

# COMMUNITY HEALTH NEEDS ASSESSMENT 2025



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Kids deserve the best.

# Introduction

At Children’s Wisconsin, we embrace the spirit of “One Team” in all that we do. That means everyone in our organization — our leaders, providers and team members — is focused on our common goals and values. Together, we are committed to ensuring that Wisconsin’s kids are the healthiest in the nation.

To achieve that vision and provide the best care for kids, we must understand the factors that shape children’s lives and health before they ever enter our care. The Community Health Needs Assessment (CHNA) provides a regular opportunity to evaluate, reflect and strategize so we can improve the health and well-being of children and adolescents across our community.

As part of this process, Children’s Wisconsin partners with other area health systems in the Milwaukee Health Care Partnership (MHCP) to complete a joint, comprehensive health needs assessment in Milwaukee County.

This report highlights our key findings, including the progress that Children’s Wisconsin has made since our last CHNA, along with the significant challenges that our children and families continue to face. We are eager and determined to advance this essential work and to be a resource for our community at every turn.



## ABOUT CHILDREN’S WISCONSIN

We are the region’s only independent health care system dedicated solely to the health and well-being of children and adolescents. In Milwaukee, Northeast Wisconsin and throughout the state, we provide kids and their families with a wide range of care and support: primary, specialty, urgent and emergency care; community health services; injury and violence prevention services; foster care and adoption services; child and family counseling; child advocacy services; family resource centers and more. In 2024, Children’s Wisconsin invested more than \$189 million in community programs and services, including more than \$102 million in uncompensated care for kids covered by Medicaid, with the long-term goal of keeping all children healthy, happy and safe.

## CHILDREN’S WISCONSIN VISION

Our vision is that Wisconsin’s kids will be the healthiest in the nation — physically, mentally and socially. That means collaborating with community partners because no organization can achieve such an ambitious goal alone, and it means putting kids’ health at the center of every decision we make. We understand that in order to monitor our progress toward this vision, we need to identify areas of focus and measures that reflect the overall health and well-being of Wisconsin’s kids.

# Variations in Health Outcomes

To achieve our vision of Wisconsin's kids being the healthiest in the nation, we must support all kids in meeting their full health potential. We work to achieve this in three primary ways: focusing on health care quality, building a culture of belonging and understanding variations in health outcomes.

## Advancing Health Care Quality

Adapted from The Institute for Healthcare Improvement 2001 publication, *Crossing the Quality Chasm*, Children's Wisconsin defines quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. There are six domains associated with the Children's Wisconsin framework on quality, including providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status, and is, therefore, care that is equitable.

As an important component of Children's Wisconsin's overall commitment to health care quality, we strive to understand and address obstacles to good health faced by our patients and their families, such as poverty, lack of access to employment, quality education and housing, safe environments, and health care accessibility and affordability. We acknowledge many of those examples of health factors are social drivers of health. And, although many of these community conditions are outside the direct control of Children's Wisconsin or any health care provider, they affect opportunities patients, families and communities have to be healthy and are an appropriate part of our focus on whole child health.

Equitable care is individualized and means closing gaps in opportunities for good health. Kids and families may need more or different things to achieve the same health outcomes. Understanding individual health-related social needs can be critical for designing practical, person-centered care plans.

## A Culture of Belonging

Aligned with our values, in every action and interaction at Children's Wisconsin, we strive to promote health equity and positive experiences for our team members and providers, kids and families, volunteers and the communities we serve. We do this through the following principles:

- Assure a respectful culture that is intentionally diverse, inclusive and anti-racist.
- Build a diverse and inclusive workplace that reflects a broad range of experiences, backgrounds and perspectives.
- Advance our steadfast commitment to inclusion and health equity for the children and families we serve.
- Advocate for and partner with the community to strengthen inclusion, diversity and health equity.



## Understanding Variations in Opportunities for Good Health and Positive Outcomes

When people have unmet needs related to social drivers of health, such as limited access to health care or adequate housing, or exposure to violence and other toxic stress, their health outcomes and quality of life are limited. These community conditions, present where people are born, live, learn or worship, can lead to differences in health outcomes, such as life expectancy and infant mortality.

At Children’s Wisconsin, we strive to recognize when these variations exist, seek to understand the root causes of variations and work to innovate solutions that provide all kids with opportunities to be healthy. This approach is represented in the graphic (at right).



Housing quality, as one example, affects health in several ways, including exposure to lead or mold, availability of adequate facilities and utilities, and cost of housing relative to family income. Research shows connections between elevated stress and poor mental health for individuals who are homeless, unstably housed or living in low-quality housing. Lead exposure can lead to adverse outcomes, such as damage to the brain and nervous system, slowed growth and development, or learning and behavior problems. Housing affordability and homeownership are key economic factors that connect housing to health.

Community residents report access to affordable housing is one of the most important needs that must be addressed to improve health for everyone in the community. Two out of 5 households with children (40%) said affordable housing is one of the top three community health needs, while more than half (55.6%) of households identifying as Black or African American ranked affordable housing as one of the most important community needs.

In Milwaukee County, 1 out of 6 households (16.9%) face a severe housing cost burden, defined as spending 50% or more of their household income on housing. Unfortunately, households with children in the city of Milwaukee face even greater challenges, with more than 2 out of 5 (43%) spending more than 30% of their monthly income on rent, mortgage payments, taxes, insurance and/or related expenses. When families spend more than 30% of income on housing, it is more difficult to pay for other expenses like food or medical bills.

Everyone on our team at Children’s Wisconsin, no matter their role, plays a part in ensuring kids have access to the care and services they need to achieve their full health potential based on their unique needs and life circumstances. And we know that we can do better; we have a chance to close the gaps in opportunities and outcomes between the healthiest and least healthy kids.

We are challenging ourselves by leveraging the information across these reports to inform our practices, programs and services, as well as ensuring we are listening and responding to the voice of the community and families that we serve.



<sup>1</sup> Centers for Disease Control and Prevention. *Lead Exposure Symptoms and Complications | Childhood Lead Poisoning Prevention | CDC*

<sup>2</sup> Milwaukee Health Care Partnership 2024 CHNA. *2024 Community Health Needs Assessment: Milwaukee County*

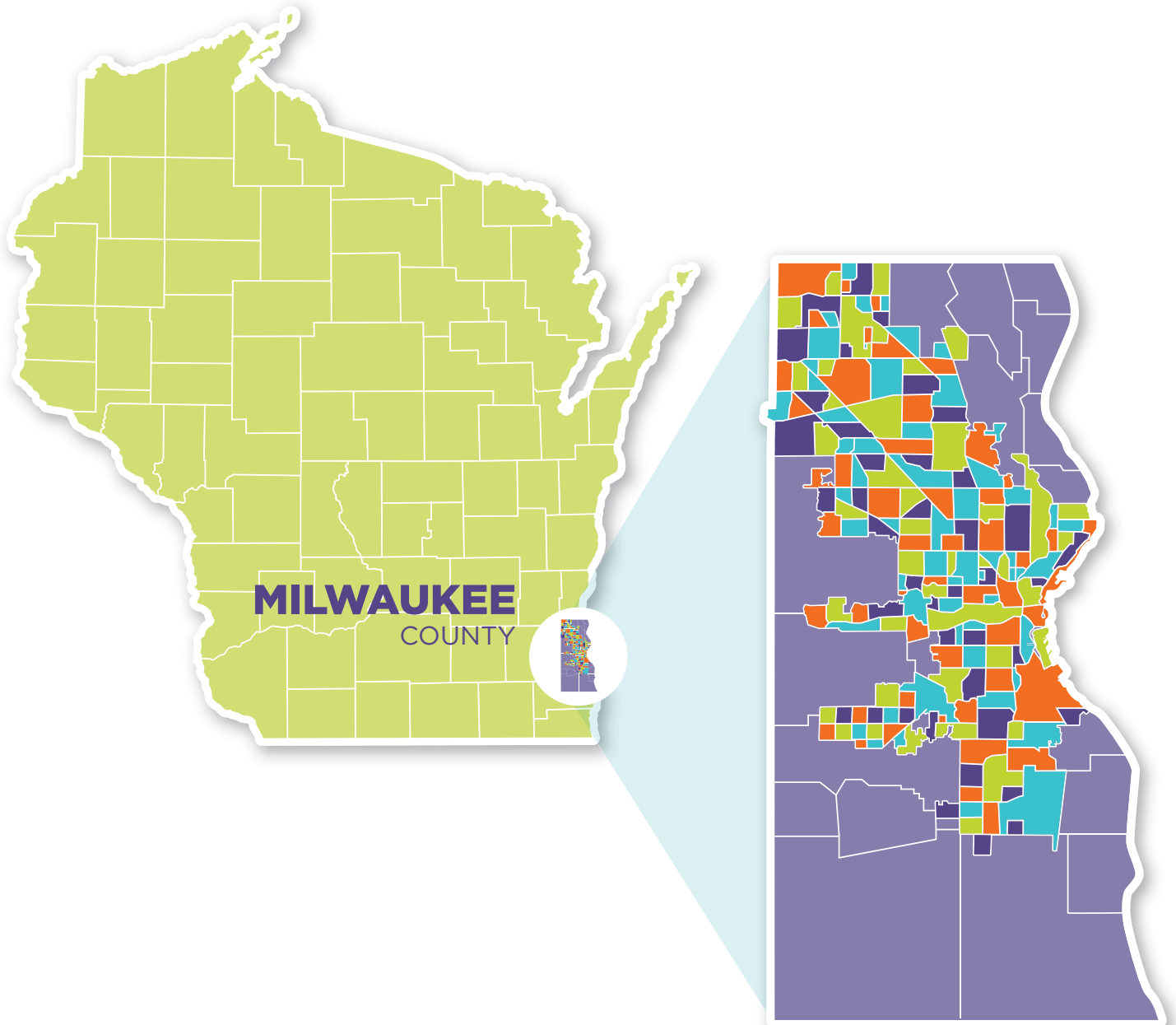
<sup>3</sup> Milwaukee Health Care Partnership 2024 CHNA Housing Profile. *Housing Profile - 2024 Milwaukee County CHNA - Milwaukee Health Care Partnership.*

# Our Community

Children’s Wisconsin serves children and adolescents from across the state and beyond. However, for the purposes of this report, we defined our community as the children and adolescents living in Milwaukee County. Children’s Wisconsin has made significant investments in neighborhoods where health disparities are most pronounced. While data shows that these communities experience higher rates of chronic illness, barriers to care and increased needs, they are also home to strong social networks, dedicated community leaders and trusted organizations that serve as vital assets in advancing health equity.

## GEOGRAPHY

Milwaukee County, which covers 241 square miles, sits on the western shore of Lake Michigan and is home to the state’s largest city. It is the most populous county in Wisconsin, with an estimated 2023 population of 927,656.



## DEMOGRAPHICS

Milwaukee County is vibrant and diverse in many ways:

### Age

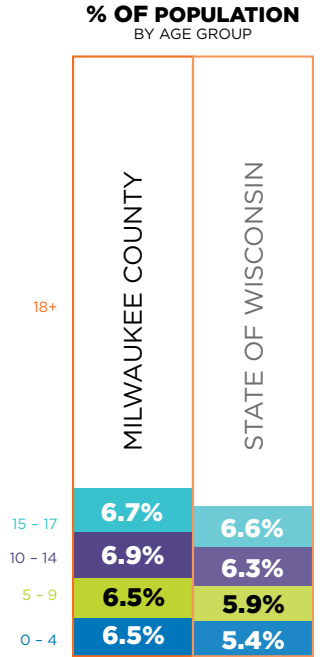
Milwaukee County has a higher percentage of children than elsewhere in the state: Nearly one quarter of the county’s residents are under age 18, compared with 22% of Wisconsin’s residents.

### Language

In Milwaukee County, 21% of children ages 5-17 — more than 34,000 children — speak a language other than English at home, nearly double the statewide rate of 11%. Additionally, 3% of Milwaukee County children live in limited English-speaking households — where no one age 14 or older speaks only English at home or speaks English “very well” — compared with 2% statewide. This indicator is significant as it identifies families who may need English language assistance. The most common language spoken other than English is Spanish (nearly 12%), followed by Asian and Pacific Island languages (nearly 3%), other Indo-European languages (nearly 3%) and other languages (1%).

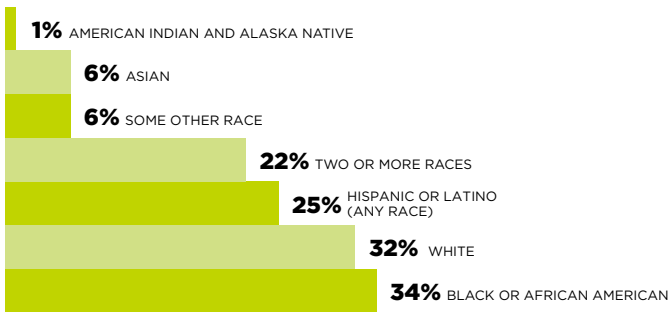
### Race and Ethnicity

Milwaukee County’s population of children and adolescents are significantly more racially and ethnically diverse than the state’s population of children and adolescents overall. The majority of children in Milwaukee County — 78% — identify as a single race. Of those, nearly 32% are white, nearly 34% are Black or African American, 25% are Hispanic or Latino and 6% are Asian.



### RACE AND ETHNICITY

% OF MILWAUKEE COUNTY POPULATION, UNDER 18



% OF STATE OF WISCONSIN POPULATION, UNDER 18



# 2025 Methodology

Our process follows the Association for Community Health Improvement's (ACHI) model.

1. Map Your Development Process
2. Identify Stakeholders and Build Trusting Relationships
3. Develop a Community Health Profile
4. Increase Equity Through Data
5. Prioritize Community Health Needs and Assets
6. Document and Communicate the Results
7. Plan Strategies to Accelerate Health Equity
8. Develop an Action Plan
9. Evaluate Progress



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The result of this process is captured in two reports. The Community Health Needs Assessment (CHNA) reflects steps 1-6. Using that as a foundation, the Community Health Implementation Strategy (CHIS) focuses on steps 7-9.

These two reports also serve to meet the IRS requirements for charitable hospital organizations - Section 501(r)(3).

## STEP 1: Map Your Development Process

The timeline for Children's Wisconsin CHNA is determined by IRS requirements for charitable hospital organizations and Children's Wisconsin participation in the Milwaukee Health Care Partnership and the Tri-County Community Health Improvement Coalition (Tri-Co CHIC).

Children's Wisconsin 2025-2027 timeline	2025	2026	2027
Compile and share data	█		
Prioritize areas	█		
Report design (CHNA) and Board approval		█	
Identify strategies		█	
Report design (CHIS) and Board approval		█	
Implementation		█	

<sup>4</sup> American Hospital Association. (2023). Community Health Assessment Toolkit. Accessed at [healthycommunities.org/resources/community-health-assessment-toolkit](https://www.healthycommunities.org/resources/community-health-assessment-toolkit).



## **STEP 2: Identify Stakeholders and Build Trusting Relationships**

Milwaukee Health Care Partnership brings together local health systems, hospitals, federally qualified health centers, and local and state public health departments to create a healthier Milwaukee. MHCP's collaborating partners in the 2024 CHNA include:

- Ascension Wisconsin
- Aurora Health Care/Advocate Health
- Children's Wisconsin
- Froedtert ThedaCare Health Inc.
- Milwaukee County Department of Health & Human Services
- City of Milwaukee Health Department

MHCP commissioned a comprehensive, collaborative CHNA with the Center for Urban Population Health to gather and synthesize primary and secondary data, and to facilitate the [Milwaukee Health Compass](#) data portal. INPOWER, a Milwaukee-based marketing agency, was a critical partner in promoting a community health survey, conducting focus groups and facilitating communications to gather that data.



## **STEP 3: Develop a Community Health Profile**

Children's Wisconsin serves patients from across the state with hospital locations in Milwaukee and Neenah. For the purpose of this report, we define our community as Milwaukee County in alignment with MHCP.





## **STEP 4: Increase Equity Through Data**

MHCP's assessment uses three primary data sources:

- **Milwaukee County Community Health Survey (Primary Data):** An online survey with completed responses from 6,265 Milwaukee County residents between May-July 2024. Questions asked individuals about the top health needs in the community, perception of their overall health, access to health services and social drivers of health, including racism and health equity.
- **Stakeholder Interviews and Focus Groups (Primary Data):** MHCP engaged 46 key informants and 10 focus groups that represented diverse communities, including African American, Native American, Hispanic, Hmong, elderly, youth, LGBT, individuals with disabilities, and those living with mental illness and substance use disorders. Discussions provided input on the community's most pressing health issues and effective health improvement strategies.
- **Health Compass Milwaukee (Secondary Data):** Facilitated by MHCP, [Milwaukee Health Compass](#) provides more than 300 current health indicators for Milwaukee County at the county, municipal, ZIP code and census tract levels, as well as related demographic data, such as race and ethnicity, education, income and housing.

In this cycle, Children's Wisconsin made a specific effort to increase responses to MHCP's community health survey from families with children. During the survey window:

- Our core team maintained a presence at three of our primary care clinics to encourage families to complete the survey through the online link and paper copies.
- We distributed postcards and a QR code to the survey at system-level events and community festivals.
- Our Marketing and Communications team shared posts and messaging through social media.



- Children's Wisconsin sent periodic announcements and links to the survey to internal team members with a request to share with patient families and personal communities.

As an active partner with MHCP, Children's Wisconsin uses the data from those assessments as the foundation for our CHNA. While these sources provide rich data, they primarily focus on the adult population. To ensure children are well represented, we consulted additional data sources:

- **Wisconsin Department of Health Services (WI DHS), Division of Public Health:** WI DHS provided robust data for this assessment through Wisconsin Interactive Statistics on Health (WISH), a public data portal, as well as direct data requests with DHS epidemiologists.
- **U.S. Census Bureau's American Community Survey:** In addition to its decennial census, the bureau collects and disseminates data across a variety of topics.
- **Youth Risk Behavior Surveillance System (YRBSS):** The Wisconsin Department of Public Instruction conducts this survey regularly in schools statewide.
- **Other Secondary Sources:** Additional sources include publicly available data, such as the University of Wisconsin Population Health Institute's County Health Rankings.

Children's Wisconsin also seeks input from clinical providers, leaders and team members from across our health system — as well as the community we serve — to guide the priorities, development and execution of the assessment and related strategies.

**STEP 5: Prioritize Community Health Needs and Assets**

The MHCP assessment identified the five top health issues prioritized by survey respondents and key informants and focus groups: violence, mental health, substance use, chronic disease, and maternal and child health.

The following framework represents the relationship of health factors, issues and outcomes expressed through the assessment. The full MHCP assessment report [is available online](#).

Children’s Wisconsin used the findings from the MHCP prioritization process as a foundation for our own CHNA, focused on the needs of the community’s pediatric population.

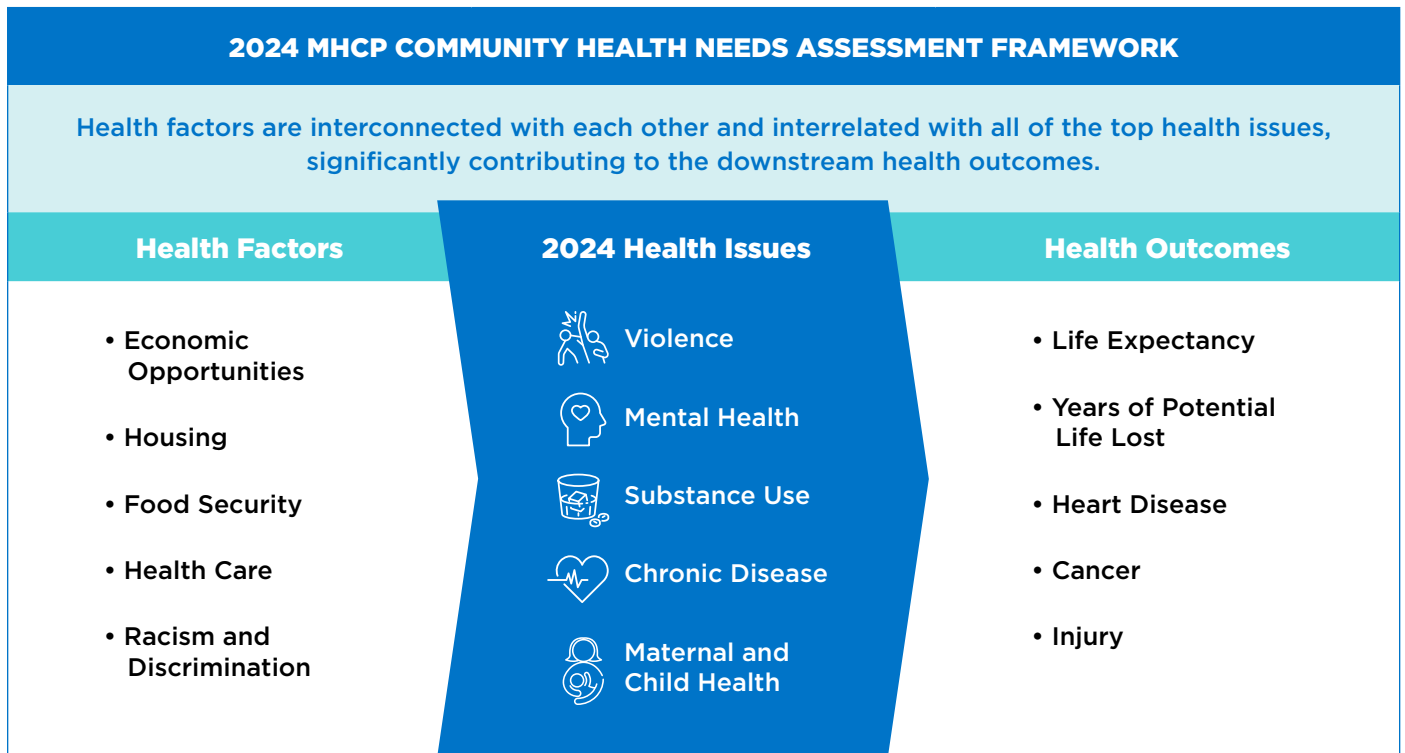
The Children’s Wisconsin CHNA team compiled the top health issues identified by the MHCP and the Tri-Co CHIC, our partner for the Northeast Wisconsin CHNA, in addition to other health concerns affecting the pediatric population. We vetted emerging areas with executive and other

leaders and a variety of subject matter experts from across our health system. We considered the prevalence, severity, inequity and feasibility of each health issue, as well as alignment with our system strategy and current and planned interventions.

As a result, Children’s Wisconsin has identified four critical child and adolescent health issues that we believe impact the health of our community, listed in alphabetical order: chronic disease, infant and early childhood health, mental and behavioral health, and safety and violence.

**STEP 6: Document and Communicate the Results**

Step 6 in the ACHI process marks a transition from the CHNA to the CHIS. The results of the CHNA are communicated through this report. A complementary internal and external communications plan responds to the community needs and sets the foundation for the development of the CHIS, outlined in steps 7-9 of the ACHI model.





# 2025-2027 Community Health Priorities

Community health issues are complex and often require sustained effort to address, which is why some of the health needs identified in previous years persist in 2025. Children’s Wisconsin remains committed to advancing healthy outcomes in the key areas identified by our community as ongoing concerns. Identified community health priorities for 2025-2027 are (noted in alphabetical order):

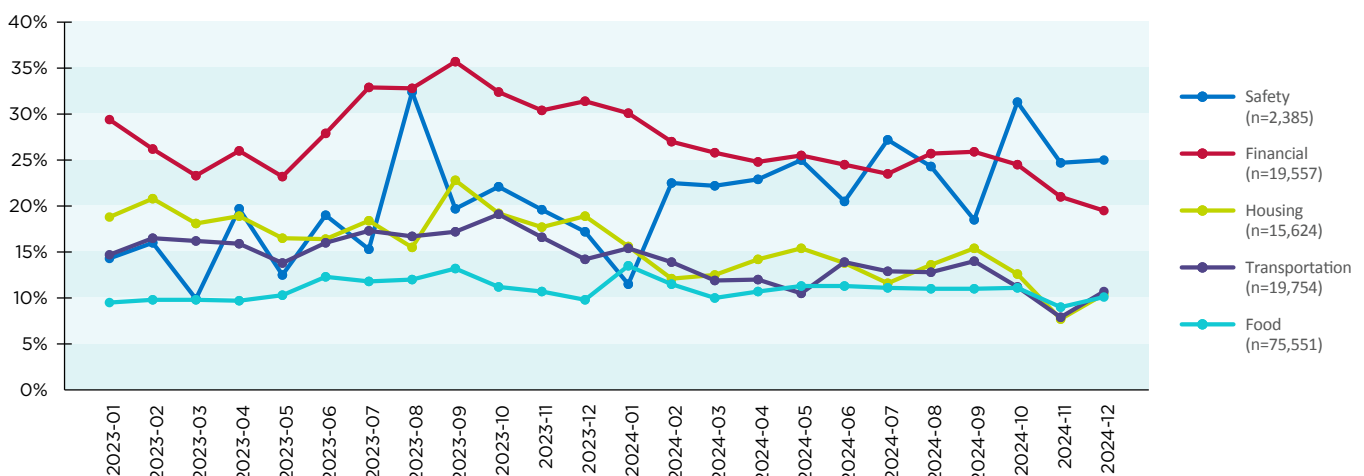
- **Chronic disease**
- **Infant and early childhood health**
- **Mental and behavioral health**
- **Safety and violence**

Our health system’s expansive commitment to health outcomes extends far beyond these four areas, but we call special attention to these issues as our current focus for improving our community’s health. We devoted separate sections to each priority, while recognizing that these priorities are interconnected in many ways. For example, mental and behavioral health can influence infant and early childhood health, chronic disease and safety — just as infant and early childhood health, chronic disease and safety can affect mental and behavioral health. While interconnected, these priorities each require devoted resources to improve the health and well-being of children and adolescents across our community.

## SOCIAL DRIVERS OF HEALTH

These community health priorities are influenced by social drivers of health. To understand the full picture and better serve our community, Children’s Wisconsin routinely screens families for social needs across many clinical services and community-based programs. From 2023 to 2024, nearly a quarter or more of Children’s Wisconsin screenings across the counties we serve indicated financial concerns. At least 1 in 10 families reported concerns in food, housing or transportation. When families struggle to meet basic needs, it can have a detrimental effect on children’s health.

**OVERALL % OF POSITIVE SDOH SCREENS FOR CHILDREN’S WISCONSIN PATIENT ENCOUNTERS, 2023-2024**



## ACCESS TO CARE

Access to care also affects children's health across priorities. The number of children without insurance is relatively low — about 3% in Milwaukee and 4% statewide — but health care costs can be a burden even for families with insurance. To ensure children get the care they need and are not limited to access due to financial constraints, Children's Wisconsin offers a generous financial assistance policy.

Transportation and the availability of providers are also barriers to care. When asked if lack of transportation kept them from medical appointments or getting medications, 13.5% of families screened systemwide via Epic say they have a transportation need. Families facing higher levels of vulnerability, served through Community

Health programming, stated reasons for lack of transportation over the last year were:

1. Car/vehicle trouble
2. Valid driver's license
3. Public bus lines
4. Medicaid transportation services

This report is designed to be a high-level overview of these complex topics. We have highlighted certain indicators to help us understand the emerging trends in our community, and we know that numbers only capture part of the story. That is why we have included community voices throughout this report — as a reminder of the impact these issues have on families' lives.



# Priority: Chronic Disease

Chronic disease, especially when unmanaged, can significantly affect a family's health and well-being. While a variety of chronic conditions emerged as health issues for our community, Children's Wisconsin is focusing intentionally on the chronic conditions that are most prevalent for children and adolescents: asthma and oral health.

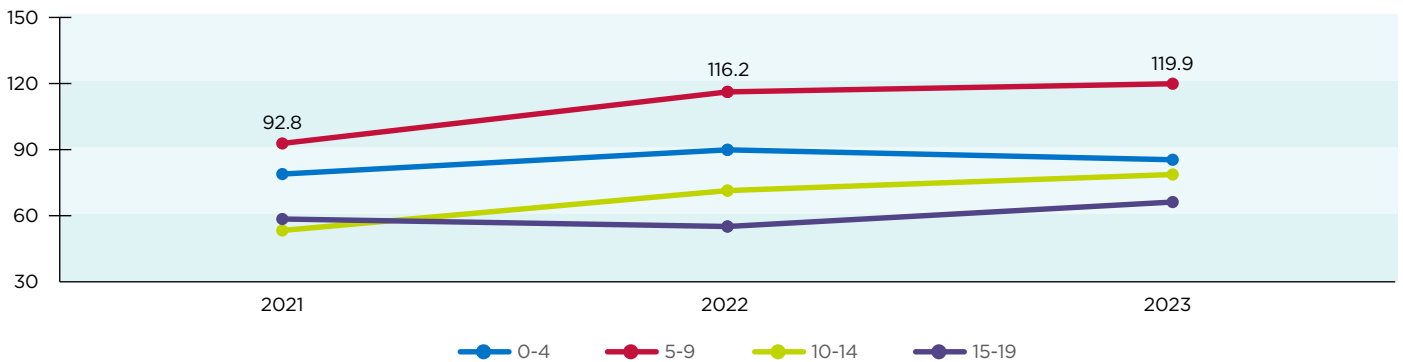
When families lack access to high-quality, affordable health care, they are more likely to have unmet health needs that can exacerbate chronic health problems. That, in turn, can lead to more missed school and work time and lower quality of life. We continue to work with our community

partners and families to remove barriers to health and well-being and ensure that all Wisconsin kids have the resources they need to thrive.

## ASTHMA

In 2023, Milwaukee County children ages 5-9 had the highest rates of asthma-related Emergency Department visits (119.9 visits per 10,000 children), an increase from prior years and more than double the rate of their peers statewide (48.9). Rates across all age groups except ages 0-4 have increased since the prior year.

MILWAUKEE ASTHMA ED VISITS PER 10,000 POPULATION, 2021-2023

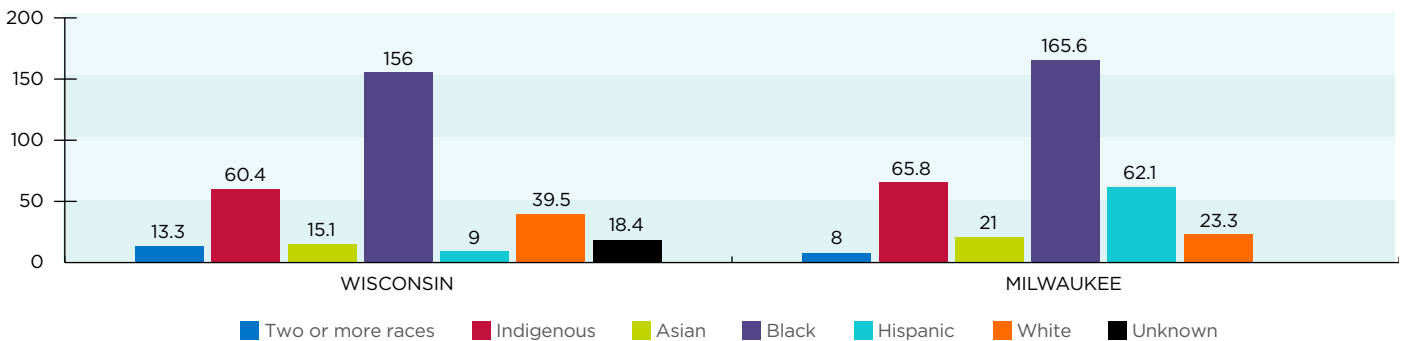


Source: Wisconsin Department of Health Services, Division of Public Health



**Variations in Health Outcomes:** In Milwaukee and statewide, Black children and youth have the highest rates of asthma-related Emergency Department visits (165.6 visits per 10,000 children), followed by Indigenous children and youth (65.8).

ASTHMA ED VISIT RATE PER 10,000 POPULATION BY RACE-ETHNICITY FOR AGES 0-19, 2021-2023

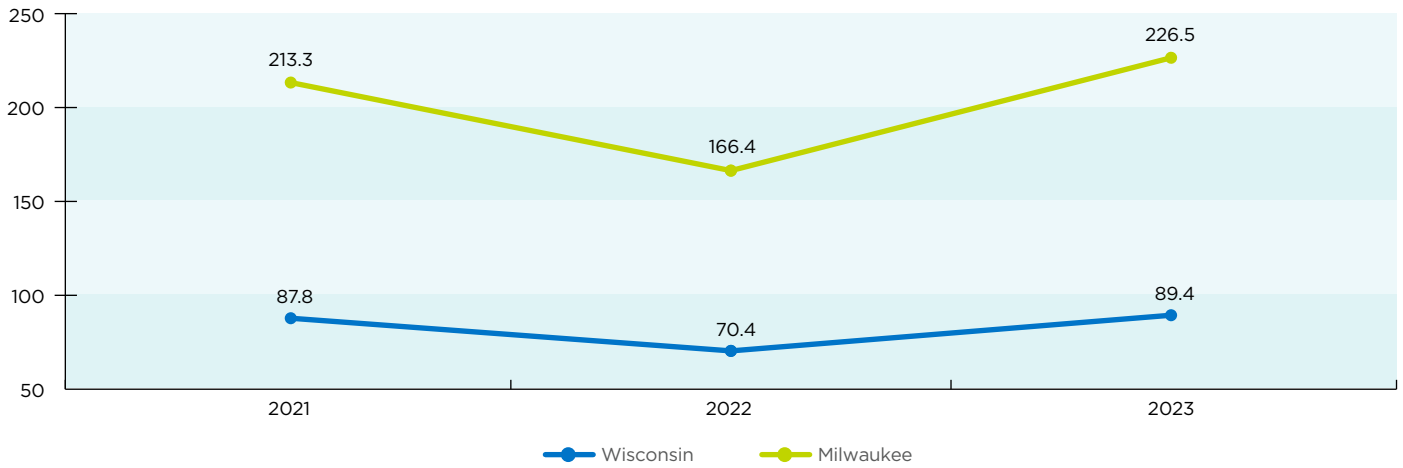


Source: Wisconsin Department of Health Services, Division of Public Health

## ORAL HEALTH

In 2023, Milwaukee dental-related Emergency Department visits for children ages 0-4 increased substantially over the prior year (from 166.4 to 226.5), 2.5 times higher than the statewide rate.

**NONTRAUMATIC DENTAL-RELATED ED EVENTS PER 10,000 POPULATION FOR CHILDREN AGES 0-4, 2021-2023**



Source: Wisconsin Department of Health Services, Division of Public Health

“We’re not going to solve it by waiting for everyone to walk into a dental clinic. ... It’s not going to happen soon enough. So we need to think outside the box about how we partner across communities to have as many touch points as possible, see patients as soon as possible in their life. That often starts when a mom’s pregnant with a child. There is a significant ripple effect to disease and to dental decay in particular, and how that can impact other areas of health, like learning. If you have a toothache, it’s hard to learn.”

— Paraphrased response from MHCP Key Informant Interview/Focus Group Participant



# Priority: Infant and Early Childhood Health

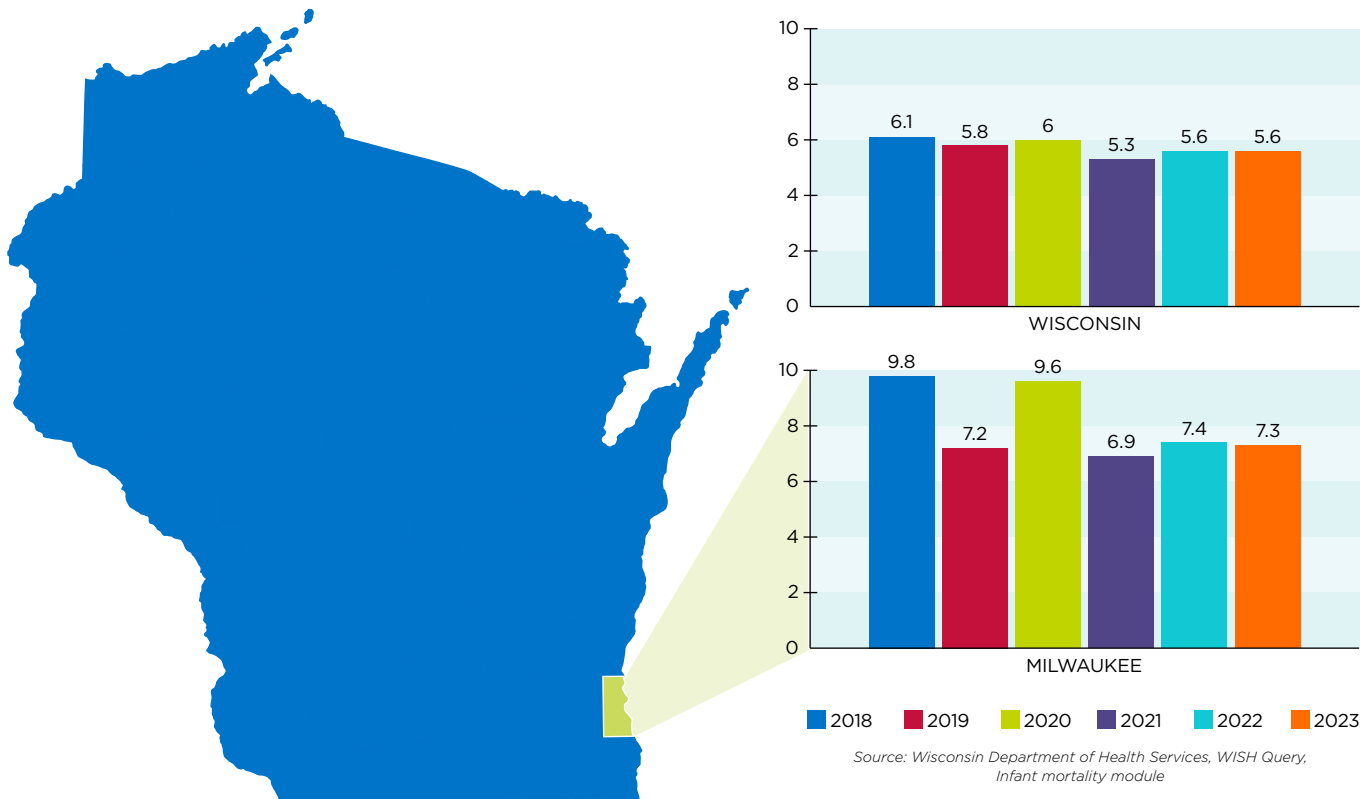
Children’s Wisconsin aims to help our community’s infants not just survive — which is still a challenge because of health disparities — but grow and thrive as children and adults.

Comprehensive infant and early childhood health encompasses many factors through the first 1,000 days of life that can provide a child with the opportunity to be as healthy as possible. Safe, affordable housing; transportation; and access to high-quality, affordable health care (including prenatal care) are all social drivers that can shape the health and well-being of our youngest residents.

## INFANT DEATHS

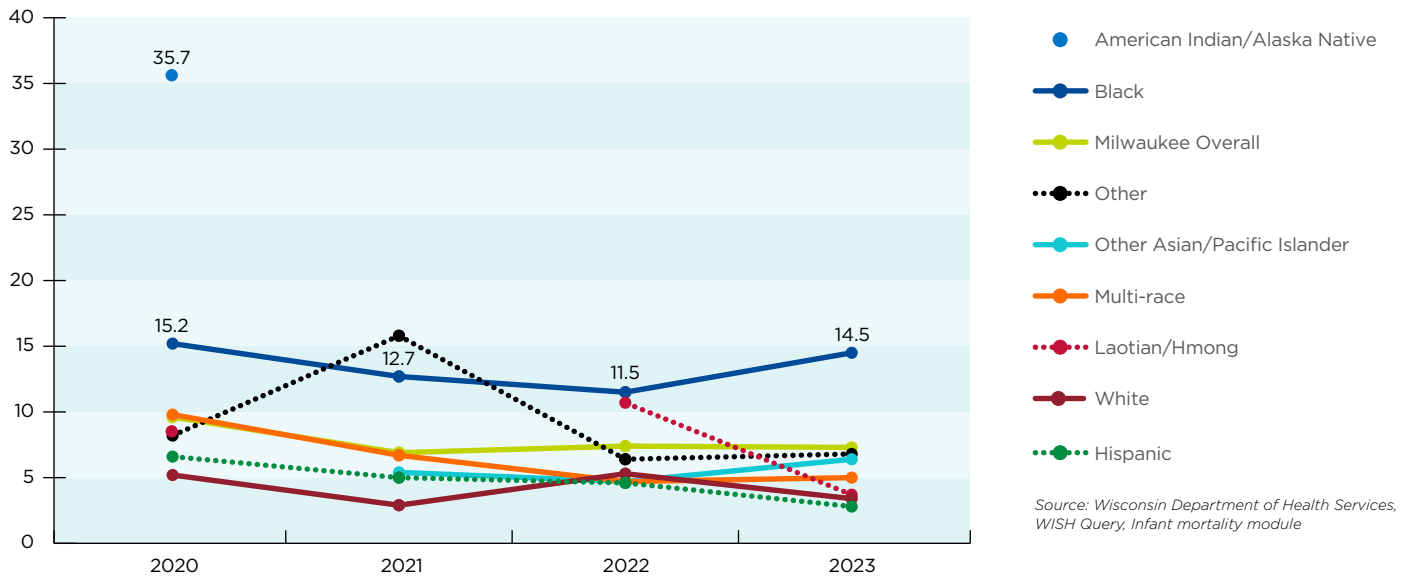
While the infant mortality rate was slightly lower in 2023 compared to the previous year, children in Milwaukee County are more likely to die in infancy compared to their peers across the state: 7.3 incidents per 1,000 live births compared with the statewide rate of 5.6.

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, 2018-2023



**Variations in Health Outcomes:** In 2023, Black or African American infants had death rates more than double the county rate (14.5), an increase over 2022 and 2021. Many factors contribute to infant mortality, including disorders related to short pregnancy gestation and low birth weight, respiratory distress and unintentional injuries.

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, MILWAUKEE, BY RACE AND ETHNICITY



It's not that families are trying to harm their babies or don't want to do what's best for their child. ... Not everyone has a nursery set up at home or a dedicated space for their infant, but what can we work with? How can we work with you in the situation that you're currently in to make sure that your infant has a safe space to sleep? Because throwing a crib or Pack 'n Play at a family without really knowing what their familial needs are isn't helping the issue. So I think that increased funding for home visitors [can] help mitigate some of those factors to really build that rapport and relationship with families [and] really understand their needs.

— Paraphrased response from MHCP Key Informant Interview

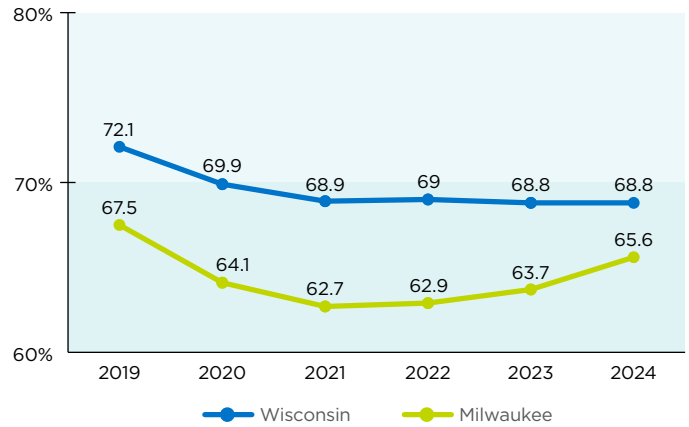


## PREVENTIVE CARE

Preventive care is critical to building a foundation for overall health and catching potential problems before they become more serious. Unfortunately, Milwaukee County infants are not receiving recommended preventive care.

In 2024, two out of three children (66%) in Milwaukee County completed their primary vaccination series by 24 months of age, an increase from the prior year but still lower than the statewide rate of nearly 69%.

**% OF CHILDREN AGES 0-2 COMPLETING 4:3:1:3:3:1:4 PRIMARY VACCINATION SERIES, 2019-2024**



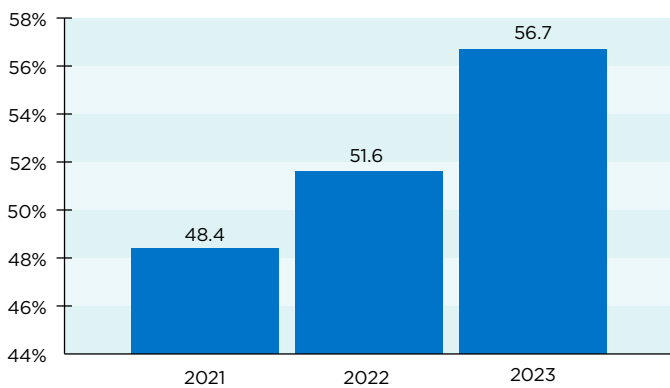
Source: [Wisconsin Department of Health Services Immunizations](#)

## LEAD POISONING

Lead poisoning is caused by exposure to environmental hazards due to historic policies allowing for lead use, such as in manufacturing and construction, resulting in the built environment in which children grow having lead hazards. Having elevated blood lead levels harms a child's developing brain and is correlated with reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects. More than half of Milwaukee's children ages 0-2 (nearly 57%) were tested for lead in 2023, a significant increase over the prior year (nearly 52%).

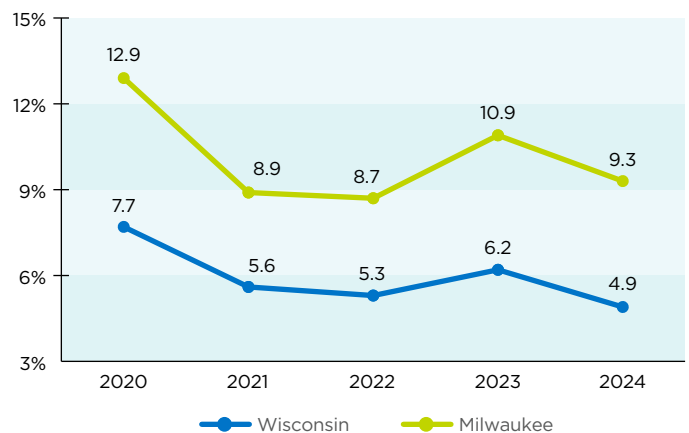
Following the example of the U.S. Centers for Disease Control, Wisconsin recently lowered the threshold for blood poisoning to 3.5 mg/dL. In 2024, more than 9% of children ages 0-6 tested positive for lead poisoning, a decrease over the prior year but nearly double the statewide rate.

**ESTIMATED % OF CITY OF MILWAUKEE CHILDREN AGES 0-2 TESTED FOR LEAD**



Source: *Healthy Homes and Lead Poisoning Surveillance System / ACS 1 Year Population Estimates, Retrieved from Milwaukee Health Department via emailed data request*

**% OF CHILDREN AGES 0-6 WITH LEAD POISONING (BLOOD LEAD LEVEL OF  $\geq$  3.5 MG/DL)**

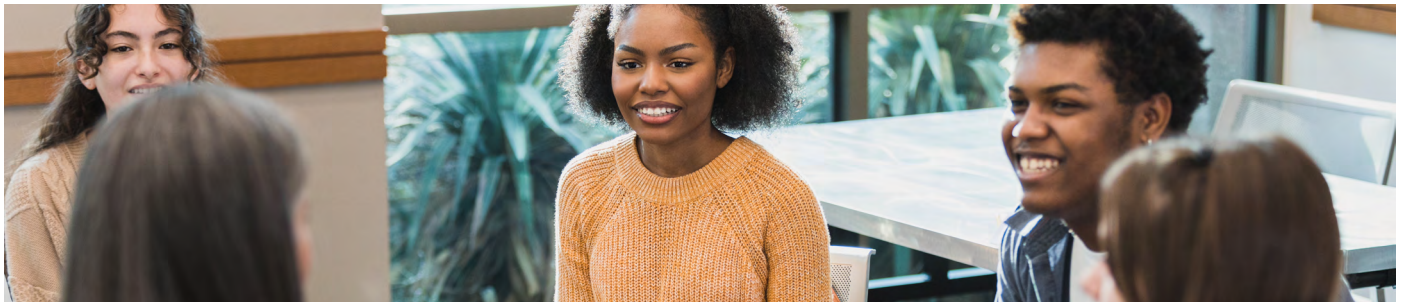


Source: *Environmental Public Health Data Tracker from Environmental Public Health Tracking: Lead Poisoning Data | Wisconsin Department of Health Services*



**Variations in Health Outcomes:** Lead poisoning rates for children ages 6 and under exceed 20% in some neighborhoods on Milwaukee's north side, an area that has faced historic disinvestment and an aging housing stock.

The issue continues to draw growing concern to address sources of lead poisoning across Milwaukee neighborhoods.



# Priority: Mental and Behavioral Health

Kids across Wisconsin continue to struggle with anxiety, depression and behavioral problems. This is a challenge that affects kids across demographics and in every ZIP code, but social drivers of health can also influence mental and behavioral health risks and outcomes. A family’s financial stress, transportation challenges, unsafe living conditions or other factors can take a toll on a child’s mental and behavioral health and make it even more difficult for families to get timely and regular access to care.

To address this urgent community need, Children’s Wisconsin has made it a systemwide priority to identify needs sooner, reduce stigma and improve access to care for kids with mental and behavioral health needs. We believe caring for the whole child — including developmental, mental and behavioral health — is just as important as caring for a child’s physical health.

## ANXIETY AND DEPRESSION

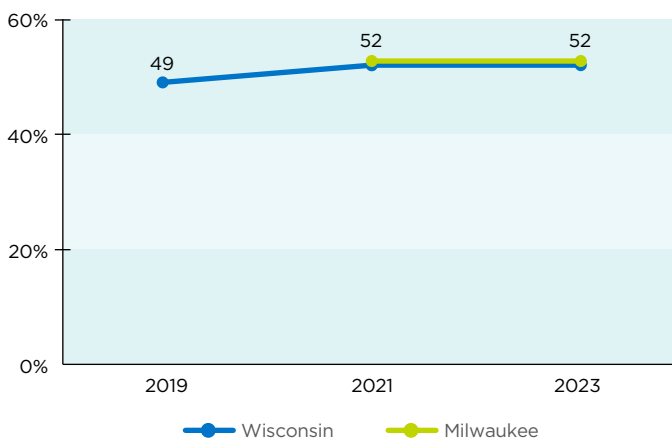
Students continue to experience high levels of stress, anxiety and depression. In 2023, more than half of Milwaukee high school students (52%) reported problems with anxiety in the past 12 months, the same rate as 2021.



**Variations in Health Outcomes:** Three-quarters of LGBT students report anxiety, followed by 64% of students who have a physical disability or chronic condition, 64% who have food insecurity, 58% of multiracial students and 56% of Hispanic students.

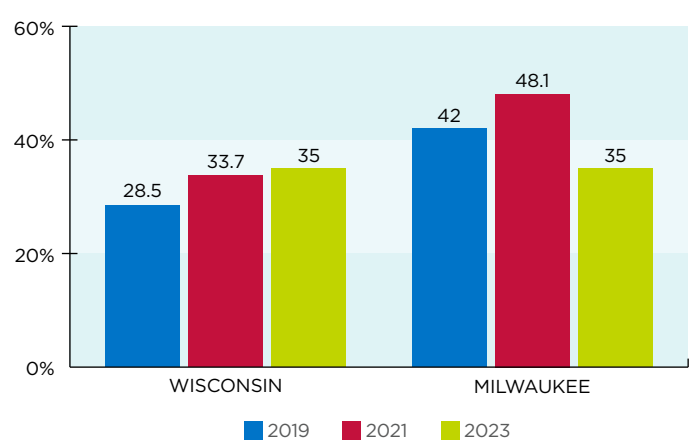
Depression is another ongoing concern. In 2023, about 1 in 3 Milwaukee County high school students (35%) reported feeling sad or hopeless almost every day for two or more weeks in a row, although the rate has fallen steeply since 2021.

**% OF HIGH SCHOOL STUDENTS REPORTING PROBLEMS WITH ANXIETY IN PAST 12 MONTHS IN MILWAUKEE AND WISCONSIN**



Source: YRBS County HS reports from DPI YRBS page

**% OF HIGH SCHOOL STUDENTS REPORTING FEELING SAD OR HOPELESS ALMOST EVERY DAY FOR TWO WEEKS+ IN A ROW**



Source: Wisconsin YRBS report



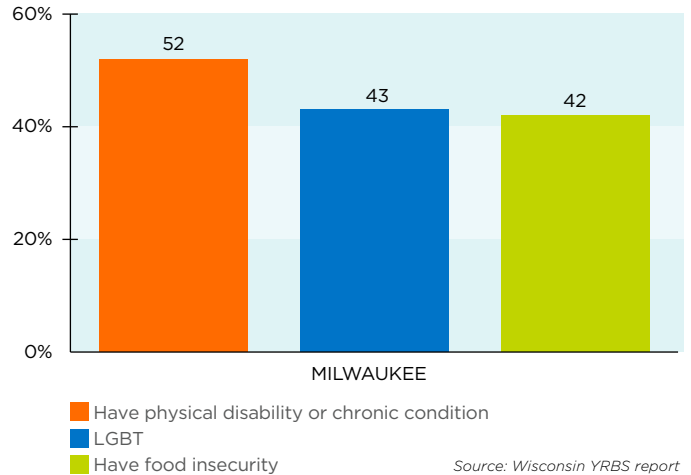
## BELONGING

Feeling like one belongs in a community is essential to helping students cope with mental and behavioral health challenges, and a lack of belonging can exacerbate feelings of anxiety and depression. In 2023, about 1 in 2 Milwaukee County high school students (51%) reported a sense of belonging at school, slightly lower than 2021 (53%) and lower than their Wisconsin peers (54%).

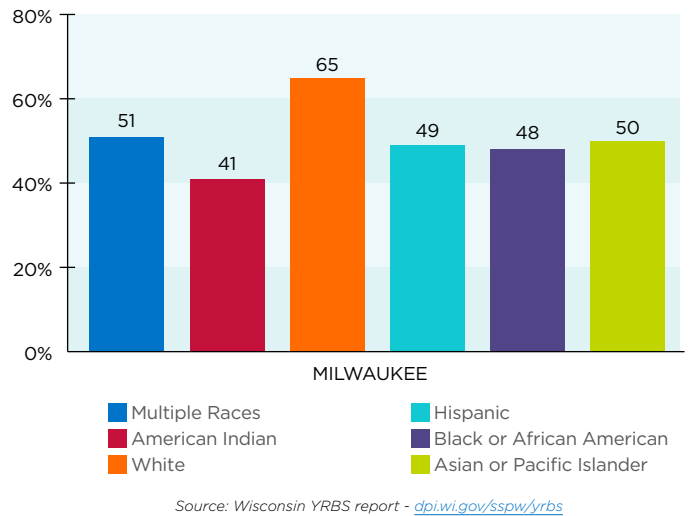


**Variations in Health Outcomes:** This number varies widely across different student populations, ranging from 65% of white students reporting a sense of belonging — the highest among subgroups — to just 41% of American Indian students who report the same. Students who are LGBT and who have food insecurity also report lower rates of belonging (43% and 42%, respectively).

MILWAUKEE HIGH SCHOOL STUDENTS REPORTING A SENSE OF BELONGING



MILWAUKEE HIGH SCHOOL STUDENTS REPORTING A SENSE OF BELONGING BY RACE AND ETHNICITY



I think number one is mental health in all forms. Coming out of the pandemic, just seeing the change in our youth, whether it's being kind of paralyzed and wanting to be in social isolation and that shyness, because that's their comfort zone they were used to [or] some of our youth not being able to control their emotions and actually getting this super strength where they can toss an adult across the room ... so [there is] a wide range of mental health issues.

— MHCP Key Informant Interview/Focus Group Participant

# Priority: Safety and Violence


Every child deserves to be safe and secure from physical, mental and emotional harm. Unfortunately, that's not the reality for every young person in our community.

Motor vehicle crashes, homicide, suicide, accidental asphyxia and drowning were the leading injury-related causes of death for Wisconsin kids from 2020 to 2024, according to Top 5 Ways Children Die from Injury In Wisconsin, a report from the Children's Health Alliance of Wisconsin. Nonfatal injuries and other threats to safety can also have a lasting impact on a child's physical and mental health.

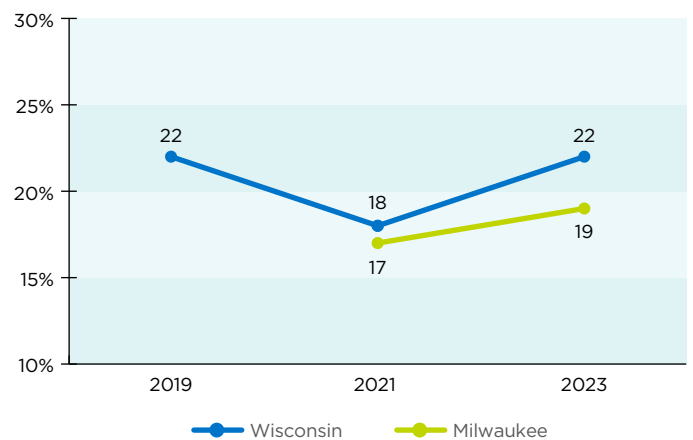
Many social and environmental factors can affect safety, including family financial stress, adult substance abuse, adult mental health and neighborhood violence. Recognizing that this is a complex issue, Children's Wisconsin is committed to supporting children and their families along a full continuum of care, from prevention to post-injury healing.

## BULLYING

Bullying can significantly affect children and adolescents' mental and behavioral health and be a factor in school attendance. Nearly 1 in 5 Milwaukee high school students report being bullied at school or online, an increase since the 2021 survey but lower than the statewide rate of 22%.

 **Variations in Health Outcomes:** Students with a physical disability or chronic condition or who are LGBT report the highest rates of bullying (32% and 31%, respectively). American Indian students report a higher rate of bullying (30%) than other racial/ethnic groups.

MILWAUKEE HIGH SCHOOL BULLYING AT SCHOOL OR ONLINE



Source: WI Department of Public Instruction, Youth Risk Behavior Survey (YRBS) County Results, Composite bullying (affirmative responses to being bullied on school property or electronically)

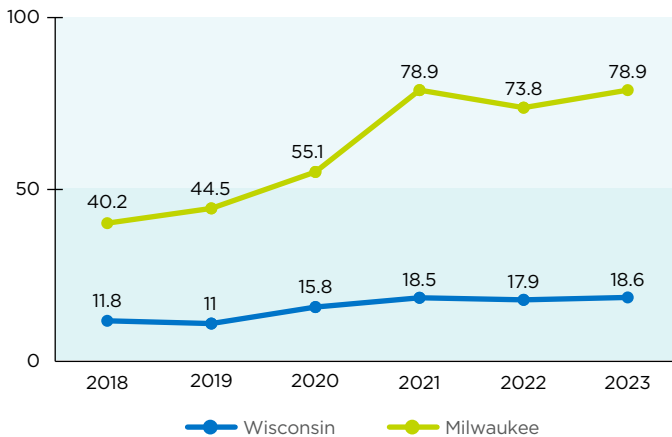




## FIREARMS

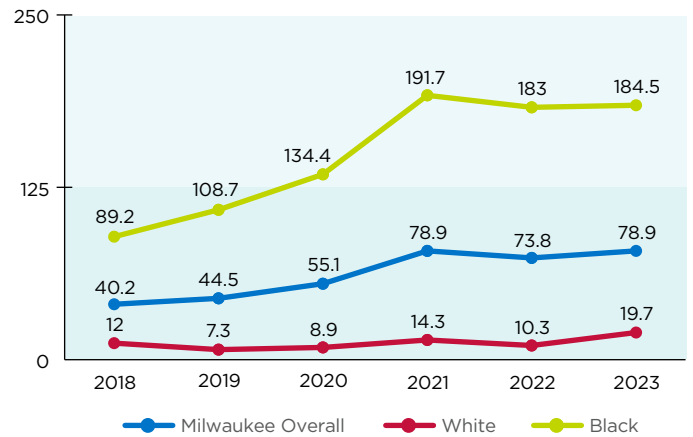
Homicide by firearm has been the leading cause of death for children and adolescents in Milwaukee County since 2011. Firearm-related Emergency Department (ED) visits have almost doubled from 40.2 incidents per 100,000 children in 2018 to 78.9 in 2023.

**RIISING RATES OF FIREARM-RELATED ED VISITS AMONG CHILDREN 1-19 YEARS IN MILWAUKEE AND WISCONSIN**



Source: Wisconsin Department of Health Services, Division of Public Health

**RATE OF FIREARM-RELATED ED VISITS FOR CHILDREN 1-19 YEARS OLD, MILWAUKEE BY RACE AND ETHNICITY\***



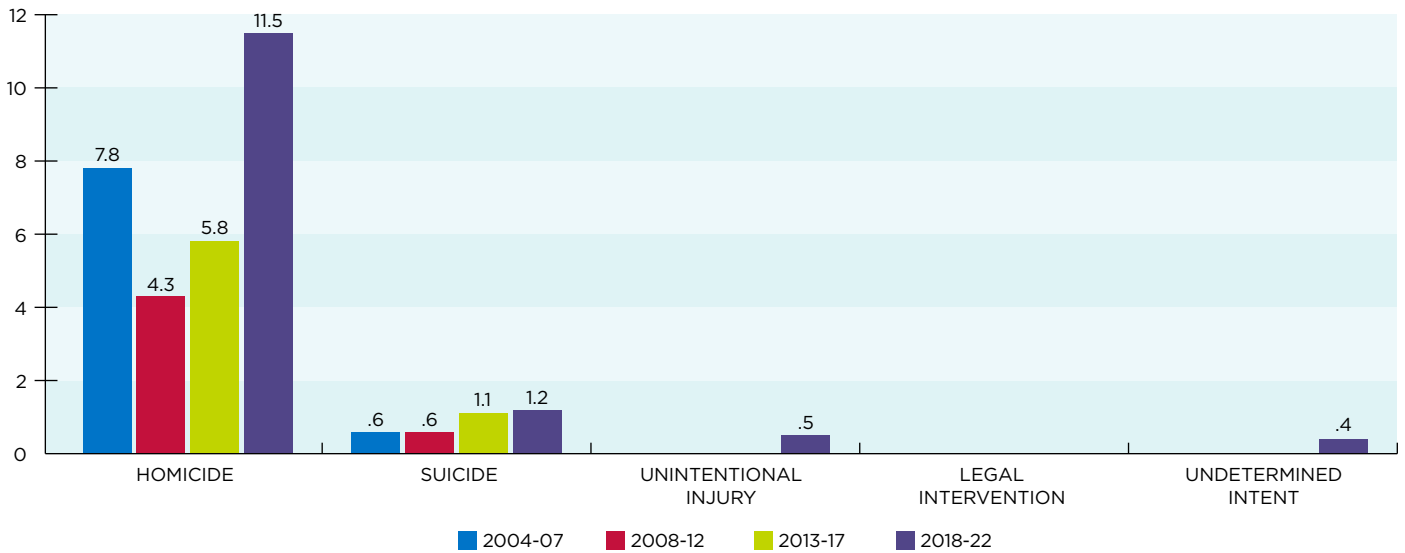
Source: Wisconsin Department of Health Services, Division of Public Health, Injury-Related Emergency Department (ED) Visits Module (Note: Data for some racial and ethnic groups is suppressed for being too small.)



**Variations in Health Outcomes:** Black or African American children and youth have more than double the rate of firearm-related ED visits (184.5 incidents per 100,000 children) compared with the county's overall rate.

In Milwaukee, homicide is the most significant cause of firearm-related death at 11.5 per 100,000 children in 2018-22, a dramatic rise from previous periods. Though suicide by firearm is lower, the rate continues to increase and is a concern to closely monitor.

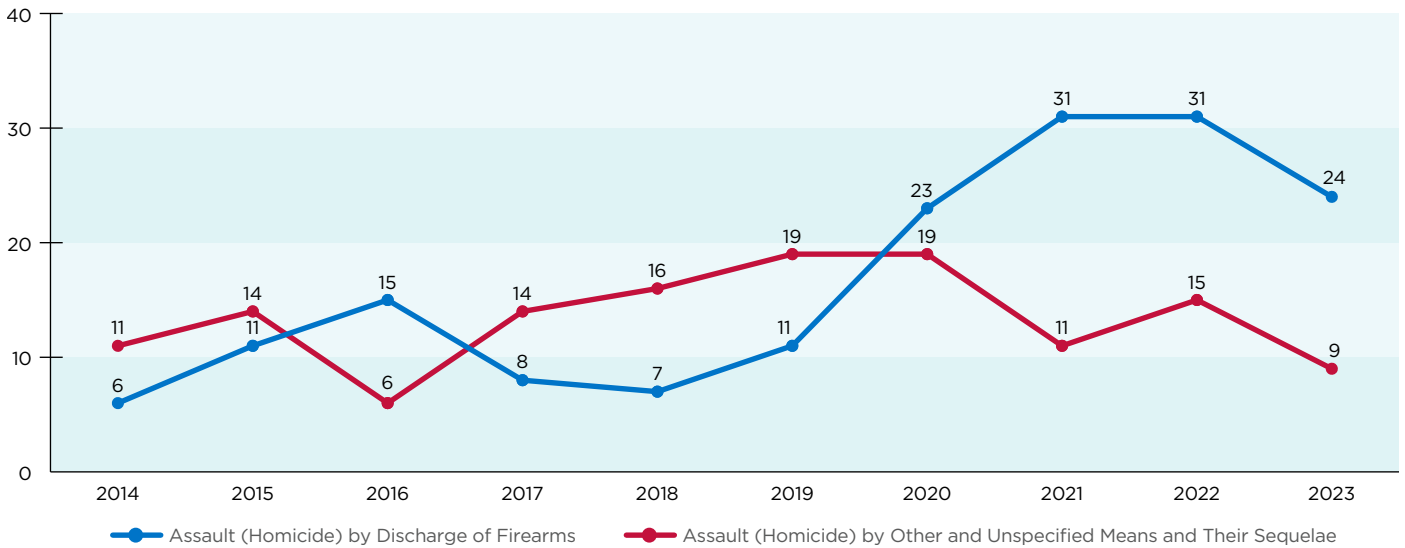
**FIREARM-RELATED DEATH FOR CHILDREN 1-19 YEARS OLD IN MILWAUKEE**



Source: Wisconsin Department of Health Services, Division of Public Health

While Milwaukee has the highest number of homicides in the state, the number of children killed by firearms statewide has also increased significantly over the past decade.

**PEDIATRIC HOMICIDE DEATHS BY METHOD, WISCONSIN 2014 - 2023**



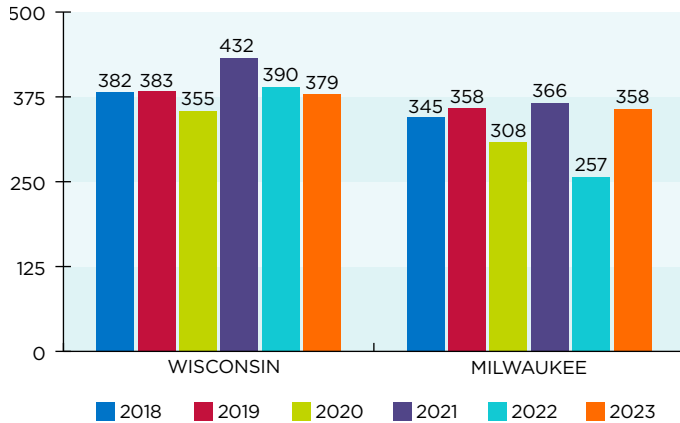
Source: Injury Prevention & Death Review - Children's Health Alliance of Wisconsin

Not only does the increase in gun violence pose an immediate physical harm for children and adolescents, but it also threatens a child's sense of safety and can bring the trauma of losing others to gun violence, leading to a damaging ripple impact on families and the community.

## SELF HARM

In 2023, Milwaukee's rate of ED visits for self-harm injuries among youth ages 10-19 was 357.7 incidents per 100,000 people, an increase over the previous year but lower than the statewide rate of 378.7. Self-harm injuries peaked in 2021 at 366.3 in Milwaukee, which was also a peak year for the state.

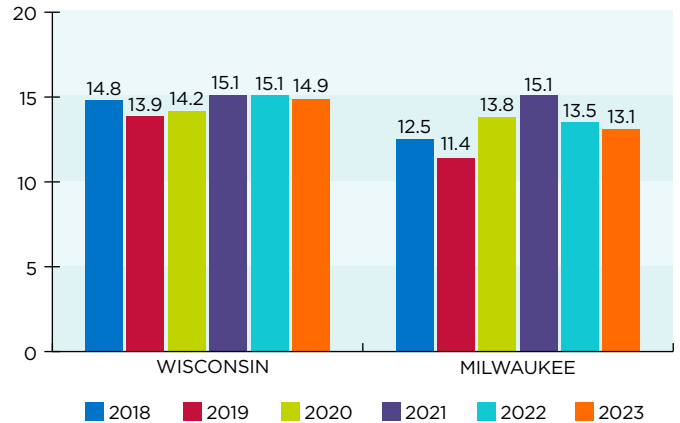
**YOUTH (AGES 10-19) SELF-HARM EMERGENCY DEPARTMENT (ED) VISIT RATE PER 100,000 WISCONSIN AND MILWAUKEE**



Source: Wisconsin Interactive Statistics on Health (WISH) data query system

Milwaukee's suicide rate has decreased slightly since the prior year to 13.1 incidents per 100,000 people, a second decrease since peaking in 2021. That is lower than the statewide rate of 14.9 incidents per 100,000.

**AGE-ADJUSTED MORTALITY RATE FOR SUICIDE (INTENTIONAL SELF-HARM) FOR ALL AGES PER 100,000 POPULATION, WISCONSIN AND MILWAUKEE**



Source: Wisconsin Department of Health Services, WISH Query, Mortality module



Trauma is transmitted just like COVID is, to be honest. It's a virus, and it's transmitted within families, [and] within neighborhoods. An entire community gets impacted by violence. When I talk to young kids out at juvenile detention, if I simply ask them: How many of you know somebody that's been shot or that's been killed? And when every hand in the room is raised, that tells you that you've got a major public health problem with violence.

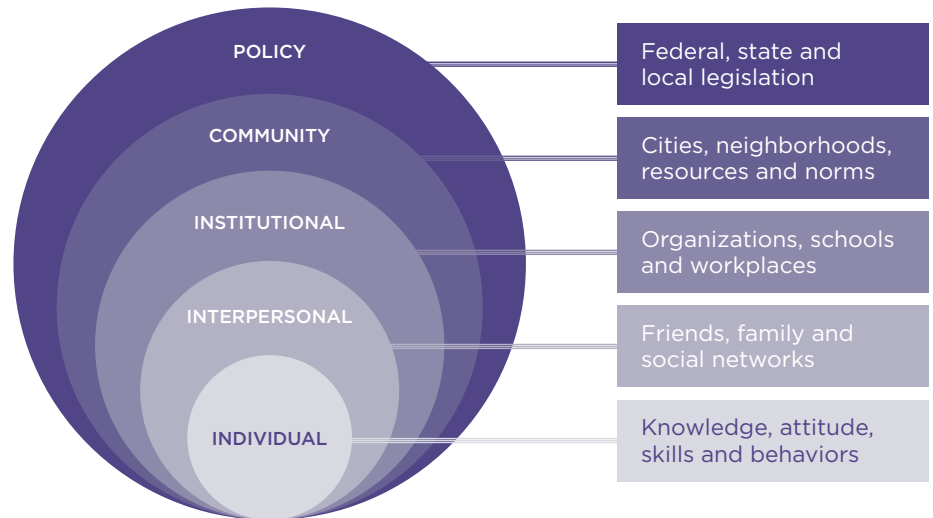


— MHCP Key Informant Interview/  
Focus Group Participant

# Community Assets

We know that it takes a village to adequately address the health needs of our children, and we are fortunate to have many community leaders, organizations, corporations and other assets working together to improve the health of children in our community.

Children’s Wisconsin is committed to working across the social ecological model of health and with many sectors. Participants of the assessment identified existing assets within each of the 11 community sectors:



**Business Community and Leaders:** Businesses of all sizes, including local businesses and industries



**Community and Volunteer Groups:** Individuals and organizations who are actively involved in community issues



**Education:** Schools, universities and other educational institutions



**Faith-Based Organizations:** Churches, synagogues, mosques and other religious institutions



**Government:** Local, state and federal government agencies, as well as elected officials



**Health Care:** Hospitals, clinics, public health departments and other health service providers



**Law Enforcement:** Police departments, sheriffs’ offices and other law enforcement agencies



**Media:** Newspapers, television stations, social media, radio stations and other news outlets



**Nonprofit Organizations:** Community centers, charities and other organizations that operate for the public good



**Parents:** Families, caregivers and trusted adults who play a vital role in the lives of children and youth



**Youth-Serving Organizations:** Organizations that focus on supporting young people and their needs

Specific collaborations related to the selected priority areas are outlined in more detail in the Children’s Wisconsin CHIS.



# Update on 2022 Community Health Priorities and Impact

Children’s Wisconsin addresses many issues related to children’s health and well-being, including those identified by our 2022 Community Health Needs Assessment:

- Infant and early childhood health
- Mental and behavioral health
- Safety and violence
- Social determinants of health



In 2022, we outlined strategies to address each health need prioritized through that year’s assessment. Since then, we have strived to advance community health through Children’s Wisconsin programming as well as numerous collaborative initiatives with MHCP and other community partners. Here is just a small snapshot of our collective impact in 2023 and 2024:

## INFANT AND EARLY CHILDHOOD HEALTH

**215**

pregnant people served by Milwaukee programs (Community Connectors and Healthy Start for Growing Families)

**129**

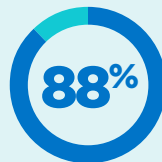
pregnant people served by the statewide Home Visiting program

**1,323**

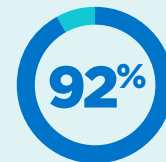
children ages 0-24 months served by Milwaukee programs (Centralized Lead Care Coordination, Community Connectors, Healthy Start for Growing Families)

**40,581**

children ages 0-24 served by statewide programs (developmental screens, Children’s Health Alliance of Wisconsin Injury Prevention program, DREAM Clinic, Fetal Concerns Center of Wisconsin and Home Visiting)



satisfaction rate for the Community Connectors and Healthy Start for Growing Families programs



satisfaction rate for statewide programs (Home Visiting and Children’s Health Alliance of Wisconsin Injury Prevention program)

## Preventing Shaken Baby Syndrome/Abusive Head Trauma

In early 2025, the National Center on Shaken Baby Syndrome spotlighted Children’s Wisconsin as a “Partner in Prevention.” For more than 15 years, Children’s Wisconsin has used the evidence-based Period of PURPLE Crying program, which aims to prevent shaken baby syndrome/abusive head trauma.

The center noted in its social media post: “Children’s Wisconsin continues to be a leader in prevention education, using innovative and effective delivery methods to supply families with the knowledge and skills that help caregivers and their babies safely reach their developmental milestones. Children’s Wisconsin delivers the PURPLE program through an automated system, where they are able to provide this critical education to nearly 100% of the families seen in their 22 primary care clinics. We thank them for their continued efforts and advocacy for prevention as we work towards keeping all babies safe in Wisconsin and beyond.”

## Supporting Families Through Birth and Beyond

Children’s Wisconsin Home Visiting Program supports pregnant and/or parenting families with resources, support and education on pregnancy, labor/delivery, postpartum care and early childhood development. In 2024, the program served more than 500 families across the state. The program follows the Parents as Teachers (PAT) curriculum, which helps parents learn to encourage child developmental milestones and engage in parent-child bonding. PAT teaches families age-appropriate expectations/neurological development, developing empathy/self-worth, and using nonviolent discipline and positive patterns of communication.



**NEARLY  
100%**  
of families seen received  
critical education through  
Children’s Wisconsin  
automated PURPLE  
program.

## Promoting Safe Sleep for Infants

Children’s Health Alliance of Wisconsin provides safe sleep education, materials and train-the-trainer support. In 2024, Alliance team members presented at the national Injury Free Coalition for Kids Conference, sharing the team’s innovative work to capture and elevate family voice around infant safe sleep practices, increase understanding of family needs and adjust prevention efforts. Thanks to the Alliance’s work, more than 500 families received education on the American Academy of Pediatrics’ guidelines for infant safe sleep and shared their thoughts firsthand.



## MENTAL AND BEHAVIORAL HEALTH

### Expanding Much-Needed Mental Health Services

In July 2024, the Milwaukee Journal Sentinel published a front-page story about the Craig Yabuki Mental Health Center at Children's Wisconsin with the headline: "Children's Wisconsin committed to improving mental health services. It's working." With support from a \$20 million transformational gift in 2021 from The Yabuki Family Foundation and other philanthropic partners, Children's Wisconsin has made a significant impact on children's mental and behavioral health. Children's Wisconsin has:

- Improved access to outpatient mental health therapy by 118% between 2020 and 2024, providing nearly 86,000 mental health therapy sessions last year alone
- Grown our school-based presence by providing access for kids to 25,000 school-based mental health sessions in 2024 across 75 schools
- Opened mental health walk-in clinics in Milwaukee and Kenosha, which have provided more than 3,000 treatment sessions to kids ages 5-18 who needed immediate support for a mental health crisis
- Expanded the integrated behavioral health model, which places behavioral health consultants in our primary care clinics, where they have provided approximately 100,000 touchpoints with kids and families about mental health
- Used mental health screening tools to assess the risk of depression and suicide in almost 185,000 kids during their routine visits to our health system in 2024

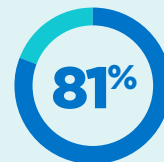
In partnership with MHCP, Children's Wisconsin has worked to expand mental and behavioral health support through the Mental Health Emergency Center, the Youth Behavioral Health Initiative and Mental Health Improvement Fund.

**3,864**

people served by the  
**Milwaukee Mental Health  
Walk-In Clinic and the Triple P  
- Positive Parenting Program**

**1,359,817**

children served statewide  
**(Healthy Minds E-Learning  
program, Early Childhood  
Mental Health, Integrated  
Mental Behavioral Health,  
School-Based Mental Health,  
Child Psychiatry Consultation  
Program and mental health  
screening systemwide)**



average satisfaction rate  
for the Milwaukee Mental  
Health Walk-In Clinic, Early  
Childhood Mental Health  
Program, School-Based Mental  
Health Program and Triple P  
**(average across programs)**

## Providing Resources for Schools

Children’s Wisconsin offers popular e-learning programs to support students across the state. With interactive lessons, activities and games designed for different grade levels, students learn about feelings, dealing with difficult emotions, stress, healthy relationships, common mental health disorders and how to get help when needed. The team also regularly presents at the Wisconsin School Counselor Conference, where team members recently introduced school counselors to online mindfulness resources to support students’ emotional and mental health.

In addition, the team partners with schools on health promotion campaigns, providing classroom kits and other resources. After participating in a bullying prevention campaign, an educator shared: “One of our known bullies talked to me after class and explained that it was easier to bully kids than try to be their friends because he was worried they wouldn’t accept him. I asked him to name one student he’d like to be friends with, and the three of us had lunch and played a game together. The boys laughed and enjoyed themselves. The following week I saw them playing basketball together and with other boys.”

## SAFETY AND VIOLENCE

**340,925**

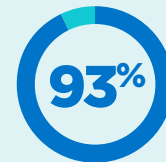
people served by Milwaukee programs (Milwaukee Child Advocacy Center, Safety Center, Period of PURPLE Crying, Project Ujima, Awareness to Action and anti-sex trafficking efforts)

**187,487**

people served by statewide programs (Act Now! E-Learning program, Wisconsin Poison Center and Prevent Child Abuse Wisconsin)



satisfaction rate for Milwaukee programs (Project Ujima and Safety Center)



satisfaction rate for statewide programs (Wisconsin Poison Center and Act Now! E-Learning)

## Working Together To Keep Our Community Safe

Children’s Wisconsin is engaged in many collaborative efforts to address community priorities, including safety and violence. Through the Violence Response-Public Health and Safety Team (VR-PHAST), Children’s Wisconsin partners with other health care providers, law enforcement, victim and witness advocates, and other key stakeholders across Milwaukee County to address firearm violence and homicides. VR-PHAST meets regularly to improve communication and information sharing, identify resources and unmet needs, and coordinate a unified response to violence.

Children’s Wisconsin is also a member of the Healthcare Collaborative Against Sex Trafficking (HCAST), which works to develop and share resources to improve care for survivors of sex trafficking.

## Promoting Healing After Violence and Injuries

When a child suffers a traumatic injury, like a car accident or gunshot wound, the road to recovery can be long and complex. The Pediatric Trauma Quality of Life Clinic offers trauma-informed, multidisciplinary care to support patients and their families in their healing journey after a serious injury. The clinic connects families with many resources, including physical therapy, mental health, social work and violence prevention experts.

One of the clinic's partners is Project Ujima, a multidisciplinary, hospital-based violence intervention program that works to break the cycle of violence through individual, family and community intervention and prevention strategies. As local children and adolescents have been exposed to increasing community violence, the demand for Project Ujima's services has grown.

## Providing Safety Tools To Reduce Injuries

The Safe at Home program at Children's Wisconsin provides patients and their families with materials to keep kids and teens safe from preventable injuries. Since 2022, Safe at Home has provided more than 200 patients and community members with resources such as medication lock bags, lock boxes and trigger/cable locks. Most patients served through this program were first seen at Children's Wisconsin for intentional ingestions, accidental ingestions and attempted suicide/suicide ideation.

**200+**  
patients and community members  
received medication lock bags, lock boxes  
and trigger/cable locks from Safe at Home  
since 2022.

Physicians in the Emergency Department share that Safe at Home fills a much-needed void for patients and families. "We have found that there is a large interest in our Emergency Department and at community events in having access to safe firearm storage devices provided through Children's Wisconsin," noted one physician. "Families hope to keep their kids safe, and the Safe at Home program offers them that opportunity."





## SOCIAL DETERMINANTS OF HEALTH\*

*\*Note: This term was used in our 2022 CHNA, but our health system now uses “social drivers of health.” This term is more easily understood by the community and reflects that these factors are changeable.*

### Connecting Families With Needed Resources

At Children’s Wisconsin, we believe all kids deserve the opportunity to be healthy, and we have transformed our model of care to empower families through the Health Navigation Program. This unique program serves as a single point of access, connecting families to community resources like housing, food, employment and transportation, and providing immediate support when necessary. In 2024, we implemented this model in four metro-Milwaukee primary care clinics: Forest Home, Good Hope, Midtown and River Glen. In 2024, our Health Navigation Program screened nearly 4,000 families for social health needs.

**4,109**

people served by Milwaukee programs  
(Community Health Advocates, Housing is Health, Nourishing Partners and Children’s Resource Center-Southeast services through the Daniel M. Soref Family Resource Center)

**69,833**

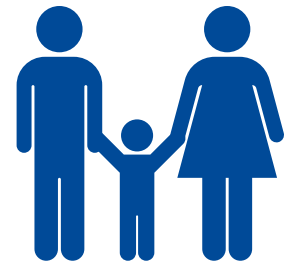
people served by statewide programs (social drivers of health screening)



satisfaction rate for the Community Health workers

# 4,000

families screened for health-related social needs through our Health Navigation Program in 2024



### Screening for Food Insecurity in the Emergency Department

The Wisconsin Hospital Association (WHA) recently honored Children’s Wisconsin with the WHA Excellence in Health Care Quality and Patient Safety Award for our efforts to screen families for food insecurity in the ED and ensure families are connected to follow-up resources and support. Even though food insecurity is the initial reason we connect with a family, a referral specialist often identifies additional needs, such as employment, transportation or mental and behavioral health. By helping families address their social and environmental needs, this multidisciplinary team works in partnership with community organizations to remove barriers for families, ultimately leading to improved health outcomes, better engagement with preventive care services and happier, healthier families in our community.

### Helping Families Find Stable Housing

Children’s Wisconsin is a proud partner of the Housing is Health Program, which strives to improve health outcomes by addressing families’ housing needs. This MHCP initiative connects families facing homelessness or housing insecurity with Milwaukee County Housing Services (MCHS) and IMPACT Coordinated Entry navigators. These navigators work with referred individuals, sometimes for many months, to help them secure stable housing and other support services.



### Housing is Health

received more than 2,600 referrals from partner hospitals and clinics from 2022 to 2024 and found housing placements for more than 400 individuals or families.



## CROSS-CUTTING STRATEGIES

**11,540**

people served by Milwaukee programs that span priority areas (School Nursing and Family Case Management)

**206,758**

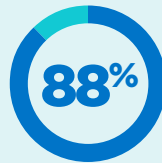
people in Milwaukee served by Chorus Community Health Plans (CCHP)

**232**

people statewide served by the Children's Health Alliance of Wisconsin Medical Home initiative

**500**

people statewide served by Trauma-Informed Care



satisfaction rate for programs that span priorities (CCHP, Trauma-Informed Care and Family Case Management)

**7,200+**

messages sent to lawmakers on CHNA priorities (Children's Advocacy Network)



## Keeping Students Healthy at School

Children’s Wisconsin School Nurse Program reflects our commitment to support and advance total well-being for kids — no matter where they live. Our goal is to improve both health and academic outcomes by placing the students’ needs first and using a collaborative approach to meet those needs.

As just one example of how our school nurses make an impact: A Milwaukee middle school student was escorted to the health room by the school-based therapist, who was concerned that the student took the wrong medication that morning. Adding to the complexity of the situation was the fact that the student has difficulty with expressive and receptive language skills, and English is not the primary language spoken at their home. With the help of an interpreter, the school nurse met with the parent at school. The school nurse provided a pill box with sections for each day and dividers for AM and PM doses and then educated the parent on how to use it. The parent noted their gratitude for the school nurse’s support.

## Advocating for Kids and Families

Children’s Wisconsin advocates for policies, funding and regulations that support kids’ health and well-being. The Government Relations team works with lawmakers on many issues that impact children’s health. These include vaccinations, family support programs, postpartum care, school-based mental health, gun violence prevention, access to affordable and nutritious food and environmental health — all issues connected to our community’s 2022 priorities. As part of our advocacy efforts, Children’s Wisconsin team members and patient families travel to Washington, D.C., and the state capitol in Madison to share their stories directly with lawmakers. The Government Relations team encourages grassroots advocacy year-round through the Children’s Advocacy Network (CAN), which sends out action alerts to more than 10,500 advocates to help make their voices heard with their lawmakers.

**10,500+**

action alerts sent out through the Children’s Advocacy Network (CAN) to encourage grassroots advocacy.





## Conclusion

We are proud of all that Children’s Wisconsin and our partners have achieved since our last CHNA in 2022, but we know there is still more work to be done. While we can’t eliminate every challenge to children’s health — especially considering the significant impact of social, environmental, genetic and behavioral factors — we are committed to doing everything we can to improve the health and well-being of children in our state.

Using this assessment as a guide, we will continue to focus on the programming that will have the biggest impact. And with the help of our community partners, we’ll keep working toward our ultimate goal: making Wisconsin’s kids the healthiest in the nation. See our 2025 - 2027 CHIS to learn more about our efforts to address our community’s health priorities.

## Acknowledgements

The following institutions were integral to the completion of the MHCP CHNA: Aurora Health Care/ Advocate Health, Ascension Wisconsin, Froedtert ThedaCare Health Inc and public health departments from the city of Milwaukee and other Milwaukee County municipalities. The Center for Urban Population Health conducted the assessment for MHCP, with additional support from INPOWER. Children’s Wisconsin provided additional leadership, research and analysis to develop the assessment unique to children in Milwaukee.

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Kids deserve the best.