middle 20 percent household income bracket or unmarried were more likely to report this. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported they always/nearly always felt sad, blue or depressed or they seldom/never find meaning and purpose in daily life. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported they considered suicide.

Behavioral Risk Factors Key Findings

In 2012, 48% of respondents did moderate physical activity five times a week for 30 minutes while 24% did vigorous activity three times a week for 20 minutes. Combined, 55% met the recommended amount of physical activity. Respondents who were 18 to 34 years old or in the top 40 percent household income bracket were more likely to report this. Seventy percent of respondents were classified as overweight. Male respondents were more likely to be classified as overweight. From 2003 to 2012, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2012, there was no statistical change in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2012, there was a statistical increase in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2012, there was no statistical change in the overall percent of respondents being overweight.

In 2012, 63% of respondents reported two or more servings of fruit while 33% reported three or more servings of vegetables on an average day. Respondents who were in the middle 20 percent household income bracket or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, with some post high school education or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. From 2003 to 2012, there was no statistical change in the overall percent of respondents who reported at least two servings of fruit or at least three servings of vegetables on an average day.
The overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2012, there was a statistical increase in the overall percent of respondents being overweight.

In 2012, 62.6% of respondents reported two or more servings of fruit while 36.9% reported three or more servings of vegetables on an average day. Respondents who were female, 25 to 34 years old, non-African American, with a college education, in the top 40% household income bracket, and married were more likely to report at least two servings of fruit. Respondents who were female, 35 to 44 years old, white, non-Hispanic, with a college education, in the top 40% household income bracket, and married or met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported at least two servings of fruit on an average day or at least three servings of vegetables on an average day.

In 2012, 77.9% of female respondents 50 and older reported a mammogram within the past two years, respondents who were in the top 80 percent household income bracket or married were more likely to report this. Seventy-one percent of female respondents 65 and older had a bone density scan, respondents with at least some post-high school education were more likely to report this. Eighty-six percent of female respondents 18 to 64 years old reported a pap smear within the past three years respondents who were 35 to 44 years old, African American, non-Hispanic, with a college education or married respondents were more likely to report this. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2012, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents 18 to 64 years old who reported having a pap smear within the past three years.

In 2012, 51.8% of male respondents 40 and older had a prostate cancer screening within the past two years with either a digital rectal exam (DRE) or a prostate-specific antigen (PSA) test. Respondents 50 and older were more likely to report this. From 2006 to 2012, there was a statistical decrease in the overall percent of male respondents 40 and older who reported a prostate cancer screening within the past two years.

In 2012, 14.1% of respondents 50 and older reported a blood stool test within the past year. Ten percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 61% reported a colonoscopy within the past ten years. This resulted in 6.9% of respondents meeting current colorectal cancer screening recommendations. From 2003 to 2012, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2012, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years or a colonoscopy within the past ten years. From 2009 to 2012, there was a statistical increase in the overall percent of respondents who reported at least one of these tests in the recommended timeframe.

In 2012, 21.4% of respondents were current smokers, respondents who were male, 25 to 34 years old, African American, with a high school education or less, in the bottom 40% household income bracket or unmarried respondents were more likely to be a smoker. Six percent of respondents reported other tobacco use such as cigars, pipes, chewing tobacco or muffin the past 30 days, respondents who were male or 25 to 34 years old were more likely to report this. In the past 12 months, 64% of current smokers quit smoking for one day or longer because they were trying to quit, respondents who were 18 to 24 years old or African American, were more likely to report this. Eighty percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking; respondents 35 to 44 years old were more likely to report this. From 2003 to 2012, there was no statistical change in the overall percent of respondents who were current smokers. From 2003 to 2012, there was a statistical increase in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2006 to 2012, there was no statistical change in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2012, 74.4% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40% household income bracket, married, nonsmokers or in households with children were more likely to report smoking is not allowed anywhere inside the home. Twenty-three percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days, respondents who were male, 18 to 24 years old, non-white, Hispanic, with some past high school education or less, in the bottom 40% household income bracket or unmarried.
respondents each reported a household problem in connection with marijuana or gambling. From 2006 to 2012, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical, in connection with drinking in the past year.

In 2012, 6% of respondents reported someone made them afraid for their personal safety in the past year. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. A total of 9% reported at least one of these two situations; respondents with some post high school education were more likely to report this. From 2003 to 2012, there was no statistical change in the overall percent of respondents reporting they were afraid for their personal safety or they were pushed, kicked, slapped or hit. From 2003 to 2012, there was no statistical change in the overall percent of respondents reporting at least one of the two personal safety issues.

Children in Household

In 2013, a random child was selected for the respondent to talk about the child’s health issues. Eighty-five percent of respondents reported they have one or more persons they think of as their child’s personal doctor or nurse, with 94% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Eight percent of respondents reported there was a time in the last 12 months their child did not receive the dental care needed while 2% of respondents each reported their child did not receive the medical care needed or their child did not visit a specialist they needed to see. Eighty-five percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit or an average day while 19% reported three or more servings of vegetables. Sixty percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Thirteen percent of respondents reported their child currently had asthma. Seven percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Three percent of respondents reported their child was seldom or never safe in their community or neighborhood. Twenty-four percent of respondents reported their 8 to 17 year old child experienced some form of bullying in the past 12 months. Twenty-four percent reported verbal bullying and 3% each reported physical bullying or cyber bullying.

Community Health Issues

In 2012, respondents were asked to pick the top three health issues in the area out of eight listed. The most often cited were violence (58%), alcohol or drug use (54%) and chronic diseases (50%). Respondents in the middle 30 percent household income bracket were more likely to report violence. Respondents who were 35 to 44 years old or married were more likely to report alcohol or drug use. Respondents 55 and older or in the top 40 percent household income bracket were more likely to report chronic diseases. Married respondents were more likely to report infant mortality. Respondents who were female, with a college education or in the bottom 40 percent household income bracket were more likely to report mental health or depression as one of the top health issues.