

Areas of Service

For more than 50 years, the Social Development Commission (SDC) has served as a planner, coordinator, and provider of human service programs for low-income individuals and families in Milwaukee County. SDC operates more than 20 programs designed to improve the overall quality of life families experiencing poverty. Through the eight core service areas of career, education, finance, mental health, nutrition, residential, senior, and youth SDC provides services to tens of thousands of people each year.

Business & Career Services

SDC prepares individuals for all aspects needed within seeking employment. We will coach and guide clients through the process of preparing, planning and achieving career success.

Programs:

- Business Academy
- Absolute Advantage
- ChefStart Culinary Arts
- ProTech
- YouthBuild
- Youth Employment Program
- Career & Skills Enhancement

Education Services

Education is essential to the success of every individual. Here at SDC we believe that there are many different ways to define success and there are many different paths to finding it. We provide programs for adults of all ages to earn their General Education or High School Equivalency Diplomas as well as provide wrap around services to help them succeed on their path.

Programs:

- General Education Development (GED)
- High School Equivalency Diploma (HSED)
- College Career Pathways
- Pearson Vue Testing Center

Personal Finance & Tax Services

Low-income individuals are often faced with many financial challenges such as limited savings and assets, no or poor credit, and barriers to financial institutions. SDC's financial services empowers individuals with the ability to take charge of their finances.

Programs:

- Volunteer Income Tax Assistance (VITA)
- Financial Education Workshops
- Financial Coaching

Health & Wellness Services

SDC operates a state certified outpatient treatment program for both AODA (substance abuse) and Mental Health concerns. Counseling services are offered to Milwaukee County youth ages 8-19 and program eligible adults ages 18-25 and their families. SDC clinical staff provides screening, intake, assessment, treatment planning, individual/group/family counseling. Artistic/creative or other alternative therapy experiences are also made available to youth and their families in the context of special events, workshops, or open studio programs.

Programs & Services Provided:

- Education & Awareness Presentations
- Screening & Clinical Assessments
- AODA/Mental Health Outpatient Treatment
- Drug Urine-Screening
- Counseling
- Prescription Advocacy & Referral Service

Nutritional Services

SDC's Nutritional Services runs the youth food programs that serves day cares and other sites on a year-round basis. We provide breakfast, lunch, snacks, and dinner to youth across Milwaukee County.

Programs:

- Year-Round Meal Program
- Summer Meal Program

Residential Services

SDC provides home services for household income qualifying residents of the City of Milwaukee. Weatherization focuses on increasing homes energy efficiency saving money on utility bills for homeowners and renters alike. The NIP program encompasses total home renovations preserving homes, strengthening the stabilization of neighborhoods, while increasing pride in home ownership.

Programs:

- Weatherization
- Emergency Furnace Program
- Energy Conservation Demonstrations
- Neighborhood Improvement Project (NIP)

Senior Services

SDC provides supportive services and programs for seniors that improve their wellness and overall quality of life.

Programs:

- Foster Grandparent Program
- Senior Companion Program
- Senior Benefits Program

Youth Services

SDC offers programs for at-risk and income qualifying youth that live in Milwaukee County. Our experienced staff guide and counsel youth to aid in their development. We provide them with the foundation and skills necessary to achieve their goals.

By participating in the services offered, youth are able to discuss topics and social encounters that they experience day-to-day helping them to acquire conflict resolution and leadership skills.

SDC operates recreational leagues available to males and females, and some leagues are co-ed. Good sportsmanship and teamwork is emphasized to ensure youth have a rewarding experience in their league choice.

Other aspects of Youth Services that may be available to youth include job readiness, trainings, and job placement.

Programs:

- ACT Prep Workshops
- Youth Advisory Board
- Teen Talking Listening Circles
- Conflict Resolution & Meditation Workshops
- Community Service Alternative Program
- Baby Think It Over
- Recreational Leagues
- Foster Grandparent Program

2018 - 2019 Community Needs Assessment



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Executive Summary

The survey was intended to identify how poverty affects individuals and families and how the Community Relation-Social Development Commission (SDC) can best address these issues. The survey focused on four primary goals:

1. Identify and quantify the incidence or prevalence of individual need
2. Identify gaps in providing human services
3. Identify barriers to self-sufficiency
4. Identify strategies for overcoming barriers to self-sufficiency

The areas of study for the survey included 10 key factors:

1. Education
2. Employment
3. Family and Relationships
4. Income
5. Transportation
6. Housing
7. Health and Healthcare
8. Food and Nutrition
9. Business and Economic Development
10. Crime/Incarceration

The methodology for gathering information was:

1. The first method used surveys from respondents living in Milwaukee County. These surveys targeted and solicited people who experience high incidence of poverty and/or need community-based services. For comparison, surveys were solicited from people who work with individuals and families in poverty.
2. The Seniors in SDC's Senior Companion and Foster Grandparent Programs provided qualitative and quantitative responses to questions use for review and comparison.
3. The information from the Ascension Wisconsin Community Health Needs Assessment published by Ascension Wisconsin and sponsored by the health systems members of the Milwaukee Health Care Partnership (MHCP) including Ascension Wisconsin, Advocate/Aurora Health, Children's Hospital of Wisconsin, Froedtert Hospital and Medical College of Wisconsin contributed to the report. (see appendices A)
4. The information provided by the research of a Milwaukee Neighborhood was also used to provide insight to the issues facing people who live in poverty in Milwaukee County. This research was in the paper by: (see appendices B)

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Marc Levine
University of Wisconsin-Milwaukee
Center for Economic Development
March 2019.

Milwaukee 53206
The Anatomy of Concentrated Disadvantage In an Inner City Neighborhood
2000-2017

Finally, the synopsis of findings from the information gathered provides thoughts and suggestions that encourage SDC to review its methodologies of existing programs and development of new programs that more effectively address issues facing people in poverty. It also indicates the need for strategic advocacy and a review process that supports policy changes and addresses barriers where needed.

Contact information on Ascension Wisconsin and MHCP and Marc Levine is available on request. These reports are intended to help the SDC Board and leadership team make strategic decisions about future programs, services and advocacy.

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Synopsis of Findings

This synopsis of findings is designed to provide a narrative of the key findings of this survey. It is the interpretation of the data shared along with recommendations and opportunities for the SDC as it moves forward. As one reads through the survey report, they will see that many of the challenges are interrelated. Interrelated challenges complicate the ability to narrow down a clear, simple solution and/or methodologies. The four key challenges that were most cited from respondents include:

1. **Affordable Housing**
2. **Job with low Wages/unemployment**
3. **Economic Instability: Not enough money to pay rent and bills**
4. **Health Care Outcomes**

It is clear that over the past years, as indicated by the 2013, 2015 and 2019 survey information, the key factors that influence poverty in Milwaukee and what would positively impact the effects of poverty in Milwaukee centers around: quality affordable housing, jobs with living wages and economic development that create new businesses. In addition, there is a need to support better community health care outcomes by reprioritizing health care resources while partnering with social services and public health.

In response to **Affordable Housing**, questions of surveyors indicated that:

- 79% of people in the survey were paying more than 30% of their household income on housing.
- The book "Evicted" written by Matthew Desmond" made us more aware that his study suggested that many of the homes that people in poverty live in are not in good repair. In support, 39.22% of those surveyed said their home needed repairs. The book also suggested that too many people living in poverty are renting homes that needed repairs and are paying rent at a higher rate than the market would predict.
- SDC's internal data shows that high levels of unaddressed home repairs are also determinants that keep many homes in Milwaukee County from receiving much needed weatherization upgrades. SDC shows that a significant percentage of seniors are unable to address home repairs issues due to cost.
- In addition, the presence of lead paint and lead in water pipes can impact market values of a house and create health concerns for those who live in them, especially for children 0-6 years old.

In response to the questions regarding **Jobs with low Wages/unemployment** the surveys show that despite lower unemployment people living in poverty continue to face challenges with making ends meet. Some other issues affecting jobs and wages include:

- Lack of skills needed to secure a higher paying job
- Lack of confidence to invest in self
- Transportation challenges
- Childcare or family issues
- The "Cliff Effect" - Dependence on government support
- How to pursue higher paying jobs
- How to compete in today's job market

Earning a living wage could allow respondents to more positively deal with some of the other challenges they face such as paying for health care, dealing with personal issues or furthering their education.

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The solution to these challenges is not just about job creation but also about helping people understand the job search process and possessing the skills to become employed. Many respondents indicated that they still need necessary skills and education to compete in today's job market. Some talked about soft skills training, others about specific certification, training in trades work or technical jobs.

In addition to the employment challenges, the other top ranked areas cited by respondents that could combat poverty was helping residents deal with personal issues. There were many areas cited as challenges, but the most mentioned included:

- Alcoholism and drugs
- Transportation and driver's licenses
- Felony status
- Child and family care issues
- Day Care cost
- Affordable quality housing
- Mental and personal health
- The "Cliff Effect" Dependence on government programs
- Lack of hope, motivation or direction
- Lack of good role models to lead the way

One broad area that the SDC should expand its focus to positively impact poverty in Milwaukee is work with residents in Milwaukee County on development job search skills and the career skills needed to stay employed. This would include strengthening and championing the wrap-around services to workers and students.

In response to the **Economic Instability: Not enough money to pay rent and bills**, a significant number of the responses on the survey suggested that despite lower rates of unemployment in Milwaukee County, having enough money to address basic needs were still a challenge. The survey results including feedback from seniors that clearly showed that cost for health care, transportation and home repairs were significant issues for them. In addition, 18% of the seniors surveyed stated that their quality of life got worse. The survey, including senior's responses showed that the top three areas of why business and economic development is important to them were:

- Quality of life (housing)
- Quality of life (education)
- Community Development

In addition, the survey showed that business and economic development could positively impact unsafe neighborhoods/crime/ incarceration, too many abandon homes and deteriorating streets.

The survey's also showed that in the past 12 months 41.67% of respondents worried that their food would run out before they had money to get more.

In response to **Health Care Outcomes** the list below are priorities that were selected from the Ascension Wisconsin Health Community Need Assessment process:

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1. Access to Care

There are many aspects to having access to care. Coverage (having health insurance) is essential but does not ensure access to care. It is also necessary to have:

- Comprehensive coverage, including preventive services
- Providers who accept the individual's insurance
- Relatively close geographic location of providers to patients
- Services from a familiar and ongoing source

2. Chronic Disease Prevention

Chronic diseases include heart disease, stroke, cancer, diabetes and asthma. They are very costly, but effective management can prevent more serious complications. More importantly, they can often be prevented through healthy diet, physical activity and eliminating tobacco use and substance abuse.

Regular Physical activity in adults can lower the risk of:

- Early death
- Coronary heart disease
- Stroke
- High blood pressure
- Type 2 diabetes
- Breast and colon cancer
- Falls
- Depression

3. Infant Mortality

Infant mortality represents the health of the most vulnerable age group: children younger than one year old. Infant mortality is seen as a strong indicator of the overall health of a community. Infant mortality rates and disparities highlight the impact of access to quality healthcare and of poverty and socioeconomic factors in a community.

Leading causes of infant mortality:

- Birth defects
- Pre-term birth and low birth weight
- Sudden infant death syndrome
- Maternal pregnancy complications
- Injuries (e.g., suffocation)

4. Mental Health

Mental health can be defined as a state of successful mental function, resulting in productive activities, fulfilling relationships, ability to adapt and cope with challenges. Mental health is essential to personal well-being, relationships and the ability to contribute to society.

Approximately 20 percent of the population experiences a mental health problem during a given year.

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Mental health issues are associated with increased rates of risk factors, such as smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury and disability.

The study suggests utilizing the determinants of health model for community health Improvement (see model. Ascension Wisconsin Community Health Needs Assessment, 2019-2022, page 8).

Finally, this study (**The Anatomy of Concentrated Disadvantage in an Inner City Neighborhood**) reviewed a comprehensive analysis of what the researcher called the “enduring ecosystem of disadvantage” in Milwaukee 53206, taking stock of current social and economic conditions as well as trends in the neighborhood over the past two decades and beyond. Among the key findings of the study:

Employment

For both male and female working-age adults (ages 20-64) living in 53206, the employment rate in 2017 hovered around 50 percent – well below the averages in the city of Milwaukee or the region’s suburbs. This, however, marks an improvement since the end of the recession: between 2012 and 2017, the employment rate for males in 53206 jumped from 36.3 to 47.3 percent.

Earnings

Joblessness is pervasive in 53206: but even for those residents who have secured employment, working while in poverty is pervasive. Median annual earnings for 53206 workers in 2017 were \$18,541, less than half the median of workers living in the suburbs: among male workers in 53206, annual earnings were less than one-third the median of their suburban counterparts.

Poverty and Income

The poverty rate in 53206 in 2017 was 42.2 percent; this was six times greater than the poverty rate in the Milwaukee suburbs. Although the poverty rate in 53206 fell slightly between 2012-2017, it was still slightly higher than it was in 2000; by any conclusion, concentrated poverty remains a persistent, defining feature of the social and economic landscape in Milwaukee 53206.

Intergenerational Economic Mobility in 53206

Using a unique database of IRS and Census data made available by the Harvard-based “Equality of Opportunity” project, we find that African American males who were born and raised in 53206 in low-income households have experienced, on average, virtually no upward intergenerational economic mobility over the past generation. (There was some very modest upward mobility for black females born in 53206 – but much less than for white females born elsewhere in Milwaukee).

Health Insurance

Although a critical mass of adults in 53206 remain without health insurance, and the uninsured rate in 53206 is triple the rate in the Milwaukee suburbs, the Affordable Care Act has nonetheless reduced significantly the uninsured rate in Milwaukee’s 53206.

Incarceration

Although incarceration and ex-offender rates in 53206 are staggeringly high, there is no evidence that these rates are the highest in the nation. Milwaukee’s 53206 posted an incarceration rate under 7 percent, which placed it nowhere near the list of the nation’s most incarcerated zip codes. Among the most incarcerated age group, black males between the ages of 25 and 34, we estimate that 42.3

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percent of the cohort in 53206 was either incarcerated or under active community supervision in 2013 (down from 17.2 percent in 2007, but up 24.3 percent in 2001).

Thus, even if characterization of Milwaukee's 53206 as the "most incarcerated" zip code in America are hyper, this should not obscure the reality that mass incarceration is the integral component in the "ecosystem" of concentrated disadvantage that continues to weigh on this beleaguered neighborhood.

In addition, this study is a representation of too many other zip codes that experience concentrated disadvantage in Milwaukee County.

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Demographics

When comparing the 2015 gender data to previous years, there is a lower percentage of male respondents.

Respondent's Gender by Survey Year			
	2013	2015	2019
	Percentage	Percentage	Percentage
Female	64.6%	56.8%	77.2%
Male	35.4%	42.8%	22.5%
Transgender	N/A	0%	0.0%
Gender Non-Conforming	N/A	.4%	0.3%
Other	N/A	0%	0.0%

Race/Ethnicity

The chart below depicts the self-identified ethnic/racial makeup of the respondents. This chart indicates that there has not been a significant change in the ethnic makeup of the respondents living in the NSP areas from 2013 – 2019.

Race/Ethnicity of Respondents by Survey Year			
	2013	2015	2019
	Percentage	Percentage	Percentage
Black/African American	69.1%	64.0%	70.1%
White/Caucasian (includes Hispanic)	9.6%	17.4%	20.9%
Hispanic	11.5%	10.7%	0.0%
Did not want to disclose	N/A	3.0%	3.0%
Multiple Ethnicity/Other	5.5%	2.4%	5.0%
American Indian/Alaskan Native	2.2%	1.6%	0.4%
Asian/Pacific Islander	1.9%	1.0%	0.6%

Primary Language Spoken in Home

When asked about the primary language spoken in the respondent's household, the majority, or 92.2% of respondents, indicated English was the primary language spoken in their home. The second largest response about the language spoken in the household was Spanish at 7.8%. Fifty-One respondents skipped answering this question.

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Income

Poverty Status

Based on the “2019 Poverty Guidelines for the Contiguous States and the District of Columbia” as described by the US Department of Health and Human Services, the baseline dollar amounts for the federal definition of poverty were raised across the board from previous years. For example, the poverty baseline for a one-person household was raised from \$11,770 in 2015 to \$12,490 in 2019 and the poverty guideline for a two-person household was raised from \$15,930 in 2015 to \$16,910 in 2019.

In 2019, 27.4% of the population was determined in the city of Milwaukee, WI (160k out of 583k people) to live below the poverty line, a number that is higher than the national average of 13.4%.

In 2019, the Median household income for the City Milwaukee is \$35,489 a year. The median house hold income for Milwaukee County is \$78,954. Real median family income peaked in 2008 at \$79,945 and is now \$991 (1.24%) lower. The median family income in the United States was \$73,891 in 2017, the latest year available. Median family income data for 2018 will be release in September of 2019.

What is the respondents income before taxes?	
	2019 Response Percentage
Less than \$12,140	24.5%
\$12,140 - \$16,460	9.0%
\$16,460 - \$20,780	7.1%
\$20,781 - \$25,100	7.1%
\$25,101 - \$29,420	4.6%
\$29,421 - \$33,740	7.9%
\$33,741 - \$38,060	6.3%
\$38,061 - \$42,380	6.3%
\$42,381 - \$58,484	11.2%
\$58,485 - \$84,760	6.8%
\$84,761 +	9.2%

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Response to question of family size, 62% of respondents said their family size was 2 or more.

What is your family size?		
	2019 Response Percentage	
1	171	38.0%
2	104	23.1%
3	74	16.4%
4	57	12.7%
5	23	05.1%
6	13	03.0%
7	5	01.1%
8	1	00.2%
9 or more	2	00.4%

The top 3 responses to the question of what holds people back from self-sufficiency were affordable housing, jobs with low wages and economic instability.

The top three causes holding people back from self-sufficiency:		
	2019 Response Percentage	
Affordable Housing	211	53.9%
Jobs with Low Wages/ Unemployment	205	52.4%
Economic Instability: Not enough money to pay rent and bills	188	48.1%
Drugs	115	29.4%
Child Care	100	25.6%
College Cost and Debt Management	92	23.5%
Mental Health Services	70	17.9%
Homelessness	68	17.4%

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Health Care Access	60	15.4%
Hunger	44	11.3%
Other (please specify)	41	10.5%
Domestic Violence	38	9.7%
Substance/Opioid Abuse	32	8.2%
Legal Services	28	7.2%
Senior Services	28	7.2%
Disability Access	20	5.1%
Immigration/Citizenship	15	3.8%

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Education

Highest Level of School Completed:

The statistics indicating the highest level of education completed by respondents has remained relatively the same from 2009 to 2019. However, respondents with a Bachelor's degree almost doubled from 7.7% in 2009 to 12.4% in 2015. Those respondents with an Associate Degree also increased, but only slightly from 6.7% in 2009 to 8.2% in 2015. We found that in comparing the three surveys, having a high school diploma or GED as the most consistent level of education completed.

What is the highest level of education earned		
	Response Percentage	
Less than high school degree	31	8.0%
High school diploma or equivalent (e.g. GED/HSED)	85	21.7%
Some college but no degree	104	26.5%
Apprenticeship or training program	12	3.1%
Associate degree	57	14.5%
Bachelor degree	62	15.8%
Graduate degree	60	15.3%

Challenges in getting education

We asked respondents what their challenges were in getting a good education and the responses varied. Overall, they indicated cost, transportation, and lack of role models as the greatest challenges.

Challenges in continuing you education:		
	Response Percentage	
Cost	245	65.2%
Other (please specify)	96	25.5%
Learning challenges	61	16.2%
Transportation	49	13.0%
Lack of role models	41	10.9%
Limited quality schools	40	10.6%
Lack of basic skills	34	9.0%
Variety of schools choices	22	5.9%

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Do you plan to attend college or a training program?		
	Response Percentage	
Yes	197	50.3%
No	195	49.7%

Is education affordable to you or someone in your family?		
	Response Percentage	
Yes	69	20.2%
No	273	79.8%

Do you have an understanding of the application process for federal grants and loans?		
	Response Percentage	
Yes	208	66.7%
No	104	33.3%

Training Needs

In 2015, 74.8% of respondents reported that they needed more training or education to get a job. The 2019 responses were consistent with that past surveys. In 2019, the top three responses to the question were skills training for trades, computer skills and soft skills training. The need for basic skills training such as reading, writing, math and soft skills were also identified as needs by the respondents.

What education or training are needed to get jobs?	
	Response Percentage

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Skill training for Trades	135	42.2%
Computer	109	34.0%
Other (please specify)	91	28.4%
Soft skills training (i.e. Communication, Interpersonal Skills, Problem Solving, etc.)	71	22.2%
Math	37	11.7%
Writing	37	11.7%
Reading	32	10.0%
English as a Second Language (ESL)	15	4.7%

Employment

Statistics regarding the survey respondents' employment status have improved over the last four years. Full time employment has increased from 37.3% in 2015 to 42.8% in 2019. As expected as full time jobs increased, part-time jobs have decreased. The area of interesting outcome was that the not employed, looking for work is the same 14.9% from 2015 to 2019.

What best descriptions of your current employment status?		
	Response Percentage	
Employed, working full-time	173	42.8%
Employed, working 2 or more jobs	20	5.0%
Employed, working part-time	58	14.4%
Not employed, looking for work	60	14.9%
Not employed, not looking for work	3	0.8%
Retired	30	7.4%
Disabled, not able to work	30	7.4%
Self-Employed	4	0.9%
Other	26	6.4%

Challenges in Finding Work

Respondents indicated that the two biggest challenges in keeping work related to no opportunities to grow and transportation. In addition, other challenges to keep work were health care and child care.

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Another interesting note is that even though transportation was the second highest key challenge in keeping work, 74.7% of respondents indicated in the transportation section of the survey, that their primary means of transportation is a car.

What are challenges in keeping your work:		
	Response Percentage	
Transportation	103	31.7%
Child Care	60	18.7%
Health Problems	60	18.5%
Education	39	12.0%
Language Barriers	8	2.5%
Use of Alcohol/Drugs	9	2.8%
No Opportunity for Growth	121	37.2%
Poor Training and Coaching	43	13.2%
Unreasonably High Standards	23	7.1%
Time Management Challenges	39	12.1%
Other	60	18.5%

Biggest challenges in finding work:		
	Response Percentage	
I'm employed, not applicable	74	29.0%
Job that pays family supporting wage	59	23.0%
Other (please specify)	55	21.5%
Transportation	48	18.8%
Lack of specific skills	46	18.0%
Job hours or shift hours	37	14.5%
Education	28	11.0%
Childcare	28	11.9%
Awareness of job openings	22	8.6%
Access to Internet	11	4.3%
How to use technology to find jobs	11	4.3%
Probation/Parole	11	4.3%

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Migrant studies	1	0.4%
Veteran Language barriers	1	0.4%

Quality of Life

Directly affected by crime

A large percent of respondents said they experience crime. Crime plays a big role in respondents feeling safe on a day-to-day basis. 41.5% of respondents have been directly affected by crime in some way.

Have you or your family been directly affected by crime?		
	Response Percentage	
Yes	160	41.4%
No	226	58.6%

The 2019 survey showed no significant change from 2015 outcomes. In 2019, 30.8% of respondents' quality of life got better compared to 30% in 2015.

In the last 3 years, has your family's quality of life has gotten:		
	Response Percentage	
Better	118	30.3%
About the same	180	46.3%
Worse	91	23.4%

Best describe current income situation:		
	Response Percentage	
I have a student loan debt	197	52.3%
I have a credit card debt	151	40.1%
I am able to pay my bills on time	141	37.4%
At the end of the month I have at least \$50 left of my income to save	137	36.3%

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50.4% of the respondents said that they would not be able to support themselves and /or family in less than a month if they lost their source of income.

FINANCIAL CAPABILITY

How many months can you be able to support yourself and/or your family if you lost your source of income?		
	Response Percentage	
Less than 1 month	192	50.4%
1 month	70	18.4%
2 month	40	10.6%
3months	29	7.5%
Over 3 months	50	13.1%

What are your concerns about your financial future?		
	Response Percentage	
Bad credit	184	49.2%
Low wages/too few work hours	104	27.8%
Not being able to save	215	57.5%
Getting into more personal debt	109	29.1%
Losing my job	115	30.8%
Finding a job	85	22.7%
Financing college for my kids	84	22.5%
Other	45	12.0%

What is the status of your financial income?		
	Response Percentage	
Better than last year	107	28.1%
Same as last year	134	35.2%
Worse than last year	59	15.5%
My financial situation causes me stress	81	21.2%

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Transportation

The respondents in the 2019 survey indicated that 71.6% use a car as their primary means of transportation. An additional 5.7% have others they rely on to drive them and 17.3% use the bus. The majority of respondents surveyed have the means to travel to jobs, appointments, gatherings or places they need to go.

In the 2013 and 2019 surveys, respondents were asked if they owned a car. In 2013, 60.3% indicated they owned a car and in 2019, 71.6% indicated they owned a car. The 2015 and 2019 survey did ask respondents to indicate their primary means of transportation, one could infer that over half the respondents had access to transportation during those years.

What are your primary means of transportation?		
	Response Percentage	
Auto	285	74.7%
Bus	66	17.3%
Bike	2	0.5%
Rely on other to drive	22	5.7%
Other	7	1.8%

When respondents were asked what their transportation challenges were, results showed that the general cost of transportation was ranked the highest challenge at 34.1% including the cost of buying a car, maintenance and repair costs and the cost of gas. In addition, not having a car, no insurance issues and no driver license were challenges.

What are your transportation challenges		
	Response Percentage	
Cost	127	34.4%
Bus schedules do not work with your schedule	14	3.8%
No car	47	12.7%
No driver's license	14	3.8%
No vehicle insurance	21	5.7%
Disabilities cause transportation challenges	9	2.4%
No challenges	107	29.0%
Other	30	8.2%

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Housing

Own or rent

The percentage of respondents who own their home has increased from previous years by about 8%, while those who rent decreased by almost the same percentage.

Section 8 or Public housing support

Respondents in previous years cited that in 2009, 23.4% were getting some kind of housing support and in 2013 22.8% received support. In the 2015 survey, the number of respondents getting housing support was 18.7%, a decrease of 4%.

What is your Housing condition		
	Response Percentage	
I own	125	32.81%
I rent	191	50.13%
I live in Public Housing or Section 8 Housing	13	3.41%
I live in a shelter	0	0.00%
I stay with family or friends	34	8.92%
I am homeless	9	2.36%
Other (please specify)	9	2.36%

What percentage of your income do you spend on housing		
	Response Percentage	
Less than 30%	90	23.56%
30% - 50%	139	36.39%
50 - 60%	59	15.45%
60-70%	42	10.99%
More than 70%	52	13.61%

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What are other housing concerns		
	Count Percentage	
I have received an eviction or a disconnection notice this past year.	42	11.73%
I have difficulty paying my housing cost	98	27.37%
My house needs repairs	112	31.28%
My landlord does not keep up with property maintenance	55	15.36%
I have difficulty keeping up with the repairs needed in my home	71	19.83%
I feel comfortable with the conditions of my home	136	37.99%
I do not feel comfortable with the conditions of my home	79	22.07%

SDC 2019 COMMUNITY NEEDS ASSESMENT

Health and Healthcare

How poverty affects health

When respondents were asked what they thought the greatest impacts of poverty on health were, they responded with the cost of healthcare, prescriptions and insurance as the three biggest factors.

What Affects Health the most?		
	Response Percentage	
Cost	165	44.5%
No insurance/affordable insurance	79	21.3%
Transportation to medical care	8	2.2%
Awareness of chronic illness (diabetes, heart issues)	21	5.7%
Lack of nearby medical clinics	2	0.6%
No primary doctor	6	1.5%
Cost of medications	26	6.9%
Mental health	21	5.7%
Physical health	19	5.1%
Addictive behaviors	5	1.4%
Need counseling	3	0.8%
Other (please specify)	16	4.3%

Do you or your family have health Insurance		
	Response Percentage	
Yes	314	82.20%
No	68	17.80%

If you or your family needs to receive medical attention are you or your family is more likely to

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	Response Percentage	
Visit a Primary Doctor	269	71.35%
Visit an Urgent Care	119	31.56%
Visit an Emergency Room	64	16.98%

Respondents who are not covered by insurance have decreased over the last three surveys. Respondents that were covered by some sort of state or federal insurance have also decreased from 71.0% in 2013 to 54.1% in 2015 to 44.0% in 2019.

WHAT AFFECTS HEALTH THE MOST		
	Response Percentage	
State or Federal Government program (example: Medicare, BadgerCare, etc.)	164	44.0%
Private	50	13.4%
Employer paid	103	27.6%
None	43	11.5%
Other	13	3.5%

WHAT AFFECTS HEALTH THE MOST		
	Response Percentage	
Yes	290	82.15%
No	63	17.85%

Concerns about Nutrition: Please check all that apply		
	Response Percentage	
Within the past 12 months I worried about whether my food would run out before I had the money to get more.	126	41.72%

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Within the past 12 months my food did not last until I had money to get more.	67	22.19%
I use food pantries.	64	21.19%
I receive SNAP/food stamps.	110	36.42%
I relied on family or friends for food.	65	21.52%
Other	56	18.54%

Business and Economic Development

Business and economic development strengths : Please check all that apply		
	Response Percentage	
Affordable housing	100	28.57%
Close knit community	47	13.43%
Community pride/independent/self-sufficient spirit of residents	85	24.29%
Safe neighborhood	136	38.86%
Available jobs	92	26.29%
Education opportunities	86	24.57%
Open space for recreation	75	21.43%
Thriving businesses	59	16.86%
Other	49	14.00%

Business and economic development concerns: all that apply		
	Response Percentage	
Lack of public transportation to family income sustaining jobs	119	33.43%
Retaining young people in the community due a lack of opportunity	156	43.82%
Unsafe neighborhoods/crime	251	70.51%
Lack of affordable housing, especially for seniors	155	43.54%
Declining retail business base	106	29.78%
Lack of business and economic development diversity	129	36.24%
Lead poisoning	98	27.53%
Inadequate healthcare	87	24.44%
Landlord predatory practices	108	30.34%
Little to no activities for school-aged children beyond school	150	42.13%

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Deteriorating streets and public infrastructures	166	46.63%
Too many abandoned homes and buildings	180	50.56%
If so, why?	20	5.62%

What Kind of businesses do you want to see in your community

	Response Percentage	
Restaurants	31	8.73%
Small businesses	63	17.75%
Small retail	14	3.94%
Supermarket	50	14.08%
Office/Medical/Commercial	25	7.04%
Large Retail (example Target, etc.)	17	4.79%
Light Manufacturing	39	10.99%
Entertainment	22	6.20%
Hightech	23	6.48%
Recreation	55	15.49%
Other	27	6.78%

As SDC moves into the future, what are three areas of business and economic development do you believe are the MOST important

	Response Percentage	
Community Quality of Life - Housing	258	70.30%
Community Quality of Life - Educational	215	58.58%
Strategic Partnerships	77	20.98%
Retail/Commercial Development	48	13.08%
Entrepreneurship/Small Business Development	131	35.69%
Community Development	176	47.96%
Community and Neighborhood Marketing	82	22.34%
Other	6	1.63%

SDC 2019 COMMUNITY NEEDS ASSESMENT

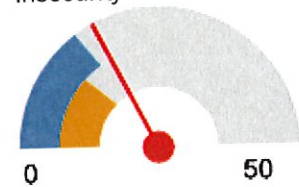
Social Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

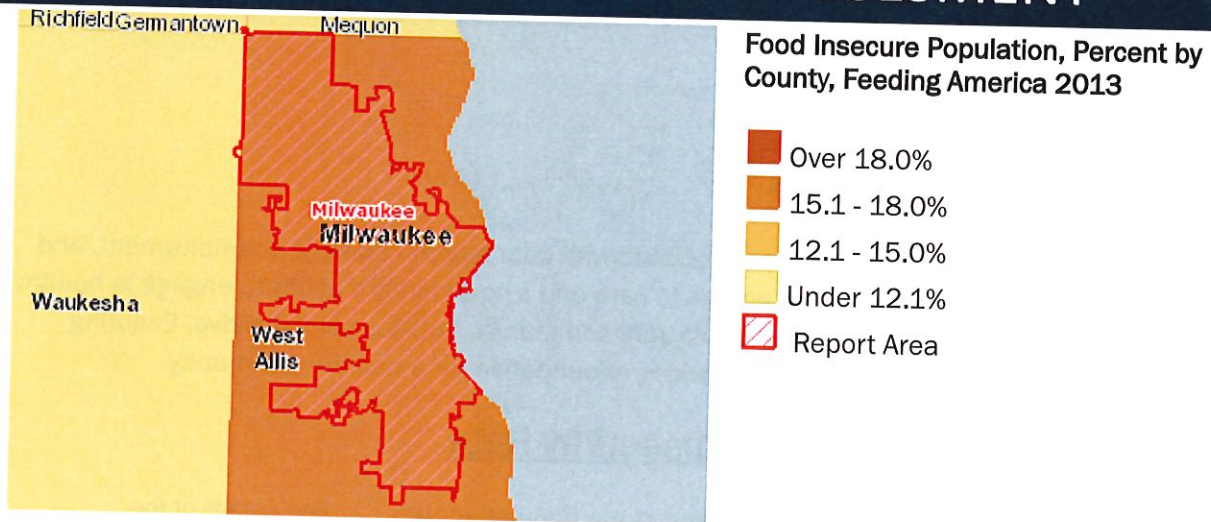
Percentage of the Population with Food Insecurity



Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Milwaukee County, WI	956,586	147,430	15.4%
Washington County, WI	133,967	9,100	6.8%
Waukesha County, WI	396,731	25,000	6.4%
Wisconsin	5,784,800	578,480	10.0%
United States	40,044,000	320,352,000	12.63%

Data Source: Feeding America. 2017. Source geography: County

SDC 2019 COMMUNITY NEEDS ASSESSMENT

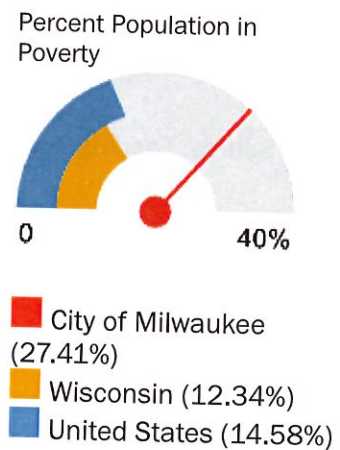


Poverty Rate (< 100% FPL)

Poverty is considered a *key driver* of health status.

Within the report area 27.41% or 159,660 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

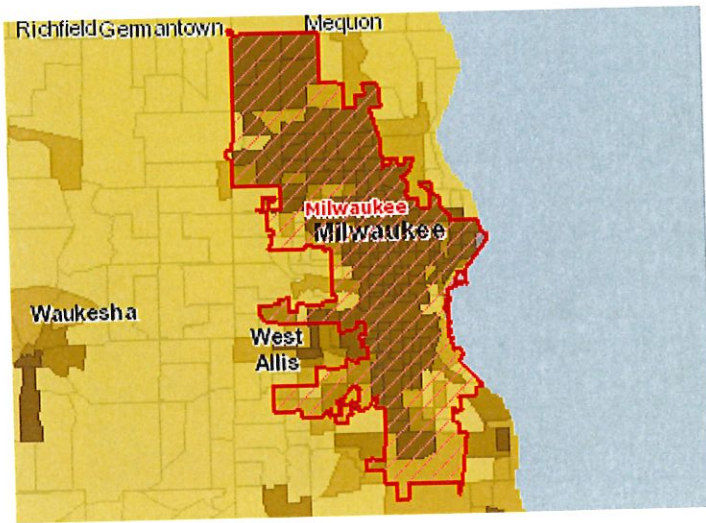
Report Area	Total Population	Population in Poverty	Percent Population in Poverty
City of Milwaukee	582,553	159,660	27.41%
Milwaukee County, WI	934,323	191,973	20.55%
Washington County, WI	132,726	7,320	5.52%
Waukesha County, WI	391,484	19,634	5.02%
Wisconsin	5,612,611	692,719	12.34%
United States	313,048,563	45,650,345	14.58%



Data Source: US Census Bureau, American Community Survey. 2013-

SDC 2019 COMMUNITY NEEDS ASSESMENT

17. Source geography: Tract



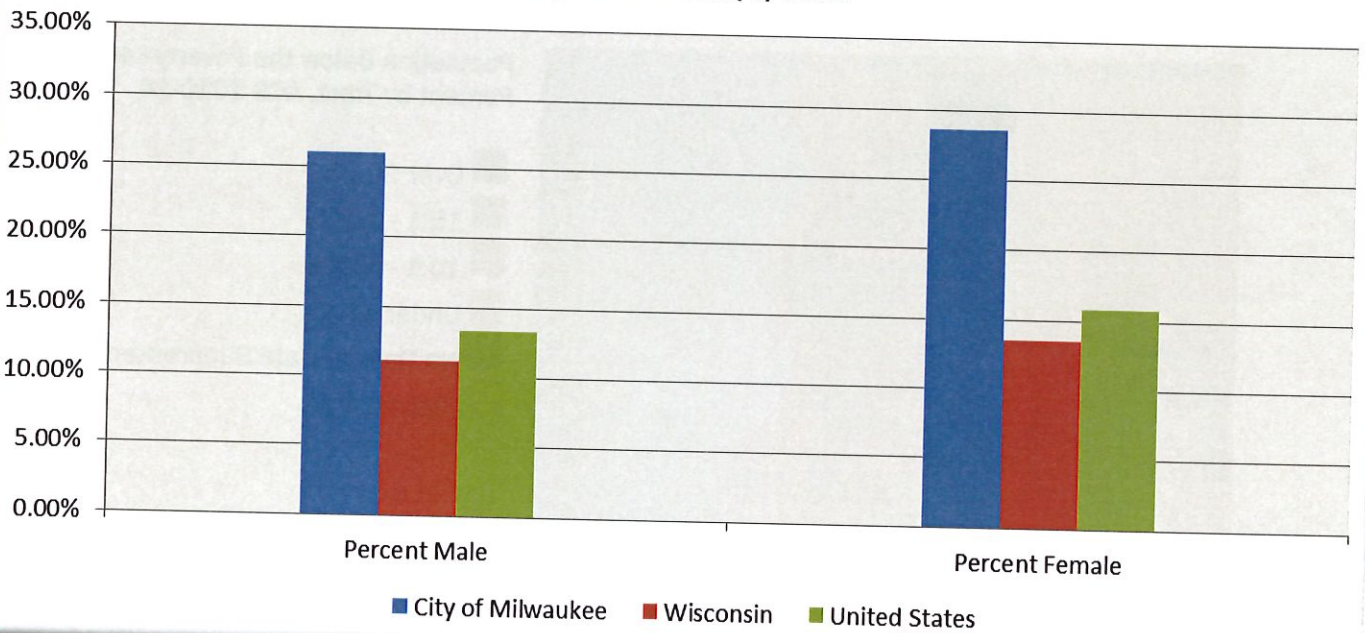
Population Below the Poverty Level, Percent by Tract, ACS 2010-14

Population in Poverty by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
City of Milwaukee	72,827	86,833	26.04%	28.67%
Milwaukee County, WI	86,889	105,084	19.28%	21.73%
Washington County, WI	2,885	4,435	4.38%	6.63%
Waukesha County, WI	8,275	1,1359	4.3%	5.71%
Wisconsin	310,220	382,499	11.16%	13.5%
United States	20,408,626	25,241,719	13.31%	15.8%

SDC 2019 COMMUNITY NEEDS ASSESMENT

Population in Poverty by Gender

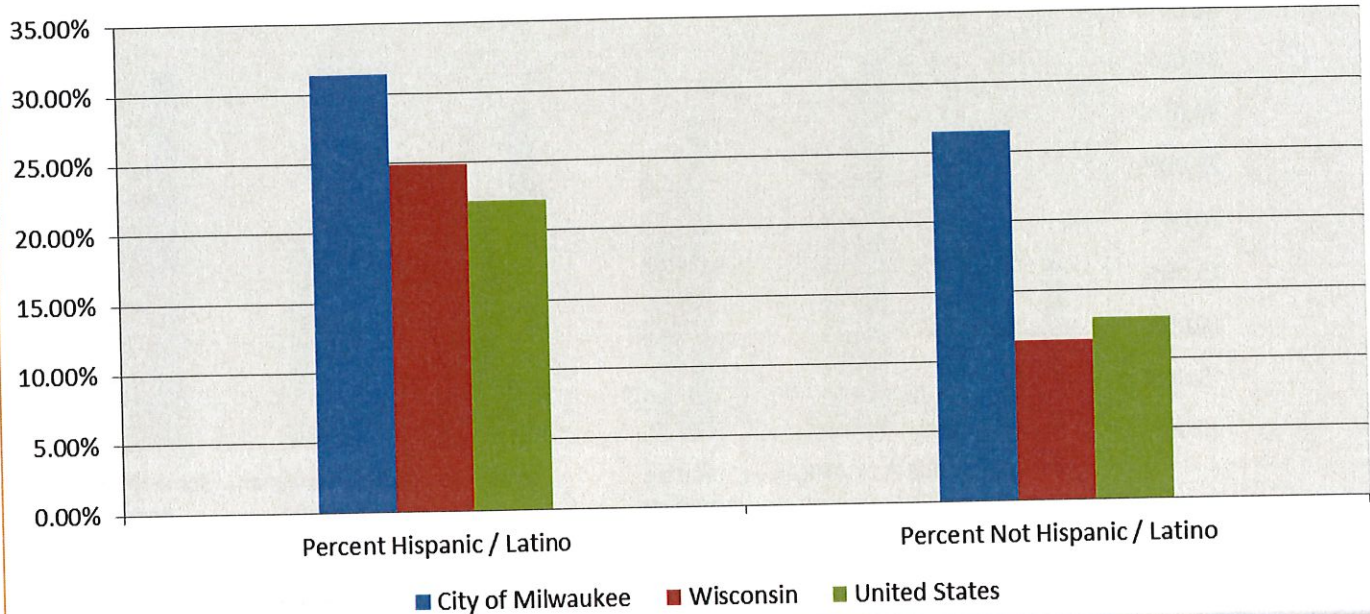


Population in Poverty by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
City of Milwaukee	34,145	125,515	31.38%	26.49%
Milwaukee County, WI	38,426	153,547	27.93%	19.27%
Washington County, WI	463	6,857	11.35%	5.33%
Waukesha County, WI	2,285	17,349	12.79%	4.64%
Wisconsin	92,172	600,547	24.84%	11.46%
United States	12,269,452	33,380,893	22.15%	12.96%

SDC 2019 COMMUNITY NEEDS ASSESMENT

Population in Poverty by Ethnicity Alone

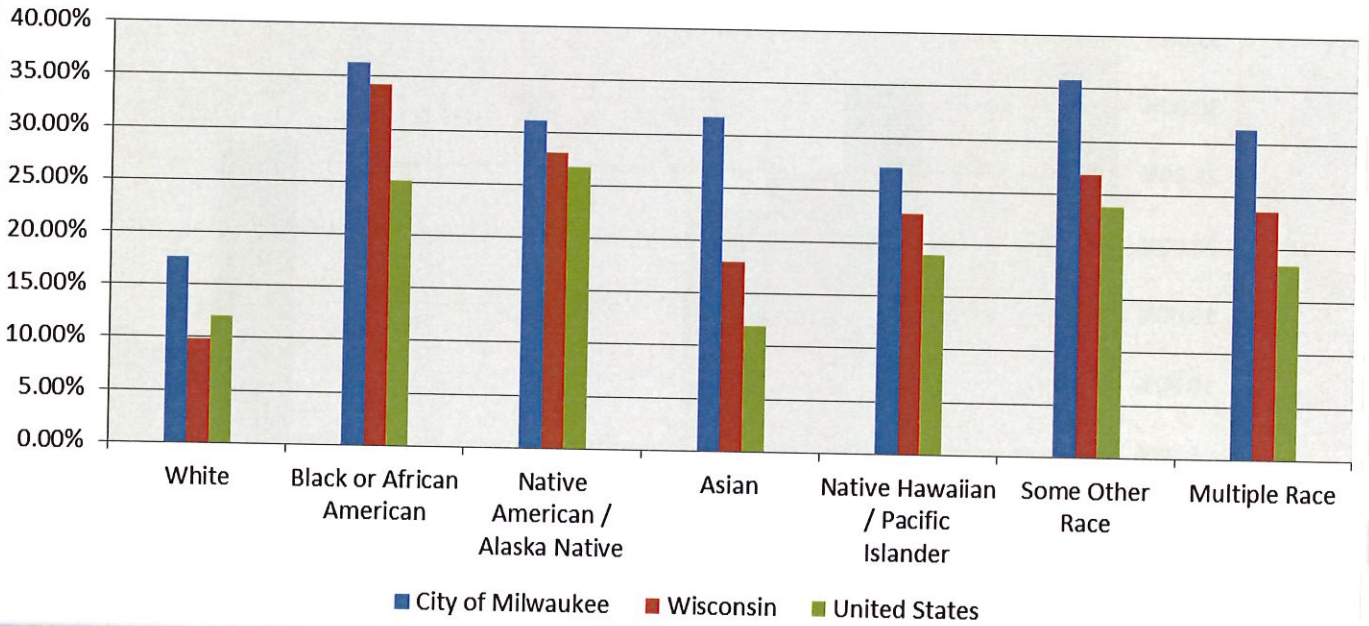


Population in Poverty Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
City of Milwaukee	17.6%	36.32%	31.05%	31.66%	27.27%	35.79%	31.3%
Milwaukee County, WI	12.57%	35.02%	23.66%	23.59%	19.09%	33.32%	27.17%
Washington County, WI	5.37%	6.63%	0%	5.47%	50%	.72%	16.26%
Waukesha County, WI	4.5%	25.19%	30.12%	4.2%	41.82%	13.48%	9.3%
Wisconsin	9.82%	34.3%	28.09%	18%	22.8%	26.88%	23.55%
United States	12.05%	25.19%	26.78%	11.93%	19.01%	23.85%	18.43%

SDC 2019 COMMUNITY NEEDS ASSESMENT

Population in Poverty Race Alone, Percent



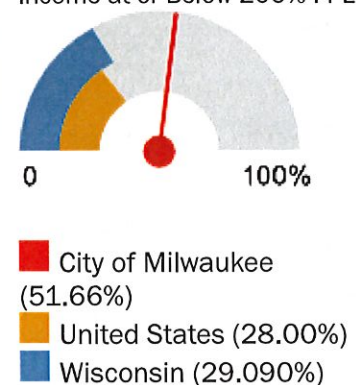
SDC 2019 COMMUNITY NEEDS ASSESSMENT

Poverty Rate (< 200% FPL)

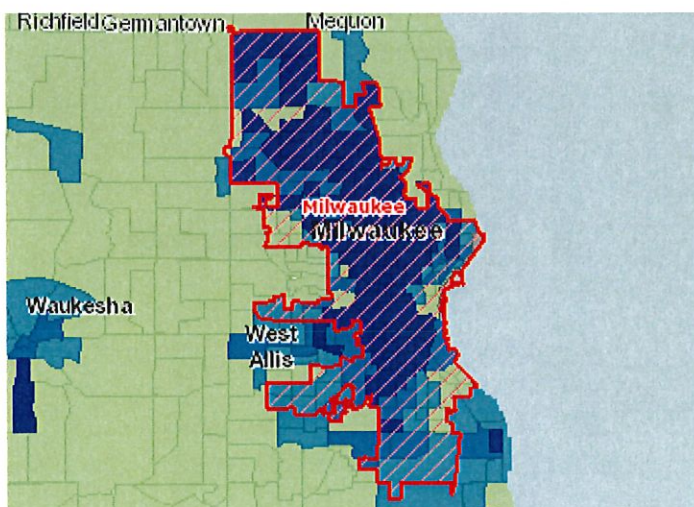
In the report area 51.66% or 300,959 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Milwaukee	582,553	300,959	51.66%
Milwaukee County, WI	934,232	381,046	40.79%
Washington County, WI	132,726	21,145	15.93%
Waukesha County, WI	391,484	55,266	14.12%
Wisconsin	5,612,611	1,632,860	29.09%
United States	317,022,500	88,977,000	28.00%

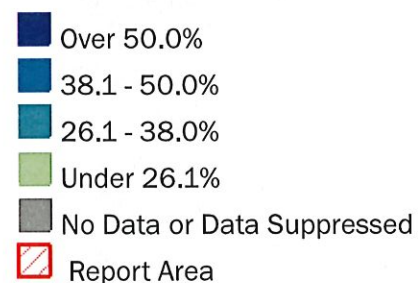
Percent Population with Income at or Below 200% FPL



Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



Population Below 200% Poverty Level, Percent by Tract, ACS 2010-14



SDC 2019 COMMUNITY NEEDS ASSESSMENT

Poverty Rate (< 50% FPL)

In the report area 9% or 84,036 individuals are living in households with income below 50% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

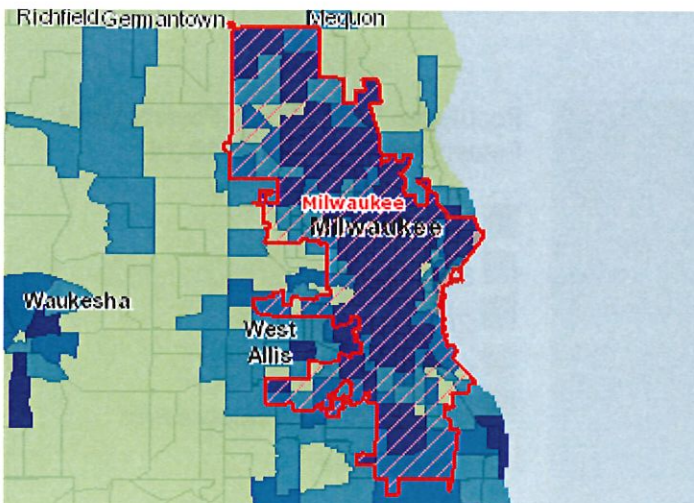
Report Area	Total Population	Population with Income at or Below 50% FPL	Percent Population with Income at or Below 50% FPL
Milwaukee County, WI	934,232	84,036	9.00%
Washington County, WI	132,726	3,351	2.52%
Waukesha County, WI	391,484	8,886	2.27%
Wisconsin	5,612,611	297,302	5.3%
United States	313,048,563	20,276,204	6.48%

Percent Population with Income at or Below 50% FPL



- Milwaukee County (9%)
- Wisconsin (5.3%)
- United States (6.4%)

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract



Population Below 50% Poverty Level, Percent by Tract, ACS 2010-14

- Over 9.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- No Data or Data Suppressed
- Report Area

SDC 2019 COMMUNITY NEEDS ASSESSMENT

Income Over \$75,000 (Family)

In the report area, 39.34%, or 216,055 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As [defined](#) by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

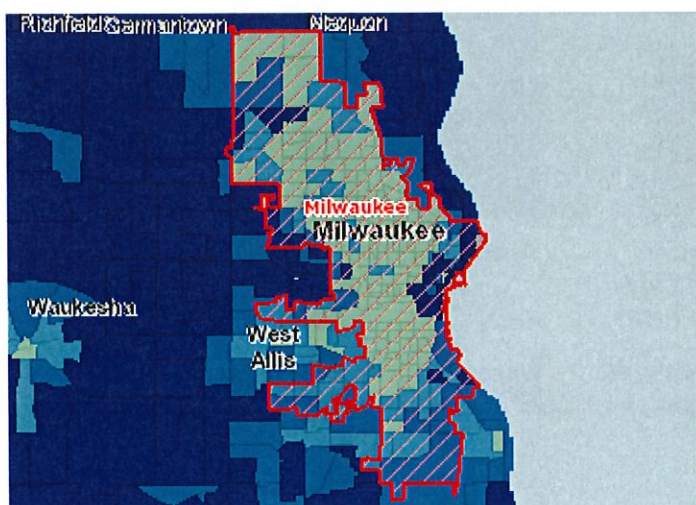
Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Milwaukee County, WI	216,055	84,986	39.34%
Washington County, WI	38,239	22,768	59.54%
Waukesha County, WI	109,855	73,137	66.58%
Wisconsin	1,481,526	710,893	47.98%
United States	78,298,703	36,926,465	47.16%

Percent Families with Income Over \$75,000



- Milwaukee county (39.34%)
- Wisconsin (47.98%)
- United States (47.16%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



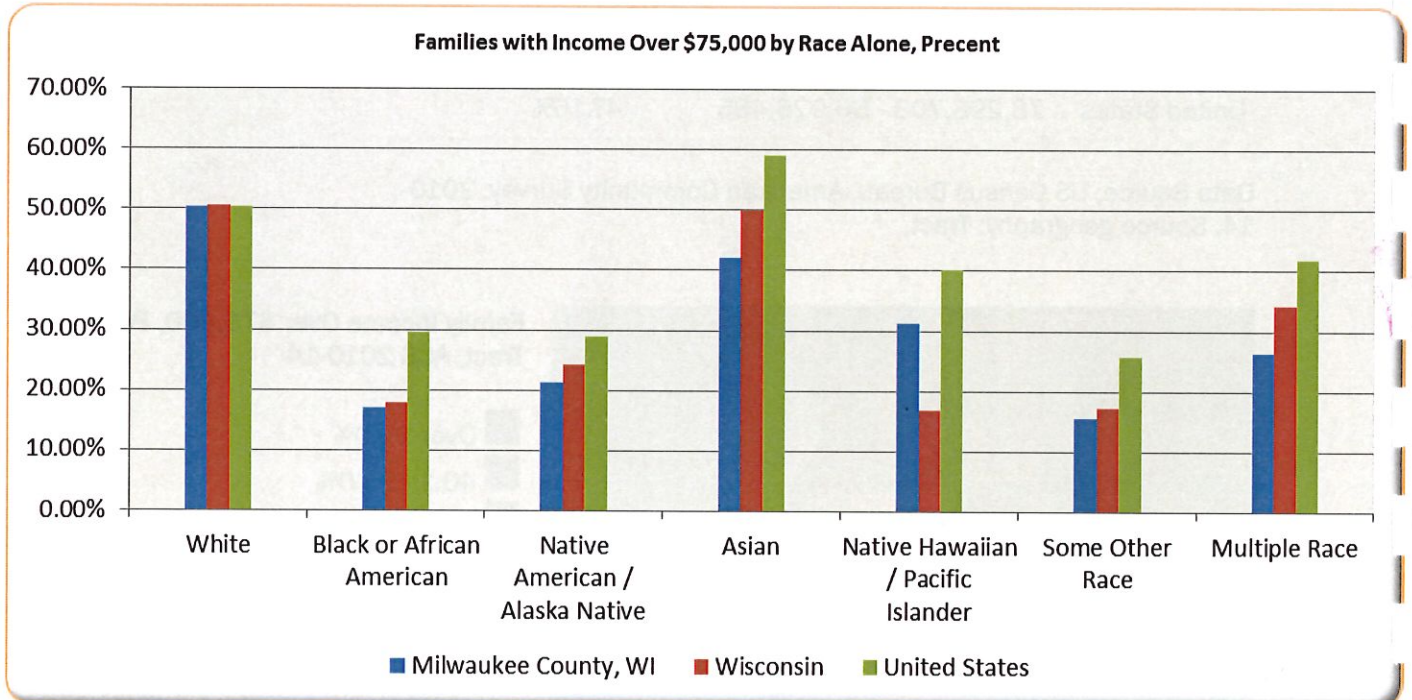
Family Income Over \$75,000, Percent by Tract, ACS 2010-14

- Over 55.0%
- 40.1 - 55.0%
- 25.1 - 40.0%
- Under 25.1%
- No Data or Data Suppressed
- Report Area

SDC 2019 COMMUNITY NEEDS ASSESMENT

Families with Income over \$75,000 by Race Alone by %

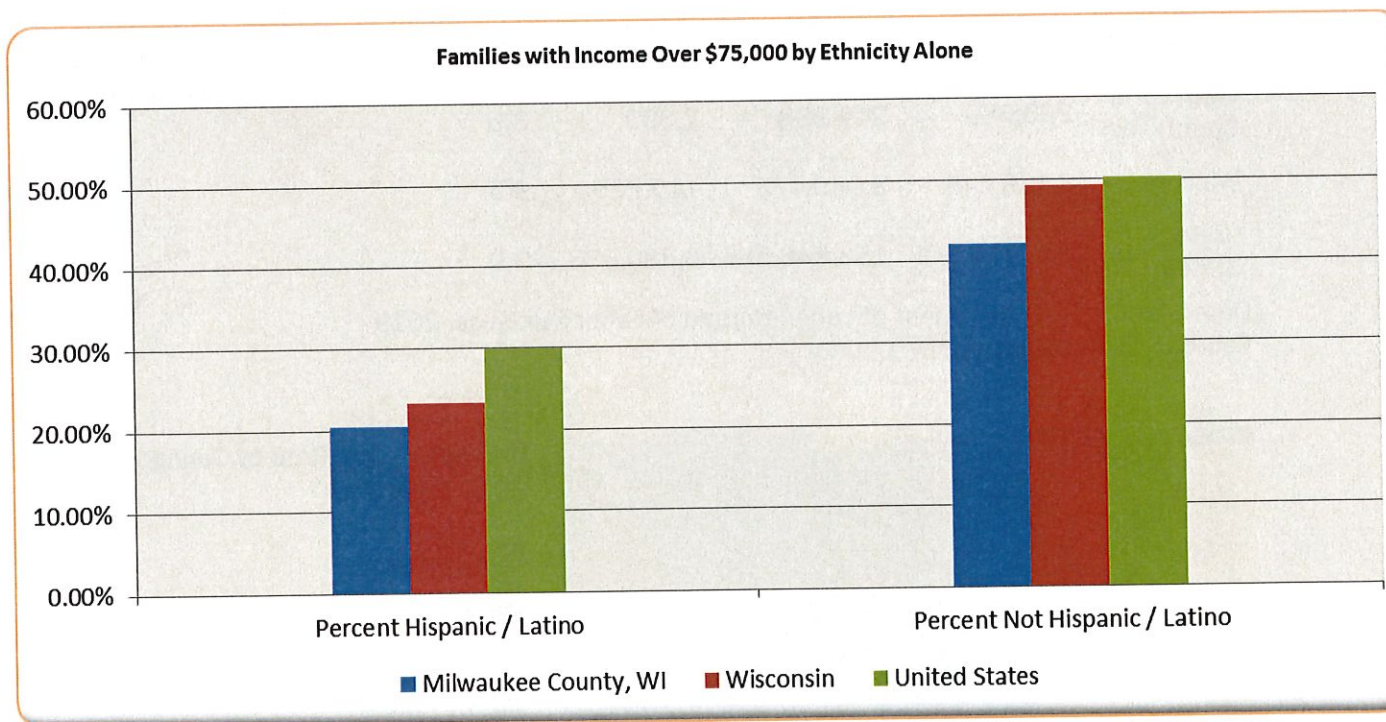
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Milwaukee County, WI	50.44%	17.01%	21.4%	42.09%	31.37%	15.51%	26.48%
Washington County, WI	60.09%	20.58%	91.3%	61.85%	No data	20%	48.85%
Waukesha County, WI	66.73%	40.17%	50.78%	80.01%	No data	32.75%	59.15%
Wisconsin	50.62%	17.85%	24.31%	50.07%	16.9%	17.22%	34.22%
United States	50.43%	29.66%	29.03%	59.01%	40.31%	25.81%	41.88%



SDC 2019 COMMUNITY NEEDS ASSESMENT

Families with Income over \$75,000 by Ethnicity Alone

Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Milwaukee County, WI	5,707	79,279	20.51%	42.12%
Washington County, WI	267	22,501	36.68%	59.99%
Waukesha County, WI	1,580	71,557	44.41%	67.32%
Wisconsin	17,331	693,562	23.36%	49.28%
United States	3,479,416	33,447,049	30.06%	50.13%

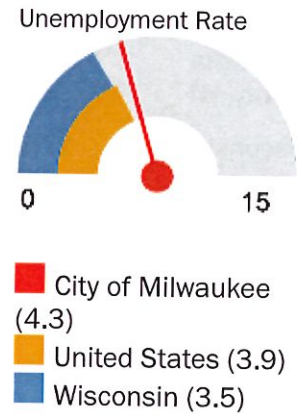


SDC 2019 COMMUNITY NEEDS ASSESMENT

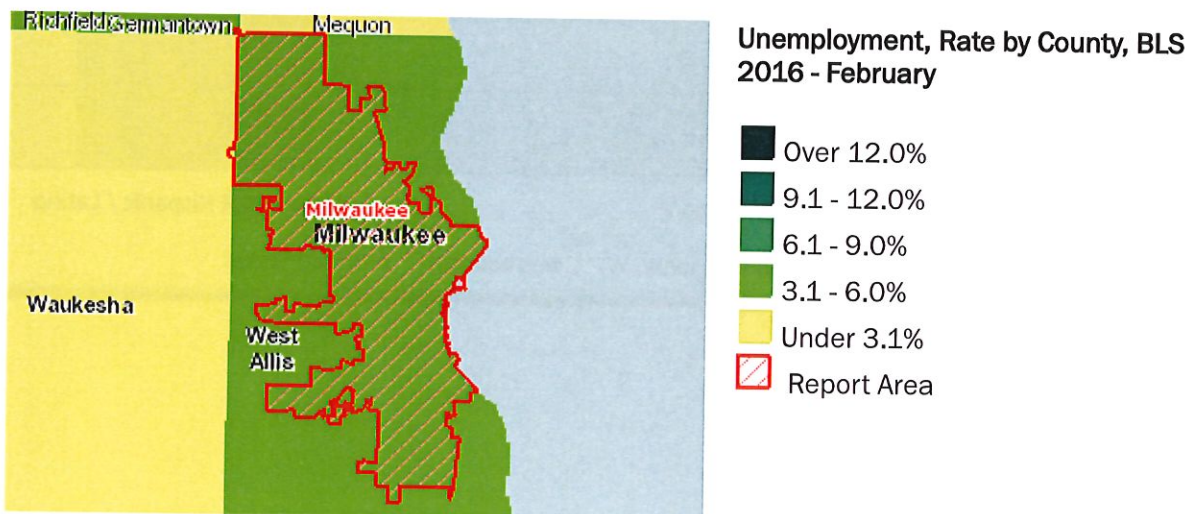
Unemployment Rate

Total unemployment in the report area for the current month was 12,853 or 4.3% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
City of Milwaukee	298,612	285,759	12,853	4.3
Milwaukee County, WI	475,772	455,294	20,478	4.3
Washington County, WI	78,145	75,683	2,462	3.2
Waukesha County, WI	226,680	219,288	7,392	3.5
Wisconsin	3,160,248	3,049,473	110,775	3.5
United States	165,226,903	158,846,565	6,380,338	3.9



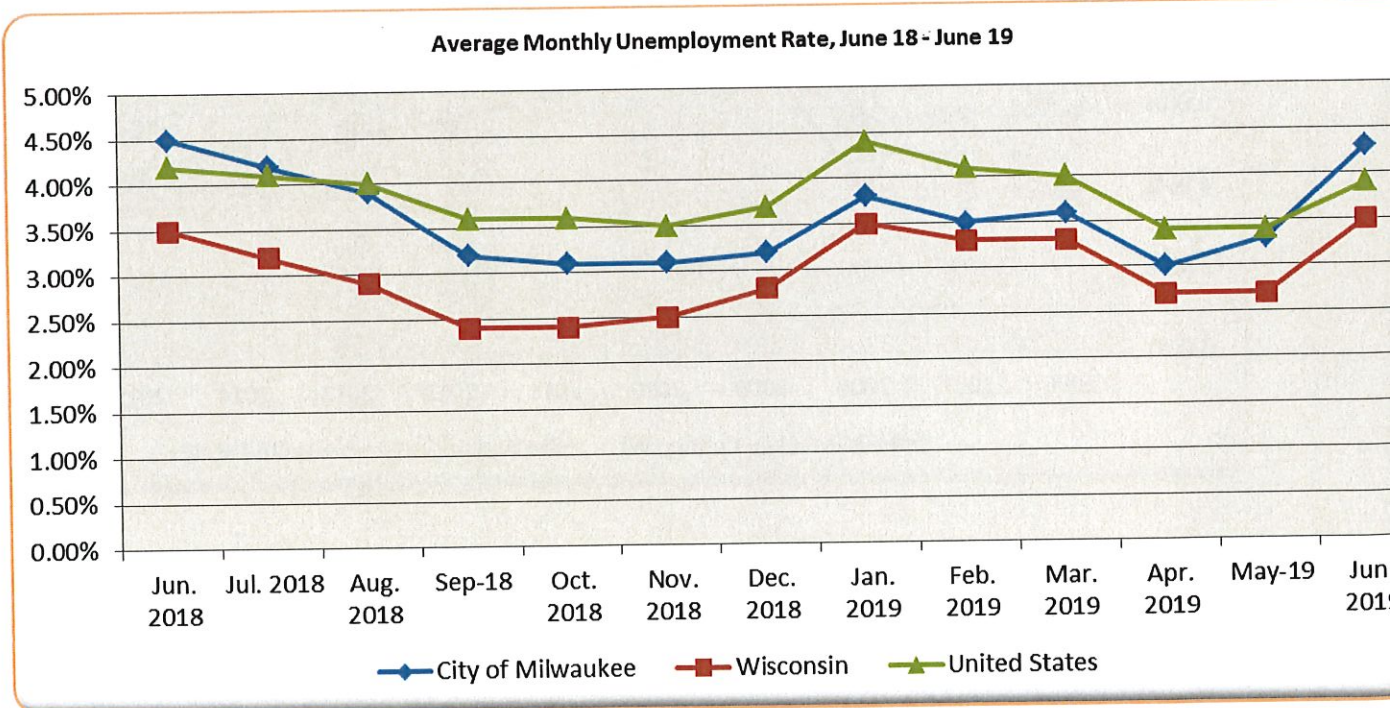
Data Source: US Department of Labor, Bureau of Labor Statistics. 2019 - February. Source geography: County



SDC 2019 COMMUNITY NEEDS ASSESMENT

Average Monthly Unemployment Rate, June 18 - June 19

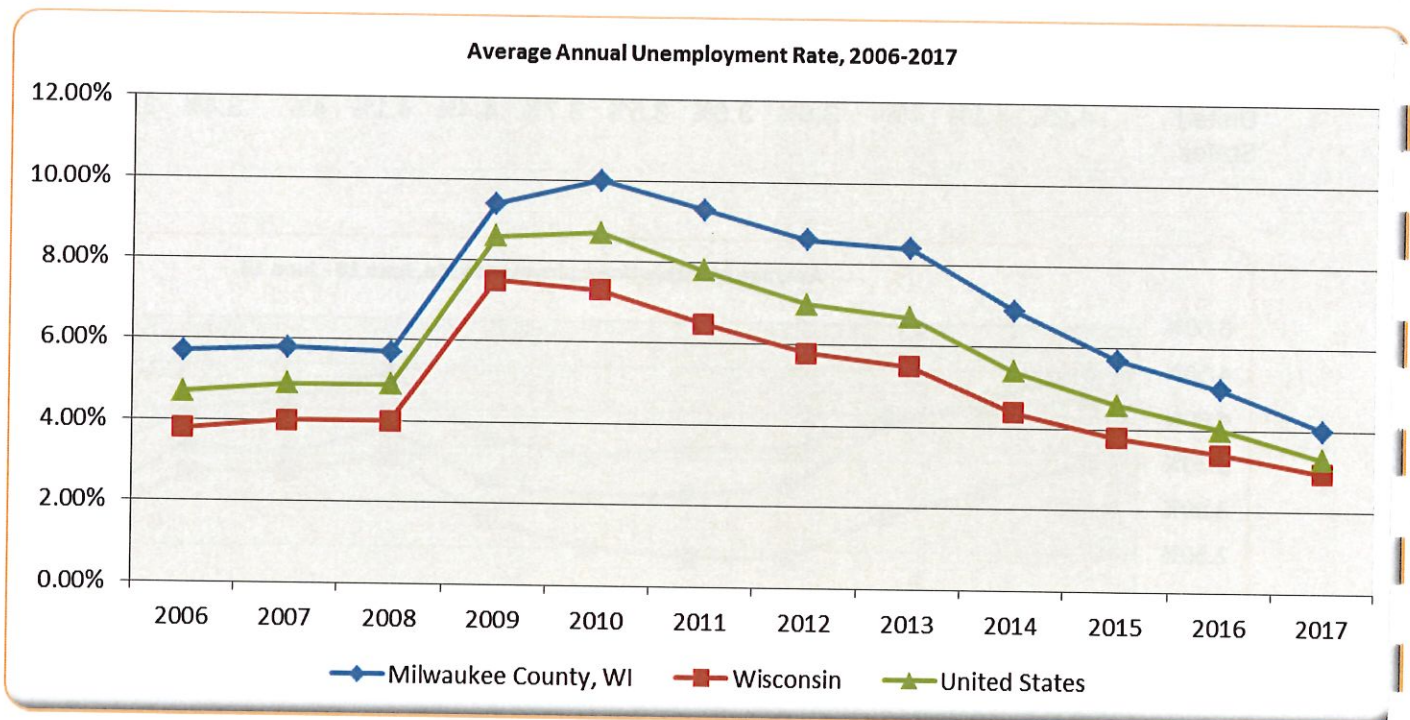
Report Area	Jun. 2018	Jul. 2018	Aug. 2018	Sep. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Apr. 2019	May 2019	Jun. 2019
City of Milwaukee	4.5%	4.2%	3.9%	3.2%	3.1%	3.1%	3.2%	3.8%	3.5%	3.6%	3%	3.3%	4.3%
Milwaukee County, WI	4.5%	4.2%	3.9%	3.2%	3.1%	3.1%	3.2%	3.8%	3.5%	3.6%	3%	3.3%	4.3%
Washington County, WI	3.1%	2.7%	2.6%	2.1%	2.2%	2.2%	2.3%	2.9%	2.8%	2.7%	2.2%	2.4%	3.2%
Waukesha County, WI	3.2%	2.9%	2.7%	2.2%	2.3%	2.3%	2.4%	2.9%	2.7%	2.7%	2.3%	2.5%	3.3%
Wisconsin	3.5%	3.2%	2.9%	2.4%	2.4%	2.5%	2.8%	3.5%	3.3%	3.3%	2.7%	2.7%	3.5%
United States	4.2%	4.1%	4%	3.6%	3.6%	3.5%	3.7%	4.4%	4.1%	4%	3.4%	3.4%	3.9%



SDC 2019 COMMUNITY NEEDS ASSESMENT

Average Annual Unemployment Rate, 2006-2017

Report Area	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Milwaukee County, WI	5.7	5.8	5.7	9.4	10	9.3	8.6	8.4	6.9	5.7	5	4
Washington County, WI	5.7	5.8	5.7	9.4	10	9.3	8.6	8.4	6.9	5.7	5	4
Waukesha County, WI	4.1	4.3	4.4	8.7	8.1	6.9	6.1	5.7	4.5	3.7	3.3	2.8
Wisconsin	3.8	4	4	7.5	7.3	6.5	5.8	5.5	4.4	3.8	3.4	2.9
United States	4.7	4.9	4.9	8.6	8.7	7.8	7	6.7	5.4	4.6	4	3.3



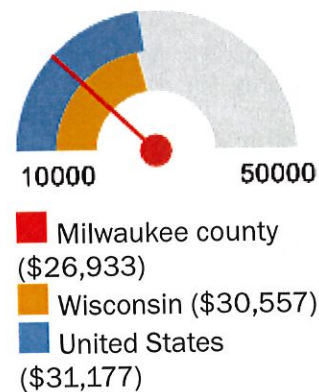
SDC 2019 COMMUNITY NEEDS ASSESMENT

Income Per Capita

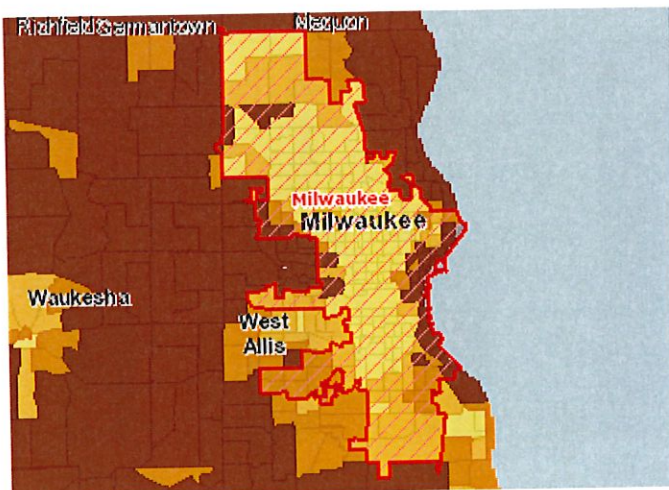
The per capita income for the report area is \$26,933. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Milwaukee County, WI	956,586	\$25,763,340,200	\$26,933
Washington County, WI	133,967	\$4,846,551,500	\$36,177
Waukesha County, WI	396,731	\$16,700,051,300	\$28,819
Wisconsin	5,763,217	\$176,106,383,300	\$30,557
United States	327,167,434	\$8,969,237,037,056	\$31,177

Per Capita Income (\$)



Data Source: US Census Bureau, American Community Survey. 2013-17.
Source geography: Tract



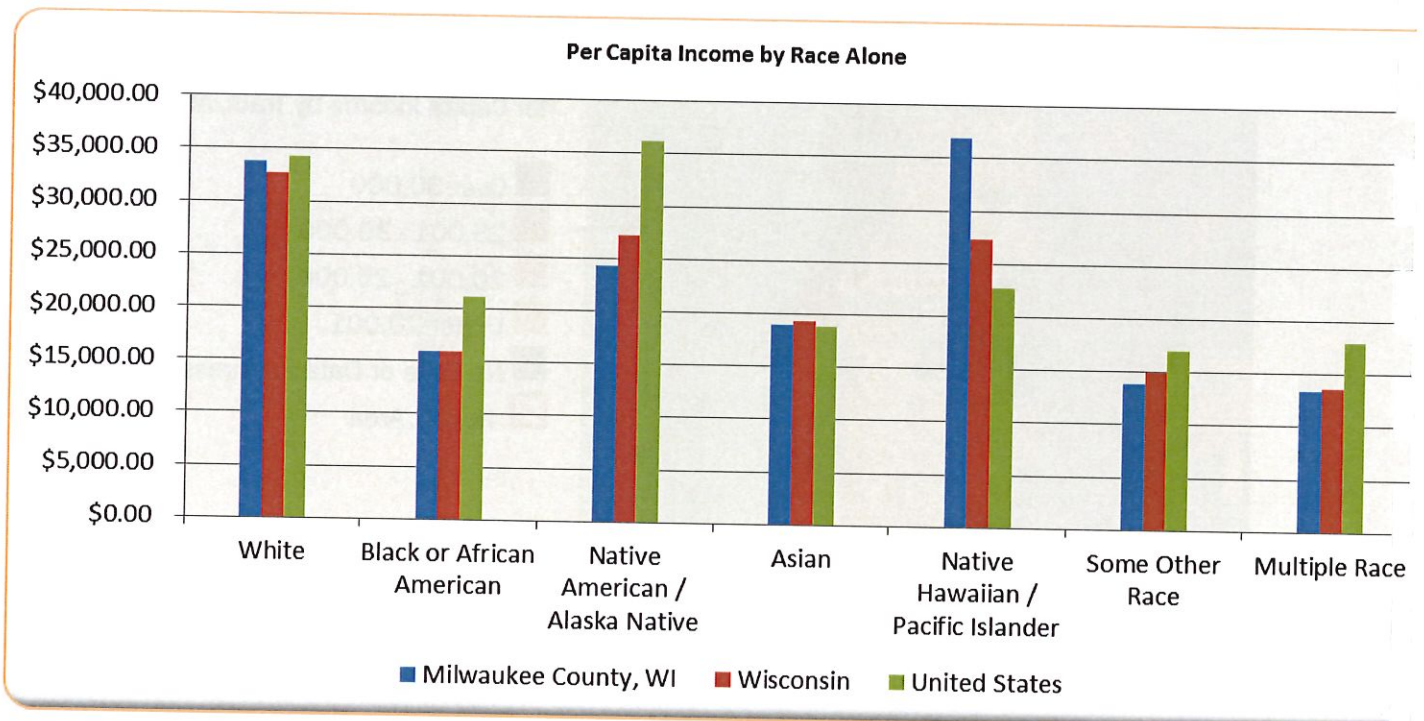
Per Capita Income by Tract, ACS 2010-14

- Over 30,000
- 25,001 - 30,000
- 20,001 - 25,000
- Under 20,001
- No Data or Data Suppressed
- Report Area

SDC 2019 COMMUNITY NEEDS ASSESSMENT

Per Capita Income by Race Alone

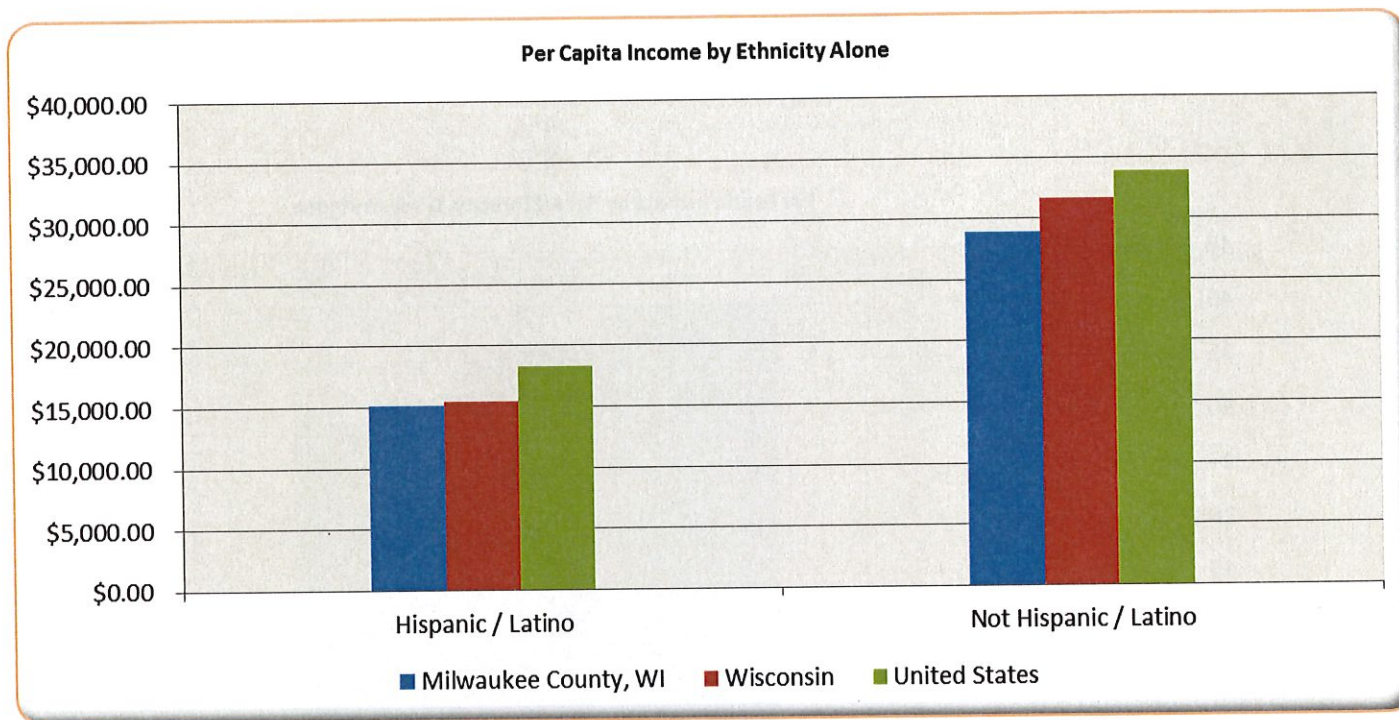
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Milwaukee County, WI	\$33,776.00	\$15,977.00	\$24,256.00	\$18,985.00	\$36,918.00	\$13,925.00	\$13,420.00
Washington County, WI	\$38,884	\$18,975	\$43,558	\$26,725	\$27,314	\$15,861	\$16,685
Waukesha County, WI	\$42,710.00	\$20,699.00	\$51,816.00	\$25,916.00	\$23,913.00	\$18,178.00	\$22,340.00
Wisconsin	\$32,652.00	\$15,961.00	\$27,272.00	\$19,276.00	\$27,296.00	\$14,938.00	\$13,611.00
United States	\$34,221.00	\$21,117.00	\$36,158.00	\$18,822.00	\$22,685.00	\$17,051.00	\$17,948.00



SDC 2019 COMMUNITY NEEDS ASSESMENT

Per Capita Income by Ethnicity Alone

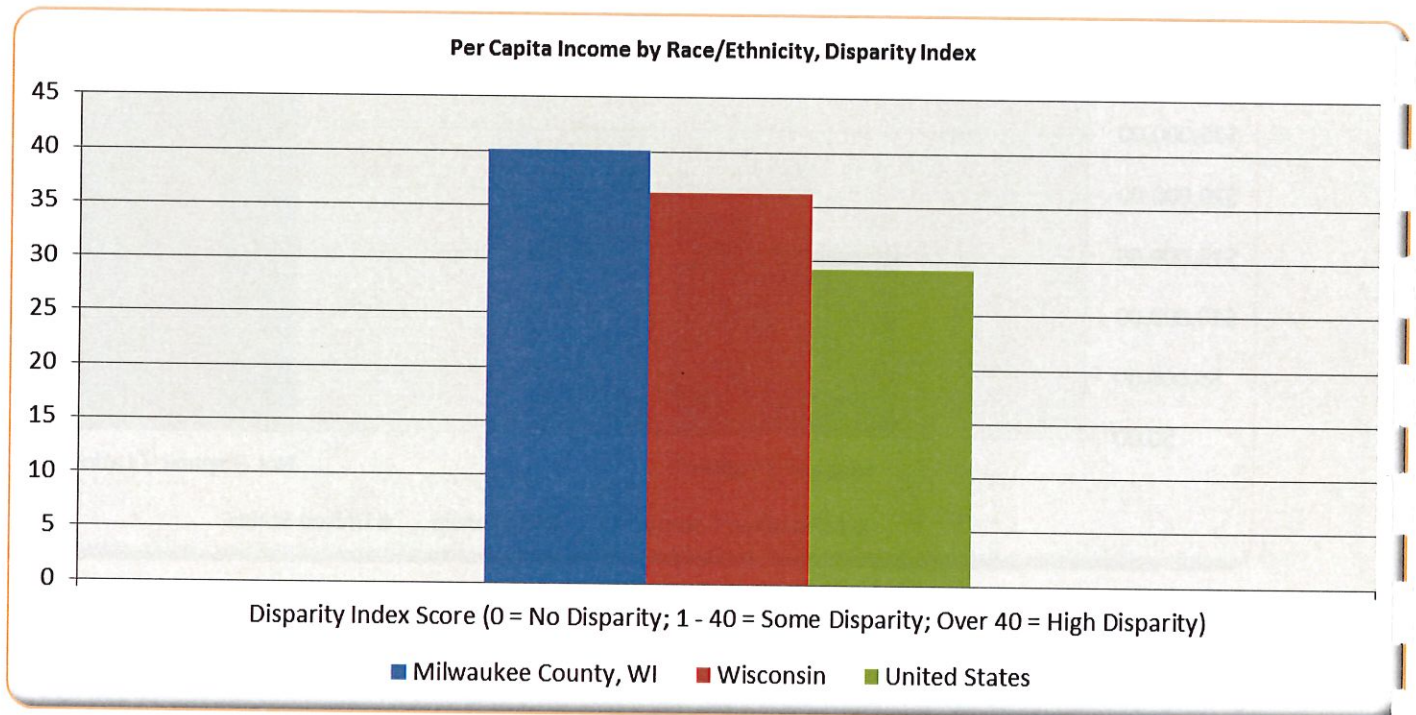
Report Area	Hispanic / Latino	Not Hispanic / Latino
Milwaukee County, WI	\$15,162.00	\$28,942.00
Washington County, WI	\$18,310.00	\$36,745.00
Waukesha County, WI	\$22,637.00	\$43,029.00
Wisconsin	\$15,516.00	\$31,620.00
United States	\$18,321.00	\$33,924.00



SDC 2019 COMMUNITY NEEDS ASSESMENT

Per Capita Income by Race/Ethnicity, Disparity Index

Report Area	Disparity Index Score (0 = No Disparity; 1 - 40 = Some Disparity; Over 40 = High Disparity)
City of Milwaukee	no data
Milwaukee County, WI	40.08
Washington County, WI	29.08
Waukesha County, WI	28.25
Wisconsin	36.24
United States	29.2



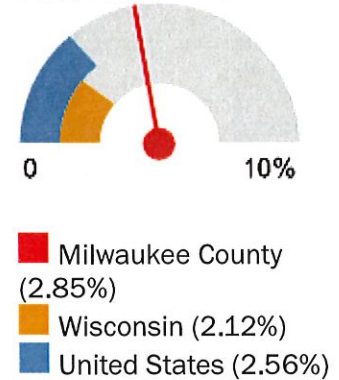
SDC 2019 COMMUNITY NEEDS ASSESMENT

Households with Public Assistance Income

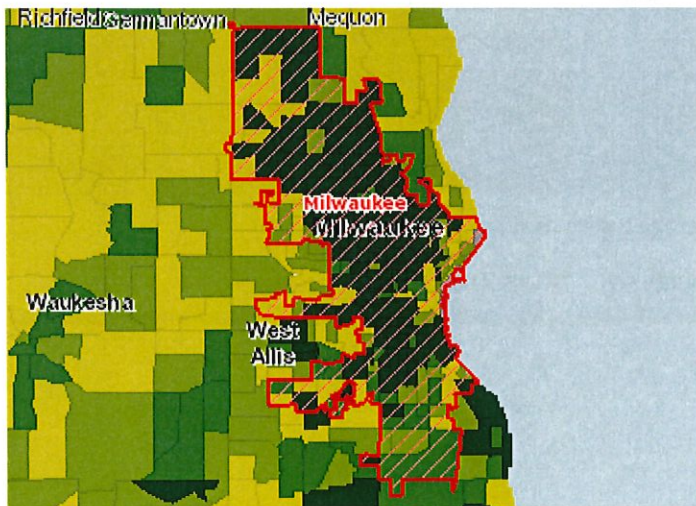
This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Milwaukee County, WI	382,027	10,883	2.85%
Washington County, WI	53,756	656	1.22%
Waukesha County, WI	156,996	1,672	1.06%
Wisconsin	2,328,754	49,398	2.12%
United States	118,825,921	3,041,626	2.56%

Percent Households with Public Assistance Income



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



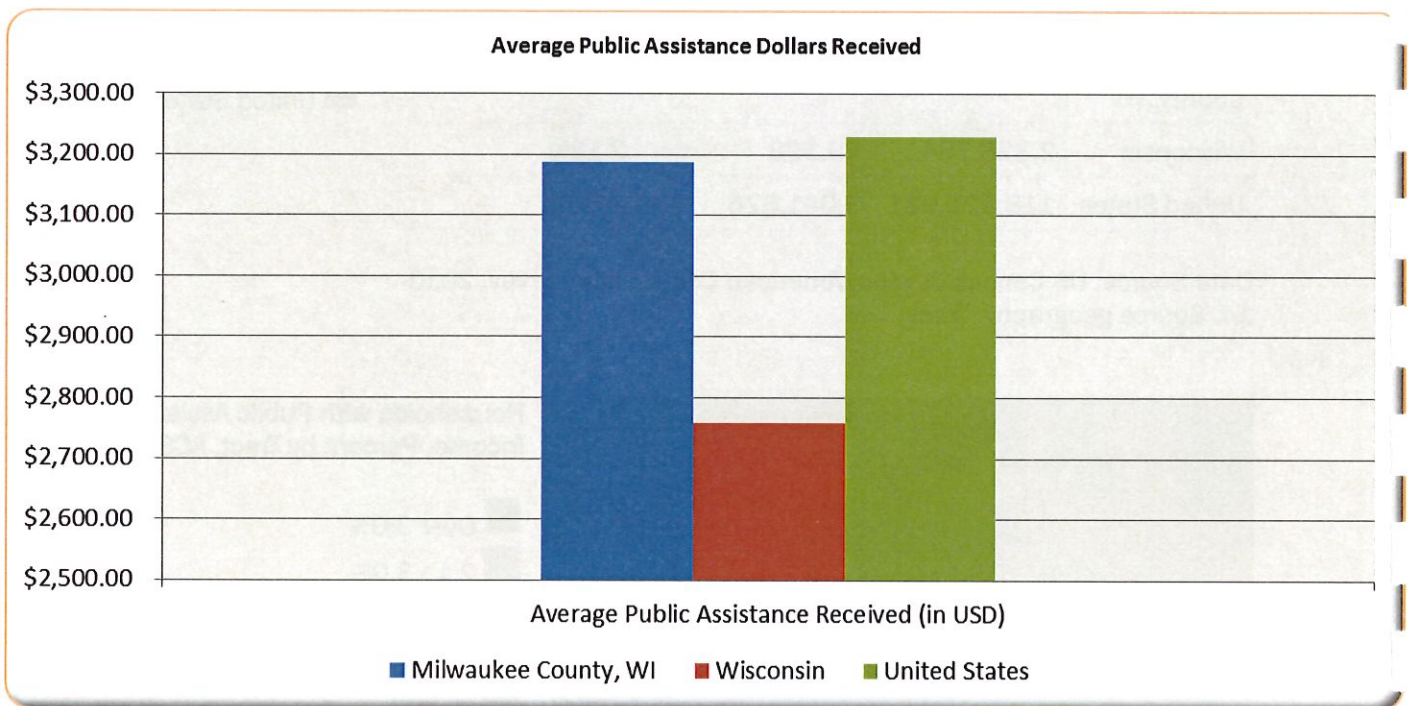
Households with Public Assistance Income, Percent by Tract, ACS 2010-14



SDC 2019 COMMUNITY NEEDS ASSESSMENT

Average Public Assistance Dollars Received

Report Area	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
Milwaukee County, WI	10,883	34,693,200	\$3,187.00
Washington County, WI	656	1,523,200	\$2,321.00
Waukesha County, WI	1,672	5,431,000	\$3,248.00
Wisconsin	49,398	136,278,600	\$2,758.00
United States	3,041,626	9,824,696,900	\$3,230.00



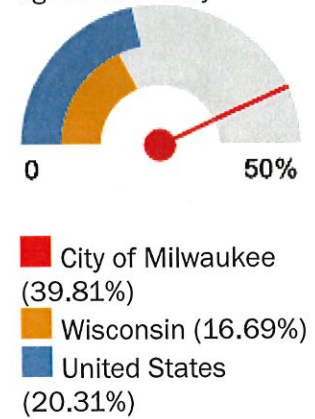
SDC 2019 COMMUNITY NEEDS ASSESMENT

Children in Poverty

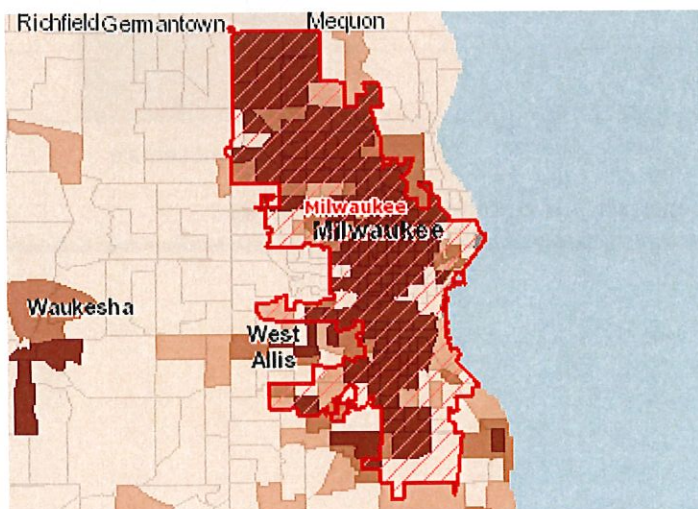
In the report area 39.81% or 61,518 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
City of Milwaukee	582,553	154,525	61,518	39.81%
Milwaukee County, WI	934,232	228,927	69,084	30.18%
Washington County, WI	132,726	30,079	2,027	6.74%
Waukesha County, WI	391,484	86,676	5,167	5.96%
Wisconsin	5,612,611	1,270,239	211,958	16.69%
United States	313,048,563	72,430,017	14,710,485	20.31%

Percent Population Under Age 18 in Poverty



Data Source: US Census Bureau, American Community Survey. 2010-14.
Source geography: Tract



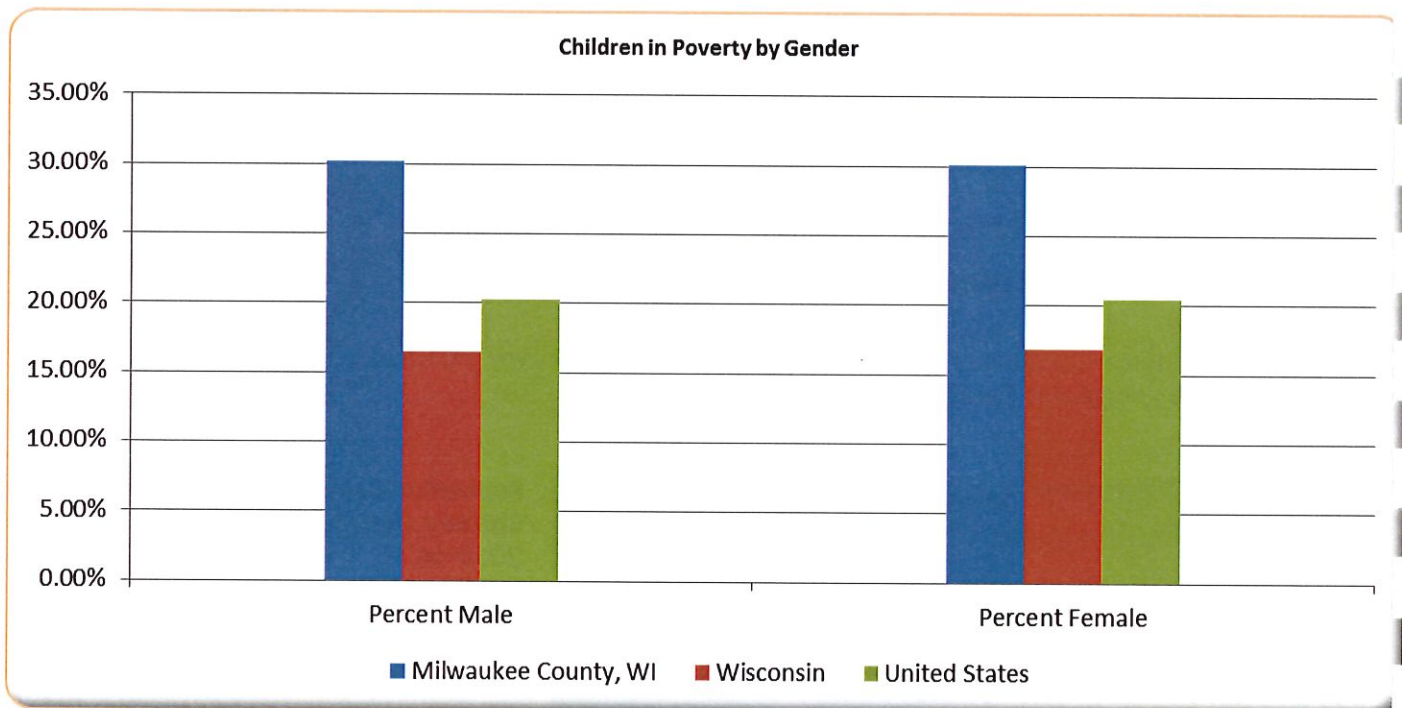
Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2010-14



SDC 2019 COMMUNITY NEEDS ASSESMENT

Children in Poverty by Gender

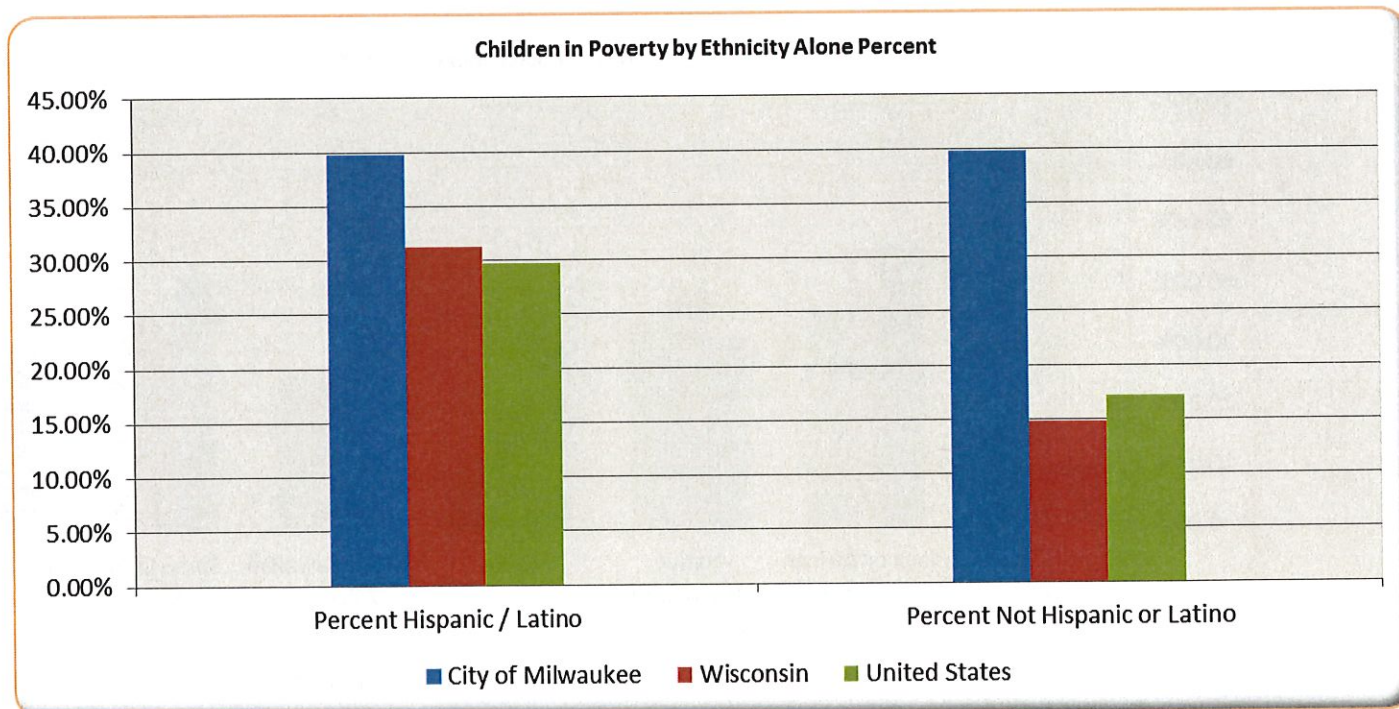
Report Area	Total Male	Total Female	Percent Male	Percent Female
City of Milwaukee	no data	no data	no data	no data
Milwaukee County, WI	35,256	33,828	30.21%	30.14%
Washington County, WI	938	1,089	6.17%	7.32%
Waukesha County, WI	2,698	2,469	6.12%	5.8%
Wisconsin	107,191	104,767	16.51%	16.87%
United States	7,474,519	7,235,966	20.21%	20.42%



SDC 2019 COMMUNITY NEEDS ASSESMENT

Children in Poverty by Ethnicity Alone

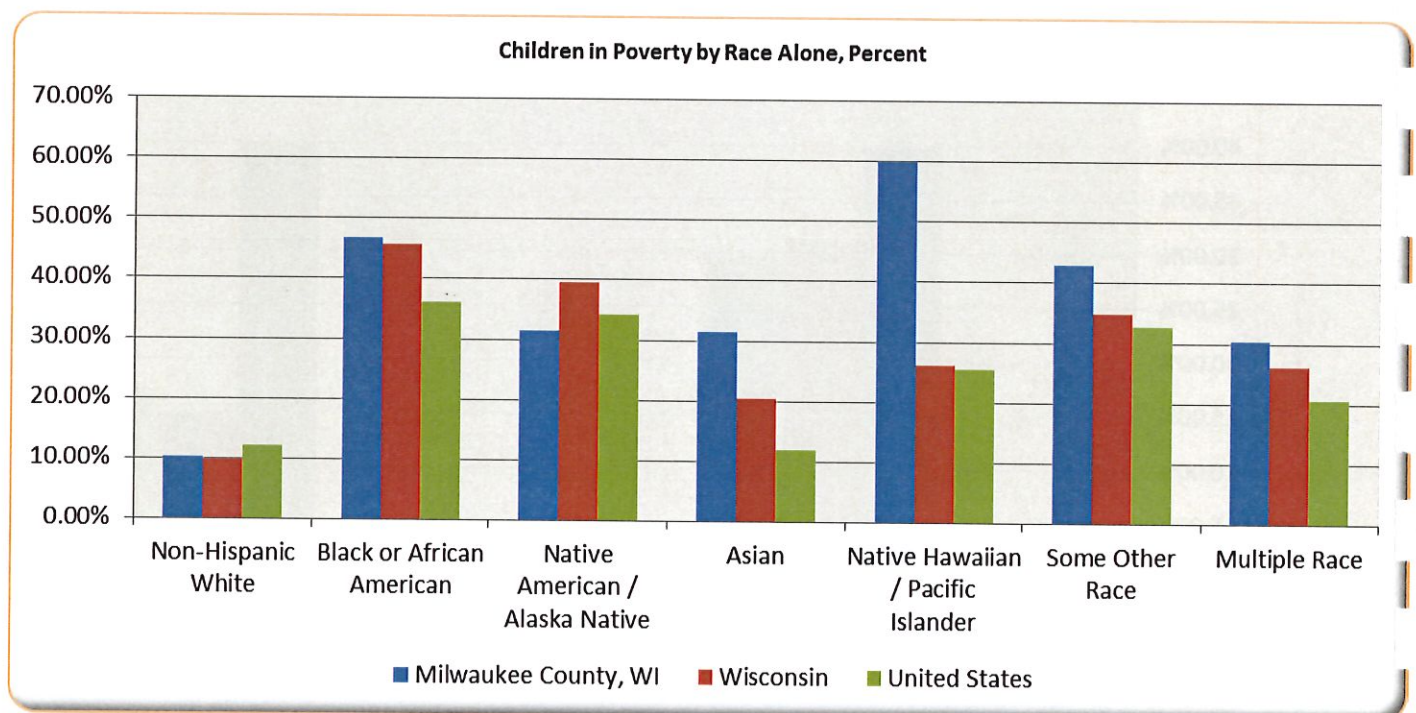
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
City of Milwaukee	16,205	45,313	39.8%	39.82%
Milwaukee County, WI	17,979	51,105	35.02%	28.82%
Washington County, WI	274	1,753	16.09%	6.18%
Waukesha County, WI	1,204	3,963	18.04%	4.95%
Wisconsin	45,683	166,275	31.3%	14.79%
United States	5,322,391	10,175,075	29.74%	17.21%



SDC 2019 COMMUNITY NEEDS ASSESMENT

Children in Poverty by Race Alone, Percent

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Milwaukee County, WI	10.17%	46.88%	31.4%	31.52%	60%	42.95%	30.48%
Washington County, WI	5.82%	1.62%	0%	7.13%	No data	0%	17.72%
Waukesha County, WI	3.85%	40.02%	52.92%	4.95%	No data	17.16%	9.69%
Wisconsin	9.91%	45.65%	39.57%	20.39%	26.23%	34.98%	26.1%
United States	12.18%	36.13%	34.31%	11.86%	25.5%	32.77%	20.63%



Name	Title	Organization
Laurene Gramling Lambach	President and Chief Executive Officer	Interfaith Older Adult Services
Mike Lappen	Administrator	Milwaukee County Behavioral Health Division
Amy Lindner	President	United Way of Greater Milwaukee and Waukesha County
Susan Lloyd	Executive Director	Zilber Family Foundation
Kent Lovern	Chief Deputy District Attorney	Milwaukee County District Attorney's Office
Mary Jo Meyers	Director	Milwaukee County Department of Health and Human Services
Reggie Moore	Director	City of Milwaukee Office of Violence Prevention
Mayhoua Moua	Executive Director	Southeast Asian Educational Development (SEAD) of Wisconsin, Inc.
David Muhammad	Program Manager	City of Milwaukee Office of Violence Prevention
Steve Ohly	Clinic Manager	Aurora Walker's Point Community Clinic
Heather Paradis	Medical Director of Community Services	Children's Hospital of Wisconsin
Paula Penebaker	President and Chief Executive Officer	YWCA Southeast Wisconsin
Carmen Pitre	President and Chief Executive Officer	Sojourner Family Peace Center
Tammy Rivera	Executive Director	Southside Organizing Center
Maria Rodriguez	Resident Services Manager	Housing Authority of the City of Milwaukee
Kathryn Sprague	Aging Resource Center Manager	Milwaukee County Department on Aging
Kenneth J. Sternig	Emergency Medical Services Division Director	Milwaukee County Office of Emergency Management
Melinda Wyant Jansen	Vice President of Programs and Chief Academic Officer	Boys & Girls Clubs of Greater Milwaukee
Natalie Zanoni	Director of Client and Program Services	Milwaukee LGBT Community Center

Focus Groups:

Federally Qualified Health Center (FQHC) Coalition
 Local Health Departments in Milwaukee County
 Free and Community Clinic Collaborative (FC3)

Appendix 3: Crosswalk Between This CHNA Report and 501(r) Requirements

Required Content from Section 501(r) Rules	Found in this Section
Definition of the community served and how it was determined	Our Community
Description of the process and methods used to conduct the assessment: <ul style="list-style-type: none"> - Data and other information used in the assessment - Methods of collecting and analyzing the data/information - Any parties collaborated with or contracted with 	Framework and Data Sources
Description of how the hospital solicited and accounted for input from persons who represent the broad interests of the community <ul style="list-style-type: none"> - Summary of the input - How it was provided - Over what period of time - Names of organizations providing input - Include at least one governmental public health department - Summary of nature and extent of their input - Description of populations being represented (medically underserved, low-income, minority) - Note any written input received on the prior CHNA 	Voice of the Community
Prioritized description of the significant health needs identified Description of the process and criteria used in prioritizing	Priorities for Action
Description of potential resources identified to address the needs	Overview of Priorities
Evaluation of the impact of the actions taken since completing the last CHNA to address the significant health needs in that CHNA	Appendix 1: Progress Report on Results of Previous CHNA Process

Appendix 4: Wisconsin Community Conversations Summary of Themes



Ascension Wisconsin Community Conversations Summary of Themes

Ascension Wisconsin hosted several community conversations in January 2019 to discuss with the community the following question: *“What do we need to work on together to improve the health of our community?”* The World Café method was used to guide the conversations and involved community members discussing three related questions:

1. What does a healthy community look like?
2. In order to create a healthy community, what needs to change?
3. What would you expect to see in the next year to show we are heading in the right direction?

After each question, the table host for each group reported a summary of their conversation to the larger group. Detailed notes were taken during the report-out and any notes taken by the table host or written on the tablecloths by community members were gathered and compiled into a summary document. Consultants with Ujima United, LLC organized, analyzed and coded the summary document to identify themes that emerged across the listening sessions. Themes were organized using the County Health Rankings Model. The following is a summary of the results.

1. What does a healthy community look like?

The answers for the vision of what a healthy community looks like fall across all four main categories of determinants of health (health behaviors, clinical care, social and economic factors and physical environment) and beyond. The themes that are beyond the County Health Ranking model include infrastructure or system issues that either fall within the healthcare organization, i.e. cultural competency, or that fall outside clinical care, i.e. police involvement, ending homelessness. The answers for the vision for health also include partnerships across all these systems.

Health Behaviors: The healthy behaviors’ recommendations revolve around access to and creating the conditions that support healthy behaviors.

- **Access:** to proper nutrition, healthy foods, gyms and exercise areas
- **Education:** on exercise, nutrition and healthy meal preparation
- **Infrastructure:** bilingual health education, culturally and linguistically appropriate training

The health behaviors determinant of health was more prominent in the Ascension St. Francis forums, as well as need for education and the connection to education and infrastructure. Healthy behaviors were less prominent at the Ascension St. Joseph forum, only mentioned 3 times, twice about physical fitness and once for health education.

Clinical Care

- **Access:** easier access to care, quality and affordable care for all, across the lifespan
- **Infrastructure:** Holistic/integrated services, workforce diversity, partnerships with systems outside health care, multilingual services, cultural competency and sensitivity, health literacy, advocacy, support navigating systems and access resources, no duplication of services and belief that health care is a right

The clinical care determinant of health was more prominent in the Ascension St. Francis service area. However, when these topics came up in the Ascension St. Joseph area, it was reflected as infrastructure issues.

Social and Economic Factors

- **Community connectedness:** Neighbors interacting with each other and positive relationships between them, getting along
- **Safety:** in schools, neighborhoods (free of criminal activity, gun violence and homelessness, no speeding traffic) and low incarceration
- Police involved and working well with residents
- Increased support groups
- Increased education
- Low unemployment, low poverty
- Increased communication and activities with and among children
- Engagement, community participation, understand community, proud, respect and conflict resolution

The social and economic factors determinant of health was more prominent in the Ascension St. Joseph area, and the themes reflected more emphasis on economic issues, civic engagement, access to resources. The ideas shared were more conceptual and intangible.

Physical Environment

- Safe environment, playgrounds
- Fresh water, no lead in water or blood
- Clean streets, sidewalks
- Urban gardens, green space
- Grocery stores, healthy foods and no food desserts
- Access to affordable and reliable transportation
- Well-kept/aesthetically pleasing

Most comments during the conversations fell into the four health determinants categories listed above. The only health outcome that was called out during these sessions is mental health.

Infrastructure:

- **Organizational capacity:** health literacy, cultural competence, holistic/integrated services, approach to change, bilingual services and diverse workforce
- **Systems changes to support health:** police involvement, end homelessness
- **Partnerships with:** schools, churches, non-profits, government, etc.
- Systems alignment, interdependence, ownership, accountability, reflective leadership, address biases, vision for healthy community, deliver on promises, work together and intentional approaches to problems
- Different backgrounds, diversity

2. In order to create a healthy community, what needs to change?

The answers for this question emphasized infrastructure changes.

Health Behaviors

- **Mental health:** Decrease trauma; decrease hopelessness and attitude
- Healthy food, education to increase healthy choices, food education for children
- Investment in preventative care; provide people with tools to be healthy
- Earlier involvement in care; education of children

Access to Care

- **Education:** how to navigate healthcare
- **Communication tools:** info for community members to increase awareness
- Youth and senior programs
- Personal attention and focus to patients' levels of understanding and issues/barriers (i.e. transportation)
- Proper follow up education and after seeing a patient
- Investment in preventative care

Social and Economic

- **Investment in economic development;** entrepreneurship; income
- **Safety:** healthy conflict resolution; block watch
- **Community conditions:** segregation; inclusion – everyone's voice heard
- Education
- Job creation and entrepreneurship, jobs, and eliminate poverty
- Meaningful opportunities for 13-22 year-olds; involve youth
- Role models
- Teach advocacy/empower community; invest in community and people
- Sense of community identity

Physical Environment

- Too many corner stores with unhealthy options
- Transportation
- Green space

Infrastructure

- **Leadership changes:** Leaders need to follow through; accountability
- **Partnerships:** Shared problem solving; get people involved/working together; collective ownership (i.e. build park as community); and systems need to incorporate the community
- **Workforce:** Providers need education; hire staff from community
- **Asset-driven model:** lead with what's positive; take pride in community; what's working?
- **Attitude:** take ownership (i.e. neighborhood association, church – knowing resources); open minded/listen
- **Community engagement:** invite community to events; listen to community and follow through; mindset – be open minded and listen to each other; passion is there to serve community; “We should go to them, be more involved; get community together; people involved in decisions should know community
- **Trust:** Ensure community knows follow up on issues/concerns to enhance reputation; more transparency in community investments
- **Health literacy:** using relevant communication tools to spread education
- Channel individual passion into the community; being invested in people
- Incorporate the community in hospital (community events, community uses Ascension facilities, associates educated on community, know patients)
- Purposeful living
- Increase values/morals
- Transparency, community involvement; be visible in changes being made; money going to community – make sure where it's going is understood; what is being done?

3. What changes would you expect to see in the next year to show we are heading in the right direction?

In question 1, Ascension St. Francis had a lot of emphasis on Health Behaviors. However, in reflecting on question 3, the emphasis was on infrastructure issues, as well as Ascension Wisconsin's organizational capacity. While Ascension St. Joseph also had feedback regarding infrastructure and organizational issues, they had more attention placed on mental health, health behaviors and health outcomes (chronic disease management, infant mortality) than did Ascension St. Francis focus groups. Ascension St. Joseph also had more emphasis on the determinants of health than did Ascension St. Francis.

Health Outcomes

- Better quality of life
- Quality of care and improved quality of life

Health Behaviors

Healthy behaviors didn't come up for Ascension St. Francis but did come up for Ascension St. Joseph. As in question 1, the feedback revolved around addressing conditions and infrastructure, rather than disease specific outcomes. The only exception was in the case of mental health and infant mortality, which were called out as specific health outcomes to be addressed.

- **Conditions that support healthy behaviors:** healthy food, fresh food – available closer; space for gym; restrict liquor and tobacco licenses
- **Mental Health:** decrease need for behavioral health; lots of folks walking around with mental illness not getting help
- Infant mortality
- Address lead issues

Clinical Care

The major themes identified were around access and wrap-around services, with a focus on prevention and wellness. Also mentioned was lower ED and hospital stays. Quality of care did not come up as a strong theme.

Access

- **Health Services:** more prevention education; preventative classes; support groups; mental health wrap-around services for pregnant women and fathers; increase urgent care, mental health and dental access; increase primary care; self-care for chronic disease
- **Alternative Delivery:** reduce lead levels in our children, reduce lead levels in MPS; mobile care delivery; increase doulas and pregnancy services, community health workers
- **Navigating:** more advocates to help patients navigate the system, how to access resources; all-inclusive one source to find out about Ascension resources; resource hub; follow-up phone calls; increase community health workers and advocates
- **Invest:** hospitals need to remain in the community; see real investment in community hospitals like Ascension St. Joseph and Ascension St. Francis; community education programs; providing space for exercise
- **Increase Access:** Increased access to affordable, accessible mental health care; communicate health education programs – accessible, easy like yoga; mental health wrap-around services that are accessible; accessibility in healthcare for elderly
- **Holistic:** services that compliment what is at the hospital

Social and Economic

Ascension St. Francis emphasized resources for youth, schools and parents. For Ascension St. Joseph, the themes reflected more emphasis on safety, workforce, community investments, civic engagement, community support and access to resources.

- **Youth:** school changes – more government funding; more health education in schools; more money for local schools for training programs; place for kids to come and hang

out; equal investment in schools; invest in children - encourage community service and engagement (i.e. candy strippers and scholarships)

- **Family & Social Support:** more advocates; people come together and look after each other; parent support groups; activate spaces in community; increase recreational activities; bring things back to the neighborhood; annual health fair; accountable for elderly; refugee programs
- **Investments:** financial commitment to community; equal investment in all schools; ratio of business (i.e, more open than closed); changes on Burleigh (i.e. businesses coming back); fewer vacant stores; increase viable businesses; increase home ownership and decrease absentee landlords; hub or incubator similar to Sherman Phoenix – bring in groups to train; want to know Ascension has a plan to invest in community
- **Employment:** better jobs; workforce development (more college/business incubators); \$15/hour contract workers; increase training for jobs and entrepreneurship; job growth to support families
- **Safety:** decrease crime; stats around decreased crime; decrease drugs, decrease violence; improved police relationships; increase safety; decrease gun violence; decrease incarceration and increase rehab investment
- **Civic Engagement:** need action; disempowerment; political action to support/enhance/incentivize services; increase voter turnout and vet right candidates
- **Address Community Conditions:** dismantling segregation – (most segregated city article), Ascension’s role, partner with businesses, education, etc.; more home owners
- **Positive Attitude:** tell positive stories and celebrate the neighborhood; see positive changes

Physical Environment

- **Beautify:** Foreclosure homes – paint murals; Improve cosmetics; clean up community, clean streets; Partner to ensure clean streets;
- **Safety:** better street lighting; walkable neighborhood
- Access to transportation
- Decrease lead levels
- Improve athletic field Washington/North

Infrastructure

Both hospital campus service areas had strong feedback for infrastructure issues, especially around engagement and organizational changes. The majority of Ascension St. Francis feedback had an emphasis on organizational changes to address, including improved perception; accountability; leadership; cultural and linguistic competencies; and respect for the community served.

Organizational changes

- **Improved Perception:** hospital is an intimidating setting – address by hosting a social mixer event with leaders, RNs and MDs, admission to event would be screening, healthy cooking/dancing; more welcoming staff and environment – patients have left feeling judged; friendly, respectful staff; improve trust; improve community opinion of hospital; friendly environment

- **Accountability:** want to know there's a plan – priorities identified/direction/engagement with other stakeholders and partners; identify partner with regular meetings; implement good ideas; make action plan public for accountability – be open to suggestions; see where things are in a year. Do-able actions to improve health; bed sores – accountability.
- **Transparency:** of community benefits money to ensure nonprofit status
- **Measure Outcomes:** think smaller to see outcomes within next year; start now and build from there
- **Leadership:** leadership from within the community; identify community ambassadors; Ascension be a leader in the community; Ascension can serve as a catalyst – look at existing partnerships; partner together; Ascension St. Joseph is anchor of community
- **Organizational:** cultural & linguistic competency: Spanish-speaking community feeling more welcome; culturally welcoming; cultural training from the top to receptionists; more welcoming staff and environment
- **Respect:** improving trust and opinion of the hospital; people are willing to drive to other parts of town or even out of town to access care that treats them with more respect
- **Build Trust:** Ascension needs to show people what they are going to do before folks buy in and believe

Workforce

- **Pipeline:** money for training pipeline with MATC/UWM; offer trainings/certificates on campus then hire them; increase number of primary care providers
- **Diversity:** hire from neighborhood/community; community organizers in hospital; hire diverse employees at Ascension
- **Ratios:** hiring and staffing ratios that allow workers to also spend time in the community to provide context for the care they are giving
- **Training:** culturally-based and trauma-based training; standard of care – culture of hospital needs to be improve
- **As Employer:** want to come to Ascension St. Joseph (good reputation); Ascension is hub for thriving/sustainable jobs (allow unions)

Community Engagement

- **Forums:** more access to these community forums for people who can't come in person; more community involvement in these types of sessions; follow-up from these meetings (i.e. what came from it?)
- **Diversity Committee** – used to have trainings for staff, did food drives, etc. – need to resurrect it
- **Neighborhood Association** – bigger meetings, more well-known with Ascension involvement; hospital should host neighborhood association meetings quarterly
- **Build Community:** family fun days; social mixer with nurses, doctors, leaders, as precursor to have stronger discussions with community about health (healthy foods, dancing, screenings with information); intergenerational events; community space at Ascension St. Joseph

- **Respect:** listen, awareness; real relationship with those being served
- **Partner with Community:** participants are brought in at the beginning of making change; be a part of decision making – not just asking people for opinions; empower collaborations; engage partners

Communication

- **Open Channels:** information from Ascension on these conversations and how they pick priorities; community awareness of today's discussion; report and follow up from Ascension after all these discussions; ongoing dialogue; advertise Ascension St. Francis – behavioral health, senior meals; conversation with Ascension St. Joseph
- **Communication Tools and Tone:** Social media; billboards of success stories; sharing how a follow-up phone call changed their life; positive publication/press: marketing and messaging – knowing community, preventative ideas; better marketing of programs; more advocacy – no compassion for people without voice; create picture of who is doing what/murals to show change; website as communication site

To learn more about Ascension Wisconsin, visit [ascension.org/wisconsin](https://www.ascension.org/wisconsin)



**Ascension
Columbia St. Mary's Hospital**

2301 North Lake Drive
Milwaukee, WI 53211



**Ascension
St. Francis Hospital**

3237 South 16th Street
Milwaukee, WI 53215



**Ascension
Franklin**

10101 South 27th Street
Franklin, WI 53132



**Ascension
St. Joseph**

5000 West Chambers Street
Milwaukee, WI 53210



**Ascension
Sacred Heart**

Rehabilitation Hospital

2301 North Lake Drive
Milwaukee, WI 53211

3-2019

Milwaukee 53206: The Anatomy of Concentrated Disadvantage in an Inner City Neighborhood, 2000-2017

Marc V. Levine

University of Wisconsin - Milwaukee

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Milwaukee 53206

The Anatomy of Concentrated Disadvantage In an Inner City Neighborhood 2000-2017

Marc V. Levine
University of Wisconsin-Milwaukee
Center for Economic Development
March 2019

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ABOUT THIS STUDY

The author of this study is Marc V. Levine, Professor Emeritus of History, Economic Development, and Urban Studies at the University of Wisconsin-Milwaukee, and founding director of the UWM Center for Economic Development (CED). Research assistance was provided by Catherine Madison and Lisa Heuler Williams of the CED staff, as well as graduate project assistant Shuayee Lee.

The Center for Economic Development is a unit of the College of Letters and Science at the University of Wisconsin-Milwaukee. The College established CED in 1990 to conduct university research on crucial issues in urban economic development, and to provide technical assistance to nonprofit organizations and units of government working to improve the Greater Milwaukee economy. The analysis and conclusions presented in this study are solely those of the author and do not necessarily reflect the views and opinions of UW-Milwaukee, or any of the organizations providing financial support or partnering with the Center.

CED strongly believes that informed public debate is vital to the development of good public policy and effective problem-solving. The Center publishes detailed studies of economic conditions, trends, and policies; shorter briefing papers on economic development issues; and “technical assistance” reports of applied economic analysis. In these ways, as well as in conferences and public lectures sponsored or co-sponsored by the Center, we hope to contribute to public discussion on economic development policy in Greater Milwaukee and in the State of Wisconsin.

Further information about the Center and its publications and activities is available on our web site: www.ced.uwm.edu

EXECUTIVE SUMMARY

Milwaukee's zip code 53206 has come to epitomize the social and economic distress facing inner city neighborhoods in this hypersegregated metropolitan area. "Milwaukee 53206" is a neighborhood of concentrated poverty, pervasive joblessness, plunging incomes, and mass incarceration – a neighborhood of "cumulative disadvantages," each reinforcing the other, that limit economic opportunity and pose daunting challenges for policies of neighborhood revitalization. Although there is evidence that conditions have improved in 53206 since the end of the Great Recession, the gains have been small, the progress painfully slow, and the needs in the neighborhood as acute as ever.

This study presents a comprehensive analysis of what we call the "enduring ecosystem of disadvantage" in Milwaukee 53206, taking stock of current social and economic conditions as well as trends in the neighborhood over the past two decades and beyond. Among the key findings of the study:

Employment:

- For both male and female working-age adults (ages 20-64) living in 53206, the employment rate in 2017 hovered around 50 percent – well below the averages in the city of Milwaukee or the region's suburbs. This, however, marks an improvement since the end of the recession: between 2012 and 2017¹, the employment rate for males in 53206 jumped from 36.3 to 47.3 percent.
- Only 49.7 percent of prime working-age males (ages 25-54) in 53206 were employed in 2017, compared to 89.4 percent in the Milwaukee suburbs. An astonishing 34 percent of 53206 males in their prime working years were not even in the labor force.
- 53206 workers lack full-time, full-year employment: only 46 percent of employed prime-age adults held full-time jobs in 2017, compared to 75 percent in the Milwaukee suburbs, and 69 percent in the city of Milwaukee.
- As is the case across Milwaukee, educational attainment is closely correlated with employment status in 53206: 74 percent of college graduates living in 53206 were employed in 2017, compared to only 25 percent of high school dropouts. But "place matters" in how education influences employment. High school dropouts in 53206 are employed at roughly half the rate of their counterparts in the rest of the city and in the Milwaukee suburbs; the employment rate for high school *dropouts* in the Milwaukee suburbs is *the same* as for 53206 residents with *some college or an associate's degree*; and *high school graduates* in the suburbs are employed at the same rate as *college graduates* in 53206.

¹ All census data labeled "2012" or "2017" used in this report are drawn from the U.S. Bureau of the Census, American Community Survey (ACS), 2008-2012 or 2013-17 five-year pooled sample, the only ACS data available at the zip code level. The ACS pools five years of its annual surveys, to reduce the margin of error present in the one-year surveys.

Earnings:

- Joblessness is pervasive in 53206; but even for those residents who have secured employment, working poverty is omnipresent. Median annual earnings for 53206 workers in 2017 were \$18,541, less than half the median of workers living in the suburbs; among male workers in 53206, annual earnings were less than *one-third* the median of their suburban counterparts.
- Earnings among workers living in 53206 have declined sharply in 53206 since the turn of the century; adjusted for inflation, median earnings for the neighborhood's male workers plunged by over 33 percent.
- Over one-fifth of employed residents of 53206 report income below the poverty level, a level of working poverty that far exceeds the rate elsewhere in Milwaukee. Poverty in 53206 is not simply a function of unemployment or labor force non-participation; among a sizeable component of 53206's *employed* residents, low and declining wages have translated into poverty-level income. The political slogan "making work pay" rings hollow in 53206.
- There is an "educational premium" in 53206 as elsewhere: a college graduate living in the zip code earns two and a half times as much annually as a high school dropout, and 43 percent more than a high school graduate. (These gaps are even greater among male workers viewed separately). But...a *high school dropout* living in Waukesha County earns about the same as a *college graduate* living in 53206.

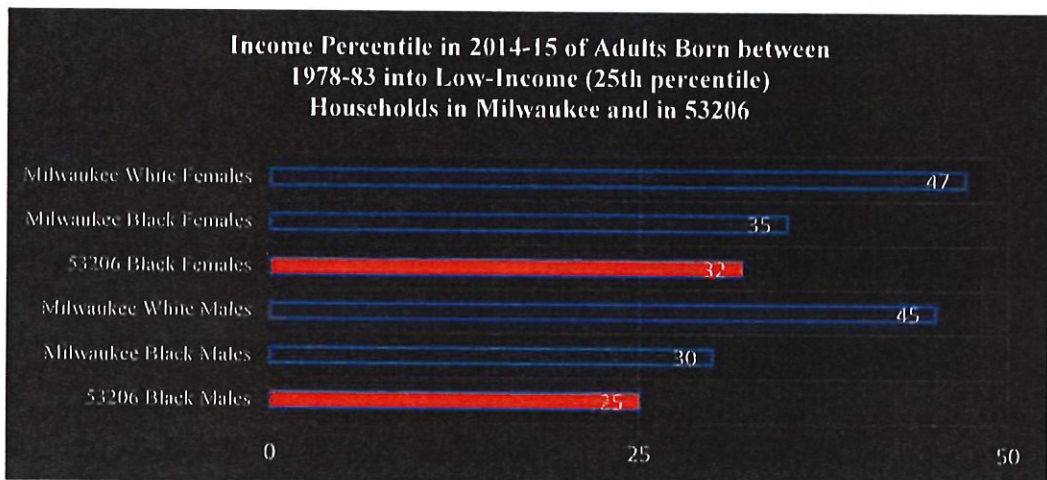
Poverty and Income:

- The poverty rate in 53206 in 2017 was 42.2 percent; this was *six times* greater than the poverty rate in the Milwaukee suburbs. Although the poverty rate in 53206 fell slightly between 2012-2017, it was still slightly higher than it was in 2000; by any reckoning, concentrated poverty remains a persistent, defining feature of the social and economic landscape in Milwaukee 53206.
- The children's poverty rate in 53206 in 2017 was 55.1 percent, an improvement from 66.8 percent in the aftermath of the recession, but still higher than it was in 2000, and much higher than the rest of the city or in the suburbs.
- Median household income in 53206 in 2017 was a little more than one-quarter of the median in Waukesha County, and less than 60 percent of the city of Milwaukee's median.
- Inflation-adjusted household income dropped by 25 percent in 53206 between 2000-2017; it has continued to drop (by 7 percent between 2012-17) even after the end of the recession.

- Poverty and educational attainment are, as expected, correlated in 53206: college graduates are less likely to live in poverty than high school graduates, who are less likely than dropouts to be poor. But when controlling for educational attainment, there are massive disparities in poverty rates between 53206 and elsewhere in Milwaukee. A college graduate residing in 53206 is twice as likely to live in poverty as a comparably educated resident elsewhere in Milwaukee, and *seven times more likely* to live in poverty than a college graduate living in Waukesha County. *Incredibly, there is no statistical difference between the poverty rate for college graduates in 53206 and high school dropouts in Waukesha County.*

Intergenerational Economic Mobility in 53206

- Using a unique data-base of IRS and Census data made available by the Harvard-based “Equality of Opportunity” project, we find that African American males who were born and raised in 53206 in low-income households have experienced, on average, virtually no upward intergenerational economic mobility over the past generation. (There was some very modest upward mobility for black females born in 53206 – but much less than for white females born elsewhere in Milwaukee).
- Black males born in 53206 into households in the 25th percentile of the national income distribution in the late 1970s and early 1980s remained in the 25th percentile in early adulthood (2014-15). By contrast, white males in metro Milwaukee, born into the same “25th percentile” households 30+ years ago rose to the 45th percentile of the national income distribution by young adulthood.
- Put in dollar terms: born into households with identical low incomes 30+ years earlier, the average annual household income of white males born into poor households in metro Milwaukee was more than double that of black males born into poor households in 53206 by the time both reached young adulthood (\$36,477 to \$15,551), a clear racial and neighborhood difference in the trajectory of mobility and opportunity in Greater Milwaukee.



Housing Inequality:

- Homeownership in 53206 lags well behind the rate in Milwaukee's suburbs, and has declined steadily since 2000, from 38.6 to 33.6 percent.
- Over one-quarter of housing units in 53206 were vacant in 2017, more than double the city's vacant housing rate and double the rate in 53206 at the turn of the century. (In the early 1970s, only 5 percent of housing units in 53206 were vacant). Vacant, boarded-up housing is a visceral, physical manifestation of the concentrated socio-economic disadvantages plaguing 53206.
- Low-income renters in 53206 are especially vulnerable to the burden of high housing costs: 61.7 percent of renter households in 53206 faced a "high rent burden" in 2017 as they paid over 35 percent of their income in rent.

Health Insurance:

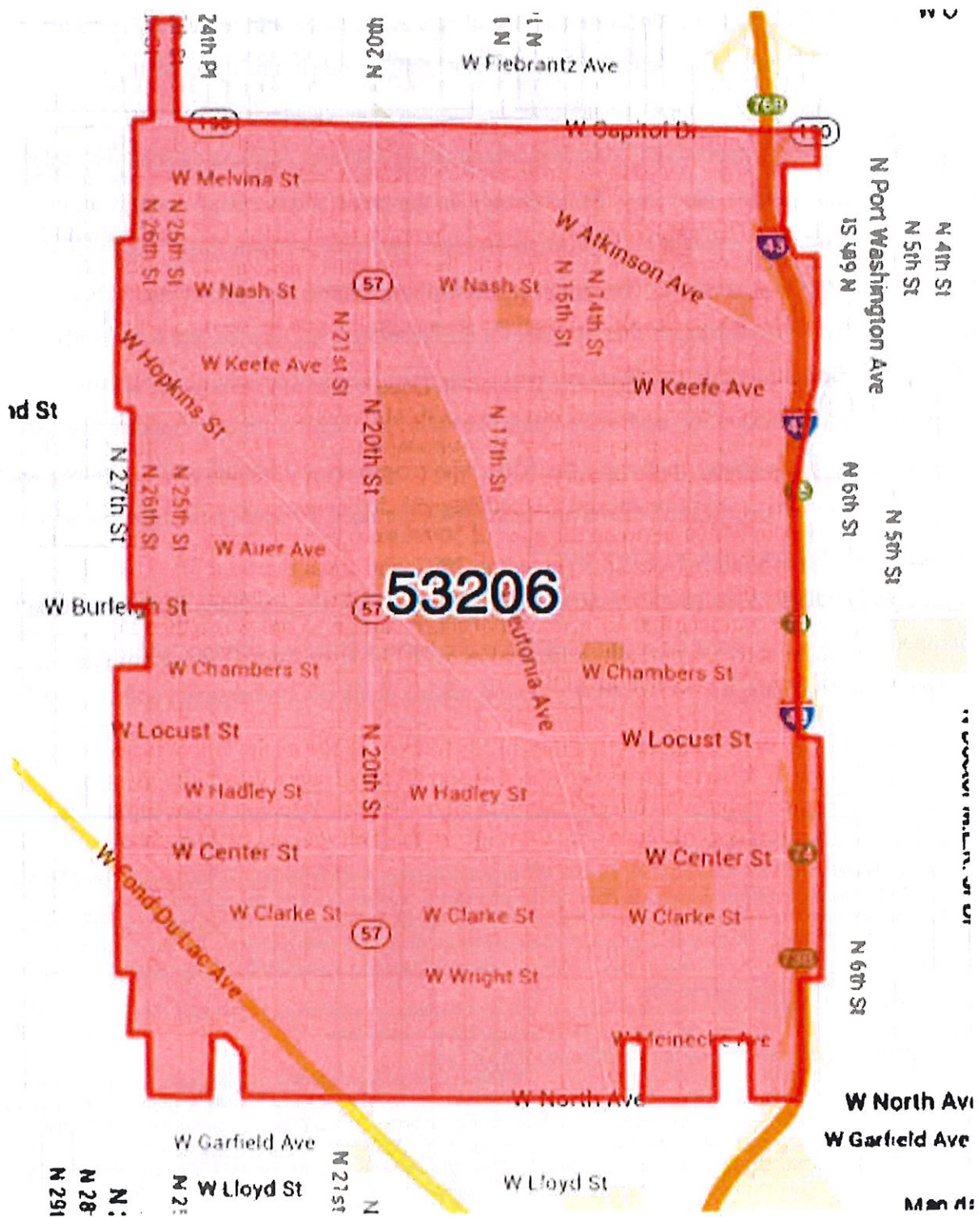
- Although a critical mass of adults in 53206 remain without health insurance, and the uninsured rate in 53206 is triple the rate in the Milwaukee suburbs, the Affordable Care Act has nonetheless reduced significantly the uninsured rate in Milwaukee 53206.
- Among all residents, ages 18-54, the percentage of uninsured dropped from 26.7 percent in 2008-12 to 20.2 percent; among adult males, the percentage without health insurance during that period fell from 41.2 to 28.3 percent.

Incarceration:

- Milwaukee 53206 has drawn considerable media attention in recent years as allegedly "the zip code that incarcerates the highest percentage of black men in America." Although incarceration and ex-offender rates in 53206 are staggeringly high, there is no evidence that these rates are the highest in the nation. We analyzed this question from several angles. Data collected and made available by Brookings Institution researchers shows the percentage of persons in their late 20s and early 30s, by their childhood zip code, who were incarcerated in 2012. "Nashville 37208" headed the list of the most incarcerated zip codes with 14 percent of residents who were born there in the early 1980s and incarcerated in 2012; by this measure, "Milwaukee 53206" posted an incarceration rate under 7 percent which placed it nowhere near the list of the nation's most "carceral" zip codes.
- Other data, made available in the Harvard-based "Opportunity Insights Atlas," enabled us to measure the percentage of black males, born and raised in low-

income households in census tracts located in 53206, who ended up in prison in their late 20s and early 30s. The incarceration rate for these young men ranged from a low of 10 percent in one tract in 53206, to 34 percent in the tract with the highest incarceration rate. Clearly, for young black males growing up in low-income households in 53206, the risk of becoming ensnared in the criminal justice system in the era of mass incarceration has been very high. But, as bad as these percentages are, they are nowhere near the “most incarcerated in the United States.” There were, in 2010, over 250 census tracts in the U.S. that posted higher incarceration rates, by this measure, than the most incarcerated census tract in Milwaukee 53206. The sober reality is that 53206 is one among many U.S. neighborhoods devastated by mass incarceration, and by no means the worst case.

- Finally, using data from the Wisconsin Department of Corrections, we attempted to estimate the percentage of black males in Milwaukee 53206 who were incarcerated or under the active community supervision of the state DOC at three points-in-time since the turn of the century: 2001, 2007, 2013. Our estimate, after grappling with serious data problems and methodological challenges, is that 24.1 percent of black males in 53206 between the ages of 20-64 were in the carceral system in 2013 (down slightly from 28.5 percent in 2007, and about the same level as 2001). Among the most incarcerated age group, black males between the ages of 25 and 34, we estimate that 42.3 percent of this cohort in 53206 was either incarcerated or under active community supervision in 2013 (down from 47.2 percent in 2007, but up from 24.3 percent in 2001).
- Thus, even if characterizations of Milwaukee 53206 as the “most incarcerated” zip code in America are hyperbole, this should not obscure the reality that mass incarceration is an integral component in the “ecosystem” of concentrated disadvantage that continues to weigh on this beleaguered neighborhood.



Sprawling across the city's north side, Milwaukee's zip code 53206² has come to epitomize the social and economic distress facing inner city neighborhoods in this hypersegregated metropolitan area.³ Over the past decade, the enormous challenges facing residents of 53206 – concentrated poverty, pervasive joblessness, plummeting incomes, segregated schools, violence and mass incarceration-- have been painstakingly documented and movingly portrayed, in academic research⁴, newspaper and magazine articles⁵, and even a recent film.⁶ “Milwaukee 53206,” which is 95 percent African American, is a quintessential example of the “concentrated” and “cumulative” disadvantages that overwhelm impoverished, segregated, predominantly African American inner city neighborhoods: the manifold layers of structural and multi-generational racial inequality, each reinforcing the other, that limit economic opportunity for residents and pose daunting challenges for policies of neighborhood revitalization.⁷ As we noted in a 2014 study: “If any area of Milwaukee epitomizes the need for fresh, new departures in economic development policy, it is 53206.”⁸

This study, using the latest data from the U.S. Bureau of the Census along with heretofore untapped data sources, presents a comprehensive analysis of what we call the “enduring ecosystem of disadvantage” in Milwaukee 53206, taking stock of current social and economic

² The precise boundaries of 53206 are: I-43 on the east, 27th street on the west, North Avenue to the south, and Capitol Drive to the north. In Milwaukee neighborhood nomenclature, 53206 most closely corresponds to the Amani neighborhood.

³ On Milwaukee's continuing status as the metropolitan area with the highest level of black-white segregation in the United States, see William H. Frey, “Black-white segregation edges downward since 2000, census shows,” *The Avenue*, Brookings Institution, December 17, 2018. Accessed at: <https://www.brookings.edu/blog/the-avenue/2018/12/17/black-white-segregation-edges-downward-since-2000-census-shows/>

⁴ Marc V. Levine, *Zipcode 53206: A Statistical Snapshot of Inner City Distress in Milwaukee: 2000-2012* (Milwaukee: UWM Digital Commons and UWM Center for Economic Development, 2014). Accessed at: https://dc.uwm.edu/cgi/viewcontent.cgi?article=1006&context=ced_pubs

⁵ Among the many articles on 53206, see: Barbara Miner, “A Closer Look at Zip Code 53206,” *Milwaukee Magazine*, January 28, 2015 (accessed at: <https://www.milwaukeeemag.com/milwaukee-zip-code-53206/>); James Causey, “While many want to leave Wisconsin's most violent Zip code, these residents are staying to make it better,” *The Milwaukee Journal Sentinel*, December 12, 2018 (accessed at: <https://www.jsonline.com/story/news/local/wisconsin/2018/12/12/moving-out-milwaukees-violent-53206-zip-code-isnt-always-answer/2227502002/>); and George Joseph, “How Wisconsin became the home of black incarceration,” *The Atlantic*, August 17, 2016 (accessed at: <https://www.citylab.com/equity/2016/08/how-wisconsin-became-the-home-of-black-incarceration/496130/>).

⁶ The film is the highly lauded, “Milwaukee 53206,” which focuses on the crisis of mass incarceration in the zip code. For an overview, see: <https://www.milwaukee53206.com/>.

⁷ On the consequences of cumulative disadvantage, see, among others: William Julius Wilson, *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy* (Chicago: University of Chicago Press, 1987); Robert Sampson, *The Great American City: Chicago and the Enduring Neighborhood Effect* (Chicago: University of Chicago Press, 2012); and Patrick Sharkey, *Stuck in Place: Urban Neighborhoods and the End of Progress toward Racial Equality* (Chicago: University of Chicago Press, 2013).

⁸ Levine, *Zipcode 53206*, p.2.

conditions as well as trends in the neighborhood over the past two decades and beyond.

Unsurprisingly, conditions remain grim in 53206. For example, in 2017:⁹

- the poverty rate in 53206 was *six times* greater than in the Milwaukee suburbs;¹⁰
- over half of the zip code's children lived in the poverty;
- fewer than half of prime working-age males (ages 25-54) in the neighborhood were employed;
- household incomes in 53206 hit new lows while residents continued to abandon the zip code in droves and the neighborhood experienced massive population loss;
- one-quarter of housing units in the zip code were vacant;
- black children born in 53206—especially black males—have experienced virtually no upward intergenerational economic mobility over the past 35 years;
- over 15 percent of black males in their late 20s and early 30s, born and raised in low-income households in census tracts across 53206, were incarcerated in jail or prison.¹¹

In short, no matter what variable we examine—employment, earnings, income, poverty, education, housing, or incarceration-- the data confirm the persistence of concentrated disadvantage in 53206.

Amidst this bleak landscape, however, are some positive signs in 53206. While economic distress remains unremittingly severe in the zip code, multi-decade decline appears to have bottomed-out during the Great Recession and, on several key indicators, conditions have improved perceptibly in recent years. For example, the children's poverty rate has fallen by 27 percent since 2012, although it remains higher than it was in 2000 and is, by any reckoning, appalling high.¹² The percentage of prime working-age males living in 53206 who are employed jumped by 30 percent between 2012-17, perhaps a sign that the region's tightening overall labor market has at least modestly improved job prospects even in the city's most troubled neighborhood. And thanks to the Affordable Care Act, the percentage of adult males in 53206 without health insurance declined from 41.2 percent to 28.3 percent between 2012 and 2017, with the ranks of the uninsured falling, albeit less dramatically, for women and children as well.

⁹ All census data labeled "2017" used in this report are drawn from the U.S. Bureau of the Census, American Community Survey (ACS), 2013-17 five-year pooled sample, the only ACS data available at the zip code level.

¹⁰ By standard definition, this includes Waukesha, Ozaukee, and Washington counties, as well as the Milwaukee county suburbs.

¹¹ This data, reported below, is from 2010.

¹² The 2012 data in this report are drawn from the American Community Survey, 2008-12 five-year pooled sample.

The post-recession economic recovery, to at least some extent, has taken 53206 along with it on some indicators, although the gains have been small, the progress painfully slow, and the needs in the neighborhood as acute as ever.

EMPLOYMENT AND EARNINGS

In his seminal book, *When Work Disappears*, published over 20 years ago, Harvard sociologist William Julius Wilson famously wrote:

For the first time in the twentieth century most adults in many inner-city ghetto neighborhoods are not working in a typical week. The disappearance of work has adversely affected not only individuals, families, and neighborhoods, but the social life of the city at large as well...Many of today's problems in the inner-city ghetto neighborhoods—crime, family dissolution, welfare, low levels of social organization and so on—are fundamentally a consequence of the disappearance of work.¹³

53206 is an archetype of this neighborhood employment crisis. In the years since Wilson's end of the twentieth century analysis, the employment rate for working age adults in 53206—especially men—has consistently averaged under 50 percent. The “disappearance of work” in 53206 is characterized by not only low employment rates, but by an abundance of low-wage, part-time jobs and high rates of “working poverty;” large numbers of men no longer in the labor force or looking for work; and high rates of employment disability.

Low Employment Rates. The charts below illustrate the key dimensions of the employment crisis of 53206. For both male and female working-age adults (ages of 20-64), the employment rate in 53206 in 2017 hovered around 50 percent, and was markedly lower than the rates in the city of Milwaukee or in the region's suburbs (Charts 1 and 2). Particularly striking was the low employment rate in 53206 for prime working-age males (ages 25-54) in 53206, a key group for economists in measuring the health of labor markets.¹⁴ Only 49.7 percent of prime-age males in 53206 were employed in 2017, compared to 77.4 percent in the city of Milwaukee, and 89.4 percent in the Milwaukee suburbs (Chart 3). An astonishing 34 percent of 53206 males in their

¹³ William Julius Wilson, *When Work Disappears: The World of the New Urban Poor* (New York: Alfred Knopf, 1996), p. xiii. The quotes are spliced together but in context.

¹⁴ The prime-age male employment rate is considered a key indicator because it is less likely than the total adult (ages 20-64) employment rate to be affected by “voluntary” labor market non-participation from such factors as school attendance, homemaking and homecare, or retirement.