Community Health Needs Assessment

Milwaukee County | 2018-2019

Key Informant Report Summary

Background

Every three years the health system members of the Milwaukee Health Care Partnership conduct a collaborative Community Health Needs Assessment (CHNA) in six counties in southeast Wisconsin. The CHNAs serve as the foundation from which hospitals and local health departments develop their respective community health improvement strategies. The findings are also intended to inform a broader audience about the top health issues facing their communities.

The Milwaukee County CHNA relies on three sources of information:

- **Milwaukee County Community Health Survey**, a phone survey of 1,312 County residents;
- **Key Informant Report** with input from 80 individuals representing 40 key informants and 4 focus groups; and
- **Health Compass Milwaukee**, a compilation of numerous publicly reported data sources on one website.

This Report summarizes the top health issues, determinants of health and general themes identified in interviews and focus groups of key informants. We encourage you to read the full 2018-2019 Milwaukee County CHNA reports at *healthcompassmilwaukee.org*.

Milwaukee County CHNA Reports are developed in collaboration with the Center for Urban Population Health, *cuph.org*

General Limitations

This report relies on 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 CUPH 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 three identified health issues. Results should be interpreted in conjunction with other Milwaukee County data available in the Milwaukee County Community Health Survey and Health Compass Milwaukee.

Introduction

This report provides a summary of the top five community health priorities and related issues for Milwaukee County identified in 2018 by service providers, policy-makers, local health experts and community members ("informants"). They represent an array of professional and lived experiences from communities that include African American, Native American, Hispanic, Hmong, the elderly, youth, LGBTQ, individuals with disabilities, and those living with mental illness and substance abuse.
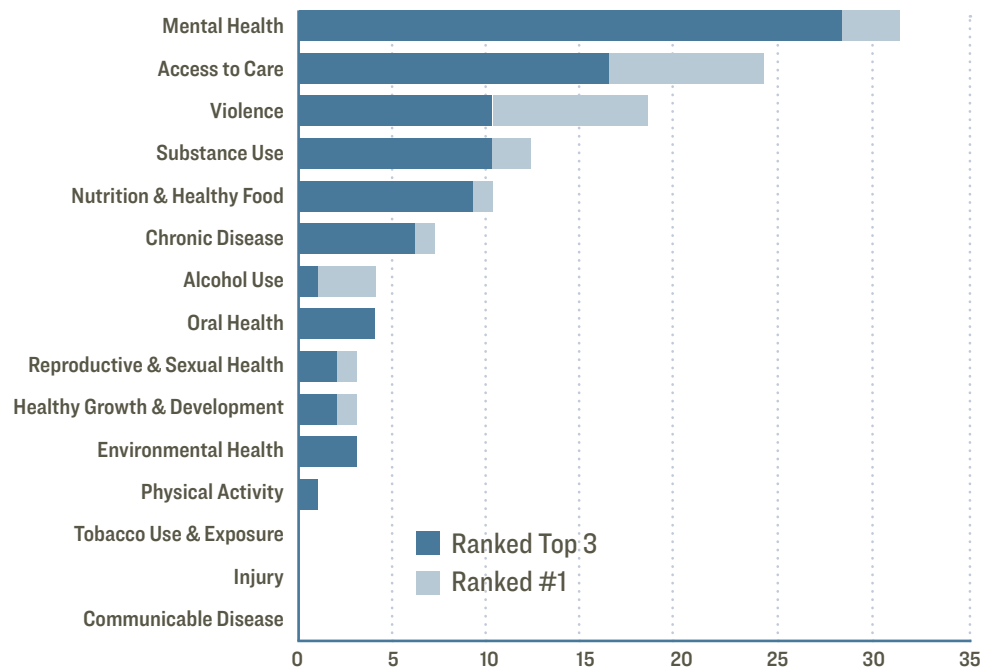
Informants were identified by the Milwaukee Healthcare Partnership health systems' community benefit leaders. Key informant interviews and focus groups were conducted by those leaders between April and June 2018. Interviewers and focus group facilitators used a standard discussion guide from which informants:

- **Identified up to three public health issues** that are the most important for Milwaukee County, based on focus areas presented in *Healthiest Wisconsin 2020*, Wisconsin's State Health Plan. For each public health priority, informants were asked to identify:

  - Existing strategies to address the issue

  - Barriers/challenges to addressing the issue

  - Additional strategies needed to address the issue

  - Key groups in the community that hospitals should partner with to improve community health

  - Subgroups or populations recommended for specific outreach

- **Selected the top three determinants of health** (also called health factors) impacting our community, as described in the federal government's *Healthy People 2020*

- **Rated the level of impact of two emerging areas** identified in *Wisconsin's State Health Assessment and Health Improvement Plan*: Adverse Childhood Experiences (ACEs) and Alzheimer's Disease and Dementia

Top Five Health Issues

Ranked most consistently as a top five health issue by key informants:

1. Mental Health

2. Access to Health Care

3. Violence

4. Substance Use

5. Nutrition and Healthy Food

TOP ISSUE:
Mental Health

Mental health emerged as the most commonly discussed issue by informants, who often referenced the connection between Mental Health and Access to Care, which was cited as a barrier. Informants also acknowledged links between substance and alcohol use to mental health.

Barriers and Challenges:

- Lack of resources for those who cannot afford out-of-pocket costs and lack commercial insurance

- Not enough providers, especially prescribers

- Not enough supportive housing for those living with mental illness

- Long waiting lists to access care

- Patients aren't accessing primary care, which can be the gateway to behavioral health resources

- Behavioral health screening does not equal access to health care

- Lack of access to medication when patients can't afford it

- Insufficient knowledge about mental health and mental illness within families

- Primary care providers lack resources or expertise to manage complex mental illness needs of patients

- Lack of training – agency staff not trained on how to identify symptoms of mental health problems; lack of training for intervention across all sectors

- Stigma of mental illness

- Managing crises rather than investing in prevention

- Low Medicaid reimbursement for mental health services

Needed Strategies:

- Focus on healing trauma, and availability of trauma-informed training in all sectors,* not just health care providers

- Focus on healthy mental and emotional development of youth

- More community-based internship and practicum sites to train students who do field work related to mental health, with a focus on recruiting and retaining more providers in behavioral health

- Community education on Adverse Childhood Experiences (ACEs) and trauma

- Expanding telehealth to cover mental health services

- Behavioral health services for those released from criminal justice system

- More affordable behavioral health services

* The term 'sectors' in this report includes, but is not limited to health care, social services, housing, education, transportation, community safety, community development, the physical environment, and business/employers. For more information, visit *dashconnect.org/Definitions/*

TOP ISSUE:

Access to Health Care

Access to Health Care was rated as a top three health issue. Responses overlapped with mental health, substance and alcohol use, as well as determinants of health; education, poverty, and employment.

Barriers and Challenges:

- A constantly changing health insurance landscape
- A lack of providers that accept Medicaid, and low reimbursement rates that limit acceptance of patients with financial or behavioral health challenges
- High cost of behavioral health services and lack of adequate income to cover the cost of services
- Lack of child care services for parents during appointments
- Lack of transportation to services and appointments
- Behavioral health services are complex and hard to navigate, especially for those who are poor and vulnerable
- Those who are undocumented have difficulty getting assistance and accessing health care
- Long waiting times for appointments
- Patients do not prioritize preventive care and end up in crises
- Lack of appointments outside of traditional business hours
- Lack of access to prescribed medications
- Insufficient health literacy
- Lack of knowledge about health systems

Needed Strategies:

- School-based programs
  — School-based clinics that would open access to care for children and their families
  — Opportunities to enroll in BadgerCare and other benefits at schools
- Behavioral health hubs around the communities most in need of services
  — Utilizing existing space in the community for behavioral health services
- Transportation
  — More bus lines to make it easier to get to appointments
  — Partnerships for charity care transportation
- Nursing staff in an emergency call center to help with navigation of care
- Advocacy around costs of care, insurance, and policies
- Forums around system-level changes
- Communication and sharing of information between systems and patients (i.e. school, health care, social services)
- Awareness of chronic health conditions via health screenings in the community
- Services to help people move beyond poverty

TOP ISSUE:
Violence

Violence was also ranked as a top three health focus area. Informants addressed a breadth of topics, including domestic / intimate partner violence and gun violence. Informants noted the relationship between violence and substance use, mental health, and other underlying, unaddressed issues.

Barriers and Challenges:

- Lack of trust in law enforcement by people of color
- The public perception that violence is not a community-wide issue
- Lack of programs to address violence
  - Several large community institutions in Milwaukee are losing leadership that can impact its work
  - Unfilled positions at agencies that address violence in our community
- Increased crime in neighborhoods
- The political climate
- Fear
- All lives are not valued equally
- Unaddressed mental health issues
- Access to guns and lack of education on gun safety
- Provider fatigue among first responders
- Violence as a symptom of many untreated/unaddressed issues
- Lack of resources and despair
- Many initiatives that are not connected
- Social determinants of health
  - Lack of housing
  - Lack of job skills
  - Denial of racism
  - Concentrated poverty

Needed Strategies:

- Adoption of trauma-informed care and practices to care for people across sectors
- Collaboration
  - Dialogue between community and law enforcement
  - Collaboration with health care and other modalities for healing
  - The City of Milwaukee should facilitate collaboration
  - Community-based organizations partnering with academic institutions
- Early violence interventions
- Support for people leaving incarceration and support through the transition
- Elected leadership that understands and challenges structural racism at every level
- Restorative justice work
- Resources and support for asset mapping
- Providing conflict resolution and de-escalation skills training
- Common sense gun laws
- Individual and joint accountability
- Evaluation efforts to guide best practices, ensure accountability, monitor progress and outcomes
- Shared metrics to assess hope, ACEs, wellbeing, etc.

TOP ISSUE:

Substance Use

Informants made a connection between substance use and other issues, such as violence, which one participant defined as a symptom of a larger problem. A wide variety of topics were addressed including specific types of substance use disorders (such as opioids), barriers to care, and the need for cross-sector collaboration.

Barriers and Challenges:

- Stigma
- Social determinants of health
  - Poverty
  - Racial issues
  - Lack of available housing
  - Individuals are unable to maintain employment
- Treatment is complex and/or inaccessible
  - Treatment is not accessible or there are not enough rehabilitation services
  - A lack of insurance coverage or care is unaffordable
  - Not enough service providers or inpatient beds
  - The perception that treatment is ineffective or unavailable
  - Too few Federally Qualified Health Centers (FQHCs)
- A lack of coordination among community organizations
- The overall Wisconsin drinking culture
- Substances are too accessible
- A lack of resources in general, including funding for new initiatives
- Opioids are overprescribed and over-marketed by pharmaceutical companies
- Not enough individuals trained on the use of naloxone
- Drinking alcohol is legal
- Denial of a problem
- Lack of focus on the problem
- Trauma-informed care is not widely practiced across agencies
- Good Samaritan laws are unclear
- Fatigue experienced by providers
- Lack of education regarding pharmaceuticals

Needed Strategies:

- Having multiple services accessible at one location
- Collaboration across various agencies and sectors
- Housing
- Patient care transfers from hospitals to rehabilitation
- Reduce barriers to resources
- Cultural changes around substance use
- Identify successful strategies in other communities
- Increase insurance access
- Drug free communities
- Take adverse childhood experiences (ACEs) into account — get "upstream"
- Integrate the community health needs assessment (CHNA) findings into local community organization strategies
- Examine access to alcohol
- Pharmaceutical education
- Focus on all drug use
- Law enforcement should target those who sell substances in communities

TOP ISSUE:
Nutrition and Healthy Food

Informants indicated a connection between nutrition and other health issues including healthy growth and development and chronic disease management / prevention.

Barriers and Challenges:

- Issues of access:
  — The cost of healthy foods compared to less expensive fast foods and convenience foods
  — Lack of produce and other healthy food options in convenience and corner stores
  — Transportation costs and time to get to better food retailers
  — Lack of time to cook or eat with family due to multiple jobs and activities leads to consumption of fast foods
- Lack of community education about nutrition and the importance of nutrition related to healthy growth and development, and chronic disease prevention
- The lack of younger generations' connection to ancestors' healthy food traditions
- The presence of excess sugar in the food environment
- The inherent difficulty of sustainable behavior change

Needed Strategies:

- Greater awareness of where resources are located
- Additional education efforts about nutrition and healthy food choices
- Incorporating lessons about nutrition and physical activity into existing youth and family programs
- Engaging multiple generations together in gardening activities
- Cooking and nutrition education
- Teaching new moms the importance of healthy foods for their children's growth and development
- Expanding the amount and types of food retailers that accept FoodShare
- Encouraging schools, employers, and insurance companies to further incentivize or support healthier food choices
- Need to focus on this issue from a macro level through continuing efforts to help people secure employment that offers family-sustaining wages.

Emerging Health Issues

The *Wisconsin State Health Assessment and Health Improvement Plan* identifies **Adverse Childhood Experiences (ACEs)**, Trauma, and Resilience, and **Alzheimer's Disease and Related Dementia** as emerging issues for the health of Wisconsin residents. Key informants were asked to rate the extent to which these issues affect the communities they serve. They were also asked to provide strategies to address these issues.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are traumas that individuals experience in childhood that may impact them later in life. There is an association between ACEs and health outcomes.[1,2] Informants were asked to rank the extent to which ACEs affect the communities they serve on a scale of 1 to 5, with five being the most severe. Those who provided a rating of four or five were then asked to provide strategies to address ACEs. **Informants rated the impact of ACEs at 4.9**, and stressed the need for preventive strategies, including:

- Trauma-informed training for those who work in and for the community

- Increasing awareness and education among those affected to develop resilience and knowledge to overcome ACEs

- Working with the community to find what they need and how to best serve them

- Screening for ACEs and trauma

- Dedicating resources / funding for trauma related programs

- Youth interventions based on ACEs

- Access to more mental health and substance abuse resources

- Addressing violence, employment, and social culture

Alzheimer's Disease and Dementia

Informants were asked, on a scale from 1 to 5, with 5 being the most severe, to rate how much Alzheimer's and Dementia affect the communities they serve. **Respondents rated the impact of Alzheimer's and Dementia at 2.8.** Those who rated these issues at four or five were further asked to provide an example of a strategy to address this issue. These informants suggested expanding / making Alzheimer's and Dementia services more accessible, as well as:

- Bringing more Spanish-speaking providers to the area to serve the growing volume of Spanish-speaking patients

- Making sure low-income patients have access to quality health care related to Alzheimer's and Dementia

- Affordable adult day care

- Disaggregating data on these diseases because they are affecting the African American community more than the general population

- Expanding screening and awareness of these diseases and the resources that do exist for patients and caregivers

- Focusing on health literacy and making sure information and medication labeling are translated into more languages, and that information is explained thoroughly in the health care setting

1. Felitti VJ, Anda RF, Nordenbert D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 1998; 14:245-258.

2. Adverse Childhood Experiences in Wisconsin: 2011 - 2015 Behavioral Risk Factor Survey Findings. (2018). Madison, WI: Child Abuse and Neglect Prevention Board.
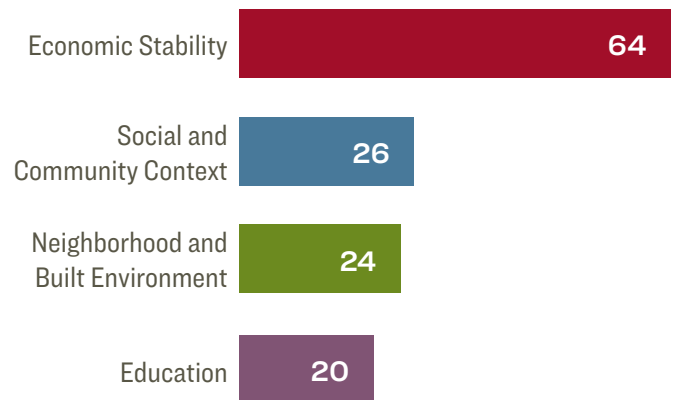
Determinants of Health

Informants were asked to select the top three determinants of health that impact the Milwaukee community from a list of 16 factors organized under four categories as described in *Healthy People 2020.*

Health Factor Rankings

Health Factors	Key Informant Rankings
■ Poverty	22
■ Discrimination/Racism	20
■ Employment	18
■ Housing Instability	18
■ Crime and Violence	13
■ Early Childhood Education and Development	9
■ Food Insecurity	6
■ Language and Literacy	6
■ Environmental Conditions	6
■ Incarceration	4
■ High School Graduation	4
■ Access to Foods that Support Healthy Eating Patterns	4
■ Social Cohesion	2
■ Quality of Housing	1
■ Enrollment in Higher Education	1
■ Civic Participation	0

Health Factor Categories

Category	Value
Economic Stability	64
Social and Community Context	26
Neighborhood and Built Environment	24
Education	20

General Themes

These topics were frequently mentioned across many of the health priorities identified by informants.

- **Housing**, specifically the need for supportive housing for some health issues, including substance use. Informants voiced a need to improve housing stability and discussed poor conditions as well as lead poisoning.

- **Poverty**, specifically concentrated poverty, linked to the environment and violence. Poverty compounds other issues such as lack of jobs, substance use, and limited access to health care. Informants suggested targeting solutions toward individuals experiencing poverty as a means to provide support to low-income communities. Informants cited poverty as a driver of ACEs and mentioned that poverty is being seen in areas where it didn't exist before, as with seniors.

- **Racism and Discrimination.** Informants cited the importance of addressing structural racism, which is related to a denial of racism. Informants also mentioned a link to health issues such as substance use, and the connection of racism to ACEs. A number characterized racism as "plaguing our community."

- **Education.** Informants linked education to access to health care, and noted that schools can be used as a means to connect individuals to health services. The social determinants of health affect high school graduation rates and enrollment in higher education.

- **Trauma** and trauma-informed care (TIC) were recurring themes along with the need for implementation of TIC in health care services. Informants agreed that ACEs should be taken into account when treating alcohol use. One informant stated, "We need to be focused on early identification and early indicators so that we can infuse 'armor' and resiliency. Educate, empower, and invest."

- **Access to Care** was a cross-cutting issue in relation to substance-use services, education, poverty, alcohol use and employment, with the following issues noted: health system navigation, affordability, appointment times, availability of transportation, staffing numbers, lack of resources, language and interpreting services, and insurance coverage. Informants cited challenges of low reimbursement through Medicaid, specifically for oral health services, and reproductive /sexual health services. Lack of access to care was specifically mentioned in relation to mental health services.

- **Prevention and Early Intervention.** Some informants suggested that individuals do not prioritize preventive care and only seek care when there is a health crisis. Generally, there was increased awareness of the need for early treatment, prevention and intervention for chronic disease.

- **Collaboration.** The importance of partnerships and the need for coordination and case management across other medical services were noted. Informants also suggested having various services available at one location, and cross-sector collaboration as necessary for improving health.

Key Informants and Focus Group Participants

In 2018, input about our community's most pressing health needs was provided by 80 individuals* participating in key informant interviews and focus groups. Many organizations listed here serve low-income, minority, and medically underserved populations. The informants represent communities that include, but are not limited to: African American, Native American, Hispanic, Hmong, the elderly, youth, LGBTQ, individuals with disabilities, and those living with mental illness and substance abuse.

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Natalie Zanoni
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*Titles current at time of interview

Focus Groups:
Federally Qualified Health Center (FQHC) Coalition — representing Milwaukee's five community health centers

Local Health Departments — representing the health officers from 12 public health departments in Milwaukee County

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