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Introduction

Children's Hospital of Wisconsin prides itself on providing the best care for kids, but to do that, we need to thoroughly understand the factors that shape children's lives and health before they ever enter our care. The community health needs assessment is a valuable tool that allows us to evaluate our community’s health needs and align our programs and services so we can make the biggest impact on children's health.

As part of the Milwaukee Health Care Partnership, Children's Hospital teamed up with other area health systems to commission a comprehensive community health needs assessment in Milwaukee County. This process allowed us to:

- Gather baseline information about health in our community
- Assess the greatest health needs
- Identify areas for improvement that Children's Hospital could impact
- Prioritize our programming to address the greatest needs

An effective community health needs assessment must encompass a wide range of voices, and our process included significant input from community residents, health care providers, public health officials, school leaders and other stakeholders. We also looked beyond traditional health indicators to explore other issues that determine health, such as poverty, education and employment. While quality health care is important, we know that social, environmental, genetic and behavioral factors have an even bigger influence on a child’s health (Figure 1).

About Children's Hospital

Children's Hospital is the region's only independent health care system dedicated solely to the health and well-being of children and is recognized as one of the leading pediatric health care systems in the United States. In addition to our hospitals in Milwaukee and Neenah, Wis., we offer care at community-based locations throughout Wisconsin. We provide 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 and family resource centers. We also advocate for children in areas such as health coverage and access. Every year, we invest more than $100 million in the community to improve children's health through medical care, advocacy, education and research.

Children's Hospital vision

Our vision is simple: that Wisconsin’s kids will be the healthiest in the nation. That means building a culture where resources are aligned to achieving that vision. It means collaborating with community partners because no organization can achieve such an enormous goal alone. And it means putting kids' health at the center of every decision we make.
Our community

Children’s Hospital serves children and youth from across the state and beyond. However, for the purposes of this report, we defined our community as the children and youth living in the city of Milwaukee. Research shows that the highest levels of need are in the city, and Children’s Hospital has invested significant resources to address health disparities in the city’s lowest-income neighborhoods.

Geography

Milwaukee, which covers 96.8 square miles, sits on the western shore of Lake Michigan (Figure 2). It is the largest city in Wisconsin, with an estimated population of 598,078. Milwaukee represents about 10 percent of the state’s total population and is the 30th most populous city in the U.S.

Figure 2. Map of Children’s Hospital of Wisconsin primary service area — city of Milwaukee.
Demographics

What does our community look like? It’s vibrant and diverse. It also faces some serious challenges in terms of poverty, language barriers, housing and other factors that can affect a child’s well-being.

Ethnicity

Milwaukee is significantly more racially diverse than the state as a whole. At the same time, Wisconsin’s youngest residents are more diverse than its overall population. The race/ethnicity demographics of Milwaukee’s residents under age 18 are similar to the state’s demographics for those under age 18. Milwaukee children primarily identify as coming from multiple races, followed by Hispanic/Latino, other and Black (Figure 3). Wisconsin children also primarily identify as coming from multiple races, followed by other, Black and Asian.¹

Age

Milwaukee has a higher percent of children than the state in terms of age distribution. Nearly 30 percent (roughly 160,000) of the city’s residents are under 18 in Milwaukee (Figure 4), while 23 percent of Wisconsin’s residents are under 18. The majority of Milwaukee children are in the 5-17 age group.

Poverty

Milwaukee has the highest poverty rate in the state and is one of the most impoverished cities in the country. The overall poverty rate in Milwaukee is 29 percent, higher than the state’s poverty rate of 18.5 percent and the national rate of 21.9 percent. Even more, 43 percent of Milwaukee’s children live in households with income below 100 percent of the federal poverty level (Figure 5). The city’s median family income among households with children also lags behind at $31,400, compared to the state’s rate at $65,400.¹

The number of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits – formerly known as Food Stamps – is another indicator of vulnerable populations, which are more likely to have multiple health access, health status and social support needs. Almost a third of Milwaukee’s residents are eligible and receiving SNAP benefits – a rate that has nearly doubled in Milwaukee, Wisconsin and the nation since 2005.²

Insurance

While Milwaukee’s residents overall are more likely to be uninsured (14.5 percent) when compared with their counterparts across the state (8.7 percent), the percentage of children who are uninsured remains relatively low (4 percent; Figure 6), though still representing 5,000 Milwaukee children.¹ This rate is higher for 6-17 year olds than it is for 0-4 year olds. Children that are covered primarily have public insurance.
Employment

Milwaukee’s unemployment rate is slightly higher than the state and national unemployment rate at 5.7 percent. While unemployment is important to note, so too is the amount of children whose parents lack secure employment (regular, full time employment). In Milwaukee, 43 percent of kids face this situation (Figure 7). Without at least one parent employed full time, children are more likely to fall into poverty. Even a full-time job at low wages does not necessarily lift a family out of poverty.

Housing

Housing is a challenge for many Milwaukee families. Only 33 percent of Milwaukee children live in households that are owned, compared with 66 percent of Wisconsin children. Milwaukee children are almost twice as likely as their peers statewide to live in substandard or overcrowded housing, and in a household with a high housing cost burden (Figure 8). When housing consumes nearly one-third or more of their income, families are unlikely to be able to meet all of their basic needs.

Some children fare even worse on the housing front. In 2015, Milwaukee had an estimated 1,521 homeless individuals. This included 582 homeless people living in family units, 33 homeless and unaccompanied children, and eight homeless children who were unaccompanied and who had no shelter (including no temporary shelter).

Language

Nearly 5 percent of the city's population over the age of 5 – 27,046 residents - lives in a limited English-speaking household, which is defined as a household where no one 14 or older uses only English at home or speaks English “very well.” This is higher than statewide limited English households, which is slightly lower than 2 percent.
Methodology

The Milwaukee Health Care Partnership brings together Milwaukee’s health systems, hospitals, federally qualified health centers, and local and state public health departments, all committed to working together to create a healthier Milwaukee. To get a holistic picture of health in Milwaukee, every three years the participating health systems commission a comprehensive community health needs assessment in collaboration with the Milwaukee Health Department and other municipal health departments. The assessments serve as the foundation from which hospitals and local health departments develop their respective community health improvement strategies.

Carried out by the Center for Urban Population Health, the assessment for Milwaukee County includes three primary data sources:

- **Milwaukee County Community Health Survey**: This phone-based survey of nearly 2,000 Milwaukee County residents assesses adult and child health and related behaviors, as well as perceptions of top health issues for the community.
- **Key Informant Interview Report**: This report of local public health priorities is based on interviews with 41 individual key informants and 22 focus group participants.
- **Secondary Data Report**: This report summarizes the distribution of health indicators among socioeconomic groups within the city and county, using publicly available data sources from local, state and national levels.

While these reports provide rich data, they primarily focus on the adult population across the entire county. To ensure Children’s Hospital’s highest priority – children – are well represented, we consulted additional public sources with the city of Milwaukee as our scope:

- **KIDS COUNT**: Funded by the Annie E. Casey Foundation, this national and state-by-state effort tracks well-being indicators for children in the U.S.
- **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 (YRBS)**: The Centers for Disease Control and Prevention surveys high school students on risky behaviors for major cities across the country. This survey is conducted every few years, with the most recent data available from the 2013 survey.
- **Other public and government sources**: Additional sources include those such as the Wisconsin Interactive Statistics on Health and the Milwaukee Homicide Review Commission Annual Report.

To make the most of this comprehensive needs assessment, the following considerations may be helpful in understanding our approach:

- **Method of analysis**: Most data were analyzed to report on the prevalence of each health issue in Milwaukee, using percentages and rates where applicable. When data was available for years prior, percentage change was calculated to report on trends over time. Similar to our process in 2013, an advisory group of cross-sector staff considered which Partnership-identified issues align with the Children’s Hospital mission and vision, available resources and expertise. Our goal is to address each issue where we can make the biggest impact on children’s health.
- **Health disparities**: We acknowledge that health disparities exist across many aspects of the community: ethnicity and culture, age, socioeconomic status, gender and more. Analysis specific to these groups is important in order to adequately address community health, however for the purposes of this report, data is analyzed and presented at the community level.
- **City and county data**: Due to our identified community as the city of Milwaukee, to the extent possible, we reference data specific to the city. County-level information was used in circumstances when city-level data were not available and when there was not expected to be significant differences between county and city outcomes.
2013 community health priorities

Children’s Hospital has been busy over the past three years addressing many health issues, especially those prioritized through our 2013 community health implementation strategy (Figure 9).

**Figure 9. Children’s 2013 priorities**
- Priority #1: Access to primary health care
- Priority #2: Oral health
- Priority #3: Obesity and weight management
- Priority #4: Community and home safety

In order to address **priority #1: access to primary health care**, we offer several primary care clinics; implement Community Health Navigation, School Nurse, Clinical Navigation and Adolescent Health programs, as well as provide medical exams through our case management services for children in welfare.

**Sample impact on priority #1:**
In 2015, our community health navigators provided **1,438 successful resource connections** for residents. By connecting families to resources that address unmet basic needs such as housing and food, they can pay more attention to getting their children the health care services they need.

We addressed **priority #2: oral health** by facilitating Dental Centers, Coordinating for Better Oral Health workgroup, case management services, dental exams and services, Wisconsin Seal-A-Smile program, Milwaukee Oral Health Task Force – Emergency Room Diversion Program, and the Earlier is Better oral health education program.

**Sample impact on priority #2:**
Children’s Health Alliance of Wisconsin, in partnership with Wisconsin Department of Health Services and support from Children’s Hospital, administers and manages the **Seal-a-Smile program**, which provides grants for school-based and school-linked dental sealant programs. In Milwaukee County in 2015-16, a total of **11,380 children received dental sealants** and **18,500 children received oral health assessments**.

We have been addressing **priority #3: obesity and weight management** by carrying out Coordinated School Health (now called Whole School, Whole Community, Whole Child), healthy shopping education with Children’s Community Health Plan, Milwaukee Childhood Obesity Prevention Project and the Mission: Health online education program.

**Sample impact on priority #3:**
During the 2015-16 school year, our **Mission: Health program reached 6,029 students** in Milwaukee. This online education program helps kids learn about healthy eating habits and importance of physical activity. Students in grades 4-6 **increased their knowledge of health and wellness by 27 percent** after participating in the program.

We addressed **priority #4: community and home safety** by facilitating the Visitation Center, Act Now! online bullying prevention program, the Child Protection Center (now Child Advocacy Center), Project Ujima, Safe Kids: Injury Prevention, and Treatment Foster Care.

**Sample impact on priority #4:**
Our Child Advocacy Center staff saw **2,430 children** in 2016. They conducted 340 community interviews, 622 Children’s Hospital staff interviews, 949 foster care evaluations, and 1,139 medical evaluations in order to address child abuse allegations.
2016 community health priorities

Community health issues are complex and difficult to resolve in a short period of time. Some of the Partnership’s community health needs identified in 2013 still exist in 2016 (Figure 10), however based on variables that contribute to participant perspectives involved in the assessment, the list may vary slightly from year to year.

Based on these criteria, Children’s Hospital decided to address the top six community health needs reported in the Partnership’s 2016 assessment, modifying chronic disease to be more specific to asthma due to its prevalence among children and youth in Milwaukee. We also decided to address issues such as access to care, poverty and other determinants of health alongside each individual health need rather than in their own section. This approach aims to include a more comprehensive understanding of child health outcomes.

Figure 10. Children’s 2016 priorities

Priority #1: Behavioral health
Priority #2: Physical activity, nutrition, obesity and weight management
Priority #3: Asthma
Priority #4: Violence
Priority #5: Sexual health
Priority #6: Health literacy
Priority #1: Behavioral health

The Milwaukee Health Care Partnership found that mental health and substance abuse are among Milwaukee County’s greatest health problems. Binge drinking continues to be a critical and growing challenge, and suicide ideation has also increased. County survey respondents cited the following barriers to behavioral health care:

- Stigma
- Insufficient outpatient resources for low-income patients
- Insurance barriers
- Behavioral health not integrated into primary care
- Lack of mental health care providers
- Fragmented behavioral health care delivery system

Improving access to behavioral health services must be a priority if we’re going to improve our community’s mental and physical health.

Mental health

An estimated 11 percent (18,317) of Milwaukee County children have a serious emotional disorder such as ADHD or a mood disorder.7

In addition to the emotional burden, mental health can have a serious impact on a child’s physical health – it’s associated with the prevalence and progression of chronic diseases such as diabetes, heart disease and cancer. Mental health can also be fatal: suicide is the third leading cause of death among 15-24 year olds in Milwaukee County, after accidents and homicide.6

The good news: fewer high school students were feeling sad or hopeless (almost every day for two or more weeks in a row, leading them to stop usual activities) in 2013 than years prior (Figure 11). Unfortunately, Milwaukee youth are more likely to act on these feelings of sadness and hopelessness (Figure 12).11

Figure 11. High school students that felt sad or hopeless almost every day for two+ weeks in a row

Figure 12. High school students that attempted suicide

Clinical care

Provider shortage: Recent data shows that Milwaukee does not have enough full-time psychiatrists to meet mental health needs.7

Access to care: Recent reviews indicate 46 percent of Wisconsin children with mental health needs did not access treatment.7

Social and environmental factors

Poverty: In Milwaukee, 17 percent of children grow up in extreme poverty (50 percent poverty threshold), compared with just 7 percent of children statewide.4 This can contribute to behavioral, social and emotional problems and poor health.

Abuse/neglect: In Milwaukee County in 2014, an estimated 1,019 children were victims of maltreatment.8

Adverse Childhood Experiences (ACEs): Evidence shows that childhood trauma is associated with poor mental, physical and social outcomes as adults.9,10 Adults having experienced four or more ACEs in their lifetime are at an even greater risk for these negative outcomes – 21 percent of adults in the city of Milwaukee face this risk.9,10
Substance use

Milwaukee County survey participants and key informants cited alcohol and drug use as one of the county’s top health issues. But despite Wisconsin’s notorious drinking culture and high rates of alcohol use (Figure 13) in the city of Milwaukee, fewer youth are drinking now than they were in recent years.11 The number of students that drink alcohol decreased by 11.1 percent since the most recent survey, while the number of students that binge drink decreased by 14 percent.

Tobacco use is also on the decline in Milwaukee: the number of students that smoke cigarettes decreased by 17.3 percent since the most recent survey.11

Unfortunately, Milwaukee students use marijuana and other drugs more than their peers across the state and nation (Figure 13), at increasing rates over recent years.11 Since the most recent survey, illegal drug use with the largest percentage change were heroin (39.6 percent increase), cocaine (37.3 percent increase), methamphetamines (22.2 percent increase) and trying marijuana before age 13 (7.1 percent increase).

Clinical care

Declining funding: Public funds expended for alcohol and other drug abuse treatment in Wisconsin have declined, from an inflation-adjusted high of $95 million in 2004 to $71 million in 2012.12

Increased hospitalizations: Wisconsin’s rate of opioid-related hospitalizations among youth and young adults increased from .5 per 1,000 population in 2003 to 1.8 in 2012. Milwaukee County’s 2012 rate was 1.9.13

Social and environmental factors

Ease of access: Milwaukee’s rate of beer, wine and liquor stores per 100,000 population is 10.87, compared with 7.2 in Wisconsin and 10.5 nationally.14

Drinking culture: 22.5 percent of Milwaukee County adults report binge drinking, and 7.3 percent say they are heavy drinkers.15
Priority #2: Physical activity, nutrition, obesity and weight management

We know that physical activity and nutrition are the cornerstones of good health, but Milwaukee residents continue to lag in both areas. Milwaukee County survey respondents cited the following factors contributing to poor nutrition and low physical activity levels:

- Busy lifestyles
- Stress
- Screen time
- Lack of education about nutrition and exercise
- Structural and environmental factors that make physical activity and nutritious foods inaccessible to many people in the county

Key informants suggested improving safety, offering culturally inclusive nutrition programming and incentives for fitness classes, and raising awareness of how nutrition affects health.

Obesity

Being overweight or obese can contribute to many short- and long-term health problems in children, putting them at higher risk for asthma, cardiovascular disease, diabetes, osteoarthritis and cancer. Childhood obesity can also lead to psychological problems such as depression, low self-esteem and behavioral issues. Children are considered obese when their body mass index is 30 or higher and overweight when their BMI is 25 or higher.

While Milwaukee high school students appear more likely to be obese (>95th percentile for BMI) than Wisconsin and the nation’s students as a whole (Figure 14), the Milwaukee rate of overweight (>= 85th percentile but <95th percentile for BMI) high school students is closer to state and national rates.11

Figure 14. High school students that were obese (>= 95th percentile for body mass index based on sex and age-specific data)
Nutrition and physical activity

Adequate nutrition and physical activity are vital to a child’s growth and development and can set the stage for lifelong health. Unfortunately, Milwaukee Public School district survey data suggest that healthy habits are still low among Milwaukee high school students.\textsuperscript{16}

Though fruit and vegetable consumption is somewhat low (Figure 15), soda consumption is declining (Figure 16). The number of high school students who drank soda one or more times per day (not including diet soda) decreased by 14 percent since the previous survey.\textsuperscript{11}

The good news: Inactivity rates are improving slightly. Since the most recent survey, there was a 5.7 percent decrease in the number of Milwaukee high schoolers who did not participate in at least 60 minutes of physical activity at least once in the previous week (Figure 17).\textsuperscript{11}

Health behaviors

Low physical activity: In 2013, 69.8 percent of Milwaukee high schoolers were not physically active at least 60 minutes a day five days a week, compared with 50.5 percent in Wisconsin and 52.7 percent nationally.\textsuperscript{11}

Social and environmental factors

Poverty: In 2013, 17.39 percent of Milwaukeesans experienced food insecurity.\textsuperscript{17}

Food deserts: Several of Milwaukee’s low-income census tracts are “food deserts,” where residents live at least a mile from the nearest supermarket. This makes it much more difficult for families to get fresh fruits and vegetables.\textsuperscript{18}

Unsafe neighborhoods: In 2015, 5 percent of survey respondents reported their child was seldom or never safe in their neighborhood, inhibiting safe physical activity outdoors.\textsuperscript{15}
Priority #3: Asthma

The Milwaukee Health Care Partnership’s survey and key informants ranked chronic disease, such as asthma, diabetes, cardiovascular disease and sickle cell disease, as a top concern. Respondents cited the following factors as barriers to care for chronic conditions:

- Access to medical care
- High cost of care
- Limited time in health care appointments
- Lack of interagency collaboration on chronic disease

Although the Partnership’s report prioritized chronic disease as a whole, of the chronic conditions listed in the report, asthma has the greatest prevalence in Milwaukee’s pediatric population.

Asthma can take a serious toll on a child’s life. This chronic condition is more prevalent among racial minorities and lower socioeconomic groups, and if uncontrolled, it can lead to emergency room visits, hospitalizations and death.

The number of Milwaukee youth who were told they had asthma by a doctor increased by 13.6 percent since the most recent survey (Figure 18).11 Unfortunately, asthma prevalence is not matched by management behaviors. According to the 2010-2014 estimated rate of asthma hospitalizations and emergency department visits, children in Milwaukee County experience double the rates than children in Wisconsin as a whole (Figure 19-20).19 While consistent data is not available at the city-level over time, 2010 rates are similar those of the county: the hospitalization rate was 35.2 and the emergency department visit rate was 139.3.

**Figure 18. High school students told by a doctor they have asthma**

![High school students told by a doctor they have asthma](chart)

*Note: Wisconsin data unavailable for years 2009-13

**Figure 19. Asthma hospitalization rate under age 18 (per 10,000 population)**

![Asthma hospitalization rate under age 18](chart)

**Figure 20. Asthma ED visit rate under age 18 (per 10,000 population)**

![Asthma ED visit rate under age 18](chart)

Clinical care

**Provider shortage:** Recent data shows Milwaukee’s primary care physician rate (per 100,000 population) was 74.9, compared with Wisconsin’s rate of 82.3. In 2016, six of the 17 facilities in Milwaukee designated as a Health Professional Shortage Area were primary health care facilities.20

Social and environmental factors

**Air quality:** Poor air quality contributes to respiratory issues and overall poor health. Milwaukee’s percentage of days exceeding National Ambient Air Quality standards is 3.0 percent, compared with 1.6 percent in Wisconsin and 1.2 percent nationally. Milwaukee also ranked as one of the worst asthma cities in the ragweed and ozone categories.21

**Second-hand smoke:** In 2015, 19 percent of Milwaukee County survey respondents reported smoking cigarettes.15
Priority #4: Violence

Just as important as keeping our children healthy is keeping them safe. Injuries and violence were among the top three concerns for the Milwaukee Health Care Partnership’s survey respondents and key informants, with nearly 10 percent of respondents reporting at least one personal safety issue in the past year. Some of the concerns mentioned included:

- Youth violence
- Crime
- Gun violence
- Domestic and intimate partner violence
- Childhood trauma

Key informants emphasized that violence is driven by complex causes, affecting the entire community. Addressing these issues requires strong community partnerships.

School violence

An unsafe school environment can affect a child’s physical and mental health and significantly hinder the learning process. Bullying has attracted a lot of attention nationwide in recent years, but the Partnership’s survey suggests the problem might be improving across the county. The survey showed an 18 percent decrease from 2012 to 2015 in the number of parents reporting their child has experienced some bullying. The number of parents who reported verbal bullying fell from 18 percent to 12 percent, and physical bullying fell from 10 percent to 5 percent.

Although students in the city of Milwaukee report less experiences of bullying at school than those in Wisconsin and the nation (Figure 21), they also report feeling less safe at school than their peers across the state and nation (Figure 22).11

Figure 21. High school students bullied on school property

Figure 22. High school students who stayed home from school because they felt unsafe

Bullying tends to occur more frequently at the middle school level, as reflected in Milwaukee youth risk behavior surveys. Bullying among middle schoolers climbed 6.1 percentage points from 2009-2013, ending at 38.5. This number is more than double that of Milwaukee high schoolers.22

Social and environmental factors

Financial stress: 43.28 percent of Milwaukee children live in households with income below 100 percent of the federal poverty level.7

Adult substance abuse: In 2014, 22.5 percent of Milwaukee County adults were binge drinkers.15

Adult mental health: In 2015, 18 percent of Milwaukee County survey respondents reported having a mental health condition.14

Neighborhood safety: In 2015, 5 percent of Milwaukee County survey respondents reported their child was seldom or never safe in their community.15
Community and family violence

Like any large city, Milwaukee faces higher crime rates than other, less populated areas, and this puts our children at greater risk. News headlines in the past few years have included heartbreaking cases of young children getting caught in the crossfire and being shot. In 2014, 76 children were victims of a non-fatal shooting in Milwaukee, and 11 children tragically lost their lives due to homicide.23

For some children, it’s the home environment itself that is unsafe (Figure 23). Milwaukee County had a total of 1,019 victims of child maltreatment in 2014, representing almost a quarter of the entire state's victims.8 While neglect was the most common maltreatment allegation, followed by physical abuse, sexual abuse and emotional abuse, substantiated maltreatment was primarily from sexual abuse (19.2 percent), followed by neglect (7.2 percent) and physical abuse (7.2 percent).

Violent crime – including homicide, rape, robbery and aggravated assault – is also a problem. Milwaukee’s violent crime rate is double that of the nation, and is significantly higher than that of Wisconsin (Figure 24).24

At the same time, youth violence seems to be decreasing. The number of Milwaukee high school students who carried a gun at least once during the previous month decreased by 9.9 percent since the previous survey in 2011. And while Milwaukee teens appear more likely to get in physical fights than teens across the state or nation (Figure 25), the number of high school students doing so decreased by 9.3 percent since the previous survey in 2011.11

Dating violence is still a problem: In 2013, 16.8 percent of Milwaukee high school students were the victim of physical dating violence, significantly higher than the state and national rates (8.5 percent and 10.3 percent, respectively).11
Priority #5: Sexual health

The behaviors of sexually active youth can affect not only their own health, but they can also have a ripple effect on the community. The Milwaukee Health Care Partnership’s key informants cited concerns about improving birth outcomes and reducing sexually transmitted infection (STI) rates, and the report noted the stark socioeconomic disparities in teen pregnancy and STI rates. Human trafficking is also a growing concern, and 79 percent of Wisconsin’s human trafficking cases occur in Milwaukee. The vast majority of youth who are human trafficking victims in our city are African-American girls, and 13 is the average age a child starts being trafficked for sex.\(^{25}\)

Sexually transmitted infections

STIs can be dangerous and even deadly for affected youth as well as for infants of pregnant mothers who go untreated. Education is key to preventing these infections, but unfortunately, Milwaukee lags behind in this area (Figure 26).

In 2014, the city of Milwaukee reported 3,446 cases of sexually transmitted disease among teens ages 15-19 years old, representing 97 percent of the county’s total cases and almost half of the state’s 7,564 cases. The majority of Milwaukee STIs are Chlamydia (2,770 cases) and Gonorrhea (643 cases).\(^{26}\) Some of the city’s highest-poverty zip codes also carry the highest percentage of STI cases. Females reported more cases (2,635 or 74.5 percent) than males (895 or 25.3 percent), and African-American teens reported the most cases (1,853 or 52.4 percent).

Between 2006-2015, the HIV diagnosis rate in Wisconsin increased among younger males (ages 13-29) from 12.3 to 16.1 per 100,000, and fluctuated among younger females (ages 13-29).\(^{27}\)

Figure 26. High school STI education

Starting young: In 2013, 10.9 percent of Milwaukee teens reported first having sexual intercourse before age 13, compared with just 2.6 percent of their peers statewide and 5.6 percent nationally.\(^{11}\)

Multiple partners: In 2013, 18.3 percent of Milwaukee high school students reported having four or more sexual partners over their lifetime, compared with 9.8 percent in Wisconsin and 15 percent nationally.\(^{11}\)

Preventing STIs: 38.5 percent of sexually active Milwaukee high schoolers did not use a condom the last time they had sex, similar to the state and national rates. That’s a 9 percentage point increase from 2003-2013.\(^{11}\)

Preventing teen pregnancy: In 2013, 16.4 percent of those same teens did not use any method to prevent pregnancy the last time they had sex, higher than their peers in the state (10.7 percent) and nationally (13.7 percent).\(^{11}\)

Social and environmental factors

Single-parent households: 64 percent of Milwaukee children grow up in single-parent families, compared with 33 percent of Wisconsin children. Children raised in single-parent households are more likely to have or cause a teen pregnancy than children raised in married-couple households.\(^{11}\)
Teen births

Milwaukee’s teen birth rate was once among the highest in the country, but thanks to concerted community efforts, the rates have dropped dramatically over the past decade. Still, Milwaukee’s teens are more likely to become pregnant than their peers across the state (Figure 27-28). The impact of a teen’s pregnancy is multifold: It can detrimentally affect the mother’s physical and mental health, education and financial well-being, and it can put her baby at greater risk for prematurity and infant mortality. These affects can be even more prevalent when a teen has multiple children.

Figure 27. Rate of births to females ages 15-17

Figure 28. Teen births to women who were already mothers
Priority # 6: Health literacy

Although the Affordable Care Act has led to a historic reduction in uninsured Americans nationwide, many find it difficult to navigate complex insurance and health care information. The hurdles are even higher for those who have lower income, less education or language barriers. If parents can’t understand how to navigate the health care system, that can prevent children from accessing the care they need in a timely manner.

In the Milwaukee County Healthcare Partnership assessment, stakeholders shared a need to help city residents access and understand health information. Stakeholders suggested improving consumer education and communication and offering culturally relevant, easily understood information about disease prevention and treatment. Helping Milwaukee residents become more health literate could help improve outcomes in all of the other areas identified as health needs in our community.

Health literacy isn’t easy to measure in children. However, various health indicators are known to be determined by health literacy, including immunization rates and utilization of preventive care. While the city’s 2015 immunization rates are lower than that of the state and nation, they have been increasing slightly over the past few years (Figure 29).^28,29

Figure 29. Childhood immunization rates

Milwaukee residents also have opportunities to increase their utilization of care. In 2015, 92 percent of Milwaukee County survey respondents reported their child visited their personal doctor or nurse for preventive care during the past 12 months - a number which decreased by 1 percent since 2012.\cite{15} Only 3 percent of parents indicated their child did not receive needed medical care in the past 12 months, and 1 percent did not receive needed specialty care. The gap was larger for dental care: 11 percent said there was a time in the past year when their child did not receive necessary dental care.\cite{15}

The good news is the large majority of local children have access to health care. Milwaukee’s percentage of uninsured children is 4.2 percent, lower than the state (4.8 percent) and national (7.5 percent) levels.\cite{1} However, 62 percent of Milwaukee children have only public insurance, which can limit their health care options due to a shortage of pediatricians who accept Medicaid.\cite{4}
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. Those and additional Children's Hospital resources include:

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>COMMUNITY RESOURCE</th>
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<tbody>
<tr>
<td>Behavioral health</td>
<td>Federally Qualified Health Centers, primary care providers, family practice providers, outpatient clinics and clinicians including Children's Primary Care, Children's Child Advocacy Center, Mental Health America of Wisconsin, Mental Health Task Force, law enforcement, peer specialists, schools and school districts, faith communities, Milwaukee County Behavioral Health, Milwaukee County Mental Health Board, non-profits that provide wraparound services, advocacy groups within the African-American and Latino communities, child care providers, community-based organizations, and health departments.</td>
</tr>
<tr>
<td>Nutrition, physical activity, obesity and weight management</td>
<td>School districts, Wisconsin Department of Public Instruction, parks and recreation departments, community-based organizations, churches, farmers markets, police departments, health departments, departments of public works, YMCAs and fitness clubs, employers, dieticians, urban farmers, lactation consultants, community and senior centers, child care centers, supermarkets, and insurance companies.</td>
</tr>
<tr>
<td>Asthma prevention and management</td>
<td>Community clinics and specialty clinicians (allergists and pulmonologists), non-profits and local and statewide organizations and coalitions that address (pediatric) asthma, health departments, community health workers and navigators, school nurses, child care centers, free clinics and Federally Qualified Health Centers, family members and caregivers, and pharmacies and pharmacists.</td>
</tr>
<tr>
<td>Violence</td>
<td>Health departments, community organizers, neighborhood associations, law enforcement, fire departments, Marquette Law School Restorative Justice Program, Milwaukee Homicide Review Commission, Hmong American Women’s Association, schools and school districts, Wisconsin Department of Public Instruction, faith communities, non-profit organizations, health care providers, the Data HUB, the Fatherhood Initiative, YMCA, Boys and Girls Club, Running Rebels, Sojourner Family Peace Center, Project Ujima, and the Child Abuse and Neglect Prevention Board.</td>
</tr>
<tr>
<td>Sexual health</td>
<td>Health departments, community clinics and clinicians, Planned Parenthood, Milwaukee Lifecourse Initiative for Healthy Families, Black Health Coalition of Wisconsin, Milwaukee Area Technical College, United Way of Greater Milwaukee and Waukesha County, Federally Qualified Health Centers, public transportation, faith-based groups, the Fetal and Infant Mortality Review, non-profits and local and statewide organizations and coalitions that address sexual health, schools, and youth-serving community based organizations.</td>
</tr>
<tr>
<td>Health literacy</td>
<td>Health departments, community clinics and clinicians, Federally Qualified Health Centers, Wisconsin Health Literacy, Covering Wisconsin, Wisconsin Area Health Education Centers, community health workers, school nurses, and community-based organizations.</td>
</tr>
</tbody>
</table>
Conclusion

We have made great strides in improving children’s health since our last community health needs assessment in 2013, 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 indefatigable efforts, we will continue striving toward our ultimate goal: making Wisconsin kids the healthiest in the nation. See our 2016 Milwaukee Community Health Needs Assessment Implementation Strategy for information on our work to address our community’s health priorities.

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