



CITY OF MILWAUKEE
HEALTH DEPARTMENT

2025

**COMMUNITY HEALTH
ASSESSMENT**



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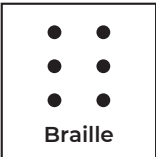


Table of Contents

- Letter From the Commissioner 4
- Letter From the Board of Health 5
- Acknowledgments 6
- City of Milwaukee Health Department Overview 7
- Executive Summary 9

- WHO WE ARE: A SNAPSHOT OF MILWAUKEE**
- Demographics Overview 13
- Life Expectancy 17

- COMMUNITY HEALTH ASSESSMENT OVERVIEW**
- Our Process 22

- SOCIAL DETERMINANTS OF HEALTH**
- Education Access and Quality 27
- Economic Stability 28
- Healthcare Access and Quality 30
- Neighborhood and Built Environment 33
- Social and Community Context 38

- HEALTH OUTCOMES**
- Chronic Disease 39
- Maternal and Child Health 41
- Mental Health 45
- Substance Use 46
- Violence and Injury 49

- NEXT STEPS** 55

- SOURCES** 56

- APPENDIX**
- Survey Findings Overview 57
- Focus Group Findings Overview 61
- Focus Groups and Key Informant List 63
- Leading Causes of death: Data Breakdown 65
- Asset Maps 68

Letter From the Commissioner of Health

Dear Milwaukee,

It is my honor to present the 2025 City of Milwaukee Community Health Assessment (CHA). This comprehensive report looks at the health and well-being of our residents and the many conditions that shape it. It reflects data and indicators, and also the lived experiences of thousands of Milwaukeeans who shared their stories, priorities, and hopes for a healthier city. In the following pages, you will find an informative tool for planning and responding to the priority health needs of our community.

The CHA highlights both our progress and our persistent challenges. While the report tracks improvements in several areas, it's clear Milwaukee continues to face deep disparities tied to race, income, and neighborhood. The findings support the fact that health is about far more than medical care, it is about access to safe housing, good jobs, nutritious food, mental health support, and neighborhoods where people feel safe and connected.

This year's CHA represents a new level of partnership and alignment. For the first time, the City of Milwaukee Health Department worked in full coordination with local hospital systems, the Milwaukee Health Care Partnership, and the Milwaukee County Department of Health and Human Services to collect and analyze data on the same timeline. Our local public health system thrives in partnership, and addressing the health priorities outlined in this CHA will require collaboration between local government, partner organizations and community members alike. This shared effort means we are all working from the same understanding of what our community needs.

Our work does not end with this assessment. The CHA is the foundation for the Community Health Improvement Plan (CHIP), which is a collective roadmap to make measurable progress in the years ahead. In 2026, MHD will meet with residents across the city to discuss these findings and set priorities together.

Milwaukee's strength lies in its people and in our shared commitment to care for one another. It lies in us challenging inequities and building systems that work for everyone. I invite you to read this report, engage with the data, and join MHD as we continue working to build a city where every person has the opportunity to live, work, and play in health and well-being.

With gratitude and partnership,



Michael Totoraitis, PhD

Commissioner of Health

City of Milwaukee Health Department

Letter From the Board of Health

Dear Milwaukee Residents and Partners,

The Milwaukee Board of Health is proud to endorse the 2025 Community Health Assessment (CHA) and commend the City of Milwaukee Health Department for its leadership in bringing together data, community voices, and partners from across the city to better understand Milwaukee's health.

The CHA provides an unflinching look at the factors that influence well-being, from safe housing and neighborhood conditions to mental health, chronic disease, and economic opportunity. Its findings underscore what our community has long known: health is shaped by where we live, learn, work, and play, and it is our shared responsibility to ensure those environments support every resident.

The Board of Health also recognize the strength of collaboration reflected in this report. By aligning its CHA timeline with the Milwaukee Health Care Partnership and Milwaukee County Department of Health and Human Services, the City of Milwaukee Health Department has built a strong foundation for coordinated, data-informed action across the city and county.

As the CHA transitions into its next phase, the Community Health Improvement Plan (CHIP), the Board of Health stands ready to support its implementation. We encourage all residents, community organizations, and local institutions to take part in shaping and advancing the priorities outlined in this report. Together, we can make Milwaukee a healthier, safer, and more equitable place for all who call it home.

With respect and commitment,

Milwaukee Board of Health

Wujie Zhang, PhD - Board Chair

Tahira Malik - Vice Chair

Ruthie Burich-Weatherly

Caroline Gómez-Tom

Ian B. K. Martin, M.D., M.B.A., FACEP, FAAEM

Ericka Sinclair

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Penelope Stewart

Acknowledgements

Conducting a large-scale Community Health Assessment (CHA) of the size and scope detailed in this report would not have been possible without the contributions of many dedicated individuals and organizations. The City of Milwaukee Health Department (MHD) extends its heartfelt gratitude to all who participated in the development of this document.

Over the past year, MHD was part of a collaborative effort to create a Community Health Needs Assessment (CHNA) for the healthcare systems in our county. The following organizations, as part of the Milwaukee Health Care Partnership, were instrumental in contributing to the completion of this report:

Ascension Wisconsin

**Milwaukee County
Department of Health
& Human Services**

Aurora Health Care

Froedtert Health
Aziz Abdullah
Co-Founder, INPOWER

Children's Wisconsin

David Frazer
Director, Center for
Urban Population Health

We are deeply thankful to our partners and stakeholders who shared invaluable insights during focus groups and key stakeholder interviews. We also wish to express our sincere appreciation to the community members who participated in the CHA survey, focus groups held throughout the city, and key informant interviews.

Additionally, we would like to recognize the dedicated team of MHD staff members whose hard work and commitment were essential to the creation of this CHA. Their contributions reflect a collective effort to improve the health and well-being of our community:

Dominique Hyatt-Oates
Deputy Commissioner, Policy,
Innovation and Equity

Ali Tahler-Reed
Health Data & Evaluation Director

Sivani Manchu
Senior Epidemiologist

Cait McCrory
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Caroline Reinwald
Marketing, Communications, and Public
Health Information Officer

Christopher Trejo
Graphic Designer

Nateya Taylor
Marketing & Communications Coordinator

Ulisa Blakely
Marketing & Communications Coordinator

Thank you to everyone involved in this collaborative process for your time, effort, and dedication to improving the health of our community.

City of Milwaukee Health Department Overview

KEEPING MILWAUKEE HEALTHY SINCE 1867

For over 150 years, the City of Milwaukee Health Department has committed to protecting and improving the health of everyone who lives, works, and plays in our city. We work alongside residents, partners, and local leaders to ensure every person has an equal opportunity to be healthy. Today, as the largest local health department in Wisconsin, MHD now serves nearly 600,000 residents through direct services, evidence-based programs, community partnerships, and policy development. **While our programs have evolved over time, our mission remains the same: to build safe, healthy, and equitable communities where everyone can thrive!**

WE CENTER OUR WORK AROUND 4 CORE GOALS

- Control and prevent disease
- Promote health and wellbeing across a person's entire lifespan
- Ensure safe and healthy living environments
- Conduct public health planning and policy development

VISION

Living your best life, Milwaukee.

MISSION

Advance the health and equity of Milwaukee through science, innovation, and leadership.

OUR VALUES

Innovation: We believe in nurturing creativity and new ideas that challenge us to do our everyday work better.

Equity: We acknowledge historic and current injustices in Milwaukee and strive to create a community where everyone has an equal opportunity to be healthy.

Collaboration: We convene community members, partners, and elected officials to meet the needs of our community.

Courage: Our teams take strategic risks with bold initiatives to advocate for and prioritize the needs of our community.

Accountability: MHD acts with integrity and transparency to advance the health of our communities.

Quality: We continuously improve and adapt our processes to create sustainable and positive health outcomes.

STRUCTURE

The City of Milwaukee Health Department consists of 5 branches. These branches are broken down into several of their own sub-programs and special initiatives.

Four of the branches are managed by Deputy Commissioners, who serve as cornerstones to the foundation of MHD, and are also trained to serve in an “on-call rotation” capacity to the Commissioner of Health.

The need for this backup support was realized during the leadership changes of early 2018. MHD is aiming to address these gaps in order to enhance our ability to provide essential public health services per the state of Wisconsin and federal laws and regulations.

Commissioner's Office	Family and Community Health (FCH)	Environmental Health	Clinical Services	Policy, Innovation, and Equity (PIE)
Administration and Human Resources	BOMB Doula program	Consumer Environmental Health (CEH)	Communicable Disease (CD)	Data and Evaluation
Finance	Community Healthcare Access Program (CHAP)	Emergency Preparedness Environmental Health (EPEH)	MKE Breast and Cervical Cancer Awareness Program (MBCCAP)	Marketing and Communications
Vital Records	EFM / DAD Project	Home Environmental Health (HEH)	Sexual and Reproductive Health (SRH)	Public Health Strategy
Workforce Development	Newborn Screening		MKE Health Department Lab (MHDL)	Fetal Infant Mortality Review (FIMR)
	Safe Sleep / Strong Baby		Scales Neighborhood Nursing	
	Women, Infants, and Children (WIC)			

Executive Summary



PURPOSE

The 2025 City of Milwaukee Community Health Assessment (CHA) provides a comprehensive look at the health and well-being of residents and the conditions that influence it. By combining data with community voices, the CHA identifies both strengths and challenges that shape health in Milwaukee. The findings help guide local programs, partnerships, and policies that **promote health equity across all neighborhoods.**

VISION

The Milwaukee Community Health Assessment aims to make data accessible to residents, community-based organizations, and partners, empowering them to work together and build on the strengths that already exist in our city. By using data to improve systems, address barriers, and expand opportunities, **Milwaukee can become a place where everyone has the chance to live, work, and play in health and well-being.**

LEADERSHIP

The City of Milwaukee Health Department (MHD) led the CHA in partnership with the Milwaukee Health Care Partnership (MHCP), hospitals, local government agencies, and nonprofit organizations. For the first time, MHD aligned its CHA timeline and data collection with hospital Community Health Needs Assessments (CHNAs) and the Milwaukee County Department of Health and Human Services (DHHS). **This alignment ensures all partners are working from the same data to better serve Milwaukee residents.**

ABOUT THE COMMUNITY HEALTH ASSESSMENT

The CHA followed the **MAPP 2.0** (Mobilizing for Action through Planning and Partnerships) framework, a national approach for understanding and improving community health.

The process happened in three main steps:



BUILDING THE FOUNDATION

Making sure the right partners and community voices were at the table, especially from groups that are often underrepresented, such as refugees, residents with disabilities, American Indian community members, and Black men.



TELLING THE COMMUNITY'S STORY

Gathering information through 3,400 community surveys, 46 interviews, and 14 focus groups to understand health challenges and strengths from residents' perspectives.



CONTINUOUS LEARNING

Reviewing data, identifying disparities, and sharing findings with residents and partners to spark discussion and collective learning.

WHAT SHAPES HEALTH IN MILWAUKEE?

Health is about more than healthcare.

It's also about the places where people live, work, learn, and play. Community members described many factors that make a healthy Milwaukee, from access to mental health care and nutritious food to clean air, safe housing, and reliable transportation.

These everyday conditions form the foundation for physical, mental, and social well-being.



KEY THEMES OF THE CHA

COMMUNITY SAFETY

Violence and injury remain leading causes of premature death and disability in Milwaukee. Unintentional injuries such as overdoses, falls, and crashes are the top cause of death for residents ages 1–44. Homicides, shootings, and domestic violence continue to deeply affect families and neighborhoods. Residents across focus groups shared how fear of gun violence and reckless driving affects their sense of safety and limits outdoor activity.

EDUCATION

In Milwaukee, White residents are more than twice as likely as Black or Hispanic residents to have completed a four-year college degree. These gaps limit job opportunities, income, and access to health information.

HOUSING AND STABILITY

Housing and healthcare are deeply intertwined. In Milwaukee, about one-third of families of color own their homes, compared to much higher rates in surrounding areas. Focus group participants described mold, fire hazards, and fear of eviction as daily stressors that impact both physical and mental health.

LIFE EXPECTANCY

Life expectancy in Milwaukee fell sharply during the COVID-19 pandemic and is now slowly recovering, though progress has been uneven. Unintentional overdoses, especially from synthetic opioids like fentanyl, are now the main cause of lost years of life, making up nearly 20% of all years lost in 2023. Each overdose shortened a life by about 27 years on average, while firearm homicides accounted for about 10% of years lost, with an average of 44 years lost per person. These losses highlight how substance use and violence continue to take lives to soon in Milwaukee.

HEALTH PRIORITIES

Based on community input and health indicator data, **five priority health areas emerged:**



CHRONIC DISEASE



MATERNAL AND CHILD HEALTH



MENTAL HEALTH



SUBSTANCE USE



VIOLENCE AND INJURY

ECONOMIC STABILITY

Milwaukee continues to face deep economic gaps. While unemployment has improved overall, White residents have the lowest unemployment rates, and Black and Hispanic residents face much higher rates of poverty. Children and older adults are especially likely to live below the poverty line.

HEALTH OUTCOMES

Everyday stressors can have a cumulative impact. Some health indicators are improving, but serious inequities remain. From 2019 to 2022, two-thirds (66%) of all infant deaths were among non-Hispanic Black infants, even as overall infant mortality declined. These disparities reflect ongoing inequities in healthcare access, stress, and living conditions.

HEALTHCARE ACCESS

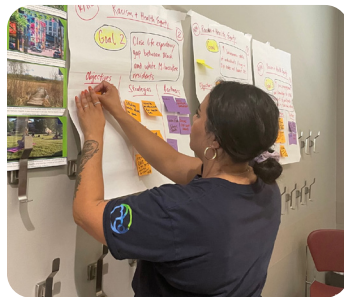
Healthcare is available in our city, but it is not the same for everyone. Most residents have health insurance, but many still face barriers to care. Hispanic/Latino residents have the highest uninsured rate (21%), compared with 13% of Black residents and 4.7% of White residents. About 1 in 10 adults said they skipped care because of cost, and 15% said they don't have a regular healthcare provider. Others may skip care because of lack of transportation or childcare.

MENTAL HEALTH AND WELL-BEING

Stigma and other barriers can make it harder to seek help when needed. Nearly 1 in 5 adults report frequent mental distress, meaning they experienced poor mental health for two or more weeks in the past month. About 30% of residents reported being told by a doctor or nurse that they have a mental health condition. Community members also described challenges such as stigma, long waits for care, and isolation, especially among people with disabilities and older adults.

WHAT COMES NEXT?

The results of the CHA will inform public health programs and initiatives for the next few years. In addition, the CHA is part of an ongoing process of learning and doing for the whole community. The next step in this process is to develop a Community Health Improvement Plan (CHIP) to address the most important health issues affecting our community.



The CHIP is a collaborative, community-wide, long-term plan to address health priorities and make sure all people have what they need to be healthy and well. In 2026, people and organizations throughout the city will continue to work together to implement plans to help address our community's health goals and objectives. People and groups involved with the CHIP will continue to meet on a regular basis to monitor how the plan is being implemented and the results. Progress on the CHIP will be shared broadly each year.



Our Health. Our Community. Our Future

Visit us online to learn more!

milwaukee.gov/elevate

Who We Are: A Snapshot of Milwaukee

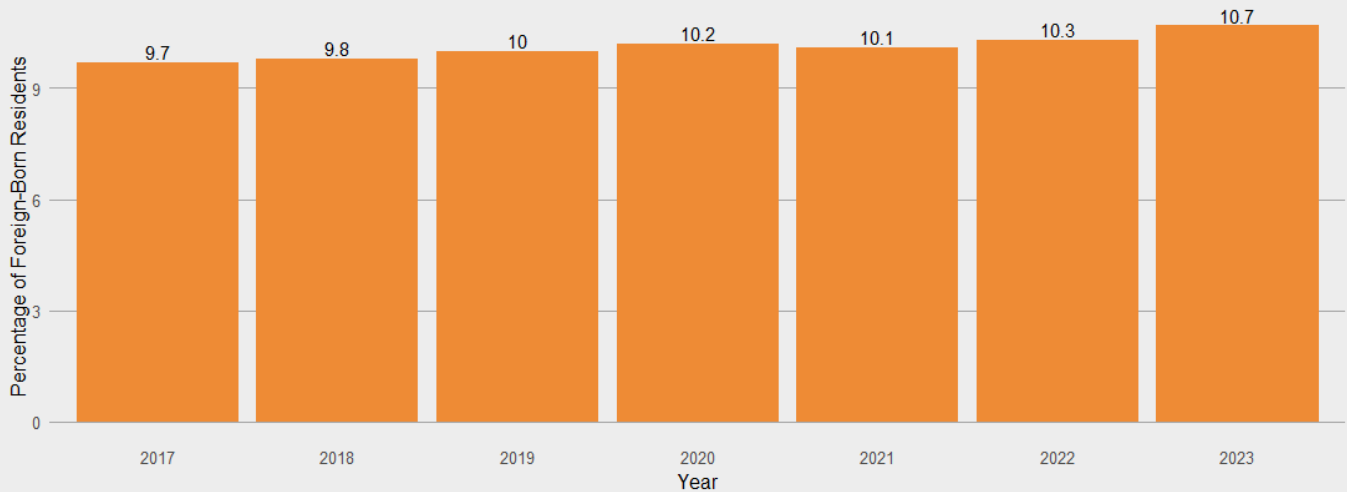
Demographics Overview

Everyone should have the opportunity to live a healthy life. To understand what supports or challenges health in Milwaukee, it's important to look at who lives here and what life looks like for different communities. Factors such as age, race and ethnicity, income, language, and education all play a role in shaping health and opportunity.

POPULATION

As of 2024, Milwaukee is home to about 563,500 residents¹, making it the most populated city in Wisconsin. While the city's total population has decreased by about 6% over the past decade, the number of foreign-born residents has steadily grown since 2017.

Percentage of Foreign-Born Milwaukee Residents by Year

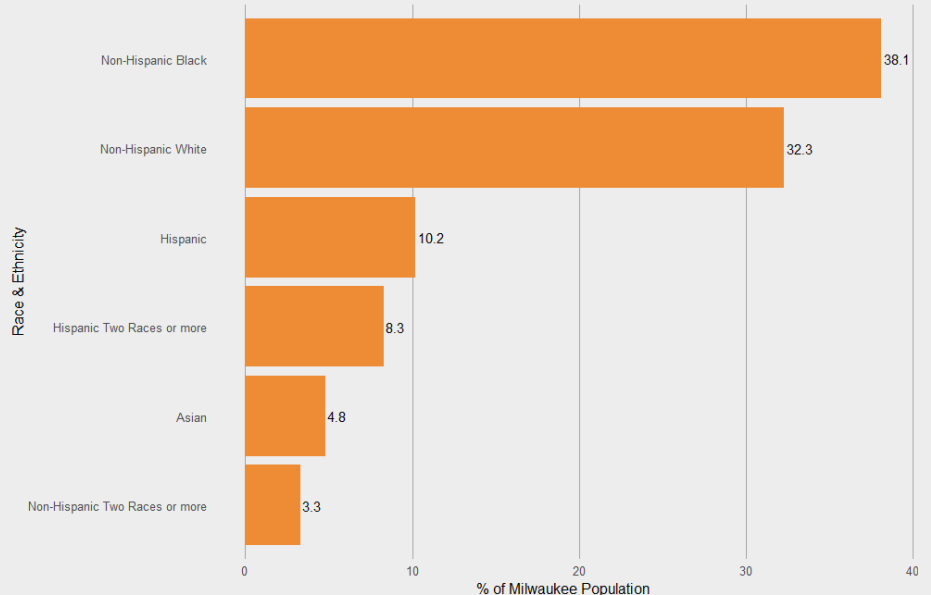


Data from the Census Bureau 2023 ACS 1-year Estimates.

RACIAL DEMOGRAPHICS

Milwaukee's diversity is reflected in its vibrant mix of Black, Latino/Hispanic, and Asian American communities, as well as residents who identify with more than one race or ethnicity. This mix of cultures and backgrounds is one of the city's greatest strengths, and an important reason why public health efforts must reflect many different experiences.

Race & Ethnicity of Milwaukee Population, 2023

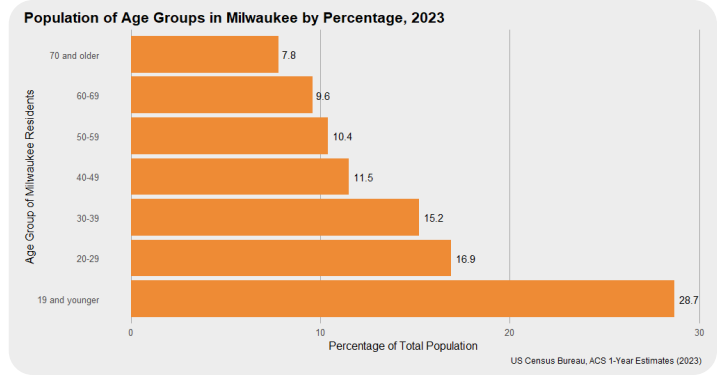


US Census Bureau, ACS 1-Year Estimates (2023)

**Some data sources do not report reliable estimates for all racial and ethnic groups, including American Indian/Alaska Native (AI/AN) and Native Hawaiian and Other Pacific Islander (NHOP) populations, due to small sample sizes. As a result, some charts in this report may not include data specific to these groups.*

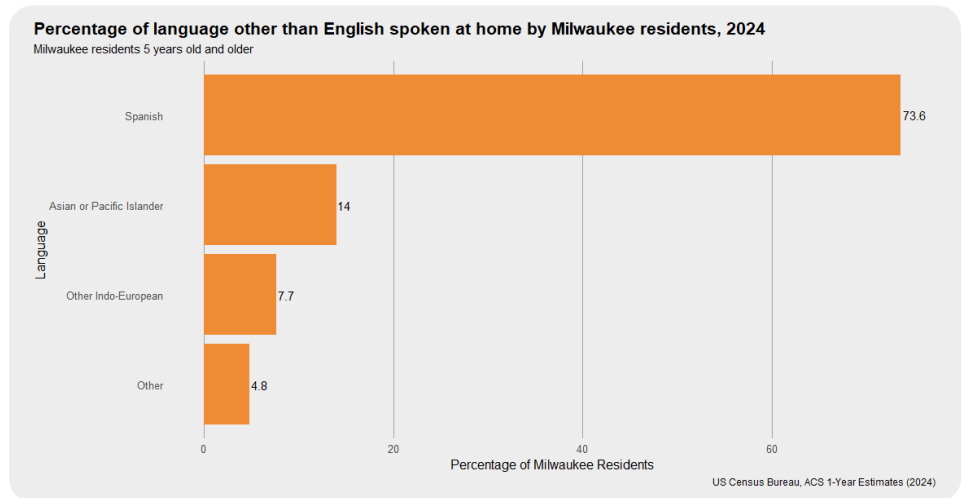
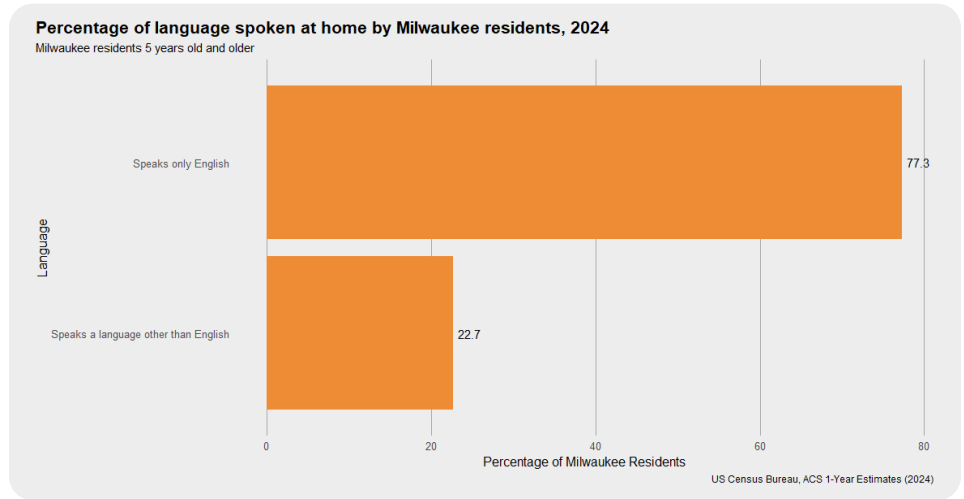
AGE

Milwaukee has a younger population than many other cities. Children, teens, and residents in their early adulthood make up 60% of the community, shaping the city's energy and culture. Nearly 1/3 of residents are under 20-years-old, highlighting the importance of investing in schools, safe spaces, and youth programs that help young people thrive. At the same time, Milwaukee is home to a growing number of older adults. Ensuring the city is a place where people can grow up and grow old safely will be key to a healthy future.



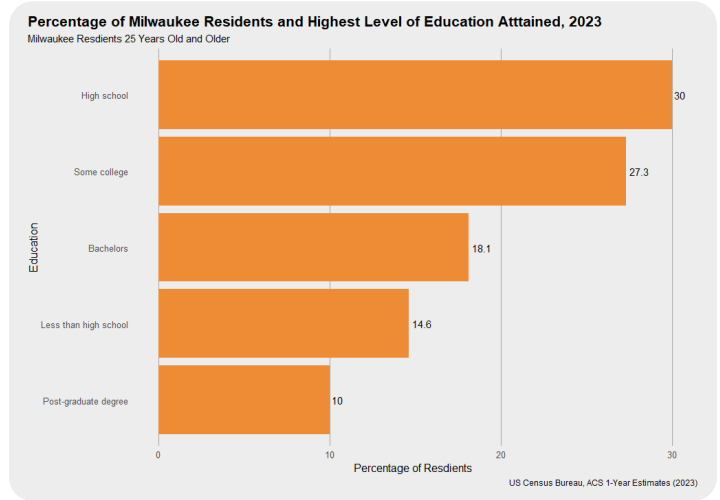
LANGUAGES SPOKEN

A majority of Milwaukee residents only speak English at home, while more than 20% of residents speak a language other than English. Among Milwaukee residents who speak a language other than English, Spanish is the most prominent language spoken at home



EDUCATION

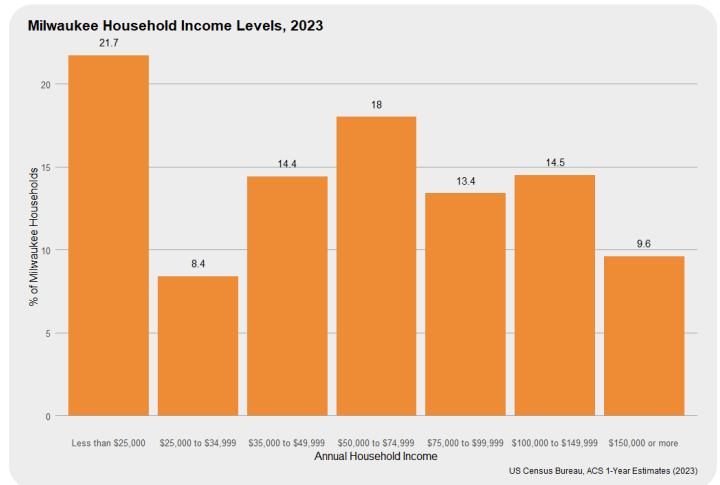
Education is one of the strongest tools for improving health and opportunity. While many Milwaukee residents have earned a high school diploma, fewer have gone on to complete a college degree. This gap affects not only career options but also how easily people can find and understand health information. Expanding access to quality education, job training, and lifelong learning can strengthen the health of current Milwaukee communities, as well as future generations.



INCOME

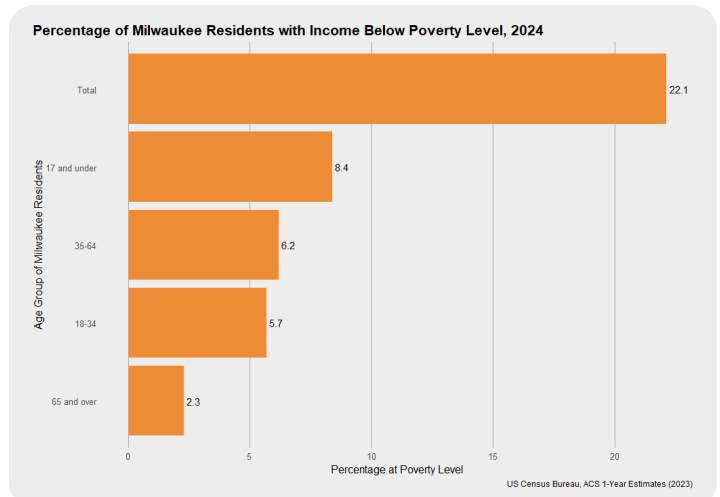
Income is another key part of the story. Nearly two-thirds of Milwaukee households (62%) earn less than \$75,000 a year, and about one in five earn less than \$25,000. Only a small share - about 8% - make more than \$150,000. These numbers show that many families in the city face economic challenges that can affect their ability to afford housing, healthy food, and medical care.

In 2024, the median income for City of Milwaukee households was \$56,792 (ACS, 2024). When compared to the state median household income of \$77,488, the City of Milwaukee household income was 36% lower.



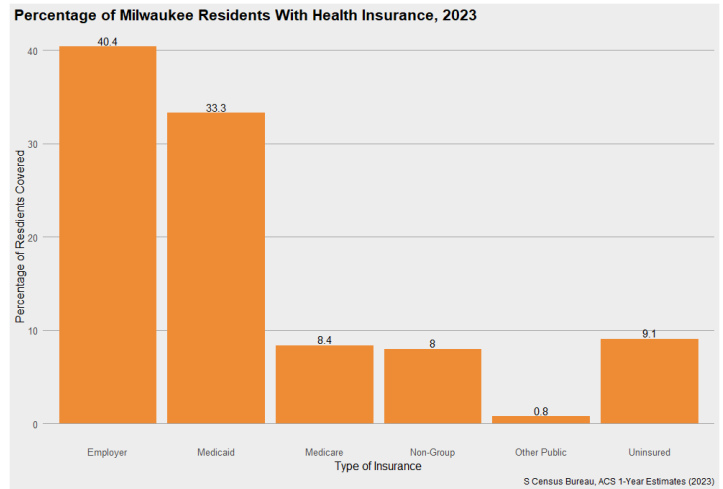
POVERTY

Data from the U.S. Census Bureau (2024) shows that children are especially likely to live below the poverty level. Children under 18 experience some of the highest rates of poverty in the city (about 38%), reflecting the struggles many families face in meeting basic needs.



HEALTH INSURANCE

When it comes to health insurance, about 40% of residents are covered through an employer, and a similar number rely on Medicaid or Medicare. Still, nearly one in ten residents have no insurance coverage at all, making it harder to get regular check-ups or manage ongoing health issues.

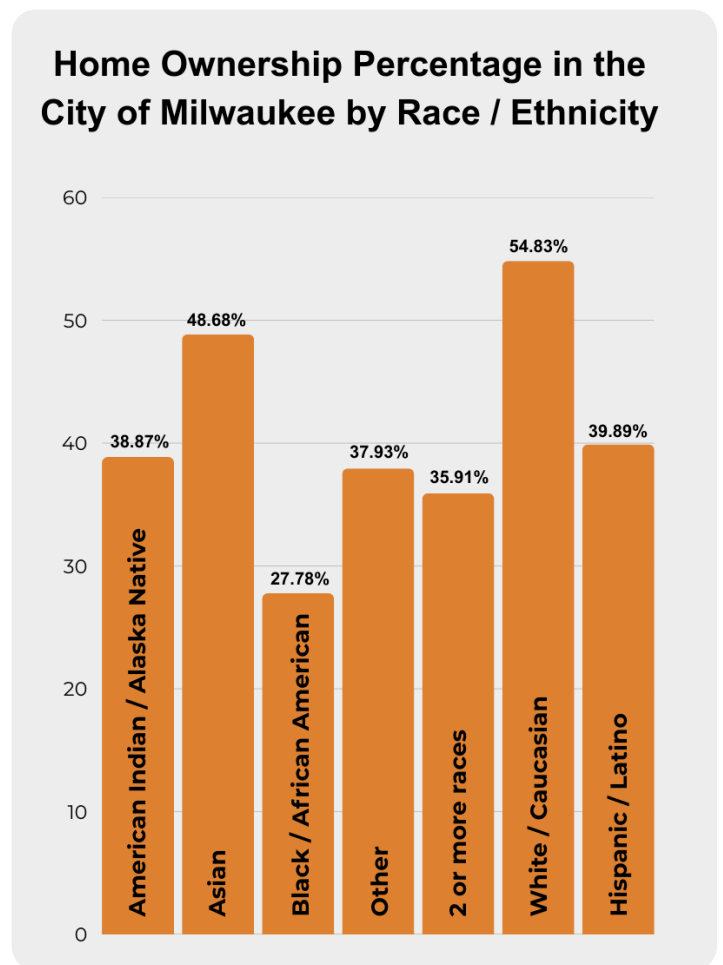


HOMEOWNERSHIP

Income shapes more than just daily expenses, it also determines where families can live and whether they can build long-term stability through homeownership. A stable home is one of the strongest foundations for good health. Homeownership builds financial security, strengthens neighborhoods, and helps families pass wealth from one generation to the next. Yet in Milwaukee, not everyone has the same opportunity to own a home or build that stability.

As of 2023, 32% of families of color in Milwaukee own their homes, while 68% rent². This is one of the lowest rates of homeownership among families of color across Milwaukee County municipalities. By comparison, in nearby communities like Franklin and Greendale, more than 70% of families of color own their homes².

The gap in ownership is especially wide between Black and White residents. To achieve racial equity in homeownership, Milwaukee would need more than 23,000 additional Black homeowners and over 5,000 Hispanic or Latino homeowners². The disparities stem from **decades of discriminatory housing practices** such as redlining, predatory lending, and unequal access to credit that continue to limit opportunities for families of color.



Source: Census, 2023

Together, these numbers show that Milwaukee is a diverse city that is facing real challenges. Our city is young and culturally rich, but many neighborhoods still experience big differences in income, education, housing stability, and access to basic services. Knowing who lives here, and the barriers some communities face, helps us understand how to work together **to build a healthier and more equitable city for everyone.**

Life Expectancy

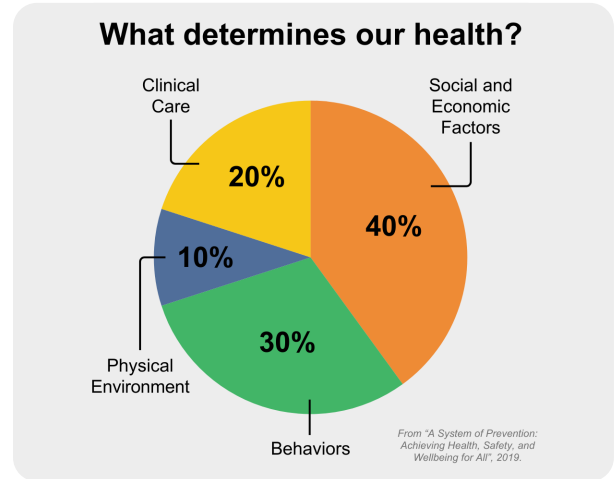
HOW LONG DO PEOPLE LIVE? A LOOK AT LIFE EXPECTANCY IN MILWAUKEE

Life expectancy, Years of Potential Life Lost (YPLL), and leading causes of death help us see not just how long people live, but why some lives are shorter than others. These numbers reveal patterns about health, opportunity, and equity and Milwaukee – and they help explain **where our community faces its greatest challenges.**

WHAT DETERMINES OUR HEALTH?

When we think about health, many of us picture doctors, hospitals, and medicine. But healthcare is only one piece of the puzzle. Research shows it makes up just 20% of what shapes our health. The rest comes from things like income and education (40%), the choices we make, such as eating habits and exercise (30%), and the environment around us, like the air we breathe, housing conditions, and neighborhood safety (10%).

This means that health is built in the places where people live, work, learn, and play (not just in hospitals and clinics). Life expectancy, therefore, tells a bigger story: it reflects the systems, resources, and living conditions that support or limit long, healthy lives.



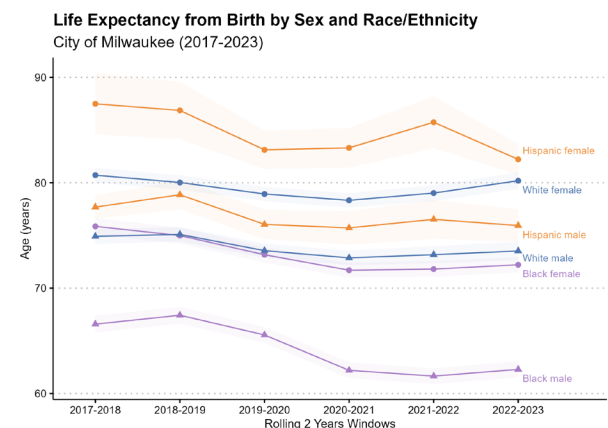
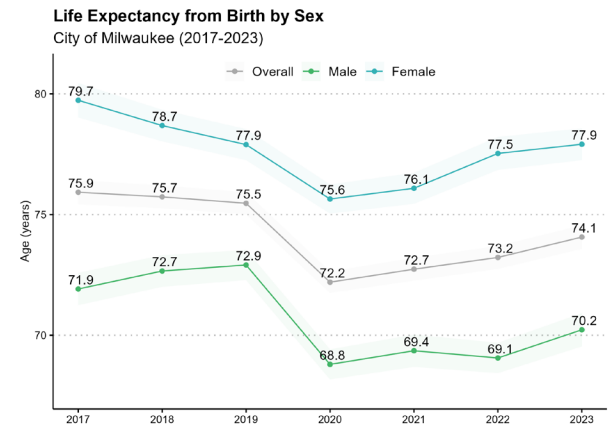
LIFE EXPECTANCY

Life expectancy at birth is the average number of years a newborn is expected to live if current death rates stay the same throughout their lifetime. It's one of the clearest ways to measure the overall health of a community.

Like the nation as a whole, Milwaukee's life expectancy dropped during the COVID-19 pandemic and has slowly started to recover. But the rebound is incomplete and deep disparities remain. Life expectancy continues to vary widely across racial and ethnic groups, income levels, and neighborhoods. Some communities are gaining back years of life, while others still face significantly shorter lifespans.

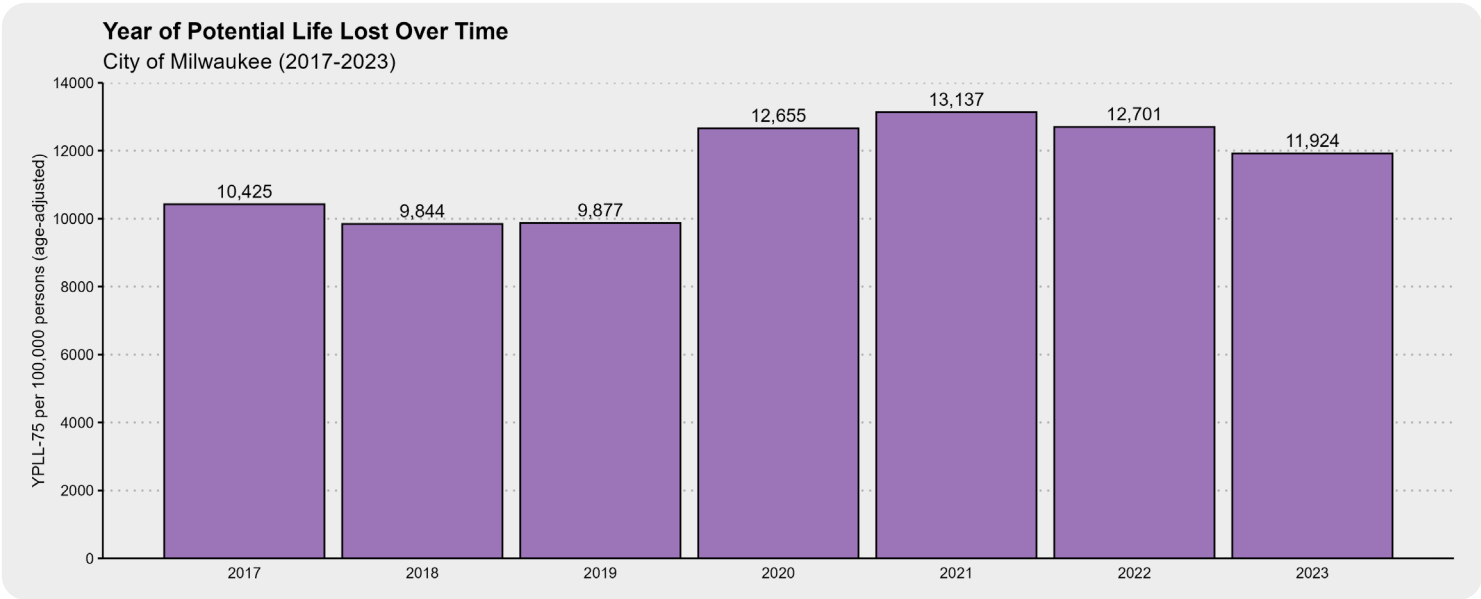
These differences reflect how strongly the social determinants of health shape how long people live. In some parts of Milwaukee, families can expect their children to live into their 80s; in others, life expectancy can be 15 to 20 years shorter.

Understanding these gaps helps identify where change is most needed. The rest of this report explores the conditions that shape daily life and, in turn, how long people live.



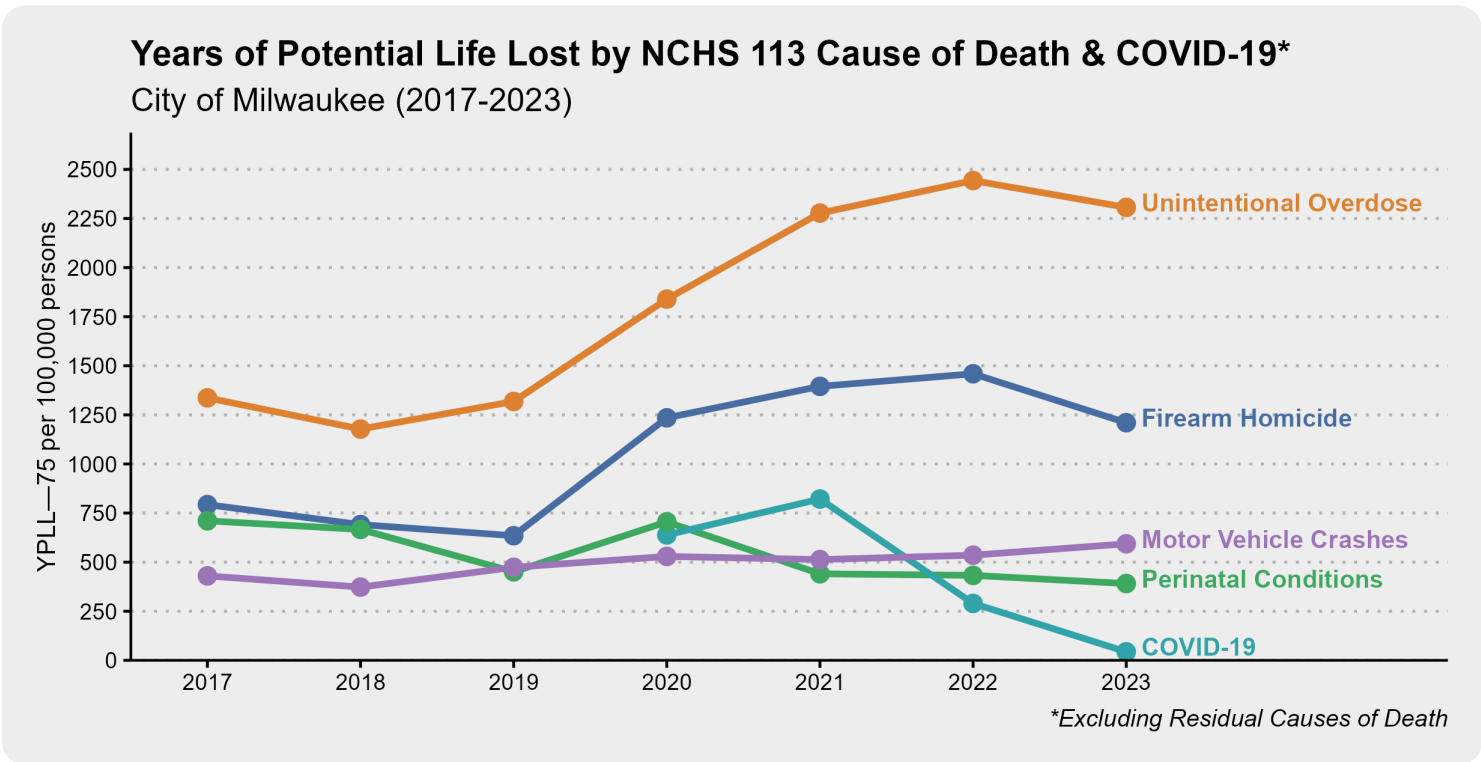
YEARS OF POTENTIAL LIFE LOST

Years of Potential Life Lost (YPLL) shows how many years of life are lost when people die before age 75. This measure highlights premature deaths - those that happen too soon and carry heavy personal, social, and economic costs. For example, someone who dies at 50 loses 25 potential years of life. When many such deaths occur, they add up to a significant loss for the entire community. The rate of YPLL increased by nearly 30% from 2019 to 2020. This observed increase can be attributed mainly to sharp rise in firearm homicides, unintentional overdoses, and the emergence of COVID-19.



OVERDOSES

Unintentional overdoses, primarily from synthetic opioids such as fentanyl, have become the single largest driver of YPLL. In 2023, overdoses accounted for nearly 20% of lost years of life with lives shortened by 26.6 years on average while firearm homicides were responsible for 10% of years of life lost with an average 44.5 years of life lost per person. This steep rise in overdose deaths, alongside continued losses from firearm homicide, reveals how deeply substance use and violence are shaping premature mortality in Milwaukee.



LEADING CAUSES OF DEATH

Understanding what people in Milwaukee die from, and how those causes differ across groups, helps paint a clear picture of community health. The leading causes of death show which diseases and conditions take the greatest toll on residents' lives. They also help reveal where prevention, access to care, and neighborhood supports can make the biggest difference. While individual choices matter, these patterns are also shaped by the environments that people live in - their housing, jobs, education, and opportunities to stay healthy and safe.

OVERALL PATTERNS

Across Milwaukee, the picture has remained steady over time. Heart disease, cancer, and accidents (unintentional injuries) continue to be the top three causes of death, year after year. A range of other chronic diseases follow, while conditions such as chronic lower respiratory disease also contribute significantly. Although COVID-19 briefly rose to a top cause of death during 2021 and 2022, by 2023 the city had largely returned to its pre-pandemic trends.

Top 10 Age-Adjusted Causes of Death by Year in the City of Milwaukee*

*All death rates from this section are annualized per 100,000 residents and are age adjusted to the U.S. 2000 standard population. See a detailed data breakdown of all causes of death graphs in the appendix.

	2017	2018	2019	2020	2021	2022	2023
1	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart
2	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer
3	Accidents	Accidents	Accidents	Accidents	Accidents	Accidents	Accidents
4	Chronic lower respiratory diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	COVID-19	Cerebrovascular diseases	Cerebrovascular diseases
5	Cerebrovascular diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Cerebrovascular diseases	COVID-19	Chronic lower respiratory diseases
6	Diabetes	Diabetes	Diabetes	Diabetes	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Assault (homicide)
7	Alzheimer's disease	Nephritis	Alzheimer's disease	Alzheimer's disease	Diabetes	Assault (homicide)	Diabetes
8	Nephritis	Alzheimer's disease	Nephritis	Assault (homicide)	Assault (homicide)	Diabetes	Alzheimer's disease
9	Assault (homicide)	Assault (homicide)	Assault (homicide)	Nephritis	Alzheimer's disease	Alzheimer's disease	Chronic liver disease and cirrhosis
10	Septicemia	Influenza and pneumonia	Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis	Nephritis	Chronic liver disease and cirrhosis	Hypertension

*MHD used the NCHS Top 50 Causes of Death classification to create this data chart. Accidents include opioid overdoses (unintentional poisoning), motor vehicle crashes, and unintentional falls.

Source: Vital Records, Wisconsin Department of Health Services

DIFFERENCES BY SEX

The causes of death also differ between men and women. While both groups share heart disease, cancer, and accidents as their leading causes, the remaining causes and underlying patterns vary. For men, homicide and suicide appears amongst the top causes and accident rates are higher, reflecting risks in occupation, risk-taking behaviors, and higher rates of substance use. Heart disease remains a major driver of mortality among men, along with other health conditions such as chronic lower respiratory disease. For women, Alzheimer's disease ranks higher than it does for men, along with hypertension, and other chronic illnesses that often develop over time. These differences reflect both biological factors, such as hormonal changes, and social ones, including stress, care giving roles, and limited economic resources later in life.

Top 10 Age-Adjusted Causes of Death by Sex in Milwaukee, 2023

	Male	Female
1	Diseases of the heart	Diseases of the heart
2	Accidents	Accidents
3	Cancer	Cancer
4	Cerebrovascular diseases	Alzheimer's disease
5	Assault (homicide)	Cerebrovascular diseases
6	Alzheimer's disease	Hypertension
7	Chronic lower respiratory diseases	Chronic lower respiratory diseases
8	COVID-19	Nutritional deficiencies
9	Parkinson disease	Certain conditions originating in the perinatal period
10	Suicide	Septecimia

Source: Vital Records, Wisconsin Department of Health Services

DIFFERENCES BY AGE

Patterns also change with age. Among infants and young children, deaths are most often due to conditions present at birth or congenital abnormalities. For children and teenagers, accidents and homicide are the leading causes, showing the importance of safety and violence prevention. In young adults, accidents, homicide, and suicide are most common, reflecting preventable and often social causes of early death. As people reach middle age, heart disease, cancer, and liver disease

become more common, while in older adulthood, these same chronic diseases, along with Alzheimer's and respiratory disease, account for most deaths. These age-related patterns highlight how health risks shift over a lifetime and how prevention must also evolve. Early life interventions, safe communities, chronic disease screening in middle age, and fall prevention for seniors all play important roles in helping residents live longer, healthier lives.

Top 10 Causes of Death by Age in Milwaukee, 2023*

*Certain age ranges include only a limited number of causes of death. Causes with very small death counts were excluded to protect privacy and avoid the potential identification of individuals.

*MHD used the NCHS Top 50 Causes of Death classification to create this data chart

	Under 5	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
1	Certain conditions originating in the perinatal period	Accidents	Assaults (homicide)	Accidents	Accidents	Accidents	Diseases of the heart	Cancer	Diseases of the heart	Diseases of the heart
2	Congenital malformations	Assaults (homicide)	Accidents	Assaults (homicide)	Diseases of the heart	Diseases of the heart	Cancer	Diseases of the heart	Cancer	Cancer
3	Accidents		Suicide	Suicide	Assaults (homicide)	Cancer	Accidents	Accidents	Chronic lower respiratory diseases	Accidents
4				Diseases of the heart	Cancer	Assaults (homicide)	Chronic liver disease and cirrhosis	Chronic lower respiratory diseases	Cerebrovascular disease	Alzheimer's disease
5					Suicide	Chronic liver disease and cirrhosis	Diabetes	Cerebrovascular disease	Accidents	Cerebrovascular disease
6					Chronic liver disease and cirrhosis	Suicide	Cerebrovascular disease	Diabetes	Alzheimer's disease	Hypertension
7					Cerebrovascular disease	Diabetes	Chronic lower respiratory diseases	Nephritis	Diabetes	Chronic lower respiratory diseases
8					Diabetes	Cerebrovascular disease	Hypertension	Chronic liver disease and cirrhosis	Nephritis	COVID-19
9						Hypertension	Nephritis	Influenza and pneumonia	Hypertension	Nutritional deficiencies
10						Aortic aneurysm and dissection	Septecimia	Alzheimer's disease	Septecimia	Parkinson disease

Source: Vital Records, Wisconsin Department of Health Services

DIFFERENCES BY RACE AND ETHNICITY

Across Milwaukee, the leading causes of death vary by race and ethnicity, shaped by long-standing differences in opportunity, access to care, and neighborhood conditions. These differences highlight how the places people live, the resources available to them, and the barriers they face all play a role in overall health outcomes.

Although the top three causes of death (heart disease, cancer, and accidents) are the same for all racial and ethnic groups shown, the rates differ substantially; detailed age-adjusted rates are provided in the Appendix. Among Black residents, deaths from heart disease, cancer and accidents occur at much higher rates than among White or Hispanic residents, with heart disease deaths roughly one and a half times higher. Homicide, diabetes, and high blood pressure also appear more frequently, showing how both chronic illness and preventable causes contribute to poorer health. Together, these conditions create a distinct set of

challenges that affect many Black families and neighborhoods. For White residents, chronic diseases dominate. Heart disease, cancer, accidents, chronic lower respiratory disease, and liver disease remain leading causes of death, while suicide also appears among the top causes (a distinction not seen in other groups). These patterns reflect medical and behavioral factors, including substance use, stress, and mental-health needs.

Among Hispanic and Latino residents, heart disease, cancer, and accidents again lead the list of causes of death, but diabetes, liver disease, and serious infections are more common when compared with other groups. These causes point to barriers in managing chronic conditions and accessing preventive care. Jobs without paid leave or health insurance, language differences, and immigration-related stress can make it harder for many families to seek and sustain regular care.

Top 10 Age-Adjusted Causes of Death by Race / Ethnicity in the City of Milwaukee, 2023*

	White	Black or African-American	Hispanic or Latino
1	Diseases of the heart	Diseases of the heart	Diseases of the heart
2	Cancer	Cancer	Cancer
3	Accidents	Accidents	Accidents
4	Chronic lower respiratory diseases	Assault (homicide)	Cerebrovascular diseases
5	Cerebrovascular diseases	Cerebrovascular diseases	Alzheimer's disease
6	Alzheimer's disease	Diabetes	Diabetes
7	Suicide	Chronic lower respiratory diseases	Chronic lower respiratory diseases
8	Chronic liver disease and cirrhosis	Alzheimer's disease	Hypertension
9	Diabetes	Hypertension	Septicemia
10	Parkinson disease	Nephritis	Chronic liver disease and cirrhosis

**Age-adjusted death rates are shown only for White, Black, and Hispanic residents. Other race / ethnicity categories were excluded because the number of deaths in those groups was too small to produce reliable estimates and may not reflect true differences in risk.*

Source: Vital Records, Wisconsin Department of Health Services

**MHD used the NCHS Top 50 Causes of Death classification to create this data chart*

The findings in this section represent an early look at how long people live and what contributes to premature death in Milwaukee. A comprehensive report planned for 2026 will include updated data, detailed explanations of how life expectancy, YPLL, and leading causes of death are calculated, and a closer look at trends across neighborhoods and population groups to help guide public health planning and action.

Together, these patterns in life expectancy, years of potential life lost, and leading causes of death reflect the broader conditions that shape how people experience health in Milwaukee. They highlight how differences in health outcomes often reflect the conditions in which people live, learn, work, and age factors explored further in the following sections on social determinants of health and community well-being.

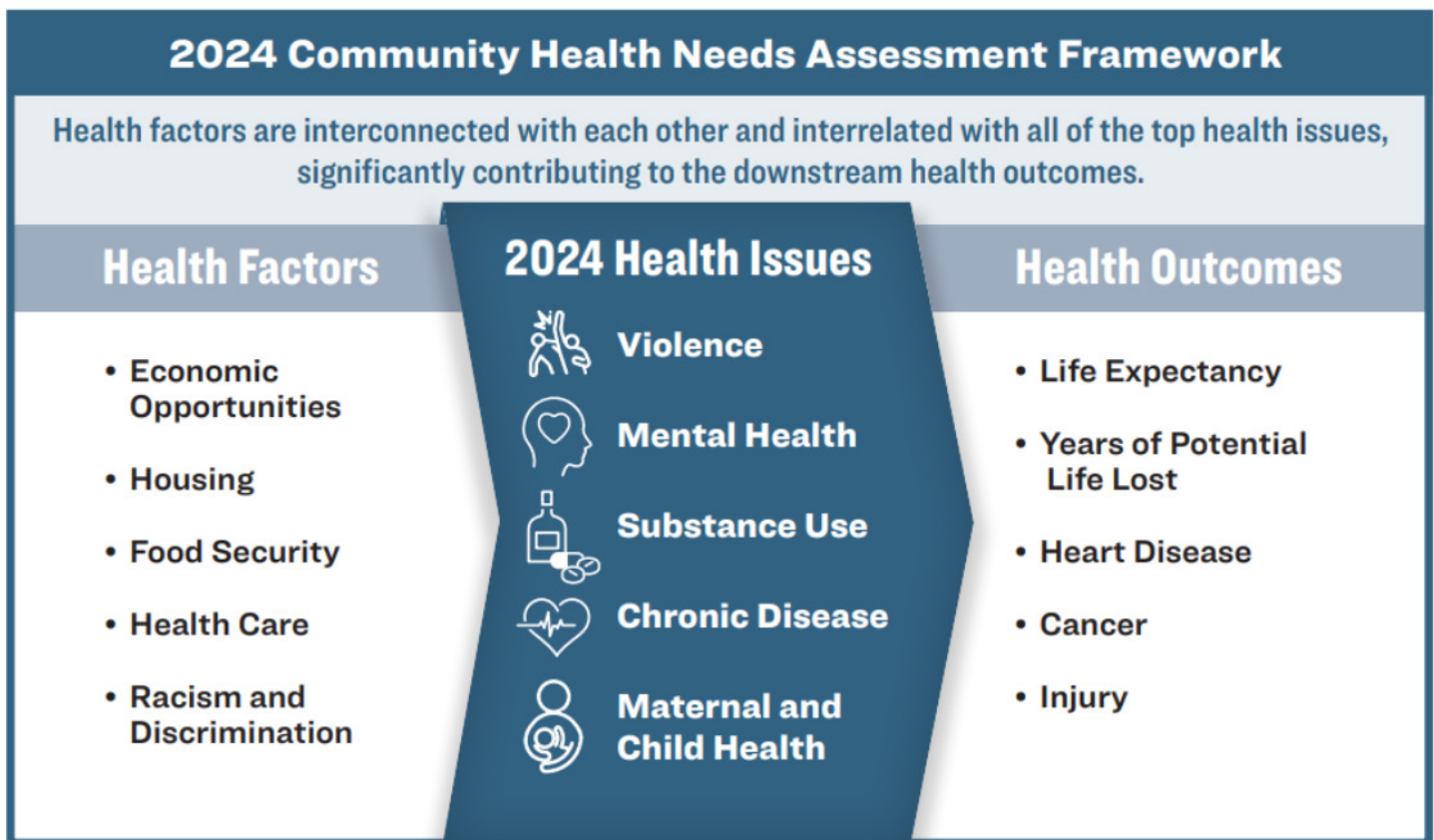
Community Health Assessment Overview

Our Process

WHY DOES MHD HAVE A COMMUNITY HEALTH ASSESSMENT?

By law, local health departments in Wisconsin must publish a Community Health Assessment (CHA) every five years. Hospitals, on the other hand, are required by the IRS to complete a Community Health Needs Assessment (CHNA) every three years. **To stay current and better aligned with partners, the City of Milwaukee Health Department (MHD) decided in 2025 to publish a CHA every three years.**

This was the first time MHD formally aligned its process with hospital CHNAs, the Milwaukee Health Care Partnership (MHCP), and the Milwaukee County Department of Health and Human Services (DHHS). This change means partners are now working from the same timeline and data, making it easier to share information, strengthen collaboration, and build a clearer picture of community health.



HOW DID MHD APPROACH ITS WORK?

The CHA followed the principles of **MAPP 2.0** (Mobilizing for Action through Planning and Partnerships). This national framework guided our process, which unfolded in three phases:



PHASE 1: BUILDING THE FOUNDATION

The first step was making sure the right partners and voices were at the table. MHD worked with hospitals, community-based organizations, and nonprofits through the Milwaukee Health Care Partnership. Together, we identified what was missing from past assessments and designed a more inclusive outreach plan. Special attention was given to groups that often carry a heavier health burden but have been underrepresented in past CHAs, such as refugees, American Indian residents, people with disabilities, and Black men. By engaging these groups from the start, we built a stronger foundation for the assessment.



PHASE 2: TELLING THE COMMUNITY'S STORY

In this phase, MHD brought together numbers and community voices to better understand health in Milwaukee. MHD used three kinds of assessments:

- **Community Partners Assessment**
Looked at what local organizations already provide, their strengths, and where resources are stretched. This showed us where collaboration could be improved to meet community needs.
- **Community Status Assessment**
Reviewed health data, like rates of chronic disease, maternal and child health outcomes, mental health concerns, and injury patterns, to see where the greatest disparities exist.
- **Community Context Assessment**
Explored the social and economic conditions that shape health. Through surveys, key informant interviews, and focus groups, residents shared how housing, jobs, transportation, food access, and neighborhood safety directly affect their ability to stay healthy.



PHASE 3: CONTINUOUSLY IMPROVE THE COMMUNITY

The final phase looks beyond identifying problems. This phase focuses on creating solutions and sustaining progress. MHD was guided by both MAPP 2.0 and the MHCP CHNA framework, which envisions a Milwaukee where every resident has a fair and just opportunity to achieve health and well-being. This framework recognizes that health outcomes are shaped by many interconnected factors, like housing, education, income, and access to care, and that addressing them requires collaboration across sectors.

Using these guiding principles, the findings from the CHA will inform our future work on community health improvement planning. Ultimately, the goal is to make sure this CHA is not just a report, but a roadmap for collective action that **guides continuous improvements and creates lasting gains in health and equity.**

HOW DID WE COLLECT INFORMATION?

To understand health in Milwaukee, MHD used a mixed-methods approach by combining surveys, interviews, focus groups, and existing data sources. This helped MHD capture both the “big picture” and the lived experiences of residents.



FOCUS GROUPS

The MHCP conducted 10 focus groups representing 72 individuals who live or work in Milwaukee County. Because surveys and interviews often miss marginalized voices, MHD conducted 4 additional focus groups representing 42 individuals to ensure we were hearing from city residents that are often underrepresented in community health assessments. In total, we heard from 14 focus groups representing 114 different individuals (*Please see the appendix for a full list of key informants and focus groups*).

- **Who participated**

Refugees; American Indian residents; Spanish-speaking communities; people with disabilities (blind/low-vision, deaf/hard-of-hearing); Black men with current or past experiences of homelessness; representatives from faith/religion based organizations; leaders with lived experience in the justice system; mental health service providers; direct service providers working with youth, families, and refugees in Milwaukee; public health leaders from Milwaukee County municipal health departments; and youth community members.

- **Recruitment and hosting**

Community-based organizations played a critical role. They recruited participants, hosted sessions, and helped create safe, welcoming spaces for open discussion.

- **Accessibility**

Translators were available for non-English speakers. Materials were adapted for participants with vision or hearing challenges, as well as other non-visible disabilities. Facilitators were trained to encourage participation and ensure consistency across sessions.

- **Data collection**

Focus groups were audio-recorded and transcribed. Facilitators and note-takers also documented key points to supplement transcripts.



COMMUNITY HEALTH SURVEY

MHCP developed a countywide health survey, which provided valuable insights into health behaviors, needs, and barriers. For the CHA, the health department focused specifically on responses from Milwaukee residents (based on reported ZIP codes and city of residence).

- **Distribution methods**

The survey was available both online and on paper, with links and QR codes widely shared through email lists, local organizations, and events. Community-based organizations promoted the survey directly to their clients and helped reach underrepresented populations.

- **Accessibility**

Surveys were offered in multiple languages, and paper copies were available during community events and organizations across the city of Milwaukee.

- **Incentive**

Respondents were entered into a prize drawing as an incentive.



KEY INFORMANT INTERVIEWS

To complement survey responses, MHCP conducted interviews with 46 local leaders and experts. These included representatives from health care, education, housing, social services, and community organizations. Leaders shared perspectives on which populations are most affected, which organizations are critical partners, and what assets already exist in the community. These conversations provided context on how organizations see health challenges and where collaboration could improve outcomes.

- **Format**
Interviews followed a standard discussion guide. Participants identified their top two health concerns, existing strategies to address them, barriers, and ideas for new solutions.
- **Data collection**
Interviews were recorded, transcribed, and reviewed for common themes.



PUBLIC HEALTH AND SECONDARY DATA

Alongside community input, MHD reviewed a broad set of public health data sources to provide a citywide perspective. Various sources were reviewed including, but not limited to the American Community Survey (ACS), Behavioral Risk Factor Surveillance System (BRFSS), Wisconsin Electronic Disease Surveillance System (WEDSS), City Health Dashboard and many other state and national data platforms.

BRINGING IT ALL TOGETHER

Detailed findings from the community survey and focus groups can be found in the appendices, including demographic details, key themes, and supporting data tables. Throughout the CHA, quotes from participants are woven into relevant sections to highlight resident perspectives and bring the data to life.

By combining surveys, interviews, focus groups, and public health data, MHD was able to build a comprehensive picture of health in Milwaukee. **From this work, five priority health concerns emerged:**



CHRONIC DISEASE PREVENTION

(e.g., obesity, heart disease, nutrition, physical activity, tobacco use)



MATERNAL AND CHILD HEALTH

(e.g., prenatal care, infant mortality, immunizations)



MENTAL HEALTH

(e.g., depression, suicide, stigma, access to care)



SUBSTANCE USE DISORDER

(e.g., alcohol, opioids, marijuana, prescription misuse)



VIOLENCE AND INJURY PREVENTION

(e.g., homicides, domestic violence, motor vehicle crashes, school safety)

Social Determinants of Health

The health of a community depends on more than individual choices like diet or exercise. Well-being is also shaped by the broader conditions of daily life. Where people live, the jobs they have, and the schools they attend all matter. **These are called the social determinants of health (SDOH).**

The Centers for Disease Control and Prevention (CDC) defines SDOH as *“the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”*

SDOH are often grouped into five key areas that work together to influence health. Each plays a role in shaping opportunities for people to live healthy, fulfilling lives.



Education Access and Quality



Economic Stability



Health Care Access and Quality



Neighborhood and Built Environment



Social and Community Context

Education Access and Quality

Education is one of the strongest predictors of health outcomes. Access to good schools, opportunities for higher education, and strong literacy skills help people make informed decisions about their health and navigate the healthcare system confidently.



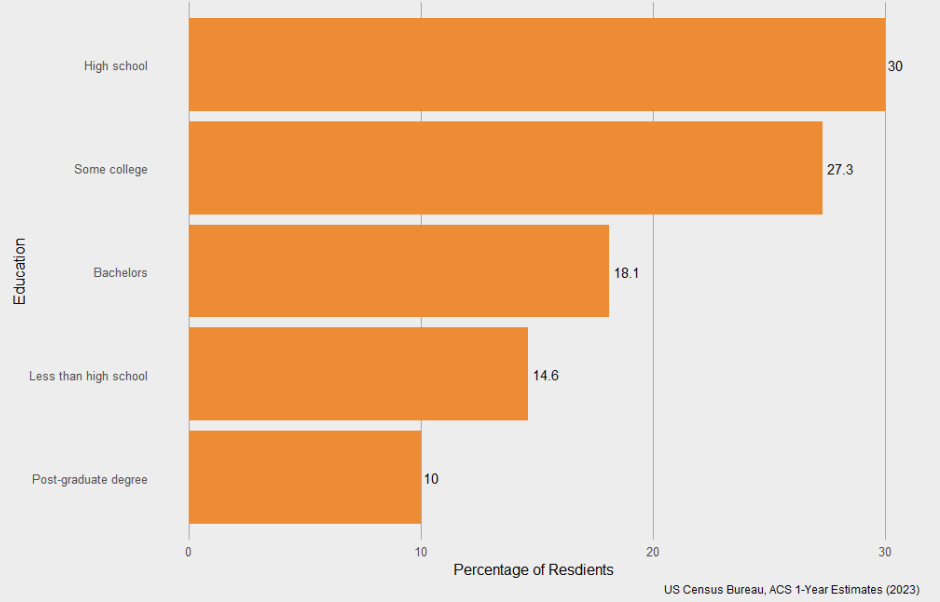
HEALTH LITERACY

Health literacy refers to the ability to understand and use information to make decisions about one's health³, and it is closely tied to educational opportunities. People who have fewer educational resources may struggle with health literacy, making it harder to manage illnesses or find care.

Higher educational attainment is also linked to higher income and more stable employment. With more financial resources, individuals are more likely to afford healthy food, stable housing, healthcare, and to avoid risky health behaviors such as smoking or substance use. Even completing a high school diploma can increase opportunities for financial stability and better health throughout life.

Percentage of Milwaukee Residents and Highest Level of Education Attained, 2023

Milwaukee Residents 25 Years Old and Older

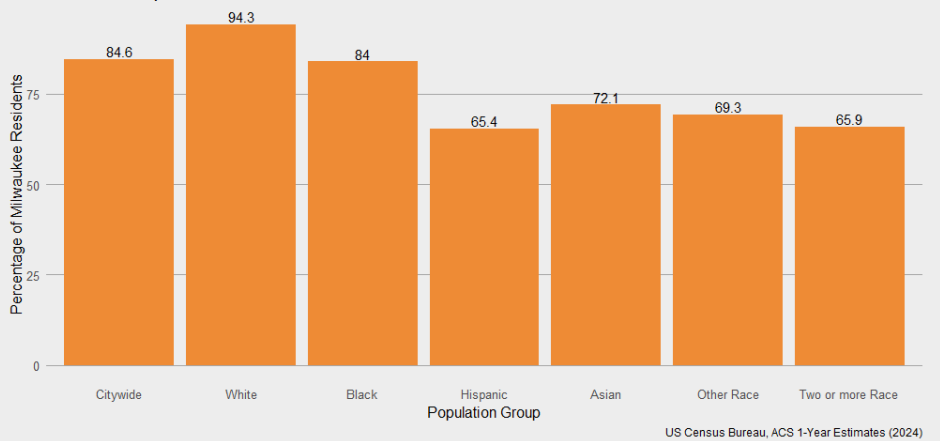


EDUCATION DISPARITIES

In Milwaukee, the differences in health outcomes often mirror differences in education levels. Residents with college degrees are more likely to have higher household incomes and better overall health. However, not everyone has the same opportunities. Non-Hispanic White residents are more likely to attain higher education, and their median household income is about 55% higher than other racial / ethnic groups.

Percentage of Milwaukee residents with a high school degree or more by race, 2024

Milwaukee residents 25 years old and older



Economic Stability



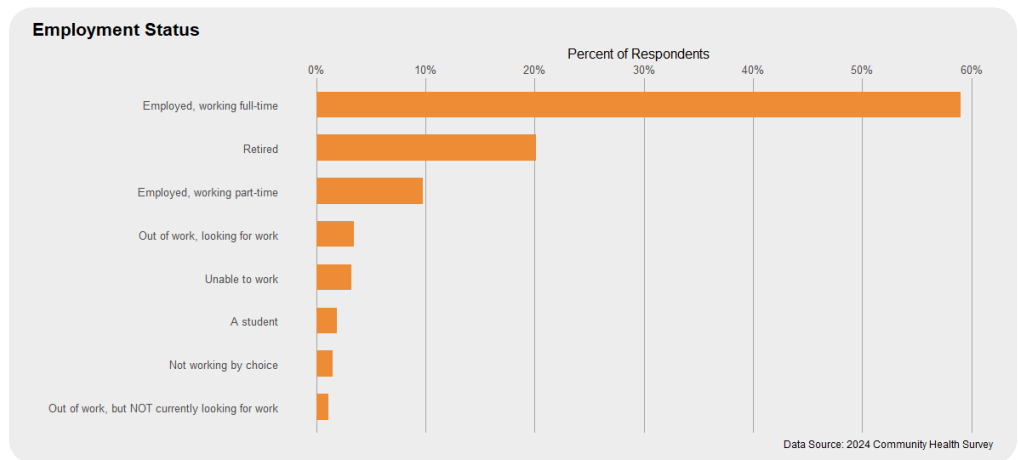
Access to financial resources directly impacts a person’s ability to meet basic needs. Economic stability refers to having those needs met without persistent financial strain and is often measured by income, employment status, and the ability to afford essential goods and services.

Economic security is well known to support better health outcomes throughout a person’s life. A stable job is not just a source of income; it can provide access to health insurance, retirement benefits, and opportunities to build financial literacy. On the other hand, job instability and underemployment can bring chronic stress and limit access to quality food, housing, and healthcare. Because lower-income households are more likely to face barriers to preventive care, they are also at increased risk for chronic disease. One Community Health Survey focus group participant described having to budget what they can spend on health, sometimes leaving out preventive care, which they noted only makes their health worse.

Financial insecurity can be experienced at the individual or household level, but it can also affect entire neighborhoods. When economic instability becomes widespread, community health suffers and disparities increase. For these reasons, economic stability is a key social determinant of health and must be addressed to build healthier, more empowered communities.

EMPLOYMENT STATUS

The majority of Community Health Survey respondents were employed, working either full-time (59.05%) or part-time (9.76%). Additionally, retirees accounted for roughly 1/5 of respondents. Only 11.11% of respondents were unemployed or out of work for any reason.

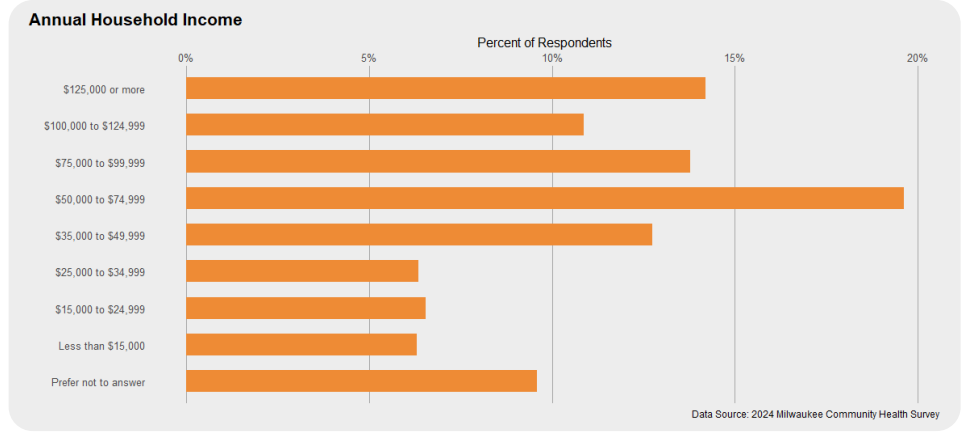


It’s hard for the blind and visually impaired community to find employment. And I know that’s true for many other communities, too. Even in programs designed to hire people with disabilities, a lot of folks are underemployed, so their full potential isn’t being met. For the blind and visually impaired community, it often comes down to lack of employment, underemployment, and lack of resources to help you fully access job opportunities.

*All quotes throughout the CHA report are from focus groups and key informant interviews

HOUSEHOLD INCOME

In 2019 - 2023, the median household income in the city of Milwaukee was \$51,888. This is lower than both the county and state by about \$10,000 and \$20,000 per year, respectively⁴. However, the majority of Community Health Survey respondents reported a combined annual household income at or above the city's median household income, suggesting low-income individuals may have been under-sampled in the survey. Still, about 35% of respondents came from households that earned less than \$50,000 per year, with 14.22% of respondents earning less than \$25,000 per year and 6.97% earning less than \$15,000 per year.

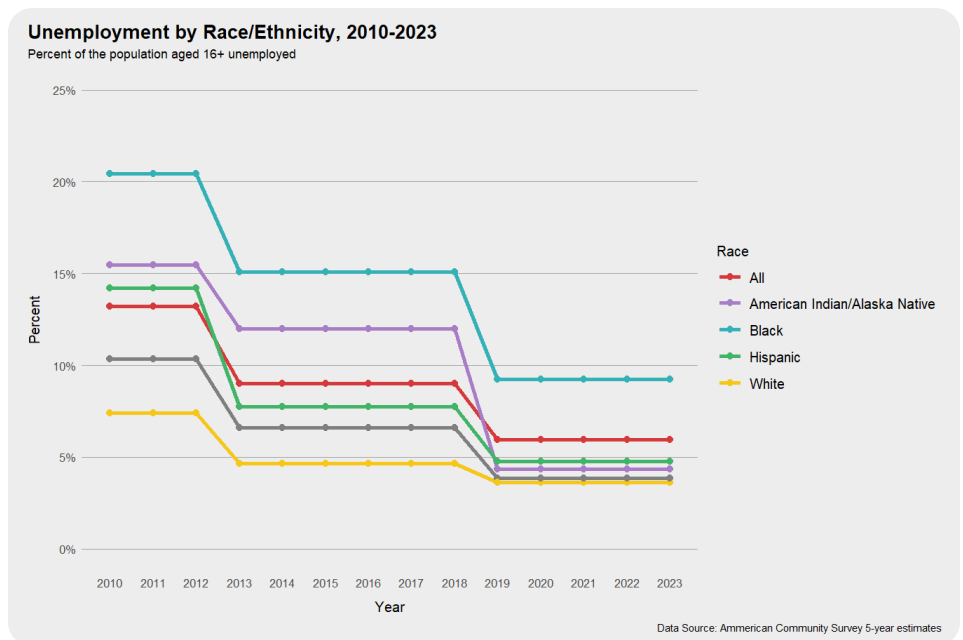


I think the primary factor in a lot of these issues is income or poverty. Poverty creates a lack of access to housing, to health care, and transportation. It puts up so many barriers when you can't afford your basic needs.

**All quotes throughout the CHA report are from focus groups and key informant interviews*

EMPLOYMENT BY RACE AND ETHNICITY

While unemployment has decreased over the years, there remain clear differences in unemployment by race/ethnicity. White Milwaukeeans have consistently had the lowest proportion of people aged 16 years and older unemployed, suggesting that they have, as a whole, better access to stable job opportunities than any other race/ethnicity in the city.



Healthcare Access and Quality

Access to care means being able to get the health services you need, when you need them. Insurance helps, but having coverage doesn't always mean people get timely or quality care. In Milwaukee, many residents face unstable coverage, high costs, and limited access to primary and preventive services. These barriers often lead people to delay care until health problems become more serious.



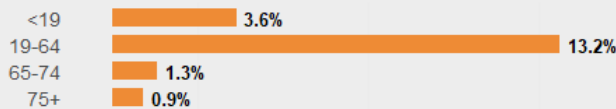
INSURANCE COVERAGE AND DISPARITIES

Not all Milwaukee residents have the same access to insurance. Working-age adults (19–64) face the steepest challenge, with 13.2% lacking coverage, often because of high costs or gaps in job-based plans. Older adults (65–74) fare somewhat better, with a 9.2% uninsured rate, thanks in part to Medicare. The differences are even sharper across race and ethnicity. Hispanic/Latino residents have the highest uninsured rate at 21%, nearly five times higher than White residents (4.7%). Black/African American residents fall in between, at 13.2%. Education and employment deepen the divide: 23.2% of adults without a high school diploma and 22.4% of unemployed adults are uninsured, compared to much lower rates among those with more education or steady jobs. These gaps make clear that insurance is largely shaped by cost, work, education, and long-standing inequities.

Uninsured Rates by Population Groups in City of Milwaukee, 2023

Source: US Census, 2023 American Community Survey 5-Year Estimates

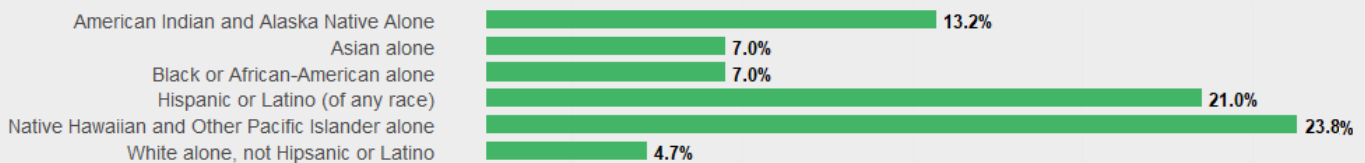
Age



Sex



Race/Ethnicity



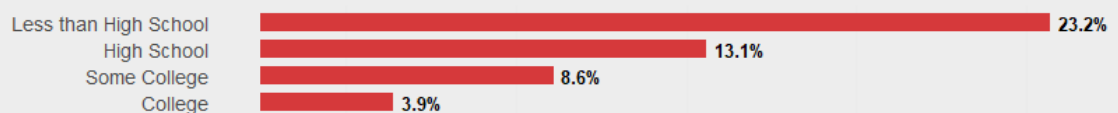
Income



Employment



Education



Uninsured Rate (%)

USE OF EMERGENCY DEPARTMENTS

When primary care isn't accessible, people often rely on emergency departments (EDs), even for non-urgent needs. In 2024, Milwaukee County recorded more than 432,000 ED visits. Medicaid (BadgerCare) recipients had the highest use, with nearly 479 visits per 1,000 people, which was more than double the rate for privately insured residents (211 per 1,000). These differences highlight how insurance coverage and access to timely primary care influence where care is received.

Rate per 1,000 ED Visits by Payer Source for Milwaukee County, 2023-2024

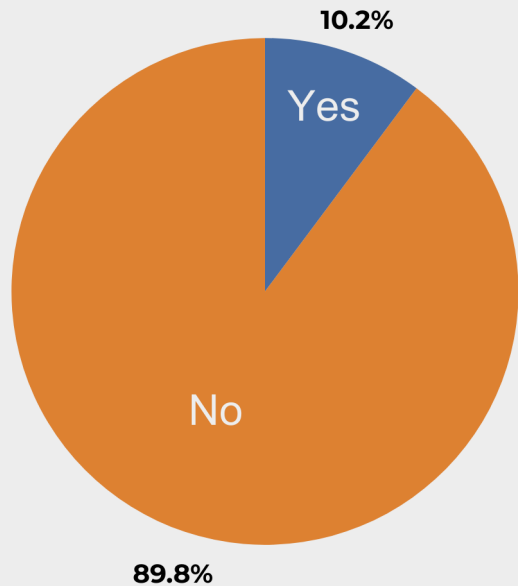
	2023		2024	
	N	Rate per 1,000 ED Visits	N	Rate per 1,000 ED Visits
Medicare	73,415	173.8	96,729	223.8
Medical Assistance/BadgerCare	225,630	534.1	206,885	478.7
Other Government	4,266	10.1	2,557	5.9
Private Insurance	92,435	218.8	91,219	211.1
Self-Pay	23,570	55.8	34,287	79.3
Other or Unknown	3,097	7.3	497	1.1
Total ED Visits	422,413	N/A	432,174	N/A

Note: This table reflect primary insurance only, secondary insurance data were excluded because of inconsistent reporting
 Source: Wisconsin Hospital Discharge Data, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services

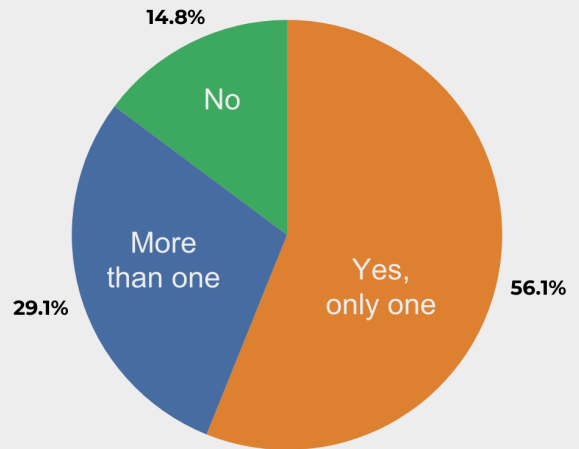
BARRIERS TO PRIMARY CARE

Even when people have insurance, many still struggle to see a doctor. About 1 in 10 adults (10.2%) said they needed care but couldn't afford it. More than 1 in 5 (20.9%) skipped a checkup, and nearly 15% don't have a regular provider at all. Dental care is also out of reach for many, only 56% of adults saw a dentist in the past year. These gaps mean many residents go without preventive care, allowing small health issues to turn into bigger ones.

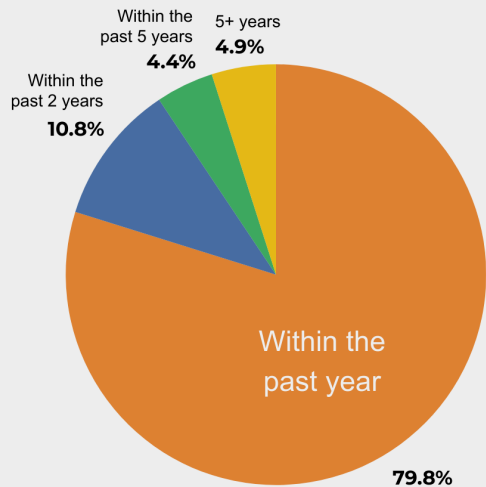
Was there a time in the past 12 months when you needed to see a doctor but didn't because you could not afford it?



Do you have one person (or a group of doctors) that you think of as your personal health care provider?



How long has it been since you last visited a doctor for a routine checkup?



Source: BRFSS 2023 Milwaukee–Waukesha–West Allis, WI Metropolitan Statistical Area

COMMUNITY VOICES

Without affordable, consistent care, many residents miss prevention and early treatment opportunities. Community voices also bring these challenges into focus.

Residents shared frustration about losing coverage suddenly or having insurance so limited it was not worth using:



One minute I got healthcare, then the next minute it's cut off when it shouldn't be.

Others described the complexity of programs:



Why do all these different options [Medicare A, B, C] come with different copays? Everyone should have health insurance, homeless or not.

Quality of coverage also matters. As one survey respondent explained:



I have Obamacare, but the coverage is so bad that I don't use it. If my partner or I need medical attention, we call doctors in our family or wait to be treated in our native country, Colombia.

*All quotes throughout the CHA report are from focus groups and key informant interviews

ACCESS FOR SPECIFIC POPULATIONS

For some groups, barriers go far beyond cost or coverage. Focus groups revealed that transportation, wait times, accessibility, and language are often just as limiting as affordability.



People with disabilities described missed transit rides leading to missed dialysis, limited access to mental health services, and a shortage of ASL-fluent providers. Blind and low-vision residents emphasized the need for accessible formats (audio, braille, large print, email) to complete even basic paperwork.



Immigrant and refugee communities (Burmese, Hmong, Spanish-speaking) stressed the importance of qualified interpreters. Poor translation, lack of dialect-specific interpreters, and weak understanding of medical terms all contribute to lower quality of care.

One resident explained:

"To get an interpreter at every appointment is the most important thing. They need to be a qualified medical interpreter, someone who knows health terms."



Veterans raised concerns about losing promised benefits despite their service.



Homeless residents spoke about the difficulties of renewing their insurance without a stable address and being excluded from services that require proof of residence.



Undocumented and mixed-status families described fear of immigration enforcement and strict income cut-offs that keep people from seeking care, even when they are sick.

SURVEY FINDINGS

Community survey responses echoed these concerns. Nearly 44% of respondents identified **"access to affordable healthcare"** as a top need for improving health, making it the second most common response overall. 29.4% of respondents also highlighted the need for mental health services, reinforcing what residents shared in focus groups.

Neighborhood and Built Environment

The neighborhoods and homes where people are born, live, work, and play greatly influence their health. People who live in homes or neighborhoods where they are exposed to environmental toxins, encounter violence, or do not have access to parks, sidewalks, or healthy foods often experience worse health outcomes. Conversely, safe housing and supportive neighborhoods can help people to thrive⁵.

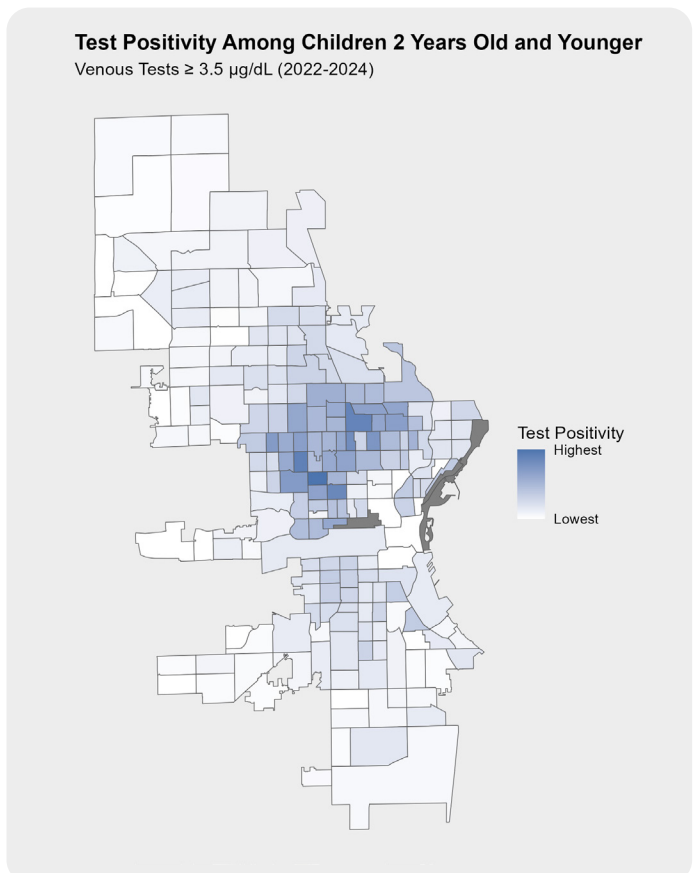
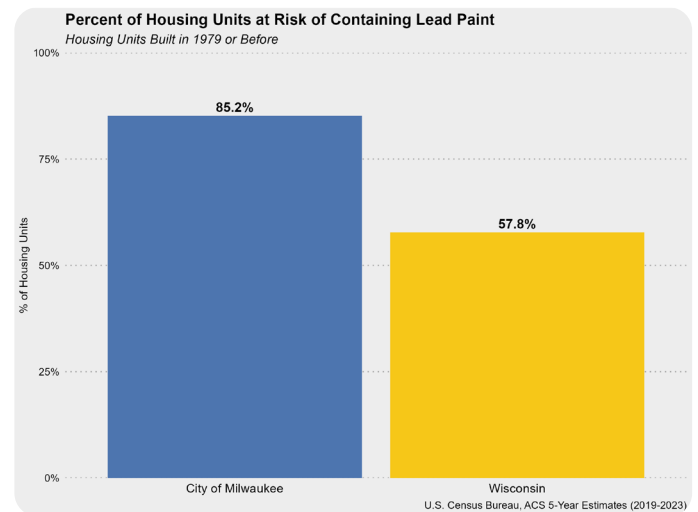


HOUSING QUALITY AND ENVIRONMENTAL HAZARDS

Housing quality and home environmental hazards impact health and can be particularly dangerous for young children, individuals with asthma, and individuals with other respiratory and chronic conditions. Exposure to deteriorating lead-based paint and lead piping, flooding issues, mold, and pest control problems are among the environmental hazards that people can encounter in their homes and that present health risks to children and families.

Milwaukee faces particular challenges with some of these issues due to an overall older housing stock compared to many other areas in Wisconsin. Lead-based paint for example, was banned from use in new structures in 1978 and is prevalent in many older homes. Ingestion of dust or chips from deteriorating lead-based paint is a leading cause of lead poisoning and can cause severe developmental disorders and other symptoms. People living in homes built before 1978 are more likely to be exposed to lead⁶. In Milwaukee, more than 85% of housing units were built before 1979 compared to 58% of housing units in Wisconsin.

This map shows some areas of Milwaukee experience a higher percentage of childhood lead poisoning cases compared to others. Although living in a home built before 1978 is a risk factor for lead poisoning, this risk can vary greatly based on housing security, socioeconomic factors and a family's financial resources to mitigate or abate lead hazards in their home. People who have fewer affordable housing options may be limited to lower quality and unsafe housing. Families who are worried about losing housing may also be reluctant to request a property owner fixes lead hazards, such as deteriorating lead-based paint.



OTHER HOME ENVIRONMENTAL HAZARDS

Other home environmental hazards, including mold and pest infestations, present health risks for children and families. As with lead, some residents face greater barriers with these issues compared to others. One interviewee described particular challenges for refugee populations in Milwaukee.



So, a lot of these first houses that they have are not in the best condition. But if you think of it, like they've come some of them from a refugee camp. So, they're pretty used to living in these bad conditions. So that's not always at the top of their list. But you know, there can be lead in the house there. You know, we deal a lot with pests like bed bugs, roaches, and like there just isn't any support where we can't, all we can do is refer them to an extermination agency or program, but that costs so much money. There just isn't like, and you can't hold landlords like really responsible. It seems like there's not many avenues that we can help like families feel empowered to stand up for themselves in these bad living conditions.

*All quotes throughout the CHA report are from focus groups and key informant interviews

HOUSING INSTABILITY AND HOMELESSNESS

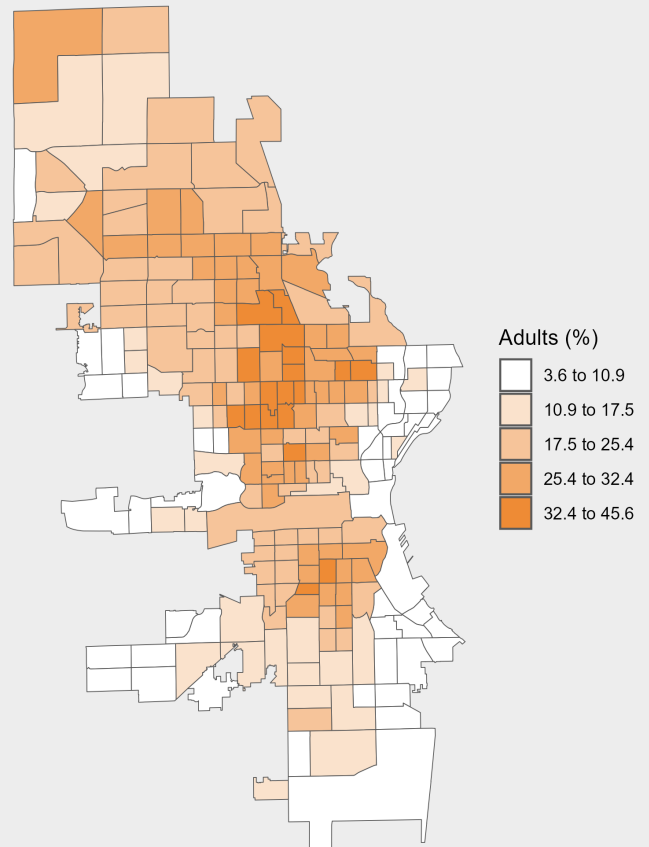
Safe and affordable housing is a key health factor. It is closely tied to economic stability and connected to many of the health issues identified in this report, including chronic disease, mental health, substance use, violence, and maternal and child health.

Housing insecurity is associated with poorer health outcomes and reduced access to healthcare⁷. It does not affect all areas equally; neighborhoods in the central, northwest, and south sides of Milwaukee experience the highest rates of housing instability.

Concerns about housing instability and homelessness were widely shared by survey respondents, focus group participants, and key informants during the 2024 Community Health Survey. Nearly 10% of respondents in Milwaukee reported being worried about losing their place to live in the future or not having a steady place to live at the time of the survey.

Experienced Housing Insecurity in Past Year

BRFSS 2022



PLACES.
Centers for Disease Control and Prevention.

Housing cost burden is another factor closely tied with housing insecurity. In 2023, 32% of Milwaukee households experienced excessive housing costs, or spent 35% or more of their total household income on housing costs⁸. As stated by one focus group participant, *“One of the biggest areas is in housing. I feel like there’s a lot more people who are currently homeless. In different communities, all sorts of people are struggling with being able to afford housing.”*

Homelessness poses particular challenges to health. A Point in Time count identified 113 homeless individuals in Milwaukee County in 2023⁸. Interviewees noted some of the health challenges homeless individuals face in our community.

Focus group participants spoke to a need for increased housing development in all neighborhoods and for more public facilities to benefit individuals facing housing challenges in Milwaukee.

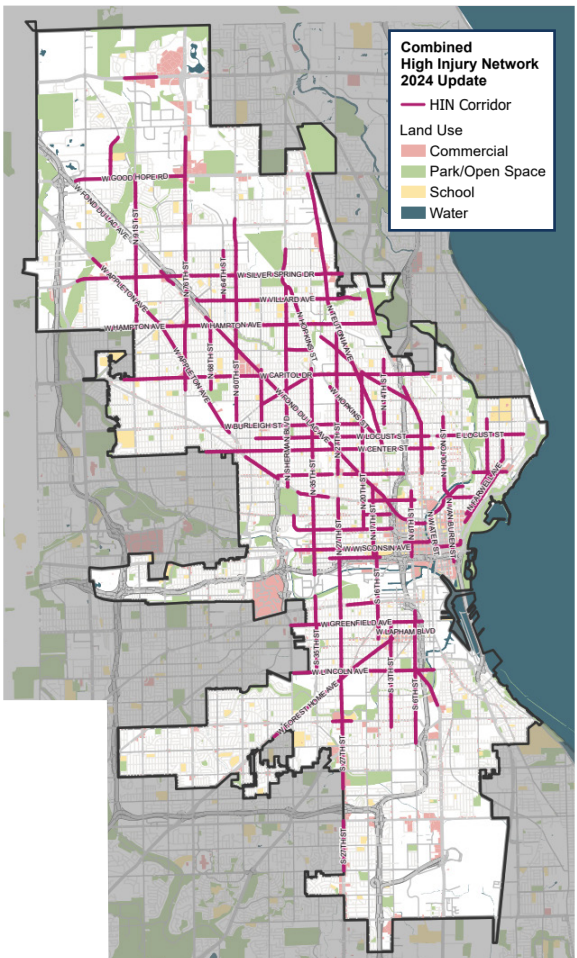
“*When you’re unsheltered or experiencing pretty consistent housing insecurity, your day-to-day becomes the things most people take for granted, like getting breakfast, taking a shower, cleaning your clothes. For a lot of our folks, that’s all they’re doing all day long: just trying to meet those basic needs. All of that leads to a lack of focus on preventive healthcare. And focusing on eating healthy is hard when most of what you can get on the street is processed food. So I think all those simple things kind of accumulate.*”

“*They could bring in more affordable housing in these areas. I understand they build in certain neighborhoods, and those houses go pretty fast, but I’m just wondering why they can’t take a lot of these empty buildings and turn them into a shelter. Why can’t they turn them into something people can use? On certain sides of town, you don’t see much development. Some places you do, some places you don’t. But I figure it should be all over, for all of us.*”

PARKS, GREEN SPACES, AND TRANSPORTATION

Access to parks, trails, and other green spaces contributes to a healthy community by providing opportunities for physical activity, social interaction, and recreation. In Milwaukee, 91% of residents live within a 10-minute walk of a green space, though access to these spaces is also influenced by the safety and usability of surrounding roads and sidewalks⁸. In Milwaukee, the majority of motor vehicle crashes resulting in death or serious injury tend to be concentrated on certain streets and corridors, referred to as a High Injury Network (HIN)⁹.

Reckless driving and motor vehicle crashes impact the health of communities and contribute to community trauma and fear as well as individual loss of life and injury.

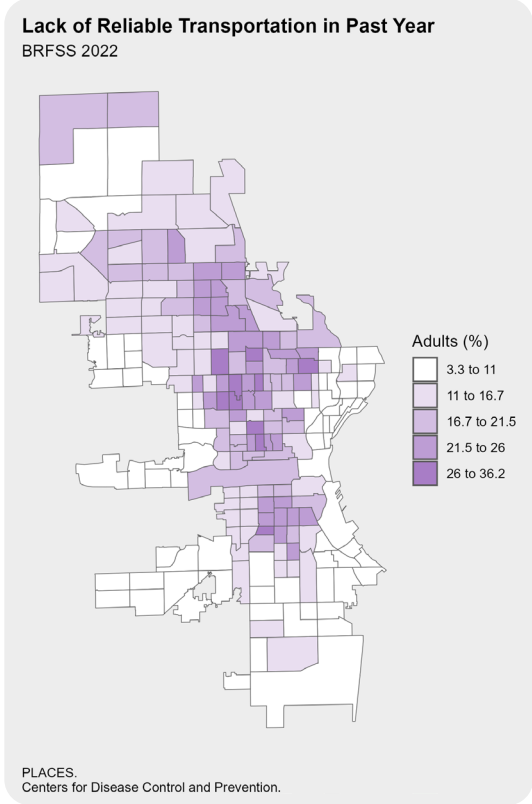


“*People said they were afraid of traffic on their streets, especially reckless driving and high speeds. I think there are two parts to this issue that are a huge concern in the community from what I’ve seen in my work. One is the fear of being killed or seriously injured in a traffic crash. We are losing people in this city every few days on average. But the other piece is that people are afraid to be active on the streets in their own neighborhoods. And that becomes a barrier to being active and getting the health and social benefits of welcoming streets.*”

*All quotes throughout the CHA report are from focus groups and key informant interviews

ACCESS TO TRANSPORTATION

Reliable transportation is an important health factor. It influences how, and whether, someone can get to medical appointments, grocery stores, school, work, and other places needed in daily life. Transportation disparities vary widely by neighborhood. In Milwaukee, the share of adults without reliable transportation ranges from less than 4% to more than 30% depending on the census tract.



Key informants noted that a lack of reliable transportation is a major barrier to accessing healthcare services.

“
I think about neighborhoods where there isn't always transportation to get to local clinics so children can be seen. We hear about challenges of needing to ride the Milwaukee County Transit bus just to get to urgent care or emergency rooms.

Participants also spoke about the health benefits and increased choices that come with better transit options.

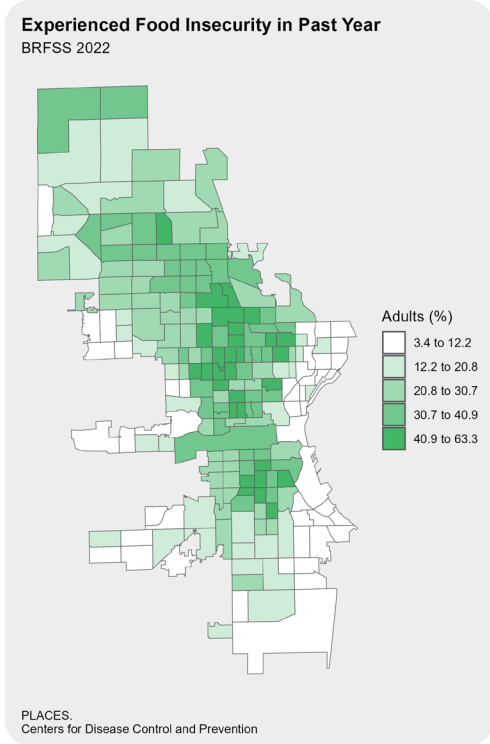
“
Better coverage of public transportation would motivate people to make healthier choices, just because they have more options.

*All quotes throughout the CHA report are from focus groups and key informant interviews

FOOD INSECURITY

Food insecurity, or a lack of access to quality and affordable food, is a health factor that is closely linked with place, neighborhood safety, transportation, income, cost of living, and other systemic barriers. Food insecurity impacts health outcomes and is a driver of many chronic conditions.

In Milwaukee, different neighborhoods are disproportionately impacted by food insecurity. As seen in this map, areas of the city that have been most impacted by policies and practices limiting economic opportunities also tend to experience more food insecurity.



Differences in access to food across neighborhoods was highlighted by one focus group participant.

“

I recently went to the Pick 'n Save in the area where I've been sleeping, and they don't really have a lot there. Their produce is okay, but still not much variety. I look around the store and the community, and they just don't have it. I'm looking at the chicken section, they just didn't have it. So I get on the bus and go downtown to the Pick 'n Save or Metro Market, and they have what I need. I'm even growing my own green onions [laughs] under a pine tree. Their frozen section is full, three aisles of frozen stuff, but the real food just isn't there.

In the 2024 Community Health Survey, 16% of respondents in the City of Milwaukee reported eating less in the past 12 months because there was not enough money for food.

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

NO	2,512 (83.7%)
YES	490 (16.3%)

2024 Community Health Survey Question

Key informants noted that healthy foods not only need to be accessible and affordable but also need to be culturally relevant and to ***“look good and taste good.”***

“

I think the price of everything is uncontrollable, you can't even afford certain things. That's why I started to grow my food; I just wanted to be able to eat out of my own garden because it's much cheaper. I think the cost of everything has skyrocketed, from rent to food to basically everything.

“

Items were being left behind because the foods coming through the hunger-relief system were not foods the adults and seniors recognized, so they didn't accept them. It didn't matter how much money was pouring into the system during COVID; Hmong seniors weren't able to take advantage of it. We saw the same thing on tribal lands. Cultural appropriateness wasn't just a nicety or a flavor preference. Hmong elders were getting sicker because the foods they needed weren't included. That's where we can step in to make sure they have access to what they need. And I think that kind of individual and community advocacy became much more pervasive during that time.

Social and Community Context

The family, neighbors, and friends we interact with every day influence our health and well-being. Social connections help reduce stress, whether it's a friend providing last-minute childcare or neighbors pitching in for a cleanup.



In a focus group with elders at Gerald L. Ignace Indian Health Center, participants emphasized that community, balance, respect, and social events help people live longer, healthier lives. These reflections show the important role social and community context plays in health.



I think the biggest thing that helps people live longer and healthier is just having a support system, whether that's a community resources or just friends and family.

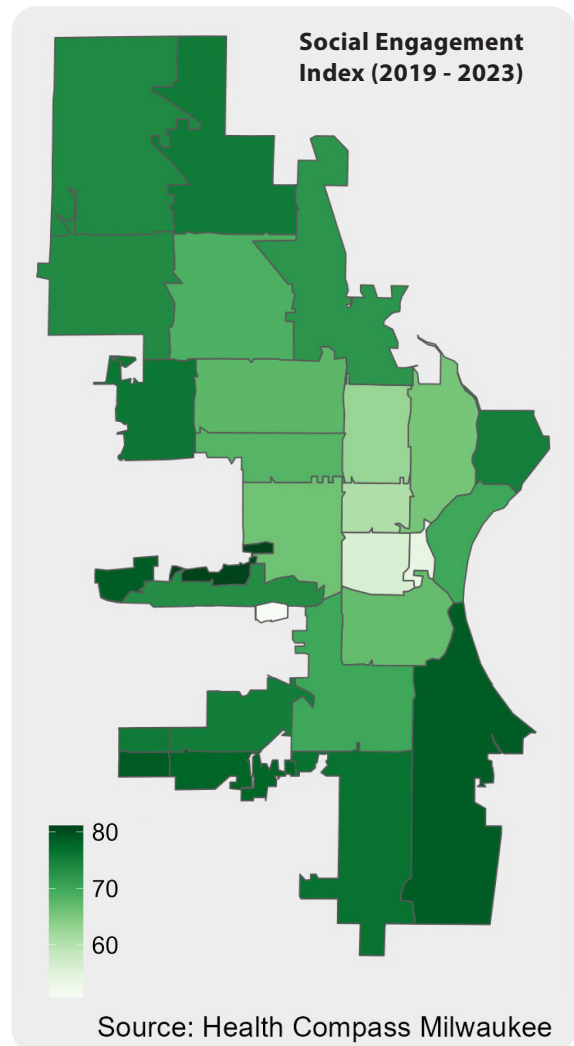
Civic engagement and socializing require time. For residents working multiple jobs or facing barriers to meeting basic needs, spare time is limited. Neighborhoods with higher housing and food insecurity often have lower levels of social engagement. This demonstrates how social determinants of health compound. Harmful circumstances reduce social connection, leaving people with less support during difficult times. Recognizing these barriers highlights opportunities to strengthen community resources and build healthier neighborhoods.

Communities also have strengths. Asset mapping helps identify and organize the resources that support social well-being, from physical assets such as businesses and schools to community skills and organizations (*An example asset map for Milwaukee is included in the Appendix*).



A place that is full of resources that can explain that and provide the help is the library. They have many things happening at the library that can help uplift someone: job workshops, English language classes, even getting your high school diploma. The resources are in the public library.

One way to understand social connection in a community is through civic engagement. This includes both political activities (like voting or contacting elected officials) and non-political ones (like volunteering, mentoring, or supporting local businesses). The Social Engagement Index measures civic engagement and social isolation. Higher values indicate stronger social engagement. The City of Milwaukee has the second lowest social engagement among the 19 municipalities in Milwaukee County. Even within the city, engagement varies: there is a 30-point difference between the highest and lowest-engaged ZIP codes.



*All quotes throughout the CHA report are from focus groups and key informant interviews

Health Outcomes

Chronic Disease

Chronic diseases are long-lasting health conditions that typically last a year or more and may worsen over time. They can often be managed but not cured, requiring ongoing medical care and changes in lifestyle or daily routines.



These conditions can greatly affect quality of life, leading to pain, fatigue, and other symptoms that make daily activities more challenging. Chronic diseases such as heart disease, cancer, and diabetes remain leading causes of death and disability in the United States.



CARDIOVASCULAR DISEASES

Cardiovascular diseases include a range of conditions affecting the heart and blood vessels, such as heart attack, stroke, heart failure, arrhythmia, and heart valve problems¹⁰. According to the 2024 Community Health Survey, 9.1% of City of Milwaukee respondents reported being treated for or told they had heart disease or a heart condition in the past three years. A larger share reported related cardiovascular conditions, including high blood pressure (32%) and high cholesterol (27.2%).

RISK FACTORS

Individual behaviors like poor nutrition, physical inactivity, smoking, and alcohol use increase the risk of developing chronic conditions such as heart disease, cancer, and stroke. Social determinants of health (the conditions where people are born, live, work, and age) also play a major role. For example, a lack of safe and reliable transportation can prevent residents in neighborhoods without grocery stores from accessing healthy food. Chronic stress from poverty, systemic racism, unstable housing, or exposure to violence further increases the risk for chronic disease.

BURDEN

Chronic diseases place a heavy burden on individuals, families, and communities. They affect overall health, quality of life, and financial stability. Managing chronic conditions such as heart disease, cancer, and diabetes requires long-term medical care and often leads to high healthcare costs. Symptoms like pain or fatigue can limit a person's ability to work, resulting in lost income and productivity for both individuals and employers.

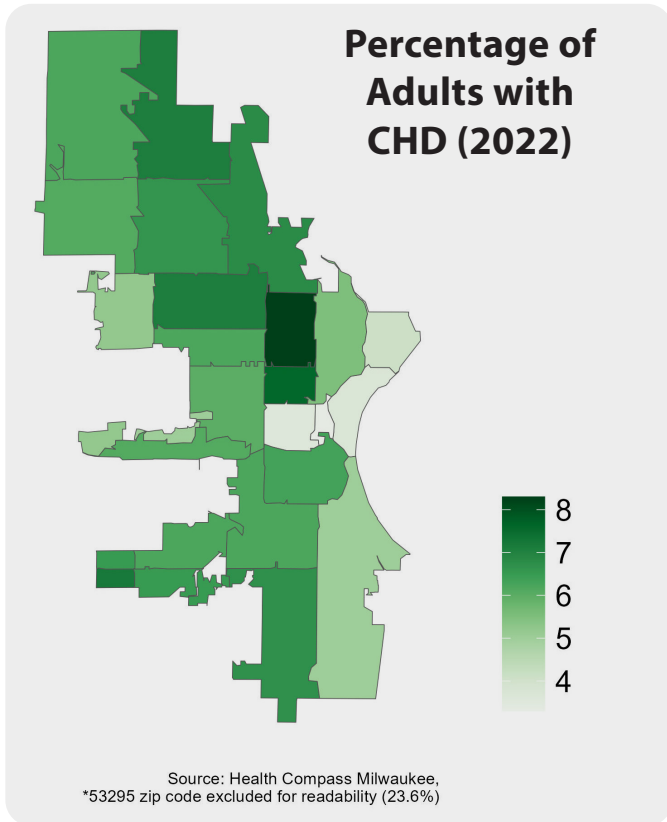
Many residents expressed worry about chronic disease through the 2024 Community Health Survey. Nearly one in four respondents (22%) identified "chronic diseases like diabetes and heart disease" as one of the top three health issues in their community. In addition, 16% of respondents reported having children in their home with chronic conditions such as allergies, asthma, or diabetes.

In the past three years, have you been treated for or been told by a doctor, nurse, or care provider that you have any of the following?

Condition	Responses (%)
High blood pressure	1,054 (32%)
High cholesterol	896 (27.2%)
Heart disease or condition	300 (9.1%)
Mental health condition	1,020 (31.1%)

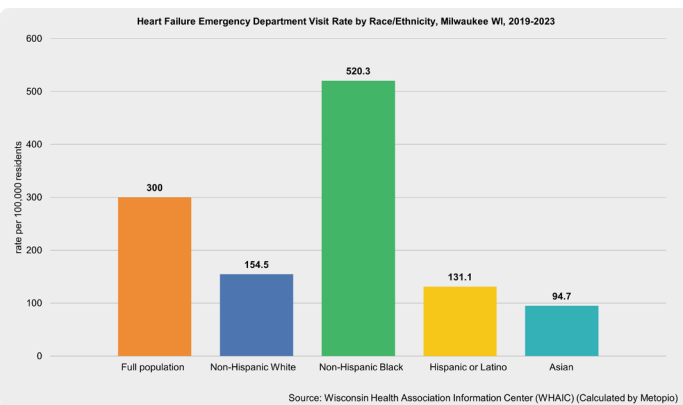
CARDIOVASCULAR DISEASES (CONTINUED)

Heart disease is the leading cause of death across all regions in Wisconsin, and stroke is the fourth leading cause of death in the state's southeastern region. Within the city of Milwaukee, 6% of adults have been diagnosed with coronary heart disease¹¹. Rates vary by neighborhood: the highest rates occur in ZIP codes 53206 (8.3%) and 53205 (7.6%), while lower rates appear in 53233 (3.6%) and 53202 (3.7%).



DISPARITIES IN CHRONIC CONDITIONS

Disparities in chronic conditions, including cardiovascular diseases, reflect broader inequities tied to factors such as chronic stress, access to healthy food, and economic stability. In 2024, emergency department visit rates for heart failure were nearly four times higher for Black residents compared to White residents in Milwaukee.



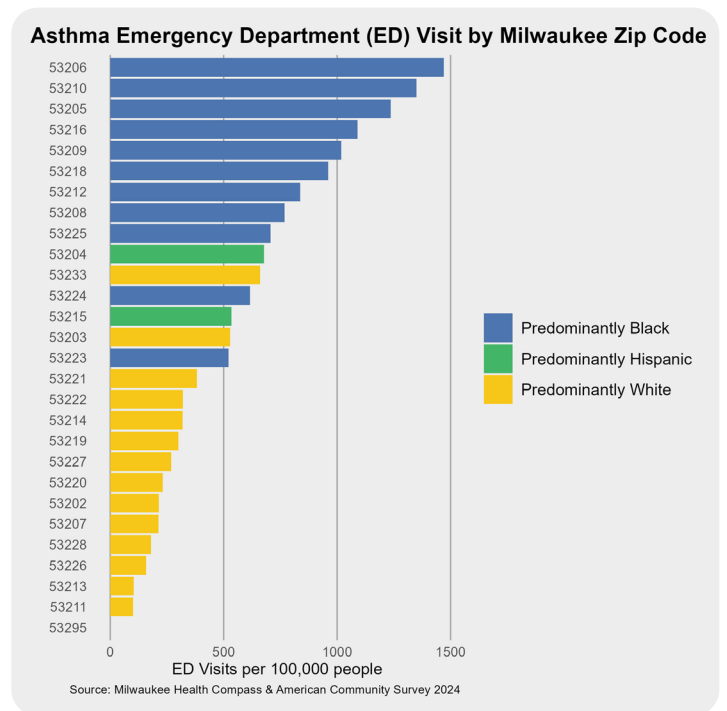
CANCER

While some cancers can go into remission, others require long-term management and treatment. Cancer is the second leading cause of death in the United States. The city of Milwaukee has the lowest percentage of adults diagnosed with cancer in Milwaukee County, with only 5.2% reporting a cancer diagnosis. In the 2024 Community Health Assessment Survey, 8% of respondents identified cancer as a top health priority in their community.



UPSTREAM FACTORS

For people with asthma, the neighborhood they live in plays a major role in how well the condition is managed. Environmental exposures, both inside and outside the home, can worsen asthma symptoms and lead to hospitalizations. Outdoor triggers include pollution from factories or idling cars, while indoor triggers often come from mold, dust, and other allergens. These factors are more common in neighborhoods with older housing stock.



Milwaukee County has the highest rates of emergency department visits for asthma in Wisconsin¹². In the City of Milwaukee, 12.8% of adults live with asthma¹³. Certain ZIP codes experience greater exposure to asthma triggers. In 53206, residents visit the emergency department for asthma attacks more than twice the citywide rate and nearly three times the county rate. The same ZIP code has a 37% poverty rate, the third highest in the city, highlighting the link between poverty, housing quality, and respiratory health.

Maternal and Child Health



Maternal and Child Health (MCH) reflects the health and well-being of people before, during, and after pregnancy, as well as the health of infants and children. It includes maternal outcomes like morbidity and mortality, and fetal or infant outcomes such as mortality, low birth weight, and preterm birth.

The health of birthing people and children reflects the overall health of a community. When parents and babies are healthy, it leads to fewer long-term health problems and supports a stronger next generation. Conversely, poor health during pregnancy or early childhood can have lasting effects on families and future generations.



MATERNAL MORTALITY AND MORBIDITY

Maternal mortality refers to deaths that occur during pregnancy or within 42 days after giving birth. For more than a decade, Milwaukee's maternal death rate has remained above 16.8 deaths per 100,000 live births¹⁴. Though disparities persist, maternal deaths represent a small portion of negative outcomes experienced during and after pregnancy.

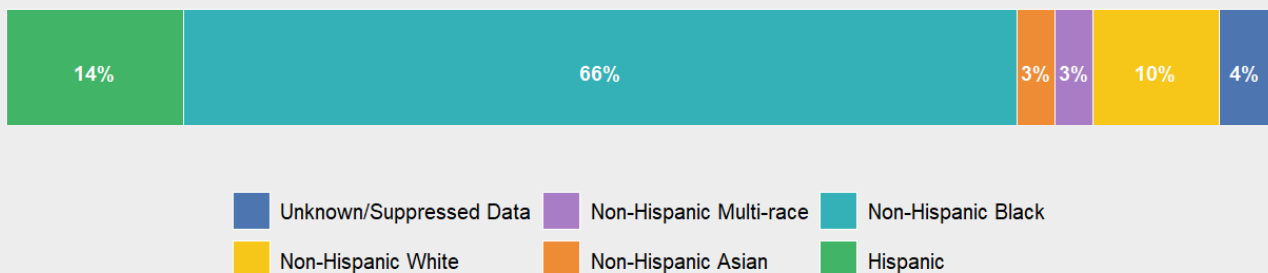
Severe maternal morbidities (SMM), such as hemorrhage or kidney and respiratory complications, are far more common. In 2022, more than one in every 150 delivery-related hospitalizations in Wisconsin involved one or more severe maternal morbidity¹⁵. Risk is highest among non-Hispanic Black birthing people, those under 20 or over 40, and individuals enrolled in BadgerCare¹⁵.

Like maternal mortality, SMM can be deeply traumatic and have lasting physical, mental, and financial impacts. Beyond the immediate medical risks, complications often result in high healthcare costs, emotional distress, and reduced quality of life for families.

INFANT DEATH

In 2023, Milwaukee's infant mortality rate was 9.37 deaths per 1,000 live births, among the highest in the nation. Only four cities had higher rates: Detroit, MI (13.94); Cleveland, OH (11.44); Memphis, TN (9.68); and Columbus, OH (9.54)¹⁴. Infant mortality in Milwaukee is disproportionately high among Black residents, with 14.18 infant deaths per 1,000 live births in 2023. Although Black infants account for about 38% of city births¹⁶, they represent two-thirds of all infant deaths. These disparities highlight the urgent need for equitable prenatal and postnatal care, access to resources, and support for families across all neighborhoods.

Proportion of Infant Deaths by Mother's Race/Ethnicity, Milwaukee 2019-2022



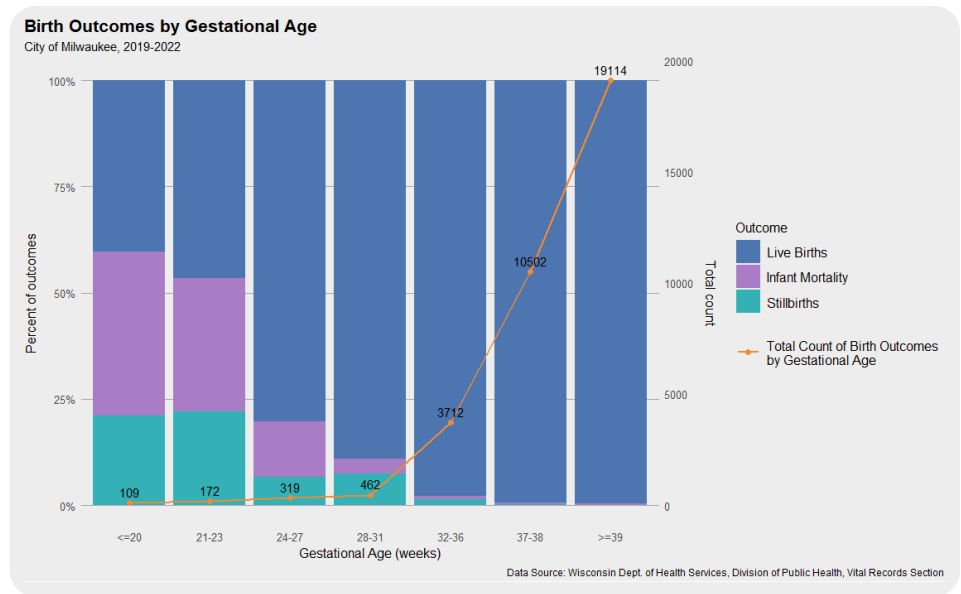
Data Source: Wisconsin Dept. of Health Services, Division of Public Health, Vital Records Section

PRETERM BIRTHS

In 2024, Wisconsin’s preterm birth rate was 10%¹⁷. Preterm birth, defined as delivery before 37 weeks of gestation, is a leading cause of stillbirth, infant mortality, and long-term developmental delays. Examining how far along the pregnancies are at delivery reveals important patterns.

In the visual to the right, the orange line shows the total count of birth outcomes in each gestational-age group. The counts increase as gestational age increases, which indicates that later-term births are far more common overall.

Still, in Milwaukee, more than half of deliveries before 24 weeks result in fetal or infant loss. After 24 weeks, outcomes improve significantly, with survival rates increasing steadily as gestational age approaches full term. By 32–36 weeks, nearly all births result in live infants who survive beyond the first year of life.

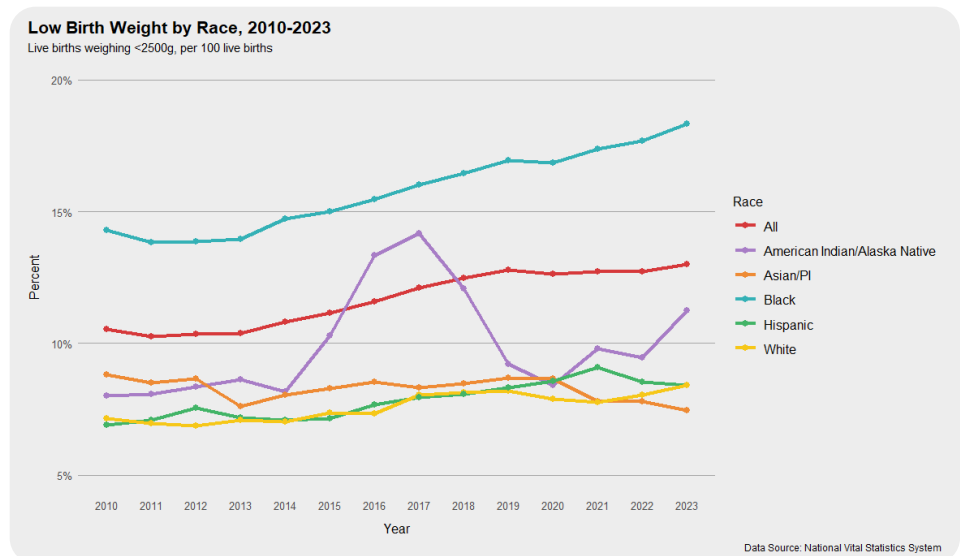


LOW BIRTH WEIGHT

Low birth weight, defined as less than 2,500 grams, is another major concern. Babies born at low birth weights face higher risks of infant loss and long-term health issues. Contributing factors to low birth weight include preterm delivery, environmental exposures, and inadequate prenatal nutrition¹⁸.

Between 2017 and 2021, 11% of live births in Milwaukee County were low birth weight¹⁹, a rate that has remained steady for several years. However, Black infants continue to experience low birth weight more often than any other racial group in the city. Combined with higher rates of preterm birth, this disparity contributes to disproportionate infant health outcomes among Black families.

A healthy birth weight reflects the quality of prenatal care and the socioeconomic conditions that support healthy birth outcomes. Access to nutritious food, safe and affordable housing, and strong social networks all play a role. Strengthening programs that expand access to these supports can help ensure more babies in Milwaukee are born at a healthy weight.



UPSTREAM FACTORS

Disparities in maternal and child health outcomes often stem from systemic inequities such as under-resourced healthcare systems, discriminatory practices, and economic instability. Stable income improves access to insurance and healthcare, while safe housing and clean environments reduce exposure to stress and toxins that harm pregnancy and child development. Strong social supports also improve well-being and resilience among families.

Because many of these drivers are policy-related, upstream interventions are essential. The March of Dimes recommends that states adopt and adequately fund the following policies to strengthen maternal and infant health ¹⁷:

Policy Measure	Definition	Status in Wisconsin
Supportive midwifery policies	Adopt policies that support the growth and sustainability of the midwifery workforce	1 of 4 supportive midwifery policies adopted (pay parity)
Medicaid extension	Have extended coverage for birthing people to one year postpartum	NO
Medicaid expansion	Adopt expansion which allows birthing people greater access to preventative care during pregnancy	NO
Mental health	Require and reimburse for postpartum mental health screening	NO
Doula reimbursement policy	Actively reimburse doula care	NO
Paid family leave	Require employers to provide a paid option while out on parental leave	NO
Commitment to prevention	Have a CDC funded maternal mortality review committee and review fetal and infant deaths	YES

IMMUNIZATIONS

Vaccines are one of the most effective ways to protect children’s health. Before widespread vaccination, diseases such as measles and whooping cough caused thousands of deaths each year in the United States. When most children are vaccinated, these illnesses become rare and are less likely to spread in the community. Most children receive seven routine vaccines that protect against 11 different diseases.

During the COVID-19 pandemic, many children fell behind on their routine vaccinations, leaving Milwaukee at risk for disease outbreaks. In 2025, the United States saw several large measles outbreaks linked to unvaccinated populations, underscoring the importance of maintaining high vaccine coverage.



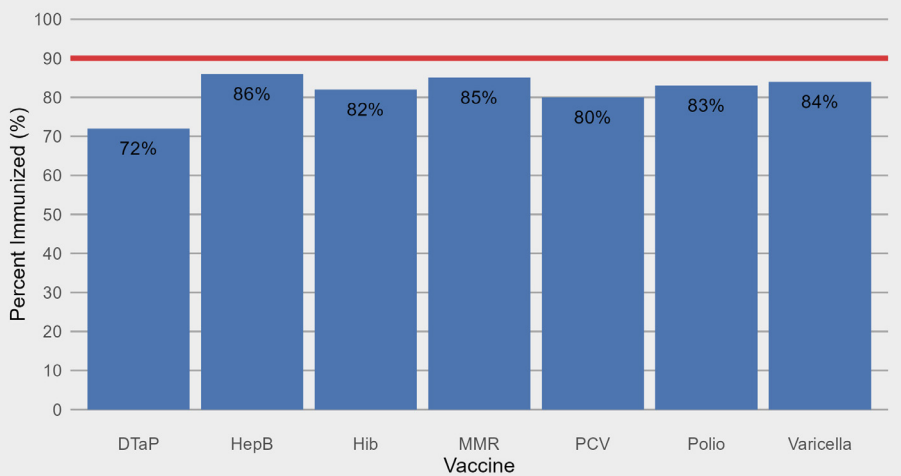
KEY FINDINGS

The U.S. Department of Health and Human Services’ Healthy People 2020 goal is for childhood vaccination rates to reach 90% or higher²⁰. This level is needed to protect communities from outbreaks.

UPSTREAM FACTORS

In Wisconsin, the most common barriers to vaccination include income, health insurance status, and belonging to historically excluded racial or ethnic groups. Additional barriers include limited clinic hours and lack of transportation. Addressing these systemic barriers is essential to keeping vaccination coverage high across all communities.

Routine Vaccine Rates at 24 Months, 2024

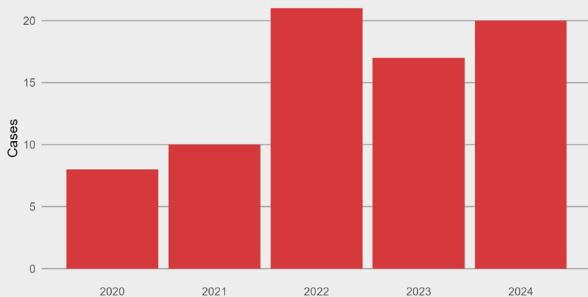


Source: Wisconsin Immunization Registry

SYPHILIS

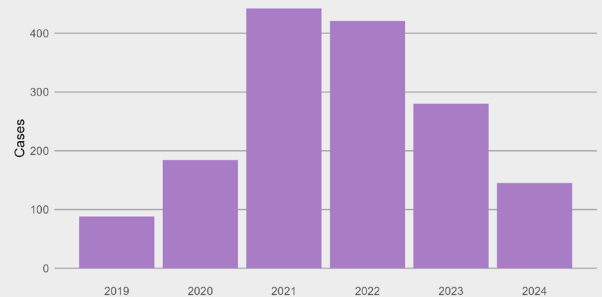
Syphilis is a treatable sexually transmitted infection (STI) with four stages: primary, secondary, latent, and tertiary. People are most contagious during the primary and secondary stages, so these are the stages most often used to track disease trends. Syphilis can also be transmitted during pregnancy, leading to congenital syphilis in newborns. Since 2020, syphilis cases have increased sharply nationwide. In response, the American College of Obstetricians and Gynecologists now recommends that pregnant individuals be tested three times during pregnancy to prevent congenital infections. In Milwaukee, primary and secondary syphilis cases increased fivefold between 2019 and 2021. After peaking in 2021, case counts have steadily declined and are now approaching pre-pandemic levels. As of 2025, Milwaukee is on track for lower case counts than in 2024, continuing this downward trend.

Congenital Syphilis Cases 2019-2024



Source: Wisconsin Electronic Disease Surveillance System

Primary and Secondary Syphilis Cases 2019-2024



Source: Wisconsin Electronic Disease Surveillance System

Mental Health

Mental health encompasses our cognitive and psychological well-being. Being mentally healthy means having the capacity to meet emotional, psychological, and physical needs in a balanced way. Mental health exists on a spectrum, from positive well-being to serious challenges or disorders.



Positive mental health supports emotional regulation, healthy relationships, and the ability to cope with stress. When mental health declines, people may struggle to manage stress and turn to unhealthy coping habits such as substance use, poor diet, or isolation. Over time, these behaviors can worsen both mental and physical health, creating a cycle that is difficult to break.

*All quotes throughout the CHA report are from focus groups and key informant interviews

KEY FINDINGS

In the United States, about 1 in 5 adults have been told by a healthcare professional that they experience depression²¹. In Milwaukee County, 30.6% of residents reported being treated for or diagnosed with a mental health condition between 2021–2024²².

In Milwaukee, 19.6% of adults in 2023 reported experiencing frequent mental distress, defined as poor mental health for 14 or more days in the past month (Big Cities Health Dashboard). Between 2020 and 2024, there was an average of 1,724 emergency department visits for mental health concerns per 100,000 residents (Health Compass). These visits included conditions such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders.

These data show that mental health challenges affect many Milwaukee residents and often result in emergency care use, signaling gaps in access to early and ongoing mental health support.

UPSTREAM FACTORS

Common upstream factors that hinder positive mental health include limited access to care, high costs, and cultural stigma around seeking treatment. These issues can intensify one another and are often bidirectional. Poor mental health can make it harder to access care, while lack of care worsens mental health. Addressing these systemic barriers is essential to improving both mental and physical well-being in the community.

As part of the Milwaukee Health Department’s Community Health Improvement Plan (CHIP), focus groups across the city identified the need to reduce stigma and expand access to mental health services. Residents emphasized the importance of care that is affordable, culturally responsive, and easy to access. These insights are shaping efforts to strengthen local mental health resources and promote a culture of openness and support.



Mental health is a big thing. And homeless people aren't just on drugs or alcohol. These people have mental health issues and this keeps them from going to get help. Somebody will have to literally take them somewhere. This is a cycle.



When I was diagnosed with major depressive disorder, it's like another person stuck within a person. It's really hard to make that adjustment from where I used to be to now.



Mental health, in particular, plays a big factor in just being able to function day-to-day and having access to resources.

Substance Use

Substance Use Disorders (SUDs) are treatable and preventable diseases that cause varying levels of impairment, distress, and dysfunction. They include the use of any psychoactive substance, such as nicotine, alcohol, and illicit drugs. According to the National Survey of Drug Use and Health (2024), 16.8% of people aged 12 and older had a substance use disorder.

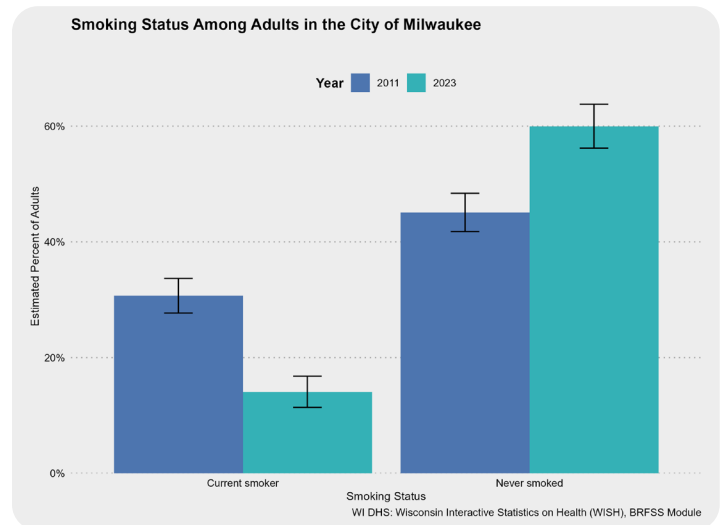


TOBACCO USE AND SMOKING

Cigarette smoking and secondhand smoke contribute to an estimated 480,000 deaths each year in the United States²³. Smoking increases risk of cancer, heart disease, and respiratory illnesses such as COPD and asthma, both among smokers and those exposed to secondhand smoke^{23, 24}.

In Milwaukee, smoking among adults has declined sharply over the past decade, from 30.7% in 2011 to 14.1% in 2023, while the share of adults who have never smoked has risen from 45.1% to 60%.

However, youth vaping has increased significantly. Data from the Youth Risk Behavior Survey (YRBS) show that e-cigarette use among high school students doubled from 7% in 2017 to 14% in 2023, and among middle schoolers rose from 3% in 2017 to 7% in 2021. This trend is concerning, as vaping exposes youth to toxic metals²⁵, disrupts brain development²⁶, and contributes to anxiety and difficulty concentrating²⁶. Students who begin vaping in middle school are more likely to experience problems with memory and decision-making later on.



ALCOHOL

Alcohol remains the most commonly used substance in the United States. While moderate drinking (up to 2 drinks per day for men and 1 for women) is considered generally safe, excessive drinking increases the risk of alcohol use disorder, cancer, liver disease, and injury. The CDC defines excessive alcohol use as one or more of the following:

Type	Description
Binge Drinking	4 or more drinks for women, or 5 or more drinks for men during an occasion.
Heavy Drinking	8 or more drinks for women, or 15 or more drinks for men during a week.
Underage Drinking	Any alcohol use by people younger than 21
Drinking While Pregnant	Any alcohol use during pregnancy

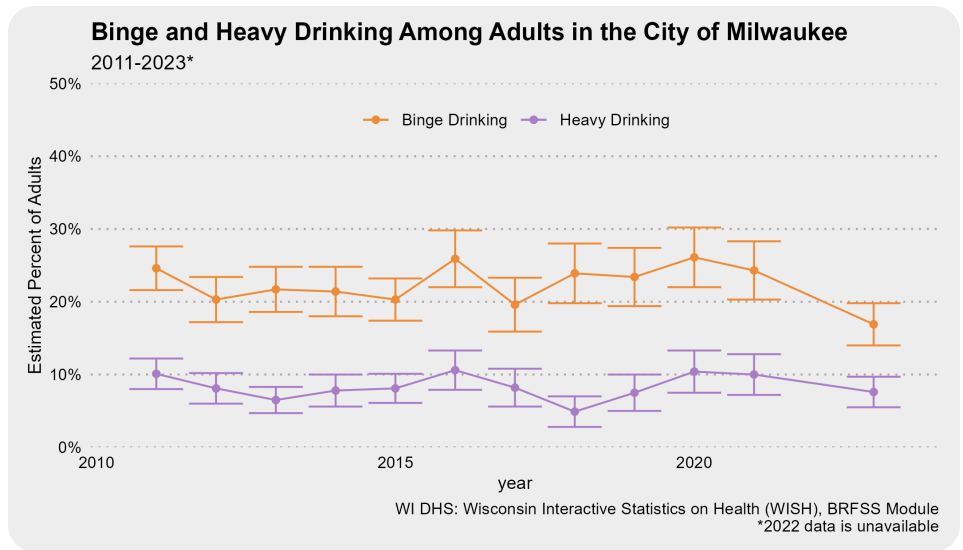
Source: CDC, Alcohol Use and Your Health

RATES OF DRINKING BY YEAR

Since 2011, binge and heavy drinking rates have remained relatively stable in Milwaukee, with about 20–25% of adults reporting binge drinking and 8–12% reporting heavy drinking each year.

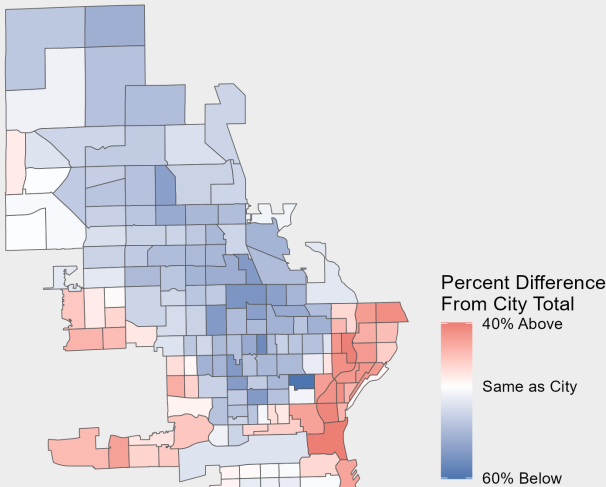
RATES OF DRINKING BY AGE / SEX

Binge drinking is more common among men, while heavy drinking shows little difference between genders. Rates of binge drinking decrease with age, while heavy drinking remains steady until age 65 and older.

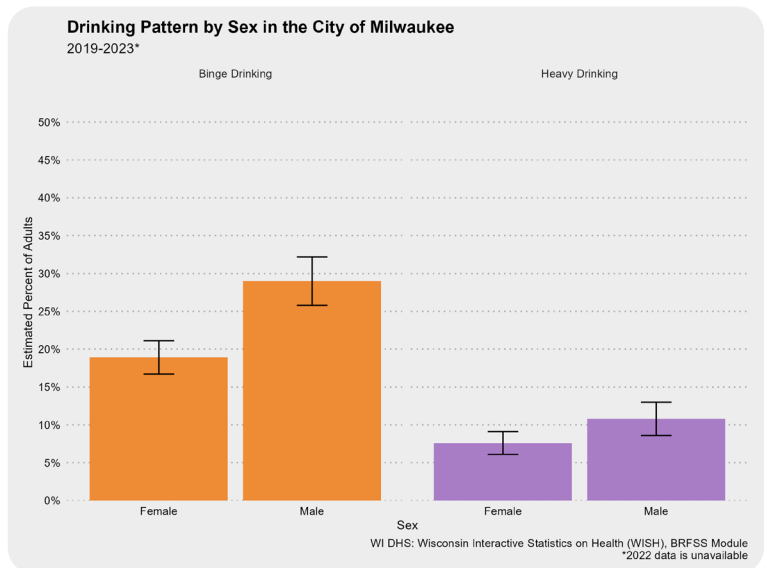
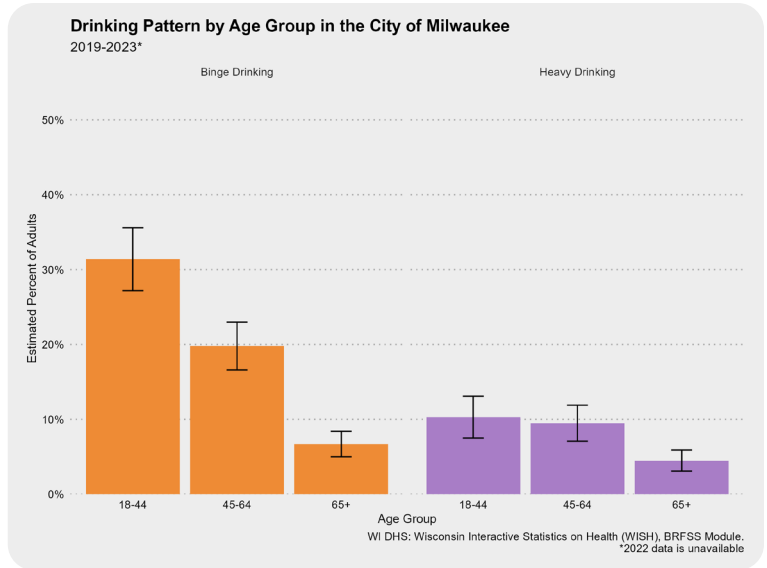


Binge Drinking by Census Tract

2022 BRFSS



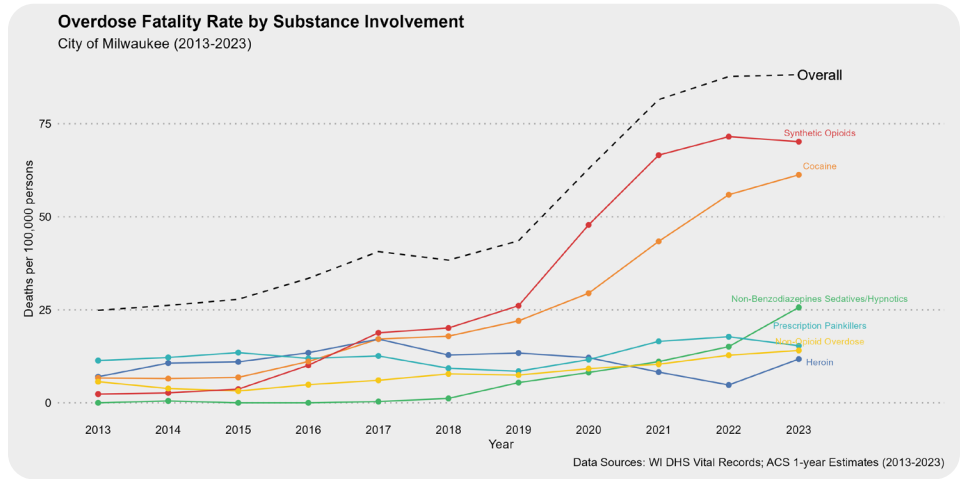
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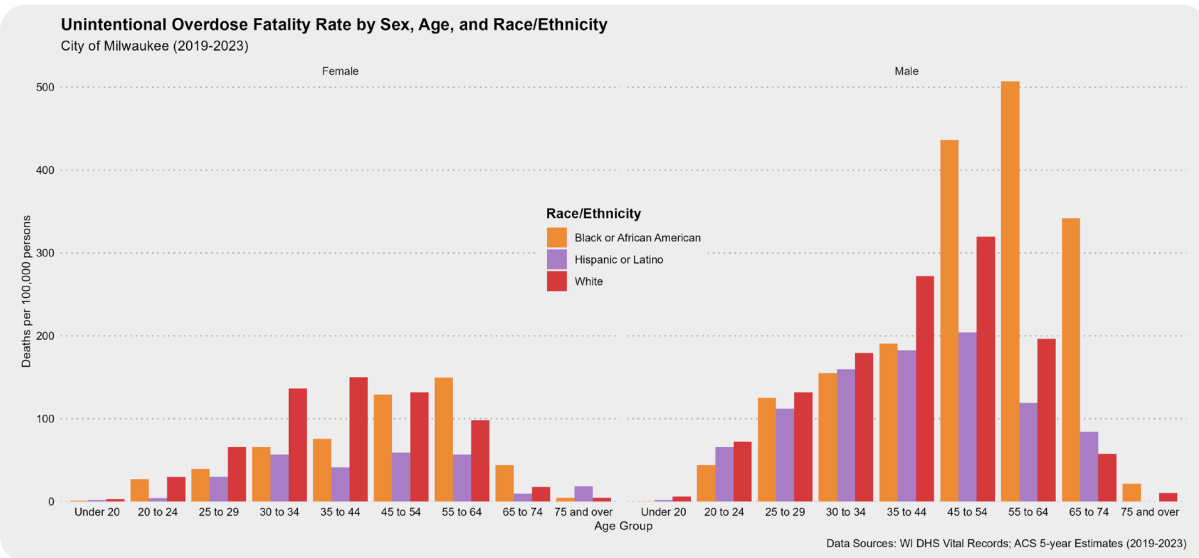
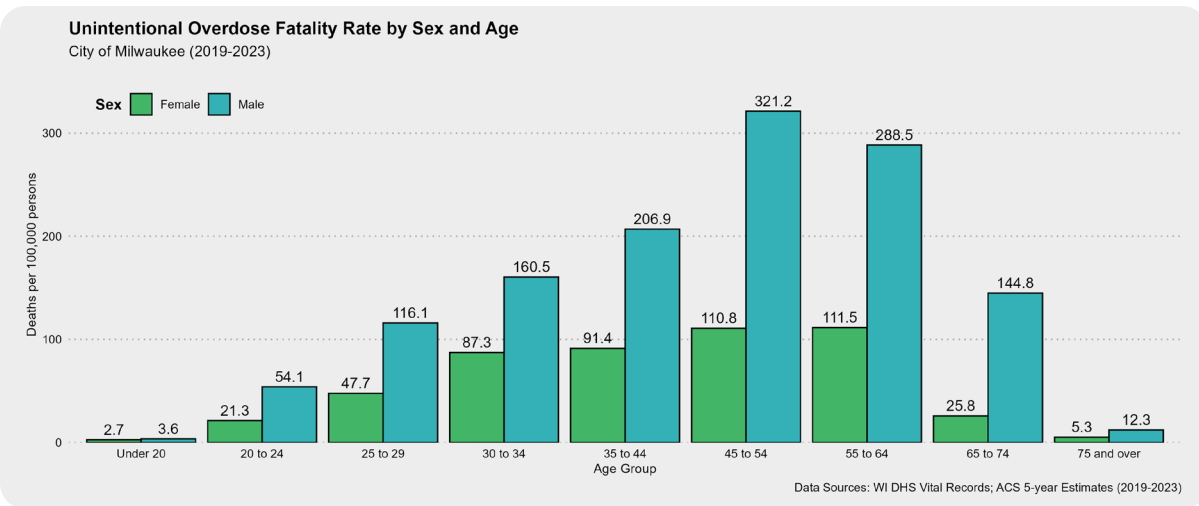
OPIOIDS AND OVERDOSE DEATHS

The opioid epidemic has claimed more than 800,000 lives in the United States since 1999, evolving in four major waves:

- Prescription opioids (1990s–early 2010s)
- Heroin-related overdoses (2010s)
- Synthetic opioids, such as fentanyl (beginning around 2013)
- Polysubstance use, with fentanyl-laced stimulants like cocaine driving recent deaths.



Similar to patterns seen nationwide²⁷, overdose death rates among men in Milwaukee were 2–3 times higher than among women across all age groups between 2019–2023. Men in their mid-40s to early 60s experienced the highest burden, with Black men in this age range facing the highest fatal overdose rates of all demographic groups.



Violence and Injury

Violence and injury are among the most serious threats to health and safety in Milwaukee. Together, they account for many of the city’s premature deaths, especially among younger people, and lead to thousands of emergency department visits each year.



Accidents, such as overdoses, car crashes, and falls, are the leading cause of death for residents ages 1 to 44. At the same time, violence in the form of shootings, homicide, domestic abuse, and suicide continues to deeply affect families and neighborhoods.

These issues are closely connected. Substance use, poverty, unsafe housing, and limited access to mental health care all increase the risk of both injury and violence. Many residents describe the daily stress of reckless driving, harassment, and frequent gunfire in their neighborhoods. Reducing these harms means addressing not only immediate crises but also the underlying conditions that make them more likely to occur.

Top 10 Causes of Death Among 1-44 Year Olds (City of Milwaukee, 2017-2023)

**All death rates from this section are annualized per 100,000 residents and are age adjusted to the U.S. 2000 standard population.*

	2017	2018	2019	2020	2021	2022	2023
1	Accidents	Accidents	Accidents	Accidents	Accidents	Accidents	Accidents
2	Homicide	Homicide	Homicide	Homicide	Homicide	Homicide	Homicide
3	Suicide	Diseases of the heart	Diseases of the heart	Diseases of the heart	Diseases of the heart	Suicide	Diseases of the heart
4	Diseases of the heart	Suicide	Suicide	Cancer	Suicide	Diseases of the heart	Suicide
5	Cancer	Cancer	Cancer	Suicide	COVID-19	Cancer	Cancer
6	Diabetes	Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis	Diabetes	Cancer	Chronic liver disease and cirrhosis	Diabetes
7	Cerebrovascular diseases	Diabetes	Diabetes	Cerebrovascular diseases	Diabetes	COVID-19	Chronic liver disease and cirrhosis
8	Chronic liver disease and cirrhosis	Congenital malformations	Cerebrovascular diseases	Chronic liver disease and cirrhosis	Cerebrovascular diseases	Chronic lower respiratory disease	Cerebrovascular diseases
9	Congenital malformations	Human Immunodeficiency Virus (HIV)	Congenital malformations	Chronic lower respiratory disease	Influenza and pneumonia	Diabetes	Congenital malformations
10	Septicemia	Nephritis	Influenza and pneumonia	Influenza and pneumonia	Congenital malformations	Cerebrovascular diseases	Chronic lower respiratory disease

Source: Vital Records, Wisconsin Department of Health Services

INJURY DEATHS IN MILWAUKEE

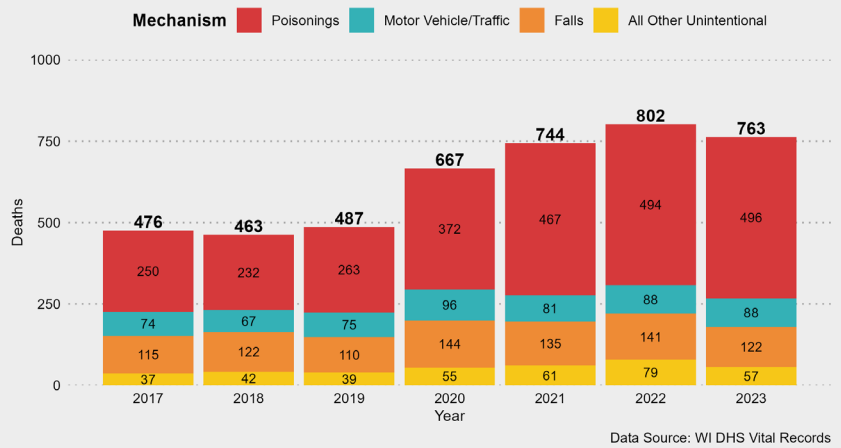
Between 2017 and 2023, unintentional injuries remained the top cause of death for residents ages 1–44, followed by homicide, while suicide consistently ranked among the top five causes.

In 2017, Milwaukee recorded 470 deaths from injuries. By 2023, that number had risen to 760, driven largely by a sharp increase in poisonings, which includes overdoses. Deaths from poisoning nearly doubled, from 250 in 2017 to 496 in 2023. The steepest rise occurred between 2019 and 2021, when overdose deaths jumped from 263 to 487, and those levels have remained high ever since.

This trend reflects national patterns tied to the opioid crisis and the growing presence of fentanyl in the drug supply. Today, overdoses cause more unintentional deaths in Milwaukee than falls, firearms, and motor vehicle crashes combined.

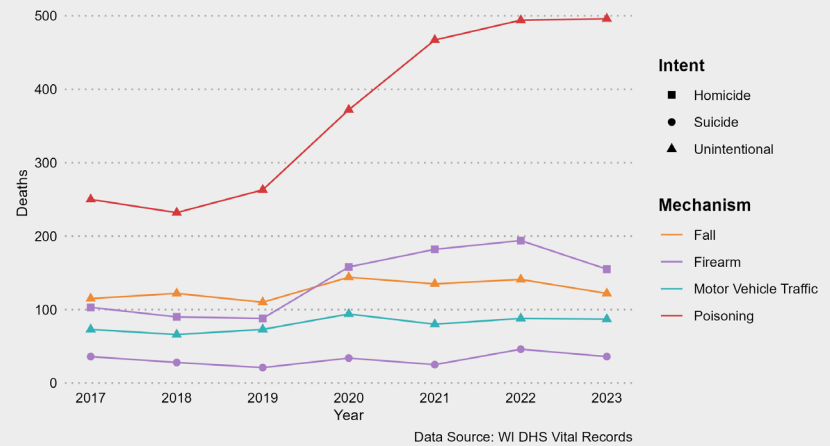
Unintentional Fatal Injuries Deaths by Subcategory

City of Milwaukee (2017-2023)



Top 5 Fatal Injuries by Intent and Mechanism

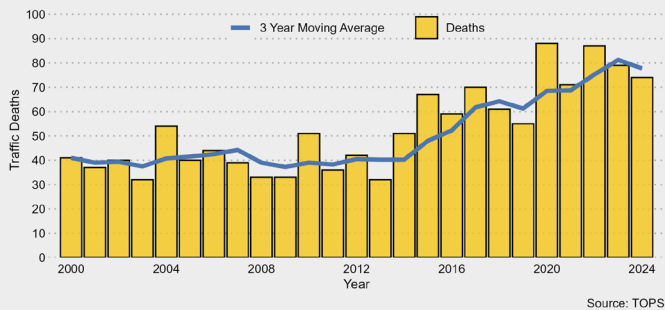
City of Milwaukee (2017-2023)



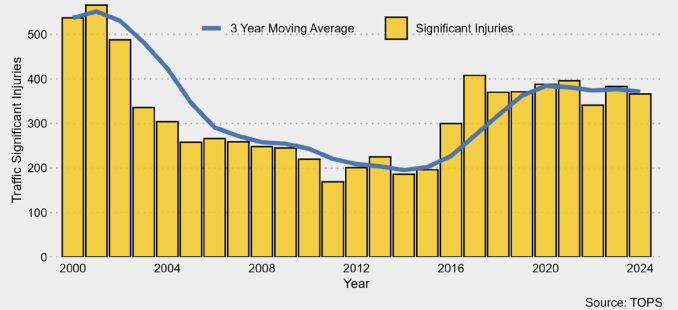
MOTOR VEHICLE CRASHES

While poisonings account for most unintentional injury deaths, motor vehicle crashes remain a major cause of both fatal and nonfatal injuries in Milwaukee. Traffic-related deaths and serious injuries have been rising since the mid-2010s. Between 2014 and 2024, traffic deaths increased by 45% (from 51 to 74), while serious injuries nearly doubled (from 186 to 366).

Yearly Traffic Deaths in the City of Milwaukee

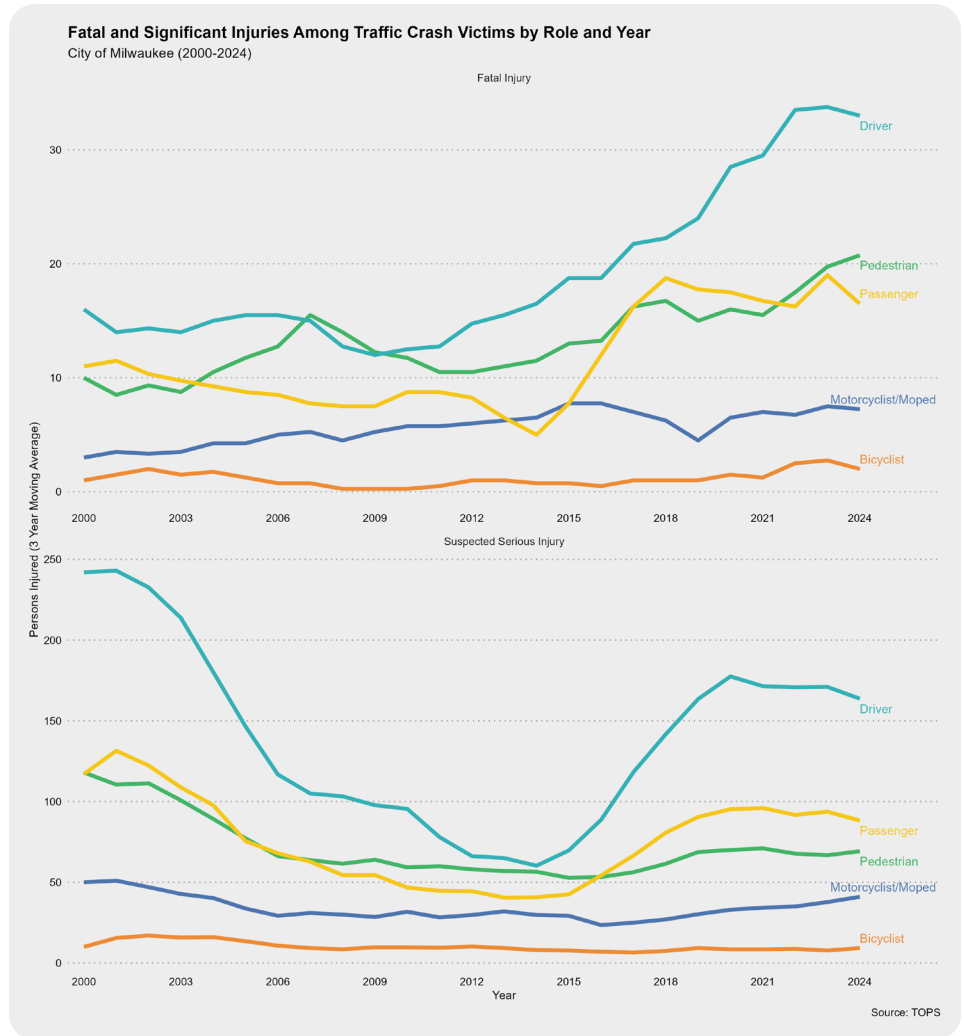


Yearly Significant Injuries from Traffic Crashes in the City of Milwaukee



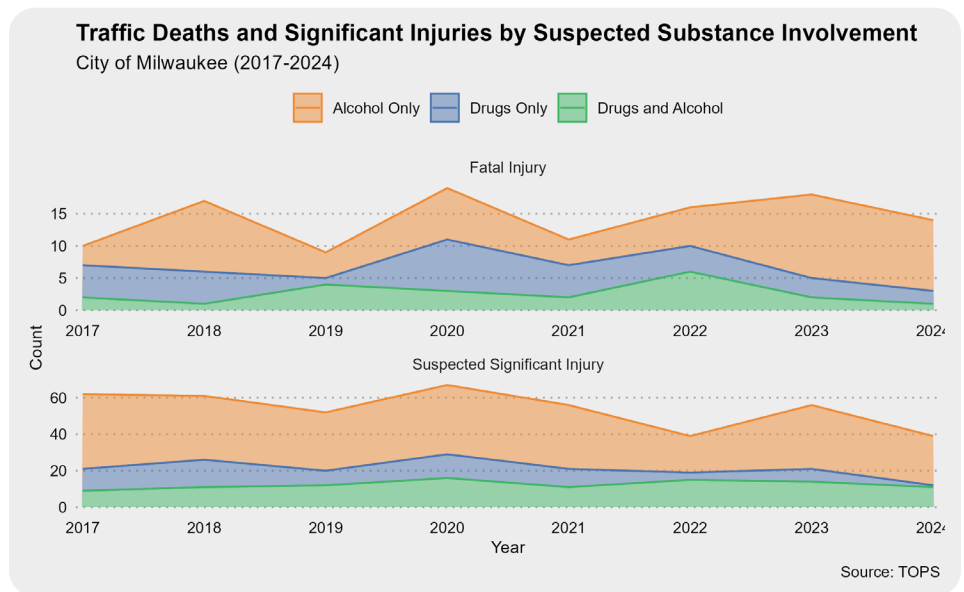
CRASH VICTIMS BY ROLE

When examining the data on increased traffic deaths and serious injuries from the past decade, the changes are not experienced equally among all road users. Vehicle occupants saw the largest increase in serious injuries and fatalities, but pedestrians remain the 2nd most frequent group to die in traffic accidents.



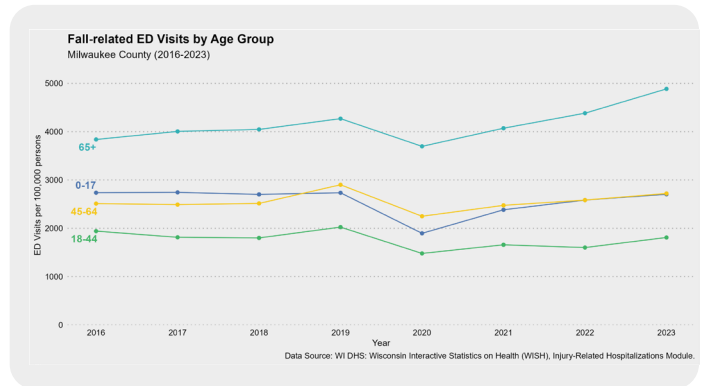
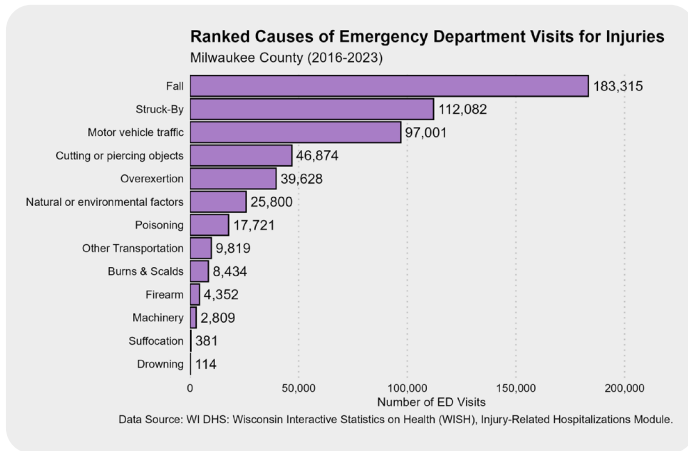
CONTRIBUTING FACTORS

The two strongest factors contributing to severe crashes are speeding and impaired driving. Crashes involving either are 7–8 times more likely to be fatal and cause 4–5 times more serious injuries than those without these factors.



FALLS

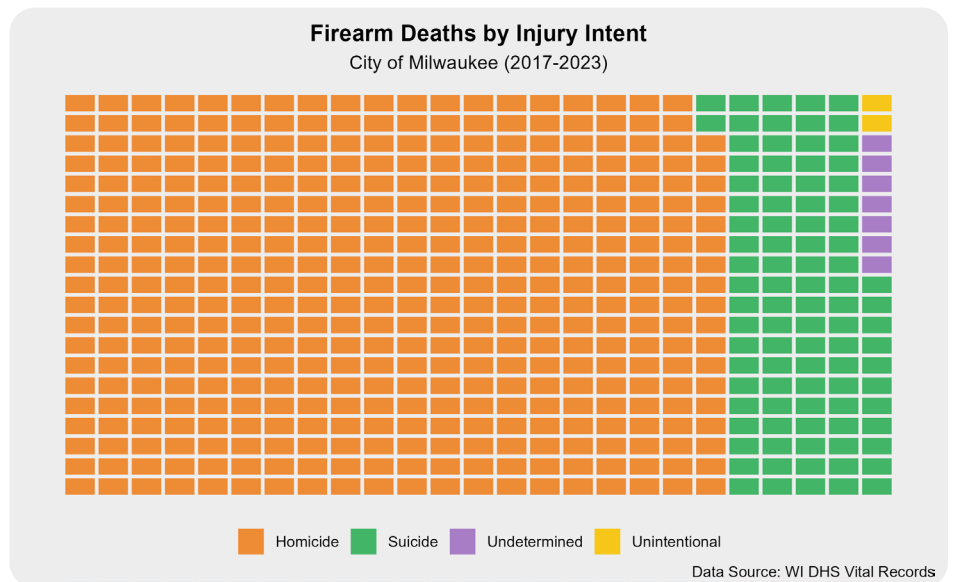
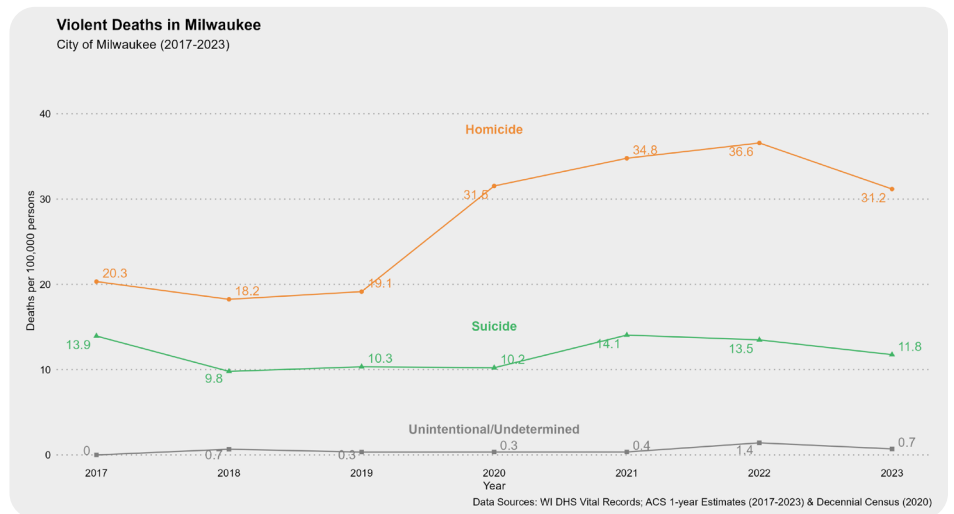
Falls remain one of Milwaukee's leading causes of both fatal and nonfatal injuries. Each year, more than 100 residents die from falls, which ranked as the second leading cause of fatal injury for many years until the recent rise in firearm-related deaths. Beyond mortality, falls frequently lead to fractures, loss of independence, and long-term disability. They account for the highest number of emergency department visits in Milwaukee County by a wide margin. Although older adults are most affected, people of all ages seek emergency care for fall-related injuries.



SHOOTING AND FIREARM-RELATED DEATHS

Firearms account for a large share of violent deaths in Milwaukee. In 2023, there were 155 firearm-related homicides and 36 suicides involving firearms. Nonfatal shootings add to this toll, leaving survivors and families to cope with trauma long after the event.

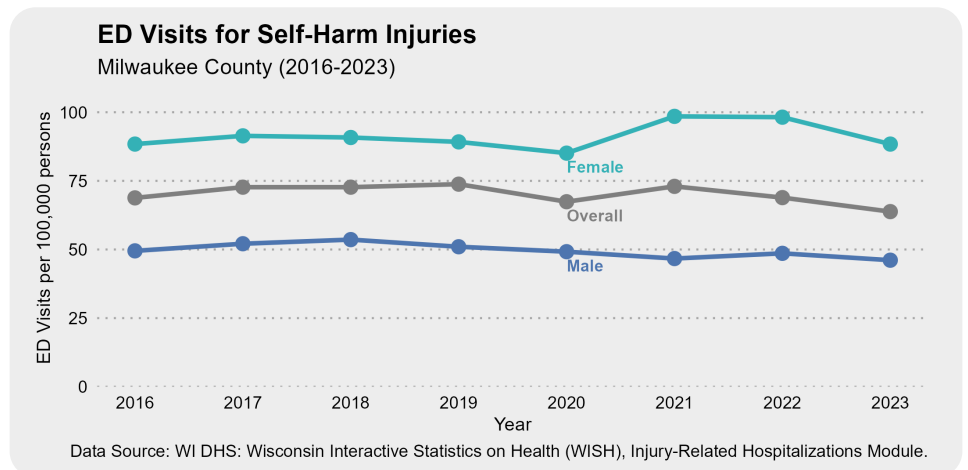
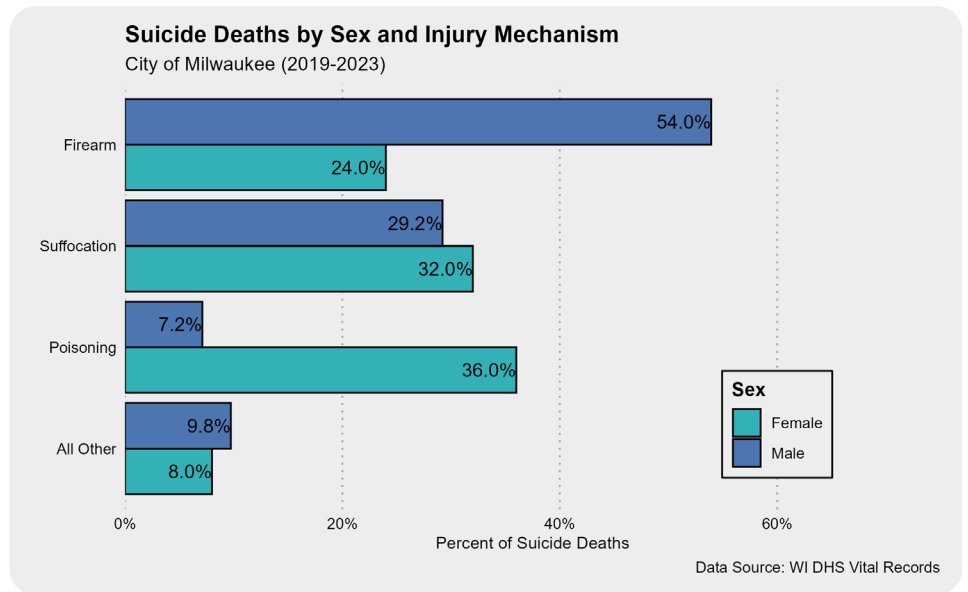
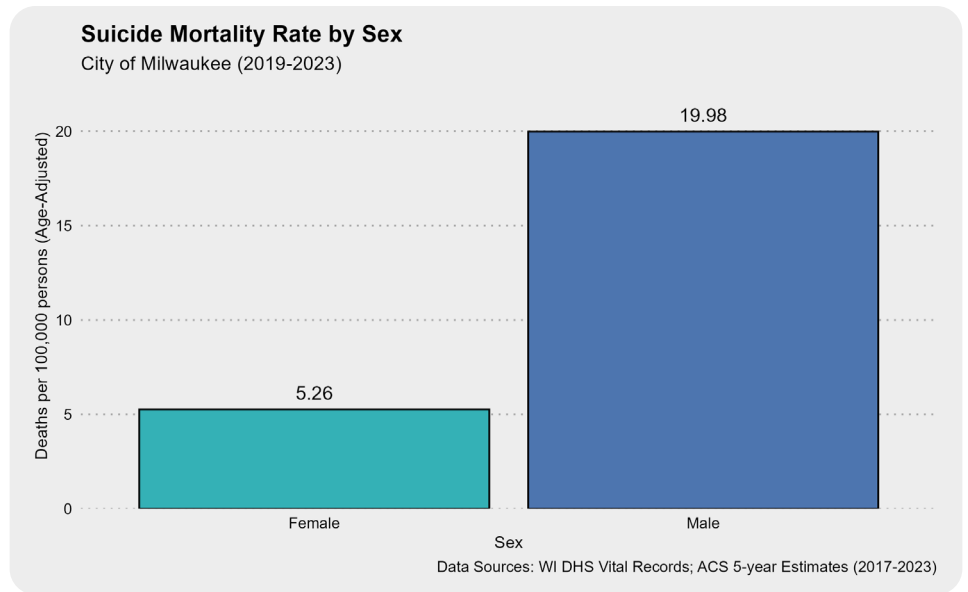
Unlike many parts of the country, where suicides make up most firearm deaths, homicides are the main driver of firearm deaths in Milwaukee. This reflects what many residents describe as an ongoing crisis of neighborhood violence and fear that disrupts daily life and harms mental health.



SUICIDE

Suicide remains among the top five causes of death for residents ages 1–44 in Milwaukee. In 2023, 66 residents died by suicide, most involving firearms. Between 2019 and 2023, males experienced higher suicide death rates than females, largely due to differences in methods.

While women die by suicide at lower rates, they experience higher rates of emergency department visits for suicide and self-harm. From 2016 through 2023, self-harm-related ED visits among males remained mostly stable, but visits among females increased sharply during the COVID-19 pandemic.



UPSTREAM FACTORS

Violence and injury do not occur in isolation; they grow out of broader social and economic conditions.

Residents and data point to several root causes:



Economic stress

Low wages and job insecurity create instability and increase stress.



Substance use

Alcohol and drug misuse contribute to overdoses, impaired driving, and domestic conflict.



Unsafe housing and neighborhoods

Vacant or poorly maintained buildings raise risks for violence, fires, and falls.



Street safety and infrastructure

Dangerous driving, poor street design, and inconsistent enforcement elevate crash risks for drivers and pedestrians.



Limited access to mental health care

Long waits, high costs, and few culturally responsive providers increase risk for suicide and violence.



Systemic inequities

Racism, discrimination, and immigration barriers leave some communities facing the greatest health risks with the fewest resources to recover.

COMMUNITY VOICES

Residents across Milwaukee shared how violence and safety affect their daily lives:



People are afraid not only to get on the streets, but to come out of their homes. They're afraid because the world out there just really feels very dangerous.



The transgender community has been facing a lot in terms of increased visibility, but in a negative way. They face a lot of harassment and just less public safety.



Good touch / bad touch programs are needed. It's kind of taboo in the Hmong community, but we need to start talking.

Survey results echo these experiences. Nearly one in three residents (30.5%) identified community safety and gun violence as one of the top three priorities for improving health in Milwaukee.

Next Steps

The City of Milwaukee CHA is a vital tool for understanding the health of our city, and it must be shared widely with those who live, work, and play in Milwaukee. To make that happen, MHD will continue to engage community partners, organizations, and residents in meaningful dialogue about the results.

The findings from the CHA will guide public health programs and initiatives for the next several years. More importantly, this assessment is part of an ongoing process of learning, action, and collaboration that involves the entire community.

In early 2026, MHD will present CHA results directly to residents, meeting people where they are through community meetings, neighborhood presentations, and public discussions. These conversations will help residents understand the data, reflect on how it impacts their daily lives, and provide input that will shape future public health priorities.



MOVING FROM ASSESSMENT TO ACTION

With the completion of the CHA, the next step is to develop the Community Health Improvement Plan (CHIP), which is a collaborative, long-term plan to address the most pressing health issues identified in the CHA. The CHIP belongs to the entire community. Led by MHD, it brings together individuals, organizations, and partners across the city to create strategies that ensure everyone has what they need to live healthy and well.

Beginning in 2026, these partners will work through existing and new action teams to develop and implement health goals and objectives. They will continue meeting regularly to monitor progress, evaluate results, and share updates each year with the public.

THE CHA / CHIP CYCLE: PARTNERING FOR SUCCESS

Like all local health departments in Wisconsin, MHD is required to conduct a CHA every five years. However, beginning in 2025, MHD will move to a three-year cycle, a change made to align with the timeline used by the Milwaukee Health Care Partnership (MHCP) and local hospital systems.

The MHCP is a unique collaboration between healthcare systems, local health departments, and nonprofit organizations in Milwaukee County. Every three years, the partnership gathers data through community surveys, focus groups, and key informant interviews to inform both hospital and public health planning. Aligning MHD's cycle with MHCP ensures the department has access to the most current and comprehensive data available and a strong voice at the table as new data are collected.

By combining MHCP's data with information from MHD's own programs, state, and federal sources, the department can provide a complete and up-to-date picture of Milwaukee's health. This partnership-driven approach strengthens coordination across systems and supports data-informed decisions that improve health outcomes for everyone in Milwaukee.

**Visit us online
to learn more!**
milwaukee.gov/Elevate
Our Health. Our Community. Our Future

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Appendix

Survey Findings Overview

The City of Milwaukee Health Department (MHD) partnered with the Milwaukee Health Care Partnership (MHCP) to conduct the 2024 Community Health Needs Assessment (CHNA) survey. The survey offered valuable insight into how residents view their own health and the health of their neighborhoods.

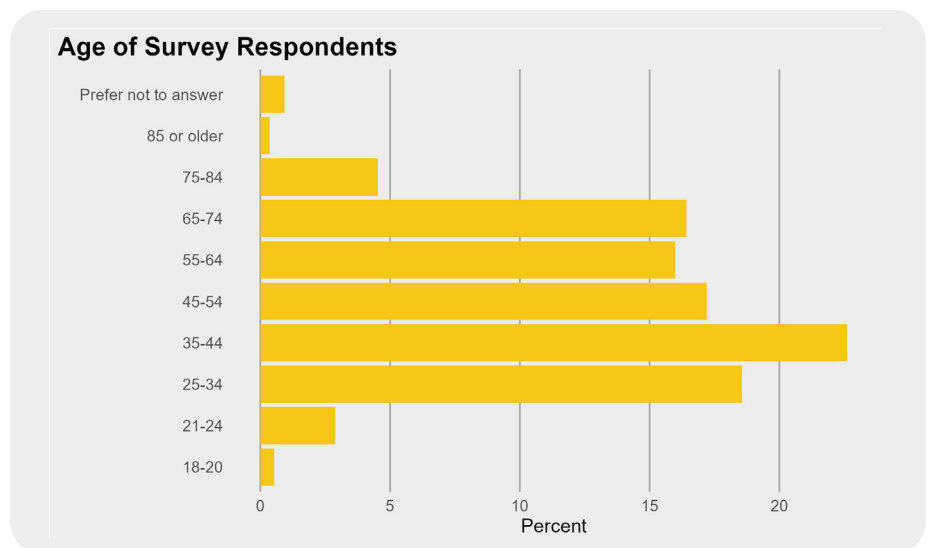
More than 3,400 Milwaukee residents participated, sharing their priorities, concerns, and lived experiences. Of these, 2,808 completed at least 75% of the survey, and those responses form the basis of the findings in this report. While the survey does not represent every voice in Milwaukee, it reflects broad community themes and highlights both strengths and areas where needs remain.

WHO WE HEARD FROM

Survey respondents represented a wide range of Milwaukee's communities, spanning diverse races, ethnicities, ages, income levels, and neighborhoods.

AGE

Participants came from every age group. The largest share were ages 35–44, followed by 25–34 and 65–74. Fewer responses came from the youngest (18–20) and oldest (85+) residents.



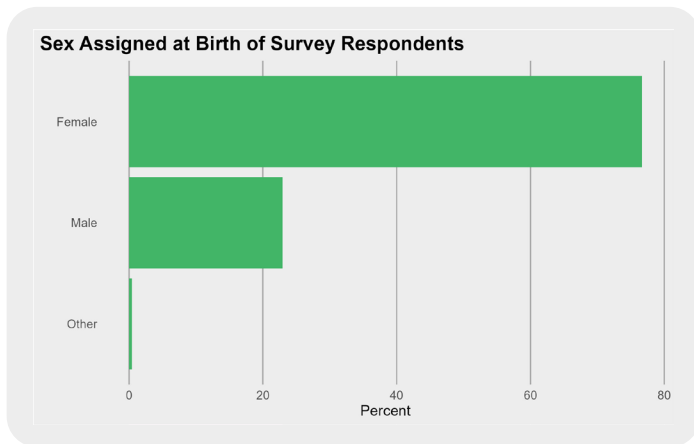
RACE AND ETHNICITY

Most respondents identified as White or Caucasian, followed by Black or African American residents, with smaller shares identifying as Hispanic/Latino, American Indian, Asian, or multiracial. Some participants chose not to identify their race or ethnicity.

Race	Hispanic/Latino/Latinx	Non-Hispanic/Latino/Latinx	Prefer not to answer
American Indian or Alaska Native	29	52	*
Asian or Asian American	5	56	*
Black or African American	25	757	27
Native Hawaiian or Other Pacific Islander	*	7	*
White or Caucasian	194	1489	24
Some other race	69	26	5
Prefer not to answer	98	31	53

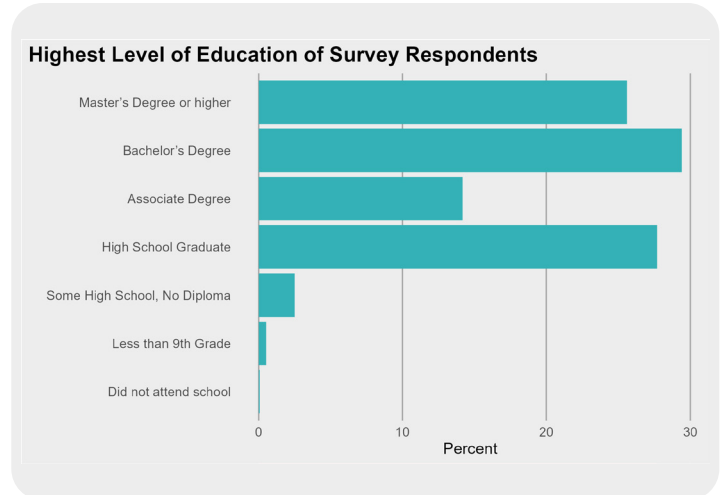
SEX ASSIGNED AT BIRTH

The majority of participants were assigned female at birth, followed by male, with a small number identifying otherwise.



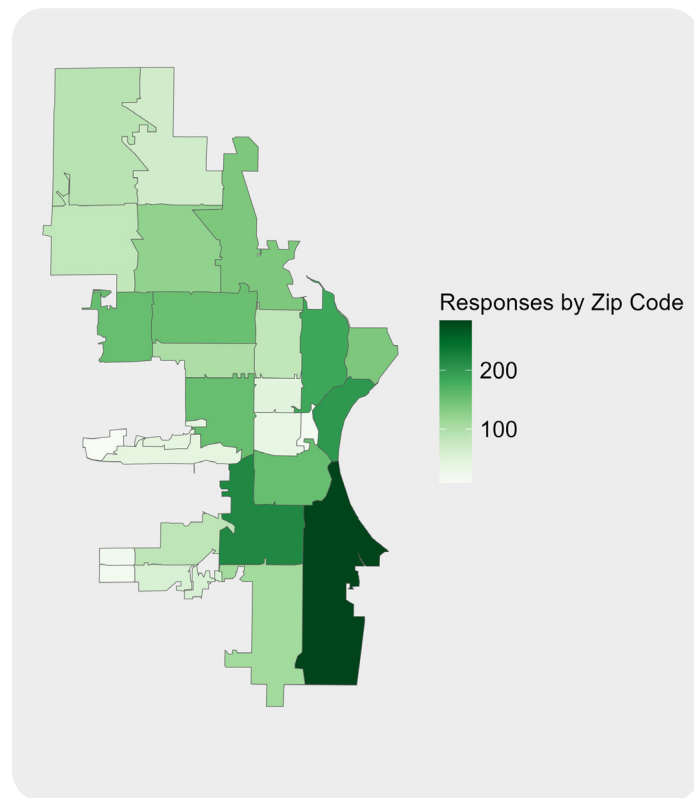
EDUCATION:

Most respondents had completed high school or higher education, with many holding an associate, bachelor's degree, or master's degrees. Only a small percentage had not completed high school.



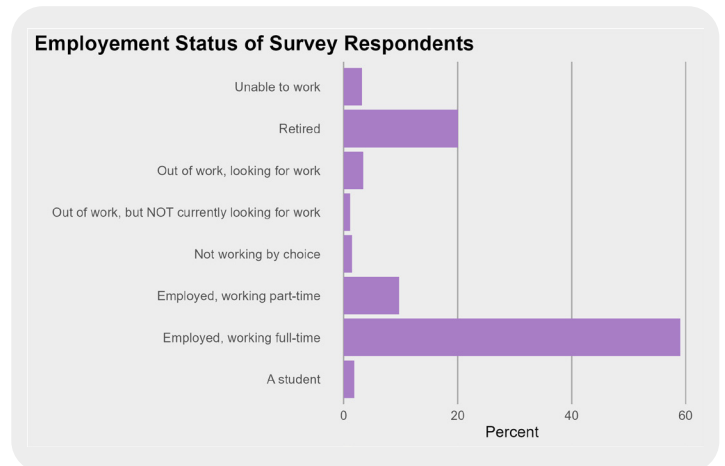
GEOGRAPHY

Participation was strongest in central and southern Milwaukee ZIP codes. The ZIP code 53207 had the most responses (284), while 53226 had the fewest (9). Every area of the city was represented.



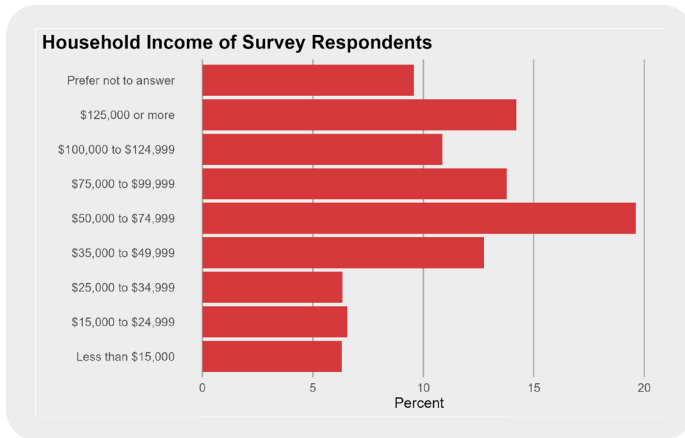
EMPLOYMENT

The majority of participants were employed full-time, while others worked part-time, were retired, students, or unable to work.



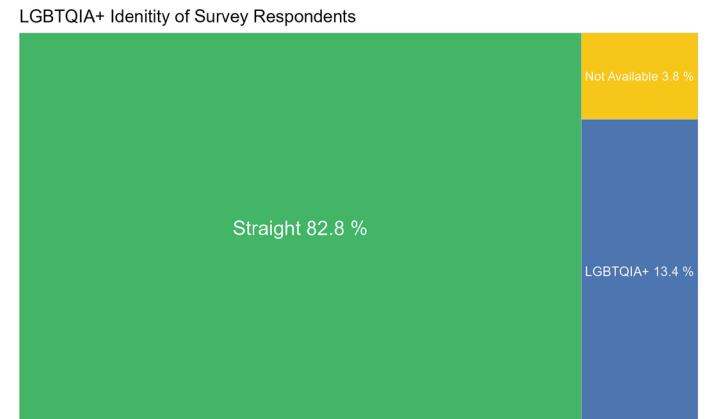
INCOME

The most common household income range among respondents was \$50,000-\$74,999 per year.



LGBTQIA+ IDENTITY

Most respondents identified as straight (82.8%), while 13.4% identified as LGBTQIA+



HOW SURVEY FINDINGS ARE USED

Survey results are woven throughout this CHA. Data from the survey appear alongside other local health data, focus group insights, and community statistics. Representative quotes from open-ended survey responses are also included to elevate residents' voices. A full list of survey questions can be found in [Health Compass Milwaukee](#).

LIMITATIONS

Like all community surveys, there are a few important considerations:

Not fully representative

The survey reflects the views of people who actively chose to participate, and its demographics do not perfectly match Milwaukee's population. Certain groups such as women, adults aged 25-44, and those with higher education were more likely to respond.

Language and access barriers

Despite outreach efforts, some residents may have been left out because of language, technology, or accessibility barriers.

Self-reported data

All responses are based on participants' own experiences and perceptions. While these perspectives are valuable, they may differ from population-level health data.

Despite these limitations, the survey offers an important window into how Milwaukee residents experience health in their daily lives and what they believe needs to change to improve it.

Characteristic	Survey Responses	Milwaukee
Sex		
Female	76.6%	51.8%
Male	22.9%	48.2%
Other	0.4%	-
Ethnicity		
Hispanic/Latino/Latinx	13.9%	20.1%
Non-Hispanic/Latino/Latinx	82.3%	79.9%
Prefer not to answer	3.8%	-
Race		
American Indian or Alaskan Native	2.8%	1%
Asian or Asian American	2.1%	5.8%
Black or African American	27.4%	42.9%
Native Hawaiian or other Pacific Islander	0.2%	0%
Prefer not to answer	6.2%	-
Some other race	3.4%	10.1%
White or Caucasian	57.9%	40.1%

KEY SURVEY FINDINGS

The 2024 survey paints a detailed picture of how Milwaukee residents experience health, both the challenges they face and the priorities they value most. Many reported managing chronic and mental health conditions while also confronting barriers related to affordability, access, and neighborhood conditions.



CHRONIC HEALTH CONDITIONS

About 1 in 3 residents reported having high blood pressure, and 1 in 4 reported high cholesterol. Diabetes (13%) and heart disease (9%) were also common.



MENTAL HEALTH CONDITIONS

Mental health stood out as a major concern: 31% of respondents reported conditions such as anxiety, depression, or trauma. Rates were significantly higher among LGBTQIA+ residents (54%), revealing clear disparities in mental health needs.



HEALTH INSURANCE

Most participants said they have health insurance, yet many expressed frustration with out-of-pocket costs and limited coverage. Only about 4 in 10 described their health as “good,” while another 4 in 10 said they were “somewhat healthy,” showing that many residents feel only moderately well.



HOUSING

Housing was largely stable. Around 90% reported having a steady place to live, but 8% worried about losing housing, and a small share reported being unhoused.

When asked what would most improve health in Milwaukee, residents pointed first to:



Affordable housing (46%)



Affordable healthcare (44%)



Community safety (31%)

OTHER NOTES FROM THE COMMUNITY

Many also emphasized the importance of mental health services, access to healthy food, and good jobs as key to building stronger, healthier neighborhoods.

Finally, residents underscored that neighborhood environments strongly influence well-being. Most said they can easily reach grocery stores and parks, but fewer felt they had access to affordable healthy food or clean air and water.

Together, these findings show that while most of Milwaukee’s residents are managing day to day, many still face financial, environmental, and mental health challenges that shape overall quality of life.

Focus Group Overview

WHO WE HEARD FROM

These focus groups brought together voices from across Milwaukee: residents with disabilities, American Indian community members, Burmese and Hmong immigrants and refugees, Spanish-speaking residents, and Black men with current or past experiences of homelessness. Their stories reveal daily struggles and strengths that numbers alone cannot capture.

KEY THEMES

ACCESS TO CARE AND NAVIGATION

Participants frequently described challenges in accessing consistent, affordable care. Some lost Medicaid unexpectedly or received unexpected bills for visits they thought were covered. Others faced long waits or difficulty scheduling appointments. Residents emphasized that having insurance isn't enough, they need hands-on help navigating the system, making appointments, arranging transportation, and following up on care.

HOUSING AND SAFETY

Many participants shared concerns about unsafe housing and neighborhood violence. They described issues such as mold, fire hazards, and high rents for unsafe units. Seniors worried that subsidized housing was located in unsafe areas. Gun violence, drugs, and reckless driving made people feel unsafe. Suggested solutions included tiny-home villages, repurposing vacant buildings, and stronger enforcement of housing safety standards.

ENVIRONMENT

Environmental concerns were widespread. Residents voiced fear about lead in water and paint, uncertainty about pipe replacement timelines, and worry about pollution and sewer overflows. Many said that clean water and safe surroundings remain basic needs that are not yet guaranteed in every neighborhood.

LANGUAGE AND ACCESSIBILITY

Language and accessibility barriers continue to limit access to services. Immigrants and refugees said qualified interpreters are not always provided, leading to confusion and wasted appointments. Blind and low-vision residents emphasized the need for materials in braille, audio, large print, and digital formats. Without these tools, many are effectively shut out of care.

MENTAL HEALTH AND ISOLATION

Mental health was a recurring theme across nearly every group. Stigma, high costs, and a shortage of providers prevent many from receiving care. Residents with disabilities spoke about feeling isolated, especially when services are inaccessible. Elders and people in recovery said loneliness deeply affects their well-being and that simple acts of connection, like a call or visit, can make a big difference.

TRANSPORTATION

Reliable transportation was described as essential but often unreliable. Long bus rides, missed connections, and confusing routes lead to missed medical appointments and grocery trips. Residents called for clearer bus stops, more dependable schedules, and direct routes to clinics and grocery stores.

EDUCATION, YOUTH, AND FAMILY

Participants connected schools and family life directly to community health. Teachers face growing pressure with limited resources, after-school programs are shrinking, and safe play spaces are disappearing. Parents called for more family support, youth programs, and community spaces where children can learn, play, and thrive.

ECONOMIC STABILITY AND EMPLOYMENT

Residents strongly linked health to stable jobs and fair wages. Many said that low pay and underemployment make it hard to afford rent, food, and medication. People with disabilities described especially limited job opportunities. Rising costs force some families to delay care or buy cheaper, less healthy food. Stable employment was seen as the foundation of good health.

COMMUNITY ASSETS

Despite challenges, residents also highlighted the resources that strengthen their communities:

- Disability and elder organizations (Independence First, ADRC, Vision Forward)
- Cultural and community health centers (Gerald Ignace Indian Health Center, Milwaukee Consortium for Hmong Health, churches)
- Mobile crisis and wraparound mental health teams
- Faith-based organizations and peer recovery groups
- Public libraries as hubs for job help, education, and resource navigation

Residents described these places as spaces where people feel supported, seen, and connected to information and care.

Focus Groups and Key Informant List

KEY INFORMANTS

Salma Akhter

Clinic and Office Coordinator, Muslim Community and Health Center of Wisconsin

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Administrator, Disabilities Services
Milwaukee County DHHS

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Professor, Division of Epidemiology
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Michele Bria

Chief Executive Officer, Journey House

Maria Chay

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Affairs, Greater Milwaukee Urban League

Eric Collins-Dyke

Assistant Administrator of Supportive Housing and
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Héctor Colón

President and CEO, Lutheran Social Services of
Wisconsin and Upper Michigan, Inc.

Matt Crespín

Executive Director, Children's Health Alliance of WI

Frank Cumberbatch

VP Community Engagement, Bader Philanthropies

Julie Divjak

VP of Community Impact, United Way of Greater
Milwaukee and Waukesha County

Andi Elliott

CEO, Community Advocates Inc.

Martina Gollin-Graves

President and CEO, Mental Health America of WI

Abby Gorecki

VP Community Health, Sixteenth Street
Community Health Centers

Bria Grant

Executive Director, UniteWI

Laura Gutiérrez

Chief Executive Director
United Community Center

Patti Habeck

President, Feeding America Eastern WI

Ashanti Hamilton

Manager of Workforce Development, Veolia
North America (Formerly Director of the Office of
Community Wellness and Safety, City of Milwaukee)

Helen Hermus

Executive Director
Milwaukee Consortium for Hmong Health, Inc.

John Hyatt

President and CEO, IMPACT Inc.

Celia Jackson

Consultant, Owner, Speaker, Advocate, Presenter,
Writer, Shidi LLC, Coalition for Safe Driving MKE

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Health Equity Researcher, Associate Professor, Interim
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Strategic Initiatives and Transformation Director
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Deputy Director, Milwaukee County DHHS

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Chief of Police, Milwaukee Police Department

Joshua Parish

Assistant Chief, The Milwaukee Fire
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Andrew Petroll

Professor, Infectious Disease Specialist
Infectious Disease Clinic
Froedtert Hospital and the Medical College of
Wisconsin

Carmen Pitre

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Sojourner Family Peace Center

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Professor of Urban Planning
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Gerald L. Ignace Indian Health Center

Carla Washington

Wisconsin VP of Operations, Vivent Health

Amanda Weiler

Health Impact Manager, United Way of Greater
Milwaukee and Waukesha County

Jessica Weinberg

Vision Zero Policy Director, City of Milwaukee

Bridget Whitaker

Executive Director, Safe and Sound

Reeve Wittenberg

Pediatric Nurse
Gerald L. Ignace Indian Health Center

Tracy Williams

Founder/Executive, Elephant Parade (Former
President and CEO YWCA of Southeast Wisconsin)

Erica Wright

Former Deputy Commissioner of Community Health,
City of Milwaukee Health Department

FOCUS GROUPS

Faith Focus

Including representatives from organizations based in or affiliated with religious groups serving Milwaukee County.

Gerald L. Ignace Indian Health Center

Including individuals receiving health care or services at Gerald L. Ignace Indian Health Center.

Guest House of Milwaukee

Including individuals experiencing homelessness and receiving services through Guest House of Milwaukee.

Independence First

Including individuals with disabilities connected with or receiving services from Independence First.

Justice System Focus

Including organizations and leaders with lived experience in the justice system in Milwaukee County.

Milwaukee Consortium for Hmong Health, Inc.

Including individuals involved with or receiving services from Milwaukee Consortium for Hmong Health, which serves Hmong and Southeast Asian communities through providing education, cancer screenings, and patient navigation.

Mental Health Focus

Including organizations working to address mental health needs in Milwaukee County.

Milwaukee Health Department Family and Community Health

Including individuals working with families through programs under Milwaukee Health Department's Family and Community Health branch.

Public Health Leaders

Including representatives from local health departments serving Milwaukee County municipalities.

Refugee Focus

Including organizations serving refugee populations in Milwaukee County.

Safety Net Clinics

Including representatives from the Free and Community Clinic Collaborative (FC3), a coalition of safety net clinics that provide free and low-cost health care services to uninsured and underinsured patients.

Youth Community Members

Including 2 focus groups comprised of Milwaukee County Residents ages 14-18.

Youth Focus

Including representatives from community based organizations serving children and adolescents.

Leading Causes of death: Data Breakdown

Top 10 Age-Adjusted Causes of Death by Year in the City of Milwaukee*

*All death rates from this section are annualized per 100,000 residents and are age adjusted to the U.S. 2000 standard population.

	2017	2018	2019	2020	2021	2022	2023
1	Diseases of the heart (204.62)	Diseases of the heart (216.54)	Diseases of the heart (236.72)	Diseases of the heart (241.99)"	Diseases of the heart (227.89)	Diseases of the heart (230.79)	Diseases of the heart (222.84)
2	Cancer (193.02)	Cancer (197.42)	Cancer (193.91)	Cancer (199.68)	Cancer (192.07)	Cancer (181.05)	Cancer (184.08)
3	Accidents (83.73)	Accidents (84.11)	Accidents (88.66)	Accidents (123.38)	Accidents (138.75)	Accidents (149.77)	Accidents (146.85)
4	Chronic lower respiratory diseases (41.59)	Cerebrovascular diseases (41.08)	Cerebrovascular diseases (38.36)	Cerebrovascular diseases (56.56)	COVID-19 (91.91)	Cerebrovascular diseases (50.58)	Cerebrovascular diseases (43.48)
5	Cerebrovascular diseases (33.03)	Chronic lower respiratory diseases (40.38)	Chronic lower respiratory diseases (38.17)	Chronic lower respiratory diseases (46.11)	Cerebrovascular diseases (44.57)	COVID-19 (46.41)	Chronic lower respiratory diseases (36.18)
6	Diabetes (26.76)	Diabetes (32.47)	Diabetes (29.67)	Diabetes (40.94)	Chronic lower respiratory diseases (40.91)	Chronic lower respiratory diseases (39.79)	Assault (homicide) (29.50)
7	Alzheimer's disease (21.10)	Nephritis (20.76)	Alzheimer's disease (24.35)	Alzheimer's disease (30.88)	Diabetes (37.08)	Assault (homicide) (34.96)	Diabetes (26.94)
8	Nephritis (20.31)	Alzheimer's disease (20.70)	Nephritis (19.77)	Assault (homicide) (29.43)	Assault (homicide) (31.98)	Diabetes (30.08)	Alzheimer's disease (25.57)
9	Assault (homicide) (18.63)	Assault (homicide) (17.01)	Assault (homicide) (18.58)	Nephritis (17.12)	Alzheimer's disease (24.03)	Alzheimer's disease (23.96)	Chronic liver disease and cirrhosis (16.18)
10	Septecimia (14.51)	Influenza and Pneumonia (16.87)	Chronic Liver Disease and Cirrhosis (14.75)	Chronic Liver Disease and Cirrhosis (15.51)	Nephritis (17.10)	Chronic Liver Disease and Cirrhosis (17.30)	Hypertension (16.03)

Source: Vital Records, Wisconsin Department of Health Services

* MHD used the NCHS Top 50 Causes of Death classification to create this data chart

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Top 10 Age-Adjusted Causes of Death by Sex in Milwaukee, 2023

	Male	Female
1	Diseases of the heart (69.63)	Diseases of the heart (30.25)
2	Accidents (40.20)	Accidents (30.25)
3	Cancer (35.52)	Cancer (28.78)
4	Cerebrovascular diseases (20.56)	Alzheimer's disease (20.98)
5	Assault (homicide) (20.51)	Cerebrovascular diseases (14.51)
6	Alzheimer's disease (10.98)	Hypertension (7.13)
7	Chronic lower respiratory diseases (9.57)	Chronic lower respiratory diseases (5.79)
8	COVID-19 (7.14)	Nutritional deficiencies (5.54)
9	Parkinson disease (6.86)	Certain conditions originating in the perinatal period (5.36)
10	Suicide (5.58)	Septicemia (4.75)

Source: Vital Records, Wisconsin Department of Health Services

*MHD used the NCHS Top 50 Causes of Death classification to create this data chart

Top 10 Causes of Death by Age in Milwaukee, 2023

	Under 5	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
1	Certain conditions originating in the perinatal period (83.68)	Assaults (8.86)	Assaults (homicide) (62.24)	Assaults (97.77)	Assaults (169.49)	Assaults (236.47)	Diseases of the heart (355.61)	Cancer (643.99)	Diseases of the heart (1277.78)	Diseases of the heart (3914.65)
2	Congenital malformations (50.21)	Assaults (homicide) (8.86)	Assaults (45.86)	Assaults (homicide) (48.36)	Diseases of the heart (48.43)	Diseases of the heart (119.09)	Cancer (344.35)	Diseases of the heart (617.53)	Cancer (1124.88)	Cancer (2049.73)
3	Assaults (22.32)		Suicide (9.83)	Suicide (16.82)	Assaults (homicide) (39.01)	Cancer (100.37)	Assaults (269.77)	Assaults (189.67)	Chronic lower respiratory diseases (300.33)	Assaults (1159.27)
4				Diseases of the heart (13.67)	Cancer (37.67)	Assaults (homicide) (39.13)	Chronic liver disease and cirrhosis (56.06)	Chronic lower respiratory diseases (134.53)	Cerebrovascular disease (234.81)	Alzheimer's disease (1159.27)
5					Suicide (13.46)	Chronic liver disease and cirrhosis (39.27)	Diabetes (54.30)	Cerebrovascular disease (92.63)	Assaults (212.96)	Cerebrovascular disease (1075.27)
6					Chronic liver disease and cirrhosis (13.46)	Suicide (27.22)	Cerebrovascular disease (50.80)	Diabetes (81.60)	Alzheimer's disease (147.44)	Hypertension (436.83)
7					Cerebrovascular disease (12.11)	Diabetes (23.82)	Chronic lower respiratory diseases (49.05)	Nephritis (44.11)	Diabetes (141.98)	Chronic lower respiratory diseases (420.03)
8					Diabetes (12.11)	Cerebrovascular disease (18.71)	Hypertension (22.77)	Chronic liver disease and cirrhosis (41.90)	Nephritis (92.83)	COVID-19 (319.22)
9						Hypertension (10.21)	Nephritis (22.77)	Influenza and pneumonia (30.88)	Hypertension (87.37)	Nutritional deficiencies (319.22)
10						Aortic aneurysm and dissection (8.51)	Septicemia (22.77)	Alzheimer's Disease (24.26)	Septicemia (81.91)	Parkinson Disease (302.42)

Source: Vital Records, Wisconsin Department of Health Services

Top 10 Age-Adjusted Causes of Death by Race / Ethnicity in the City of Milwaukee, 2023*

	White	Black or African-American	Hispanic or Latino
1	Diseases of the heart (200.25)	Diseases of the heart (316.06)	Diseases of the heart (178.01)
2	Cancer (167.93)	Cancer (247.86)	Cancer (170.92)
3	Accidents (121.12)	Accidents (198.47)	Accidents (146.24)
4	Chronic lower respiratory diseases (38.81)	Assaults (homicide) (71.71)	Cerebrovascular diseases (41.20)
5	Cerebrovascular diseases (35.51)	Cerebrovascular diseases (64.96)	Alzheimer's disease (31.79)
6	Alzheimer's disease (24.82)	Diabetes (47.58)	Diabetes (31.72)
7	Suicide (18.76)	Chronic lower respiratory diseases (39.27)	Chronic lower respiratory diseases (29.42)
8	Chronic liver disease and cirrhosis (16.54)	Alzheimer's disease (35.91)	Hypertension (19.31)
9	Diabetes (14.59)	Hypertension (29.89)	Septicemia (17.54)
10	Parkinson Disease (9.63)	Nephritis (27.06)	Chronic liver disease and cirrhosis (17.28)

*Age-adjusted death rates are shown only for White, Black, and Hispanic residents. Other race / ethnicity categories were excluded because the number of deaths in those groups was too small to produce reliable estimates and may not reflect true differences in risk.

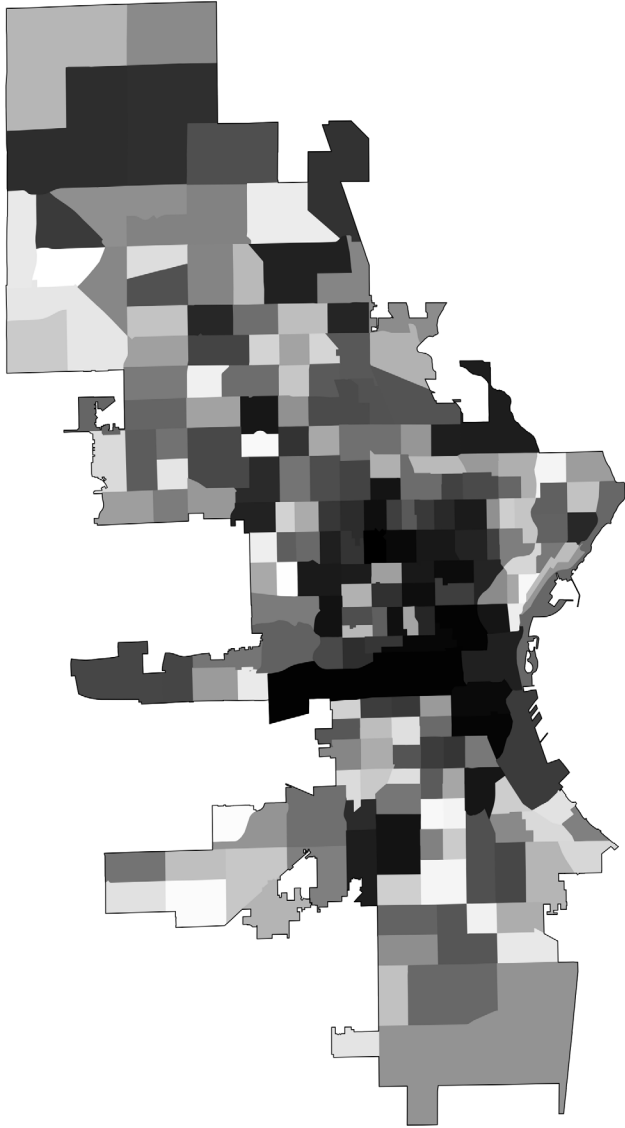
Source: Vital Records, Wisconsin Department of Health Services

*MHD used the NCHS Top 50 Causes of Death classification to create this data chart

Asset Maps

<p style="text-align: center;">Economy & Employment</p>	<p style="text-align: center;">Education</p>
<p>EXAMPLES</p> <ul style="list-style-type: none"> • Milwaukee Small Business Enterprises (SBE) • Banks Marine Credit Union • Employ Milwaukee 	<p>EXAMPLES</p> <ul style="list-style-type: none"> • Alverno College • Milwaukee Public Schools • Milwaukee Public Libraries • Milwaukee Area Technical College • University of Wisconsin-Milwaukee
<p style="text-align: center;">Health Care</p>	<p style="text-align: center;">Community Support</p>
<p>EXAMPLES</p> <ul style="list-style-type: none"> • Aurora St. Luke’s • Children’s Hospital of Wisconsin • Milwaukee Health Services • Gerald L Ignace Indian Health Center • Hayat Pharmacy • Familia Dental 	<p>EXAMPLES</p> <ul style="list-style-type: none"> • Walnut Way Conservation Corp. • Voces de la Frontera • Hmong American Friendship Association • UMOs
<p style="text-align: center;">Built Environment & Healthy Foods</p>	<p style="text-align: center;">Arts, Culture, Recreation</p>
<p>EXAMPLES</p> <ul style="list-style-type: none"> • Milwaukee County Transit System • City of Milwaukee & Milwaukee County Parks • Grocery stores such as Pick N Save, El Rey 	<p>EXAMPLES</p> <ul style="list-style-type: none"> • American Black Holocaust Museum • Petit National Ice Center • The Oriental Theatre • Milwaukee Art Museum • Walker’s Point Center of the Arts
<p style="text-align: center;">Community Safety</p>	
<p>EXAMPLES</p> <ul style="list-style-type: none"> • Safe & Sound • Milwaukee Fire Department • Milwaukee Police Department • Office of Community Wellness and Safety 	

Community Assets: Overall



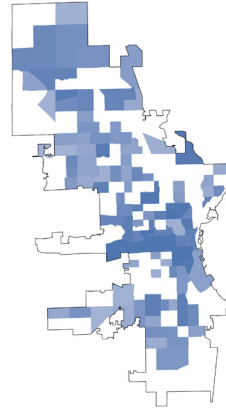
Density



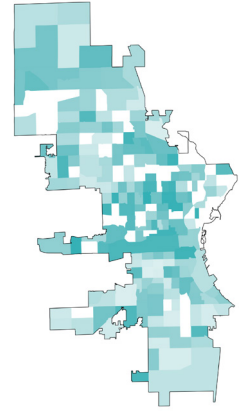
Low Density

High Density

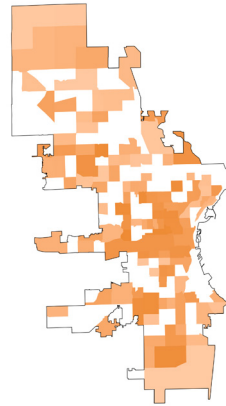
Economy & Employment



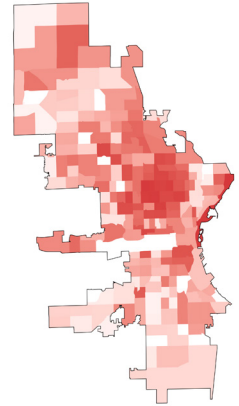
Education



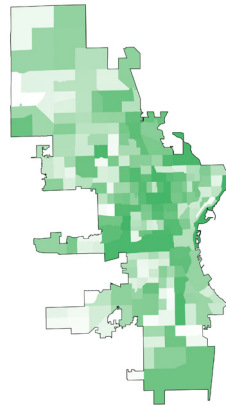
Health Care



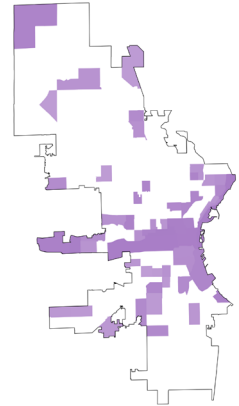
Community Support



Built Environment & Healthy Foods



Arts, Culture, Recreation



Community Safety

