Community Health Needs Assessment (CHNA) Report

Froedtert Health Neighborhood Hospital, LLC
Doing Business As:

Froedtert Community Hospital – Oak Creek

Fiscal Year 2024
Effective July 1, 2023

Approved on 05/01/2023 by
Froedtert Health Neighborhood
Hospital, LLC Board of Managers

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Executive Summary

Community Health Needs Assessment for Froedtert Community Hospital – Oak Creek

A community health needs assessment (CHNA) is a tool to gather data and important health information about the communities Froedtert Community Hospital – Oak Creek serves. This assessment guides our investments and helps us identify and measure community health needs and assets, allowing us to better tailor our engagement with communities and allocate resources.

To produce this CHNA, Froedtert Community Hospital – Oak Creek utilized data from the 2021 Milwaukee County Community Health Needs Assessment (CHNA) and focus groups specific to the Froedtert Community Hospital – Oak Creek service area.

Every three years, Froedtert Health, Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin and the Milwaukee Health Care Partnership (MHCP) align resources to participate in a robust, shared Milwaukee County CHNA data collection process. Supported by additional analysis from the Conduent Healthy Communities Institute and the Center for Urban Population Health, the CHNA includes findings from a community health survey, key informant interviews, focus groups, a compiling of secondary source data and internal hospital data.

Froedtert Health also conducted two focus groups specific to the Froedtert Community Hospital – Oak Creek service area. The data helps inform an independent CHNA specific to Froedtert Community Hospital – Oak Creek's service area and community health needs. The independent CHNA serves as the basis for the creation of an implementation strategy to improve health outcomes and reduce disparities in Froedtert Community Hospital – Oak Creek's service area.

The CHNA was reviewed by the Froedtert Community Hospital – Oak Creek CHNA/Implementation Strategy Advisory Committee (**Appendix A**), which consists of members of the Froedtert Community Hospital – Oak Creek Community Advisory Committee, local health department representatives, Milwaukee County community partners, and hospital and health system leadership and staff. Committee members were selected based on their specific knowledge of health needs and resources in the Froedtert Community Hospital – Oak Creek service area for a collective analysis of the CHNA findings. Under the direction of the Department of Community Engagement's leadership team and a trained meeting facilitator, assessment findings were categorized and ranked to identify the top health need in the Froedtert Community Hospital – Oak Creek service area.

Following the review of the CHNA, an implementation strategy was developed, identifying evidence-based programs and allocating resources appropriately. Froedtert Community Hospital – Oak Creek Community Engagement leadership and staff will regularly monitor and report on progress toward achieving the implementation strategy's objectives. They also will provide quarterly reports to the Community Advisory Committee and the health system's Community Engagement Steering Committee. Additional progress on the Implementation Strategy will be reported annually through the hospital's IRS Form 990 Schedule H filing and other reporting sources associated with strategic partners and community coalitions.

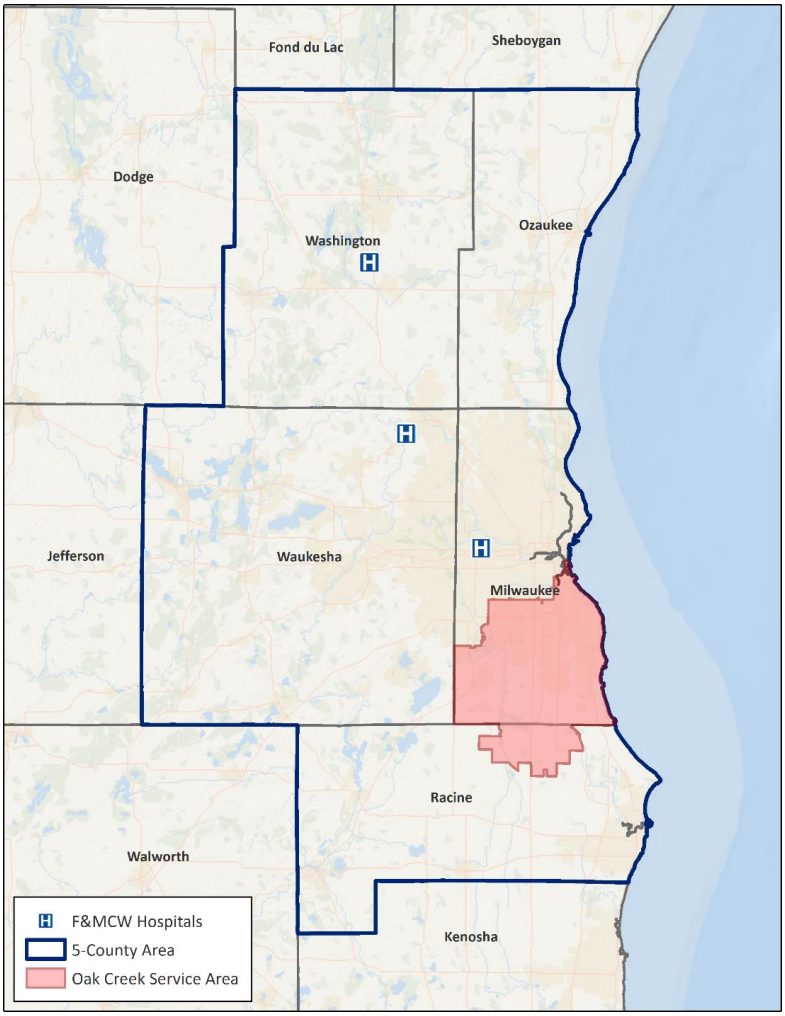
Froedtert Community Hospital – Oak Creek Community Service Area

Overview
Froedtert Community Hospital, part of the Froedtert & the Medical College of Wisconsin health network, includes locations in Mequon, New Berlin, Oak Creek and Pewaukee. Each licensed, accredited, acute-care facility provides high-quality care close to home in a small-scale hospital setting and features an emergency department, inpatient beds, laboratory, pharmacy and imaging services.

Mission Statement
The Froedtert & the Medical College of Wisconsin health network advances the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.

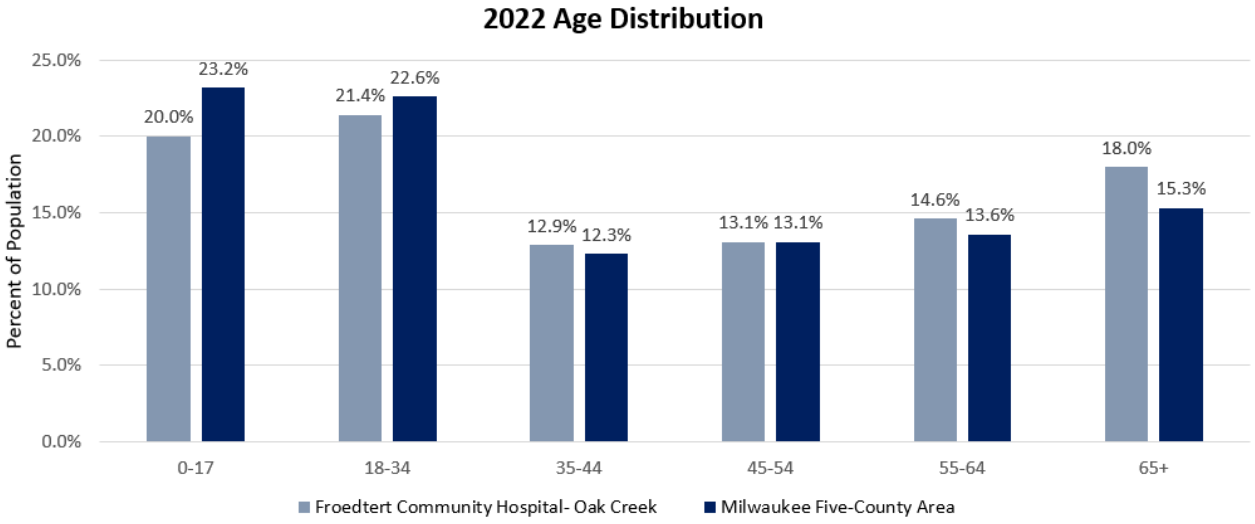
Froedtert Community Hospital – Oak Creek Service Area and Demographics
For the purpose of the Community Health Needs Assessment, the community is defined as ZIP codes within Milwaukee and Racine County, because 71.3% of discharges occur from this geography. All programs, activities and partnerships under the CHNA will be delivered in Milwaukee County. Froedtert Community Hospital – Oak Creek determines its primary service area by completing an annual review and analysis of hospital discharges and market share, according to various determinants.

The Froedtert Community Hospital – Oak Creek total service area consists of 12 zip codes: 53108 (Caledonia), 53110 (Cudahy), 52319 (Greendale), 53130 (Hales Corners), 53132 (Franklin), 53154 (Oak Creek), 53172 (South Milwaukee), 53207 (Milwaukee), 53220 (Milwaukee), 53221 (Milwaukee), 53228 (Milwaukee) and 53235 (Saint Francis).

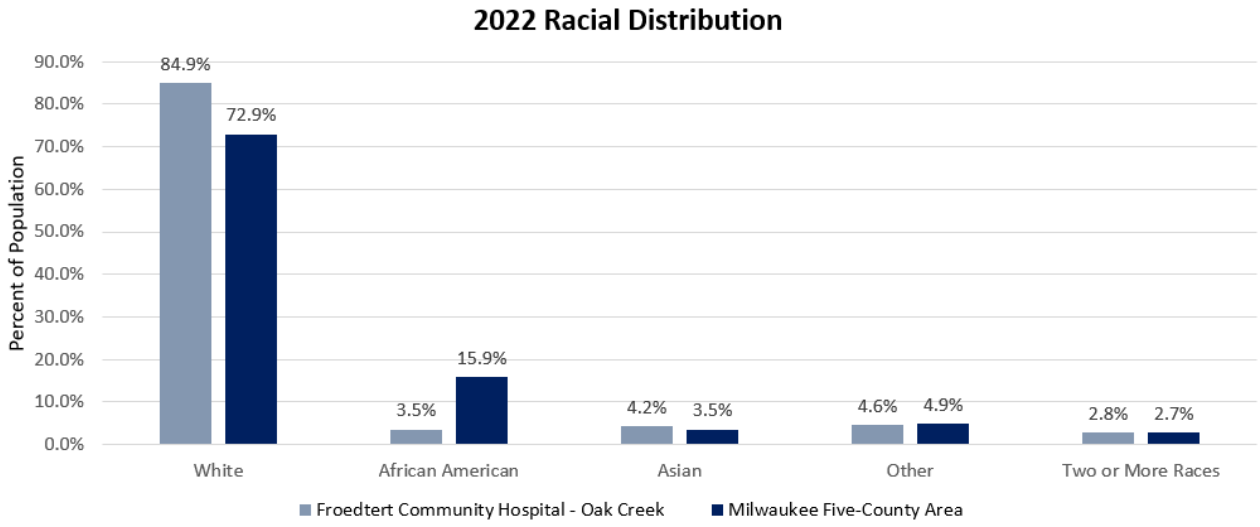


Froedtert Community Hospital – Oak Creek Primary Service Area Demographics

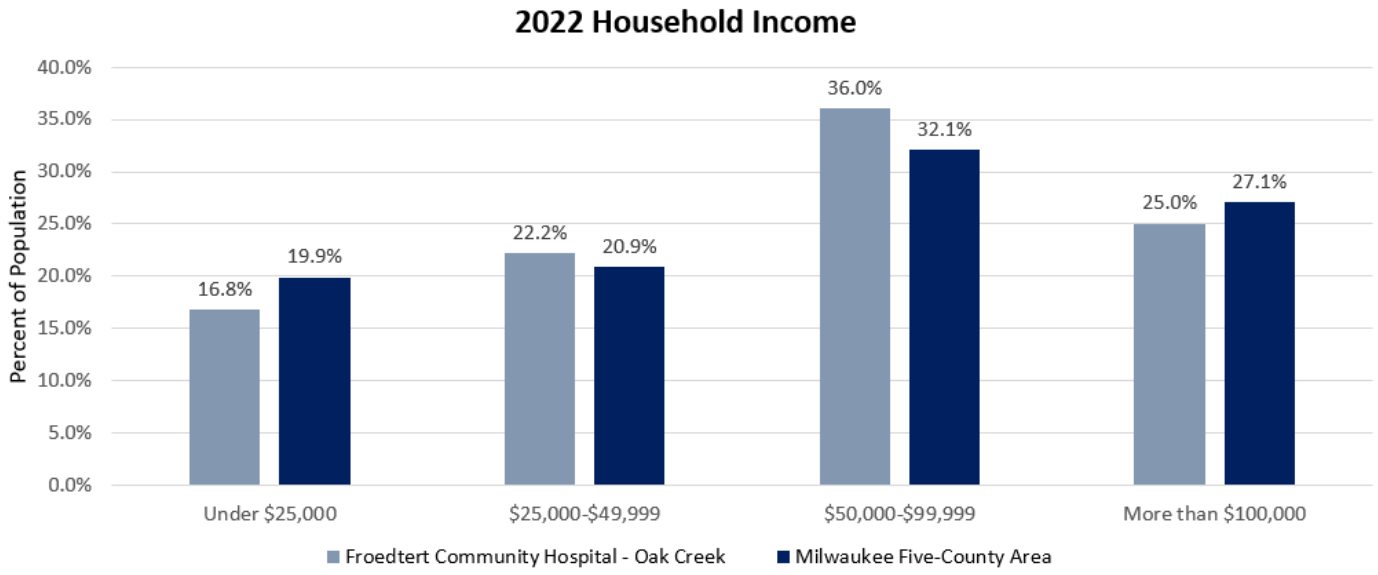
Age – The Froedtert Community Hospital – Oak Creek service area has a larger older population compared to the Milwaukee Five-County area. The 45 and older age groups are larger in the Froedtert Community Hospital – Oak Creek service area with 45.7% of population, while the Five-County area 45 and older age groups make up 42% of the population.



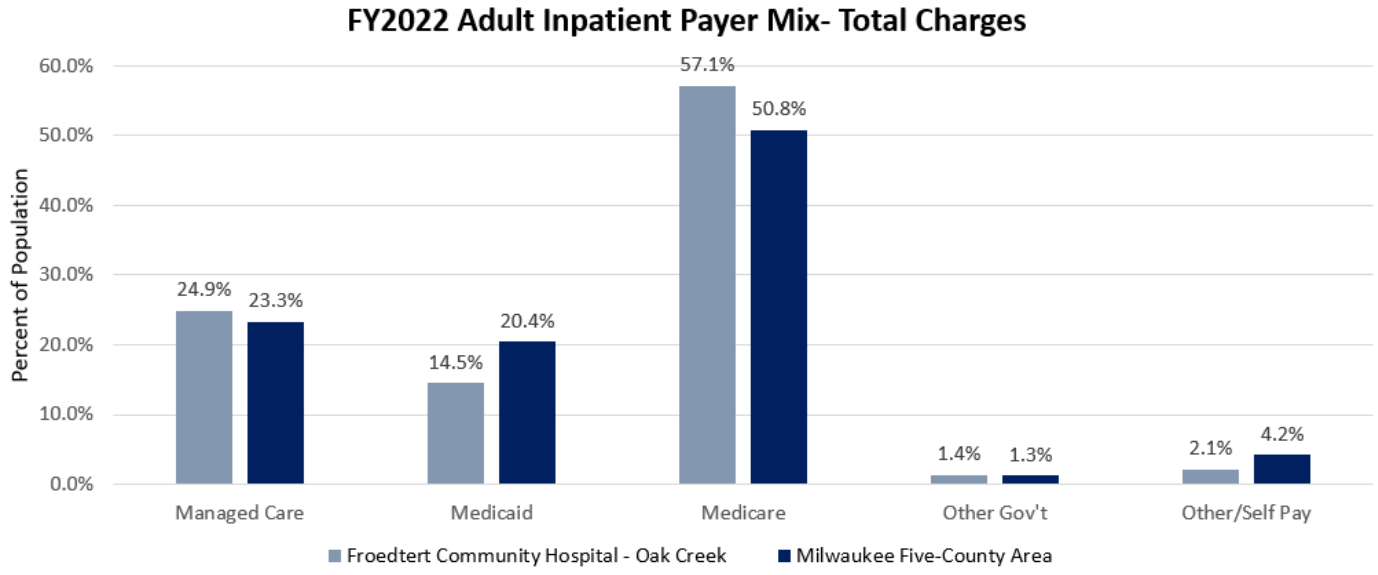
Race – The racial distribution in the Froedtert Community Hospital – Oak Creek service area is predominantly White (84.9%). The Milwaukee Five-County Area is 72.9% White and 15.9% African American.



Household Income – Households where income is less than $50,000 is 39% of the distribution in the Froedtert Community Hospital – Oak Creek service area. Within the Milwaukee Five-County area, the percent of households where income is less than $50,000 is 40.8%.



Payer Mix – For adult inpatient, 16.6% of Froedtert Community Hospital – Oak Creek service area patients are Medicaid and Self Pay payers. The Milwaukee Five-County area has 24.6% Medicaid and Self Pay patients in the payer mix.



*Milwaukee Five-County Area: Milwaukee, Ozaukee, Racine, Waukesha, Washington

Community Health Needs Assessment Process and Methods Used

In 2022, a CHNA was conducted to 1) determine current community health needs in the Froedtert Community Hospital – Oak Creek service area, 2) gather input from persons who represent the broad interest of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs. Froedtert Community Hospital – Oak Creek assessed the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources were collected and taken into consideration for assessing and addressing community health needs:

Community Health Survey: Froedtert Community Hospital – Oak Creek utilized data from the 2021 Milwaukee County CHNA online survey of 8,616 residents that was conducted by Froedtert Hospital in collaboration with the Milwaukee Health Care Partnership. The full report of this survey can be found at www.healthcompassmilwaukee.org.

Key Stakeholder Interviews: Froedtert Community Hospital – Oak Creek utilized data from the 2021 Milwaukee County CHNA of 48 phone interviews and four focus groups with Milwaukee County community leaders of various school districts, non-profit organizations, health and human service department and business leaders. A list of organizations can be found in **Appendix G**. The full Key Informant CHNA can be found at www.healthcompassmilwaukee.org. In addition, the Community Engagement team and leaders conducted two focus groups with seven key stakeholders in the Froedtert Community Hospital – Oak Creek service area. A list of organizations can be found in **Appendix G**.

Secondary Data Report: Health Compass Milwaukee serves as a comprehensive source of health-related data about Milwaukee County residents and communities. This public database was used to compile numerous publicly reported health data and other sources specific to Froedtert Community Hospital – Oak Creek's service area. For more information on health indicators specific to Milwaukee County, go to www.healthcompassmilwaukee.org.

Internal Hospital Data: Internal data was gathered from Froedtert Community Hospital – Oak Creek's service area to gain a better understanding of specific health needs impacting the hospital's patient population.

Disparities and Health Equity

The Froedtert & the Medical College of Wisconsin health network's mission is to advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery. Froedtert Community Hospital – Oak Creek is committed to being an inclusive and culturally competent organization that provides exceptional care to everyone. Equity, diversity and inclusion are priorities for the hospital and the entire health network. Our health equity efforts focus on reducing health care gaps and increasing opportunities for good health by working to eliminate systemic, avoidable, unfair and unjust barriers. The community health needs assessment included a focus on equity, the identification of significant health needs and the prioritization of those needs. Equity will continue to be considered as Froedtert Community Hospital – Oak Creek identifies strategies to address those prioritized significant health needs.

Data Collection Collaborators

Froedtert Community Hospital – Oak Creek's 2022 data collection utilized data from the 2021 Milwaukee County CHNA, which was a collaboration of the Milwaukee Health Care Partnership and its member organizations. The member organizations were heavily involved in identifying and collecting the data components of the CHNA. The Milwaukee County CHNA Committee includes individuals representing the Milwaukee Health Care Partnership and its collective members, the major health systems in Milwaukee:

- Advocate Aurora Health
- Ascension Wisconsin

- Children's Wisconsin
- Froedtert Health

Milwaukee Health Care Partnership
The Milwaukee Health Care Partnership is a public/private consortium dedicated to improving healthcare for persons of low income and individuals who are underserved in Milwaukee County, with the aim of improving health outcomes, promoting health equity and lowering the total cost of care. The member organizations and their connections in the community were many of the participating voices during the CHNA data collection process.

Data Collection Consultants
The Milwaukee Health Care Partnership commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2021 shared Milwaukee County data collection process. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems and implementing performance evaluation processes. The Center for Urban and Population Health (CUPH) provided further survey data analysis to facilitate the identification of population differences in survey answers.

Community Health Needs Assessment Solicitation and Feedback

Froedtert Community Hospital – Oak Creek is committed to addressing community health needs collaboratively with local partners. Froedtert Community Hospital – Oak Creek used the following methods to gain community input from August to October 2021 and August to September 2022 on the significant health needs of the Froedtert Community Hospital – Oak Creek community. These methods provided additional perspectives on how to select and address top health issues facing Froedtert Community Hospital – Oak Creek's community.

Input from Community Members
Key Stakeholder Interviews: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs ("informants") in Froedtert Community Hospital – Oak Creek's community were identified by organizations and professionals that represent the broad needs of the community, and organizations that serve low-income and underserved populations. A list of key stakeholders can be found in **Appendix G**. These local partnering organizations also invited stakeholders to participate in and conducted the interviews. The interviewers used a standard interview script that included the following elements:

- Ranking of two social determinants of health that are the most important issues for the service area.
- For those two social determinants of health, identification of:
    - How COVID-19 has impacted this issue
    - One major effort the community could rally behind to improve the issue
    - The community stakeholders that are critical to addressing the issue
- Ranking of two health conditions and behaviors that are the most important issues for the service area.
- For those two health issues, identification of:
    - The populations most affected and how they are affected
    - Existing strategies to address the issue
    - Additional strategies needed and barriers to addressing the issue
    - The community stakeholders that are critical to addressing the issue
    - One major effort the community could rally behind to improve the issue
    - One thing the organization needs to address this issue
    - How COVID-19 has impacted this issue

Underserved Population Input: Froedtert Community Hospital – Oak Creek is dedicated to reducing health disparities. Gathering input from community members who are medically underserved, from low-income and minority populations, and/or from organizations that represent those populations is important

in addressing community health needs. With that in mind, Froedtert Community Hospital – Oak Creek gained input from:

- 2021 Milwaukee County Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status.
- Key Stakeholder Interviews: The key stakeholder interviews included input from members of organizations representing medically underserved, low-income and minority populations.

Summary of Community Member Input

The top health issues/behaviors and social needs ranked most consistently or most often cited in the community health survey and by key stakeholders were:

Community Health Survey (Health Issues/Behaviors):

- Mental Health
- Infectious Disease
- Chronic Disease
- Drug Use and Abuse
- Alcohol Use and Abuse

Community Health Survey (Social Needs):

- Access to Affordable Health Care
- Access to Mental Health Services
- Access to Affordable Housing
- Gun Violence
- Community Safety

Key Stakeholder Interviews (Health Issues/Behaviors):

- Mental Health, Mental Conditions and Suicide
- Alcohol and Substance Use
- Infectious Disease
- Community Safety

Key Stakeholder Interviews (Social Needs):

- Affordable Childcare
- Safe and Affordable Housing
- Accessible and Affordable Healthcare
- Access to Social Services
- Economic Stability and Employment

Prioritization of Significant Health Needs

Froedtert Community Hospital – Oak Creek analyzed secondary data of several indicators, gathered community input from focus groups and utilized data from an online survey and key stakeholder interviews to identify the needs in the Froedtert Community Hospital – Oak Creek service area. Based on the information from all the CHNA data collection sources, the health needs were identified as:

- Mental Health & Access to Mental Health Services
- Equitable Access to Health Services
- Alcohol and Substance Use
- Safe and Affordable Housing
- Chronic Disease

The CHNA was reviewed by the Froedtert Community Hospital – Oak Creek CHNA/Implementation Strategy Advisory Committee (**Appendix A**), which consists of members of the Froedtert Community Hospital – Oak Creek Community Advisory Committee, local health department representatives, Milwaukee County community partners, and hospital and health system leadership and staff. Committee members were selected based on their specific knowledge of health needs and resources in the Froedtert Community Hospital – Oak Creek service area for a collective analysis of the CHNA findings. Under the direction of the Department of Community Engagement's leadership team and a trained meeting facilitator, the planning process included four steps in prioritizing Froedtert Community Hospital – Oak Creek's significant health needs:

1. Review current hospital and community health improvement initiatives and strategies.
2. Review the Community Health Needs Assessment results for identification and prioritization of community health needs.
3. Rank and selected priority areas.
4. Brainstorm evidence-based strategies, partnerships and programs to address community health needs.

During a facilitated workout session in January 2023, members of the CHNA/Implementation Strategy Advisory Committee were asked to rate each health need based on the following criteria, to identify the significant health needs:

- **Alignment:** the degree to which the health issue aligns with Froedtert Health's mission and strategic priorities.
- **Feasibility:** the degree to which Froedtert Community Hospital – Oak Creek can address the need through direct programs, clinical strengths and dedicated resources.
- **Partnerships:** the degree to which there are current or potential community partners/coalitions.
- **Health Equity:** the degree to which disparities exist and can be addressed.
- **Measurable:** the degree to which measurable impact can be made to address the issue.
- **Upstream:** the degree to which the health issue is upstream from and a root cause of other health issues.

Based on those results, **mental health** was identified as the top priority for Froedtert Community Hospital – Oak Creek's 2024-2026 Implementation Strategy.

Community Resources and Assets

Community Hospital – Oak Creek Community Engagement staff, leaders and external community partners work collaboratively to address the significant health needs of the community by leveraging existing resources including in-kind donations, financial contributions, dedicated staff, marketing/IT and clinical and medical expertise. Specific resources leveraged by the hospital are identified in the Implementation Strategy. In addition, community resources are noted by key stakeholders in **Appendix E**.

Approval of Community Health Needs Assessment

The completed Community Health Needs Assessment (CHNA) report was adopted by the Froedtert Health Neighborhood Hospital, LLC Board of Managers on 05/01/2023 and made publicly available on 05/02/2023.

Summary of Impact from the Previous Implementation Strategy

An important aspect of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address identified significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

As Froedtert Community Hospital – Oak Creek is a newly established licensed hospital, this is the first CHNA that the hospital has been required to complete. Moving forward, the hospital will report on its actions.

Public Availability of CHNA and Implementation Strategy

After adoption of the CHNA Report and Implementation Strategy, Froedtert Community Hospital – Oak Creek publicly shares both documents with community partners, key stakeholder, hospital board members, public schools, non-profits, hospital coalition members, local public health departments and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on Froedtert Community Hospital Community Engagement | Froedtert & MCW.

Feedback and public comments are always welcomed and encouraged. Use the contact form on the Froedtert & the Medical College of Wisconsin health network website at https://www.froedtert.com/contact, or call Froedtert Health, Inc.'s Community Engagement leadership/staff at 414-777-3787.

Appendix A: Froedtert Community Hospital – Oak Creek CHNA/Implementation Strategy Advisory Committee

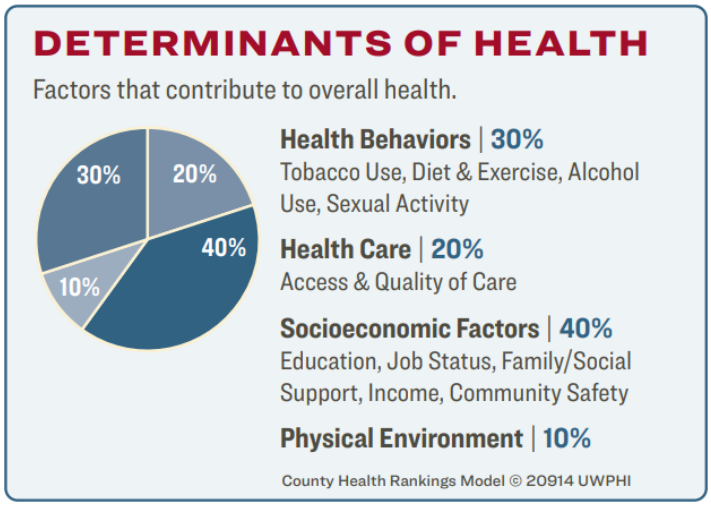
Name	Title	Organization	Hospital Affiliation
Heather Bartnik	Clinic Manager	Community Medical Services - South Milwaukee	
Alyssa Cahoon	Paramedic Faculty	MATC Oak Creek Campus	CAC
Darcy DuBois	Health Officer	Oak Creek Health Department	CAC
Ashley Haas	Health Officer	Greendale Health Department	
Mike Havey	Assistant Fire Chief	Oak Creek Fire Department	CAC
KC Gouthro	Medical Student	South Milwaukee/St. Francis Health Department	
Nicole Heling	Public Health Manager	Greendale Health Department	
Dessa Johnson	Director, Emerging Markets & Inclusion	Froedtert Health	
Jackie Ove	Health Officer	South Milwaukee/St. Francis Health Department	
Jared Owen	Safety and Lean Director	Grunau Company	CAC
Heather Puente	Health Officer	Cudahy Health Department	
Jaimi Tellier	Clinical Supervisor	Community Medical Services – South Milwaukee	
Gurkirat Toor	Paramedic Faculty	MATC Oak Creek Campus	
Andy Dresang	Executive Director, Community Engagement	Froedtert Health	
Larry Dux	Director, Clinical Informatics	Froedtert Health	
Katie Halverson	Community Engagement Coordinator	Froedtert Health	
Amanda Wisth	Manager of Community Benefit and Impact	Froedtert Health	
Patricia Nimmer	Director, Community Outreach/Partnerships	Froedtert Health	
Robert Ramerez	Director, Community Health	Froedtert Health	
Kiara Green	Executive Assistant Associate – Community Engagement	Froedtert Health	

Appendix B: Disparities and Health Equity

Health equity and health disparities are complex and closely connected, as are their root causes. This assessment derived language and context for these definitions from the Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute and the American Public Health Association.

Racism affects opportunity and assigns value based on how a person looks. It unfairly advantages some individuals and communities and unfairly disadvantages others. Racism hurts the health of our nation by preventing some people from attaining their highest level of health. Racism can be intentional or not, and it impacts health in many ways; driving unfair treatment through policies, practices and resource allocation. It is a fundamental cause of health disparities across numerous health issues.

Determinants of health reflect the many factors that contribute to an individual's overall health. In addition to health care and health behaviors, it is estimated that socioeconomic conditions and the physical environment represent 50% of an individual's opportunity for good health. The determinants of health reflect a growing area of focus, research, and investment in areas like housing, education, community safety and employment to help build healthier communities.



Health disparities are preventable differences in ***health outcomes*** (e.g. infant mortality), as well as the ***determinants of health*** (e.g. access to affordable housing) across populations.

Health equity is the principle that opportunities for good health in vulnerable populations are achievable by eliminating systemic, avoidable, unfair and unjust barriers. Progress towards achieving health equity can be measured by reducing gaps in health disparities.

Health Disparities

Identifying health disparities and barriers to good health are important components in assessing community health needs. Once identified, understanding upstream policies, systems and social determinants that drive health disparities can help create practical, community-driven solutions that support individual and community health improvement. Analysis by race and place is utilized throughout the shared Milwaukee County CHNA.

National trends have shown that systemic racism, poverty and gender discrimination have led to poorer health outcomes in communities of color, low-income populations, and for LGBTQ+ individuals. Health disparities in these and other vulnerable populations described in the shared Milwaukee County CHNA are informed by both community input (primary data) and health indicators (secondary data).

Appendix C: Froedtert Community Hospital – Oak Creek Community Health Needs Assessment: 2021 Milwaukee County Community Health Phone Survey

The Milwaukee County Community Health Needs Assessment survey results are available at www.healthcompassmilwaukee.org.

The Community Health Survey is conducted approximately every three years and is used to identify community trends and changes over time. The health topics covered by the survey are provided in the Milwaukee County Community Health Needs Assessment (**Appendix D**). The purpose of this project is to provide Milwaukee County with information for an assessment of the health status of residents. Primary objectives are to:

1. Gather specific data on behavioral and lifestyle habits of the adult population. Select information is also be collected about the respondent's household.
2. Gather data on the prevalence of risk factors and disease conditions existing within the adult population.
3. Compare, where appropriate, health data of residents to previous health studies.
4. Compare, where appropriate and available, health data of residents to state and national measurements along with Healthy People 2030 goals.

Community input was collected via an online community survey conducted by Conduent Healthy Communities Institute from August 17, 2021, through October 4, 2021. Available in English and Spanish, the survey consisted of 50 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services and social and economic determinants of health.

The survey was promoted by the Milwaukee Health Care Partnership's members and community partners via their individual channels and patient communications. Those efforts included a joint press release, health systems' websites and healthyMKE.com, social media, emails, newsletters, local events, and other promotional activities that took place during and prior to the seven-week response period.

A total of 9,006 surveys were submitted. Within the community online survey, 185 (2%) were nonresidents of Milwaukee County and 8,812 (98%) were residents. After eliminating non-Milwaukee County residents or incomplete submissions, the final overall sample was 8,616. The completion rate for the survey over the seven-week period was 71.4%. Intended to be a convenience sample, every effort was made to recruit participants from diverse racial, ethnic, and socio-economic populations in the county.

Limitations: The breadth of findings is dependent upon who self-selected to participate in the online survey. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. However, findings did show that the community survey participant sample was representative of the overall demographics of Milwaukee County. A limitation to the survey is that it was conducted in English and Spanish only.

Partners & Contracts: This report was commissioned by Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin and Froedtert Health in partnership with the Center for Urban Population Health. The data was analyzed and prepared by Conduent Healthy Communities Institute and the Center for Urban Population Health.

Appendix D: 2022 Froedtert Community Hospital – Oak Creek Community Health Needs Assessment: 2021 Milwaukee County Community Health Phone Survey Results

Summary: Milwaukee County Community Health Survey

This summary is a partial list of data from an online survey conducted by Conduent Healthy Communities Institute from August through October 2021 on behalf of Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, Froedtert Health and the Milwaukee Health Care Partnership (MHCP). As part of an overall Community Health Needs Assessment to better understand community needs and community perception of health, the survey contained 50 questions and collected input from 8,616 Milwaukee County residents ages 18 years and older. The community health survey was promoted by MHCP member organizations and community partners across numerous traditional and digital communication channels, including a press release, member and partner websites, social media, emails, newsletters, events and on-the-ground outreach.

Sample sizes: *County overall (n=8616), Black/African American (n=642), Hispanic/Latino (n=463), High-need zip codes (1535), Household with children (n=1145), Older adult (n=3450)*

Individual Health Conditions and Behaviors

PERSONAL HEALTH

Question: *Self-rated personal health:*

	County overall *n=8616*	Black/African American *n=642*	Hispanic/Latino *n=463*	High-need zip codes *n=1535*	Household with children *n=1145*	Older adult (>65 yrs) *n=3450*
Very healthy	11.9%	2.1%	9.4%	9.8%	12.7%	13.5%
Healthy	46.0%	38.4%	36.8%	42.6%	42.7%	50.9%
Somewhat healthy	32.9%	44.2%	37.3%	36.8%	34.5%	29.4%
Unhealthy	7.3%	9.4%	13.0%	9.3%	8.3%	4.8%
Very unhealthy	1.9%	2.1%	3.5%	1.5%	1.8%	1.5%

HEALTH CONDITIONS

Question: *In the past three years, have you been treated for or been told by a doctor, nurse or health care provider that you have:*

Response: "YES"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Diabetes	**13.0%**	23.8%	15.8%	15.2%	6.3%	17.7%
High blood pressure	**36.8%**	52.1%	27.3%	38.8%	18.3%	53.3%
High cholesterol	**31.5%**	34.3%	24.9%	30.3%	18.2%	41.6%
Heart disease or heart condition	**12.1%**	9.6%	8.1%	10.6%	3.7%	20.7%
Mental health condition	**20.9%**	20.5%	30.0%	24.1%	27.7%	10.7%

HEALTH BEHAVIORS

Question: *In the past three years, have you participated in:*

Response: "YES"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Alcoholic consumption (binge drinking at least monthly)	**22.7%**	14.7%	18.6%	19.4%	21.2%	19.7%
Smoking cigarettes (some times or daily)	**7.9%**	10.2%	10.6%	11.0%	8.3%	5.8%
Electronic cigarettes (some times or daily)	**2.3%**	2.8%	4.3%	2.9%	2.8%	1.1%

HEALTH CARE ACCESS

Question: *Questions varied.*

Response: "YES"	County overall	Black/ African American	Hispanic/ Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
I have health insurance	**97.4%**	95.0%	87.5%	94.8%	96.9%	99.1%
Did not access health care or dental health services in last 12 months	**18.7%**	24.6%	30.8%	23.0%	23.1%	12.0%
Cost as reason	**52.2%**	44.7%	56.6%	48.7%	51.7%	44.8%
Did not access mental health/substance use services in last 12 months	**9.8%**	12.7%	13.9%	11.5%	15.5%	3.6%
Cost as reason	**37.5%**	28.0%	38.2%	31.9%	32.2%	18.1%
I used the ER in the past 12 months	**19.0%**	26.5%	23.6%	22.5%	21.3%	19.3%

Community Health

HEALTH ISSUES

Question: *From the following list, what do you think are the three most important health issues/conditions in your community?*

Response: "YES as one of the top three issues"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Mental health	**50.4%**	51.1%	58.2%	49.5%	62.0%	37.4%
Infectious disease *(Includes COVID-19 as an issue)*	**38.3%**	29.6%	31.0%	30.2%	34.9%	43.3%
Chronic disease	**35.3%**	40.7%	34.3%	34.9%	30.1%	38.7%
Drug use and abuse	**34.8%**	42.7%	37.7%	44.1%	36.3%	33.3%
Alcohol use and abuse	**30.7%**	32.7%	36.6%	33.3%	30.4%	30.4%

HEALTH NEEDS

Question: *From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?*

Response: "YES as one of the top three issues"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Access to affordable health care	**44.4%**	36.4%	46.3%	39.9%	38.6%	45.0%
Access to mental health services	**29.7%**	28.2%	32.1%	27.0%	38.3%	21.9%
Access to affordable housing	**22.7%**	31.6%	29.5%	28.1%	22.7%	21.4%
Gun violence	**21.2%**	26.8%	11.6%	28.4%	n/a*	27.5%
Community safety	**19.7%**	22.1%	21.6%	22.0%	16.3%	22.4%

Community Health

HEALTH CARE SERVICES

Question: *Below are some statements about health care services in your community. Select an option for your response in each.*

Response: "YES"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Yes, I am connected to primary care that I am happy with	**90.8%**	88.6%	83.6%	89.0%	85.8%	96.2%
Yes, I can get an appointment when needed	**83.9%**	84.0%	80.2%	81.5%	77.5%	90.1%
Yes, I can easily get to my health care provider	**94.1%**	91.6%	89.9%	92.3%	92.3%	96.4%

COMMUNITY SOCIAL AND ECONOMIC CONDITIONS

Question: *Below are some statements about your community. Select an option for your response in each row below.*

Response: "YES"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
There are affordable health care services	**51.4%**	45.4%	40.7%	46.5%	47.8%	58.5%
Childcare resources are affordable and available	**15.7%**	16.0%	16.1%	13.5%	19.4%	13.6%
There are plenty of well-paying jobs 18+	**37.5%**	22.7%	27.0%	28.3%	40.1%	35.9%
There are plenty of available jobs <18	**42.4%**	26.8%	31.7%	32.7%	46.9%	37.0%
K-12 schools are well-funded and provide quality education	**44.5%**	19.0%	30.5%	22.6%	52.5%	47.3%
Our local university/college is of quality and affordable	**45.1%**	27.2%	34.7%	39.5%	44.4%	49.8%
Crime is not a major issue in my neighborhood	**54.3%**	33.9%	40.8%	29.5%	56.6%	55.6%
There is a feeling of trust in law enforcement	**59.8%**	24.3%	43.8%	34.9%	57.3%	65.9%
Affordable healthy food options are accessible nearby	**77.7%**	45.2%	57.7%	56.0%	76.5%	82.6%
There are good sidewalks/trails for walking/biking safely	**83.2%**	53.0%	66.7%	67.0%	79.4%	86.8%
The streets are clean and buildings are well maintained	**75.7%**	36.0%	56.6%	44.2%	73.9%	82.0%
The air and water quality are safe	**70.2%**	46.4%	55.8%	51.5%	67.5%	75.3%

Racism, Discrimination and Health Equity

INDIVIDUAL: LIFE CHALLENGES WITH SOCIAL AND ECONOMIC CONDITIONS

Question: *Thinking about your own life, do you feel that any of the following have been a challenge?*

Response: "YES"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Unconscious bias	**34.1%**	58.5%	52.6%	43.1%	38.7%	26.3%
Individual acts of racism/discrimination	**20.2%**	56.0%	42.6%	32.2%	24.0%	15.3%
Structural or systemic racism	**19.9%**	63.8%	41.8%	33.4%	25.2%	15.4%
Limited access to wealth	**20.2%**	45.6%	35.0%	31.9%	23.7%	12.0%
Limited access to quality education	**11.1%**	31.1%	23.4%	19.6%	16.4%	6.4%
Limited access to career opportunities	**20.4%**	44.2%	37.6%	29.2%	26.8%	10.4%
Limited access to quality housing	**13.1%**	41.0%	26.1%	24.4%	15.4%	8.8%

INDIVIDUAL: RACISM AND DISCRIMINATION IN HEALTH CARE ACCESS

Question: *Below are some statements about health care services and providers (doctors, nurses, other hospital clinic staff) in your community.*

Response: "YES"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
I feel heard and seen and listened to when receiving health care	88.9%	84.9%	82.8%	87.3%	84.7%	94.5%
I feel I am treated differently because of my race or ethnicity when receiving health care	5.4%	21.5%	13.1%	10.2%	8.3%	3.1%
I feel I am treated differently because of my gender when receiving health care	9.0%	10.1%	11.2%	11.0%	12.6%	4.3%
I feel I am treated differently because of my sexual orientation when receiving health care	2.3%	2.3%	3.4%	3.5%	2.9%	0.9%
I feel my family or support people are seen and listened to when receiving health care	70.6%	62.6%	67.3%	68.5%	73.4%	75.3%
I feel seen and listened to when my child/children are receiving health care	46.9%	55.4%	54.3%	46.8%	86.3%	41.1%

COMMUNITY: PERCEPTION OF REASONS FOR HEALTH DISPARITIES

Question: *On average, people of color (POC) in the U.S. have worse health outcomes compared to White people. Do you think any of the following are reasons for the difference?*

Response: "MAJOR REASON"	County overall	Black/African American	Hispanic/Latino	High-need zip codes	Household with children	Older adult (>65 yrs)
Historic gaps in wealth	**63.5%**	83.9%	67.9%	72.5%	63.9%	63.0%
Structural/systemic racism	**57.1%**	85.6%	65.0%	69.0%	63.3%	52.8%
POC have less access to quality education	**45.0%**	65.1%	57.9%	53.3%	50.3%	40.3%
POC have less career opportunities	**42.1%**	72.5%	53.8%	54.5%	45.6%	38.6%
POC have less access to quality housing	**50.9%**	75.8%	58.7%	60.3%	63.9%	48.0%
POC are more likely to be exposed to bad environmental conditions	**50.1%**	76.0%	53.4%	58.7%	50.8%	49.9%
Doctors are less likely to provide the same care to POC	**26.0%**	56.8%	36.1%	37.5%	36.4%	15.5%
POC are less likely to have health care and/or insurance	**49.9%**	70.0%	54.2%	56.0%	51.8%	47.4%
POC have less opportunities for healthy activities and/or eating	**28.6%**	47.3%	34.6%	35.2%	33.3%	24.8%
POC are genetically less healthy than whites	**7.7%**	20.8%	15.2%	12.7%	9.4%	6.0%

CHILDREN'S QUALITY OF LIFE **Question:** *In general, would you say your child's quality of life is:*	
Excellent	50.9%
Very good	37.5%
Good	10%
Fair	1.6%
Poor	0.2%

HEALTH PLAN COVERAGE FOR CHILDREN **Question:** *Which type(s) of health plans(s) do children in your home have to cover the costs of health care services? Select all that apply.*	
Insurance through an employer	77.8%
Medicaid/Children's Health Insurance Program (CHIP)/BadgerCare	20.2%
Private insurance I pay for myself (HMO/PPO)	3.0%
I pay out of pocket/cash	2.3%
Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)	2.2%

CHILDREN'S HEALTH ISSUES **Question:** *Have the children (under 18) in your home experienced any of the following health issues? Select all that apply.*	
No, the child/children have not faced any health issues	49.0%
Mental or behavioral health (fearfulness, depression, self-regulation)	21.8%
Chronic diseases (allergies, asthma, diabetes)	13.7%
Oral health/dental health	8.4%
Overweight or underweight	8.2%
Hearing and/or vision	7.3%
Infant health (low birth weight, premature birth)	6.7%
Childhood disabilities or special needs	6.3%
Infectious diseases (measles, COVID-19)	5.4%

CHILDREN'S ACCESS TO HEALTH SERVICES **Question:** *In the past 12 months, was there a time when children in your home needed medical care or other health related services but did not get the services that they needed?*	
No, they got the services that they needed	81.3%
Yes	8.9%
Does not apply, the child/children did not need services	9.7%
Which of the following services were the children in your home not able to get in the past 12 months when they needed them?	
Mental health services	34.1%
Dental care (routine cleaning or urgent care)	24.7%
Well child visit/check-up	23.5%
Sick visit/urgent care visit	20.0%
Services for special needs	17.7%
Prescription medications	16.5%
Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months.	
Office/service/program has limited access or is closed due to COVID-19	41.3%
Wait is too long	28.8%
Cost - too expensive/can't pay	26.3%
Insurance not accepted	20.0%

CONCERNS FOR CHILDREN'S HEALTH **Question:** *Do you have concerns for any of the following activities for the children (under 18) in your home? Select all that apply.*	
I have no concerns	65.1%
Nutrition and eating habits	23.5%
Physical activity and exercise	20.6%
Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed)	5.1%
Vaping, juuling and e-cigarette use	3.6%
Other	3.5%
Alcohol use	3.4%
Cigarette smoking and other tobacco use	2.1%

Technical Notes:

- Sample sizes: County overall (n=8616), Black/AA (n=642), Hispanic/Latino (n=463), High-need zip codes (1535), Children in household (n=1145), Older adult (n=3450)
- Sample size denominators vary across survey questions based on survey completion by respondent
- Convenience sample survey method was utilized; results may not be generalizable
- Survey methods: 50 total questions, online, English/Spanish, no incentive, voluntary, anonymous
- High-need zip codes are based on a suite of social and economic indicators found on healthcompassmilwaukee.org. Those zip codes are: 53206, 53205, 53204, 53225, 53208, 53210, 53233, 53218, 53209, 53212, 53215
- The Community Health Survey is one of three data inputs for the Milwaukee Community Health Needs Assessment. View the full report at healthcompassmilwaukee.org

Survey Respondent Demographics

Total sample size: n=8616

RACE	n	%
White or Caucasian	6742	80.5%
Black or African American	642	7.7%
Asian or Asian American	108	1.3%
American Indian or Alaskan Native	53	0.6%
Two or more races	186	2.2%
Some other race	81	1.0%
Prefer not to answer	560	6.7%
ETHNICITY		
Hispanic/Latino/Latinx	463	5.4%
Mexican	156	36.5%
Mexican American	123	28.7%
Puerto Rican	121	28.2%
South American	27	6.3%
Central American	22	5.1%
Cuban	5	1.2%
Dominican	5	1.2%
Other	25	5.8%
Non-Hispanic/Latino/Latinx	7474	86.8%
Prefer not to answer	679	7.9%
AGE		
18-20	35	0.4%
21-24	128	1.5%
25-34	799	9.5%
35-44	1102	13.1%
45-54	1039	12.4%
55-64	1656	19.7%
65-74	2651	31.6%
75-84	751	9.0%
85 or older	48	0.6%
GENDER		
Female	5938	70.8%
Male	2221	26.5%
Transgender Male	10	0.1%
Transgender Female	9	0.1%
Non-binary	34	0.4%
Other	22	0.3%
Prefer not to answer	159	1.9%
SEXUAL ORIENTATION		
Straight	7334	87.5%
Gay	156	1.9%
Lesbian	86	1.0%
Bisexual	175	2.1%
Pansexual	48	0.6%
Queer	52	0.6%
Other	44	0.5%
Prefer not to answer	463	5.5%

EDUCATION	n	%
Less than 9th grade	37	0.4%
Some high school	110	1.3%
High school graduate (GED)	2034	24.3%
Associate degree	1218	14.5%
Bachelor's degree	2614	31.2%
Master's/Professional degree	2372	28.3%
INCOME		
Less than $25,000	738	8.8%
$25,000-$50,000	1332	10.6%
$50,000-$75,000	1392	16.6%
$75,000-$100,000	1132	13.5%
$100,000-$125,000	897	10.7%
$125,000+	1186	14.2%
Prefer not to answer	1704	20.3%
EMPLOYMENT		
Employed part-time	754	9.0%
Employed full-time	3354	39.9%
Out of work, looking	110	1.3%
Not working by choice	186	2.2%
Unable to work	273	3.2%
Retired	3431	40.8%
Student	84	1.0%
Out of work, not looking	45	0.5%
HOUSEHOLD SIZE		
1	2141	25.8%
2	3853	46.4%
3	1142	13.7%
4	770	9.3%
5	278	3.3%
6 or more	129	1.6%
PRIMARY LANGUAGE		
English	8060	96.8%
Spanish	160	1.9%
Other	67	0.8%
Arabic	17	0.2%
Russian	12	0.1%
Hmong	10	0.1%

Appendix E: 2022 Froedtert Community Hospital – Oak Creek Community Health Needs Assessment: 2021 Milwaukee County Community Health Needs Assessment: A Summary of Key Informant Interviews

The Milwaukee County Community Health Needs Assessment key informant interview results can be found at www.healthcompassmilwaukee.org.

Milwaukee County conducted key informant interviews and focus groups to gain deeper insights about perceptions, attitudes, experiences or beliefs held by community members about their health. It is important to note that the information collected in an individual focus group or interview is not necessarily representative of other groups. A total of 48 key informant interviews representing communities that include, but were not limited to: African American, Native American, Hispanic, Hmong, the elderly, youth, LGBTQ+, individuals with disabilities, and those living with mental illness and substance use disorders were conducted during August 2021 and September 2021. A total of 55 participants in four focus groups were conducted during October 2021 and November 2021. Key partners, organizations and topic groups were invited by the Milwaukee Health Care Partnership and its partner organizations to participate in these virtual interviews lasting 60 minutes and held in English.

Key informants in Milwaukee County were identified by the Milwaukee Healthcare Partnership health systems' community benefit leaders. A large array of community organizations, faith and community leaders, government officials, and health system leadership gave feedback when facilitators asked specific questions about community health.

Interviewers and focus group facilitators used a standard discussion guide from which informants were asked to identify:

- Impacts of the COVID-19 pandemic
- The top health issues affecting Milwaukee County residents
- The top leading factors that contribute to the issues
- Existing strategies to address the issue
- Groups or populations that seem to struggle the most with the issues
- Barriers/challenges to accessing services
- Additional strategies needed to address the issue
- Key groups in the community that hospitals should partner with to improve community health

All informants were made aware that participation was voluntary and that responses would be shared with the Conduent Healthy Communities Institute for analysis and reporting. Notes from the key informant interviews and focus groups were managed by Conduent HCI through the web-based qualitative data analysis tool, *Dedoose*. Interview text was coded using a pre-designed codebook, organized by themes, and analyzed by Conduent for significant observations. There were 8,449 codes extracted from the key stakeholder and focus group interviews. The frequency with which a health topic was discussed was used to assess the relative importance of that health and/or social need to determine the most pressing health needs of the community.

These findings are a critical supplement to the Milwaukee County Community Health Needs Assessment (CHNA) survey conducted through a partnership between the Milwaukee County Health Departments, Advocate Aurora Health, Ascension Wisconsin, Children's Hospital of Wisconsin, and Froedtert Health. The CHNA incorporates input from persons representing the broad community served by the hospitals, focusing on a range of public health issues relevant to the community at large.

Limitations: The breadth of findings is dependent upon the opinions of a limited number of experts identified as having the community's pulse. It is possible that the results would have been different if an alternative set of informants had been interviewed. Several invited informants were not able to participate. The variety of interviewers could have resulted in some inconsistencies in data collection. Although Conduent Healthy Communities Institute used a consistent analysis process to review the interview data, it is possible that certain responses could have been misinterpreted. Additionally, some informants did not

answer all questions from the discussion guide, and some answered the questions generally across issues, rather than relating the questions back to their top identified health issues. Results should be interpreted in conjunction with other Milwaukee County data available in the Milwaukee County Community Health Survey, Health Compass Milwaukee and internal hospital data.

A total of 48 key informant interviews and four focus groups were asked to identify major health-related issues in Milwaukee County. The five health issues identified most consistently were:

1. Access to Health Care
2. Mental Health
3. Infectious Disease
4. Alcohol and Drugs
5. Community Safety

Summaries of barriers/challenges, needed strategies and priority populations for each health issue are presented below in the order listed above. In addition, community identified resources, partners and assets are listed below.

Access to Health Care

Barriers and Challenges	Needed Strategies
• Affordable healthcare • People do not know how to access health care services • Provider deserts • Lack of numeracy and lack of health literacy • Cost of care • Economic disparity and other forms of discrimination • Fragmentation of health and social service systems • Having to go to multiple places for care • Provider shortage • Lack of access to technology • Lack of adequate outpatient services (preventative) particularly for those who have Medicaid • Lack of in person assistance • Lack of specialized services • Limitations of Title 19-Medicaid • Medical mistrust • Language • Poverty is connected with low access to health care • Fear of documentation • Transportation limitations	• Address safe housing and neighborhoods • Access to centers that are closer • Access to interpreters for effective communications • Access to mental health services • Added virtual services • Communication, access and trust • FQHCs • Coordination and infrastructure with technology and data is needed • Health systems could work together to establish financial structures for medical home models, there needs to be an initial investment • Extend hours • Put county services at FQHCs • Government and legislative support • Medicare expansion • Promote wellness and healthy lifestyles • Address social determinants of health- housing, education, poverty

Priority Populations

- Hispanic
- Native Americans
- African Americans

Mental Health

Barriers and Challenges	Needed Strategies
• Accessible mental health services • Alcohol and drug programs/mental health all spiked during the pandemic because people were staying home, not going to treatment, not going to AA groups. • Health care cost and insurance • Lack of providers • Bilingual providers and counselors • Stigma • Communication • Patients have delayed care due to pandemic such as cancer screenings • Racism/discrimination • Behavioral health is over diagnosed • Complexity of mental health • Many of the young people don't admit to having mental health issues • Misdiagnoses or not diagnosed • Isolation/disconnection • Inability to handle conflict or how to de-escalate at situation- this often time leads to violence • Health inequities in health care system • Individuals don't know they are suffering from mental illness • Lack of trust with the health care system • Individuals are not able to meet just basic needs like having food or housing • Intergenerational families and dynamics • Interpersonal and community trauma • Safe and stable housing • Suicide rates among certain populations • Stress of pandemic and current economic environment • Dealing with dementia or schizophrenia	• CART Team deployment • Access to fresh fruit • Trauma-informed care • Engage youth and families to create a culture of kindness • Telemedicine services • Cultural relevance • Civic response team • Addressing delayed trauma for those most at risk due to the pandemic • New crisis center- services need to be reverted into the community rather than away • Addressing community safety and violence • Rethink how services are delivered- telehealth at all levels of care or hybrid approach that is dynamic. Use 24-hour facilities to help deliver care at all hours. • Establishment of early intervention programs through the collaboration of multiple offices to screen and identify people being arrested and providing off-ramps where they could be accountable, addressing mental health needs, drug abuse issues, and connecting them to services in the community • Social connectedness initiatives • Target African American males to reduce stigma of seeking mental health services • Wrap services around the most vulnerable. Utilizing a "no wrong door" policy, family and supportive systems-level approaches. • Mental health changes for youth development include breathing techniques, building trusted community network has seen higher participation rates with virtual assistance in keeping kids connected. • Need for more social support services • Mobile mental health professionals deployed into situations of violence/mental health crisis • Focus on social determinants of health • Provide more services to the aging population to reduce isolation • Establish safe spaces or environments • Teach coping techniques • Funding
Priority Populations	
• Aging population/elderly • Youth and young adults • Families • Immigrants/refugee families • LGBTQ+	• Native populations • African American males • Veterans • Homeless population

Infectious Disease

Barriers and Challenges	Needed Strategies
• Vaccine hesitancy • Politics in the public health realm • COVID- 19 has highlighted many types of health disparities • Some of the early challenges of COVID-19 were lack of info and access to screening and testing. • Health departments themselves are overtasked and under-resourced	• Vaccine mandates • Community-based outreach personal and cultural communication efforts • Understanding COVID-19 restrictions (i.e. When to mask, when to social distance) • Legislative authority to control communicable diseases and ordinances
Priority Populations	
• Younger Native Americans • African Americans	

Alcohol & Drugs

Barriers and Challenges	Needed Strategies
• The drug trade itself with high rates of violence is a health issue • Exchanging of drugs within community, • Sex trafficking • Safe driving • People who were going through alcohol and drug treatment could not be admitted for a few months the services were impacted • Had to stop day treatment programs due to COVID-19 • Many do not want to talk about substance abuse • Drug convictions • Not a lot of places for people to get help • Affordable housing, communities paying half of their income to live in unsafe/unhealthy housing areas • Racism and discrimination • Access to childcare and daycare	• With the alcohol/drug programs, earlier transition to telehealth, participants more savvy with the cell/smart phone and tablets • Involvement with workgroup on opioids and post-fatality review board • Digital literacy • Address underage use, binge drinking and drinking and driving • Detox center • Milwaukie County is rich in resources

Priority Populations

- 53214-zip code high for overdose

Community Safety

Barriers and Challenges	Needed Strategies
• Community members are scared to step outside of their house • If you aren't safe, you don't sleep well. You don't go out and walk around. You don't have access to healthy food. • Childcare is a huge issue • Access to affordable anything • Neglect • More pressures, more drugs, more alcohol • Concentrated poverty equals concentrated crime, including prostitution (i.e. STI increase) • Urban center density a factor in crime • Reckless driving and young kids stealing cars • People spending all their resources on housing to be safe • People don't feel like they have community – don't know their neighbors • Firearm possession • Internal capacity, underfunded and understaffed relative to similar size cities and levels of violence	• Promote wellness and healthy life • Address social determinants of health • Address all forms of safety- domestic violence, gun violence, elder or child abuse • Geo mapping shows how violence is in proximity to hospitals • Address trauma • Community prevention work is primarily done without law enforcement

Priority Populations

- Abuse with the elderly
- Black trans women
- Child abuse and neglect
- Domestic violence seen in refugee families
- Victims of human trafficking
- LGBTQ+
- Female population
- Veterans

Identified Community Resources	
All area hospitals	Mental Health taskforce
Aurora annual health conference	Milwaukee Behavioral Health
Beyond the Bell	Milwaukee Behavioral Health Crisis Assessment and Response Team (CART)
Boys & Girls Clubs of Greater Milwaukee	Milwaukee Coordinated Entry
Civic action team	Milwaukee County Behavioral Health provider (crisis center, CART Team deployment)
Community Resilience Team/Group	Milwaukee Fatherhood Initiative
Community Resource Network	Milwaukee Health Department
CORE El Centro	Milwaukee Public Libraries
County Housing Division/Housing Navigators	Milwaukee Public Schools (Cristo Ray, Augustin Prep, UCC, whole network of private/charter school network)
Criminal justice system	Milwaukee Urban League
Crisis Center	Partners of Change
Detox Center	Pretty girls are educated
Doula Program	Resource Business Development (Bids)
Dream team united	Rogers Behavioral Health
EMT	Running Rebels
Energy assistance	SaintA (Partnership with Boys & Girls Clubs of Greater Milwaukee, Medical College of Wisconsin, federal SAMHSA grant)
Eviction Prevention Coalition & Landlord Organizations	Sixteenth Street Community Health Center
Fatherhood Fire Program	Social Development Commission adopted food pantries in Glendale
Fathers Making Progress	Sojourner Family Peace Center
Food banks	Sojourner Family Peace Center and Children's Wisconsin
Food network "Feeding American"	Southside Organizing Center
Food stamp program, Free lunch programs	Strong Baby Sanctuaries
FQHCs	The Alma Center
Froedtert & the Medical College of Wisconsin regional health network (partnership between Froedtert Health and the Medical College of Wisconsin)	The Credible Messenger Program
Greater Milwaukee Foundation	The Vaccine Integrated Communications, Outreach, and Mobilization (VICOM)
Health Department	True School
Healthcare Partnership	Unitika
Healthy Connection	United Way
Healthy Homes Initiatives	Urban underground
Hispanic Collaborative	Vaccination clinics with temples, Walgreens, South & North side pharmacies
Hunger Taskforce	Veterans Affairs
Impact Connect	Veterans Office
Indian Health Center	Vivent's HIV Medical Home
Islamic Society of Milwaukee (ISM)	VOLAG
Lutheran Social Services of Wisconsin and Upper Michigan,Inc.	We Care Crew/Coalition
Manyu Health System	We Got This
Medical College/APAMSA-Medical Student Group	Workgroup on opioids/post-fatality review board

Appendix F: 2022 Froedtert Community Hospital – Oak Creek Health Needs Assessment: A Summary of Key Stakeholder Focus Groups

The Froedtert Community Hospital – Oak Creek Community Health Needs Assessment key stakeholder focus group results can be found at Froedtert Community Hospital Community Engagement | Froedtert & MCW.

Froedtert Community Hospital – Oak Creek conducted a focus group to gain deeper insights about perceptions, attitudes, experiences or beliefs held by community members about their health. It is important to note that the information collected in an individual focus group is not necessarily representative of other groups. A total of two focus groups were conducted with seven respondents representing communities that include, but were not limited to: the elderly, youth, individuals with disabilities, and those living with mental illness and substance use disorders were conducted during August 2022 and September 2022. Key partners, organizations and topic groups were invited by the Froedtert Health Community Engagement Leadership Team to participate in these virtual focus groups lasting 90 minutes and held in English.

Focus group facilitators used a standard discussion guide from which stakeholders were asked to identify:

- Ranking of two social determinants of health that are the most important issues for the service area.
- For those two social determinants of health, identification of:
    - How COVID-19 has impacted this issue
    - One major effort the community could rally behind to improve the issue
    - The community stakeholders that are critical to addressing the issue
- Ranking of two health conditions and behaviors that are the most important issues for the service area.
- For those two health issues, identification of:
    - The populations most affected and how they are affected
    - Existing strategies to address the issue
    - Additional strategies needed and barriers to addressing the issue
    - The community stakeholders that are critical to addressing the issue
    - One major effort the community could rally behind to improve the issue
    - One thing the organization needs to address this issue
    - How COVID-19 has impacted this issue

All stakeholders were made aware that participation was voluntary and that responses would be analyzed by Froedtert Health Community Engagement staff. Based on the summaries, this report presents the results of the 2022 key stakeholder focus groups for the Froedtert Community Hospital – Oak Creek service area.

Limitations: Two key stakeholder focus groups were conducted with seven respondents in the Froedtert Community Hospital – Oak Creek service area. This report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of stakeholders had been interviewed. Results should be interpreted with caution and in conjunction with other Milwaukee County data (e.g., key informant interviews, community health survey and secondary data).

In two focus groups, a total of seven key stakeholders were asked to rank two social determinants of health issues and two health conditions and behaviors. The areas ranked most consistently were:

1. Affordable Childcare
2. Safe and Affordable Housing
3. Mental Health, Mental Conditions, Suicide
4. Alcohol and Substance Use

Summaries of barriers/challenges, needed strategies and priority populations for each health issue are presented below in the order listed above. In addition, community identified resources, partners and assets are listed below.

Social Determinants of Health Issue Summaries

Affordable Childcare

COVID-19 impact:

- During the pandemic many daycares closed or reduced their hours or capacity, and there are some that never reopened
- Especially with more than one child, people are choosing to stay home instead of working because they can't afford childcare
- Before and after school programs for school-aged children have limited spots, making it difficult for parents to be in the workforce full time
- Employment issues; can't staff wraparound care programs or recruit qualified staff for childcare centers
- Infection prevention rules and guidelines help with spread of disease, but families then have to find backup care very frequently

An effort that the community could rally behind to improve this issue:

- Flexible scheduling hours
- Daycare with transportation for school-aged children
- Wraparound care
- Lower costs for full time young children in childcare
- Better pay for childcare workers

Community stakeholders critical to addressing this issue:

- Schools
- Business community (in-house daycare)
- Childcare providers
- Faith-based organizations

Safe and Affordable Housing

COVID-19 impact:

- Increase in cost and a lot of people aren't working – COVID-19 made that worse
- Issues with supply chains, supply and demand
- Elderly populations have very fixed incomes
- Shelters and emergency housing were limited with COVID-19 and now have long waiting lists. Organizations had to limit capacity and close warming rooms

An effort that the community could rally behind to improve this issue:

- Have a variety of housing options, including affordable for fixed income or low income
- Need to find a word for "affordable housing" that doesn't "scare" people
- Find a way to subsidize developers to build affordable housing complexes
- Educate elected officials, community members, etc., about housing issues and reframing how we think about rental properties
- Transitional housing is needed

Community stakeholders critical to addressing this issue:

- Elected officials
- Businesses
- Community
- Public Health
- Developers

Health Condition and Behavior Issue Summaries

Mental Health, Mental Conditions, Suicide

Populations most affected and how they are affected:

- Every population is affected
- Stressors may be different, but mental health conditions don't skip over any populations
- Often see it alongside poverty
- Youth data: impact on youth that started high school during COVID-19
- Older population, especially in regards to isolation

Existing strategies:

- Many organizations and agencies are bringing a spotlight to mental health and wellness, addressing the stigma associated with it
- Mental health providers located in the schools to break down barriers to access
- People are talking about it a little more
- Case managers to help support people and get them connected to resources
- Mental health providers are able to see people virtually

Needed strategies:

- There's a challenge in determining what's working well with data
- Need to engage additional populations in existing strategies like providers in schools
- Need more providers, and more access prior to things getting to an emergent situation
- Continue to address stigma
- Incorporate a mental health and wellness check into other annual checks
- Continued collective impact around the issue – shared resources, advocating for more resources
- Continued training and support for first responders

Community stakeholders critical to addressing this issue:

- Community leaders & messengers
- Youth leaders
- Health care providers / hospital systems
- Schools
- Community itself
- Front line services (police, public health)
- Milwaukee County
- FQHCs
- Churches, religious institutions

An effort that the community could rally behind to improve this issue:

- Continue working on exposure and efforts to de-stigmatize the topic
- Normalize talking about and planning about our mental health
- Workforce development to create a pipeline for behavioral health careers
- Collective impact

Organization needs:

- A way for community members to find local resources
- More providers
- Provider willingness to work with individuals on medication assisted treatment
- Resources to know where to refer people to

COVID-19 impact:

- Stress levels increased: overall stress, abrupt change of lifestyle, economic impacts, the difference of opinion on COVID-19, having COVID-19, etc.
- COVID-19 was traumatizing for everyone, and exposed how fragile and interdependent we are
- It was a need before, but COVID-19 exasperated it

- Elderly have been isolated, young people have had crises in schools, etc.

Alcohol and Substance Use

Populations most affected and how they are affected:

- Everyone is or can be affected
- Lower income are higher users
- For each substance, specific population are affected differently: in school age we see more alcohol, tobacco & marijuana, for 20-somethings there are more issues with other illegal drug use
- Overdose-related deaths in our communities are more in the 40-50 year old range

Existing strategies:

- Overdose fatality reviews for opioids
- Quick response team going out in non-fatal overdose, working with peer support counselors
- Quick response teams are also connected with family members to provide resources
- Case manager hired to oversee response teams
- More collective impact, not working in silos anymore; collaboration among South Shore Health Departments
- Availability of Narcan

Needed strategies:

- Looking at what impact we can make with alcohol abuse and reduction initiatives
- Focusing on multi-drug use, not just opioids or fentanyl
- Continued education
- Getting Narcan out in more spaces

Community stakeholders critical to addressing this issue:

- Health care, especially emergency rooms
- Public health
- Milwaukee County
- Behavioral Health
- Elected officials
- Licensing establishments (liquor licenses)
- Police
- Fire/EMS

An effort that the community could rally behind to improve this issue:

- Programming in schools
- Leveraging activities and things youth are already engaged in – community of positive experience
- Getting more people & businesses carrying and educated about Narcan

Organization needs:

- More education
- Funding
- Attention on all substances, not just opioids
- Buy-in, support and understanding, especially from community and elected officials
- Accessible treatment options

COVID-19 impact:

- COVID-19 put everything on hold when health departments had to shift focus
- Pushed timelines back for many things; momentum we had has fallen flat
- Service providers are not back to full service yet
- People couldn't access hospital care because they were full of COVID-19 patients
- More individuals were using substances alone during the pandemic

Appendix G: Key Stakeholder Organizations Interviewed for purposes of conducting the Froedtert Community Hospital – Oak Creek CHNA

Milwaukee County CHNA Key Informant Organizations	Description of Organizations
Ascension/United Way	United Way, Ascension and other organizations received a BUILD challenge grant for Sherman Park. It focuses on decreasing community violence and strengthening collaborative partnership in the Sherman Park Community.
Badger Philanthropies	Strives to be a philanthropic leader in improving the quality of life of the diverse global communities in which it works.
Black Health Coalition of Wisconsin	A group of local organizations and individuals whose collaborative goal is to address the health problems of African Americans.
Boys & Girls Clubs of Greater Milwaukee	Nonprofit youth serving agency providing academic and recreational programming.
Children's Health Alliance of Wisconsin, Milwaukee County Oral Health Task Force	Coalition to improve oral health and access to care.
City of Milwaukee Health Department	Government agency providing population health support.
City of Milwaukee, Office of the Mayor	Government agency.
City of Milwaukee Office of Violence Prevention	Government department to reduce violence.
Community Advocates	Community advocacy agency.
CORE- El Centro	Social service agency providing holistic healing and wellness services.
Disability Rights Wisconsin	A private non-profit organization that protects the rights of people with disabilities statewide.
Diverse & Resilient	Provides services to achieve health equity and improve the safety and well-being of LGBTQ people and communities in Wisconsin.
Feeding America Eastern Wisconsin	Agency that operates food banks across eastern Wisconsin.
Gerald L. Ignace Indian Health Center	Federally qualified health center primarily serving the Native American population.
Greater Milwaukee Foundation	Community philanthropic foundation providing funds to strengthen community organizations and programs.
IMPACT, Inc.	Nonprofit social service agency providing access and navigation to community resources.
Institute for Health and Equity at the Medical College of Wisconsin	The Institute for Health & Equity is focused on researching the root causes of health disparities in our communities, and advancing the best practices to foster health equity throughout the world.
Interfaith	Provides information, assistance, and supportive services to increase the self-sufficiency and well-being of older adults in the community.
Journey House	Family empowerment agency serving diverse populations.
Lutheran Social Services of Wisconsin and Upper Michigan	Nonprofit social service agency to improve the health and wellbeing of our community.
Mental Health America of Wisconsin	Mental health advocacy agency.
Milwaukee Center for Independence (Whole Health Clinical Group)	Service provider and advocacy agency for adults with mental illness.
Milwaukee County Behavioral Health Division	Government department connecting residents with behavioral health services.
Milwaukee County Department of Aging	Provides information, assistance, counseling and supportive services to older adults and caregivers.
Milwaukee County Department of Health and Human Services	Government department that prevents disease and promotes health.
Milwaukee County District Attorney's Office	Governmental department promoting public safety and advocating for violence prevention.
Milwaukee County Office on African American Affairs	Government agency providing services to African American communities.
Milwaukee Fire Department	Emergency response.
Milwaukee Latino Health Coalition	A collaboration of individuals and organizations dedicated to promoting health and wellness, reducing health disparities, eliminating stigma, and striving for social justice through education advocacy, research, and sharing of resources.
Milwaukee Police Department	Emergency response.
Milwaukee Public Schools	Provides public education for Milwaukee youth.
Milwaukee Rescue Mission/Safe Harbor	Faith-based organization.
Milwaukee Urban League	Nonprofit committed to addressing disparities, advancing economic stability and improving educational outcomes.
Muslim Community & Health Center	Strengthens the Milwaukee community and increases the well-being of its residents by providing free and charitable health care services, social services, counseling, emergency assistance, educational and job-training programs.
P3 Development Group	Organization that collaborates with clients seeking solutions for DEI, Economic, Leadership and community development initiatives.
Safe & Sound	Nonprofit uniting residents, youth, law enforcement, and community resources to build safe and empowered neighborhoods.
Social Development Commission	Community action agency to address economic disparities.
Sojourner Family Peace Center	Nonprofit providing safety, shelter, advocacy, and support for individuals affected by domestic

	or sexual violence.
Southeast Asian Educational Development (SEAED) of Wisconsin, Inc.	Nonprofit to advocate for an engage the Asian American community for positive change regarding chronic diseases and cancer health and wellness.
United Community Center	Nonprofit agency providing education, cultural arts, recreation, community development, and health and human services programing to residents of all ages on Milwaukee's near south side.
United Way of Greater Milwaukee and Waukesha County (2 people interviewed)	Engages, convenes, and mobilizes community resources to address root causes of local health and human services.
UniteWI	A coordinated care network of health and social care providers.
Vivent Health	Health care provider for sexually transmitted infections and harm reduction programming.
YWCA Southeast Wisconsin	Nonprofit working to eliminate racism and empower women.
Zablocki VA Medical Center	Provides health care services to Veterans, their families, and caregivers.
Zilber Family Foundation	Philanthropic foundation dedicated to enhancing well-being in Milwaukee.
Zilber School of Public Health	Higher education institute.
Milwaukee County CHNA Focus Groups	**Description of Groups**
Safety Net Clinic Focus	Representatives from Milwaukee's five Federally Qualified Health Centers (FQHCs) and the Free and Community Clinic Collaborative (FC3), a coalition of 25 safety net clinics that provide free and low-cost health care services to uninsured and underinsured patients.
Socio-economic Focus	Representatives from community-based organizations serving low-income populations.
Public Health Focus	Representatives from the eleven local health departments serving Milwaukee County municipalities.
Youth Focus	Representatives from community-based organizations serving children and adolescents.
Froedtert Community Hospital – Oak Creek Focus Group Organizations	**Description of Organizations**
Oak Creek-Franklin Joint School District	Provides public education for youth.
Greendale Health Department	Government department that prevents disease and promotes health.
South Milwaukee/ St. Francis Health Department	Government department that prevents disease and promotes health.
Oak Creek Fire Department	Emergency response.
City of Oak Creek	Government agency.
Oak Creek Health Department	Government department that prevents disease and promotes health.
Salvation Army	Organization that provides global support and resources around emergency response, health, addiction, and social work.
Community Medical Services – South Milwaukee (CMS)	Addiction treatment.
Cudahy Health Department	Government department that prevents disease and promotes health.
Community Representative	

Appendix H: 2022 Secondary Data Report

In 2022, Froedtert Health Community Engagement staff compiled secondary data from a variety of publicly available data sources. Data for each indicator were presented by race and ethnicity and gender when the data were available. Race data categorized as 'unknown' or 'missing' were rarely included. Therefore, not all races are represented in the data that follow. A secondary data analysis was completed between September and November 2022.

Publicly available data sources used for the Secondary Data Report

- U.S. Census Data (CENSUS)
- Wisconsin Department of Health Services (DHS)
- Wisconsin Family Health Survey (FHS)
- Behavioral Risk Factor Surveillance System (BRFS)
- Community Health Survey (CHS)
- Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
- Wisconsin Interactive Statistics on Health (WISH)
- University of Wisconsin Population Health Institute. *County Health Rankings* 2022. Accessible at www.countyhealthrankings.org.

Limitations: Secondary data is limited to availability of data, with some health topic areas having a robust set of indicators while others are more limited. Some secondary data sources do not include subpopulation data and others only display values for a select number of race/ethnic groups.

Appendix I: 2022 Internal Hospital Data

Internal health care data can provide a unique window into the heath needs of community members who have received care. Custom Froedtert Community Hospital – Oak Creek datasets and other information resources were produced to help benchmark patient data against the community health needs assessment.

Froedtert Health data sources used

- **Health Equity Strategy Alignment Tool: Community Vulnerability Assessment**
  - Per Vizient, "the community assessment is determined by the Vizient Vulnerability Index, a measure used to summarize data on social determinants of health at the neighborhood level. A vulnerability index can provide context for the obstacles that patients face in accessing health care and can quantify the direct relationship between these obstacles and patient outcomes. National health equity indices were evaluated to determine alignment with key relevant metrics that are available on a national level, encompass a broad scope and have a known relationship to health equity risks. Metrics that met these criteria were identified to serve as the foundation for the Vizient Vulnerability Index."

- **EPIC: Social Determinants of Health (SDOH) Screening**
  - Patients are screened using the SDOH questionnaire released by Epic, which leverages evidence-based screening tools when available. SDOH data is used at the patient level to enable care teams to address specific social needs of their patients and incorporate into their care plan or refer the patient to community-based resources as appropriate. At the patient population level, SDOH data is analyzed to understand the prevalence of social needs of patients by race and ethnicity, geography, payer, clinical service area, etc. This information will then be used in planning new programs and services, advocacy efforts, and community engagement.

- **Impact 211**
  - IMPACT 211 provides a central access point for people to take the first step toward regaining stability. During times of personal crisis or community disaster, the free, confidential helpline and online resource directory make it easy for residents to get connected to information and assistance. Data reports are generated to summarize demographics, total calls and referrals, requested services and unmet services by county and zip code.

- **Wisconsin Hospital Association CHNA Dashboard**
  - The Wisconsin Hospital Association Information Center created a Community Health Needs Assessment (CHNA) Mapping Tool to allow hospitals and community partners the opportunity to identify areas of need in their community by analyzing clinical conditions and community characteristics. Using data from both the WHA Information Center and American Community Survey, the tool allows for specific analysis down to the census tract level of individual communities.