





MILWAUKEE HEALTH CARE **PARTNERSHIP**

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Discussion Aims

- Increase awareness of the most recent Community Health Needs Assessment (CHNA) findings
- **Share** the Milwaukee Health Care Partnership's (MHCP) 2025-2026 Plan Priorities to highlight collaborative initiatives
- **Discuss opportunities** to address community health issues



MHCP Mission

The Milwaukee Health Care Partnership is a public / private consortium dedicated to improving health care for low-income, underserved populations in Milwaukee County, with the aim of contributing to improved:

- health outcomes,
- health equity,
- and lowering the total cost of care.

Predominant Focus on Health Care "Access"

- Availability
- Accessibility
- Acceptability
- Care Navigation/Connection

Working collaboratively with others to address prioritized community health issues informed by the CHNA



Background

Launched in 2007 by Health System CEOs

Driving Forces:

- Growing, intractable health care access issues / health needs in Milwaukee
- Well-intentioned, fragmented, discontinuous efforts
- Increasing expectations for health care provider engagement and investments in the face of limited resources
- All Remain Applicable Today

Vision:

- Take a collective, <u>strategic</u> approach to addressing access for low-income, underserved populations
 - Design, Test, Measure, Scale, Sustain
- Avoid duplication, rework, non-strategic coerced efforts
- Improve health outcomes, reduce total *cost*

Core Functions

- Assess and build awareness of community health and health care needs
- Develop and implement a communitywide plan
- Measure and report outcomes
- Evaluate and inform state and local health care policies / practices
- Secure public and private funding for priority initiatives
- Serve as a clearing house for new initiatives
- Support alignment of efforts

Organizational Structure

MILWAUKEE HEALTH CARE

PARTNERSHIP



Milwaukee County

MILWAUKEE HEALTH CARE

PARTNERSHIP

Community Health Needs Assessment



MHCP Core Function:

Assess and build awareness of community health and health care needs

Sponsor Organizations













Milwaukee County CHNA 2024

Community Health Improvement Plans

COMMUNITY HEALTH NEEDS ASSESSMENT

MHCP

- On-line Surveys
- Key Informant Interviews & Focus Groups
- Secondary Data / Health Indicators

LOCAL HEALTH DEPARTMENTS

Additional Community Input: listening sessions, events, etc.







COMMUNITY HEALTH IMPROVEMENT PLAN 2023-2028



2024 Milwaukee County CHNA: Overview

2024 Milwaukee County CHNA includes three sources of data:

- Milwaukee County Community Health Survey, **an online survey taken by 6,265** Milwaukee County residents
- Key Informant Interviews and Focus Groups with input from **36 key informant interviews** and **11 focus groups**
- Health Compass Milwaukee (secondary data indicators)

Data was collected during the summer and fall of 2024 and compiled for analysis and reporting. Presentations and reports were disseminated in spring 2025.



Visit Health Compass Milwaukee Today!



Milwaukee County CHNA 2024

Key Findings: 2024 Framework





2024 Community Health Needs Assessment Framework

Health factors are interconnected with each other and interrelated with all of the top health issues, significantly contributing to the downstream health outcomes.

Health Factors

- Economic Opportunities
- Housing
- Food Security
- Health Care
- Racism & Discrimination

2024 Health Issues





- **Mental Health**
- Substance Use
 - Chronic Disease



Maternal and Child Health

Health Outcomes

- Life Expectancy
- Years of Potential Life Lost
- Heart Disease
- Cancer
- Injury

Health Outcomes

Life Expectancy

Life Expectancy, Milwaukee County

- 10-year Life Expectancy gap between Blacks and Whites (2024)
- ZIP code map of Life Expectancy (LE) highlights areas of high SES having significantly higher LE
- Adjacent or neighboring ZIP codes can have a 10+ years gap: 53211 and 53217 are 83+ years of LE, compared to <73 years of LE in 53209, 53212, 53206



Health Outcomes

Preventable Emergency Department Visits

Preventable emergency department visit rate

Milwaukee, WI and comparison



Created on Metopio | metop.io | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Preventable emergency department visit rate: Annual emergency department visits for preventable conditions per 100,000 residents. Potentially preventable hospitalizations caused by ambulatory care sensitive conditions (those best treated in an outpatient setting). Risk-adjusted by age and sex. This is a Prevention Quality Indicator (PQI #90), a metric for tracking potentially avoidable hospitalizations. All hospital providers, all providers, all providers, all providers, all providers.

Key Findings: **Top Health Issues**





Violence



Created on Metopio | metop.io | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Assault by firearms emergency department visit rate: Annual emergency department visits for assaults with firearms per 100,000 residents. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Assault by firearms emergency department visit rate, Milwaukee County, 2024

511.7

0.0

5.2 per 100,000



Violence

Cost of Violence, Milwaukee City

- National Institute for Criminal Justice Reform (NICJR) calculates economic costs of firearm violence for Milwaukee for fatal and nonfatal shootings
- Fatal shootings total cost is \$2,053,537, and non-fatal shootings total cost is \$644,491 per shooting
- Based on 2024 counts, fatal shooting total cost = \$332,672,994, nonfatal total cost = 411,829,749, and combined = \$744.5 million



Mental Health

Mental Health Emergency Department Rate by Race, Milwaukee County

- Mental health ED rate per 100,000 for illnesses such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders
- Full population: 1,334 per 100,000
- Health disparity: Black residents experience a rate of 2786 compared to 913 for White residents

Mental health emergency department visit rate by Race/Ethnicity, 2020-2024



Created on Metopio | metop.io | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Mental health emergency department visit rate: Annual emergency department visits for mental health per 100,000 residents. Mental health includes illnesses such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders. Does not include alcohol or substance abuse disorders. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Milwaukee County CHNA 2024

Mental Health



Milwaukee County, WI

Created on Metopio | metop.io | Data source: Wisconsin Hospital Association Information Center (WHAIC) (Calculated by Metopio)

Mental health emergency department visit rate: Annual emergency department visits for mental health per 100,000 residents. Mental health includes illnesses such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders. Does not include alcohol or substance abuse disorders. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence. "People around my age that you consider GenZ, are struggling. We are all having to deal with these expectations of our age group while having to act our part in our dying society. We are rapidly becoming the most depressed and zombied age group of all... The technology you have built has given us more selfhatred, unachievable expectations, new mental illnesses and has crushed our sense of communication... Please understand that we are trying our best to find ourselves and it is difficult when the world that we look up to can be so cruel, and we feel we need to go through it alone."

Youth Risk Factor Survey Participant, 2023

Some factors that drive mental health as a health issue include a lack of mental health treatment options, social media, housing, food security, poverty, stigma, affordability, and not having health insurance coverage.

Substance Use

Substance Use Emergency Department Rate by Race, Milwaukee County

- Substance Use ED rate per 100,000 for use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances
- Full population: 10,090 per 100,000
- Health disparity: Black rate of 1,721 compared to 961 for Whites

Substance use emergency department visit rate by Race/Ethnicity, Milwaukee County, WI



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Wisconsin Health Association Information Center (WHAIC) (Calculated by Metopio)

Substance use emergency department visit rate: Annual emergency department visits for substance use per 100,000 residents. Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Substance Use

Overdose Fatalities, Milwaukee County, 2016-2024



"The second issue that clearly we are just trying to get our arms around again has been the overdose deaths. Overdose deaths have also been primarily driven by fentanyl and combinations of fentanyl. But also recently we've seen a return of cocaine related overdose deaths as well."

CHNA Participant, 2024

Similar to mental health, factors that drive substance use as a health issue include lack of access to treatment options, affordability of treatment, readily available access to alcohol and drugs, unmet mental health needs, housing, food security, and poverty.

Chronic Disease

Chronic Disease Prevalence, 2022



Milwaukee County CHNA 2024



- 37% of respondents said affordable healthy food options are not easy to purchase at nearby corner stores, grocery stores, or farmers markets.
- **27%** of respondents listed access to affordable, healthy food as one of the three most important
- 13% of survey respondents reported they sometimes or often had someone living in their home who received emergency food from a church, clinic, food pantry, or food bank, or ate at a soup kitchen.
- **14%** of survey respondents reported they ate less than they felt they should because there wasn't enough money or food.

Self-reported survey data suggest that **18.5%** of residents are current smokers.

Chronic Disease

Type 2 Diabetes Emergency Department Visit Rate, Milwaukee County

- Annual emergency department visits for type 2 diabetes per 100,000 residents.
- Full population 623 per 100,000
- Health Disparity: Highest need ZIP codes with rates of 1,500+, compared to rates
 <300 in high SES ZIP codes.



Maternal and Child Health (MCH)

Infant Mortality Rate, Milwaukee County, 2013-2023



^{72%} of new mothers initiate breastfeeding

- **26%** of births in Milwaukee County are by C-section compared to 32% nationally
- **78%** of babies have some prenatal care in the first trimester prenatal care
- Teen birth rate in Milwaukee County was **6.6** births per 1,000 women in 2023. In 2006, the rate was 32.4.

"Not everyone has a nursery set up at home or a dedicated space for their infant, but what can we work with? How can we work with you in the situation that you're currently in to make sure that your family, that your infant has a safe space to sleep or place to sleep?"

Maternal and Child Health (MCH)

Number of Children Tested for Lead Poisoning, Milwaukee County, 2013-2023



Percent of children with lead poisoning, BLL ≥5µg/dL, Milwaukee County, 2020-2023



Note: the percent of children poisoning is out of the number of children tested, not the total number of children in the census track

Wisconsin Department of Health Services, Environmental Public Health Tracking: Lead Poisoning Data

Key Findings: Health Factors



Health Factors

Economic Opportunities



Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).



Health Factors

Food Security



- **9%** of respondents reported that in the last 12 months, their child/children ate less than they felt they should because there wasn't enough money for food.
- **Over 20%** of respondents reported in the last 12 months that they ate less than they felt they should have because there wasn't enough money for food.

**Responses from survey respondents with at least one child in the home

Created on Health Compass Milwaukee | healthcompassmilwaukee.org | Data source: Map the Meal Gap (Map the Meal Gap 2020)

Food Insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

COMPUTE 2024 CHNA Community Health Survey

Health Factors

Health Care Access



- **11%** of respondents reported there was a time when their children needed medical care or other health services but did not get the services they needed.
- Over 30% of respondents stated the main reason their children did not get the medical/health care services they needed in the past 12 months was too long of a wait to be seen. Almost 20% of respondents reported that the cost was too expensive or they couldn't pay.



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Medicaid & Marketplace Data Updates



Marketplace Enrollees Milwaukee County







MHCP 2025-2026 Plan Priorities

MHCP Core Function:

Develop and implement a communitywide plan



MILWAUKEE HEALTH CARE

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FY 25/26 Plan Priorities

MISSION: Established in 2007, the Milwaukee Health Care Partnership (MHCP) is a public/private consortium dedicated to improving health care for low-income, underserved populations in Milwaukee County with the aim of improving health outcomes, advancing health equity and lowering the total cost of care.

	COVERAGE AND ACCESS	CARE COORDINATION	COMMUNITY HEALTH
	GOAL: Increase availability, accessibility and acceptability of health care programs and services, and ensure underserved individuals secure and maintain adequate and affordable health care coverage	GOAL : Strengthen the health care delivery system through improved coordination, navigation and continuity of care to improve patient outcomes and system efficiency	GOAL: Collaboratively identify and address community health issues for underserved populations
SPONSOR	 Health Insurance Outreach and Enrollment Mitigate potential enrollment declines by supporting local awareness and coordinated strategies in response to potential Medicaid changes via the Milwaukee Enrollment Network (MKEN/CWI) Support enrollment in Marketplace and other insurance options via the Milwaukee Enrollment Network (MKEN/CWI) Primary and Specialty Care Access Strengthen FQHC capacity to provide comprehensive care as a key component of the health care delivery system (WPHCA) Support uninsured and underinsured adults via the Free and Community Clinic Collaborative (FC3) to ensure access to primary, behavioral health and specialty care Continuous improvement of the Specialty Access for the Uninsured Program through enhanced referral and reporting processes, including the exploration of leveraging Epic solutions Support improved reliability and availability of non-acute medical transport Mental and Behavioral Health Access Assess early identification and intervention opportunities to impact upstream drivers of mental health and substance use disorders Improve inpatient and outpatient mental health services for adults and youth Support awareness and optimization of the crisis delivery system and assess the impact of the joint-venture Mental Health Emergency Center (MHEC) 	 Connection to Health Care Increase the number of patients connected to medical, mental health, and substance use disorder services via the Connect to Care Program Assess Connect to Care Program platform improvements, through Epic solutions or other, to improve referral tracking, reporting, bi-directional communication and care transitions for people with complex needs Housing Screening and Connections Improve housing navigation and flexible financial resources for homeless/at-risk patients and families via the Housing is Health Program 	 Community Health Needs Assessment and Planning Disseminate the 2024 CHNA and participate in plan alignment for collective health improvement initiatives Increase utilization of Health Compass Milwaukee and optimize its functionality through the inclusion of additional key community health data, such as mortality data Community Investments Improve the Shared Community Investment Fund allocation strategies, investments, and impact Support the Mental Health Improvement Fund to facilitate increased pledges and a targeted impact (UWGMWC)
PARTICIPATE	 Oral Health Improve access to prevention, emergency and restorative oral health services for adults and youth (CHA) Maternal and Child Health Support the MHD RFP process to assess maternal health coverage, services and programs and to identify collaborative opportunities for improving care delivery and outcomes Participate in cross-sector childhood lead poisoning prevention and intervention initiatives Health Care Policy and Regulations Inform state and local health care policies, programs and payment reforms and improvements (WHA/WPHCA) 	 Immunizations Rebuild the Immunize Milwaukee coalition to support a community-based approach to increase vaccine access and uptake for adults and children 	 Violence Prevention and Intervention Implement prioritized health care sector violence prevention and intervention initiatives Support survivors of domestic violence and sexual assault through supportive and advocacy services Housing Continuum Participate in a cross-sector housing strategy to increase access to emergency housing resources for people with co-occurring housing and health care needs
MONITOR	Federal Health Care Policies, Funding Cuts, Directives Access to Medications/Pharmacy Services	Food Security Mobile Health Resources	Milwaukee Anchor Collaborative (MAC) Public Health Services/Preparedness (PHC)

2025-2026 MHCP Plan Priorities

	COVERAGE AND ACCESS	CARE COORDINATION	COMMUNITY HEALTH
	ensure underserved individuals secure and maintain adequate and affordable health care coverage	GOAL: Strengthen the health care delivery system through improved coordination, navigation and continuity of care to improve patient outcomes and system efficiency	GOAL: Collaboratively identify and address community health issues for underserved populations
MHCP <u>sponsors</u> initiatives by providing strategic leadership and/or financial and operational resources to design, implement, and scale solutions.	 Health Insurance Outreach and Enrollment Mitigate potential enrollment declines by supporting local awareness and coordinated strategies in response to potential Medicaid changes via the Milwaukee Enrollment Network (MKEN/CWI) Support enrollment in Marketplace and other insurance options via the Milwaukee Enrollment Network (MKEN/CWI) Primary and Specialty Care Access Strengthen FQHC capacity to provide comprehensive care as a key component of the health care delivery system (WPHCA) Support uninsured and underinsured adults via the Free and Community Clinic Collaborative (FC3) to ensure access to primary, behavioral health and specialty care Continuous improvement of the Specialty Access for the Uninsured Program through enhanced referral and reporting processes, including the exploration of leveraging Epic solutions Support improved reliability and availability of non-acute medical transport Mental and Behavioral Health Access Improve inpatient and outpatient mental health services for adults and youth Support awareness and optimization of the crisis delivery system and assess the impact of the joint-venture Mental Health Emergency Center (MHEC) 	 Connection to Health Care Increase the number of patients connected to medical, mental health, and substance use disorder services via the Connect to Care Program Assess Connect to Care Program platform improvements, through Epic solutions or other, to improve referral tracking, reporting, bi-directional communication and care transitions for people with complex needs Housing Screening and Connections Improve housing navigation and flexible financial resources for homeless/at-risk patients and families via the Housing is Health Program 	 Community Health Needs Assessment and Planning Disseminate the 2024 CHNA and participate in plan alignment for collective health improvement initiatives Increase utilization of Health Compass MiWaukee and optimize its functionality through the inclusion of additional key community health data, such as mortality data Community Investments Improve the Shared Community Investment Fund allocation strategies, investments, and impact Support the Mental Health Improvement Fund to facilitate increased pledges and a targeted impact (UWGMWC)

2025-2026 MHCP Plan Priorities

MHCP <u>participates</u> in partner and member-led efforts, advancing shared goals and alignment. May also provide financial or in-kind support

MHCP <u>monitors</u> activities and influencing factors to ensure alignment with needs, opportunities, and strategic priorities.

COVERAGE AND ACCESS	CARE COORDINATION	COMMUNITY HEALTH
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Reflection/Discussion



What community health issues are you most concerned about as Milwaukee County Board Supervisors?



What community health issues should we continue to strategically focus on as a collective?