2015-2016 City of Milwaukee
Community Health Assessment

Appendix A

Detailed Methods

Revised March 13, 2016

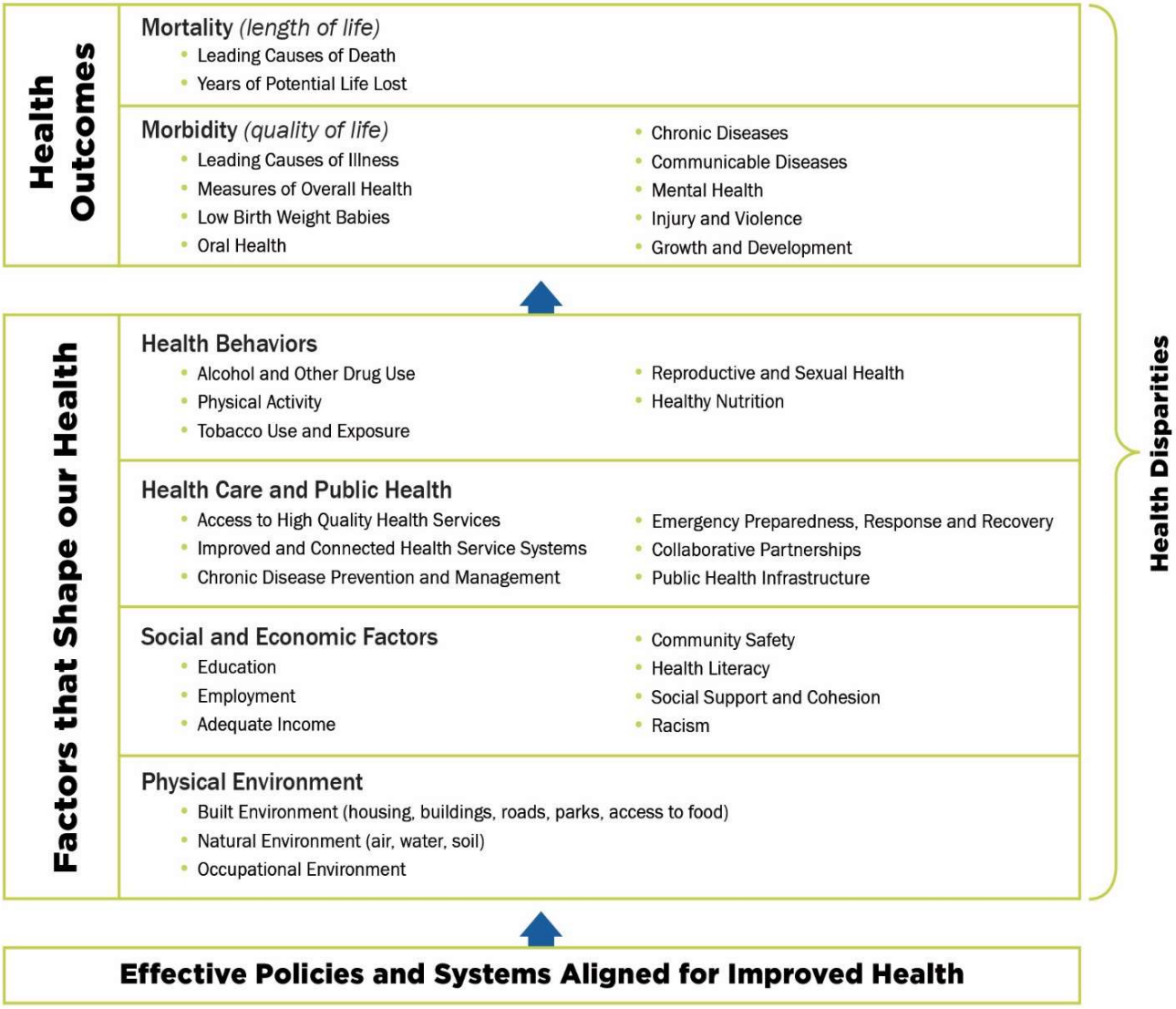
Overview

Community health assessment in the city of Milwaukee is conducted every three years as part of a regional collaboration with the Milwaukee Health Care Partnership (MHCP), a public/private consortium dedicated to improving health care coverage, access, care coordination and community health for underserved populations in Milwaukee County. The MHCP includes area health systems, federally qualified health centers, and local and state public health departments.

Every community health assessment relies on an underlying methodology. In Milwaukee, we chose to use "*Improving the Health of Local Communities: The Wisconsin Way*" (Figure A-1). The Wisconsin Way is a shared framework for community health needs assessment and community health improvement planning developed by Community Health Improvement Processes and Plans (CHIPP) Infrastructure Improvement Project of the Wisconsin Association of Local Health Departments and Boards (WALHDAB). The Wisconsin Way Framework builds upon the County Health Rankings and Roadmaps' model (action cycle) for continual improvement which includes the following core steps:

- Work Together and Communicate: Collaborate with Stakeholders & Community Members
- Assess Needs & Resources
- Focus on What's Important
- Choose Effective Policies & Programs
- Act on What's Important
- Evaluate Actions

Figure A-1: The Wisconsin Way Framework

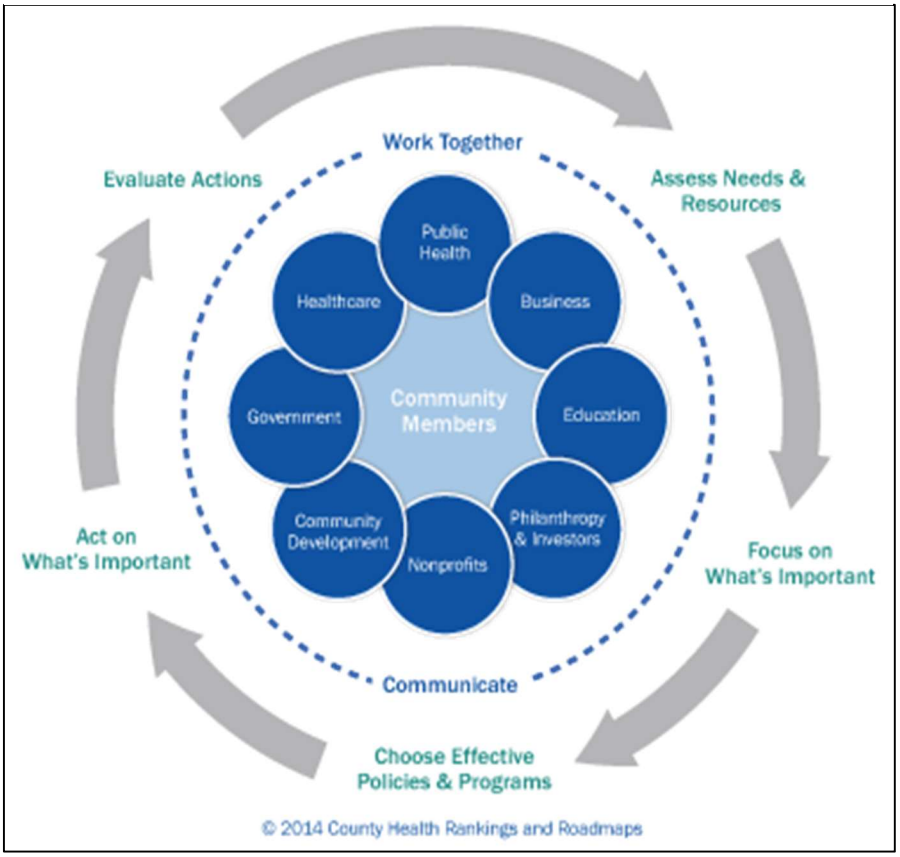


The Wisconsin Way" framework uses measures that represent both health outcomes (morbidity/mortality) and health indicators (health behavior, health care and public health, social and economic factors, and physical environment). Though the outcomes and indicators included represent only a subset of available data, they provide an overall snapshot of the health of Milwaukee residents and provide information necessary to guide community health improvement planning.

While the County Health Rankings and Roadmaps' action cycle (Figure A-2) provides guidance on the steps for community health improvement, the Wisconsin Way framework provides checklists and resources to complete each of the steps. The City of Milwaukee Health Department has selected these two frameworks along with the coalition approach to community engagement to guide the Department's community health strategic planning process.

Note: Numerous other assessment, planning, and evaluation tools will be utilized for various aspects of the action cycle (e.g. asset mapping, collaborative multiplier analysis etc.). Resources will largely be identified from those listed in the Wisconsin Way framework as well as those made available from the CDC, NACCHO and the Community Toolbox (http://ctb.ku.edu/en).

Figure A-2: County Health Rankings and Roadmaps Action Cycle



To assist in selecting goals for inclusion in the CHIP, three distinct perspectives on health priorities are presented. The community's health priorities are identified through primary data (e.g., focus groups, surveys and key informant interviews). National issues are identified through secondary data. The Milwaukee health department's identified issues are also included. See subsequent sections of this appendix for more detail on the methods behind each perspective.

Primary Data

Primary data collected by the contractors of the Milwaukee Health Care Partnership include:

- **Community Health Survey**
  An 18-minute, phone based survey of over 1,200 City of Milwaukee residents was conducted to better understand adult and child health risk factors, health behaviors, and perceptions of pressing community health needs. This survey, originally designed and implemented by Aurora Health Care since 2003, is based on the CDC Behavioral Risk Factor Surveillance Survey. It focuses on access to health care, tobacco and alcohol use, diet, physical activity, cancer prevention, heart health, injury prevention, immunizations, communicable diseases, mental health and chronic disease. The 2015 Milwaukee City Community Health Survey was conducted from March 16 through July 14, 2015. The sampling strategy was two-fold:

  - A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=690).
  - A cell-phone only sample where the person answering the phone was selected as the respondent (n=510).

  In the landline sample, weighting was based on the number of adults in the household and the number of residential phone numbers, excluding fax and computer lines, to take into account the probability of selection. For the cell-phone only sample, it was assumed the respondent was the primary cell phone user. Combined, post-stratification was conducted by sex and age to reflect the 2010 census proportion of these characteristics in the area. With a sample size of 1,200, the margin of error is ±3%. The margin of error is larger for smaller subgroups.

- **Key Informant Interviews**
  Forty civic and health leaders were interviewed and four focus groups were held in order to identify community health needs, contributing social factors, and those organizations best suited to address identified issues. Key informants in Milwaukee county were identified by the MHCP in collaboration with the MHD. The interviews were conducted by Partnership members. The interviewers used a standard interview script ("schedule") that included the following elements:

  - Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan (Healthiest Wisconsin 2020 (HW 2020)), that are the most important issues for the County; and
  - For those five public health issues, listing of:
    - Existing strategies to address the issue
    - Barriers/challenges to addressing the issue
    - Additional strategies needed
    - Key groups in the community that hospitals should partner with to improve community health

Note: *Because participants in the community survey, key informant interview and focus groups were limited by HW 2020 among the issues they were able to select as potential priority issues, and because some obvious potential priorities (e.g., social determinants of health) are not among the core list of HW 2020 focus areas (instead, they are listed as "overarching priorities"), additional community engagement will be undertaken as a final approach to gather input into community priorities and assets.*

A single countywide key informant summary was completed by MHCP with a comparison at the end of the report looking at differences in city versus county findings.

Primary data is also collected by the City of Milwaukee as part of its routine operations. Primary data reviewed and incorporated into the CHA include data generated by the MHD's programs and initiatives as well as indicator data collected by other departments in the City such as violence and crime data collected by the Milwaukee Police Department and license data collected by the City Clerk's Office.

Secondary Data

Secondary data selected for inclusion in the City of Milwaukee CHA is based upon "Improving the Health of Local Communities: The Wisconsin Way" recommended core data set. This core data set is organized around a framework for describing what makes a community healthy. (See Figure A-1) This framework, developed by the Community Health Improvement Plans and Processes (CHIPP) Infrastructure Improvement Project, in collaboration with key stakeholders, provides an explanatory and visual model that incorporates the underlying determinants of health and the health focus areas in Healthiest Wisconsin 2020. This framework builds on the current research about contributors to health and assists local communities in presenting a comprehensive picture of their community and to answer the questions: "How healthy are we?" and "How might we be healthier?" The Wisconsin Way framework expands upon the outcomes and factors included in the County Health Ranking model.

Secondary data included in this report include both data compiled and analyzed by the Center for Urban Population Health as part of its work for the MHCP as well as data generated and compiled by MHD from the following sources:

- CDC Community Health Status Indicators - http://wwwn.cdc.gov/CommunityHealth/
- Community Commons - http://www.communitycommons.org/
- County Health Rankings - http://www.countyhealthrankings.org/
- Federal Bureau of Investigation/U.S. Department of Justice Unified Crime Report - http://www.ucrdatatool.gov/Search/Crime/Crime.cfm
- Health Indicators Warehouse - http://www.healthindicators.gov/
- Healthy People 2020 - http://www.healthypeople.gov/
- National Survey on Drug Use and Health - http://www.samhsa.gov/data/online-analysis-public-use-files/
- U.S. Census and American Community Survey via the American Fact Finder - http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- United States Department of Housing and Urban Development - https://www.huduser.gov/portal/datasets/cp/CHAS/data_querytool_chas.html
- Wisconsin Child Abuse and Neglect Reports - http://www.dcf.wisconsin.gov/cwreview/reports/CAN.htm

- Wisconsin Department of Health Services County Environmental Health Profile - https://www.dhs.wisconsin.gov/epht/profile.htm
- Wisconsin Department of Health Services Public Health Profile - https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm
- Wisconsin Department of Public Instruction School District Report Cards - https://apps2.dpi.wi.gov/sdpr/spr.action
- Wisconsin Electronic Disease Surveillance System
- Wisconsin Immunization Registry - https://www.dhs.wisconsin.gov/immunization/data.htm
- Wisconsin Interactive Statistics on Health (WISH) - https://www.dhs.wisconsin.gov/wish/index.htm
- Youth Behavioral Risk Factor Survey - https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=ML

Preference is given to presenting data for the city of Milwaukee whenever city-specific data is available. However, as several national and state secondary data sources provide data only to the county level, data for Milwaukee county is included for those indicators as a proxy.

Rather than cite each specific source of data as it is used within the CHA, the Milwaukee CHA Data Table in Appendix E provides a listing of each table or figure in the order presented and identifies the data source. Within the CHA Data Table, a description of the measure is provided for additional context. It also provides a listing of time periods and geographic locations (city, county, state, and or national) for which data is presented and the rationale for the selection of the measure.

The U.S. Centers for Disease Control and Prevention's (CDC) Healthy People 2020 set selected health benchmarks, or goals, for all communities to achieve by the year 2020. In the "Assessment Findings" portion of the main CHA document, these health benchmarks are labeled "HP2020." In addition to benchmarking, it is useful to analyze the community's health by comparing current health data with state and national data. Where the information is available, city/county health data is compared with the HP2020 goals. If the data **meets or exceeds** the HP2020 benchmark, then a green checkmark (✔) is shown under "Status." Conversely, if the city/county **falls below** the 2020 goal, then a red x (✘) is shown. If the CDC did not set a HP2020 goal in a specific health indicator, then the city's health information is compared with national data. If national data is not available, then city data is compared to state data. If no information is available under HP2020 or national data, or community data, then "na" is displayed for "not available." For each indicator, WI and U.S. data are listed for the year closest to the most recent city or county level data presented.

Community Asset Mapping

Community asset mapping is a positive approach to building strong communities, developed by John Kretzmann and John McKnight, of the Asset-Based Community Development Institute at Northwestern University in Evanston, Illinois. The Community Asset Mapping process outlined by Kretzmann and McKnight in their guidebook "*Building Communities from the Inside Out: A Path Towards Finding and Mobilizing a Community's Assets*" describes in detail a process to mobilize a community to use its assets to develop a plan to solve its problems and improve residents' quality of life (Kretzmann & McKnight, 1993).

The majority of the primary and secondary assessment data as well as the city-generated data identifies needs (such as poor health outcomes or poor health determinants/indicators), while ignoring the assets that exist in the community. Working solely from a "needs" perspective generally leads to external funds and services being sought to help the community. While these may indeed have positive benefits to community residents, often the result is a fragmented patchwork of services. Many of the services may not be appropriate to the culture and dynamics of that particular community, and do not contribute to building the capacity of the community or

empowering individuals to be self-sufficient. Long-term systematic change is only possible when the community is part of the solution.

Kretzmann and McKnight propose that community developers start with a "clear commitment to discovering a community's capacities and assets." The asset-based approach does not remove the need for outside resources, but makes their use more effective by:

- Starting with what is present in the community
- Concentrating on the agenda-building and problem-solving capacity of the residents
- Stressing local determination, investment, creativity, and control

Beyond developing a simple inventory, this "mapping" process is designed to promote connections or relationships between individuals, between individuals and organizations, and across organizations. Combining community assets creates a synergy that exponentially increases the capacity of the community to meet the needs of its residents (see Appendix F).

Identification of Community Health Priorities for Milwaukee

A CHA typically uses primary and secondary data to characterize health outcomes and determinants, reflect community perspectives, and identify assets of the community. Primary data, which can be both quantitative and qualitative, are collected first-hand through surveys, listening sessions, interviews, and observations. Primary data collection typically is needed to adequately capture the community's perspective. The health priorities listed below reflect the community's perspective of what health issues are of highest priority.

As part of the City of Milwaukee CHA process, identification of community health priorities was completed through two independent processes during primary data collection performed by the MHCP. Both during the key informant interviews/focus groups and again during the community surveys, participants were asked about health priorities. Key informants were asked to rank up to 5 of the major health-related issues from a list of 13 focus areas identified by the Wisconsin State Health Plan. Table A-3 (right) presents the results, including a summary of the number of times an issue was mentioned as a top five health issue, and the number of times an informant ranked the issue as the most important health issue. Importantly, not every informant ranked five issues, and some did not include an order ranking (e.g., included check marks, but no numbers). Those without an order ranking are included as being ranked in the top five, but are excluded from the top issue ranking.

Table A-3. Key Informant Health Priorities

Health Area Focus	Top 5	# 1
Mental Health	31	9
Alcohol and Other Drug Use	29	9
Injury and Violence	22	3
Chronic Disease Prevention and Management	19	4
Access to Health Services	18	5
Physical Activity	17	3
Nutrition	13	1
Reproductive and Sexual Health	11	5
Healthy Growth and Development	11	2
Oral Health	10	0
Communicable Disease Prevention and Control	6	1
Tobacco Use and Exposure	2	0
Environmental and Occupational Health	1	0

Table A-4: Community Survey Key Health Priories by Year

Health Issue	2006	2009	2012	2015
1. Chronic Disease	48%	44%	50%	66%
2. Violence	58%	57%	56%	55%
3. Alcohol or Drug Use	49%	62%	57%	54%
4. Mental Health or Depression	25%	19%	21%	31%
5. Teen Pregnancy	46%	50%	36%	28%
6. Infectious Disease	33%	31%	29%	21%
7. Infant Mortality	7%	15%	20%	10%
8. Lead Poisoning	5%	6%	3%	2%

The top five priority health issues identified by key informants for Milwaukee county during 2015 were 1) mental health, 2) alcohol and other drug use, 3) injury and violence, 4) chronic disease prevention and management and 5) access to health services. The top five issues identified as part of the 2012-2013 interviews were 1) behavioral health, (2) access to health care services, 3) physical activity/overweight and obesity/nutrition; (4) health insurance coverage; and (5) infant mortality. Though the grouping of topics prevents a direct comparison of the two time periods, what is clear is that health priorities among key informants have shifted over the last three years, reflecting changes in our community.

As part of the current Community Health Survey, respondents were asked to pick the top three health issues in Milwaukee out of eight possible choices. Table A-4 summarizes the findings by health issue by year for all eight factors assessed. As in 2012, chronic

disease, violence, alcohol and drug use remain top community health concerns with more than half of participants identifying them as a priority. In 2015, mental health saw a 10 percentage point increase to surpass teen pregnancy and take the number four spot, while the number selecting infant mortality as a priority saw an equivalent percentage point decline.

Though the rankings of the top four issues between key informants and the community survey participants differed, what issues were in the top four were identical. **Chronic disease, violence, alcohol or drug use, and mental health** were identified as the top four priority issues by both key informants and survey respondents.

Identification of Nationally Identified Issues for Milwaukee

Following these community health priorities, nationally identified issues are presented, which reflect where analysis of secondary data indicate disparities in health outcomes and health indicators locally versus the state or nation. These disparities in health indicators and health outcomes are listed by the assessment in which the disparity is identified. A number of these assessment tools, such as the County Health Rankings and Community Health Status Indicator Report, have set methodology built into the tool for identifying health priority areas. When these are used to identify opportunities for improvement, a brief synopsis of the methodology is presented along with the opportunities identified.

As opposed to primary data, secondary data are data that were collected by another entity or for another purpose. Often, these data already are analyzed and transformed into indicators, which can be used to compare rates or trends of community health outcomes and determinants. As such, secondary data can be used to identify disparities or opportunities for community health improvement. For each of the major secondary data sources, an overview of the data source is provided along with select disparities or opportunities identified. What constitutes a disparity or opportunity varies by the secondary dataset. The 3 assessment tools used are described further in the following paragraphs.

Community Health Status Indicators (CHSI) (http://wwwn.cdc.gov/CommunityHealth/)

Several federal agencies including the CDC, the National Institutes of Health/National Library of Medicine, and the Health Resources and Services Administration partnered with non-governmental public health organizations including the Public Health Foundation, the Association of State and Territorial Health Officials (ASTHO), the National Organization of County and City Health Officials (NACCHO), the National Association of Local Boards of Health, and the Johns Hopkins Bloomberg School of Public Health to develop the Community Health Status Indicators (CHSI) project with the Robert Wood Johnson Foundation. The goal of the CHSI project is to provide an overview of key measures of health (average life expectancy, all causes of death, self-rated health status, and average unhealthy days) for local communities and to encourage dialogue about actions that can be taken to improve a community's health. The CHSI report was designed not only for public health professionals but also for those interested in the health of their community. The CHSI report contains over 200 health indicators, including risk factors, personal behaviors, and lifestyle choices for each of the 3,141 United States counties. Each county report permits comparisons of a county's health status with similar "peer counties," with all counties, and with national Healthy People 2020 objectives. The database is accessible and downloadable and community education materials can be generated from the report through the website.

Community Commons (http://www.communitycommons.org/)

The Community Commons Community Health Needs Assessment tool is a free web-based platform designed to assist hospitals, nonprofit organizations, state and local health departments, financial institutions, and other organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being. The tools and resources on this site support a rigorous assessment of the determinants of health and current health status of communities, the identification of resources that exist in communities, and the fostering of public dialogue and collective action at scale. Answers to inquiries are available in multiple forms, including narrative, graphic, and mapping format, building a more complete and easy to interpret set of findings to share with others. The Full Health Indicators Report is a feature particularly useful for community assessments. After selecting one or more counties, the user is presented with indicators for the following:

- Demographics
- Social and economic factors
- Physical environment
- Health behaviors
- Clinical care
- Health outcomes

Community commons compiles data from numerous other sources including the U.S. Census, BRFSS and CDC Wonder (each described subsequently). In addition to stratifying indicators by race/ethnicity or age where available, some indicators are also provided and/or mapped for geographies below the county level. For example, census tract data are available for population density, demographics, linguistically isolated populations, poverty, education, and food deserts.

Community Commons is powered by IP3, a nonprofit organization based in Missouri. Current collaborative partners include United Way Worldwide, Kaiser Permanente, ASTHO, County Health Rankings and Roadmaps, Public Health Institute, CDC, NACCHO, the Robert Graham Center, American Hospital Association (AHA), Community Catalyst, the University of South Maine, the Boston Indicators Project, Centers for Medicare & Medicaid Services, the Kansas Health Institute, the Catholic Health Association, Institute for Healthcare Improvement (IHI), Trinity Health, and the National Business Coalition on Health.

County Health Rankings and Roadmaps: A Healthier Nation County by County (http://www.countyhealthrankings.org/)

The University of Wisconsin's Population Health Institute (UWPHI), with funding from the Robert Wood Johnson Foundation, hosts the County Health Rankings and Roadmaps (Rankings) website. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can make communities healthier places to live, learn, work and play. Annual rankings of counties within each of the 50 states are based on an index of health outcomes (morbidity and mortality) and a related index of modifiable health determinants with measures of health care access and quality, health behavior, socioeconomic factors, and environmental conditions. The Rankings are compiled using county-level measures from various data sources. They are then standardized and combined using scientifically informed weights and finally ranked within each state.

The following sources are three of the original source of data for the County Health Rankings or Community Commons data:

- **U.S. Census Bureau** *(http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml)*
  The U.S. Census Bureau's (Census Bureau) website features over 6,300 data items for the United States, states, and counties from a variety of sources. The Census Bureau surveys the entire population every 10 years and surveys population-based samples in intervening years. The Census Bureau estimates the size of the population by age, sex, race, and Hispanic origin for the nation, states, and counties; estimates the total population of functioning governmental units; and estimates the number of housing units for states and counties annually.
- **The Behavioral Risk Factor Surveillance System (BRFSS)** (http://www.cdc.gov/brfss/smart/smart_2012.html)
  The Behavioral Risk Factor Surveillance System (BRFSS) was created by the CDC to collect information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Surveys are conducted via telephone within each state. The *Selected Metropolitan/Micropolitan Area Risk Trends (SMART)* project was an outgrowth of BRFSS from the burgeoning number of respondents who made it possible to produce prevalence estimates for smaller statistical areas. These areas included metropolitan areas of 50,000 or more inhabitants and micropolitan areas comprised of at least one urban cluster of 10,000-50,000 inhabitants. These *SMART* data can be used to identify trends of emerging health issues within specified local micropolitan and metropolitan areas smaller than the county level.
- **CDC WONDER** *(http://wonder.cdc.gov/)*
  The CDC developed user-friendly, integrated information and communication system, *Wide-ranging Online Data for Epidemiologic Research (WONDER)*, for public health professionals and the public to access the public health information resources of the CDC. *CDC WONDER* is valuable for public health research, decision-making, priority setting, program evaluation, and resource allocation. The user is able to access statistical research data, references, reports and guidelines published by CDC while querying numeric data sets on CDC's computers. The data easily interfaces with desktop applications in several formats.

Note: CDC also has a series of online atlases that can be used to visualize data that can be accessed from the CHSI website while HHS Health Indicators Warehouse http://healthindicators.gov/is a database of high-quality data sources for national, state, and community health indicators linked to evidence-based interventions and provides another option for accessing federal data.

Identification of Milwaukee Health Department Priority Issues for Milwaukee

The final perspective on health priorities is that of the MHD. The MHD selects which broad public health issues to center its resources around based upon the following 5 criteria: a) the magnitude of the public health issue, b) the ability to implement governmental public health interventions to make a measurable impact, c) community concern, d) mandated responsibility, and e) availability of community resources to address the issue.

Based on those criteria, MHD's four priority issues included in this CHA are:

- Childhood lead poisoning prevention
- Healthy birth outcomes (including preterm birth, low birthweight, infant mortality, and stillbirth)
- Sexually transmitted infections
- Teen pregnancy