# Key Informant Interview Report

A summary of key informant interviews and focus groups in Milwaukee County.

2015-2016

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Health System Members of the
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MILWAUKEE HEALTH CARE PARTNERSHIP

Aurora Health Care
Children's Hospital of Wisconsin
Columbia St. Mary's Health System
Froedtert Health
Wheaton Franciscan Healthcare

**In Collaboration with:**

City of Milwaukee and other
Municipal Health Departments
in Milwaukee County

**Prepared by:**
Center for Urban Population Health

The Milwaukee Health Care Partnership is a public/private consortium dedicated to improving health care coverage, access and care coordination for underserved populations in Milwaukee County with the goals of improving health outcomes, eliminating disparities and reducing the total cost of care. Its members include the following partnering health systems and hospitals:

**Aurora Health Care**
Aurora Sinai Medical Center
Aurora St. Luke's Medical
Aurora St. Luke's South Shore
Aurora West Allis Medical Center
Aurora Psychiatric Hospital

**Children's Hospital and Health System**
Children's Hospital of Wisconsin

**Columbia St. Mary's**
Columbia St. Mary's Hospital Milwaukee
Sacred Heart Rehabilitation Institute

**Froedtert Health**
Froedtert Hospital

**Wheaton Franciscan Healthcare**
Wheaton Franciscan Healthcare- St. Francis
Wheaton Franciscan- St. Joseph Campus
Wheaton Franciscan Healthcare- Franklin
Wheaton Franciscan- Midwest Spine and Orthopedic Hospital and Wisconsin Heart Hospital

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## Introduction

This report presents a summary of public health priorities for Milwaukee County, as identified in 2015 by providers, policy-makers, and other local experts and community members ("key informants"). These findings are a critical supplement City of Milwaukee Community Health Survey and the Secondary Data Analysis components of the overall community health needs assessment (CHNA) commissioned by the health system members of the Milwaukee Health Care Partnership in collaboration with local health departments. 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.

Key informants in Milwaukee County were identified by the Milwaukee Health Care Partnership in collaboration with the City of Milwaukee Health Department. The interviews were conducted by Partnership members between May and October 2015. The interviewers used a standard interview script ("schedule") that included the following elements:

- Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County; and
- For those five public health issues:
    - Existing strategies to address the issue
    - Barriers/challenges to addressing the issue
    - Additional strategies needed
    - 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 Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2015 CHNA key informant interviews for Milwaukee County.

The report describes the general themes present across the top ranked health issues. The next section is a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. Finally, a summary of the strategies, barriers, and partners described by participants is provided as well.

Forty-one individual key informant interviews were conducted in Milwaukee County. Of note, nine public health officers participated in the interviews as key informants. Twenty-two additional key informants participated in four focus groups conducted using the same interview schedule.

## A. General Themes

**Poverty** emerged as an important topic related to the health of Milwaukee County, often as a barrier to improved health. Other related issues of socioeconomic status, joblessness, and homelessness were also mentioned. Housing (e.g., lead and other exposures), stress, and crime/incarceration were also noted as tied to both poor health and poverty. This overlaps with some key informants' responses about disparities related to socioeconomic status being a concern for health in Milwaukee across topic areas.

**Race and Ethnicity** emerged as important aspects influencing health in Milwaukee. First, respondents often identified culturally and/or neighborhood-specific prevention and treatment services and strategies to address health concerns. Organizations and initiatives on the South Side of Milwaukee (city) were identified as addressing health issues for the Latino residents living in that area, for example, and the Lifecourse Initiative for Healthy Families (LIHF) was offered as an example of a program to address the disparity in Black and White infant mortality. Culturally specific services and providers for Hmong Americans and Native Americans were also examples of assets that exist in Milwaukee, and are also named as an area where continued growth is needed. More broadly, race and ethnicity were mentioned in relation to concerns about health disparities. Respondents expressed strategies addressing health issues in Milwaukee must be be inclusive and culturally competent.

**Chronic and communicable disease control and prevention** were important to the public. Broadly, these conditions were noted as having similar barriers and challenges. Suggested strategies generally focused on providing education to those in the community and increasing health literacy, providing early detection methods and preventive services to the community, and focusing on establishing medical homes and talking to patients about wellness across their lifespan.

**Media messaging** emerged across the health topics. In some cases, media was named as a barrier or challenge, including topics like misperceptions of causes of violence perpetuated by media, tolerance and promotion of gun culture in media, and stigmatizing portrayals of mental illness in media. Media was also named as an example of a "partner" that can be used to address health concerns. For example, media was recommended as a key partner in addressing physical activity, injury and violence prevention, alcohol and drug use, and communicable diseases.

**Schools**, school districts, school programs, school-community partnerships, and parent-teacher organizations were named as leaders of existing strategies, potential strategies, and potential partnerships for many of the key focus area issues. Importantly, schools were noted as a point of contact for large portions of the population (both students and parents). Schools were listed as potential partners in addressing almost all of the key health issues presented.

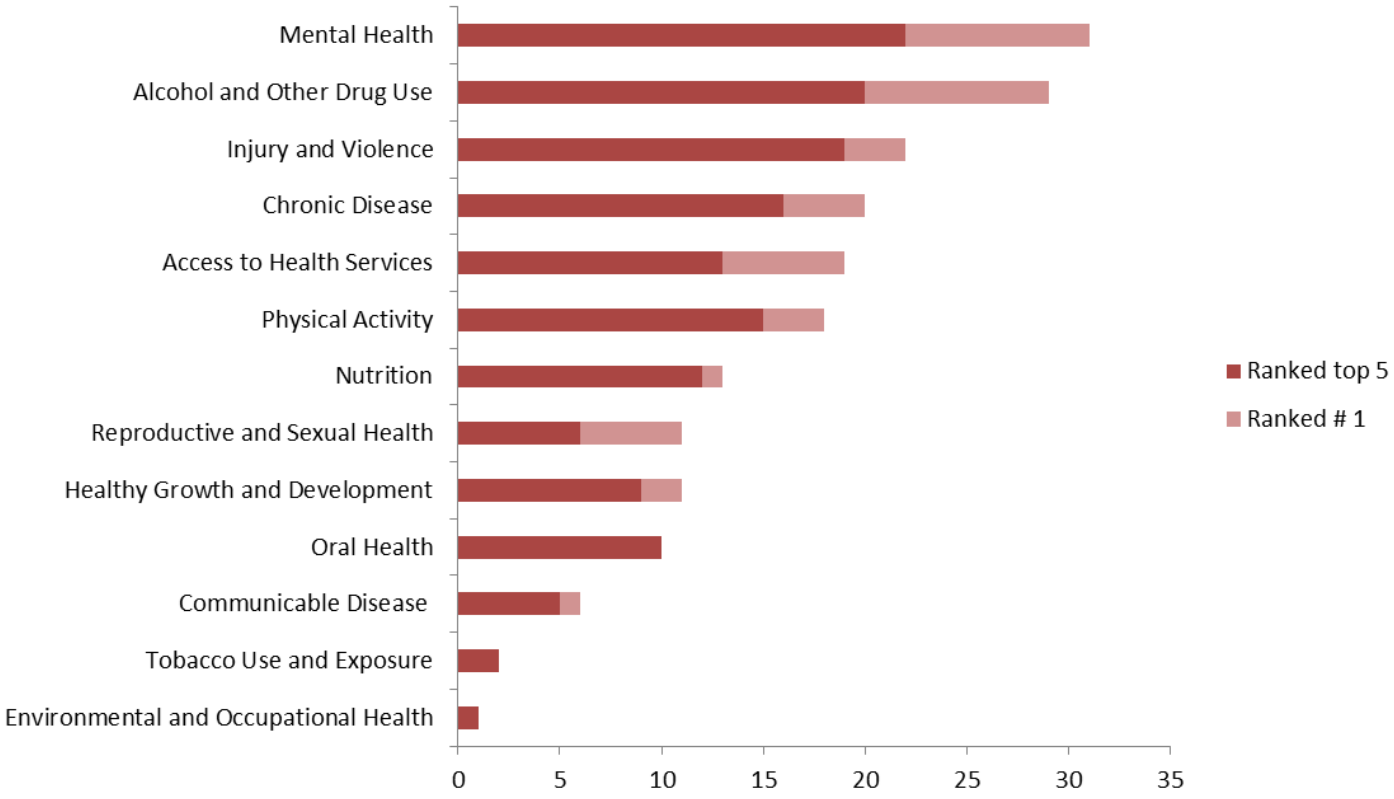
**Churches**, faith communities, and programs and services through churches were named as important existing strategies and key partners for work to improve health across many of the issues ranked by key informants. Some examples of existing strategies and key partners include services offered by the Bread of Healing Clinic, parish nurses, and churches playing an important role in

providing support to people dealing with mental health issues. Churches were also named as a site of engagement around issues of nutrition, physical activity, injury and violence prevention, and chronic disease management and prevention (specifically for Hmong Americans).

**Health Insurance Coverage, Access to Health Care Services,** and **Navigating Health Care Services** emerged as key health concerns. These three topics were clearly intertwined for respondents and also emerged in discussion of other health focus areas, including mental health, alcohol and other drug use, and oral health. Each topic elicited similar challenges and each was mentioned as a barrier for the other. Considering these three topics, informants suggested common strategies to help Milwaukee County, focusing on the importance of creating and maintaining partnerships and expanding access by adding staff, reducing costs, and increasing availability of services. Respondents generally noted lack of awareness of how to enroll in insurance benefits, existing programs, and how insurance and health systems work as barriers to all three issues, providing examples of how the three issues can compound one another. Community health workers, navigators, promotoras, and peer specialists were named as a needed strategy to address all three issues. Expanding capacity at FQHC and community clinics was another recommendation offered by respondents to address this issue. Additional work may be needed to disentangle these issues from one another and to pinpoint where the most pressing opportunities for change can be found.

## B. Focus Area Ranking

Forty-five rankings were provided by the 63 key informants from the interviews and focus groups. Informants were asked to rank up to 5 of the major health-related issues in their county from a list of 13 focus areas identified by the State Health Plan. (See Appendix A for the full list of informants). The table below presents the results, including a summary of the number of times an issue was mentioned as a top five health issue, and the number of times an informant ranked the issue as the most important health issue. Importantly, not every informant ranked five issues, and some did not include an order ranking (e.g., included check marks, but no numbers). Those without an order ranking are included as being ranked in the top five, but are excluded from the top issue ranking.



| Health Focus Area | Key Informant Rankings | |
|---|---|---|
| | Top 5 | Number 1 |
| Mental Health | 31 | 9 |
| Alcohol and Other Drug Use | 29 | 9 |
| Injury and Violence | 22 | 3 |
| Chronic Disease Prevention and Management | 20 | 4 |
| Access to Health Services | 19 | 6 |
| Physical Activity | 18 | 3 |
| Nutrition | 13 | 1 |
| Reproductive and Sexual Health | 11 | 5 |
| Healthy Growth and Development | 11 | 2 |
| Oral Health | 10 | 0 |
| Communicable Disease Prevention and Control | 6 | 1 |
| Tobacco Use and Exposure | 2 | 0 |
| Environmental and Occupational Health | 1 | 0 |

## C. Top Five Health Issues

The five health issues ranked most consistently as a top five health issue for the County were:

1. Mental Health
2. Alcohol and Other Drug Use
3. Injury and Violence
4. Chronic Disease Prevention and Management
5. Access to Health Services

Summaries of themes for each issue are presented below. As a guide, issues ranked as the top five priorities for the County are marked with this thermometer symbol:

## Behavioral Health

Mental Health and Alcohol and other Drug Use were two issues receiving the most rankings in key informants' top five health focus areas. Almost all key informants discussed mental health or alcohol and drug use as top priority areas, with many discussing both. Mental health was slightly more frequently discussed than alcohol and drug use. Stigma and lack of access to behavioral health services were noted as challenges within both areas. However, strategies named to address these issues were varied. Because of these differences, as well as issue-specific challenges, we present the two issues separately under the larger umbrella of behavioral health. One key informant noted these two issues are related but cautioned not to "confuse or blur the lines between the two issues as their drivers and solutions are distinct."

### Mental Health

Mental health emerged as the most commonly discussed issue by Milwaukee County key informants, with thirty-one respondents ranking it at a top five health priority. Key informants highlighted the need for more community-based programs, better integration of behavioral health into other services, and lack of services and resources for underinsured and uninsured residents. Key informants also named stigma around mental health and lack of a community-wide action plan as major challenges in addressing mental health.

*Existing Strategies:* Key informants named the following existing strategies in the county to address mental health: inpatient and outpatient mental health services; increased bullying awareness; housing first strategy; community behavioral health redesign is underway; Milwaukee Center for Independence programming that manages medication and re-integrates people with mental health issues into the community, jobs, and housing; crisis intervention training for employees; efforts within schools and school-community partnerships; mental and behavioral health task forces; implementing trauma informed care; and more mental health providers are being added in the community.

*Barriers and Challenges:* Insufficient outpatient resources for low income patients; insurance barriers; lack of integration of behavioral health into primary care; lack of providers and barriers to becoming a psychiatrist; insufficient pediatric mental health workforce; fragmentation between health care, schools, law enforcement, etc. and no community-wide plan for integration; available services tend to be crisis-focused rather than continuous care; transportation to get to providers and clinics and not enough providers in all areas; difficulty following up with homeless patients; emergency medical service responders who may not be trained in mental health; the stigma of mental health issues and illness; fear of treatment; and language and cultural barriers were some main challenges named by key informants.

*Needed Strategies:* A public health approach that works much further upstream from acute crises; peer support; housing; better partnerships across systems and diminishing silos between

organizations and programs; a wraparound model; better services for veterans; programs that address stigma; new Medicaid reimbursement for services; integration of behavioral health into primary care; more focus on mental health in early care and education settings; referrals for people who repeatedly use 9-1-1 for mental health concerns; recognizing and addressing the relationship between exposure to toxic stress and persistent racism, mass incarceration, and exposure to violence in communities of color; increased support in schools; address needs across the lifespan; and an emphasis on building healthy relationships within communities were recommended strategies named by key informants.

*Key Community Partners to Improve Health:* Federally Qualified Health Centers (FQHC), clinicians, the VA, Mental Health America of Wisconsin, Mental Health Task Force, law enforcement, peer specialists, schools, the faith communities, Milwaukee County Behavioral Health, Milwaukee County Mental Health Board, involvement from non-profits who provide wraparound services, advocacy groups from within the African American and Latino communities, child care providers, community based organizations, and health departments were named as key partners to improve mental health in the county. It was also noted there needs to be more collaboration and integration among the key partners.

## Alcohol and Drug Use

Twenty-nine key informants ranked alcohol and other drug use as a top five health priority. Most responses were broad, but some respondents focused on specific issues under this umbrella. Many respondents mentioned alcohol and related issues (e.g. alcohol use as a cultural norm, underage drinking, and drinking and driving). Several respondents specifically named prescription drug abuse as a specific concern, while only a few focused specifically on marijuana use, heroin use, and topics related to heroin use (e.g. Suboxone, Narcan, and needle exchange programs as strategies to address heroin use and addiction). Of note, Alcohol and Drug Use was ranked separately from Tobacco Use and Exposure, which was selected as a top health issue by two respondents. More information specific to tobacco is presented separately.

*Existing Strategies:* "*The general approach of education and awareness is established*." Key informants indicated a number of organizations across sectors are already addressing these issues by providing services, and education is in place within the schools. Specific strategies named include needle exchange and Sharps collection programs, public campaigns and media coverage of the issues, prescription drug drop off locations, the Wisconsin Prescription Drug Monitoring Program (PDMP), medication lock boxes sold at cost, the Community Health Improvement Plan, and community capacity building.

*Barriers and Challenges:* Lack of funding and time for health departments to address these issues more thoroughly, Wisconsin's cultural norms encourage alcohol consumption, a lack of providers or treatment options (especially culturally-specific treatments and counselors who are the same race

or ethnicity as their patients), barriers to accessing treatment, the cost of treatment, the ease of access to alcohol and drugs, the complexity of underlying issues that lead to substance abuse, community or parent denial of the problem, and unintended consequences of policy decisions were named as barriers and challenges to addressing alcohol and drug abuse in the county.

*Needed Strategies:* More providers and more training and technical assistance for existing treatment providers, earlier education for children in schools, stronger policies, better integration of alcohol and drug abuse treatment with mental health services, integration of alcohol and drug abuse treatment in primary care settings, more evidence based practices, the ability for providers to be able to bill insurance for services, more public forums to discuss these issues, public policy changes and more funding for compliance checks, more attention focused on treatment rather than punishment, and small work groups to focus on specific topics within the larger were all strategies recommended by key informants to address alcohol and drug abuse in the county.

*Key Community Partners to Improve Health:* Respondents named many diverse partners important to efforts to improve health related to these issues. The Milwaukee Health Care Partnership, health departments, health care providers and systems, media, law enforcement, fire departments, emergency medical service providers, neighborhood associations, the Salvation Army, the Milwaukee Rescue Mission, the Medical Society of Milwaukee County, schools, the business community, community leaders, providers of culturally-specific programs and services, all levels of government, peer specialists, many community organizations and social service agencies, and all residents of the county.

## Injury and Violence

Twenty-two key informants ranked Injury and Violence prevention among their top five health focus areas. Under this umbrella, key informants addressed a breadth of topics including fire and fall prevention, youth violence, crime, gun violence, domestic/intimate partner violence and violence against women, Adverse Childhood Experiences and trauma, and injury prevention for children through car seat safety checks and bicycle safety programs.

*Existing Strategies:* Existing strategies to address injury prevention include home assessment, injury prevention programs for seniors, newsletters, car seat checks and car safety programs, bicycle rodeos, messages in school planners, promotion of helmet use, and pedestrian safety messaging. Related to crime, validated risk assessment tools, addressing poverty, community policing, the Community Justice Council, hotspotting, Project Ujima, the Medical College of Wisconsin Injury Research Center, and the Milwaukee Peace Summit were existing strategies named. Regarding family violence and child abuse, Sojourner Family Peace Center's programs; the Hmong American Women's Association's programs, services, and support within the clan system; the Safe and Sound Collaborative; family support services; implementing trauma informed care principles; Denim Day

and other awareness campaigns; and mindfulness programs were named as existing strategies to address violence.

*Barriers and Challenges:* Lack of funding for programs and health department time; data is difficult to access; ease of access to guns; the complexity of poverty drugs, gangs, and hopelessness; poor quality schools; lack of connection between safety and overall health; lack of education about violence; the media's influence on public perceptions of violence; violence is understood as a "northside" issue rather than a "Milwaukee Community" issue; the disconnect between police and the community; hyper-militarization of the police department; lack of aligned or unified approaches to address urgent problems; peer pressure; problems within the criminal justice system (such as cases tried in the County Court rather than the city, where jury demographics are not reflective of defendant population); violence reduction mentorship programs for at risk youth are counterproductive when mentors do not share race or class profiles of mentees; stigma of intimate partner/family violence; traditional gender roles and patriarchal culture; and laws that hinder research and prevention were named as barriers to addressing injury and violence prevention within the county.

*Needed Strategies:* Collaboration among community partners across sectors (emergency services, early childhood, churches, businesses, law enforcement and public safety, government, health) and connection to racial equity work, a return to community policing, restorative practices instead of punitive approaches, rotation of key personnel from the criminal justice system and policy makers into a variety of urban programs and settings so they gain better perspectives about the communities affected by their policies and positions, focus on employment, anti-gun legislation, more resources for trainings and prevention programs, expanded child safety programs, anti-bullying work in schools, and coordinated community activism were recommended strategies to address these issues.

*Key Community Partners to Improve Health:* Health departments, the Milwaukee Health Care Partnership, neighborhood associations, law enforcement, fire departments, the Marquette Law School Restorative Justice Program, the Milwaukee Homicide Review Commission, the Hmong American Women's Association, schools, faith communities, non-profit organizations, health care providers, the Data HUB, the Fatherhood Initiative, YMCA, Boys and Girls Club, Running Rebels, Sojourner Family Peace Center, Project Ujima, and community organizers were named as key partners.

**Chronic Disease Prevention and Management**

Twenty key informants named chronic disease prevention and management among their top five priority areas for the health of the county. Under this umbrella, specific diseases named by respondents included heart disease, cancer, diabetes, hypertension, kidney disease, obesity, cardiovascular disease, neuromuscular diseases, asthma, and sickle cell anemia.

*Existing Strategies:* The existing strategies that the key informants identified included ongoing discussions of wellness, care coordination and case management programs, promotion of the medical home model, screening and prevention strategies, health fairs, workshops on living with chronic disease, analysis of clinical data, opportunities for social engagement, and health coaching.

*Barriers and Challenges:* The interviewees listed barriers that included access issues, the high costs of health care, poverty, lack of education, limited time in health care appointments, challenges in accessing data, lack of health department funding and time to adequately address these issues, difficulty following up with screening, workplace wellness programs overlook the needs of those who are unemployed and underemployed, lack of health literacy, and individual resistance to lifestyle changes. Informants also noted a lack of inter-agency collaboration and a clear community strategy to address chronic disease issues in the community.

*Needed Strategies:* A healthy community approach, improved provider education to focus on prevention, programs that address lifestyle habits that lead to chronic disease, more screening, more awareness and understanding of chronic disease, more care coordination and focus on medical homes, community health workers, better medication programs, programs that empower people to be active in their own health and prevention of chronic disease (such as programs that make explicit the links between food and fitness and disease prevention), and more culturally tailored resources and "culturally congruent" providers were strategies respondents recommended.

*Key Community Partners to Improve Health:* Key partners included the Department on Aging, Interfaith Older Adult programs, clinicians, the Veterans Health Administration, community clinics, non-profits that address specific diseases, senior centers, dental providers, eye care professionals, podiatry specialists, health departments, community health workers and navigators, free clinics and Federally Qualified Health Centers, family members and caregivers, and pharmacies. Organizations who are working on this issue need to be more strategic in their efforts and work together in a shared accountability model, rather than in silos.

**Access to Health Services**

Access to Health Services was noted as a top concern for Milwaukee County by nineteen key informants. Respondents were concerned with the high cost of care and insurance, transportation to appointments, provider availability and a lack of quality health care, cultural and language barriers, difficulty navigating health systems or not knowing where to seek care, lack of health literacy, over-use of emergency services, and patients' fears that keep them from seeking care. Respondents' discussions included overlap with other health focus areas, including behavioral health, oral health, physical activity, and nutrition.

*Existing Strategies:* Existing strategies listed by the interviewees included free clinics, Federally Qualified Health Centers (FQHC), the Milwaukee Health Care Partnership, employee wellness programs, emergency medical services, community paramedicine, 2-1-1, the Milwaukee Enrollment

Network, community health workers and navigators, natural health options, exercise and nutrition classes and other health related workshops,

*Barriers and Challenges:* Lack of providers, especially for uninsured and underinsured, undocumented residents, the homeless population, older adults, and low-income people who are no longer eligible for BadgerCare; language and cultural barriers; health care and health insurance are too expensive for many people; lack of reimbursement from insurance companies; transportation to appointments is a challenge; patients do not know where to seek care; the health care system is disjointed and can be frustrating to navigate; waiting lists for appointments are too long; and sometimes patients over-use emergency services.

*Needed Strategies:* Informants suggested expanding capacity of free clinics and FQHC; establishing medical homes that integrate primary care, dental, and behavioral health; transportation provided by clinics; patient advocacy; increased options for holistic health care; trust-building; community health workers/promotoras; visiting nurses; partnerships between health care organizations and non-profits; and a single access point or call center that can route patients appropriately.

*Key Community Partners to Improve Health:* The business community, churches, schools, universities and allied health training programs, the emergency medical services system, the Milwaukee Health Care Partnership ED Care Coordination Initiative, community based organizations, state and local government, health care providers and health systems, disease-related non-profits, the Milwaukee Area Health Education Center, community health workers, CORE/El Centro, transportation providers, FQHC and free clinics, HMOs, the Department on Aging, long-term care providers, and health departments were all named as potential partners.

Of note, **Oral Health** was ranked as a top five health issue by ten key informants, with the vast majority of responses focused on access-related barriers: lack of insurance coverage and reimbursement and high out-of-pocket costs, lack of providers, especially those who serve the underinsured and uninsured, shortage of bilingual services, and difficulty securing transportation to appointments. Respondents noted a number of ongoing strategies to address these challenges in the county, including Federally Qualified Health Centers (FQHC) adding dental capacity, school-based dental programs, water fluoridation, oral health care coordination, and services offered by the Marquette University Community Dental Clinics and the St. Elizabeth Ann Seton Dental Clinic. Several important community partners specific to oral health included the Milwaukee Health Care Partnership, dental providers, policy makers, schools, health departments, FQHCs, and promotoras. Suggestions for additional strategies to address these issues of access to oral health care included changing reimbursement policies, training more dental providers, continuing expansion of dental care offered by FQHCs to integrate dental care with primary health care, incorporating community health workers into the dental care systems, and integrating messages about oral health into early health education.

**Physical Activity and Nutrition**

Though Physical Activity and Nutrition are two separate health focus areas in the State Health Plan, many key informants recognized the interconnected nature of these issues through responses that

focused on concepts of healthy lifestyle and wellness, as well as prevention of obesity and chronic illness. Eighteen informants ranked Physical Activity as a top five health focus area, and thirteen ranked Nutrition in their top five. Of note, key informants' responses about nutrition focused both on access to healthy food and nutrition education. Some respondents included breastfeeding promotion within their discussions of nutrition.

*Existing Strategies:* Existing strategies to encourage physical activity noted by the key informants included the mayor's fitness challenge and other physical activity initiatives; physical activity classes and walking clubs; the community health improvement plan; bike and pedestrian plans; organized sports for kids; physical education in schools; and parks. Existing strategies related to nutrition include nutritionists; breastfeeding peer counselors; school gardens and educational programs about growing food; farmers markets; the Supplemental Nutrition Assistance Program (SNAP); education about healthy eating; exposing students to new healthy foods; nutrition information and education at food banks; and funders and community based organizations focusing on food access.

*Barriers and Challenges:* Lack of money and time, busy lifestyles and competing priorities and demands, concerns about safety of physical activities, racism, cold weather makes it challenging to be active outdoors for part of the year, limited indoor space for activity, lack of understanding about the benefits of physical activity, family influences, too much screen time, lack of social support for breastfeeding, lack of knowledge about healthy food preparation, and persistence of food deserts were named as barriers and challenges to addressing physical activity and nutrition in the county.

*Needed Strategies:* Strategies recommended by key informants to address these issues included hands-on cooking demonstrations that are culturally inclusive and appropriate for all ages; more activity at work campaigns; more walk to school programs; more funding for infrastructure that makes it easier to commute by bicycle and on foot; more community gardens; clearer nutrition labeling of items at restaurants; appropriate messaging for different demographics; safe streets, roads, and parks; increased advocacy among community based organizations; expand farmers markets to more sites and indoors during winter; offer incentives to take physical activity classes; donate extra produce to Women, Infants, and Children (WIC) program clients; and awareness raising about the connections between nutrition and other areas of health.

*Key Community Partners to Improve Health*: School districts, parks and recreation departments, chambers of commerce, community organizations, churches, farmers markets, police departments, health departments, departments of public works, YMCAs and fitness clubs, employers, dieticians, urban farmers, lactation consultants, community and senior centers, child care centers, supermarkets, and insurance companies were named as key partners to engage around physical activity and nutrition.

**Reproductive and Sexual Health**

Eleven key informants included this in their top five issue rankings. Key informants specified their responses were related to different aspects of reproductive and sexual health, including: outcomes of

pregnancy—healthy births, healthy babies; fatherhood; sexual health care; reproductive life planning and contraception; preconception health; teen pregnancy; prenatal care; treatment and prevention of sexually transmitted diseases; and the Lifecourse Initiative for Healthy Families (LIHF).

*Existing Strategies:* The Milwaukee LIHF Collaborative's involvement of key partners from academic, faith-based, public health, and health care sectors; the Free and Community Clinic Collaborative's clinic inventory; activities that engage fathers and focus on fatherhood; community partners and funders focusing on healthy birth outcome; and focusing on contraceptive access and were named as strategies currently in place to address these issues.

*Barriers and Challenges:* Fragmented strategies and approaches; lack of dialogue around reproductive health for women and men; the involvement of morality and religious groups in the politics of these issues; community understandings of infant mortality as an issue for African Americans only; inter-generational stress; lack of trust in the community; racism; segregation; misunderstandings of safe sleep and the role of co-sleeping in infant death; and cultural belief systems that preclude a direct and comprehensive approach to healthy sexuality were examples of challenges and barriers to addressing these issues.

*Needed Strategies:* Additional strategies needed to address these issues include: acceptance of a longitudinal view for improved outcomes; focusing on sexually transmitted infections; engaging more people through the use of community health ambassadors; supporting collaboration across sectors, such as within LIHF, United Way, and the Healthy Baby Campaign; greater involvement from Federally Qualified Health Centers; ongoing involvement from Milwaukee Public Schools; coalescing across diverse programs to create a greater reproductive and sexual health alliance; identify and break down barriers to the uptake of proven strategies and programs from other cities; new reimbursement strategies to incentivize providers treating low-income women; and being more inclusive of all ages, sexes, sexualities, and genders with regard to sexual and reproductive health.

*Key Community Partners to Improve Health:* Key informants named Planned Parenthood, the Milwaukee LIHF Collaborative, the Medical College of Wisconsin, the Black Health Coalition of Wisconsin, Milwaukee Area Technical College, the UW- Milwaukee Zilber School of Public Health, United Way of Greater Milwaukee and Waukesha County, Federally Qualified Health Centers, public transportation, faith-based groups, and the Fetal and Infant Mortality Review as partners that should continue to work on these issues.

**Healthy Growth and Development**

Eleven key informants ranked this issue within their top five priority areas, naming early childhood development, school-based health and development curricula, a lifecourse approach to growth and development, breastfeeding, and a need for more integrated efforts as key issues within this focus area.

*Existing Strategies:* The interviewees included early care and education programs, school meal programs, implementation of the Ages and Stages Questionnaire for developmental screening,

parenting classes, the Lifecourse Initiative for Healthy Families (LIHF), physical education and health curriculum in schools, awareness campaigns, and access to immunizations as existing strategies.

*Barriers and Challenges:* The challenges the key informants listed include lack of resources for children and families, lack of information for the community, difficulty reaching parents, certain issues and life stages (such as infant mortality and teen pregnancy) receive a lot of attention, rather than using a lifecourse perspective for health and wellness at all ages, and efforts are siloed and address issues separately rather than in a unified community effort.

*Needed Strategies:* Better coordination of medical and dental services and education for children and throughout the lifespan, adapting the lifecourse model to address growth and development at each age and stage of life, increased communication across organizations, family interventions, training for providers to do developmental screening, and a greater focus on prevention were all included as additional needed strategies.

*Key Community Partners to Improve Health:* School districts, UW-Extension, the Children's Justice Center, community based organizations, faith communities, parks and recreation departments, meal programs, and the Wisconsin Departments of Health Services and Children and Families, were listed as key partnering groups for healthcare systems. Key informants also named the need for these partners to work on communication and collaboration.

**Communicable Disease Prevention and Control**

Six key informants, most representing health departments, included this topic in their top issue rankings.

*Existing Strategies:* Strategies listed by the key informants are health departments tracking diseases, providing immunizations, and educating the public and policy makers; providers reporting to the state surveillance system; management and treatment of diseases; expedited partner therapy (EPT) for treatment of partners of patients diagnosed with certain sexually transmitted infections; and Pre-Exposure Prophylaxis (PrEP) to prevent HIV infections.

*Barriers and Challenges:* Lack of funding, including mandates that remain unfunded and Medicaid not covering options like PrEP, was frequently noted as a barrier to addressing communicable diseases. Other challenges named by key informants included lack of staff time within health departments, physicians not talking with their patients, certain infections becoming resistant to antibiotics, lack of consistent messaging and community understanding about prevention versus treatment, complacency or lack of concern, and the anti-vaccination movement and policies that allow parents to not vaccinate their children.

*Needed Strategies:* Additional strategies that could help address this issue are related to health care, public health, and education. In terms of health care, key informants suggested working to develop better connections to medical homes, primary care providers, and insurance programs, better follow up with emergency room patients, more providers using EPT, and using the electronic health record to alert providers to test patients who may be at a higher risk for infection. Responses

suggest increased public health education related to diseases and prevention, including sex education and condom use education, are necessary and primary care providers do not have enough time to provide this education to each patient during a 15 minute appointment.

*Key Community Partners to Improve Health:* Health care providers, health systems, medical homes, public health departments, legislators, Planned Parenthood, the Milwaukee Health Care Partnership, media, law enforcement, and neighborhood associations were named as key partners in efforts to address this issue.

**Tobacco Use and Exposure**

Two key informants included this issue in their top five issue rankings.

*Existing Strategies:* School-based anti-tobacco programs, smoking cessation programs, and increased costs of tobacco products were listed as strategies already in place to address this issue.

*Barriers and Challenges:* Family and peer influences were provided as examples of barriers and challenges to addressing this issue.

*Needed Strategies:* Though there have been a decrease in the percent of adults who are smokers, physicians "prescribing" smoking cessation was listed as an additional strategy needed to continue to address tobacco use in Milwaukee County.

*Key Community Partners to Improve Health:* Corporations and health departments were suggested as potential partners.

**Environmental and Occupational Health**

One key informant included this topic in their top issue rankings, but no existing strategies, barriers and challenges, needed strategies, or key community partners to improve health were provided.

## D. Comparing City to County

In this section, a few key differences are highlighted. While it may be helpful to examine these differences, both the small number of respondents from each municipality and the differences between municipalities likely influence the results.

Generally, informants from Milwaukee city **more often noted the need for more culturally competent providers and culturally appropriate education, services, and programs** to address top health concerns. Specific populations mentioned included Spanish speaking or bilingual Latino communities, Native Americans, and Hmong Americans in Milwaukee. For example, more informants from the city of Milwaukee named specific programs and current or potential partners serving Milwaukee's South Side,

such as the United Community Center, Sixteenth Street Community Health Centers, CORE/El Centro, and the Aurora Walker's Point Community Clinic; services specifically for Native Americans at the Gerald L. Ignace Indian Health Center, Inc.; and services and programs that address the needs of Hmong American women at the Hmong American Women's Association in Milwaukee.

Discussion around the topic of **Injury and Violence reflected some differences for city and county municipality informants**. Responses from informants at the county level focused on injury prevention for children (e.g., crib, seatbelt, helmet, and bicycling safety) and seniors (e.g. fall prevention programs and fire safety information), whereas responses from Milwaukee city informants reflected additional concerns about gun violence, specifically the amount of guns and lack of effective gun control policy in Milwaukee. Also of note for city respondents were barriers and challenges related to racism, specifically chronic stress, persistent poverty, and incarceration, as well as potential within City of Milwaukee communities to engage in innovative ways to handle community violence, such as restorative justice and community policing, issues not commonly addressed by respondents outside of Milwaukee city. Both county and city interviewees' responses addressed concerns about intimate partner and domestic violence and both named cross sector collaboration as a necessary component of Injury and Violence prevention in general.

Issues presented for Milwaukee city more often had nuances reflecting **diversity as well as segregation, racism, and racial and ethnic inequities or disparities in access to services.** With few exceptions, the responses from other municipalities less often pointed explicitly to racial or ethnic diversity as a health-related issue. Responses that explicitly named racial disparities were common among city-based respondents. Racial disparities in birth outcomes, the need to address the concerns of Black fathers, potential immigrant mistrust of health care systems, racism in the criminal justice system, and the need for culturally appropriate behavioral health services for Latino, African American, Native American, and Hmong American Milwaukeeans are some examples of issues identified by city-based respondents. As a point of comparison, **poverty, unemployment, and socio-economic disparities were referenced as issues across jurisdictions.**

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**Limitations:** The report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, it is possible that the results would have been different if a different set of informants had been interviewed. Moreover, several invited informants were not able to participate in the interviews. Results should be interpreted in conjunction with other Milwaukee County data (e.g., CHNA surveys and secondary data reports). The number of interviewers could have resulted in some inconsistencies in data collection. Lastly, although CUPH used a consistent analysis process to review the interview data, it is possible that certain responses have been misinterpreted.

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## Appendix A. Interview and Focus Group Participants for Milwaukee County

**Key Informant Interview Participants**

Input about our community's most pressing health needs was provided by 63 individuals participating in key informant interviews and focus groups. The organizations listed here include local health departments and many organizations that serve low-income, minority and medically underserved populations. They represent an array of perspectives from communities that include, but are not limited to: African American, Native American, Hispanic, Hmong, the elderly, at-risk youth, veterans, LGBT, individuals with developmental disabilities, and those living with mental illness and substance abuse.

| Key Informant Name | Title | Organization |
|---|---|---|
| Jonette Arms | Interim Director | Milwaukee County Department on Aging |
| Bevan Baker, MHA, FACHE | Commissioner of Health | City of Milwaukee Health Department |
| Dave Bandomir | Captain | West Allis Fire Department |
| Steve Bane | Fire Chief | West Allis Fire Department |
| Diane Brandt | Executive Director | West Allis/West Milwaukee Chamber of Commerce |
| Anne Christiansen | Health Officer | North Shore Health Department |
| Robert Cocroft | President & Chief Executive Officer | Center for Veterans Issues |
| Héctor Colón, MS, OT | Director | Milwaukee County Department of Health & Human Services |
| Matt Crespin, MPH, RDH | Associate Director | Children's Health Alliance of Wisconsin/ Milwaukee County Oral Health Task Force |
| Darrienne Driver, EdD | Superintendent | Milwaukee Public Schools |
| Andi Elliott | Chief Executive Officer | Community Advocates |
| Robert Figueroa | Vice President | Tri-City National Bank |
| Edward Flynn | Chief of Police | Milwaukee Police Department |
| Katie Gajeski, MS | Health Officer | Cudahy Health Department |
| Howard L. Garber, PhD | President & Chief Executive Officer | Milwaukee Center for Independence |
| Madeline Gianforte | Executive Director | CORE/El Cento |
| Michael Gifford, MBA | President & Chief Executive Officer | AIDS Resource Center of Wisconsin |
| Martina Gollin-Graves, MSW | President & Chief Executive Officer | Mental Health America of Wisconsin |
| Rebecca Grill, MBA | Administrator | City of West Allis |
| Veronica Gunn, MD, MPH, FAAP | Vice President, Population Health Management | Children’s Hospital of Wisconsin |
| Lyle Ignace, MD, MPH | Executive Director | Gerald E. Ignace Indian Health Center |
| Carol Keintz, EdD | Executive Director | Next Door Foundation |
| Nancy Kreuser, RN, PhD | Health Officer | Wauwatosa Health Department |
| Vincent Lyles, JD | President & Chief Executive Officer | Boys & Girls Club |
| Cathy Manthei | Pastor | Apostle Presbyterian Church |
| Patrician McManus, PhD, MSN | President & Chief Executive Officer | Black Health Coalition of Wisconsin, Inc. |
| John Meurer, MD, MBA | Director | Medical College of Wisconsin Institute for Health and Society |
| Sally Nusslock, RN, BSN | Interim Health Officer | West Allis & West Milwaukee Health Department |

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|---|---|---|
| Jacqueline Ove, RN | Health Officer | South Milwaukee Health Department |
| Magda Peck, ScD | Founder/Principal;<br>Founding Dean | MP3 Health Group;<br>UW-Milwaukee Joseph J. Zilber School of Public Health (2012-2015) |
| Paula Penebaker | President & Chief Executive Officer | YWCA Southeast Wisconsin |
| Judi Price, RN, BSN, MSHCA | Health Officer | Oak Creek Health Department |
| Kathleen Pritchard, PhD | Vice President of Planning and Evaluation | IMPACT Planning Council |
| Darren Rausch, MS | Health Officer | Greenfield Health Department |
| Toni Rivera-Joachin, MSM | Executive Officer | Centro Hispano |
| Laura Rooney, PhD, MS | Vice President of Healthy Living | YMCA of Metro Milwaukee |
| Julie Rothwell | Director, Community Impact | United Way of Greater Milwaukee and Waukesha County |
| Patricia Schroeder, RN, MSN, MBA, FAAN | Administrator | Milwaukee County Behavioral Health Division |
| Dan Weast | Director of Student services | West Allis/West Milwaukee School District |
| William Wucherer, RN | Health Officer | Franklin Health Department |
| Tammie Xiong | Executive Director | Hmong American Women's Association |

**Focus Groups:**
EMS Council of Milwaukee County
Free and Community Clinic Collaborative (FC3)
Federally Qualified Health Center (FQHC) Coalition
Medical Society of Milwaukee County