

COMMUNITY HEALTH NEEDS ASSESSMENT 2022



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Kids deserve the best.

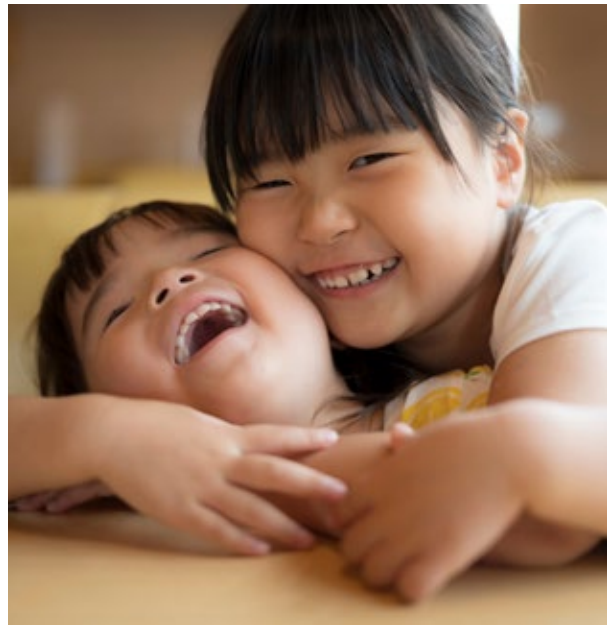
Introduction

After completing Children’s Wisconsin’s last community health needs assessment in late 2019, we never could have predicted how much the world was about to change. Just a few months later, the COVID-19 pandemic exacerbated all of the existing needs in our community and made our health system’s work all the more critical.

Children’s Wisconsin was up for the challenge. We pride ourselves on providing the best care for kids, and that means understanding the factors that shape children’s lives and health before they ever enter our care — both every day and during extraordinary times. The community health needs assessment is an invaluable tool that allows us to evaluate, reflect and strategize so we can advance the health of children and adolescents across our community.

This year, Children’s once again teamed up with other area health systems in the Milwaukee Health Care Partnership (MHCP) to complete a joint, comprehensive health needs assessment in Milwaukee County.

This report highlights the key findings we discovered throughout the comprehensive assessment process, providing a blueprint that will guide our work for years to come.



ABOUT CHILDREN’S WISCONSIN

We are the region’s only independent health care system dedicated solely to the health and well-being of children and adolescents. In Milwaukee, Fox Valley and throughout the state, we provide kids and their families with a wide range of care and support: primary, specialty, urgent and emergency care; community health services; injury and violence prevention services; foster care and adoption services; child and family counseling; child advocacy services; family resource centers and more. Every year, Children’s invests more than \$151 million in community programs and services, including more than \$77.7 million in uncompensated care, with the long-term goal of keeping all children healthy, happy and safe.

CHILDREN’S WISCONSIN VISION

Our vision is that Wisconsin’s kids will be the healthiest in the nation — physically, mentally and socially. That means collaborating with community partners because no organization can achieve such an ambitious goal alone, and it means putting kids’ health at the center of every decision we make. We understand that in order to monitor our progress toward this vision, we need to identify areas of focus and measures that reflect the overall health and well-being of Wisconsin’s kids.

An Equitable Approach to Health: Recognize, Understand and Innovate

INCLUSION, DIVERSITY AND EQUITY

To achieve our vision of Wisconsin kids being the healthiest in the nation, we must support all kids in meeting their full health potential, especially those at risk for poor health outcomes.

Our Inclusion, Diversity and Equity (ID&E) work helps us create an environment and culture that is welcoming to all. This commitment is aligned with our values and guiding behaviors, and it is supported by four objectives that provide focus as we prioritize action, develop tactics and measure results.

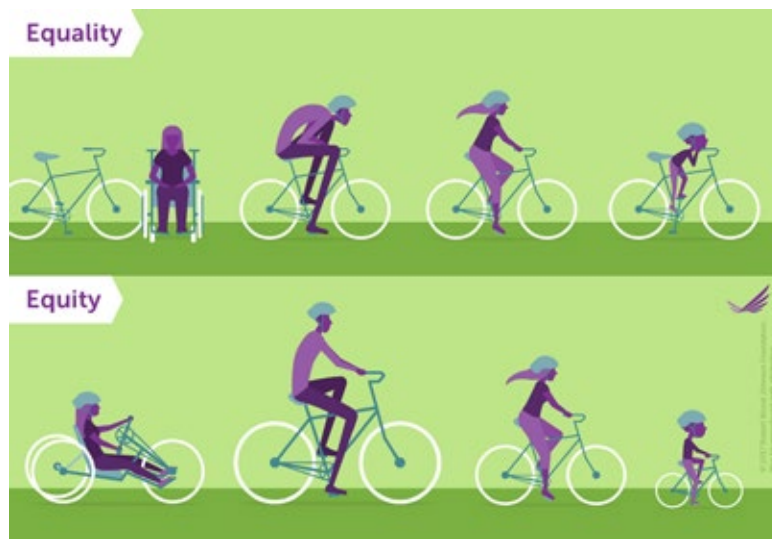
- Ensure a respectful culture that is intentionally diverse, inclusive and anti-racist
- Increase the diversity of our workforce and leadership with a focus on underrepresented populations
- Advance our steadfast commitment to inclusion and health equity for all children and families
- Advocate for and partner with the community to strengthen inclusion, diversity and health equity and to promote anti-racism

Health equity

An important component of Children's Wisconsin's overall commitment to ID&E is health equity. According to the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be healthy. Equity and equality in health are two different concepts. Equality means giving everyone the same thing, whereas equity means giving people what they need to reach their optimal health.

Ensuring health equity requires removing and/or addressing the obstacles to health, such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. We acknowledge many of those examples as health-related social needs or root causes.

Health equity tells us that different kids and families may need more or different things to achieve the same health outcomes. Understanding individual health-related social needs can be critical for designing practical, person-centered care plans.



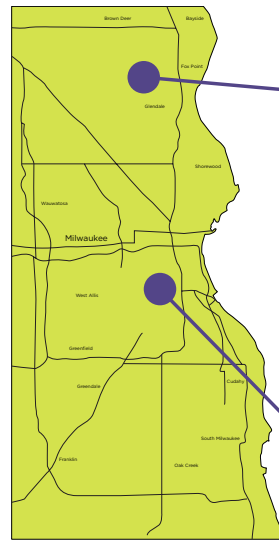
Understanding inequities

Health inequities are the systemic, unjust and avoidable barriers (such as business or governmental policies or practices that may negatively impact some but not all) that lead to differences in health outcomes such as life expectancy.

In addition to publicly available data and the data and input gathered from the community, Children’s Wisconsin’s data shows that many of the children, adolescents and families we serve experience health inequities. A simple data analysis of health care utilization at Children’s Wisconsin also uncovered disparities, including:

- 4.3 times higher missed appointment rate for patients of color
- 34.8 percent lower “well child” checkup rates at 0-15 months for Black or African American patients compared to white patients

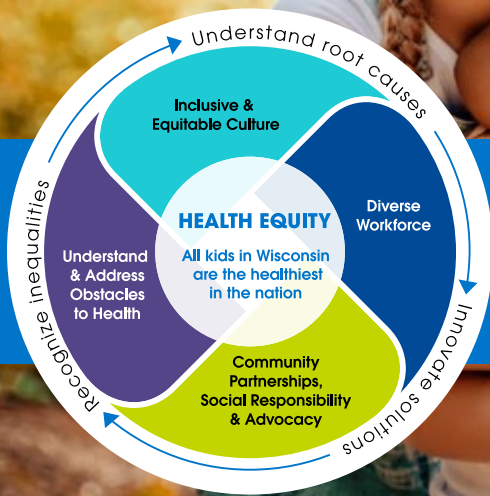
Everyone on our team at Children’s Wisconsin, no matter their role, plays a part in ensuring kids have access to equitable care and services. And we know that we can do better. We are challenging ourselves by leveraging the information across these reports to inform our practices, programs and services as well as ensuring we are listening and responding to the voice of the community and families that we serve.



83 Years
Life Expectancy for 53217
(Whitefish Bay, Glendale, Fox Point Bayside, River Hills)

The 8 miles between these two zip codes reflects a 12-year difference in life expectancy.

71 Years
Life Expectancy for 53206
(Milwaukee)



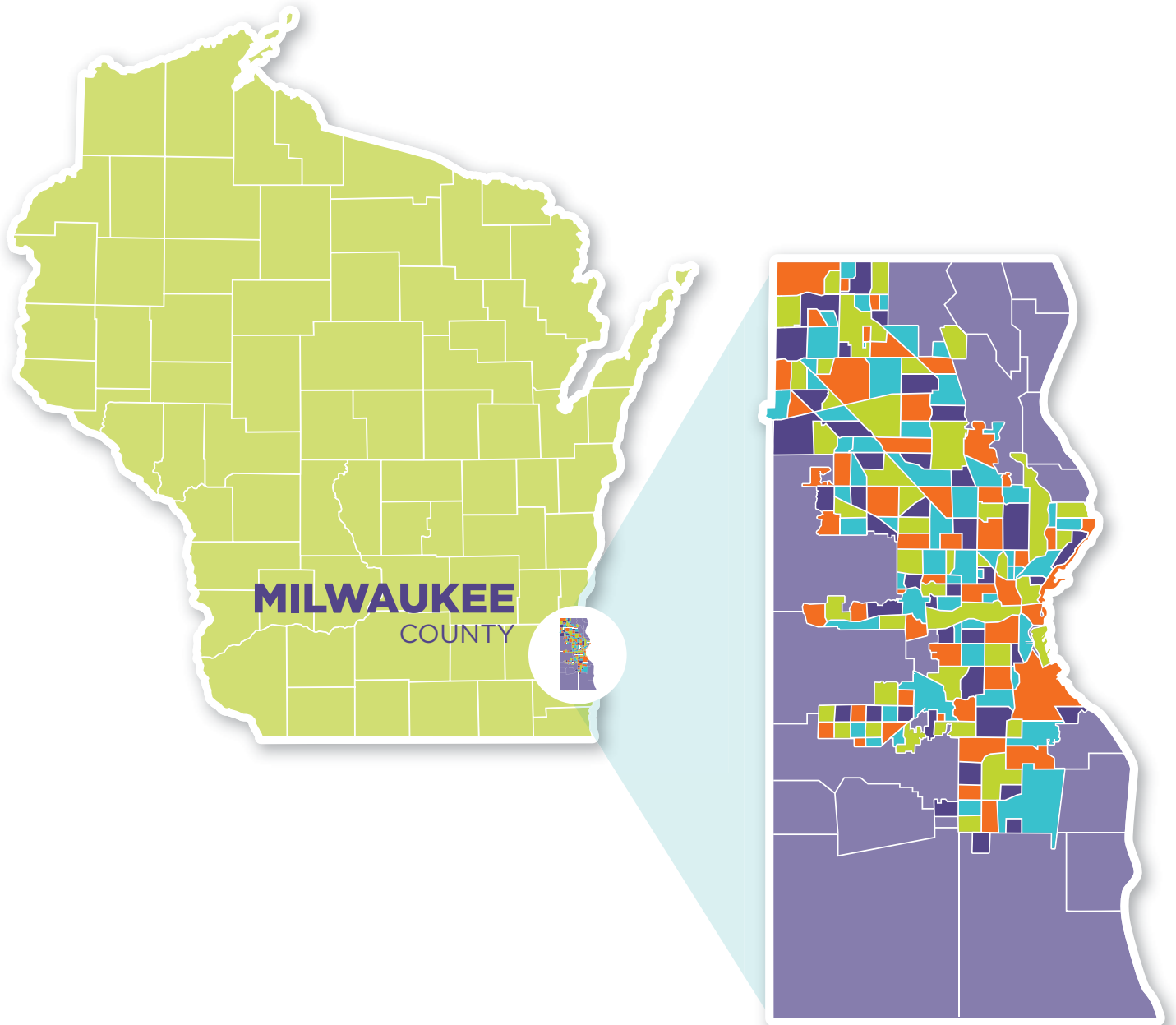
We are still in early stages of data discovery as it relates to disparities. In our efforts to recognize, understand and innovate solutions to inequities, throughout this report you’ll see this symbol as a way to connect the information.

Our Community

Children’s Wisconsin serves children and adolescents from across the state and beyond. However, for the purposes of this report, we defined our community as the children and adolescents living in Milwaukee County. Research shows that some of the highest levels of need are in this county, and we have invested significant resources to address health disparities in the most under-resourced neighborhoods.

GEOGRAPHY

Milwaukee County, which covers 241 square miles, sits on the western shore of Lake Michigan and is home to the state’s largest city. It is the most populous county in Wisconsin, with an estimated 2021 population of 928,059.



DEMOGRAPHICS

Milwaukee County is vibrant and diverse in many ways:

Age

Milwaukee County has a higher percentage of children than elsewhere in the state: One quarter of the county’s residents are under age 18, compared with 22 percent of Wisconsin’s residents.

Language

In Milwaukee County, 21 percent of children ages 5-17 — more than 34,000 children — speak a language other than English at home, compared with 11 percent of their peers statewide. More Milwaukee County children — 3 percent — also live in limited English-speaking households (where no one age 14 or older uses only English at home or speaks English “very well”). This compares with the statewide rate of just under 2 percent. This indicator is significant as it identifies families who may need English language assistance. The most common language spoken in limited English-speaking households is Spanish (22 percent), followed by Asian and Pacific Island languages (20 percent), other Indo-European languages (17 percent) and other languages (10 percent).

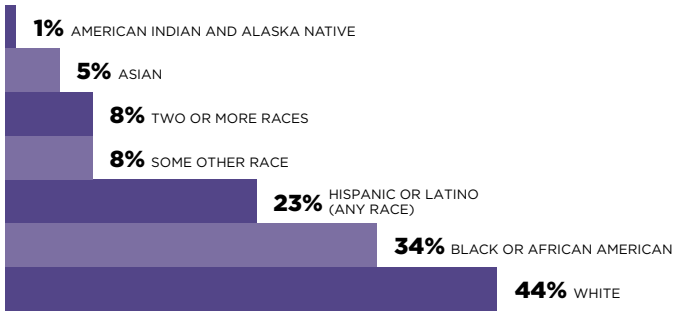


Race and ethnicity

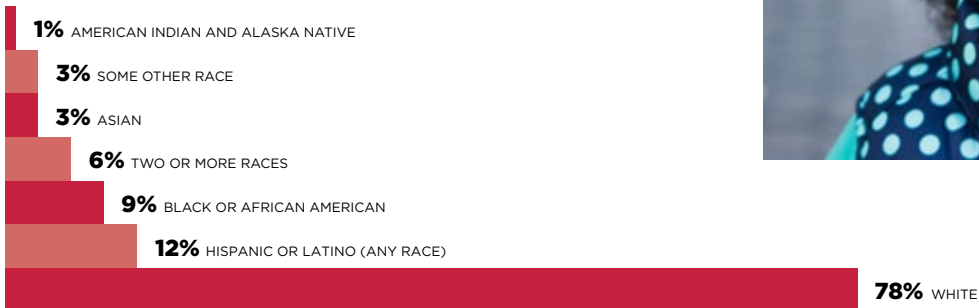
Milwaukee County’s children and adolescents are significantly more racially and ethnically diverse than the state’s children and adolescents overall. The majority of children in Milwaukee County — 92 percent — identify as a single race. Of those, 44 percent are white, 34 percent are Black or African American, and 5 percent are Asian. Nearly one-quarter of the county’s children — 23 percent — are Hispanic or Latino.

RACE AND ETHNICITY

% OF MILWAUKEE COUNTY POPULATION, UNDER 18



% OF STATE OF WISCONSIN POPULATION, UNDER 18



Methodology

Our process follows the Association for Community Health Improvement's model. This report reflects results of Steps 1-6, while the implementation strategy report addresses steps 7-9.

STEP 1: Reflect and Strategize

The primary lessons learned in 2019 include:

- **Improve pediatric-focused data collection:** Continue to work with partners to ensure community health needs assessment (CHNA) data collection processes and data sources are inclusive and representative of a pediatric population and develop Children's Wisconsin strategies (such as youth focus groups) to incorporate community feedback for the community health implementation strategy (CHIS).
- **Continue to advance health equity:** It is important that we integrate determinants of health and health equity to frame the identified needs and advance effective strategies.
- **Identify shared priorities across systems and sectors:** Health systems jointly commit to taking collective action on at least one shared community health need, and Children's Wisconsin's strategies identify critical community partners to maximize community impact.
- **Less is more:** Rather than adopting all health needs identified through the assessment, we will focus our efforts around those in which Children's Wisconsin can have the greatest impact.

STEP 2: Identify and Engage Stakeholders

- The Milwaukee Health Care Partnership (MHCP) brings together local health systems, hospitals, federally qualified health centers, and local and state public health departments to create a

COMMUNITY HEALTH ASSESSMENT PROCESS



healthier Milwaukee. Children's Wisconsin is an active partner in the MHCP, which commissions a comprehensive CHNA in collaboration with the Milwaukee Health Department and other municipal health departments. Hospitals and local health departments use these assessments to develop community health improvement strategies.

- MHCP contracted with Conduent Healthy Communities Institute to gather and synthesize primary and secondary data, including key informant interviews, and to facilitate the Milwaukee Health Compass data portal.
- The Children's Wisconsin Community Health Needs Assessment and Implementation Strategy Advisory Committee is made up of clinical providers, leaders and staff from across the health system who meet regularly to guide the priorities, development and execution of the assessment and related strategies.



STEP 3: Define the Community

While Children’s Wisconsin serves patients from across the state, for the purpose of this assessment, we define our primary community as Milwaukee County because of our countywide services and partnerships.



STEP 4: Collect and Analyze Data

Conduent included three data sources for the MHCP assessment:

- **Community Health Survey (primary data):** An online survey conducted August–October 2021, with more than 8,600 Milwaukee County residents completing 50 questions on the top health needs in the community, individuals’ perception of their overall health, access to health services, and social determinants of health, including racism and health equity.
- **Stakeholder interviews and focus groups (primary data):** Health system community benefit leaders met with 103 individuals from 93 organizations to identify the community’s most pressing health issues and effective health improvement strategies. The 48 key informants and 55 participants in four focus groups represented diverse communities, including African American, Native American, Hispanic, Hmong, elderly, youth, LGBTQ+, individuals with disabilities, and those living with mental illness and substance use disorders.
- **Health Compass Milwaukee (secondary data):** Facilitated by the Milwaukee Health Care Partnership, healthcompassmilwaukee.org provides more than 300 of the most current health indicators for Milwaukee County at the county, municipal, zip code and census tract levels (where available), as well as related demographic data such as race/ethnicity, education, income and housing.



While these sources provide rich data, they primarily focus on the adult population. To ensure children are well represented, we consulted additional data sources:

- **Youth Voices Photovoice Project:** Photos and narratives throughout this document created by youth members of the Lead2Change Interact Club.
- **Kids Count:** Facilitated by the Annie E. Casey Foundation, this national and state-by-state effort tracks well-being indicators for children in the United States.
- **U.S. Census Bureau’s American Community Survey:** In addition to its decennial census, the bureau collects and disseminates data across a variety of topics.
- **Youth Risk Behavior Surveillance System (YRBSS):** The Wisconsin Department of Public Instruction conducts this survey regularly in schools statewide. Given challenges with data collection during the pandemic, 2021 data was unavailable at the time of this report.
- **Other public and government sources:** Additional sources include statewide health data such as the Wisconsin Interactive Statistics on Health from the Wisconsin Department of Health Services and the University of Wisconsin Population Health Institute’s County Health Rankings, among others.



STEP 5: Prioritize Community Health Issues

The MHCP assessment identified five top health issues prioritized by survey respondents and key informants: mental health, violence, drug use and overdose, alcohol misuse and abuse, and access to health care. In addition, three issues of concern were cited as requiring urgent and persistent attention: maternal and fetal health, infectious disease and chronic disease. Finally, the partnership named two key determinants of health that factored most prominently in both primary and secondary data sources: racism/discrimination and housing.

Children’s Wisconsin’s advisory committee examined the top health issues from the MHCP in addition to other health concerns facing the pediatric population and carried out a modified Delphi consensus-building method to prioritize further. The committee considered the prevalence, severity, inequity and feasibility of each health issue and vetted the priorities with executive

leadership and other leaders across the system. As a result, Children’s Wisconsin has adopted infant health, mental and behavioral health, safety and violence, and social determinants of health as our four priorities for the 2022-24 cycle.



STEP 6: Document and Communicate Results

The following sections will report on each of the four community health priorities, connecting key determinants and health equity throughout. Where possible, we have shared trends over time through publicly available data. We acknowledge that health disparities exist across many aspects of the community (such as age, socioeconomic status, gender and more). However, we focus on race and ethnicity because of consistently available data. We encourage further examination into which populations are at higher risk for illness to understand and further advance health equity.





2019 Community Health Priorities and Impacts

Children's Wisconsin addresses many health issues, including those identified by our 2019 community health needs assessment:

- Chronic disease (asthma and oral health)
- Infant mortality
- Mental and behavioral health
- Substance use
- Violence

In 2019 we outlined strategies to address each health need prioritized through the 2019 assessment, and these strategies have already made a difference. Here are a few highlights of our impact:

CHRONIC DISEASE

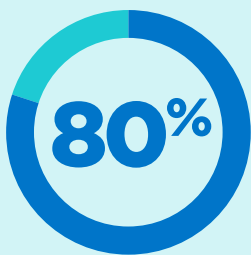
Supporting kids and families for better asthma outcomes

Asthma is the most common reason for preventable hospitalizations and emergency department visits for kids in Wisconsin. To reduce the impact of this chronic disease, Children's Wisconsin established the Community Health Asthma Management Program (CHAMP) to serve Milwaukee County families with an emphasis on reaching people who are socioeconomically disadvantaged and/or burdened by health disparities, including people of color. CHAMP's trained asthma educators meet with parents/caregivers and children in their homes to teach asthma self-management skills by sharing the signs and symptoms of an attack, how to eliminate common household triggers, proper medication management and use of asthma action plans.

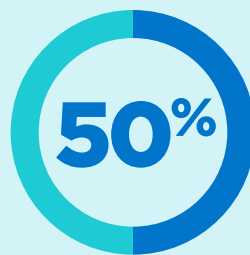
62 children ages 0-17 helped by CHAMP between 2019-2020



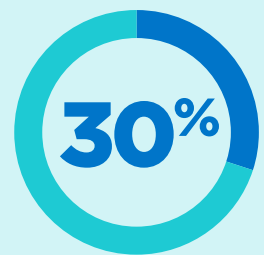
At the 3-month follow-up visit in 2020-2021:



of CHAMP clients report improved asthma control



report reduced emergency department visits



report reduced hospitalizations

INFANT MORTALITY

Saving lives through safe sleep promotion

Many years ago, Children's Wisconsin noticed a troubling trend in infant deaths occurring in families who were participating in our Ongoing Case Management services — including three co-sleeping deaths in one year. But co-sleeping deaths stopped after program staff began reviewing families' sleep environment and providing an infant safety bundle that ensures families with newborns received safe sleep education and tangible supports when needed.



39
newborns served on average, per year, in the Ongoing Case Management Program between 2019-2021

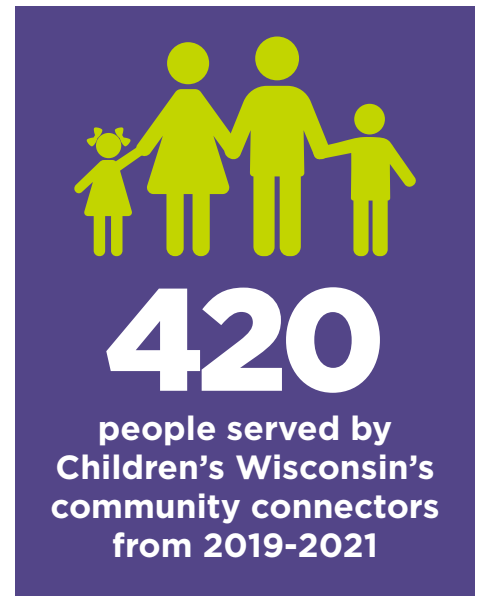
0 Co-sleeping deaths

Connecting parents of 0-5 year olds to needed resources

Children's Wisconsin community connectors work across Milwaukee County with expectant moms or parents who have children ages 0-5. They connect families with supports such as positive parenting education, stress management, family activities and other needed resources.

Parenting resources, housing and medical care are the biggest needs:

From 2019-2021, Children's Wisconsin's community connectors handled 268 requests related to parenting, including parenting resources in general, family activities and child development concerns. Other major requests were housing and medical support such as prenatal care. After working with the community connectors, families show improvements in protective factors such as family resilience, and in multiple social determinants of health, empowering both their little ones and themselves to thrive in the future.



MENTAL AND BEHAVIORAL HEALTH

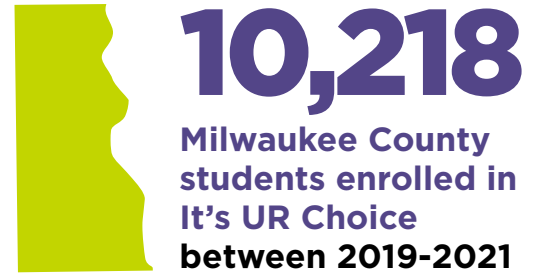
Integrated mental and behavioral health care (IBH)

Children's Wisconsin first piloted the IBH model a few years ago, and we have continued to expand this approach to ensure that the nearly 80,000 children in our primary care clinics have immediate access to a mental and behavioral health provider when needed. Our data demonstrates that this improves care in many ways:

- Children's Wisconsin provided **3,495 same-day behavioral health visits** from 2019-2021. With same-day and on-demand services, children and adolescents can get the mental and behavioral health support they need before problems escalate.
- **54 percent fewer** children and adolescents are **being referred out for mental health services** because patients were able to receive care in their primary care home.
- The **waitlist for therapy has decreased by 25 percent** as a result of the IBH model, opening more access for children and adolescents to receive therapy at Children's Wisconsin.
- Our reach continues to grow: from **1,237** unique patients between September-December 2021 to **4,995** unique patients between January-July 2022. This shows both the immense need but also our success in reducing stigma and getting more kids access to needed care.

E-learning (Healthy Minds, It's UR Choice)

Children's Wisconsin's popular e-learning programs support students across the state. Healthy Minds, for students in grades K-8, focuses on mental and emotional health. The It's UR Choice program teaches students in grades 4-8 how to make healthy choices around alcohol, tobacco and other drugs. Educators continue to tell us that these programs are valuable teaching tools. "This helps open the eyes of the students, gets them to think realistically of their situation and have proactive solutions to AVOID having problems," one educator said.

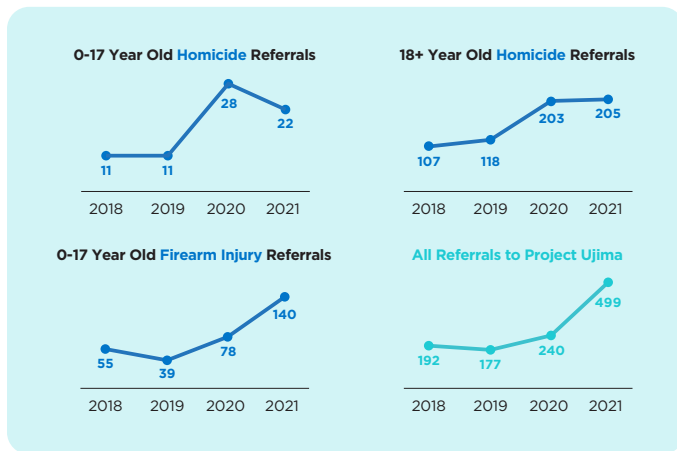


VIOLENCE

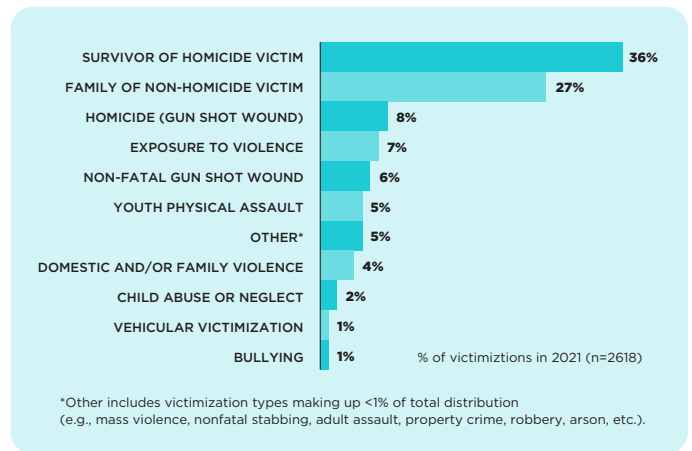
Breaking the cycle of community violence

Project Ujima is a multidisciplinary collaboration that works to break the cycle of violence through individual, family and community intervention and prevention strategies. As local children and adolescents have been exposed to increasing community violence, the demand for Project Ujima's services has grown.

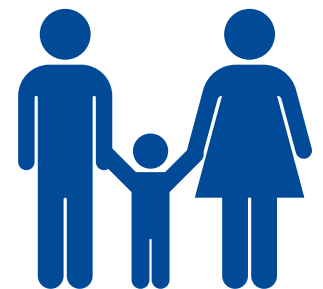
CHILDREN AND YOUTH ARE EXPOSED TO INCREASING AMOUNTS OF COMMUNITY VIOLENCE, HEIGHTENING THE DEMAND FOR PROJECT UJIMA SERVICES.



FAMILIES ENROLL IN PROJECT UJIMA FOR DIFFERENT TYPES OF VICTIMIZATION, MANY AS FAMILY MEMBERS OF VICTIMS.



Families frequently share their gratitude for this life-changing program. "Project Ujima allowed me to see things from a different perspective after my child was assaulted. This allowed me to better understand my child and the struggles he is faced with," said one parent. Another said: "My greatest regret is that we did not have access to Project Ujima beforehand. I wish we could have had access to their services before my son started having problems at school. They have been a vital part of our lives."



1,105 families referred to Project Ujima between 2019-2021, serving more than 6,250 people

Investigating abuse and protecting kids

Children’s Wisconsin oversees one of the largest networks of Child Advocacy Centers in the country. The Milwaukee Child Advocacy Center (CAC) is a safe place for children and adolescents who may have been abused. The center brings together a team of specially trained professionals who evaluate and investigate cases of child abuse and help children and their families.

9,207 services provided to children at the Milwaukee CAC between 2019-2021

(including services provided by a forensic interviewer, nurse practitioner, physician, interpreter and community interviewer)

Supporting parents and preventing abuse

Prevent Child Abuse Wisconsin works to find creative ways to reinforce positive parenting skills and prevent child abuse. One initiative included giving Children’s Wisconsin providers Kids Coupons and Warm Fuzzies booklets to share with families. These resources were a hit with kids and parents alike:

“Families like the coupon books, especially when introduced during such a trying and stressful time in their lives. Just last week, at the end of the visit, I had a mom pull out the coupon book I gave to her and use it to get her son to turn off the video game. He was refusing to leave and nothing was working, but when she motivated him with quality time later on that night, it was enough for him to stop playing and inquire what the coupon was!”



“
Sometimes parents need a little help expressing themselves. The Warm Fuzzies did the talking.

— Prevent Child Abuse Wisconsin program partner

18,802 Kids Coupons
+ 18,317 Warm Fuzzies distributed between 2018-2020

CROSS-CUTTING STRATEGIES

Connecting the community to needed resources

Children's Wisconsin community health navigators partner with families to improve social determinants of health in five neighborhoods where many families face barriers to care and services: Amani/Franklin Heights, Clarke Square, Lindsay Heights, Metcalfe Park and the near West Side. Families are referred by Children's Wisconsin staff and some community partners. As trusted members of their communities, navigators build individual and community capacity through outreach, community education, informal counseling and budgeting, along with social support and advocacy. The goal is to improve health outcomes, empower residents and strengthen community resiliency.

788

people served
by Children's
Wisconsin
community
health navigators
between
2019-2021



Housing is the biggest need:

Between 2019-2021, Children's Wisconsin community health navigators handled 2,966 requests related to housing, including evictions, infestations, safety and landlord/tenant concerns.

Families show significant improvements in multiple social determinants of health after working with the community health navigators, especially in housing but also in financial stability, food sufficiency and social support.

School nursing

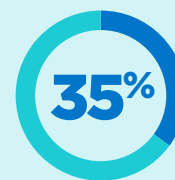
Children's Wisconsin's school nurse program reflects our commitment to support and advance total well-being for kids — no matter where they live. Our approach is to improve both health and academic outcomes by placing the student's needs first and using a collaborative approach to meet those needs. The school nurses are instrumental in leading and coordinating efforts to keep children ready to learn, healthy and safe.

Consider this powerful story: Prior to the pandemic, the school nurse at Clarke Street Elementary began working with a student who struggled with asthma and did not have stable housing. The student had over a dozen school nurse visits for asthma symptoms in a single school year. Utilizing a student-centered care coordination and collaboration approach, the school nurse referred the student to a Children's Wisconsin community navigator, the Community Health Asthma Management Program and Children's Specialty Care for treatment. The next school year, the student had only one school visit related to asthma symptoms.

10
schools with a
full-time nurse

More than
5,000
students served

12,944
in-person visits to
the health room
between 2019-2021



of students
have a chronic
condition
managed by the
school nurse

Changing laws and improving lives

As part of our commitment to drive sustainable change for children and adolescents, families and communities, Children's Wisconsin advocates for kids on a variety of issues, including our 2019 priorities:

- **Asthma:** Tobacco products are a known asthma trigger. Children's Wisconsin joined with stakeholders across the nation to lobby for federal legislation to raise the age to purchase tobacco/vaping products from age 18 to 21, which was signed into law in late 2019. We also continue to advocate on the federal, state and local levels for changes in product placement, marketing, indoor clean air laws and more to help reduce young people's use of and exposure to harmful products.
- **Oral health:** Children's Wisconsin has supported legislation to expand the settings where dental hygienists can provide important preventive care, licensure of dental therapists, an increase in reimbursement rates for dental care, and funding for the state's oral health program and Seal-A-Smile.
- **Infant mortality:** Children's Wisconsin and partners successfully advocated for increased funding for state and federal home visiting programs, which provide parent education and resources on topics like pregnancy and prenatal care, child development and behaviors that help strengthen family functioning and reduce the likelihood of child maltreatment.
- **Mental and behavioral health:** Children's Wisconsin and aligned child health organizations declared a national crisis facing our youth, which spurred the U.S. Surgeon General to issue an Advisory on Youth Mental Health. We also advocated for increased state funding for children's mental health care, including school-based mental health care, the Wisconsin Child Psychiatry Consultation Program, increased day treatment and outpatient care reimbursement, regional crisis response services, and workforce training grants to support our Therapy Fellowship Program.
- **Violence:** Children's Wisconsin has advocated for additional funding for U.S. Centers for Disease Control and Prevention research on firearm-related injuries and fatalities, hospital-based violence intervention programs and the City of Milwaukee's Office of Violence Prevention. We recently secured federal community project funding for Project Ujima and supported funding requested by Sojourner Family Peace Center. We have lobbied for federal and state policies to enhance background checks, implement "red flag" court processes, promote safe storage and other firearm safety measures.



20,000+

emails to legislators sent via Children's Advocacy Network between 2019-2021, including

16,800+

emails sent on 2019 CHNA priority issues

But we don't advocate alone. Children's Wisconsin also mobilizes parents and other supporters via the Children's Advocacy Network. When an important issue that affects Wisconsin kids comes before local, state or federal government, Children's Advocacy Network sends out calls to action and makes it easy for child and family advocates to make their voices heard via customizable email templates to legislators.



2022-2024 Community Health Priorities

Community health issues are complex and nearly impossible to resolve in a short period of time, and some of the community health needs identified in 2016 and 2019 persist in 2022. Many of these challenges became even more urgent during the height of the COVID-19 pandemic and recovery period. Our priorities for 2022-2024 include:

- Infant health
- Mental and behavioral health
- Safety and violence
- Social determinants of health

These priorities represent a small piece of the entirety of Children's Wisconsin's expansive work. Likewise, the three key issues we have highlighted under each priority are much more complex than we can cover in this report and capture only a portion of each area. We call special attention to these priorities as our current focus areas for improving our community's health, in response to feedback and input provided directly from the communities we serve.

We devoted separate sections to each priority, while recognizing that these priorities are interconnected in many ways. For example, the

social determinants of health (the conditions in the places where people spend their daily lives) are intertwined with the other three priority areas, and mental and behavioral health can affect infant health and safety — just as infant health and safety can influence mental and behavioral health. While interconnected, they each require devoted resources to improve the health and well-being of children and adolescents across our community.

Because our timeframe for analysis occurred during the COVID-19 pandemic, we urge caution when interpreting statistical trends over 2019-2021. Child abuse reports, emergency department visits, hospitalizations, vaccinations and more were all impacted by the upheaval of 2020 and related closures during the early part of the pandemic.

We also recognize that no amount of statistics or charts will be able to fully tell the Children's Wisconsin story or our community's story. That is why we have included community voices throughout this report — as a reminder of the children and families who continue to inspire us to do our best work.

PRIORITY: INFANT HEALTH

Children’s Wisconsin endeavors to move our community’s infants beyond surviving infancy — still a challenge and issue of health disparities — to thriving as children and adults. Comprehensive infant health encompasses many factors through the first 24 months of age that can provide a child with a fair and just opportunity to be as healthy as possible. Safe, affordable housing; transportation; and equity in access to high quality, affordable health care (including prenatal care) are all social drivers that can shape the health and well-being of our youngest residents.

Infant deaths

Infants in Milwaukee experience double the mortality rate of infants statewide. Infant deaths in the county increased across all demographics, from 7.2 incidents per 1,000 live births in 2019 to 9.6 in 2020. Many factors contribute to infant mortality, including disorders related to short pregnancy gestation and low birth weight, respiratory distress and unintentional injuries.

Partnering to strengthen maternal-infant health

In 2019, a coalition of Milwaukee organizations was awarded a \$5 million, five-year grant to implement a Milwaukee County Healthy Start Program to support maternal-child health for African American women. Children’s Wisconsin is the fiscal agent for the grant, and the coalition includes the City of Milwaukee Health Department, Children’s Wisconsin Community Services, Black Child Development Institute-Milwaukee, Easter Seals, MyNP Professional and other community stakeholders.

The program supports any woman within their reproductive years, fathers and infants ages 0-18 months to help improve healthy birth outcomes. The grant provided funds for hiring four new maternal child health navigators and one new mental health consultant; access to child birth education classes, medical care, fatherhood programming, family empowerment

“Infant mortality is the biggest problem but ties into everything else. How did we get here? This is lack of access, lack of prioritization, generational, intergenerational racism, and structural racism, everything leading up into it.

— Paraphrased response from Milwaukee Health Care Partnership key informant interview



Health disparities: Statewide, Black or African American infants have the highest rates of infant deaths; in 2020 this was three times the rate of white infants. In Milwaukee County, the American Indian and Alaska Native rate of infant deaths is six times the rate of white infants.

and connection to resources for health insurance, medical care, mental and behavioral health, parenting and basic needs.

The program’s annual goal is to serve 300 expecting mothers, 300 infants and 100 fathers/partners. The ultimate goal is to reduce infant mortality, improve birth outcomes, and enhance maternal, child and family health.

“At Children’s, we are as committed to helping kids start their lives healthy as we are to treating them when they are sick,” said Wanda Montgomery, former director of community partnerships at Children’s Wisconsin. “That means helping all families in our community get the care they need, and this grant will help us work toward eliminating perinatal health disparities for African American women and children in Milwaukee County.”

Preventative care

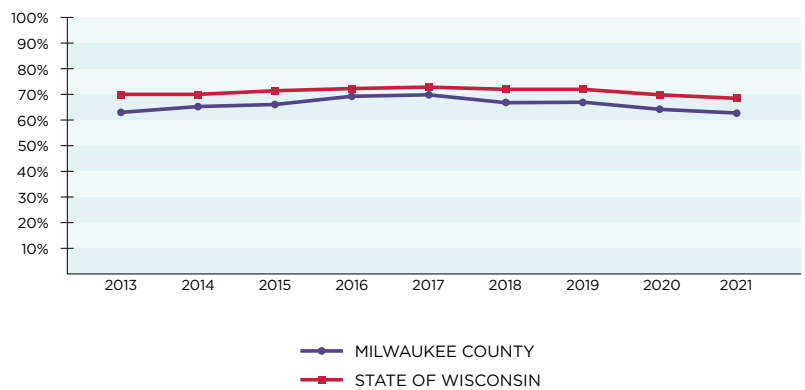
Preventative care is critical to building a foundation for overall health and catching potential problems before they become more serious. Unfortunately, Milwaukee County infants are not receiving sufficient preventative care, specifically for oral health, vaccinations and lead testing. In Milwaukee County, childhood emergency department visits for non-traumatic dental conditions decreased between 2018-2020 (though COVID-related closures may have been a contributing factor). However, Milwaukee County's rates on this measure are still higher than statewide levels — more than double the statewide rate for children ages 0-4.



Health disparities: Black or African American children had the highest rates of emergency department visits for non-traumatic dental conditions between 2018-2020, five times higher than that of white children.

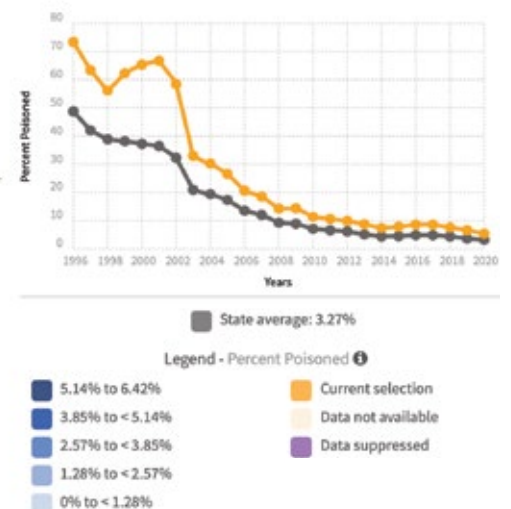
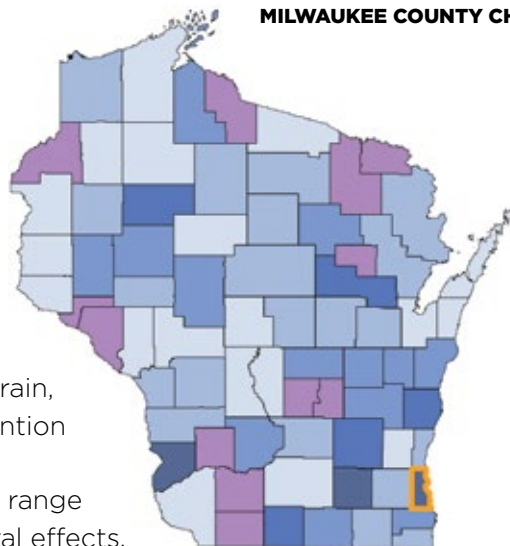
Nearly two out of three children (64 percent) in Milwaukee County have completed their primary vaccination series by 24 months of age, lower than the statewide rate of 70 percent. This number has decreased both in Milwaukee County and statewide between 2019-2021, likely due to the COVID-19 pandemic. Research published by a Children's Wisconsin team found that the pandemic exacerbated vaccine disparities between children with commercial insurance and those on Medicaid, with children on commercial insurance returning to pre-pandemic vaccination levels more quickly.

PRIMARY VACCINATION SERIES
% OF MILWAUKEE COUNTY CHILDREN COMPLETING PRIMARY VACCINATION SERIES BY 24 MONTHS



Blood lead levels in Milwaukee County children under age 6 have continued to decrease over the past 20 years, yet great disparities persist between census tracts. Lead poisoning — usually because of exposure in a child's home environment — harms a child's developing brain, causing reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects.

MILWAUKEE COUNTY CHILDREN WITH ELEVATED BLOOD LEAD LEVELS



Early childhood support

Families are not receiving the equitable support necessary for optimizing children’s development and educational readiness. This is important because reaching early developmental milestones sets children up for success in the years that follow.



Health disparities: Child educational opportunity in Milwaukee County varies greatly by census tract, with some neighborhoods, particularly in the city of Milwaukee, experiencing low levels of opportunity and worse educational outcomes. Meanwhile, other neighborhoods not far away score higher on the child education opportunity index based on measures such as high-quality early childhood education centers, early childhood education enrollment, third grade reading proficiency, third grade math proficiency and school poverty.



Supporting mothers through home visiting

Maya enrolled in Healthy Families Milwaukee County during her pregnancy with Kenzie (names changed for privacy) and has been an active participant ever since. Maya grew up in multiple group homes, and her home visitor helps Maya reflect on her traumatic childhood and how these experiences shape her parenting.

For a while, Maya’s home visitor was unable to engage Maya in regular visits. The home visitor continued to reach out and provide support by bringing needed items to Maya’s home and connecting over video. Maya eventually revealed that she was involved in a physically abusive relationship. She expressed fear for her and Kenzie’s safety and filed a restraining order. Maya’s home visitor safety-planned with Maya and helped her connect with the Sojourner Family Peace Center.

After a couple of months in the shelter, Maya was thrilled to move out on her own. Unfortunately, she had to leave most of her belongings at her

first apartment. The home visitor helped Maya get needed household and safety items using her flex funds and the Robyn’s Nest, a Children’s Wisconsin resource for families with unmet needs.

Over time, Maya’s home visitor helped her through other challenges, from finding employment to building enough trust to leave Kenzie in day care to working on quitting tobacco as a coping mechanism. While enrolled in the program, Maya also graduated from high school and earned her driver’s license.

Maya sometimes becomes emotional when sharing how difficult it is to parent Kenzie and navigate life without the support of family, but she feels confident that she’s making the right decisions for her daughter. She is motivated and considers Kenzie’s happiness and well-being with every move she makes. Maya shared that she always feels better when Kenzie talks and laughs. “I enjoy everything about her,” she said.

Learn more through the Wisconsin Department of Health Services at dhs.wisconsin.gov/wish, the Division of Public Health at dhs.wisconsin.gov/dph, and diversitydatakids.org.



“ All the kids that I work with are dealing with mental health issues...they are crying out for help. ”
 — Focus group participant

PRIORITY: MENTAL AND BEHAVIORAL HEALTH

At Children’s Wisconsin, we believe caring for a child’s developmental, mental and behavioral health is just as important as caring for their physical health. Kids across Wisconsin are facing a mental and behavioral health crisis — and the COVID-19 pandemic only exacerbated children’s and adolescents’ rates of anxiety, depression and behavioral problems.

This is a challenge that affects kids across demographics and in every zip code, but social determinants of health can also influence mental and behavioral health risks and outcomes. A family’s financial stress, transportation challenges, unsafe living conditions or other factors can take a toll on a child’s mental and behavioral health and make it more difficult for families to get timely and regular access to care. To address this urgent community need, Children’s Wisconsin has made it a systemwide priority to detect needs sooner, reduce stigma, and improve access to care for kids with mental and behavioral health needs.

Access to care

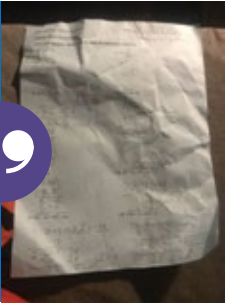
Families have difficulty navigating complex systems to obtain affordable, equitable, timely and culturally relevant mental and behavioral health services. This can cause problems to escalate until a child reaches a crisis point.

Emergency room visits for pediatric mental health reasons are highest among adolescents ages 15-17 in Milwaukee County (195 visits per 10,000 population), followed by adolescents ages 10-14 (109 visits 10,000 population). Hospitalization for mental health issues follows a similar trend. However, even children as young as ages 5-9 have been hospitalized for mental health reasons (34 hospitalizations per 10,000 population, compared to 134 for those ages 10-14 and 170 for those ages 15-17).



Health disparities: Milwaukee County survey respondents who are Black or African American, Hispanic/Latino, from high-need zip codes or live in households with children report lower perceptions of quality and culturally relevant health care services in their community.

“ Having crumbled up math homework out of burnout-esque frustrations, this picture represents school work affecting mental health. The creases and wrinkles on the sheet of paper signify the wear that high school has on a clean slate student. Students’ well-being should never be put on the back burner. ”
 — Milwaukee youth photovoice project



Anxiety and depression

Students are experiencing greater levels of stress, anxiety and depression. Milwaukee County children and adolescents report higher levels of anxiety and depression compared to their peers statewide. According to the Wisconsin Office of Children’s Mental Health, one-third of high school students reported feeling sad or hopeless almost every day in 2019. In Wisconsin, 18- to 19-year-olds have consistently had the highest suicide rates since 2012, although the number of suicides among that group fell by almost half between 2019-2020.

Health disparities: Milwaukee County children and adolescents who are American Indian or Alaska Native or multiracial have the highest proportion of Children’s Wisconsin’s abnormal depression screens compared to other racial and ethnic groups.

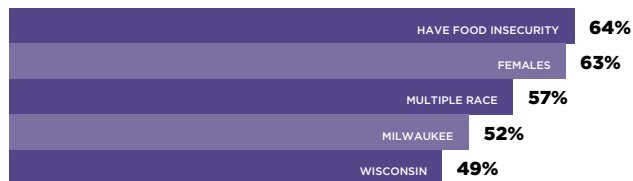
Disconnection

Children and adolescents report feeling disconnected from adults and peers. This problem is not unique to Milwaukee County or Wisconsin; national data showed high rates of disconnection continue to increase, putting students at great risk even during pandemic recovery periods.

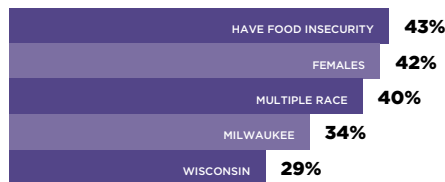
Health disparities: Some demographics of Wisconsin students — those who identify as LGBTQ+, Black or African American, Hispanic/Latino, have a disability or condition, have received an individualized education program (IEP)/504 services, or have experienced food insecurity — report a lower feeling of belonging at school than their peers.

ADOLESCENT STRESS, ANXIETY & DEPRESSION

% OF MILWAUKEE AND WISCONSIN MIDDLE SCHOOL STUDENTS WHO HAVE PROBLEMS WITH ANXIETY



% OF MILWAUKEE AND WISCONSIN MIDDLE SCHOOL STUDENTS WHO ARE SO SAD OR HOPELESS THEY STOPPED USUAL ACTIVITIES

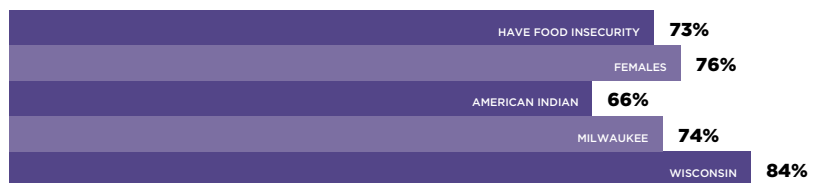


SENSE OF BELONGING & SUPPORT

% OF MILWAUKEE AND WISCONSIN HIGH SCHOOL STUDENTS WHO AGREE/STRONGLY AGREE THEY BELONG AT SCHOOL



% OF MILWAUKEE AND WISCONSIN MIDDLE SCHOOL STUDENTS WHO HAVE AT LEAST ONE SUPPORTIVE ADULT BESIDES PARENTS



Carson’s story

For 14-year-old Carson, depression was like suddenly falling down a black hole. Seeing no other way out, he tried to end his life. Fortunately, he survived and spent weeks recovering at Children’s Wisconsin. As his body healed, so did his spirit — thanks to ongoing mental and behavioral health support.

Now Carson shares his story on social media to help other struggling kids know that they’re not alone. “We need to be willing to talk about mental health and reduce the stigma,” he said. “We can save a lot of lives.”

Alejandra's story

The long months of virtual school during the early part of the COVID-19 pandemic took a devastating toll on Alejandra. For a year, she stared at a screen as her spirit — and confidence — withered.

“When we started going back to school, it was really hard because I didn’t know how to socialize with anybody anymore,” she said. The 15-year-old’s anxiety became so intense it made her physically ill. She could hardly get out of bed, and her regular panic attacks made her gag and vomit. “I couldn’t even make it to the bus stop,” she recalled.

Missing school meant falling behind on schoolwork, so Alejandra’s anxiety only spiraled. Her family got her on a wait list to see a therapist, but because of a shortage of mental health professionals, the wait time was six months — an eternity for a teen at the breaking point.

But hope unexpectedly came during Alejandra’s annual physical with pediatrician Kristine Davison, MD, at Children’s Wisconsin’s Midtown Pediatrics clinic. Alejandra shared her struggles with Dr. Davison, who replied, “There’s someone I think you should meet.”

That someone was Leann Vice-Reshel, PsyD, LPC, one of the first behavioral health consultants hired to work alongside Children’s



Wisconsin pediatricians at primary care offices and urgent care locations. The ambitious initiative helps kids who need it get same-day mental and behavioral health services, right at their neighborhood pediatrician’s office.

Dr. Vice-Reshel taught Alejandra several coping skills to help control her anxiety. Eventually, Alejandra learned to manage her anxiety enough to do something that would have terrified her before: she shared her story on air with WISN 12 in hopes of helping other youth who are going through the same struggles.

The teen years are so tough,” Dr. Vice-Reshel noted. “Teenage brains get overwhelmed with hormonal changes, emotions and life events. It’s all hard to manage. Alejandra is a clear example of how improving someone’s mental health can improve their physical health.”

“This empty basketball court reminds me of the joy to be found in doing an activity you love, by yourself. Taking time to do the things you love results in positive mental health.”

— Milwaukee youth photovoice project



PRIORITY: SAFETY AND VIOLENCE

Every child deserves to be safe and secure from physical, mental and emotional harm. Unfortunately, that's not the reality for every child — abuse and neglect, bullying, community violence and accidental injuries can threaten a child's health and well-being. Some injuries require physical healing over a shorter period of time, while others set the stage for long-term trauma, creating compounding adverse outcomes for a child's physical and mental health.

Many social and environmental factors can affect a child's safety, including family financial stress, adult substance abuse, adult mental health and neighborhood violence. Children's Wisconsin is committed to preventing violence and accidental injuries wherever children and adolescents live, learn and play — and delivering trauma-informed care and expanded community-based services to help kids recover and thrive after a challenging experience.

Child maltreatment

Sometimes the home environment is the place where a child feels least safe. Young children experience the highest rates of child maltreatment compared to older children, with children in Milwaukee victimized at consistently higher rates than the rest of the state — 40 incidents per 1,000 children in 2020 compared to the statewide rate of 3 incidents per 1,000 children. Abuse and neglect can become life-threatening and lead to long-term trauma.



Health disparities: Children who identify as Black or African American children or American Indian/Alaskan Native are more likely to be victims of child maltreatment compared to their peers statewide. This can happen for a number of reasons, most often due to the effects of systemic factors that impact families' ability to cope with adversity and stress. In younger age groups, males and females are victimized at similar rates. As children age, the victimization rate drops for both groups, but the female victimization rate remains higher than the male victimization rate.



If you are focused and care about the children of the community, you do them a disservice if you do not focus on their parents. Intergenerational children [are] raising children. How can we make sure their parents are in a position to parent well?

— Focus group participant



Bullying

Bullying can take a serious toll on children and adolescents' mental and behavioral health. One in three middle school students in Milwaukee report experiencing bullying at school — a higher rate than Milwaukee high school students and slightly higher than middle school students statewide. Rates of both bullying on school property and online remain steady, with no statistical change in recent years.



Health disparities: Some demographics of Wisconsin students — those who are female, LGBTQ+, Hispanic/Latino, multiple races, have a disability or condition, have received an individualized education program (IEP)/504 services, or have experienced food insecurity — report more bullying than their peers.



Firearms

Homicide by firearm has been the leading cause of death for children and adolescents in Milwaukee County since 2011, with rates tripling from 2019-2020. Emergency rooms have seen enormous increases in gunshot wounds as well, with some victims as young as 1-4 years old. Not only does the increase in gun violence pose an immediate physical harm for children and adolescents, but it also threatens a child's sense of safety and can bring the trauma of losing others to gun violence, leading to a damaging ripple impact on families and the community.

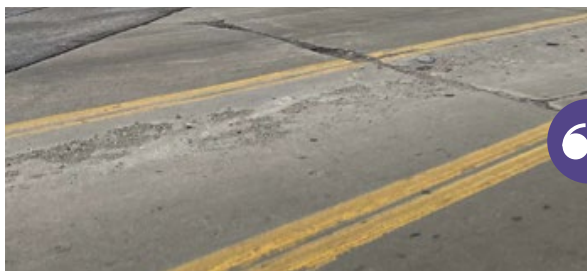
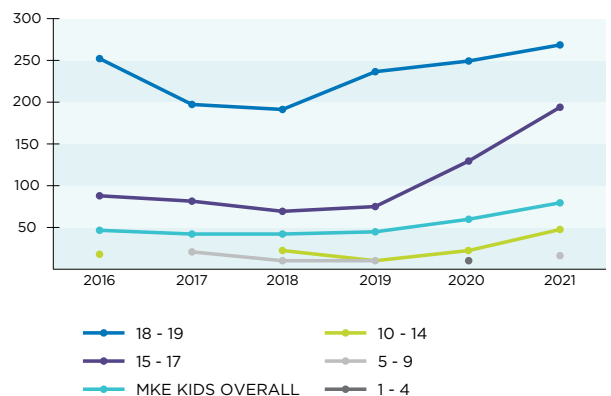


Health disparities: Adolescents identifying as white are more likely to die by suicide from firearms while adolescents identifying as Black or African American are more likely to die by homicide from firearms. Children and adolescents identifying as Black or African American are seven times more likely to be killed by firearms than their white counterparts.

Children are also at risk of other accidental injuries in the community, including falls; car, bike and pedestrian accidents; and drowning. Motor vehicle crashes are among the top two injuries seen in our Milwaukee emergency department over recent years, and make up the second leading cause of death for children ages 1-19.

FIREARM INJURIES

RATE OF EMERGENCY DEPARTMENT VISITS PER 100,000 POPULATION IN MILWAUKEE COUNTY BY AGE GROUP, 2016-2021



Road conditions in Milwaukee are bad and unsafe. Government funding should be spent on making our busy streets safer.

— Milwaukee youth photovoice project

Kids in the crossfire

One summer day, a Milwaukee mother got a phone call: Her son had been shot at the basketball court. She rushed out the door and asked, “Where’d you take him? Which hospital?” Friends with him responded, “He’s at home in the shower. He wanted to wash it off.”

This is what gun violence and trauma look like. It’s a teenager being so distraught that he thinks he can wash off a gunshot wound in the shower.

The mom knew her son needed physical help, so she got him out of the shower and rushed him to Children’s Wisconsin. But that was only the start. “Never in a million years did I think this would happen to my kids. In the moment, I couldn’t think of anything else besides, is he alive? Some kids make it out, some kids don’t,” she said. “I was just so glad my son was alive.”

At first, her son wanted to retaliate. But sitting down and talking to him, and a referral to Project Ujima, helped.

Project Ujima works to stop the cycle of violent crimes through crisis intervention, social and emotional support, youth development and mentoring, and mental health and medical services. With violence on the rise, the Project Ujima team is supporting more kids and families than ever with the tools needed to heal.

When asked what helped her son most after he was shot, the mom listed Project Ujima, his family’s support and guidance, and positive activities like a summer job. And when asked what she wants people to know about gun violence, she said, “Kids are being killed. As parents, our relationship with our kids plays a big part. The more we can talk to them and be active with them, learn about their friends and be a part of their everyday lives, the more we can steer them in the right direction.”



“

When it comes to gun violence in our community, my biggest concern is how I feel now. I never, ever felt like I needed a gun. I don’t even like weapons. But now I feel like I need one in my home just for protection.


— Mother whose son had been shot

”

Learn more through the KidsCount Datacenter at datacenter.kidscount.org, the Wisconsin Department of Children and Families at dcf.wisconsin.gov, the Wisconsin Department of Public Instruction’s Youth Risk Behavior Survey at dpi.wi.gov/sspw/yrbs and the Wisconsin Department of Health Services’ Division of Public Health at dhs.wisconsin.gov/dph.



PRIORITY: SOCIAL DETERMINANTS OF HEALTH

 Across our community, children and adolescents can live just blocks apart from one another and have very different experiences with factors that directly impact their health and well-being. The physical environment, access to health care, quality of care, family and social support, and socioeconomic factors — what we call the social determinants of health — play a significant role in shaping a child’s health in the short term and over their lifetime. When a child has regular access to nutritious food, a safe living environment, quality education and more, it improves their physical, mental and behavioral health.

At Children’s Wisconsin, we recognize that we cannot achieve our vision of making Wisconsin kids the healthiest in the nation unless we address the social determinants of health and their role in driving health inequities. We continue to work with our community partners and families to remove barriers to health and well-being and ensure that all Wisconsin kids have the resources they need to thrive.

Understanding barriers to health

To help a family reach their full health potential, we, as health care providers, must do more to fully understand and address their social barriers. We know disparities in food security, housing stability, transportation and financial stability can affect a child’s health, however, there are still many families whose needs we must uncover.

Accessing resources

Families have difficulty navigating to and attaining community-based resources, which can significantly enhance quality of life and health outcomes. When families struggle to meet their basic needs, lack health insurance or face transportation challenges, it can make it more difficult for them to seek out the resources that would help address their needs.

Did you know?
 Staying healthy is mostly about what happens outside the doctor’s office.

10%	In fact, only 10% of our health comes from access to quality health care .
20%	The rest comes from: The world around us (home, school, community)
30%	What we’re born with (family history)
40%	The choices we make (food, exercise, safety)

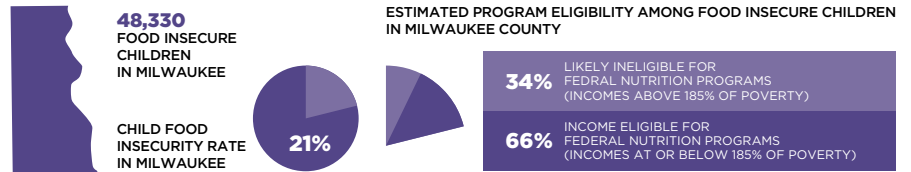
McGinnis, J.M. et al. Health Affairs 2002;21(2):78-93

Risk factors

Children and adolescents with food insecurity, housing instability and transportation barriers experience increased risk of poor health outcomes. Not only can some of these factors — such as insufficient food or unhealthy/unsafe living conditions — directly contribute to a child’s health and well-being, but these stressors can also make it more challenging for families to access regular and preventative health care.

Children’s Wisconsin patients with indications of neighborhood stress (an ensemble of socioeconomic factors) have a more than tripled rate of emergency department visits, a 40 percent increase in inpatient admissions and an increase in total medical expenses compared to their peers.

2019 CHILD FOOD INSECURITY OF MILWAUKEE COUNTY POPULATION



Health disparities: While we are still working to identify individual families’ needs, data reveals important insights into the socioeconomic challenges that many Milwaukee County children face:



Hunger: In 2019, 21 percent of Milwaukee County children experienced food insecurity, and that number grew to nearly 26 percent in 2020 — representing 57,980 children in our community who are not getting enough to eat. While the majority of those children qualified for federal nutrition programs, Feeding America estimates that 22 percent were likely ineligible due to their family’s income being above 185 percent of the poverty line. Compared to white households with children, Hispanic and Black households with children report higher rates of not having enough to eat.

However, screening might not capture the full need. In the Youth Risk Behavior Survey, about one out of three Milwaukee County middle school students reported experiencing hunger due to lack of food in their home during the past 30 days. Asian and Pacific Islander students experience the highest rates of food insecurity (58 percent), followed by Hispanic (42 percent) and American Indian (42 percent) students.





Housing: Housing can affect a family's stability, living conditions and ability to build wealth. Home ownership varies widely by demographic group in Milwaukee County, and white households are more than twice as likely to live in owner-occupied housing compared to Black or African American households. The Milwaukee Health Care Partnership 2021 Community Health Survey found that 15 percent of Milwaukee County households with children reported having limited access to quality housing, though the rate was much higher for Black or African American households (41 percent). Almost 47 percent of Black or African American households reported that their community lacks affordable places to live, compared to the countywide rate of almost 27 percent.

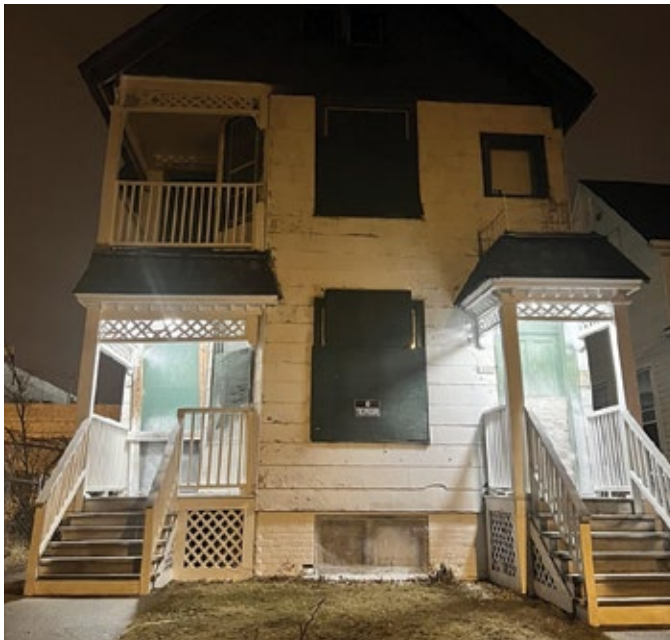


Income: While Milwaukee County's median income has increased gradually over the years, local families still face a lower median income than their statewide peers: \$53,269 in 2019 compared to the statewide median of \$79,080. After six years of declining unemployment rates, Milwaukee County and the state saw sharp increases in unemployment during the first year of the pandemic — from 4 percent in Milwaukee County in 2019 to 8 percent in 2020.

While unemployment is an important measure, so is the number of children whose parents lack regular, full-time employment — and even a full-time job at low wages does not necessarily lift a family out of poverty. In Milwaukee County, families with children are more likely to be in poverty compared to the population as a whole. Black or African American families have the highest percentage of children in poverty (28 percent), compared to 7 percent of white families.



Transportation: Transportation can be a hurdle for some families, making it more difficult for them to reach higher-paying jobs, medical appointments and other basic needs. In response to a 2021 Children's Wisconsin study to understand what caused patients to miss appointments, the most common barrier families identified was transportation. In 2018-19 across Wisconsin, about one in three Medicaid members utilized non-emergency medical travel (NEMT) services to get to health care appointments. This proportion sharply decreased during pandemic-related closures, but the numbers started to increase during the summer of 2020, reaching 80,000 or more completed trips per month in Milwaukee County by fall of 2020.



There are too many vacant houses in Milwaukee. These houses should be remodeled for use by the community for families, the homeless population or group homes.

— Milwaukee youth photovoice project



Hunger and health

A small boy came to the Children’s Wisconsin Emergency Room after suffering a fall. After talking with the boy’s mother and gathering the standard medical history and details of the incident, Michael Levas, MD, asked the mother two less-than-typical questions:

Within the last 12 months, have you worried that your food would run out before you got the money to buy more? Within the last 12 months, did the food you bought not last and you didn’t have money to get more?

Tears immediately filled the mom’s eyes. She nodded her head and said “yes,” and then threw her arms around Dr. Levas.

“She thanked me for caring to ask,” Dr. Levas recalled.

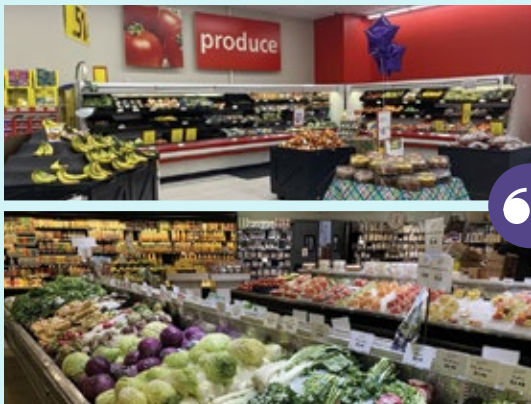
The answers that mother gave to those two questions set off a chain of events that spread throughout the hospital, from the Emergency Department to the Daniel M. Soref Family Resource

Center, that ultimately connected her with resources to help her and her family get their basic needs met.

“That is the key,” said Dr. Levas. “The Family Resource Center reaches out and wraps the family in services they may need.”

Even though food insecurity is the initial trigger, when a referral specialist from the Family Resource Center connects with the family, they often identify additional needs — such as employment, transportation or mental and behavioral health — and they’re able to connect them to other resources the family never knew existed.

“We have this opportunity to bring families up to a level of security and stability they didn’t have before,” said Maggie Butterfield, retired executive director of Patient Amenities and Family Services at Children’s Wisconsin. “That first conversation leads to another conversation, and we are able to refer them to resources throughout their community.”



These two pictures show the quality of fruits and vegetables in a Black neighborhood compared to a suburban neighborhood. Every person in every community deserves access to healthy food.

— Milwaukee youth photovoice project

Learn more through Feeding America Map the Meal Gap at map.feedingamerica.org, the KidsCount Datacenter at datacenter.kidscount.org, the Wisconsin Department of Public Instruction’s Youth Risk Behavior Survey at dpi.wi.gov/sspw/yrbs, the Wisconsin Department of Health Services at dhs.wisconsin.gov/nemt/data.htm, the U.S. Census Bureau American Community Survey at data.census.gov, and the Milwaukee County Health Needs Assessment at healthcompassmilwaukee.org.

Community Assets

We know that it takes a village to adequately address the health needs of our children, and we are fortunate to have many strong partners joining us in this work. Key informants identified a number of existing strategies and partners across Milwaukee addressing our community health priorities. Our community partners in these areas include:

INFANT HEALTH

Black Child Development Institute–Milwaukee
City of Milwaukee Health Department
City, county and state departments and agencies
Easter Seals
March of Dimes
Wisconsin Association for Perinatal Care

MENTAL AND BEHAVIORAL HEALTH

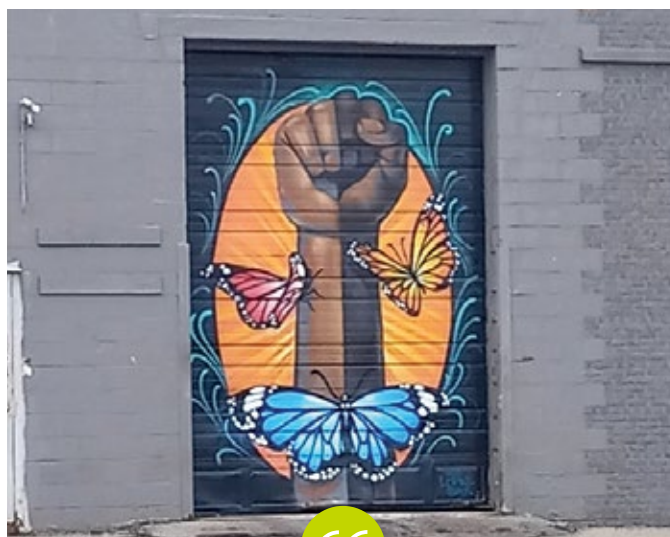
City, county and state departments and agencies
Milwaukee Health Care Partnership
MyNP Professional
Rogers Behavioral Health
School Community Partnership for Mental Behavioral Health
Schools and school districts
Wisconsin Office of Children’s Mental Health

SAFETY AND VIOLENCE

Child Abuse and Neglect Prevention Board
Child Protective Services
City, county and state departments and agencies
Medical College of Wisconsin
Milwaukee County District Attorney’s Office
Milwaukee Health Care Partnership
Milwaukee Homicide Review Commission
Milwaukee Police Department
Safe Kids Wisconsin
Schools and school districts
Sojourner Family Peace Center

SOCIAL DETERMINANTS OF HEALTH

City, county and state departments and agencies
Community based organizations
Food banks and food pantries
IMPACT Connect – Unite Us
Milwaukee Health Care Partnership
Social service agencies



This picture represents the unity of peoples in Milwaukee because in times where it feels the community is splitting, this mural confirms the citizens of Milwaukee will always have each other’s back. It is important for all of us to remember where we grew up and where we came from.

— Milwaukee youth photovoice project



In addition to the organizations named on this page, other community assets include other local health systems and providers, philanthropic organizations, the business community, faith communities, public health, lawmakers, law enforcement, the nonprofit sector, community leaders and families across our community.



Conclusion

We have made great strides in improving children’s health since our last community health needs assessment in 2019, even through the challenges of the pandemic, but we know there is still more work to be done. While we can’t erase every challenge to children’s health, especially considering the significant impact of social, environmental, genetic and behavioral factors, we believe we can move the needle. This assessment provides a road map to guide our priorities going forward so we can focus on the programming that will have the biggest impact.

With this knowledge, the help of our community partners and our staff’s tireless efforts, we’ll continue striving toward our ultimate goal: making Wisconsin kids the healthiest in the nation. See our 2022 - 2024 Milwaukee Community Health Implementation Strategy for information on our work to address our community’s health priorities.

Acknowledgements

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References

1. Child Opportunity Index. Institute for Child, Youth and Family Policy, Heller School for Social Policy and Management, Brandeis University. diversitydatakids.org
2. Children's Wisconsin iNSIGHT Report (2022). Most Current SDOH Risk: Food, Transportation, and Financial Domains.
3. City Health Dashboard. NYU Langone Health. cityhealthdashboard.com
4. County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute. countyhealthrankings.org/app/wisconsin/2022/overview
5. COVID-19 Pandemic Exacerbates Childhood Immunization Disparities. Wisconsin Medical Journal, Special Report. wmjonline.org/121no1/lehrer/
6. Environmental Public Health Data Tracker. Wisconsin Department of Health Services, Division of Public Health. dhsgis.wi.gov/DHS/EPHTracker/#/map
7. KIDS COUNT Data Center. Annie E. Casey Foundation. datacenter.kidscount.org
8. Map the Meal Gap Report. Feeding America. map.feedingamerica.org
9. Milwaukee Health Care Partnership 2021 Community Health Needs Assessment. healthcompassmilwaukee.org
10. U.S. Census Bureau American Community Survey 2019 5-year estimates. data.census.gov
11. Wisconsin Child Abuse and Neglect Report, 2020. Wisconsin Department of Children and Families. dcf.wisconsin.gov/files/cwportal/reports/pdf/can.pdf
12. Wisconsin DHS Monthly Non-Emergency Medical Transportation Data. Wisconsin Department of Health Services. dhs.wisconsin.gov/nemt/data.htm
13. Wisconsin Interactive Statistics on Health (WISH) data query system. Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics (2020). dhs.wisconsin.gov/wish
14. Wisconsin Office of Children's Mental Health 2020 Annual Report. children.wi.gov
15. Youth Risk Behavior Survey, 2019. Wisconsin Department of Public Instruction. dpi.wi.gov/sspw/yrebs