RWJF Culture of Health
Sentinel Community Snapshot:

Milwaukee, Wisconsin
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**About This Report**

The Sentinel Communities project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least 5 years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities and links to other reports and information about the project.
Introduction

Milwaukee, the largest city in Wisconsin with a population of just under 600,000,1 lies along the western shore of Lake Michigan at the confluence of three rivers.2 Used by fur traders and shippers as the Great Lakes Port beginning in 1835, the city was incorporated in 1846. Milwaukee has traditionally been known for its breweries, industrial and manufacturing might, and waves of immigrant populations. Downtown Milwaukee has added significant cultural and entertainment attractions in recent years, including the Milwaukee Riverwalk, Miller Park, the Milwaukee Repertory Theatre, and expansions to the Milwaukee Arts Center.3

Germans seeking land, lower taxes, and religious freedom began immigrating to Milwaukee in the 1840s, an exodus that continued for several decades.4 Other European immigrants followed, many of whom found work in grain shipping, meat-packing, and brewing. A large-scale migration of blacks from the South to Milwaukee took place later than the Great Migration to cities like Chicago after World War II. Blacks did not arrive in Milwaukee in great numbers until the early 1960s, drawn to plentiful jobs in manufacturing, despite rigid patterns of racial discrimination and housing segregation that remained for decades to follow.4 Milwaukee is racially diverse, with whites accounting for 37% of the population; blacks, 39%; Asians, nearly 4%; and American Indians, 0.5%. Eighteen percent of the population identifies as Hispanic.1 Despite its racial diversity, the metropolitan region that includes Milwaukee is the most highly segregated for whites and blacks in the nation (Figure 1).8
Decades of entrenched regional segregation and the decline of the manufacturing sector have produced neighborhoods of concentrated poverty and their associated high rates of chronic disease, depression, and teen pregnancy, and low educational attainment. The loss of manufacturing jobs for Milwaukee’s black community was particularly hard given the shorter period of migration of blacks to Milwaukee compared to blacks in Chicago. Milwaukee’s black population experienced an economic climate of less generational wealth accumulation and economic diversity. The second and third generations missed the opportunity to trade on their parents’ success as in other communities.

However, partnerships have emerged that envision Milwaukee as a leader in multisector job creation, affordable housing development, improved access to healthy foods, and shared transportation options. But longstanding regional racial inequities, competing priorities, and a turbulent political climate underscore the challenges ahead.

LONG-TERM PATTERNS, LONG-TERM CHALLENGES
Milwaukee faces no shortage of challenges in realizing its ambition to shift from an early 20th-century industrial powerhouse to a 21st-century technology- and knowledge-based economy. In recent decades, the effects of long-established regional patterns of racial, economic, and housing discrimination intensified as industrial jobs disappeared from the city’s center and the economic recession of 2008–2010 took hold. By 2014, manufacturing jobs in Milwaukee shrunk to 14% of total employment, compared with nearly 19% in 2000. Unemployment in Milwaukee stood at 13%, nearly twice the state average of 7%.

During the 1980s and 1990s, companies whose products Milwaukee once epitomized—like a well-known line of power tools known as “Milwaukee Tools”—left for lower-cost states like Arkansas and Mississippi. Other large manufacturers shuttered their doors, including Allis-Chalmers, Delco, AC Spark Plug, and Outboard Marine, leaving thousands of unemployed workers in their wake.

With poverty largely concentrated in Milwaukee’s black and Hispanic communities, the potential for obtaining better-paying jobs, higher family income, advanced education, and other significant determinants of health has become more daunting. The Milwaukee metropolitan area (Milwaukee-Waukesha-West Allis, Wisconsin) recently ranked 9th worst among the 10 most concentrated areas of poverty in the United States for black residents, with more than 43% living in neighborhoods with few jobs and high unemployment rates. The metropolitan area ranked 8th worst among the 10 most concentrated areas of poverty (41%) for Hispanics.

Economic challenges confront the metropolitan region as a whole but are more acute in the city of Milwaukee, where poverty is four times greater than in the surrounding suburbs. Poverty affects nearly 29% of Milwaukee residents, compared with 13% in the state, and is significantly higher among children (43% versus 18% for the state). Poverty disproportionately affects minorities, with 37% of black residents and 28% of Hispanics living at or below the federal poverty line compared with 16% of white residents.
The city of Milwaukee’s median household income and educational attainment levels also reflect significant racial disparities. Median household income in the city is $35,489, compared with the national median income of $52,738. White households in Milwaukee earn $47,937, nearly twice that of black households ($26,067) (Figure 2).³

Nearly one-fifth of adults in Milwaukee (18%) have not earned a high school diploma, double the rate of adults in the state without a high school diploma (9%).³ Racial and ethnic disparities in educational attainment are prominent: 8% of white residents have less than a high school diploma, compared with 21% of black and 42% of Hispanic residents (Figure 3). Conversely, 36% of white adults have a bachelor’s degree or higher, compared with 11% of black and 9% of Hispanic adults.

### DISPARITIES IN HEALTH AND HIGH CHRONIC DISEASE

Milwaukee residents experience certain chronic diseases at higher rates compared with residents of Wisconsin and the nation. In 2015, 15% of the city’s population had asthma, significantly higher than the state (10%) and national (9%) rates. Similarly, the diabetes rate in the city (11%) exceeds the rates in the state (9%) and nation (10%).¹³ One in three Milwaukee residents reported having high blood pressure, slightly lower than rates in the state (32%) and the nation (31%). The percentage of overweight and obese adults in the city (74%) exceeds the state (67%) and national rates (64%).

Perceptions of health and health indicators vary by race and ethnicity. For instance, black residents are two times more likely than white residents to describe their health as fair or poor, and Hispanics report symptoms of depression at a rate more than double that of whites (Figure 4).³

### Initiatives to Tackle Multiple Challenges

City of Milwaukee Mayor Tom Barrett,¹⁴ reelected to a fourth term in 2016 with 70% of the vote, launched a multisector redevelopment initiative in 2013 aimed at developing a sound environmental and economic future for the city.¹⁵ The plan intertwines a road map for economic growth with efforts to preserve and enhance the city’s natural resources to create a healthier community for current and future generations.

Working with a wide range of community partners that include the city and county of Milwaukee, the Center for Resilient Cities, the River Revitalization Foundation, the Milwaukee Metropolitan Sewerage District, the University of Wisconsin-Milwaukee, and the Southeastern Wisconsin Regional Planning Commission, a 10-year Re/Fresh Milwaukee Sustainability Plan is targeting progress in these eight priority areas:

- **Buildings:** Rehabilitate and repurpose aging structures and implement sustainable building practices and standards for development.
• Energy: Improve residential and commercial energy efficiency and increase energy used from renewable resources.

• Food Systems: Increase access to fresh, healthy, and sustainable food in underserved areas by growing fresh produce on repurposed vacant lots and reducing food waste.

• Human Capital: Invest in education and training, create opportunities for advancement and starting businesses, and provide means to connect citizens with jobs.

• Land and Urban Ecosystems: Revitalize neighborhoods, improve access to green spaces, and restore and protect Milwaukee’s ecological resources.

• Mobility: Expand transit options, create bike lanes, promote bike and car-sharing programs, and construct a street car system.

• Resource Recovery: Reduce landfill waste by using such practices as waste prevention, recycling, reuse, and composting organic waste.

• Water: Reduce pollution entering waterways, restore shorelines, protect and conserve drinking water sources, and decrease risk of surface flooding because of storm water runoff.

One project, launched concurrently with Re/Fresh Milwaukee and known as Home GR/OWN, was developed to increase demand for and access to healthy foods, an indicator of the city’s effort to create healthier, more equitable communities. As a step toward this goal, the city has converted city-owned vacant lots into new uses that also create a sense of neighborhood belonging for local residents.

Between 2013 and 2015, approximately 30 vacant lots were converted to food-based uses, including lots planted with fruit trees and orchards. Community organizations involved in the Home GR/OWN’s Partners for Place include local churches, the Milwaukee housing authority, community associations, and development corporations. The design and community engagement for one refurbished vacant lot won a recent award at the SXSW Eco International Places contest in Austin, Texas, ahead of competitors from Los Angeles, Seattle, Austin, and Chicago.

Another initiative to strengthen distressed communities is Mayor Barrett’s Strong Neighborhoods Plan, which aims to reduce the negative impact of abandoned properties and revitalize city-owned properties that have gone into foreclosure. The city of Milwaukee is the owner of last resort for more than 1,100 residential properties, many of which have gone through foreclosure and attract crime while lowering surrounding property values. With $23 million allocated for the initiative in the city’s 2014–2015 budget, the Strong Neighborhoods Plan works to:

• prevent tax foreclosures by working with city inspectors as a referral source for at-risk owners and connecting with partner organizations and private institutions to address tax delinquency;

• mitigate the impact and blight of vacant or abandoned properties by maintaining city-owned properties; demolishing properties that pose a risk to life, safety, and health; and using deconstruction and salvage to reduce landfill waste;

• move city-owned property back into occupancy and private ownership through sales and marketing efforts, incentive loans for buyers, lease-to-own programs, and a variety of city and private financing sources; and

• use the city’s vacant lot inventory and city-owned property to add value, support redevelopment, and assist residents seeking employment.

**Boosting Health Insurance Enrollment**

Another high-profile effort to build a healthier Milwaukee was recognized in February 2016, when the city was awarded the “Healthy Communities Challenge” by the Obama administration for its successful efforts to raise enrollment in the federal health insurance marketplace created under the Patient Protection and Affordable Care Act. Former President Obama visited Milwaukee in spring 2016 to recognize the city’s progress, noting that the state’s Republican governor chose not to expand Medicaid to a level where a greater number of uninsured Wisconsinites could qualify for marketplace coverage.

Wisconsin is one of 19 states that did not expand Medicaid for low-income individuals; however, it provides Medicaid coverage to adults up to the federal poverty level under a federal waiver. Nearly 38,000 formerly uninsured individuals selected a health insurance plan during the open enrollment period for 2016, boosting the Milwaukee area’s total enrollment in the marketplace to 89,000. The increase in enrollment was achieved through a combination of traditional and new methods, such as hosting enrollment events at libraries, partnering with the ride-sharing company Uber to provide rides to final enrollment events, and coordinating telephone calls and outreach through Milwaukee City departments.

**Improving Health Outcomes and Well-Being**

In 2015, the City of Milwaukee Health Department coordinated with Milwaukee Health Care Partnership—a collective of area health systems, federally qualified health centers, and local and state health departments—to conduct a city/county health survey to inform each agency’s community health assessment and guide their community health improvement plan. The survey included more than 1,200 city residents. A broad list of concerns emerged in the community health assessment, including alcohol and drug abuse, violence and mental health, chronic disease, overall health status, dental health, physical activity and nutrition, smoking, low birthweight, teen pregnancy, sexually transmitted diseases, and factors that influence health, including poverty, educational attainment, and racism.

Although many measures revealed that health outcomes and health behaviors for Milwaukee residents lagged behind those of the state and
the nation, areas of promise emerged. For example, Milwaukee has the same rate as the state (82%) for mammography screening among women aged 50 or older and exceeds the national rate (77%). The city also exceeds (73%) the 71% benchmark goal for colorectal cancer screening for adults aged 50 or older, established by Healthy People 2020.28

A new community-driven health improvement process, facilitated by the city’s Health Department in 2016, asked residents to identify the top five issues that would improve health and well-being. Residents’ input, and data and information from the city’s health assessment plan, will contribute to MKE Elevate, an ambitious process to join community-identified issues with city and community resources.

More than 3,000 residents responded to a community survey conducted in late summer, 2016; identifying these issues as their top concerns:29

- Crime and neighborhood safety: .................................................. 43%
- Access to affordable and healthy food: ....................................... 40%
- Jobs and income/wages: .............................................................. 34%
- Education: ................................................................................. 30%
- Access to basic human needs: ...................................................... 28%

Based on the community input, the overarching goal of the MKE Elevate community health improvement plan will be to build safe and healthy neighborhoods; work is underway by the Milwaukee Health Department’s Office of Violence Prevention to develop approaches that will foster safe and healthy neighborhoods. Other longstanding initiatives and partnerships working to improve health outcomes and well-being in Milwaukee communities include the following:

- **Reducing teen births:** Births among teens aged 15 to 17 have dropped by 65% since 2006,23,24,25 in part because of efforts by the United Way of Greater Milwaukee and Waukesha County and several community partners.26,27 United Way convened a community collaboration to address the issue because of the connection between Milwaukee’s high teen pregnancy and resulting levels of poverty. Efforts included a Healthy Girls Initiative to educate youth about the consequences of teen pregnancy and to teach skills to cope with social pressures; BabyCanWait.com, a web resource for age-appropriate information on preventing pregnancy developed in partnership with the Medical College of Wisconsin; and a provocative media campaign updated each year that emphasizes the consequences of early pregnancy.

- **Expanding transportation options:** To boost inner-city residents’ options for transportation as they seek employment, the Black Health Coalition and the Milwaukee Inner-City Congregations Allied for Hope reached an agreement with the state of Wisconsin and the U.S. Department of Transportation in mid-2014. The parties will spend $13.5 million to create and expand bus lines that link city residents to jobs in Milwaukee’s northern suburbs.28 The settlement covers up to $11.5 million over 4 years for bus routes that will have the dual goals of easing interstate congestion and transporting workers between Milwaukee and suburban communities. An additional $2 million will help transit providers improve their services.

- **Reducing childhood lead poisoning:** For more than 25 years, the city’s Health Department has worked with property owners to remove lead hazards from housing units and has partnered with community-based organizations to ensure routine screening and testing for children. The Health Department has partnered with the city’s Departments of City Development, Neighborhood Services, and Administration to promote lead-safe work practices and housing through inspection and housing rehabilitation. Over the years, these efforts have reduced Milwaukee’s rates of children age 6 and under with high exposures to lead in their blood from 32% in 1997 to less than 3% in 2014.29

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**The Challenge of Sustained Progress**

Despite deeply rooted economic and racial challenges, Milwaukee is leveraging partnerships to improve social and economic conditions and expand health equity for all of its residents. Ongoing progress is likely to depend on the sustained participation of private and public partners and the continued improvement in the region’s economy. Additional surveillance, data and information gathering, analysis, and reporting will examine how these partnerships are working to improve economic opportunities for all residents and address longstanding racial disparities in health outcomes.

The following questions provide opportunities for further exploration:

- What progress has the Mayor’s Re/Fresh Milwaukee plan for sustainability and economic growth had on goals related to residents’ health and well-being, such as rehabilitating old buildings, expanding transit options, and increasing options for healthy, local sources of food?

- To what extent can the information management resources of Milwaukee city agencies accelerate efforts for population health improvement?

- To what extent has input from the city’s historically underserved black community been sought and reflected in ambitious citywide plans?
• What progress has been made on Milwaukee’s new initiative to build safe and healthy neighborhoods? To what extent is community input informing the decisions about where resources are spent?

• What effect has the longstanding political friction between Wisconsin’s Republican Governor and Milwaukee’s Democratic Mayor had on efforts to direct spending to Milwaukee’s priority areas?

• Does evidence indicate that Milwaukee residents with health insurance provided under the federal insurance marketplace can access health care services, especially in underserved areas?
References


