



North Shore Community Health Stakeholder Assessment 2017-2021



NORTH SHORE
HEALTH DEPARTMENT

Serving the Wisconsin communities of Bayside, Brown Deer,
Fox Point, Glendale, River Hills, Shorewood and Whitefish Bay

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Introductory Letter

In 2017, the North Shore Health Department began the process of creating a North Shore Community Health Assessment with a vision to gather information on the current health needs, assets, and conditions of people living in the seven municipalities that we serve. We wanted to present a comprehensive picture of what is impacting the health outcomes and quality of life of people in our communities. We took a three-pronged approach to gathering information about our communities. This document includes information gathered from residents and leaders of our communities to learn their views on the community health issues preventing residents from obtaining optimal health, and their thoughts on our community assets. We interviewed 40 key informants, and summarized their input in this document--the **North Shore Community Health Stakeholder Assessment**. Other components of the Community Health Assessment include collecting public health data from existing data systems. The results of our data gathering and assessment of this information is found in the **North Shore Community Health Data Assessment**. Finally, we wanted to hear directly from residents about their top community health concerns. Our **North Shore Community Health Priority Assessment** provides a snapshot of the primary health concerns voiced by residents. The findings of each approach are stand-alone documents which can be accessed through our website at www.nshealthdept.org/CHA.

What stood out from all elements of the North Shore Community Health Assessment is that residents of the North Shore generally experience good health and the conditions that drive good health. Education, access to clinical care, and environmental resources such as parks and Farmers' Markets are important assets within our region. While health outcomes are generally better among residents in the North Shore when compared to Milwaukee County or Wisconsin overall, there still exist several health outcomes, behaviors, and risk factors which are important to address. Examples include:

- Lung cancer is the leading cause of cancer-related deaths in the North Shore, and lung, colorectal, prostate and breast cancers account for almost half of all cancer deaths in our region.
- Drug-related death rates are increasing, including those attributable to prescription opioids and heroin.
- Self-reported rates of diabetes increased from 4% in 2003 to 11% in 2015, and hospitalization rates for diabetes are higher in the North Shore than in Wisconsin as a whole.
- Mental health issues were a top concern for stakeholders and residents.
- Rates of binge drinking in the North Shore have caught up to rates state-wide, with 25% reporting binge drinking in the past month.
- The North Shore has a larger percentage of older adults (65+) than the rest of the state, many of whom live alone.
- Older adults have falls at higher rates, which also contribute to a leading cause of death in the North Shore.

As we move into the next phase of the Community Health Improvement Action Cycle, we welcome your feedback on the Community Health Assessment. Please join us at an upcoming listening session or contact the office directly.

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Acknowledgements

Completing a Community Health Assessment (CHA) covering the seven jurisdictions included in the North Shore requires contributions from many partners. The North Shore Health Department acknowledges and appreciates contributions to all components of the North Shore CHA from the following individuals and organizations:

- Residents, elected officials, and leaders from the municipalities served by the North Shore
Health Department:
Village of Bayside
Village of Brown Deer
Village of Fox Point
City of Glendale
Village of River Hills
Village of Shorewood
Village of Whitefish Bay
- Bayside Communications Center
- North Shore Fire/Rescue
- North Shore Library Directors
- North Shore School Districts' Staff and Leaders
- North Shore NOW
- Fringe Interior Design
- Mark Travel
- Shorewood Family Chiropractic
- Texas Instruments
- REDgen
- Grassroots North Shore
- Aurora Health Care
- Medical College of Wisconsin
- REACH Clinic
- Milwaukee County Department on Aging
- Milwaukee Health Care Partnership
- United Way of Greater Milwaukee and Waukesha County
- University of Wisconsin-Milwaukee, College of Nursing
- University of Wisconsin-Milwaukee, Joseph J. Zilber School of Public Health
- University of Wisconsin, Center for Urban Population Health
- Wisconsin Department of Health Services, Office of Health Informatics
- Wisconsin Department of Health Services, Office of Preparedness and Emergency Health Care
- Wisconsin Department of Health Services, Bureau of Environmental and Occupational Health
- Wisconsin Department of Public Instruction
- Wisconsin Department of Transportation

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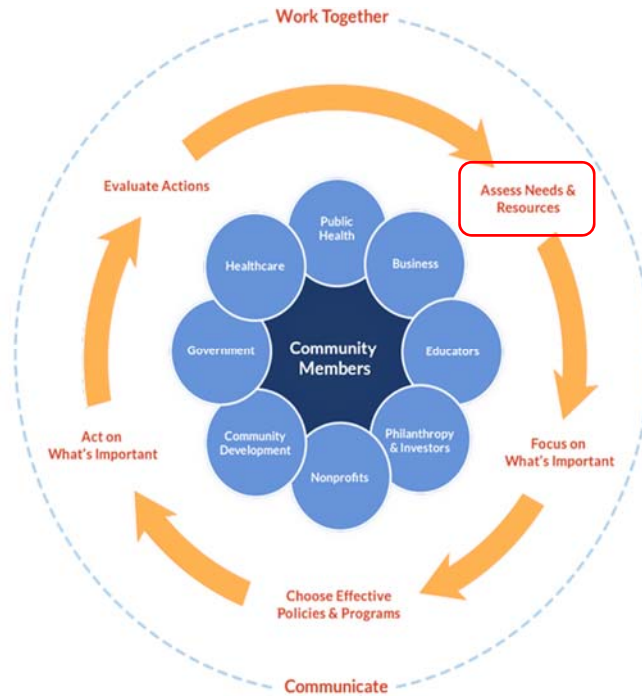
Methodology

Stakeholder assessment is a component of the “Assess Needs & Resources” section of the County Health Rankings and Roadmaps’ Community Health Improvement Take Action Cycle.

The assessment was conducted to obtain information from stakeholders within the North Shore on their views of community assets, barriers, and concerns related to health. Information was collected through key informant interviews and will help inform the North Shore Community Health Improvement Plan (CHIP).

Over 90 individuals were invited to participate and 40 agreed to be interviewed. Full details of the methods and process for identifying stakeholders is included in Appendix A. During discussions, stakeholders were provided with two visuals—a map of the North Shore (Appendix C), and a graphic illustrating the County Health Rankings model (Appendix D). Each interviewee was asked the same general questions, while discussions focused on different areas, based on the direction that each respondent took.

Community Health Improvement Take Action Cycle



Source: County Health Rankings and Roadmaps, 2013

All stakeholder interviews were analyzed for emerging themes, and comments were categorized into these themes. The themes that emerged are reported here, along with representative quotes for each.

Health Asset Themes

Stakeholders were asked, “What strengths or assets exist that support health in the North Shore?”



Top Assets Identified by Stakeholders

Table 1. Thematic Analysis of Qualitative Data from Key Informant Interviews on Assets to Health in the North Shore

Theme	Related Quotes
Access to Healthcare	<ul style="list-style-type: none"> • There is also a lot of access in this area when it comes to healthcare and prevention and treatment. • I think there are a lot of different physicians and clinics, like branches of Aurora, and Rogers and Children's, and access is easier I think in the North Shore than in perhaps some other places. • People can afford care and have access to care. [They] have the ability to get the best care.
Education & Income Level	<ul style="list-style-type: none"> • I think that, at least along the North Shore, we've got a much more educated population. And I'm assuming you folks are well versed in this, but the more education you have the more your understanding of healthcare, the determinants of health, and access to health play in. • The education level of the residents themselves is an asset. • There is an obvious relationship that exists between wealth and health.
Awareness/Value of Health	<ul style="list-style-type: none"> • All of those things together says to me that this is a caring community that values good health and values education and values community. • [I] think one of the strengths, health wise, is that people are conscious of it, and it seems like there is a larger group conscious of it than the group that doesn't care • It seems like people are very health-oriented in terms of like diet and exercise.
Walkability/"Bikeability"	<ul style="list-style-type: none"> • Most of the communities have a high level of walkability. • Even with the weather being cold, you see a lot people outside walking, biking, and exercising. • On one side, we do have pathways down Lake Drive, Brown Deer Rd.; you can get all the way down to the lakefront riding your bike or whatever.
Parks and Recreation	<ul style="list-style-type: none"> • You have so many opportunities for sports, recreation, exercise, parks, clean and safe open spaces, and that's a huge benefit for families with children and for anybody. • Great park systems, both county and locally. There are great little rec departments in every one of the communities with activities and flyers. • We've got a park system that is second to none.
Civic Engagement & Sense of Community	<ul style="list-style-type: none"> • We have a community that does care and that will get out there when they see a need. I could probably get 100 volunteers in three days if it was something absolutely vital. • I do think that there are a lot of passionate people who really care about their community. So, I think that's an asset, the people. The people are an asset. • I think of the North Shore as a place that supports public institutions and caring for your fellow man.

Health Barrier Themes

Stakeholders were asked, "What barriers or challenges exist to improving the health of residents in the North Shore?"



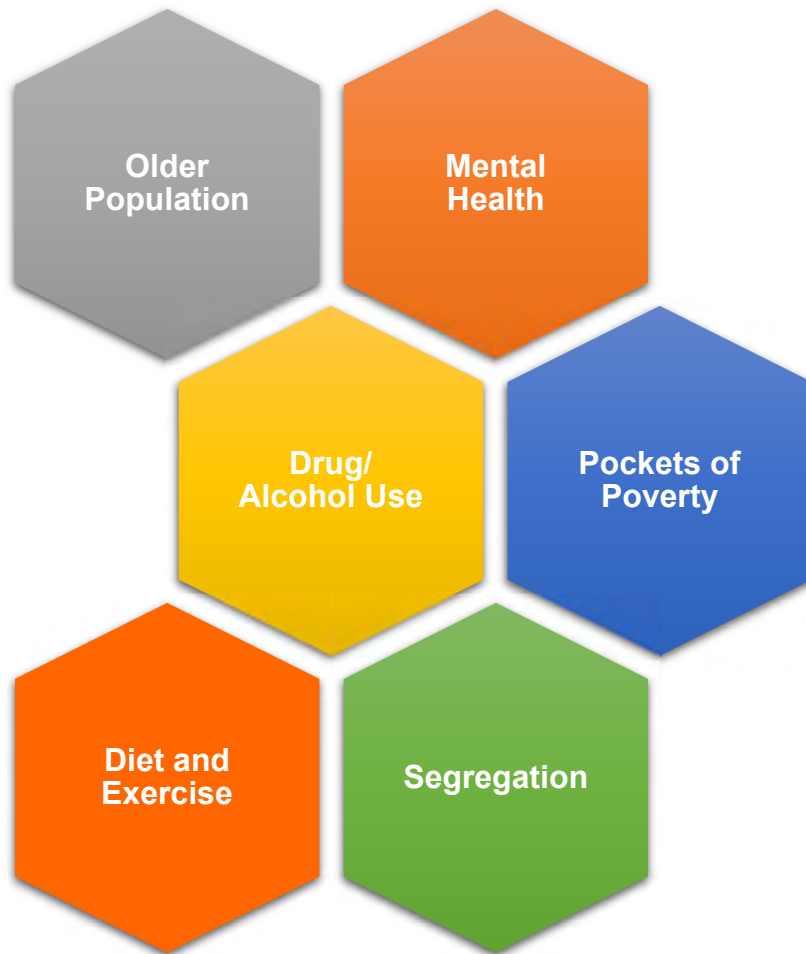
Top Barriers Identified by Stakeholders

Table 2. Thematic Analysis of Qualitative Data from Key Informant Interviews on Barriers to Health in the North Shore

Theme	Related Quotes
Cost of Healthcare	<ul style="list-style-type: none"> • No one should have to make the decision; do I bankrupt my family or do I die? It was unaffordable for some people because of preexisting conditions which was the beauty of the ACA. • [I'm] concerned with the number of physicians or healthcare facilities in the North Shore that may not accept Medicaid or Medicare which may reduce the accessibility of quality healthcare to certain residents. • For a majority of the population, health insurance isn't an issue because we have it so we aren't worried, but maybe 20-30% don't and the cost of health care is a real issue.
Awareness of Available Resources	<ul style="list-style-type: none"> • There are some good resources, but people are not aware of them. • Often people do not have sufficient home support and do not know the community resources out there to access. Does not appear to be a lack of family support; more likely family either not aware or do not know what resources to access either. • There are community resources available but [it's] difficult to get people to connect to these resources.
Work/Life Balance	<ul style="list-style-type: none"> • I think the stress of people and never being able to turn off, and the toll that, that takes on people. One day they're doing great, and the next day they die of a heart attack. • Technology I think plays a huge part. We're able to be connected to work and school more than it used to be, so I think people have to consciously make choices to have downtime and to look at what factors makeup health that it's not like you said just going to the doctor, it's sleep, nutrition, all of it. And I just think people are burning out. • [I] Think that [the] population struggles a lot with health because of their stress, and I do think the upper end who are overachievers and working all of the time, they're also at risk too
Communication with Residents	<ul style="list-style-type: none"> • Finding a method to communicate with people I think is the biggest health issue because it's hard to let people know what's going on and what they need to do if they have an issue. • We could have better communications as to what is going on in the community, where they plan on building what, where there's going to be a change and some of the construction going on. I think more information should be disseminated to the public. I think learning more about the health department which is really helpful
Funding/Money	<ul style="list-style-type: none"> • We try. We try everyday, but the reality is that without funding, without resources to tell that story, there's no story to tell. • Money is a barrier, specifically funding for organizations such as the health department that may want to implement a program but can't because they do not have the resources • We're trying to do more, but our resources are absolutely gutted at the level of the state. So, if we can't come up with better ways to fund public health, it's really impossible to get good information out there.
Mental Health Stigma	<ul style="list-style-type: none"> • Mental health to me is the biggest one. It's the unspoken one. It's taboo. • I think mental health is the hidden stuff. There's still a lot of stigma about it • I think that there is a strong part of the North Shore that's like, "Not in my house." I think that it can affect everyone and it's a continuum.

Health Concern Themes

Stakeholders were asked, "In your opinion, what are the most critical health issues impacting people/residents in the North Shore?"



Top Health Concerns Identified by Stakeholders

Table 3. Thematic Analysis of Qualitative Data from Key Informant Interviews on Health Concerns in the North Shore

Theme	Related Quote
Mental Health [Specifically, Youth Mental Health (anxiety/stress/depression)]	<ul style="list-style-type: none"> • As far as youth, there is a lot of pressure on our students which creates a lot of mental health challenges and stress challenges. • Youth struggle because they're trying to fit this box that's been made for them with college applications and I've got to do this, this, and this when there's more than one path. • Mental health though, we're still seeing kids with school phobia, anxiety, depression and going in and out of treatment, so that hasn't gotten any better.
Older Population [Specifically, Senior Transportation and Senior Isolation]	<ul style="list-style-type: none"> • I think in the elderly community that transportation is an issue, and someone to bring them to appointments and someone to listen to what they're saying to them because they don't always get it. • [I'm] concerned about [the] aging population and making the North Shore more livable for seniors, specifically with concerns to transportation and access. As the demographics of the community change, [we] need to adjust our resources and focus to meet needs of changing community. • The aging population. We have a large proportion of seniors with health problems that occur due to aging and they have issues with depression and alcohol and DUIs.
Drug Use [Specifically, Opioids and Alcohol Use]	<ul style="list-style-type: none"> • Alcohol use and binge drinking amongst youths and the acceptance of it in Wisconsin. Parents should make sure not to enable this behavior. • Milwaukee County as a whole is having an issue with the opioid epidemic. The epidemic knows no boundaries when it comes to money or education. • Drug issues, especially sharing drugs such as prescription pills (e.g., Xanax).
"Hidden Populations" or Pockets of Poverty	<ul style="list-style-type: none"> • The question is who falls through the cracks? And I think that if Medicaid is cut, it will have a larger impact on the whole North Shore as a community. • I think people don't realize that in our community because there is such an affluent part of the North Shore that people don't realize that not everybody has the same access. • There's a lot more poverty than people anticipate.
Diet and Exercise	<ul style="list-style-type: none"> • I think there is a becoming more of a dependence on fast food or eating out. North Shore has a lot of families where both parents work with multiple kids. I think from a nutritional perspective, our day-to-day work-life balance is becoming a challenge. • I'm sure there is a portion of our population that has more of a sedentary lifestyle who stay inside and don't leave the house very often. • I think that we have problems with obesity-related comorbidity such as diabetes, high blood pressure, and I think that the overall wellness of our population, do in no small part to diet, do in no small part to physical activity limitations, is being reduced.
Segregation	<ul style="list-style-type: none"> • We have to recognize our relationship with the City of Milwaukee, and knowing the huge segregation between Milwaukee and the North Shore communities, I think leads to a lot of challenges as well. • We've got communities that are incredibly fostered, that are incredibly insulated from what's going on in Milwaukee, and I feel like you've got some of our citizenship that tend to want to keep it that way, which is unfortunate, but I think it's a reality. • Until we do something about the entrenched poverty in this country, nothing is going to get better. There's as much prejudice here as there is anywhere. For most of the people here, it's a foreign world.

Next Steps

The North Shore Community Health Assessment is a comprehensive assessment of the health and quality of life for people living in the seven communities in the North Shore. All elements of our health assessment, including the Data Assessment, the Priorities Assessment, and the Stakeholder Assessment, serve as a starting point for improving health and increasing quality of life for all residents in our region.

As outlined in the Take Action Cycle for Community Health Improvement Planning, the next phase in this cycle is to “focus on what’s important.” Without focusing on several key priorities, all health areas seem important to address but our impact in any one area will be limited. As we move forward, the CHA provides us with information against which we can determine:

- Which health areas have the largest community impact?
- Which health areas have sufficient support and interest from the community and partners to address them?
- Which health areas have effective programs, policies and strategies available that we can implement to make a difference?

These criteria will be used to determine which health areas will be considered for the Community Health Improvement Plan (CHIP).

To set community health priorities, the NSHD will be presenting the data and hosting a series of priority-setting workshops with residents and stakeholders in Spring and Summer of 2018. Our goal is to identify priority areas by Fall, 2018 and begin working on the North Shore Community Health Improvement Plan in late 2018.

The full Community Health Assessment, including the three reports (CHA-DA, CHA-PA, CHA-SA), is available on our website (www.nshealthdept.org/CHA). An abbreviated summary of all three reports is also available on the website and has been printed and distributed throughout the North Shore. We will continue to examine public health data to identify changes and new focus areas, as we see both CHA and the CHIP as dynamic processes rather than one-time reports.

While the overall health of North Shore residents is very good and in some cases, excellent, there are still many opportunities for improvement in health behaviors, our physical environmental, access to quality clinic care, and the social and economic conditions that drive health outcomes and our quality of life. We look forward to the challenge of working with the community to identify those priorities, choosing and implementing effective programs and policies, and evaluating our efforts to demonstrate our collective impact.

Community Health Improvement Take Action Cycle



Source: County Health Rankings and Roadmaps, 2013

Appendix A. Stakeholder Assessment Methods

Invitation

A sample of 91 individuals and organizations were invited via email to take part in this assessment. The sampling method used in the assessment was a combination of convenience and snowball sampling. Initial outreach was by health department staff and community leaders to identify stakeholders from government, libraries, school districts, businesses, faith-based organizations, healthcare systems and more, along with key individuals whose professional roles give them insight into health issues in the North Shore. For example, we reached out to representatives from the Milwaukee County Department on Aging, United Way of Greater Milwaukee and Waukesha County, Sojourner Family Peace Center, North Shore NOW to name a few. After interviews were conducted, interviewees were asked to refer the interviewer to other individuals whose perspective and input would be beneficial to the assessment.

As the assessment progressed, a stratified sampling methodology was loosely implemented. To ensure that a variety of stakeholders were being included and that all communities were being fairly represented in the assessment, individuals and organizations were stratified by role and municipality. Municipalities and stakeholders who appeared to be underrepresented within the assessment were specifically reached out to in hopes of eliminating any gaps in data. Final representation by community is illustrated in Appendix B.

Health department staff interviewed all respondents who expressed interest. Of the 91 invitations extended, 40 people completed the interview. Interviews took place between June 1 and August 9, 2017.

Data Collection

Interviews were conducted either in-person or over the phone and typically lasted around 30 minutes; however, depending on the interviewee and the availability of time, interview times ranged from 15 to 75 minutes. At the beginning of each interview, the interviewee was informed of the purpose of the interview as well as the intention of the community health assessment. All interviewees were asked the same standard set of questions; however, there was flexibility in question order and depth based on the responses of the interviewee.

Interviewees were provided with two visual aids at the beginning of the interview to assist in the answering of questions. The first visual aid displayed the jurisdiction of the North Shore Health Department (Appendix C) to ensure that the interviewees were referencing the correct locations when answering the questions. The second visual aid displayed was the County Health Rankings model (Appendix D). The County Health Rankings model was used to demonstrate the broad scope of health that the department was examining within its community health assessment.

Interviews that were conducted in-person were typically recorded, assuming the interviewee consented; however, some interviews were conducted in locations where audio recordings were either not allowed or not feasible based on volume. Telephone interviews were not recorded. If an interview was not recorded, the interviewer kept notes of the responses provided by the interviewee. Recorded interviews were individually transcribed, and all unrecorded interviews had their notes entered into an answer tracking sheet. All interviewees were informed that their responses would be kept confidential and only used to identify emerging themes within the assessment.

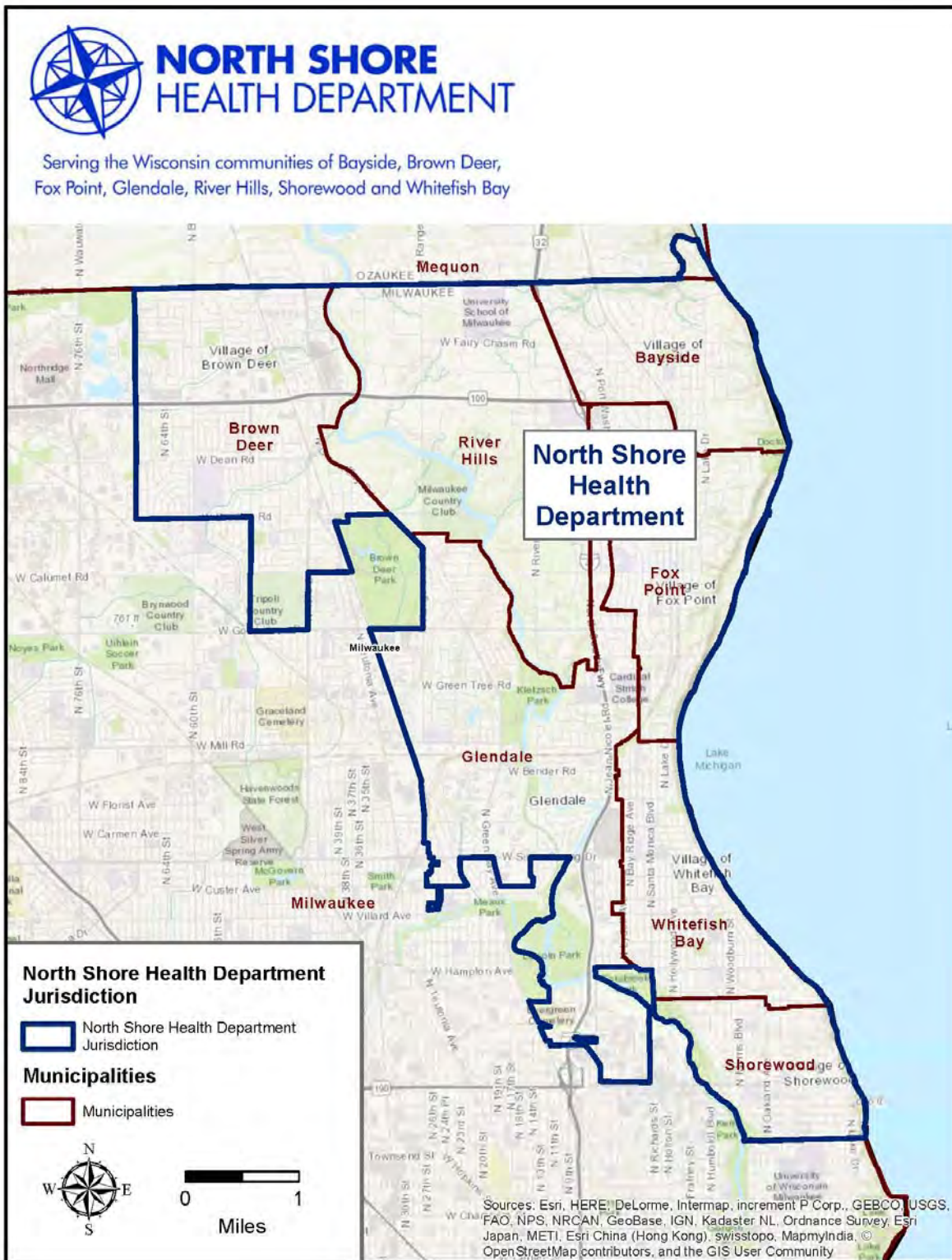
Data Analysis

Interview transcripts and answers were read and coded using the qualitative analysis software ATLAS t.i. The transcripts were coded separately by two graduate students using open coding and a grounded theory approach to qualitative data analysis. Once the interview transcripts and answer tracking sheet were coded individually, the two coders met to compare codes and identify the similarities and differences. If differences were identified, codes were either created, consolidated, or eliminated to meet the consensus of both coders. Codes were broken up into three primary categories, including assets, barriers, and concerns, and tracked in an excel spreadsheet. Once all codes were entered into the spreadsheet, the frequency of the codes was utilized to identify the most common themes within each of the three categories. Emerging themes within the data were identified individually by the coders and charted along with supporting interview quotes. Once individual charts were created, the coders met to consolidate their lists into a single thematic chart.

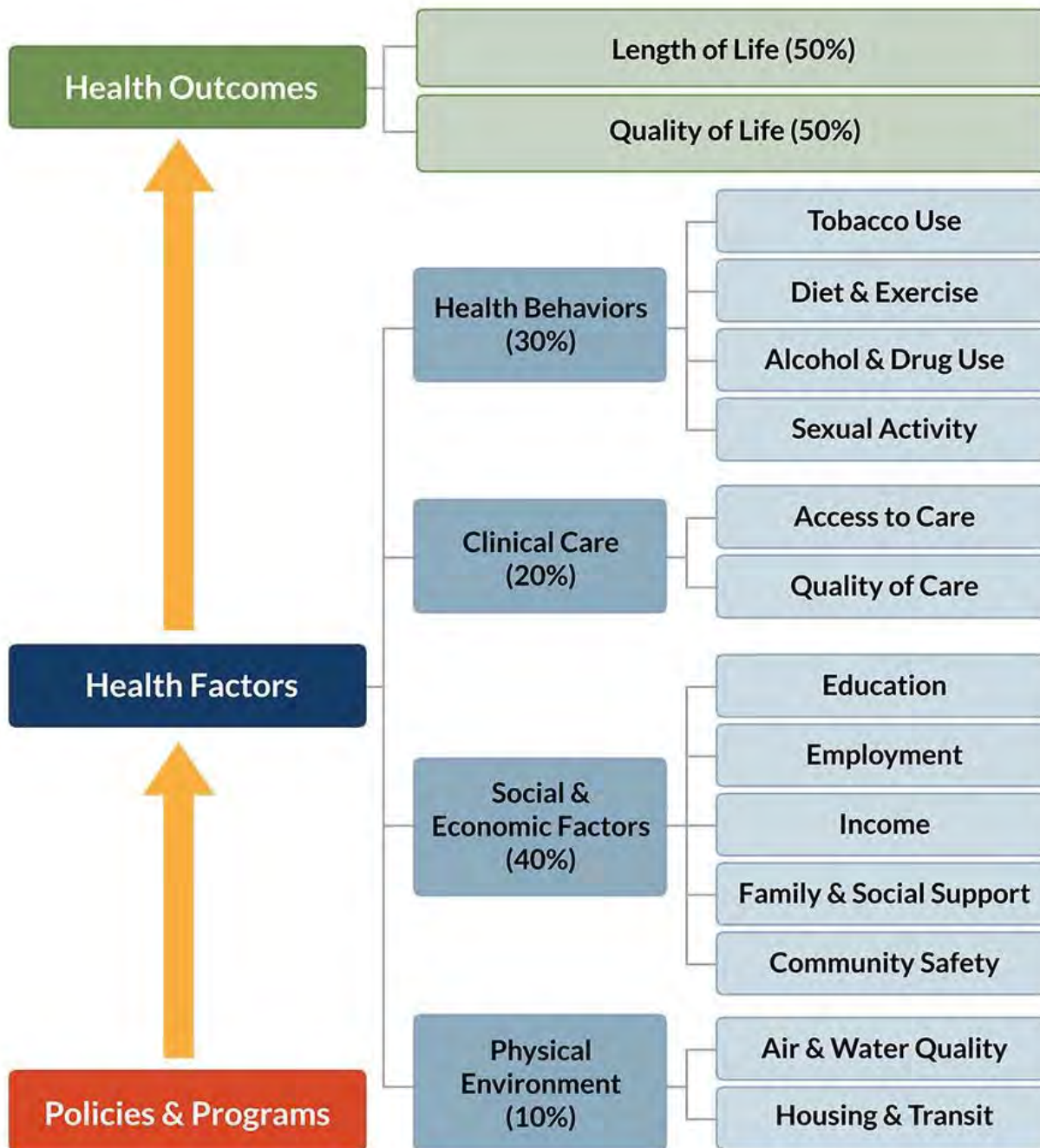
Appendix B: Stratified Stakeholder Map



Appendix C. North Shore Health Department Jurisdiction Map



Appendix D. County Health Rankings Model



County Health Rankings model © 2016 UWPHI