



SOUTH SHORE

CUDAHY | OAK CREEK | SOUTH MILWAUKEE | ST. FRANCIS

COMMUNITY
HEALTH
ASSESSMENT

2020



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ACKNOWLEDGEMENTS

Cross Sector partnership was essential in gathering data and feedback for the South Shore Community Health Assessment (SSCHA). Deepest appreciation and gratitude to all stakeholders, agencies and community members that contributed to the SSHCA development.

- Acelero Learning
- Advocate Aurora
- Alderman Justin Moralez, Cudahy Common Council President
- Chief Tom Rosandich, Oak Creek Fire Department
- Chief Steve Anderson, Oak Creek Police Department
- Cudahy Board of Health
- Cudahy Health Department
- Dan Unertl, Oak Creek Franklin School District
- Dr. David Sherman, Cudahy Board of Health Chairperson
- Grobschmidt Senior Center
- Healthiest Cudahy Collaboration
- Jennifer Shohoney, School District of Cudahy, Director Student Services
- Jill Lininger, Oak Creek Library
- Jose Avila, Oak Creek Board of Health Chairperson
- Kelly Senior Center
- Lake Forest Apartments
- Lt. Justin Piper, Cudahy Fire Department
- Mark Johnsrud, City Administrator St. Francis
- Mayor Thomas Pavlic, Cudahy
- Mayor Dan Bukiewicz, Oak Creek
- Monique Graham, Froedtert & Medical College of Wisconsin
- Milwaukee Healthcare Partnership
- Oak Creek Health Department
- Oak Creek Board of Health
- Oak Creek AODA Task Force
- Sgt. Andrew Kitzrow, Cudahy Police Department
- South Milwaukee/Saint Francis Health Department
- South Milwaukee/Saint Francis Board of Health
- South Milwaukee/Saint Francis Healthy Community Partnership
- Tami Mayzik, City Administrator South Milwaukee

The SSCHA Planning Committee comprises of the three health departments in the south shore. The committee has a shared commitment to leverage health improvements across the south shore.

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SOUTH SHORE COMMUNITY | THEMES & STRENGTHS

Identified through community engagement activities - (1) community surveys, (2) focus groups and (3) key informant interviews.



Top 5 Important

CHARACTERISTICS

of a healthy community

- (1) Accessibility to quality resources & services
- (2) Community partnerships & engagement
- (3) Strong school system
- (4) Public safety
- (5) Clean environment

Top 5 **ISSUES** to be addressed identified in the Community Health Survey

- (1) Mental health^{*}
- (2) Drug use^{*}
- (3) Access to quality mental health services^{*}
- (4) Bullying
- (5) Distracted driving

^{*}Align with Aurora Community Health Survey Report

CUDAHY

- (1) Drug use
- (2) Access to quality mental health services
- (3) Mental health
- (4) Alcohol use
- (5) Bullying

OAK CREEK

- (1) Drug use
- (2) Access to quality mental health services
- (3) Mental health
- (4) Distracted driving
- (5) Bullying

SOUTH MILW.

- (1) Drug use
- (2) Access to quality mental health services
- (3) Mental health
- (4) Bullying
- (5) Alcohol use

ST. FRANCIS

- (1) Mental health
- (2) Drug use
- (3) Access to quality mental health services
- (4) Access to safe & affordable housing
- (5) Obesity



Top 3

STRENGTHS

in Our Communities

- (1) Active partners & community collaboration
- (2) Location & accessibility to green space
- (3) School system

TABLE OF CONTENTS

METHODOLOGY.....	1	FAMILY & CHILD HEALTH.....	19
POPULATION & DEMOGRAPHICS.....	4	● Reproductive Health Behaviors	
CULTURE OF HEALTH.....	6	● Birth Outcomes	
● Clinical Care		CHRONIC DISEASE & ILLNESS.....	22
● Education		● Mental Health & Mental Illness	
● Economic Stability		● Chronic Disease	
● Neighborhood and Built Environment		● Communicable Disease	
● Air & Water Quality		● Injuries	
● Housing & Transportation		DEATH	28
HEALTH BEHAVIORS.....	14	● Leading Causes of Death	
● Physical Activity & Nutrition		NEXT STEPS.....	30
● Drug Use			

METHODOLOGY

The South Shore Community Health Assessment (SSCHA) was developed based on Improving the Health of Local Communities: The Wisconsin Way and the County Health Rankings and Roadmaps from the University of Wisconsin-Madison School of Public Health and Medicine and Robert Wood Johnson. These resources outline a comprehensive approach to community health assessment and community health improvement planning using the Take Action Cycle (Figure 1).

Key components of the Take Action Cycle for community health improvement include:

Assess Needs & Resources: Understand your current community strengths, resources, needs and gaps to help you decide where and how to focus your efforts.

Focus on What's Important: Focus your community's efforts and resources on the most important issues to achieve the greatest impact on health.

Choose Effective Policies & Programs: The purpose of this step is to explore and select evidence-informed policies and programs to address priority issues.

Act on What's Important: Ensure that selected policies and programs are adopted and implemented in order to achieve intended results.

Evaluate Actions: Discover whether strategies are working as intended in order to focus efforts efficiently and effectively.

The SSCHA specifically focuses on **assessing needs & resources** of the South Shore

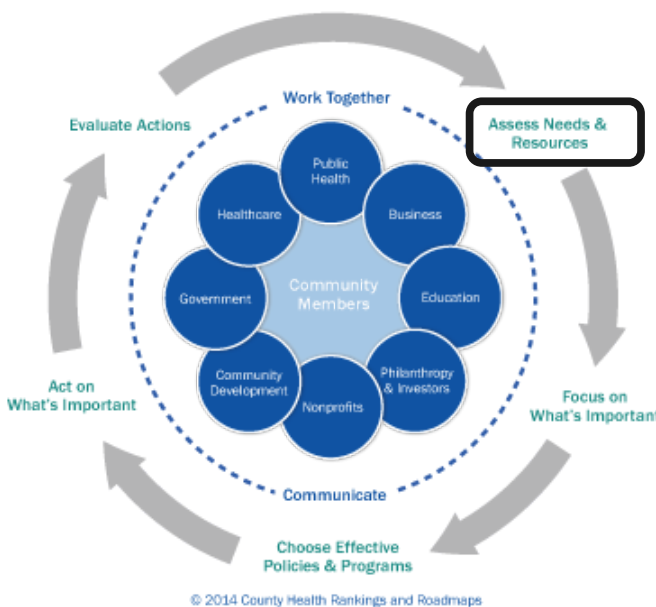


FIGURE 1: TAKE ACTION CYCLE

South Shore Community Health Assessment (SSCHA) Timeline

November 2017	Meetings began to plan survey questions
January 2018	Advocate Aurora implements phone Community Health Surveys
May 2018	Began compiling secondary local health data
September 2018	Community Focus Groups began
June 2019	Health departments implement Community Health Surveys & Key Informant interviews
December 2019	Completed & compiled SSCHA data

The SSCHA combines three components to provide a comprehensive summary of health and quality of life in the South Shore: **data assessment, stakeholder feedback and community feedback.**

$$\text{Data Assessment} + \text{Stakeholder Feedback} + \text{Community Feedback} = \text{HEALTH PRIORITIES}$$

DATA ASSESSMENT

South Shore Health Department staff used the County Health Rankings Model to determine the variables to measure health and quality of life in the South Shore communities.

As seen in Figure 2, **Health Factors** influence how well and how long we live. Everything from our education to our environments impact our health. **Health Factors** represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future. Social and economic factors, commonly referred to as *social determinants of health*, are responsible for **the majority (40%) of health factors.**

This report will highlight local quantitative health data compiled from a variety of data sources including County Health Rankings, US Census, government reports, Centers for Disease Control and Prevention, Wisconsin Interactive Statistics on Health (WISH), Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, health department reports, Wisconsin Department of Health Services statistics, Wisconsin Information System for Education (WISEDash), schools, and other publicly available sources.

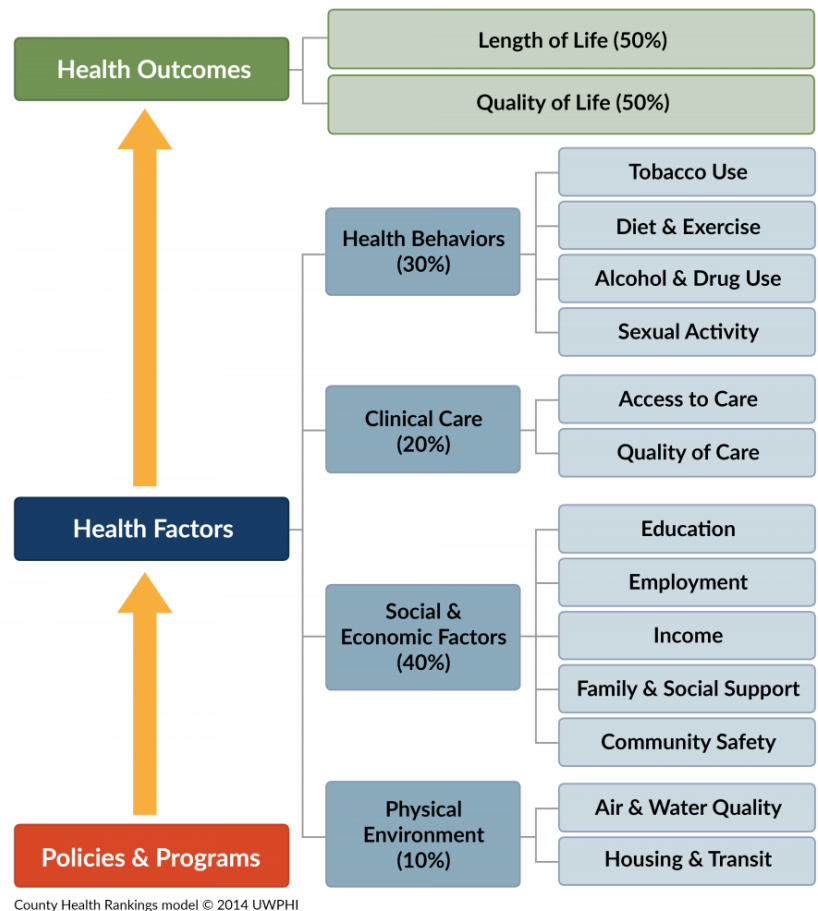


FIGURE 2: COUNTY HEALTH RANKINGS MODEL

STAKEHOLDER FEEDBACK

This is a qualitative narrative assessment that goes beyond the data to understand issues impacting health and quality of life. **Key Informant** and **Focus Group** discussions were conducted throughout the South Shore to better understand issues critically important to residents and leaders. These assessments have more depth, nuance and variety and can therefore get closer to what people are really thinking and feeling. **Quotes from these discussions are noted in the SSCHA**, as seen below.



COMMUNITY FEEDBACK

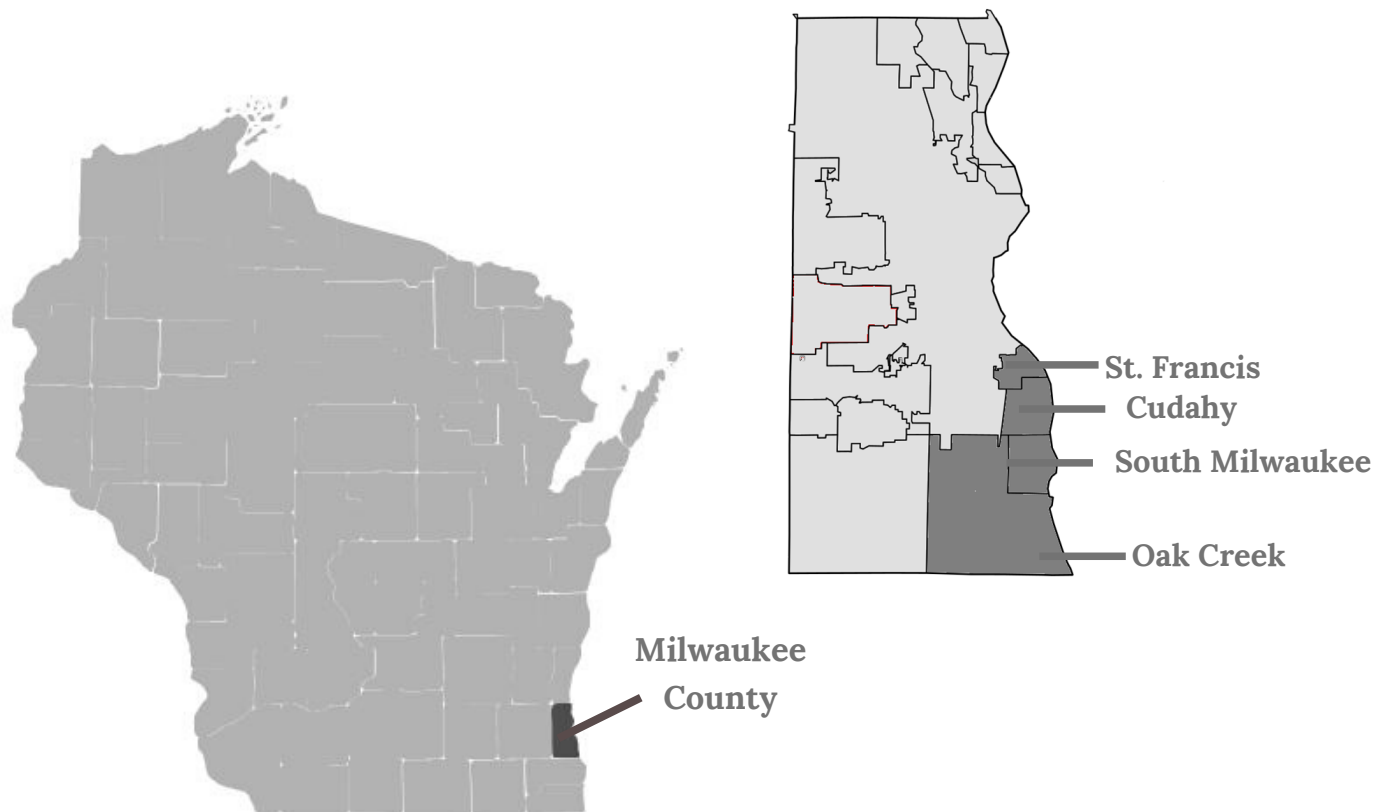
Community Health Surveys were implemented throughout 2019 to South Shore residents to identify what they believed to be the top health priorities the community should work on to make our residents healthier. The choices in the survey included traditional health issues such as nutrition, immunizations and infant care. The survey also included *social determinants of health* such as transportation, education and access to health care. *Social determinants of health* are social and economic factors conditions in the places where people live, learn, work and play affect a wide range of health risks and outcomes. It was imperative that the South Shore communities considered these non-traditional priorities as health issues since they directly affect residents' health.

Data visualization techniques were used in the creation of the 2020-2024 South Shore Community Health Assessment. In using this innovative concept, the SSCHA Committee aims to have a high-quality report that presents a totally engaging look and feel to better understand the health of our communities. The report is organized into five sections based on the County Health Rankings Model described previously. They are as follows:

- 1) **Culture of Health** (Clinical Care, Social & Economic, Physical Environment)
- 2) **Health Behaviors**
- 3) **Family & Child Health**
- 4) **Chronic Disease & Illness** (Quality of Life)
- 5) **Death** (Length of Life)

POPULATION & DEMOGRAPHICS

The **40.56 square mile** area of the South Shore is located within Milwaukee County, directly south and east of the City of Milwaukee. The area is comprised of Cudahy, Oak Creek, South Milwaukee and St. Francis. As of the 2017 American Community Survey, the South Shore has an estimated **total population of 84,755**, an estimated **2% increase from 2008 – 2012** (82,925). Of the four communities, Oak Creek has the highest population (**35,588**) and St. Francis the lowest (**9,532**). Milwaukee County and the South Shore are urban areas, with **0.02% of the county** defined as rural compared to **29.9% in Wisconsin**. The estimated population density of the South Shore is **2051 per square mile compared to 3936 in Milwaukee County and 105 in Wisconsin**.



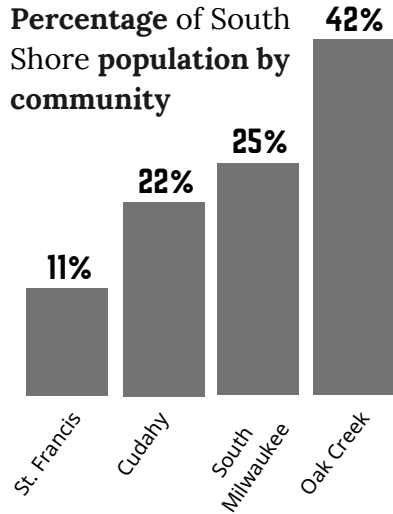
DEMOGRAPHIC OVERVIEW

In 2017, the estimated median age of South Shore Residents was **41.5 years**, with Oak Creek the youngest (**37.9 years**) and St. Francis the highest (**47.2 years**). In the South Shore and Wisconsin, **15% of the population is over 65 years of age**.

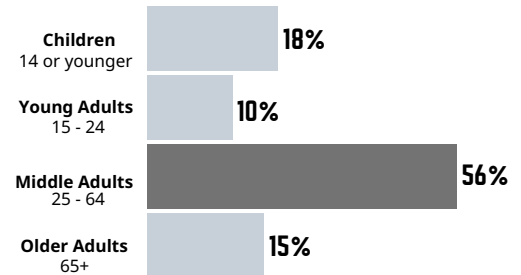
Based on the 2017 population estimates, **the majority of the population in the South Shore is White (89%)**, with those identifying as Asian (**4%**), with more than one race (**3%**) and Black (**2%**), primarily making up the remainder of the population. **7% of the South Shore population is foreign-born**. The category of foreign-born residents includes non-citizens (immigrants) and people born outside of the US who have become naturalized citizens. In Wisconsin, 4.8% of residents are foreign-born.

Approximately 10% of the population identified as ethnically Hispanic in 2017, compared to 17% in the state.

Percentage of South Shore population by community



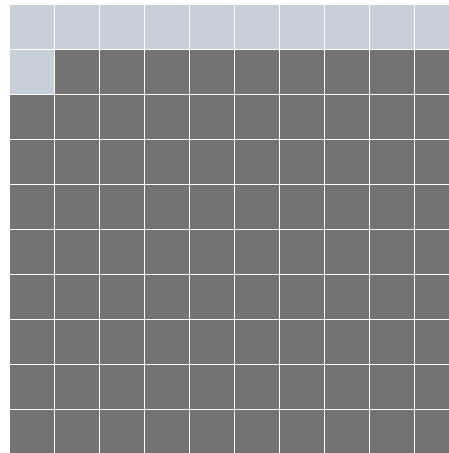
Adults aged 25-64 make up the majority of the population in the South Shore



Overall, the South Shore is **less racially diverse** than the state of Wisconsin.

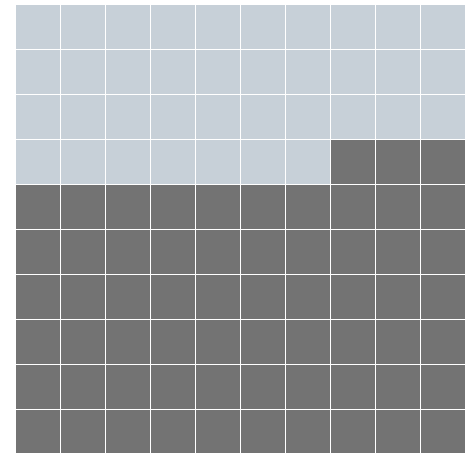
SOUTH SHORE

89% of residents identify as White.



WISCONSIN

73% of residents identify as White.



90% of South Shore residents identify as non-Hispanic as compared to **83%** in Wisconsin overall.



“

We moved here to have a home close to the lake and downtown, that was also cost effective.

”

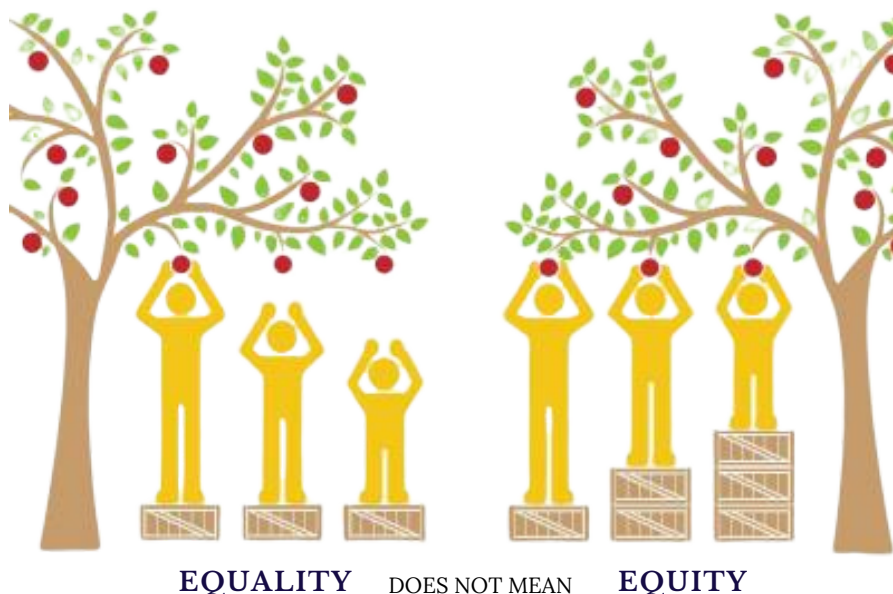
CULTURE OF HEALTH

WHAT IS A CULTURE OF HEALTH?

Health is greatly influenced by complex factors such as where we live and the strength of our families and communities. "**Culture of Health**" is a collective term used to describe the conditions and environment in which we live and the manner in which those conditions influence our health. A critical aspect of a Culture of Health is **health equity**, which in essence means we all have the opportunity to be as healthy as possible. A wide variety of disparities or variations, in age, race, income, sexual orientation, gender, culture, language, and religion, can all present barriers to health equity and access to needed services and providers. The ability and determination to assess these issues and disparities will profoundly impact our ability to improve health throughout our community. Both the social and physical environment in which we live has been shown to impact our quality of life, and ultimately our health, largely explaining the disparity in health among people living in certain communities over others.

Health disparities are differences in health or in the key determinants of health such as education, safe housing and discrimination, which adversely affect marginalized or excluded groups. Health equity and health disparities are closely related to each other. Reducing and ultimately eliminating health disparities is how we measure progress toward health equity. This requires removing obstacles to health (i.e. poverty, discrimination, health care, quality education, and safe housing).

The health measures outlined in this report offer a foundation to identify potential disparities between groups. Due to limited local population health information, information related to health disparities is limited.



Health disparities across populations are noted using this symbol throughout the report.

CLINICAL CARE

Access to healthcare includes the ability to access regular primary care, specialty care and other health services. Sufficient access to health care supports people's ability to reach their full potential and enhance their quality of life. At the community level, access to comprehensive, quality health care services fosters health equity and increases the quality of a healthy life for everyone. Access to health services is influenced by the ability to pay for services, accessible locations and finding providers who instill trust and are sensitive to health literacy (the ability to obtain, read, understand and use healthcare information in order to make appropriate health decisions).

I. INSURANCE COVERAGE

Lack of insurance is **a primary barrier to accessing healthcare**. Other barriers include lack of comprehensive coverage, few providers that accept the individual's insurance, the geographic location of providers and the lack of a consistent provider.

In general, **the percentage of South Shore residents with medical insurance is representative of the state**. However, this measure does not address the adequacy of insurance, although the Affordable Care Act has established a minimum coverage for all policies. Insurance coverage includes those residents who are covered by Medicare. 15% of the South Shore population is 65 years and older, and as a result **the percentage of the population covered by Medicare is expected to be higher than in areas with a lower population over the age of 65**.

In 2018, the **percentage of uninsured individuals** in the South Shore was 5.1%.

5.1% vs. 5.8%
SOUTH SHORE WISCONSIN

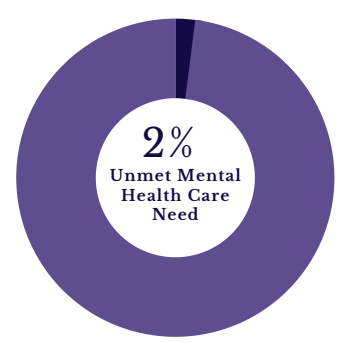
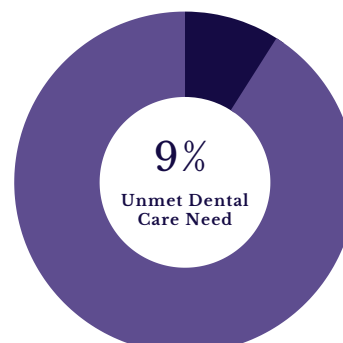
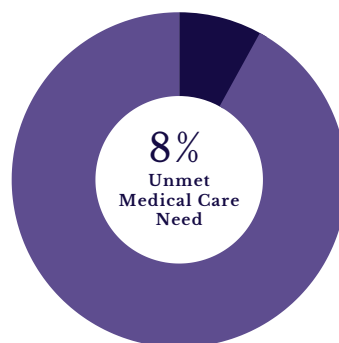
“We need to empower residents to understand their own medical information.”

Residents in **the bottom 40% household income bracket** (less than \$40,000) were more likely to report someone in their household not covered in the past year.

II. ACCESS TO PROVIDERS

According to the Community Health Survey Report, **90% of South Shore residents** reported having a primary care physician. **77% of the individuals** received primary health services at a Doctor or Nurse Practitioner's Office.

In the South Shore, **8% of the population report an unmet medical care need, 9% an unmet dental care need, and 2% an unmet mental health care need.**



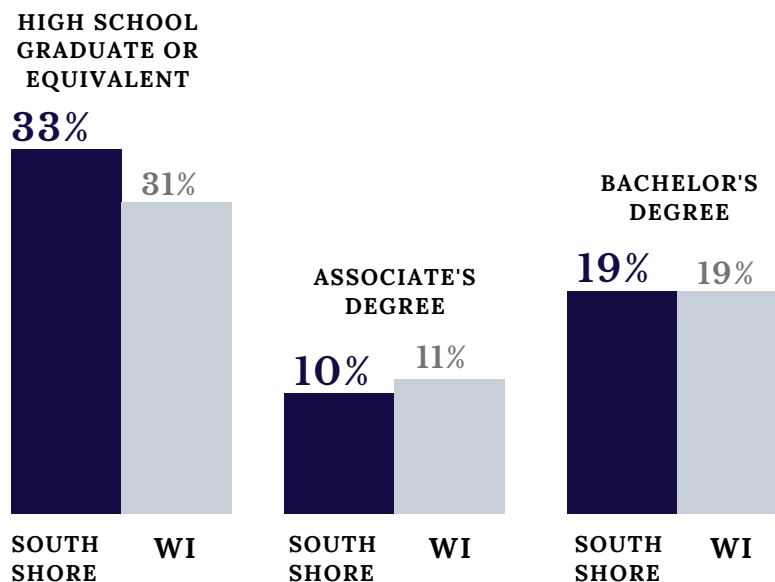
EDUCATION

Education levels influence a variety of social and psychological health measures. Years of formal education are correlated strongly with better work and economic opportunities including higher income, better working conditions, access to health care (through work situation) and stable employment. In addition, education correlates to better housing, a greater sense of personal control and access to more opportunities for healthier lifestyles. Reading is a critical predictor of high success or failure. Poor readers are more likely to drop out of school.

I. KEY INDICATORS:

- ➡ While **Oak Creek school district (51.7%)** shows a higher percentage of students scoring "proficient" or "advanced" on the **Forward Reading/ ELA Exam** in 2018 - 2019 **than state-wide (40.9%)**, the scores for the other South Shore communities fall below the state. **Saint Francis (39.3%), Cudahy (36.2%) and South Milwaukee (31.6%)** fall below the state.
- ➡ For the 2017 - 2018 school year, the school districts across the South Shore had a higher **4-year graduation rate** - ranging from **90.4% (South Milwaukee) to 95.3% (Oak Creek)** - than **the state (89.6%)**.
- ➡ **Average ACT Composite Scores** from 2017 - 2018, range from **17.6 (Cudahy) to 20.5 (Oak Creek)** across the South Shore. This compares to the **state-wide average of 20.4**.

Education influences health across generations. Children born to parents with lower education are at a higher risk for decreased cognitive development, increased tobacco and drug use and a higher risk of some chronic mental and physical conditions.



ECONOMIC STABILITY

Steady employment provides the income, benefits and stability necessary for good health. Unemployment and underemployment (the “working poor”) have been linked to increased stress, depression and unhealthy behaviors in addition to decreased access to basic resources including paid leave and quality child care. Those with lower wages are less likely to access preventive care services that insurance may cover, such as screenings for cancer, blood pressure and cholesterol. Poverty is considered a key driver of health status. Poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status. Families with low incomes often struggle to afford food, rent, childcare and transportation.

In 2018, **4.0% of the population in Milwaukee County were unemployed**, compared to **2.7% in the state of Wisconsin**. In the South Shore, the the percent of the population unemployed ranges from **2.2% in Cudahy** to **3.8% in South Milwaukee**.

The **median household income** in the South Shore ranges from **\$43,037 in St. Francis** to **\$72,705 in Oak Creek**. This compares to the **Wisconsin household median income of \$59,209** and **Milwaukee County of \$48,742**. On the same note, **Per Capita Income** (the average income earned per person) varies from **\$27,963 in Cudahy** to **\$36,669 in Oak Creek**.

In 2018, the estimated **Percent of Population with an Income below the Federal Poverty Level (FPL)** varied across the South Shore, with South Milwaukee the highest and Oak Creek the lowest at **17%** and **5%**, respectively. In the state, **12% of the population was estimated to have an income below the FPL in 2018**.

South Milwaukee



Cudahy



St. Francis



Oak Creek



“

There is a shift in people who used to work and live in this community....now many live here and work in other communities.

”

NEIGHBORHOOD & BUILT ENVIRONMENT

I. COMMUNITY & PERSONAL SAFETY

Community safety affects both physical and psychological well-being. Lack of safety or a perception of lack of safety instills anxiety and deters people from engaging in healthy behaviors such as exercise, outdoor play and community building experiences.

The **Uniform Crime Reporting (UCR) program** collects statistics on the number of offenses known to law enforcement. For the three participating communities (Cudahy, Oak Creek, and South Milwaukee), the **total number of violent crimes during a five year period from 2010 to 2014** was 546 and the total number of property crimes in the same period was 9,187.

VIOLENT CRIME

Murder and non-negligent homicide, rape, robbery, and aggravated assault

PROPERTY CRIME

Burglary, motor vehicle theft, larceny-theft, and arson

2010 - 2014:	546	9,187
VS.		
2005 - 2009:	615	11,010

In 2017, **24.2% of Wisconsin high school students reported being bullied on school property during the past 12 months**, while **18.3% reported being electronically bullied** (through texting, Instagram, Facebook, or other social media). Additionally, **7.2% of those surveyed reported ever being physically forced to have sexual intercourse**, and of the youth who had dated or went out with someone in the past 12 months, **10.2% experienced sexual dating violence**.

In the South Shore in 2017, **3% of adult survey respondents reported that in the last year someone made them afraid for their personal safety** versus **14% in Milwaukee County**. Additionally, **4% reported being pushed, kicked, slapped or hit** and **6% reported one or both**.

II. SOCIAL SUPPORT

Social support includes the quality of relationships among family members, friends, colleagues, and acquaintances as well as involvement in community life.

Older adults (ages 65+) living alone may be at risk for **social isolation**, limited access to support, or inadequate assistance in emergency situations. While living alone should not be equated with being lonely or isolated, many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing. Lack of social support increases their risk of institutionalization or losing their independent lifestyle.

SOUTH
SHORE

11%

OF POPULATION 65+ LIVING ALONE

WI

11%

7.5%

OF CHILDREN LIVING IN A SINGLE-PARENT HOUSEHOLD

8.7%

HOW DOES SOCIAL SUPPORT INFLUENCE HEALTH?

Social isolation causes stress, which has been linked to cardiovascular disease, unhealthy behaviors in adults, and obesity in children and adolescents.

SOCIAL
ISOLATION



POOR
HEALTH
OUTCOMES

Stronger social supports are associated with better mental health and can be a buffer against stressful life events. Negative aspects of social support are associated with poorer mental and physical health over the lifespan.

Both adults and children in single-parent households are at higher risk for illness, mental health conditions, and engagement in unhealthy behaviors. **Self-reported health among single parents (both male and female) was found to be worse than for parents living as couples, even after controlling for socioeconomic characteristics.**

SOCIAL SUPPORT REPORTED BY MIDDLE SCHOOL STUDENTS MILWAUKEE COUNTY

82% of students agree or strongly agree that family provides help and support.

26% of students report no supportive adult (i.e. someone to turn to) besides parents.

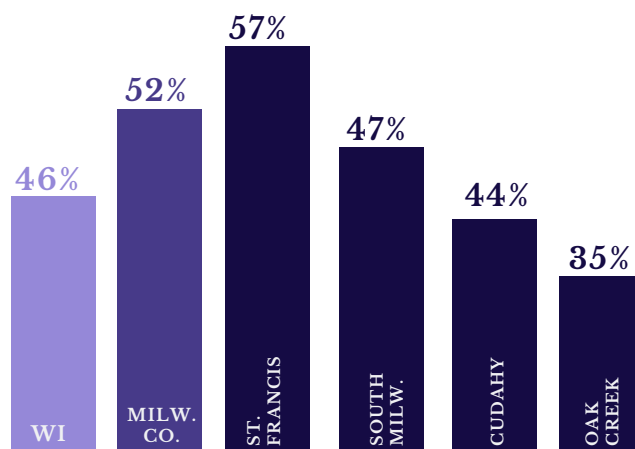
42% of students say they rarely or never get the emotional help they need.

HOUSING & TRANSPORTATION

The **built environment** includes human-made resources and infrastructure such as buildings, roads, parks, restaurants and grocery stores. A community's built environment is important because where people live, learn, work and play has a significant impact on a person's health.

I. HOUSING

Many positive health outcomes may result from more access to high-quality affordable housing. Those who struggle to pay rent, often have difficulty attending to other immediate needs. Whether a resident rents or owns a housing unit can affect the level of control they have over preventing or resolving health-related housing problems. Children are particularly vulnerable to adverse effects from many health-related housing problems.



PERCENT OF RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT

PERCENT OF
RENTER-OCCUPIED
HOUSING UNITS



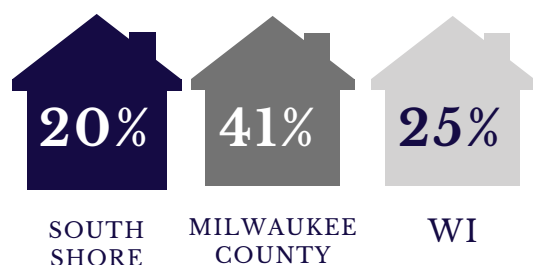
44%
SOUTH
SHORE

51%
MILW.
CO.

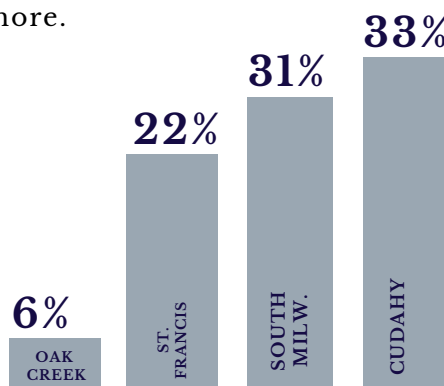
33%
WISCONSIN

Older housing and infrastructure can increase the chance of exposure to substances that can cause adverse health effects, including childhood lead poisoning and asthma. According to the Wisconsin Electric, Gas, and Sewer Annual Reporting System (WEGS), two South Shore communities report having lead lateral lines, Cudahy and South Milwaukee.

PERCENT OF HOMES
BUILT PRIOR TO 1950



The percent of homes built prior to 1950 varies across the South Shore.



a. Lead Exposure

Lead exposure can affect nearly every system in the body. Because lead exposure often occurs with no obvious symptoms, it frequently goes unrecognized. There are several sources of lead; the most common way children are exposed to high levels of lead is through chipping, peeling or cracking lead-based paint in older homes. Risk of exposure to lead dust is increased during remodeling of older homes. Individuals should take appropriate precautions to protect themselves during home projects. Pregnant women and young children are particularly vulnerable to the toxic effects of lead and can suffer profound and permanent adverse health effects, chiefly affecting the development of the brain and nervous system.

A blood test is the best readily available way to measure exposure to lead. The amount of lead in blood is referred to as blood lead level which is measured in micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$). The Center for Disease Control and Prevention now uses a blood lead reference value of 5 micrograms per deciliter to identify children who have been exposed to lead and who require case management. **Between 2012 and 2016, 196 children in the South Shore who were tested had blood lead levels higher than $5\mu\text{g}/\text{dL}$.**

II. TRANSPORTATION

Transportation choices that communities and individuals make have important impacts on health through items such as active living, air quality and traffic crashes. Choices for commuting to work can include walking, biking, taking public transit, carpooling or individuals driving alone—the last of which is the most damaging to the health of communities. Access to public transit is critical in accessing services throughout a community. **As the South Shore had bus routes removed over the past three years, access to public transit is an increasing concern.** Better pedestrian and transportation options help create healthier communities.

“

Some people may have difficulty to have access to appointments for health care because of limited transportation options.

”



76% vs. **81%**
Milwaukee County Wisconsin
Report Driving Alone to Work



25% vs. **27%**
Milwaukee County Wisconsin
Driving alone, commute more than 30 minutes

AIR & WATER QUALITY

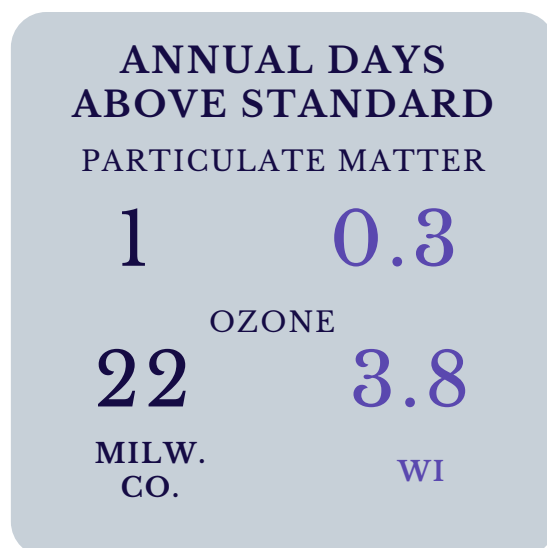
I. AIR QUALITY

Overall, environmental exposures impact densely-populated urban areas more than rural areas with scattered populations due to increased traffic congestion and industrialization.

Air pollution means that there are particles or gases in the air that should not be there. Two pollutants of concern are fine particles and ozone. Both particulate matter and ozone can trigger health problems, especially in people with breathing conditions like asthma.

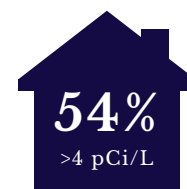
Particulate matter (PM 2.5) describes tiny particles that settle into our lungs after being inhaled. The "2.5" in particulate matter refers to the size of the particles, which are smaller than the width of a human hair.

Ozone comes from vehicle emissions and industrial facilities.



a. Radon

Radon is a colorless, odorless, radioactive gas that has shown to be the second leading cause of lung cancer, after smoking. About 1 in 10 homes in Wisconsin as high radon levels. Testing for radon is common when buying or selling a home, but all homes should be tested for radon. Homes with levels exceeding 4 pCi/L require additional follow-up. The South Shore Health Departments have short term radon test kits available for the community and track the levels measured by residents using those tests. **Between 2015 and 2017, 468 South Shore households were tested using the short term radon kits supplied by the health departments.**



of homes tested in the South that **measured above the recommended radon level**

II. WATER QUALITY

Cudahy, Oak Creek, and South Milwaukee each have their own water utility while St. Francis is served by the Milwaukee water utility. Every year each utility conducts a Water Quality Report that details drinking water source, drinking water quality and programs that are in place to protect the high quality of our water. **In 2018, each water utility's drinking water meet or surpassed all federal and state drinking water standards.** This information is also routinely submitted to the Wisconsin Department of Natural Resources and to the United States Environmental Protection Agency. Both of these agencies monitor the utility's compliance with all the regulations that have been established to assure the community that the water is safe.

HEALTH BEHAVIORS

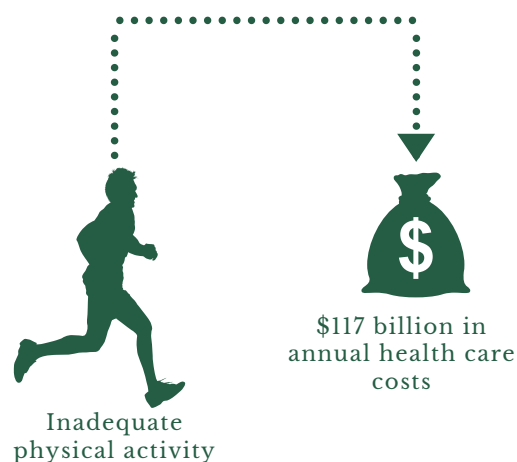
Health is more than access to health care. Health is also largely influenced by choices made. Health behaviors is a broad term used to describe a person's lifestyle and personal behaviors that may influence an individual's state of health. For example, some behaviors have been shown to increase one's chances of certain types of cancers, such as tobacco use and lung cancer.

PHYSICAL ACTIVITY & NUTRITION

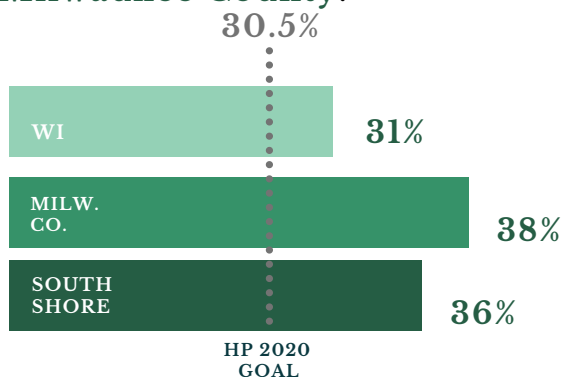
Physical activity is one of the best things people can do to improve their health. Regular physical activity is vital for healthy aging and can reduce the burden of chronic conditions and prevent premature death. In fact, **1 in 10 premature deaths** in the U.S. could be prevented through regular physical activity.

According to the County Health Rankings and Roadmaps, **98% of Milwaukee County residents have adequate access to exercise opportunities compared to 86% of Wisconsin overall.** Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have adequate access if they reside within a half mile of a park, within one mile of a recreation facility in urban areas, and within 3 miles in rural areas.

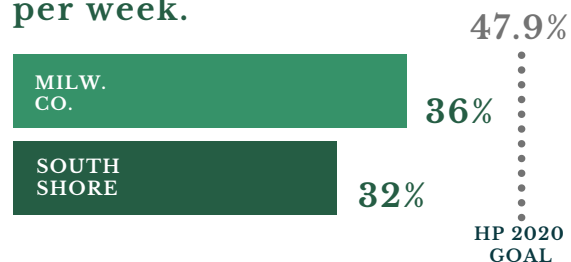
Lack of regular exercise is **expensive**.



The South Shore has a higher population of obese adults than the state, but lower than Milwaukee County.



32% of South Shore adults meet the recommended moderate physical activity per week.



Residents who were **18 to 34 years old**, with **a college education**, and in **the middle household income bracket** (between \$40,000 and \$60,000) were more likely to meet the recommended amount of physical activity per week.

Adequate **nutritional intake correlates with good health outcomes** and is especially important to children's growth and development. A healthy diet and weight can also help individuals reduce the risk for many chronic diseases.



59% of South Shore adults meet the recommended daily fruit intake



29% of South Shore adults meet the recommended daily vegetable intake



Residents with **a college education** and in the **top 40% household income bracket** (greater than \$60,000) were more likely to report at least 2 servings of fruit a day.



Residents with **a post high school education** were more likely to report at least 3 servings of vegetables a day.

I. SCHOOL NUTRITION

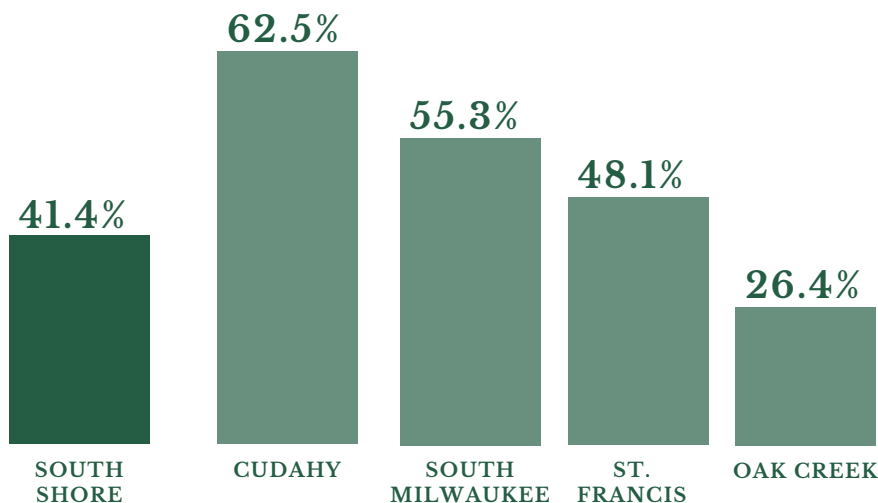
The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day.



of middle school students **experienced hunger due to lack of food at home** (past 30 days)

From 2017-2018, **82,502,490 meals** were served to adolescents across the state via school nutrition programs. Enrollment and participation in school meal programs varies across the South Shore. In total, **41.4% of students have been approved for free or reduced lunches**. Average daily participation in school meal programs is around 52% of total enrolled students, with 53.2% of participation coming from free and reduced lunches.

PERCENT FREE & REDUCED BY SCHOOL DISTRICT, 2018



“

We certainly have our share of obesity, but there is also limited access to low cost healthy foods

”

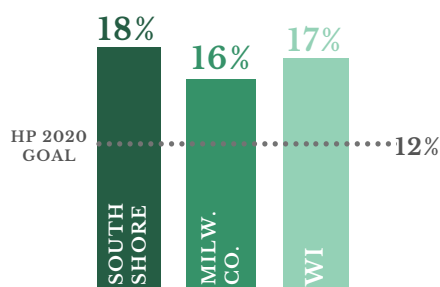
DRUG USE

Drug or substance use can have a major impact on the social, physical and emotional health of individuals, families and communities. Substance use disorder and addiction typically develop in adolescence and for some individuals, progresses to a chronic illness that requires lifetime care.

I. Tobacco

Smoking is the leading cause of preventable death, accounting for nearly 1 in 5 deaths. In 2018, 14% of all adults currently smoked cigarettes and thousands start smoking each day. Each year, the tobacco industry spends billions of dollars on marketing tobacco products.

A higher percent of the population are **current smokers** in the South Shore, than in the county and the state.



The **Wisconsin Wins (WI Wins) campaign** is a science-based, state-level initiative developed to decrease youth access to tobacco products. The Wisconsin Department of Health Services contracts with local partners to conduct investigations to establish retailer compliance with the law.

In 2018, **678** inspections occurred in Milwaukee County resulting in **133** sales or a non-compliance rate of **19.6%**. Of these, **43** checks occurred in the South Shore with **6** sales and a non-compliance rate of **13.9%**.

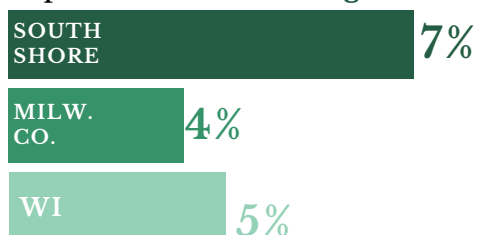


Residents who were **35 to 44 years old** were more likely to be a smoker.

a. E- Cigarettes

E-cigarettes are devices that heat a liquid into an aerosol (usually containing nicotine, flavoring, and other additives) that the user inhales. The use of e-cigarettes is a rising public health concern. Their use has grown dramatically the last five years. Currently, more high school students use e-cigarettes than regular cigarettes.

7% of South Shore adults report the use of e-cigarettes



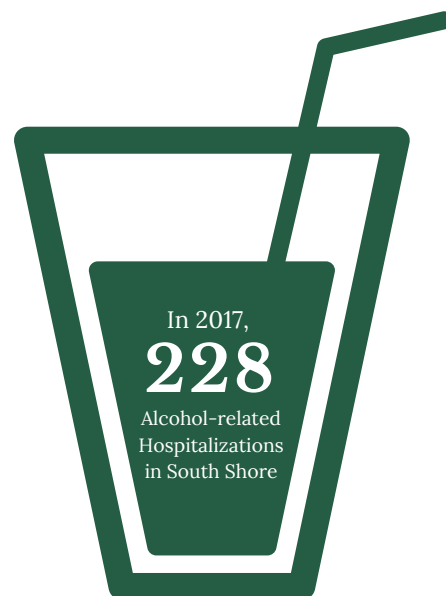
E-cigarette use in Wisconsin high school students has increased 154% from 2014 to 2018, with **20% of Wisconsin high schoolers reporting e-cigarette use in 2018.**



Residents **18 to 34 years old**, with **a college education** or in **the top 40% household income bracket** (more than \$60,000) were more likely to report e-cigarette use in the past month.

II. Alcohol

Excessive alcohol consumption can lead to several immediate health risks including unintentional injuries (traffic injuries, falls, and drownings), domestic violence, risky sexual behaviors, poor birth outcomes and alcohol poisoning. Continuous excessive alcohol consumption can lead to the development of chronic diseases including high blood pressure, heart disease, stroke, liver disease, digestive problems and several cancers. It can also cause neurological (memory and learning) impairment, leading to dementia, poor school performance, mental health problems like depression and anxiety and increased social and economic problems including lost productivity, family problems and unemployment.



The state of Wisconsin has the **highest population nationwide of binge drinkers**, who report having as many as 9 drinks on an occasion, and averaging approximately 5 episodes of binge drinking a month. Nationally, **17% of adults report binge drinking in the previous 30 days, while 24.6% report binge drinking in Wisconsin.**

In 2018,

31% **25%** **17%**

South Shore

WI

US

report binge drinking in the last 30 Days.

Defined as ≥ 4 drinks per occasion for females; ≥ 5 drinks per occasion for males



11% of Milwaukee County middle school students reported alcohol use (past 30 days)

HP 2020 OBJECTIVE: **12.8%**

Residents 18 to 34 years old, with some post high school education or in the top 40% household income bracket (more than \$60,000) were more likely to have binge drank at least once in the past month.

“

Trauma-informed care provides connection and hope to individuals, families and communities. Strategies to address the opioid crisis must recognize trauma as a driver of addiction. Limiting exposure to trauma and promoting resilience to those exposed to adversity is important. Understanding how the past impacts the present will help individuals recover and return to productive lives.

”

III. Opioids & Other Drugs

Prescription opioids can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.

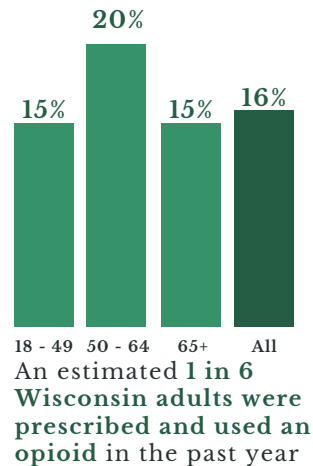
In 2017, more than **191 million opioid prescriptions were dispensed in the United States**. Anyone who takes prescription opioids can become addicted to them. In fact, as many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction. In 2018, **more than 10.3 million Americans reported misusing opioids in the past year**.

In 2017, the South Shore reported **116 drug-related hospitalizations**. The **rate of drug-related hospitalizations in the South Shore is 2X the rate of the state of Wisconsin**.

DRUG- RELATED HOSPITALIZATIONS

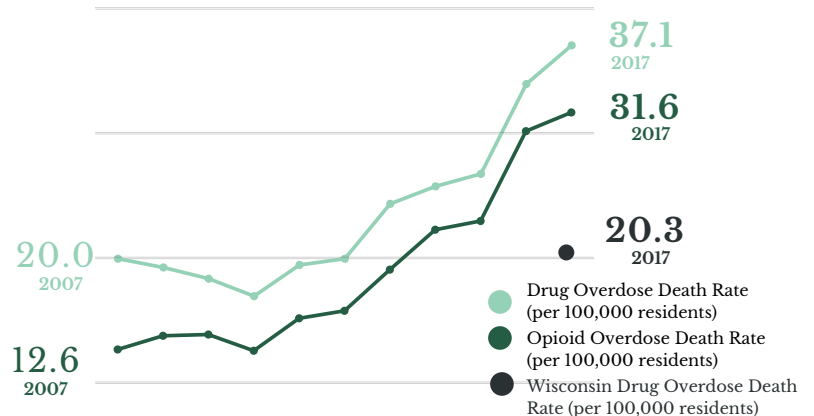
1.4 vs. **0.7**
per 1,000 ppn SOUTH SHORE per 1,000 ppn WI

Drug overdose deaths continue to increase in the United States. From 1999 to 2017, **more than 702,000 people have died from a drug overdose**. In 2017, more than **70,000 people died from drug overdoses**, making it a leading cause of injury-related death in the United States. Of those deaths, **almost 68% involved a prescription or illicit opioid**.



3.3%
of Wisconsin Adults
MISUSED
opioids in the past year

From 2007 to 2017, the Drug Overdose Death Rate for Milwaukee County **increased from 20.0 per 100,000 ppn to 37.1**. At the same time, the state of Wisconsin increased from 10.9 to 20.3.



DRUG OVERDOSE DEATH RATE - MILWAUKEE COUNTY
Source: WISH, 2018

FAMILY & CHILD HEALTH

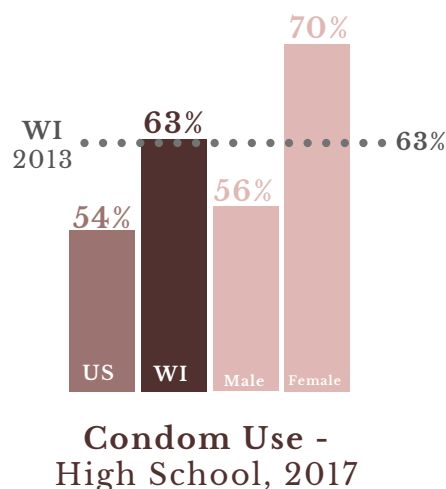
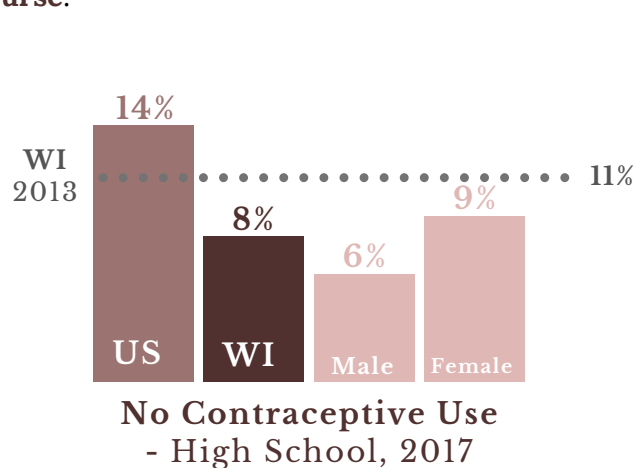
The Life Course Theory (LCT) helps explain health and disease across populations over time. As it pertains to Family Health, Life Course Theory identifies factors that help in attaining optimal health over a lifetime. It incorporates reproductive health before conception, prenatal care, birth outcomes, as well as safe and healthy sexual practices aimed at reducing STIs and unintended pregnancies.

REPRODUCTIVE HEALTH BEHAVIORS

The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Reproductive and sexual health include the factors that affect physical, emotional, mental and social well-being related to reproduction and sexual health across the life span.

I. Adolescents

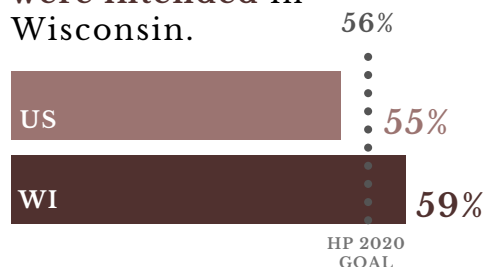
In Wisconsin, just under **one in three (34%) high school students have ever had sexual intercourse**. This is under the national average, in which **40 percent of high school students report having sexual intercourse**.



II. Unintended Pregnancy

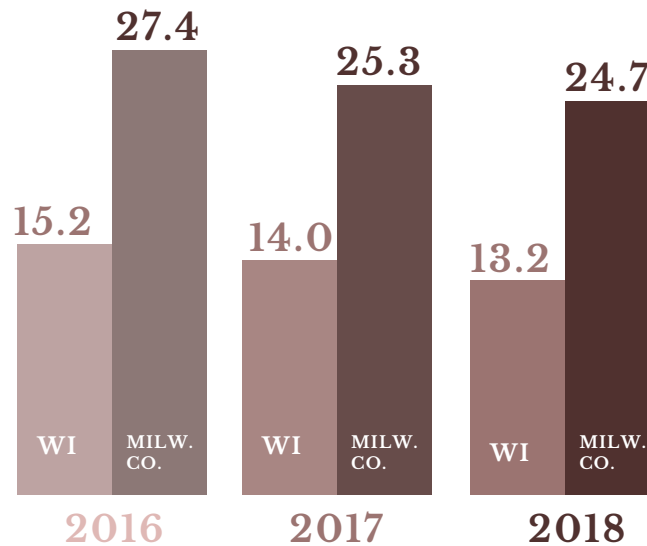
Women who do not intend to become pregnant are less likely to seek out prenatal care and less likely to breastfeed. Women who do not intend to become pregnant are more likely to expose the fetus to alcohol, tobacco or other drugs during pregnancy. In Wisconsin, **over 40% of pregnancies were unintended in 2017**.

In 2017, 59% of pregnancies were intended in Wisconsin.



a. Teenage Pregnancy

Largely due to increased contraceptive use, teen pregnancy and birth rates have declined since their peak in 1990. Between 1991 and 2015, the teen birth rate dropped 64%, resulting in a \$4.4 billion in public savings in 2015 alone. In 2017, **a total of 194,377 babies were born to women aged 15 to 19** in the United States, with a vast majority of these pregnancies unintended.



The rate of teenage pregnancy (per 1,000 births) in Milwaukee County has declined in the past 3 years, yet still remains higher than the state.

BIRTH OUTCOMES

I. Prenatal Care

Early and regular prenatal care informs women about important steps they can take to protect their infant and ensure a healthy pregnancy. With regular prenatal care, women can reduce the risk of pregnancy complications and reduce the infant's risk for complications.



PERCENT OF BIRTHS WHERE MOTHER RECEIVED PRENATAL CARE IN THE FIRST TRIMESTER

73%
SOUTH
SHORE

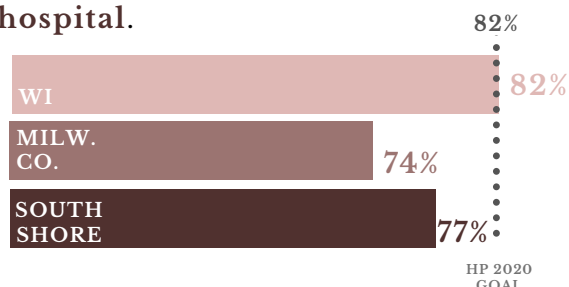
67%
MILWAUKEE
COUNTY

76%
WISCONSIN

II. Breastfeeding

Breastfeeding has been shown to decrease the incidence of multiple chronic diseases and associated risk factors for infants and mother. Communities also benefit with decreased healthcare and hospitalizations costs, decreased parental absenteeism from work, and a reduction in the environmental burden from production, packaging and transportation costs of infant formula.

77% of South Shore mothers report **breastfeeding at discharge from hospital.**



III. Low Birthweight

In terms of the infant's health outcomes, low birthweight (LBW) serves as a predictor of premature mortality and/or morbidity over the life course. From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors including her health behaviors, access to health care, the social and economic environment the mother inhabits and environmental risks to which she is exposed.

7%
of infants in the **South Shore and Wisconsin** were low birthweight (2,500 grams or 5.5lbs)

IV. Pre-Term Birth



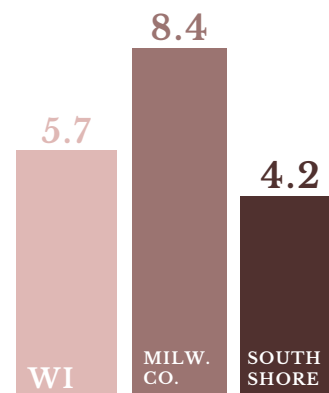
12% **11%** **10%**
of infants in the **South Shore, Milwaukee County, and Wisconsin** were born before 37 weeks gestational age

V. Infant Mortality

Infant mortality refers to the death of a baby before their first birthday. The infant mortality rate is a commonly used indicator of the health and overall well-being of a community. Factors affecting the health of an entire population also impact the mortality rate of infants. A high rate of infant mortality indicates the existence of broader issues pertaining to access to care, preventative health practices, socioeconomic conditions and maternal and child health.

In the South Shore, the majority of infant deaths result from newborns affected by perinatal complications, low birthweight, pre-term birth or other congenital malformations. A small number of infant deaths are attributable to Sudden Infant Death Syndrome (SIDS).

The **infant mortality rate** in the South Shore was lower than Milwaukee County and Wisconsin.



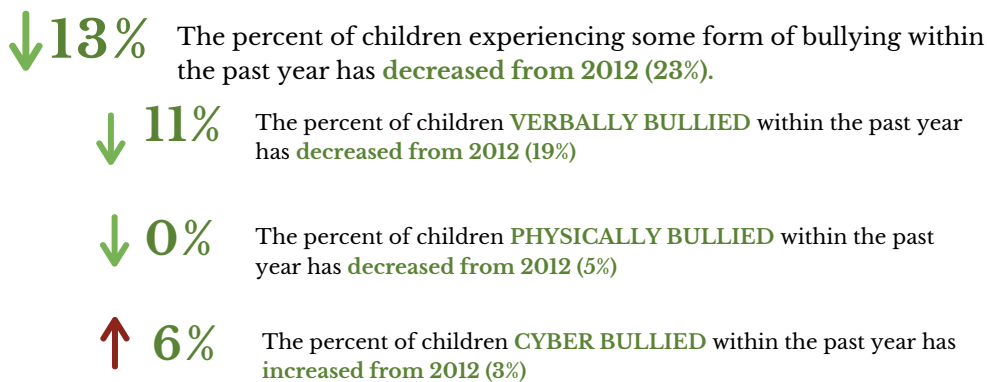
CHRONIC DISEASE & ILLNESS

MENTAL HEALTH & ILLNESS

I. Mental Health

Mental health is an integral and essential component of health. Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. There is emerging evidence that positive mental health is associated with improved physical health outcomes. A person struggling with mental health issues may experience stress, depression, anxiety, relationship problems or mental health illnesses to varying degrees.

CHILDREN IN HOUSEHOLD EXPERIENCING BULLYING - PAST YEAR, 2018



“People are experiencing stress and anxiety at alarming rates, especially students... and the community has lots of mental health resources, but they are grossly underutilized”

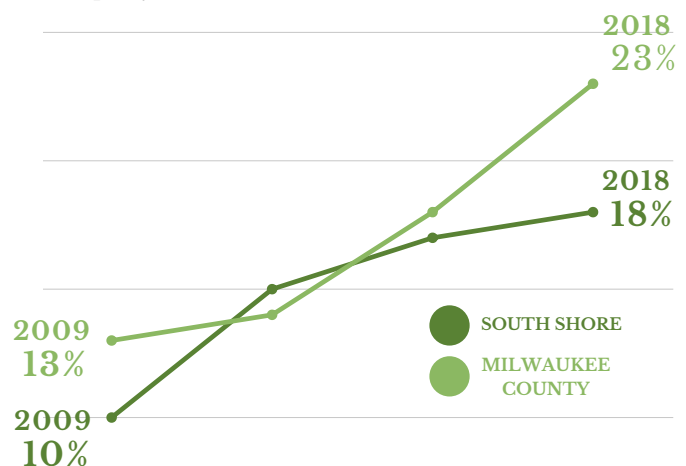
IN 2018,

9% of South Shore residents reported **always or nearly always** feeling sad, blue or depressed in the past 30 days.

VS.

IN 2009,

4% of South Shore residents reported **always or nearly always** feeling sad, blue or depressed in the past 30 days.



The **percentage of adults reporting a Mental Health Condition** have increased in both the South Shore and Milwaukee County.

Residents with **a high school education or less**, in **the bottom 40% household income bracket** or who were **unmarried** were more likely to report **always or nearly always** feeling sad, blue, or depressed in the past month.

II. Mental Illness

Mental illness includes health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning. Depression is the most common mental illness, affecting over a quarter of the US adult population. While positive mental health can improve physical health; it is also true that mental illness can arise due to a diagnosis of chronic diseases, including cancer, cardiovascular disease and obesity.

According to the Wisconsin Department of Health Services, a total number of **73,085 people were provided mental health services in 2018**, of that **8,663 were in Milwaukee County**. This is an increase from 2014, in which **60,242 persons** were served (**3,587 in Milwaukee County**).

MILWAUKEE COUNTY:

135,858

ADULTS
report any
mental illness

&

34,495

YOUTH
report any
mental illness

III. Suicide

Suicide is a public health issue that affects people of all ages, races, ethnicities and sexual identities. In 2015, **suicide was the tenth leading cause of death in the U.S.** and **the 7th leading cause of death in the South Shore**. In the **U.S.**, **suicide was the 2nd leading cause of death for ages 10 to 34 in 2016** and the **4th leading cause of death for adults ages 35 to 54**.



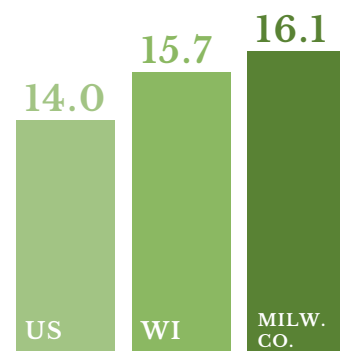
In Wisconsin, the suicide rate is **4x** the homicide rate.

In the South Shore, **adults considering suicide within the past year** doubled from 2015 to 2018.

3%
2015



6%
2018



The Suicide Death Rate is higher in **Milwaukee County** than the **State** and the **Country**.

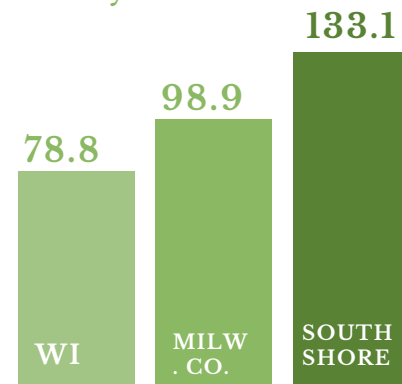
Residents with **a high school education or less**, who were **unmarried** or **with children in the household** were more likely to report feeling so overwhelmed they considered suicide in the past year.

CHRONIC DISEASE

Chronic diseases such as cancer, diabetes, cardiovascular disease and respiratory conditions are significant contributors to premature mortality. Additionally, when not well-managed, chronic diseases can cause pain, disability, financial hardships and overall lower quality of life. Many chronic diseases can often be prevented through healthy diet, physical activity and eliminating tobacco use and substance abuse.

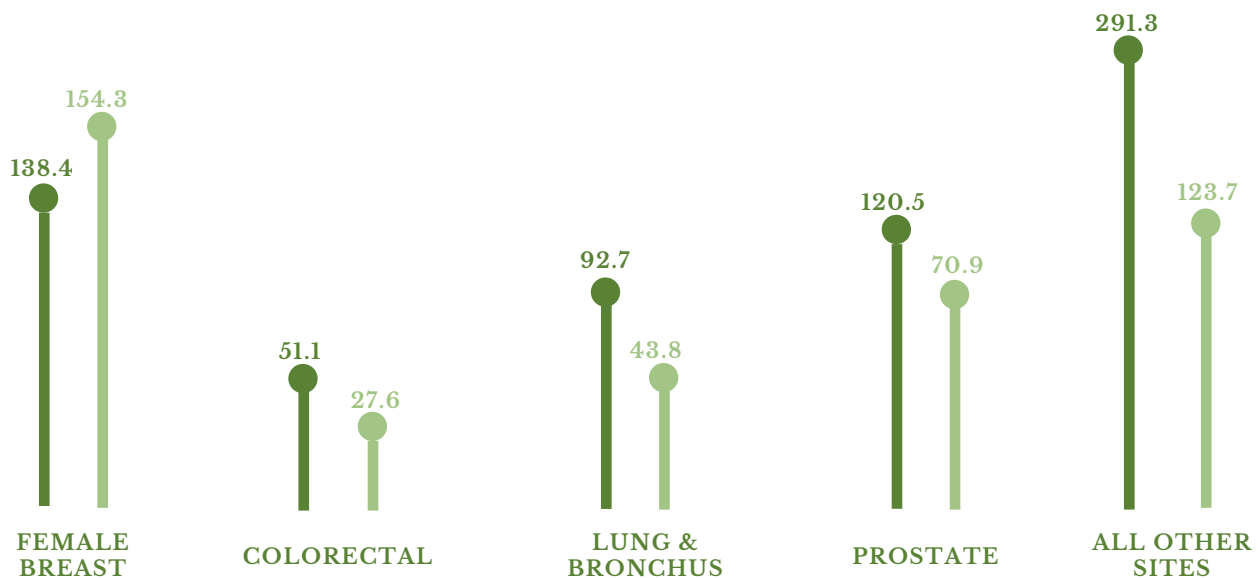
Chronic disease can be measured in several ways. One is by assessing the number of cases of a given disease or by reports from emergency departments and hospital inpatient admissions for certain conditions. Hospitalizations due to certain chronic diseases are an indicator of barriers to effective self-management of the disease.

In the **South Shore**, the **rate of hospitalizations for all conditions** is higher than **Milwaukee County** and the **State**.



I. Cancer

In 2017, a total of **31,777 new cases of cancer were reported in Wisconsin**, **502 cases in the South Shore**. Of the new cases of cancer, female breast cancer had the highest incidence rate in the South Shore (138.4 cases per 100,000 people) than any other cancer type. This trend is similar to that in the state.

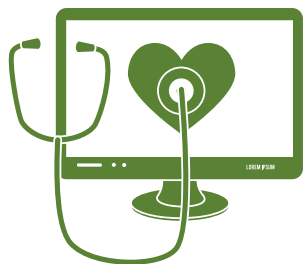


CANCER INCIDENCE - # OF NEW CANCER CASES, 2017

● SOUTH SHORE
● WISCONSIN

a. Health Screenings

Early and ongoing health screenings for certain cancers lead to early identification and treatment.



COLORECTAL CANCER SCREENING

of the population aged 50+ who ever had a colonoscopy or sigmoidoscopy

72%
2012

74%
2015

71%
2018

MAMMOGRAM
of women aged 50+, within past 2 years

82%
2012

77%
2015

72%
2018

II. Cardiovascular Disease

Cardiovascular disease includes several types of diseases of the heart and blood vessels, including coronary artery disease and hypertensive heart disease. Cardiovascular diseases lead to premature death, costly hospitalizations and potentially long-term disability.



In 2018, **9%** of South Shore residents and **8%** of Milwaukee County reported that they had **heart disease or a heart condition in the past three years**.

High blood pressure and high blood cholesterol are two risk factors for cardiovascular disease. In 2018, **24% of South Shore residents reported high blood cholesterol**, no change from 2006 (24%). In the same time frame, **the percentage of residents reporting high blood pressure increased from 26% in 2006 to 32% in 2018**.

III. Diabetes

Diabetes is a chronic and long-lasting disease affecting millions of people. The CDC reports approximately one in every ten people have diabetes and one out of three adults have pre-diabetes. People with diabetes are at higher risk for health complications including blindness, kidney failure, heart disease, stroke and loss of toes, feet or legs.



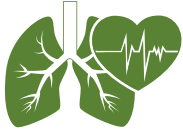
In 2018, **12%** of South Shore residents and **10%** of Milwaukee County reported having diabetes within the previous three years.



Residents **65 years and older**, with **a high school education or less**, in the **bottom 40% household income bracket** (less than \$40,000) **overweight or inactive** were more likely to report a heart condition in the past 3 years, high blood pressure or high blood cholesterol and/or diabetes.

IV. Asthma

Asthma is a disease that affects the lungs. For many, it can be a lifelong chronic disease leading to premature death, costly emergency department visits and hospitalizations, missed days of work and school and reduced quality of life. Asthma can be controlled with medication and lifestyle changes.



In 2018, **6%** of South Shore residents and **12%** of Milwaukee County reported that they had asthma within the past 3 years.

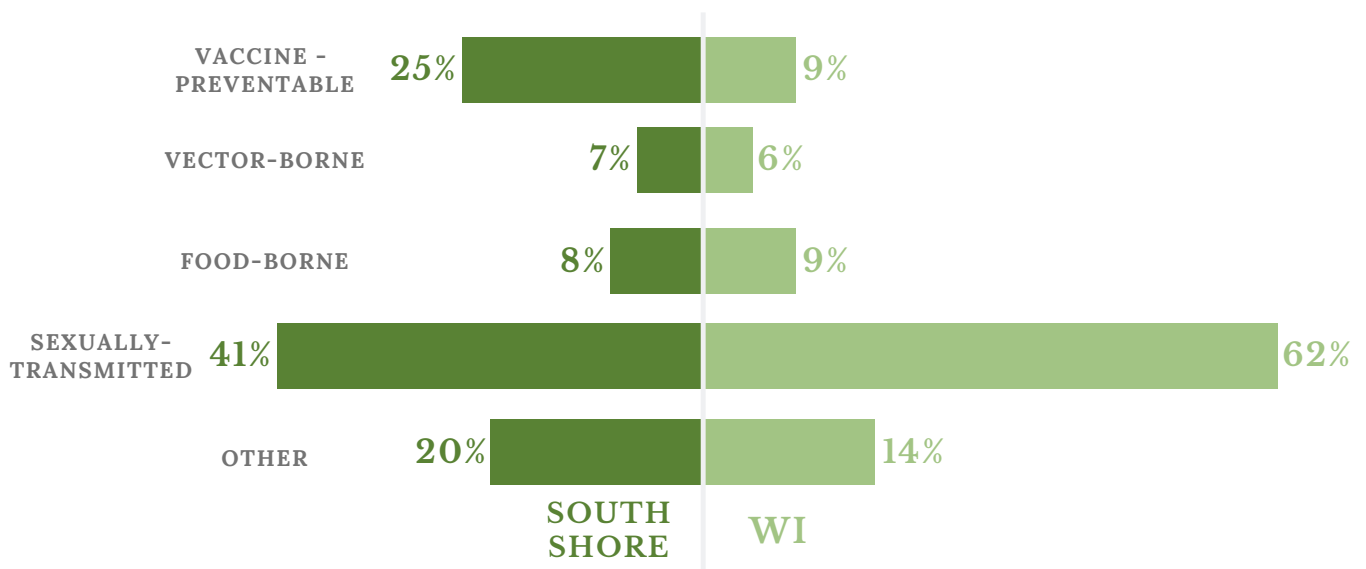


Residents **who were female, or in the bottom 40% household income bracket (less than \$40,000)** were more likely to report current asthma.

COMMUNICABLE DISEASE

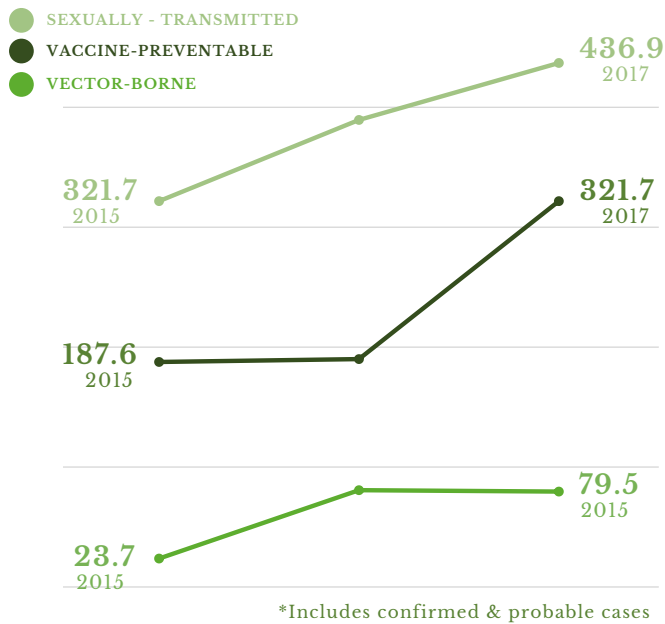
Communicable diseases are also known as infectious diseases. Communicable diseases are caused by a viral, bacterial, parasitic or fungal pathogen which is passed from one human to another. Reduction in infectious disease mortality has increased the life expectancy in the 20th century—largely due to immunizations. In 2012, the World Health Organization estimated that vaccination prevents 2.5 million deaths worldwide each year. Four vaccine-preventable diseases are responsible for 98% of those deaths: measles, Haemophilus influenza type b (Hib), pertussis and neonatal tetanus. Despite the advancements in immunization, infectious disease remains a major cause of disability, pain and death worldwide. Furthermore, incorrect information about vaccine safety has resulted in geographical areas of low vaccination rates, resulting in outbreaks of measles, mumps and pertussis.

PERCENTAGE OF COMMUNICABLE DISEASE CASES BY DISEASE TYPE - Three-year Totals, 2015 - 2017



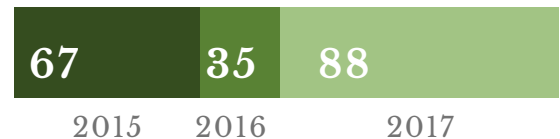
*Includes confirmed & probable cases

COMMUNICABLE DISEASE TRENDS IN THE SOUTH SHORE, RATES OF DISEASE, 2015 - 2017



There were a total of 190 influenza hospitalizations between 2015 and 2017 in the South Shore. Influenza saw an increase in number of hospitalizations in 2017, compared to previous years.

NUMBER OF INFLUENZA HOSPITALIZATIONS

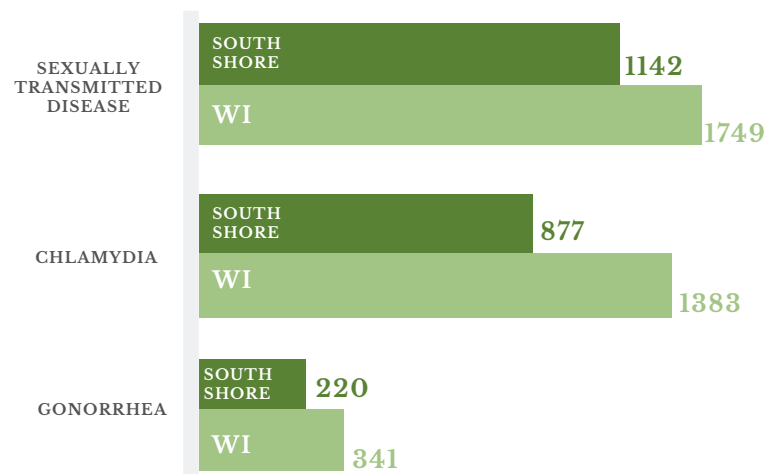


I. Sexually- Transmitted Disease

The prevention and treatment of sexually transmitted infections (STIs) is essential to disease management. Untreated infections can lead to reproductive health problems, fetal and perinatal health problems or cancer.

The rates of chlamydia and gonorrhea are increasing, and particularly concerning as strains are becoming resistant to antibiotics currently used to treat them. Notably, **the estimated total number exceeds the reported cases** because infected people are often unaware of, or do not seek treatment for their infections and because screening for chlamydia is still not routine in many clinical settings. Teens and young adults represent the majority of STI cases.

SEXUALLY - TRANSMITTED DISEASE RATES SOUTH SHORE & WI per 100,000 residents



DEATH

Potentially preventable causes of death such as cancer, stroke, heart disease and chronic lower respiratory disease, provide information that help health officials to prioritize prevention goals and strategies. These deaths are termed potentially preventable based on their association with preventable health behaviors, which have been shown to contribute to the leading causes of death. Examples of such behaviors include tobacco use and a healthy diet.

LEADING CAUSES OF DEATH

The **total death rate in the South Shore in 2015 was 957.2 per 100,000 residents**, higher than **the state (888.6 per 100,000)** and **Milwaukee County (849.5 per 100,000)**.

LEADING CAUSE #1: HEART DISEASE

Heart disease deaths have declined roughly 14% in the last decade. **In Wisconsin, heart disease was responsible for 22.1 % of all deaths in 2016. In the South Shore, heart disease accounted for 23% of all deaths in 2015.**

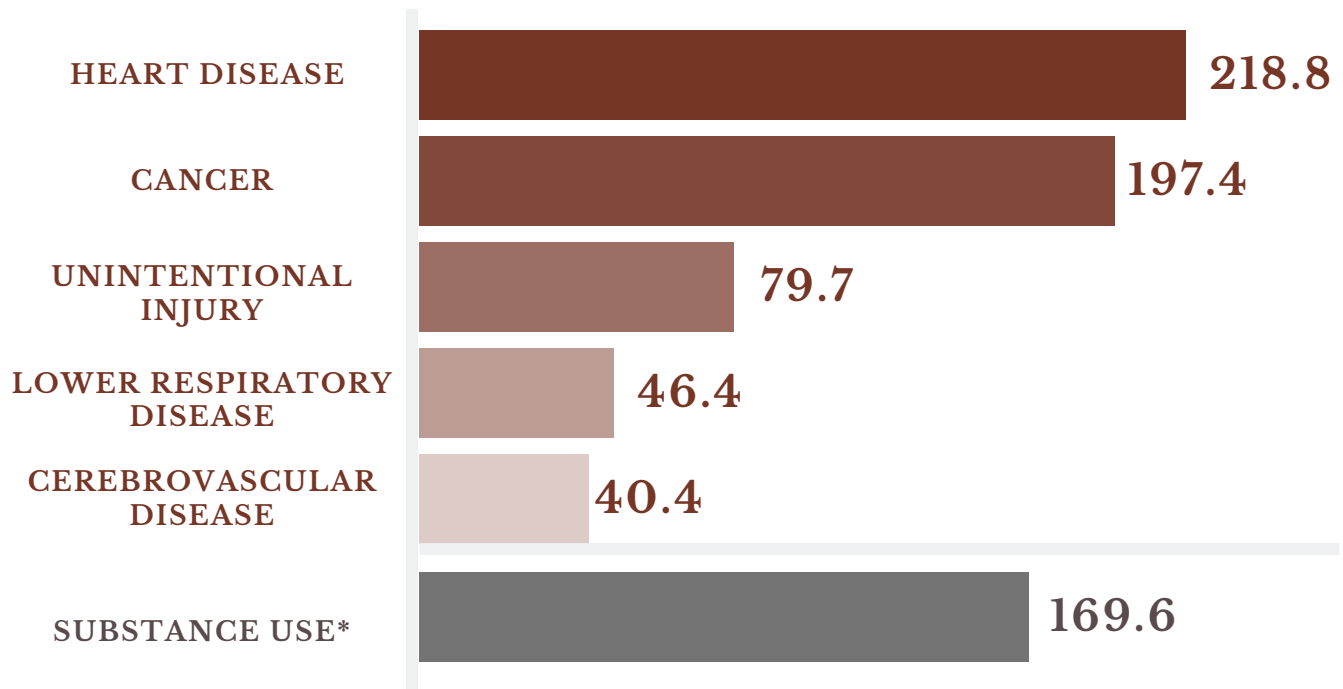
LEADING CAUSE #2: CANCER

In the U.S., the most common cancers are breast cancer, lung and bronchus cancer and colorectal cancer. Combined, the most common cancers account for **approximately 40% of total cancer deaths among men and women in the U.S. and 39% in the South Shore**. In Wisconsin, the population 65 years and older experience a higher number of cancer deaths annually, in 2016 **this population accounted for 72.7% of all cancer deaths in the state**. Residents 65 years and older had approximately 9 times the rate of cancer deaths as residents aged 25-64.

LEADING CAUSE #3: UNINTENTIONAL INJURY

Unintentional injury-related deaths are the third leading cause of death in Wisconsin and the South Shore. **Unintentional injury-related death rates have increased 19% in the last decade**. Injuries represent any harm or damage done to the body resulting from an external force (physical or chemical), but do not include psychological trauma. **Falls, especially among older adults, are one of the leading causes of injury-related deaths in Milwaukee County and Wisconsin**. Deaths attributable to poisonings from substances like prescription opioids, heroin, and other drugs and from motor vehicle crashes are also leading cause of injury deaths in Milwaukee County, including the communities in the South Shore.

LEADING CAUSE OF DEATH IN THE SOUTH SHORE - BY CAUSE



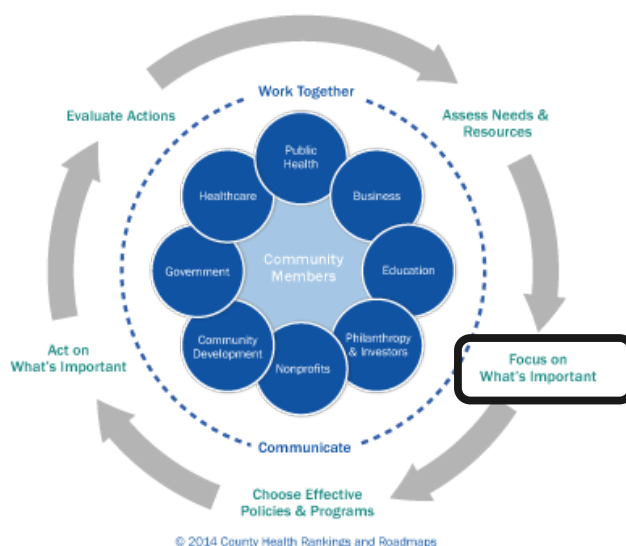
*Deaths with any mention of alcohol, tobacco use or other drugs on the death certificate. A death with more than one of these causes mentioned is counted for each one. For instance, a death that mentions both alcohol and drug use will be counted twice.

NEXT STEPS

The work now begins to put this assessment into action through the development of the **2020-2025 Community Health Improvement Plan**. The Community Health Improvement Plan (CHIP) is developed every 5 years based on the foundation created in the Community Health Assessment. This plan will serve as the external roadmap for improving the health of the communities within the South Shore.

In order to create lasting improvements for the health of our residents, robust and strategic collaborations across all sectors are required. Together we can build a complete infrastructure of healthy communities, close the gaps in health due to race, ethnicity, age, zip code and/or income.

A CHIP guides local health departments, community partners and leaders to address the needs of community members. Each South Shore health department will be selecting health priorities for their communities and projects, programs and services to support those priorities will be executed.



Moving forward, South Shore health departments will provide community partners, leaders and residents the opportunity to do the following:

- Review current community-level data outlined in this report.
- Provide feedback on key findings.
- Participate in activities to prioritize the health issues to be reflected in the 2020-2025 CHIP.
- Brainstorm opportunities for action.

“ We are all facing challenges, the best we can do to work together is important... there will not be one large change without a lot of small investments ”

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APPENDIX I: ASSESSMENT RESOURCES

I. METHODOLOGY

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT TAKE ACTION CYCLE

University of Wisconsin Population Health Institute, 2014. <http://www.countyhealthrankings.org/take-action-cycle>

FIGURE 2: COUNTY HEALTH RANKINGS MODEL

University of Wisconsin Population Health Institute, 2014. <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank>

II. POPULATION & DEMOGRAPHICS

POPULATION OVERVIEW

American Community Survey, 2013 - 2017. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

DEMOGRAPHIC OVERVIEW

American Community Survey, 2013 - 2017. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

III. CULTURE OF HEALTH

WHAT IS CULTURE OF HEALTH?

Robert Wood Johnson Foundation, 2018. <https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>

A. Clinical Care

INSURANCE COVERAGE

American Community Survey, 2013 - 2017. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

ACCESS TO PROVIDERS

Aurora Health Care - Community Health Survey Report, 2018. <https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview>

B. Education

KEY INDICATORS	Wisconsin Information system for Education , 2018. https://wisedash.dpi.wi.gov/Dashboard/portalHome.jsp
EDUCATIONAL ATTAINMENT	American Community Survey , 2013 - 2017. https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/

C. Economic Stability

UNEMPLOYMENT	American Community Survey , 2013 - 2017. https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/
HOUSEHOLD INCOME	American Community Survey , 2013 - 2017. https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/
POPULATION WITH INCOME BELOW FPL	American Community Survey , 2013 - 2017. https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/

D. Neighborhood & Built Environment

VIOLENT & PROPERTY CRIME	Uniform Crime Reporting (UCR) Program, Department of Justice , 2015, https://www.fbi.gov/services/cjis/ucr/
PERSONAL SAFETY INDICATORS	Youth Risk Behavior Survey - Wisconsin , 2017. https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/yrbs-2017-final-summary-report.pdf Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview

SOCIAL SUPPORT

American Community Survey, 2013 - 2017.
<https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

Youth Risk Behavior Survey - Milwaukee County, 2019.
<https://dpi.wi.gov/sspw/yrbs>

E. Housing & Transportation

AFFORDABLE HOUSING

Health Compass, 2019.
<http://www.healthcompassmilwaukee.org/>

RENTER-OCCUPIED HOUSING UNITS

American Community Survey, 2013 - 2017.
<https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

HOMES BUILT PRIOR TO 1950

American Community Survey, 2013 - 2017.
<https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>

LEAD LATERAL LINES

Wisconsin Electric, Gas, and Sewer, Wisconsin Public Service Commission, 2017.
<http://apps.psc.wi.gov/vs2015/annualReports/content/listingWEGS.aspx>

LEAD EXPOSURE

Internal Health Department Data, 2017.

TRANSPORTATION

County Health Rankings & Roadmaps, 2018
<http://www.countyhealthrankings.org/app/wisconsin/2018/overview>

F. Air Quality

P.M 2.5 MEASURES	Environmental Public Health Tracking Program , 2016 https://www.dhs.wisconsin.gov/epht/index.htm
OZONE	Environmental Public Health Tracking Program , 2016 https://www.dhs.wisconsin.gov/epht/index.htm
RADON	Internal Health Department Data , 2017.

G. Water Quality

DRINKING WATER INDICATORS	Jurisdictional Water Quality Reports , 2018.
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IV. HEALTH BEHAVIORS

A. Physical Activity & Nutrition

ACCESS TO EXERCISE OPPORTUNITIES	County Health Rankings & Roadmaps , 2018 http://www.countyhealthrankings.org/app/wisconsin/2018/overview
RECOMMENDED PHYSICAL ACTIVITY	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview
OBESITY PERCENTAGE	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview Behavioral Risk Factor Surveillance System , 2018. https://www.cdc.gov/brfss/
NUTRITIONAL INTAKE	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview

YOUTH HEALTH INDICATORS	Youth Risk Behavior Survey - Milwaukee County, 2019. https://dpi.wi.gov/sspw/yrbs
SCHOOL NUTRITION	Wisconsin Department of Public Instruction, 2018. https://dpi.wi.gov/school-nutrition/program-statistics

B. Drug Use

TOBACCO USE	Aurora Health Care - Community Health Survey Report, 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview
TOBACCO RETAIL COMPLIANCE	Wisconsin Wins, 2018. https://wiwins.org/
HIGH SCHOOL E-CIGARETTE USE	Wisconsin Department of Health Services, 2018. https://www.dhs.wisconsin.gov/publications/p01624.pdf
ALCOHOL-RELATED HOSPITALIZATIONS	Wisconsin Public Health Profiles, 2017. https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm
BINGE DRINKING	Aurora Health Care - Community Health Survey Report, 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview
OPIOID PRESCRIPTIONS	Wisconsin Department of Health Services, 2019. https://www.dhs.wisconsin.gov/opioids/dashboards.htm
EMERGENCY ROOM HOSPITALIZATIONS - OPIOIDS	Wisconsin Department of Health Services, 2019. https://www.dhs.wisconsin.gov/opioids/dashboards.htm
DRUG-RELATED HOSPITALIZATIONS	Wisconsin Public Health Profiles, 2017. https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm

**DRUG OVERDOSE
DEATH RATE**

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

V. FAMILY & CHILD HEALTH

A. Reproductive Health Behaviors

ADOLESCENTS

Youth Risk Behavior Survey - Wisconsin 2019.
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

**UNINTENDED
PREGNANCY**

Pregnancy Risk Assessment Monitoring System, 2018.
<https://www.cdc.gov/prams/>

TEENAGE PREGNANCY

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

B. Birth Outcomes

PRENATAL CARE

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

BREASTFEEDING

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

LOW BIRTHWEIGHT

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

PRE-TERM BIRTH

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

INFANT MORTALITY

Wisconsin Interactive Statistic on Health, 2018.
<https://www.dhs.wisconsin.gov/wish/index.htm>

VI. CHRONIC DISEASE & ILLNESS

A. Mental Health

BULLYING	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview
MENTAL HEALTH CONDITIONS & SERVICES	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview Wisconsin Department of Health Services , 2018. https://www.dhs.wisconsin.gov/publications/p00613-17.pdf Wisconsin Department of Health Services , 2019. https://www.dhs.wisconsin.gov/mh/county-services-dashboard.htm
SUICIDE	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview Wisconsin Interactive Statistic on Health , 2018. https://www.dhs.wisconsin.gov/wish/index.htm

B. Chronic Disease

HOSPITALIZATION	Wisconsin Public Health Profiles , 2017. https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm
CANCER	Wisconsin Public Health Profiles , 2017. https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm
HEALTH SCREENINGS	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview
CHRONIC DISEASE INDICATORS	Aurora Health Care - Community Health Survey Report , 2018. https://www.aurorahealthcare.org/about-aurora/community-benefits/our-research/community-health-data#Overview

C. Communicable Disease

**COMMUNICABLE
DISEASE PERCENTAGE &
RATES**

**Wisconsin Electronic Disease Surveillance System
(WEDSS), 2018**

VII. DEATH

**LEADING CAUSES OF
DEATH**

Wisconsin Public Health Profiles, 2017.
[https://www.dhs.wisconsin.gov/stats/pubhealth-
profiles.htm](https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm)

Annual Wisconsin Death Report, 2017.
[https://www.dhs.wisconsin.gov/stats/deaths/index.ht
m](https://www.dhs.wisconsin.gov/stats/deaths/index.htm)

APPENDIX II: ASSET MAPPING

A community health assessment would not be complete without an analysis of the assets the community had available to address the issues and needs identified.

WHAT IS A COMMUNITY ASSET?

A community asset or resource is anything that improves the quality of community life. Assets include:

- The capacities and abilities of community members.
- A physical structure or place. For example, a school, hospital or church.
- A business that provides jobs and supports the local economy.
- Associations of citizens. For example, a Neighborhood Watch or a Parent Teacher Association.
- Local private, public and nonprofit institutions or organizations.

This process provides information about the strengths and resources of our communities and can help uncover solutions. Once community strengths and resources are captured and depicted in a map, they provide a clear, visual way to think about how to build on these assets to address community needs and improve health.

In the South Shore, the process of gathering this information began during community focus groups and key informant interviews. Participants in community discussions identified what they believed to be important assets and strengths of our community. Attached is a list of the community assets identified for the South Shore. The list is divided into 10 asset categories:

(1) Health care, (2) Cultural, (3) Recreational, (4) Food systems, (5) Public safety, (6) Employment, (7) Transportation, (8) Housing, (9) Educational and (10) Organizational

“

The South Shore is close to the airport, interstate, lake and as we grow, we have the opportunity to expand resources for our community. The availability of services that this community provides is quite impressive from health, shopping, schooling and recreational activities.

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