

# SOUTH SHORE COMMUNITY HEALTH ASSESSMENT

CUDAHY | OAK CREEK | SOUTH MILWAUKEE | ST. FRANCIS

# 2025



# ACKNOWLEDGMENTS

Community and cross-sector collaboration was vital to the success of the South Shore Community Health Assessment (SSCHA). We extend our sincere thanks to the community members who shared their perspectives through the SSCHA survey, participatory mapping sessions, and semi-structured interviews.

We are also deeply grateful to our partners and stakeholders who helped shape the assessment by offering valuable insights during focus groups and key stakeholder interviews, and by providing essential county- and municipality-specific data.

- Aga Artka, Community Member
- Anna Adl, School District of Cudahy
- Anthony Andrews, Cudahy Police Dept
- Children's Hospital of Wisconsin
- Christine Sinicki, State Representative
- Cudahy Board of Health
- Cudahy Health Dept
- Dan Butkiewicz, City of Oak Creek
- Daniel Thielen, Oak Creek Franklin Joint School District
- Deborah Kerr, St. Francis School District
- Deidre Roemer, School District of South Milwaukee
- Healthiest Cudahy Collaboration
- Healthiest Oak Creek Coalition
- Jason Bigelow, Salvation Army Oak Creek
- Jim Schelenske, City of South Milwaukee
- Justin Piper, Cudahy Fire Dept
- Ken Tutaj, City of St. Francis
- Leah Minue, South Milwaukee Business Owner
- Lisa Marshall, City of Oak Creek
- Lisa Wytrykus Kleppek, Oak Creek Police Dept
- Lizeth Zorrilla, St. Francis Business Owner
- Meghan Ahrens, Oak Creek Franklin Joint School District
- Mental Health America of Wisconsin
- Milwaukee Area Technical College
- Milwaukee County Office for Persons with Disabilities
- Milwaukee LGBT Community Center
- Michael Kressuk, Oak Creek Fire Dept
- Nate Fakler, St. Francis Business Owner
- Oak Creek Board of Health
- Oak Creek Health Dept
- Oak Creek Optimist Club
- Patrick Brever, City of South Milwaukee
- Rachel Abraham, South Milwaukee Performing Arts Center
- Rev Luke Strand, Archdiocese of Milwaukee
- Salvation Army Oak Creek Senior Center
- Sixteenth Street Community Health Center
- South Milwaukee-St. Francis Board of Health
- South Milwaukee-St. Francis Health Dept
- South Milwaukee-St. Francis Healthy Community Partnership

## **The SSCHA Planning Committee includes the three health departments in the South Shore.**

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Darcy DuBois | Health Officer, Oak Creek Health Dept  
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Teresa Ortiz | Public Health Manager, Cudahy Health Dept

# SOUTH SHORE COMMUNITY THEMES AND STRENGTHS

Community engagement was central to the Community Health Assessment, including a survey that offered valuable insight into the region's top social and economic concerns, health behaviors, and community strengths. Key **themes and strengths identified by the community are outlined below:**

## TOP FIVE STRENGTHS OF THE SOUTH SHORE



- 1 Neighborhood Safety (38%)
- 2 Education Access & Quality (30%)
- 3 Recreational Opportunities (27%)
- 4 Access to Health Services (22%)
- 5 Safe, Healthy Built Environment (20%)

“ I think it's a very supportive community. Everywhere I go, there are people who are looking for ways to help others. ”

-Focus Group Participant

## TOP FIVE HEALTH CONDITIONS AND BEHAVIORS TO BE ADDRESSED IN THE SOUTH SHORE



- 1 Substance Use (36%)
- 2 Nutrition & Physical Activity (31%)
- 3 Mental Health (30%)
- 4 Bullying (23%)
- 5 Older Adult Health (19%)

## TOP FIVE SOCIAL OR ECONOMIC ISSUES TO BE ADDRESSED IN THE SOUTH SHORE



- 1 Access to Mental Health Services (23%)
- 2 Access to Housing (18%)
- 3 Community Violence & Crime (15%)
- 4 Access to Healthy Foods (13%)
- 5 Economic Stability (Employment & income) (13%)

\*Municipality-specific data and additional community insights can be found in Appendix A.

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# INTRODUCTION

## METHODOLOGY

The Cudahy, Oak Creek, and South Milwaukee/St. Francis Health Departments partnered to establish the South Shore Community Health Assessment (SSCHA), recognizing that our community members live, work, learn, and play across our South Shore communities. The **County Health Rankings** model provided a guide to explore factors that influence health and wellbeing across our community. The **Take Action Cycle** provided a framework through which the South Shore health departments (SSHs) can work in collaboration with community members and partner organizations to improve health.

Key components of the **Take Action Cycle** include:

**Assess Needs & Resources:** The SSHDs collaborated to gather and review data to better understand the strengths, resources, and needs of our communities.

**Focus on What's Important:** The SSHDs will focus our communities' efforts and resources on the most important issues identified through the SSCHA to achieve the greatest impact on health.

**Choose Effective Policies & Programs:** In collaboration with community partners and key stakeholders, the SSHDs will explore and select evidence-informed policies and programs to address priority issues.

**Act on What's Important:** The SSHDs will collaborate with community partners to ensure that selected policies and programs are adopted and implemented in order to achieve intended results.

**Evaluate Actions:** The SSHDs will continuously monitor whether strategies are working as intended in order to focus efforts efficiently and effectively.

The SSCHA focuses on assessing needs & resources.

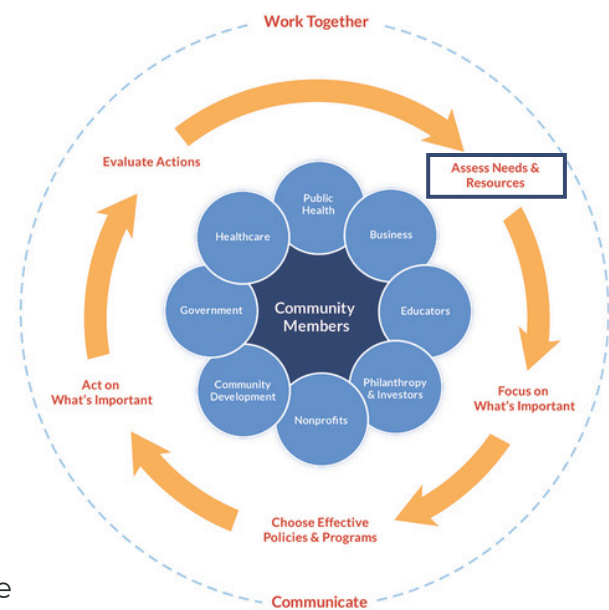


FIGURE 1: TAKE ACTION CYCLE (1)

## South Shore Community Health Assessment Timeline

**Feb 2024**  
SSHs planning meetings began

**May 2024**  
Community Survey, Focus Groups, & Key Informant Interviews implemented

**Jun 2024**  
2024 Milwaukee County Health Needs Assessment implemented

**Nov 2024**  
Collection of secondary local health data began

**April 2025**  
SSCHA data collection and assessment completed

# INTRODUCTION

## METHODOLOGY

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



### DATA ASSESSMENT

South Shore Health Department staff used the [County Health Rankings Model](#) to identify key measures of health and quality of life in the South Shore communities. This report features local health data drawn from sources such as the US Census, Centers for Disease Control and Prevention, Wisconsin Interactive Statistics on Health, Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, health department reports, Wisconsin Department of Health Services statistics, Wisconsin Department of Public Instruction, and other publicly available sources.

### STAKEHOLDER FEEDBACK

This report includes stories and ideas from people in the South Shore to help explain what's behind the data. **Key Informant and Focus Group** talks were held to learn more about what matters most to residents and leaders. These talks help us better understand how people think and feel about health and quality of life.

“  
**Quotes from these  
 conversations are shared  
 throughout the SSCHA.**  
 ”

### COMMUNITY FEEDBACK

The **Community Health Survey** was created to better understand the health needs of South Shore communities—Cudahy, Oak Creek, South Milwaukee, and St. Francis. Throughout 2024, **surveys were collected through web-based outreach, community events, local programs, and public spaces to gather input from those who live, work, and learn in the area.** The survey included traditional health topics and broader issues like transportation, education, and access to care. These social and economic factors—social determinants of health—are just as important as medical care because they directly affect our health and wellbeing.

# POPULATION & DEMOGRAPHICS

## COMMUNITY SNAPSHOT\*

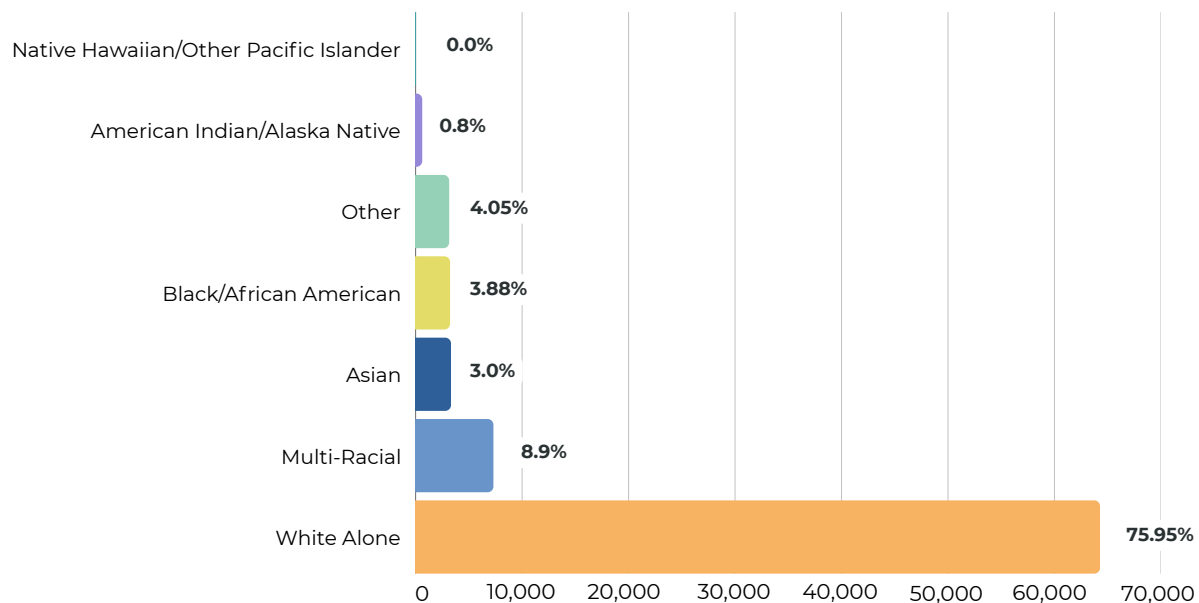
The South Shore community of Milwaukee County is a 40.56 square mile area located directly south and east of the City of Milwaukee. The area is comprised of Cudahy, Oak Creek, South Milwaukee and St. Francis. As of the 2020 U.S. Census, the South Shore has an estimated total population of 84,657 (3).

Oak Creek has the largest population among the South Shore communities at 36,497 residents. South Milwaukee has the second largest population (20,795), followed by Cudahy (18,204) and St. Francis (9,161) (3).

### Racial and Ethnic Demographics of the South Shore (2020 U.S. Census Data)

The South Shore has historically been less racially diverse than surrounding communities and the state of Wisconsin. However, our communities continue to evolve and become more racially and ethnically diverse.

#### Racial Identities Reported in the 2020 U.S. Census Among South Shore Residents (3)



**12.58% of South Shore residents self-identify as Hispanic/Latino (of any race).**



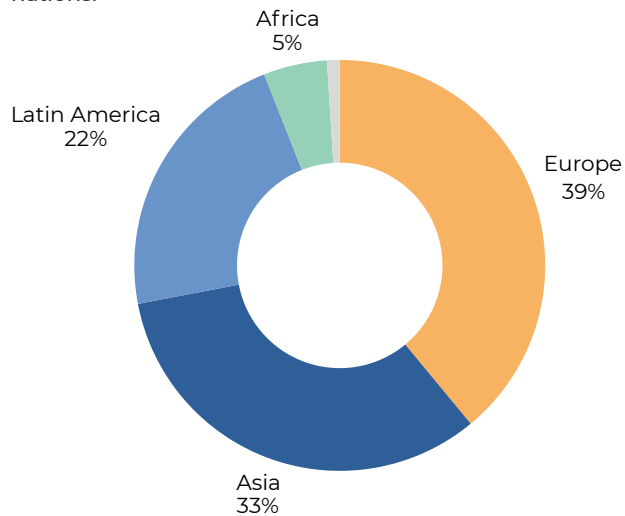
\*Municipality specific demographic data can be found in Appendix A.

# POPULATION & DEMOGRAPHICS

## COMMUNITY SNAPSHOT CONTINUED

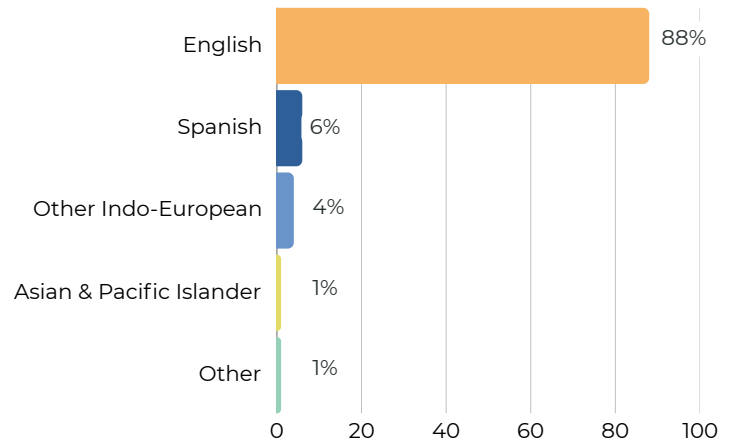
### Immigrant Communities

7% of the South Shore community is **foreign-born** according to the 2020 U.S. Census data (3). The immigrant community is represented by individuals with roots in European, Asian, Latin American, and African nations.



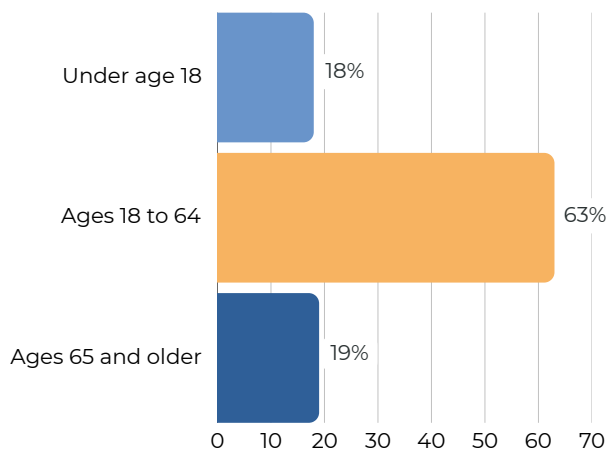
### Language Spoken at Home

English is the predominant language spoken at home across the South Shore. **Other languages spoken at home** include Spanish and Indo-European and Asian or Pacific Islander languages (3).



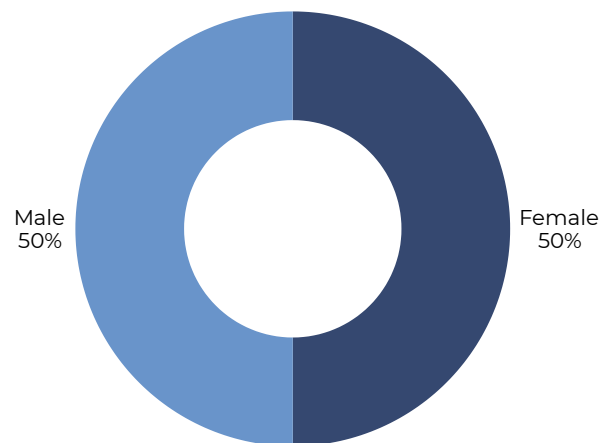
### Age Distribution (%)

**Adults ages 18 to 64** make up the majority of the population in the South Shore (3).



### Sex Distribution

According to the available 2020 U.S. Census data, 50% of South Shore community identified as male and 50% as female (3).\*



\*The 2020 U.S. Census data currently available only presents data related to male and female sex, rather than gender, and does not account for biological sex and gender diverse/non-binary individuals.



# COMMUNITY CONDITIONS

## OVERVIEW

Community conditions—also known as the **social determinants of health**—are the social and economic factors, physical environment, and health infrastructure in which people are born, live, learn, work, play, worship, and age. These conditions shape the health and wellbeing of both individuals and communities far beyond access to healthcare alone.

Good health is supported by safe and stable housing, jobs that pay a living wage, quality education, access to clean air and water, and environments where people feel safe, connected, and valued. **When these essential conditions are absent or unevenly distributed, they limit opportunities for people to thrive.** Across communities, there are clear patterns of advantage and disadvantage tied to the conditions of daily life. These unfair and unjust differences—rooted in a long history of underinvestment and systemic inequities—disproportionately harm racialized populations and other marginalized communities.

To better understand and address these differences, this report organizes community conditions into **three key categories**:



Tracking these factors over time allows us to see where progress is being made and where focused efforts are still needed to **ensure that everyone has a fair chance at good health.**

# CLINICAL CARE

## ACCESS TO CARE

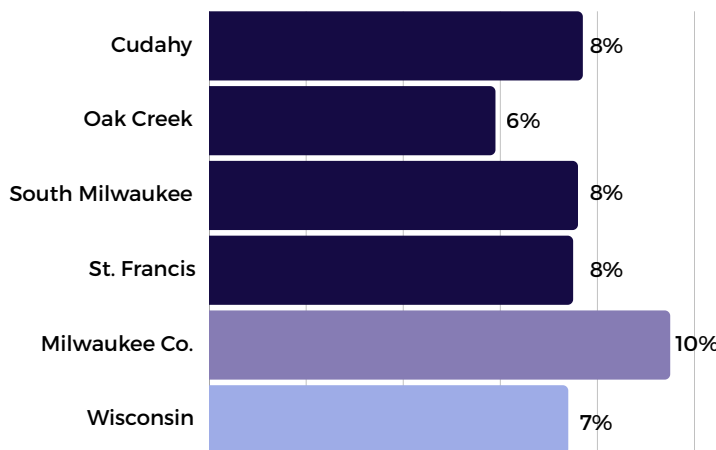
**Access to healthcare** means receiving primary care, specialty care, and other health services. It supports individual wellbeing and promotes community health equity. Key factors affecting access include affordability, the availability of nearby providers, and trustworthy professionals who understand and address health literacy—the ability to find, understand, and use health information to make informed decisions.

### I. INSURANCE COVERAGE

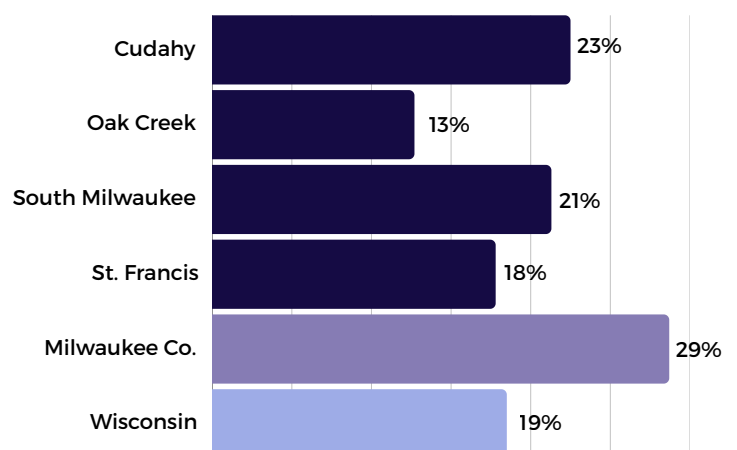
**Lack of insurance is a primary barrier to accessing healthcare.** Other barriers include a lack of comprehensive coverage, few providers that accept the individual's insurance, the geographic location of providers, and the lack of a consistent provider.

“Folks would rather live with adverse health than pay for the cost of care.”  
-Focus Group Participant

Percent (%) of residents (ages 18 - 64) who report having **no current health insurance coverage** (4)

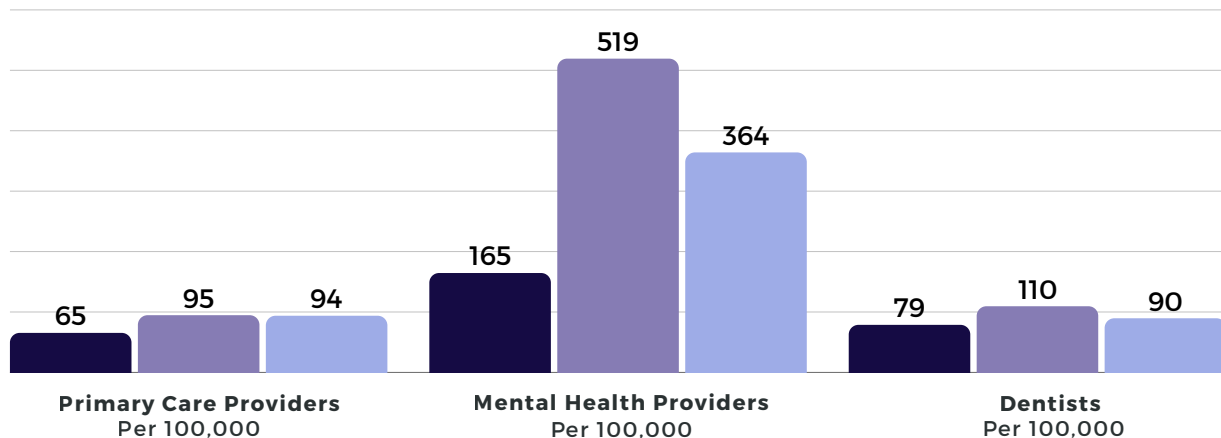


Percent (%) of residents **covered by Medicaid**, a state administered health insurance (4)



### II. ACCESS TO PROVIDERS

Per capita provider data highlights **healthcare availability and reveals gaps in access.** The **South Shore** region has fewer primary care providers, mental health providers, and dentists per capita than **Milwaukee County** and **Wisconsin** (4).

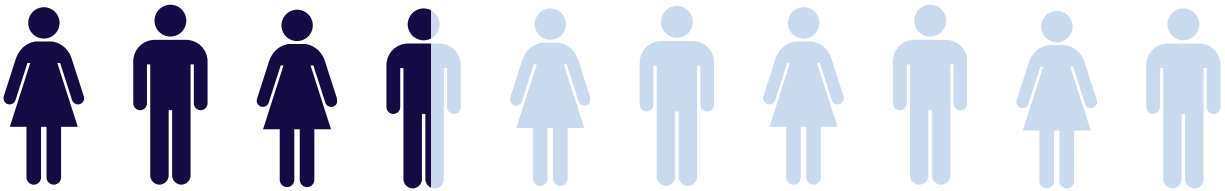


# CLINICAL CARE

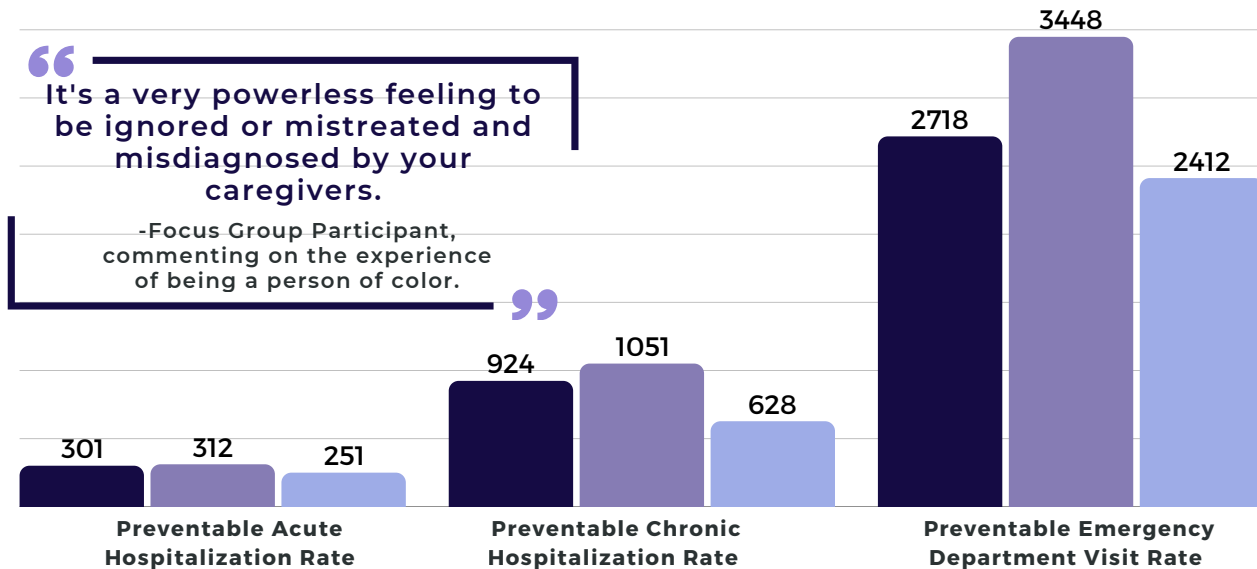
## QUALITY OF CARE

**Quality healthcare is essential for better health outcomes**, including lower mortality rates and effective management of chronic conditions. It ensures timely access to care, reduces medical errors, and emphasizes prevention to lower long-term health costs. High-quality care also improves patient satisfaction and promotes health equity by addressing barriers to access across different populations.

In the South Shore, **36 percent of seniors (residents ages 64 and older) are up to date on core preventative services**. This is the same as Milwaukee County (36%) and Wisconsin (36%) (4).



The average rates of preventable healthcare visits and hospitalizations across the **South Shore** are lower than **Milwaukee County** and higher than **Wisconsin** (4).



**13.4%**  
 OF SOUTH SHORE  
 CHILDREN HAD UNMET  
 MEDICAL NEEDS (5)

The top reasons for unmet needs include **long wait times** (28%), **cost** (24%), **insurance status** (10%), and **lack of transportation** (10%).

**“Not having direct access to mental health resources in our community is a problem—we often have to go someplace else and search for a bed for someone. This can be very problematic because the person experiencing a mental health crisis is now waiting several hours for us to find a bed.”**

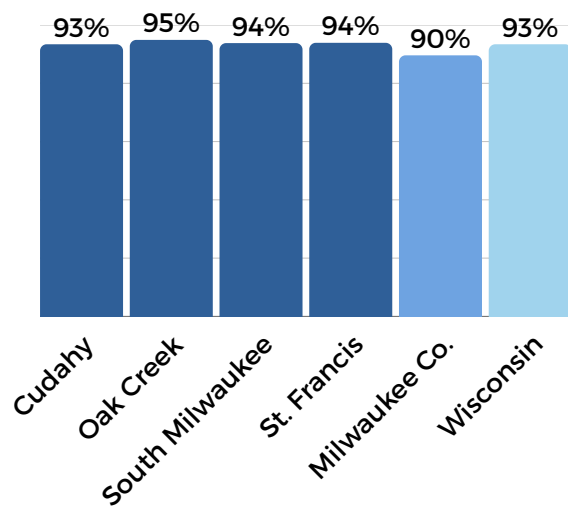
-Key Informant Interview

# SOCIAL AND ECONOMIC FACTORS

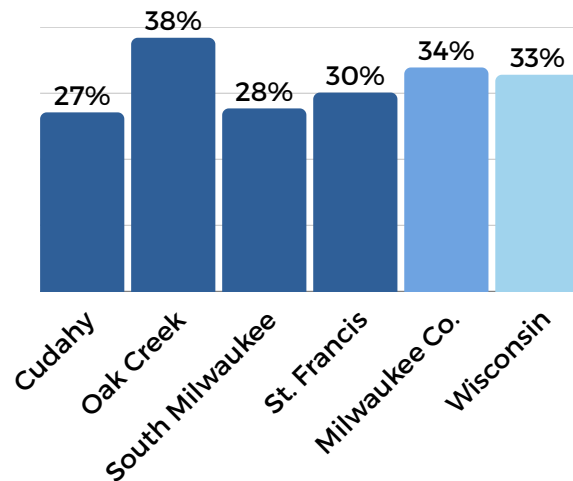
## EDUCATION

**Education matters to health.** People with more education are more likely to live longer and healthier lives compared to those with fewer years of education. Formal education improves financial circumstances, access to quality healthcare, and opportunities to live in safer communities. People with fewer years of formal education report worse general health, more chronic health conditions, and more functional limitations and disability.

Percent (%) of residents, age 25+, who are **high school graduates or higher** (2019-2023) (6)



Percent (%) of residents, age 25+ with a **Bachelor's degree or higher** (2019-2023) (6)



**High school graduation rates are a key health indicator.** Key factors such as school safety, supportive adults, sense of belonging, and emotional wellbeing can affect high school graduation rates. Across the South Shore, some high school students are less likely to have the support and safety needed for success.

1

High school students who identify as people of color, LGBT, and having physical disability are **less** likely to experience a sense of belonging at school. Students of color and LGBT students are also **less** likely to report having a teacher or other adult at school to talk to compared to White, straight, and cisgender students (7).

2

LGBT students and those with a physical disability are **more** likely to report being bullied at school and having a mental health concern compared to White, straight, and cisgender students (7).



# SOCIAL AND ECONOMIC FACTORS

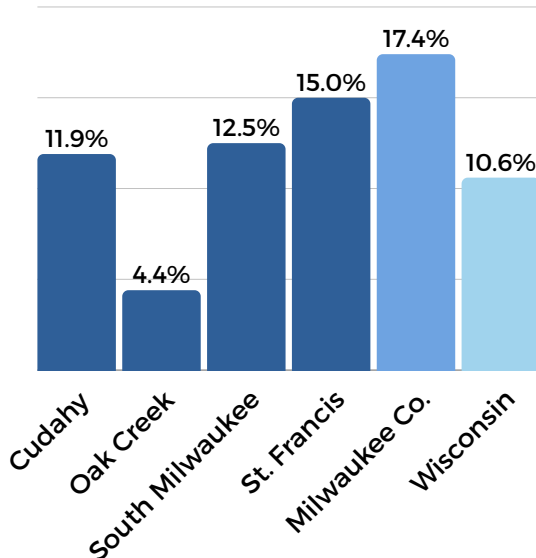
## ECONOMIC

**Income and economic factors also affect health.** People living in low-income and impoverished communities experience worse health outcomes compared to people living in higher-income communities.

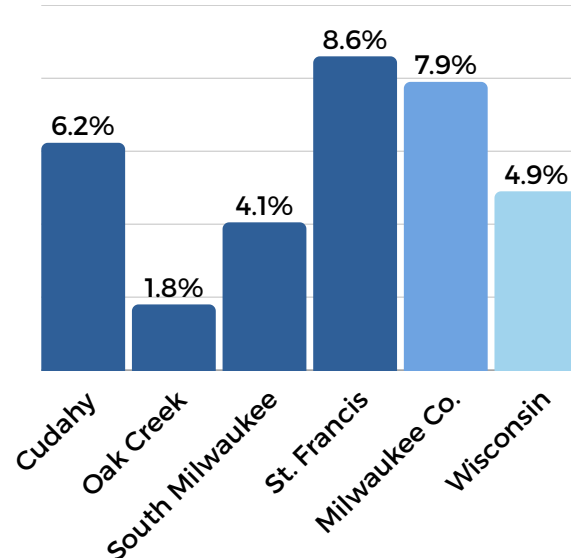
In the South Shore, Oak Creek has the **highest median household income** at \$93,120. Cudahy (\$66K), South Milwaukee (\$70K), and St. Francis (\$58K) have median household incomes less than the median income for Wisconsin (\$74K) (4).

“Where do we lift up those people who make too much for benefits, but not enough to make ends meet?”  
- Focus Group Participant

**Percent (%) of residents living in poverty (4)**  
(2019-2023)

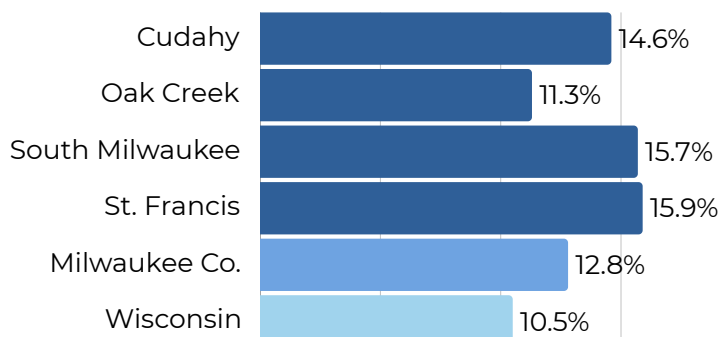


**Percent (%) of residents living in deep poverty (4)**  
( $< 50\%$  of the federal poverty level) (2019-2023)

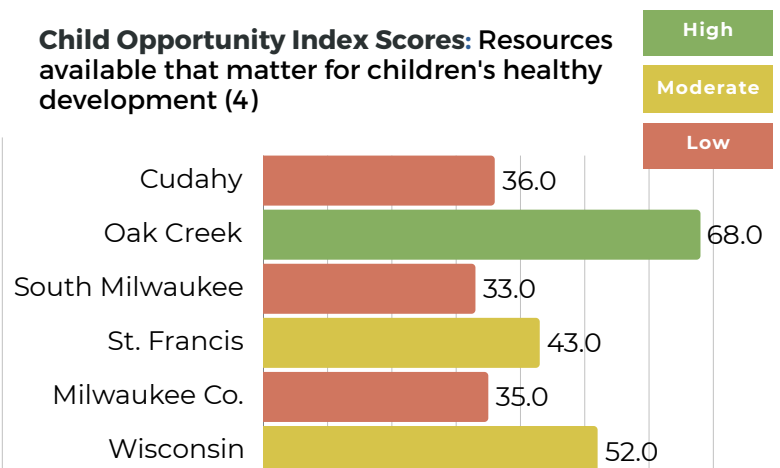


Other economic factors, such as **food insecurity** and neighborhood conditions that matter for children's healthy development, including quality schools, parks, clean air, healthy food, healthcare, and safe housing, also impact our health.

**Percent of residents who reported limited access to adequate food (4)**



**Child Opportunity Index Scores: Resources available that matter for children's healthy development (4)**





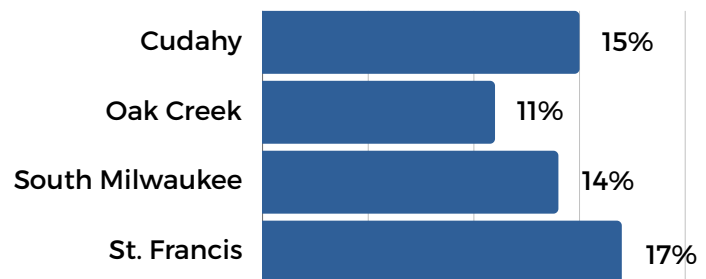
# SOCIAL AND ECONOMIC FACTORS

## FAMILY AND SOCIAL SUPPORT

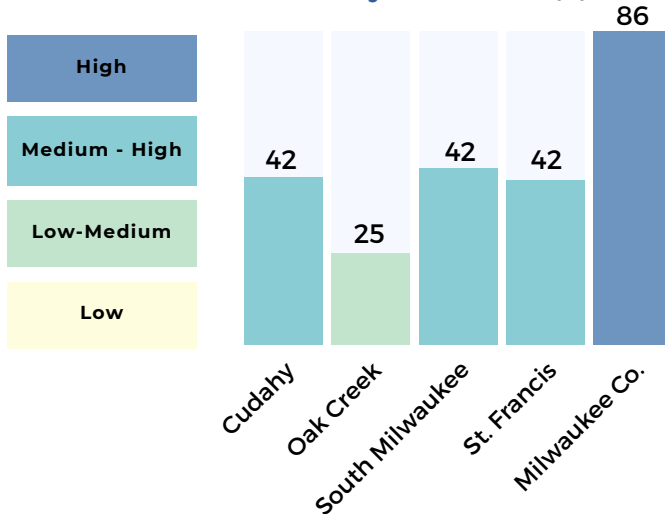
**Social support is essential for strong, healthy communities.** It includes the quality of relationships among family, friends, colleagues, and neighbors, as well as active engagement in community life. Efforts to build belonging and social connection help meet the needs of individuals and families while also supporting violence and injury prevention. When communities prioritize social connection, they create positive outcomes that enhance overall wellbeing for everyone.

**Older adults (65+) living alone** may face social isolation, limited support, and challenges in emergencies. While living alone doesn't always mean loneliness, many are vulnerable due to isolation, poverty, disabilities, or inadequate housing. Without social support, they risk losing independence or requiring institutional care.

On average, the **South Shore** has a **higher percentage (%) of older adults (65+) living alone** than **Milwaukee County (12%)** and **Wisconsin (12%)** (3).



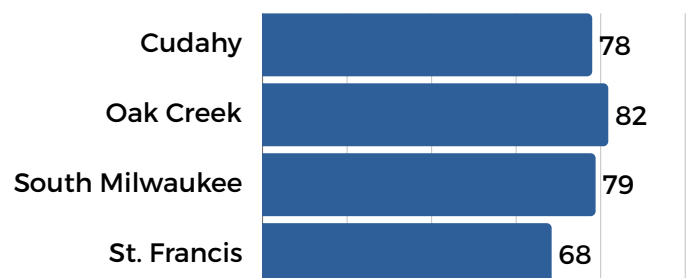
**Social Vulnerability Index, 2022** (4)



The **Social Vulnerability Index (SVI)** helps identify communities that may need extra support before, during, and after emergencies like natural disasters and disease outbreaks. It measures vulnerability based on 15 social factors—such as unemployment, disability, and minority status—and ranks communities on a scale from 0 (lowest vulnerability) to 100 (highest vulnerability).

The **Social Engagement Index** score across the **South Shore** tends to be higher than **Milwaukee County (74)** and **Wisconsin (78)** (4).

The **Social Engagement Index** measures civic participation and social isolation, considering neighborhood resiliency and barriers such as housing stability, mobility, disabilities, and language access. Higher scores indicate stronger social engagement.



# PHYSICAL ENVIRONMENT

## HOUSING AND TRANSIT

The **built environment** includes human-made resources and infrastructure such as buildings, roads, parks, restaurants, and grocery stores. A community's built environment is important because where people live, learn, work, and play has a significant impact on a person's health. Addressing these housing conditions as a public health issue may help to reduce negative health outcomes.

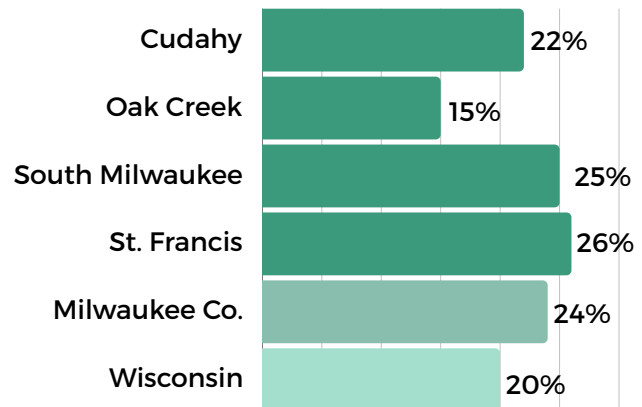
### I. HOUSING

**Housing impacts health in various ways**, including affordability, stability, quality, and safety. Additionally, difficulty paying rent can create financial strain, making it harder to afford essentials like food, healthcare, and transportation.

Children, older adults, low-income communities, and individuals living with disabilities are particularly vulnerable to adverse health outcomes related to housing issues.

Older homes, particularly those built before 1950, pose an even greater health risk, mainly due to lead-based paint, which was widely used until its ban in 1978.

Percent (%) of renters **spending 50% or more of household income on rent** (4)



“ A lot of people will work here or play here but they can't afford to live here.

-Focus Group Participant

In the South Shore, **23% of homes were built before 1950**, which is lower than **Milwaukee County (38%)** and comparable to **Wisconsin (23%)** (2).



“ We don't recognize, address, and accept the fact that we have a lot of underprivileged and a lot of homelessness in the South Shore, and I've seen this over the years. We just want to ignore that. It's there, and that's worrisome, because if you don't address it, it's just going to get worse.

-Key Informant Interview

“ I think housing is an issue, and if we want more kids in our schools, we've got to have houses or housing that they can afford to live in.

-Key Informant Interview

# PHYSICAL ENVIRONMENT

## HOUSING AND TRANSIT

### A. LEAD EXPOSURE

Lead exposure is dangerous, especially for young children and pregnant women. There is currently no safe level of lead and even at low levels can harm brain development, learning, and behavior.

Since most children do not show immediate or noticeable symptoms, a **blood test is one of the best ways to check for lead exposure**, as it determines the level of lead in a person's blood.



99

South Shore Children had **blood lead levels at or above 3.5 µg/dL** between 2022- 2024 (8).

### II. TRANSPORTATION

How we travel impacts our health. Cars are often the main choice, but buses, bikes, and walking offer health benefits. In the South Shore, long commutes increase stress and reduce time for physical activity.

The percent (%) of **residents in the South Shore that commute 30+ minutes to work or school** is higher than **Milwaukee County** and **Wisconsin** (2).



28%

South Shore

vs.

20%

Milwaukee Co.

vs.

26%

Wisconsin

Many South Shore residents primarily commute by car. Choosing alternatives like public transit, biking, or walking helps reduce air pollution and improve air quality.

The percentage (%) of **South Shore residents who use cars as a primary mode of transportation** is higher than in **Milwaukee County** (4).

77%

South Shore

vs.

71%

Milwaukee Co.

“

A lot of things are spread out and you need a vehicle to get around, so this can be a challenge for a variety of reasons.

-Key Informant Interview

”

# PHYSICAL ENVIRONMENT

## AIR AND WATER QUALITY

### I. AIR QUALITY

Clean air is vital for health, and two key measures are fine **particulate matter (PM2.5)** and **ozone (O3)**. PM2.5 consists of tiny particles about 30 times thinner than a human hair that can reach deep into the lungs, contributing to asthma, respiratory issues, heart disease, and over time, an increased risk of lung cancer. Ozone, a major component of smog, can irritate the lungs, worsen respiratory conditions, and reduce lung function. The **EPA advises that daily PM2.5 levels stay below 35  $\mu\text{g}/\text{m}^3$  and ozone levels remain within safe limits (under 70 ppb) to protect public health.**



The **average daily concentration of PM2.5** is lower than the EPA standard (35  $\mu\text{g}/\text{m}^3$ ) (9)



The **average daily ozone concentration** is lower than the ozone health standard (70 ppb) (9)

### A. RADON

**Radon** is a colorless, odorless gas that can seep into homes from the soil and is a leading cause of lung cancer, second only to smoking. Long-term exposure to elevated radon levels (above 4 pCi/L) significantly **increases the risk of lung cancer**. In Wisconsin, about 1 in 10 homes has radon levels exceeding the recommended safety limits. Locally, data from the South Shore Health Departments (2022-2024) shows that:



### B. WATER QUALITY

Cudahy, Oak Creek, and South Milwaukee each operate their own water utilities, while St. Francis receives its water from the Milwaukee Water Works. These utilities produce Water Quality Reports that detail the source of drinking water, water quality, and protection programs.

As of 2023, **drinking water in South Milwaukee, Cudahy, and St. Francis met or exceeded all federal and state standards, with Oak Creek's 2020 report also confirming compliance** (11, 12). This information is routinely submitted to the Wisconsin Department of Natural Resources and the U.S. Environmental Protection Agency, which monitor compliance to ensure safety.

# POPULATION HEALTH & WELLBEING

## OVERVIEW

**Population health and wellbeing are shaped by our communities**, not just by what happens in a doctor's office. Good health means more than the absence of illness; it means having the chance to thrive. Wellbeing includes quality of life and how individuals and communities can contribute and feel connected.

**Health is influenced by physical, mental, spiritual, and social wellbeing.** We measure it by looking at how long people live (length of life) and how well they live (quality of life). These measures help show where people are doing well, and where communities may struggle due to harmful conditions or unfair systems.

The **opportunity for good health is not available to everyone**. There are clear patterns of advantage and disadvantage in conditions that support health and wellbeing. **The impact of unjust conditions is often visible in unfair health outcomes** for racialized populations (populations perceived as being socially different from the racial or ethnic majority) and for marginalized communities where society has failed to invest in ways that value people. Our laws, policies, and institutions—past and present—play a big role in shaping the conditions that support or harm health (1).

This report explores population health and wellbeing in the South Shore through **three key areas**:



By understanding these factors, **we can work together to create healthier, more equitable communities.**



# HEALTH BEHAVIORS

## SUBSTANCE USE

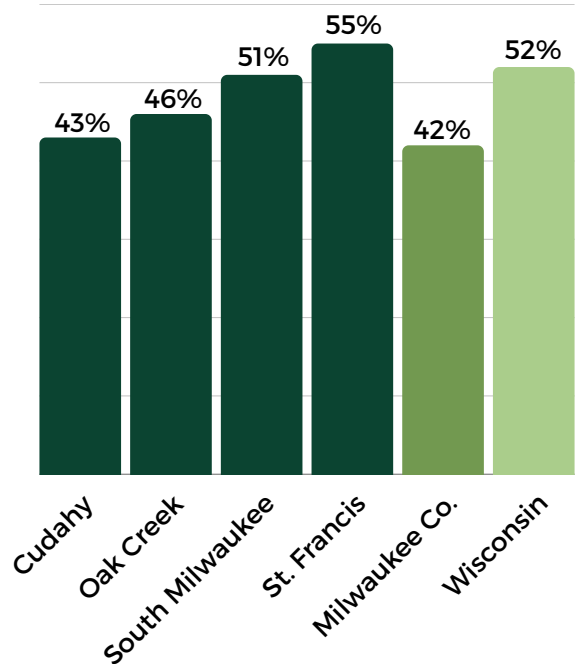
“There is too much access to bars.”  
-Focus Group Participant

### I. ALCOHOL

**Consuming excessive amounts of alcohol can cause immediate and long-term health risks.** Immediate risks include accidental injuries, violence, and poor birth outcomes. Excessive consumption over a long period of time can lead to serious illnesses such as heart disease, liver disorders, and cancers. Additionally, alcohol can impair brain function, contributing to memory loss, mental health issues, and social and economic difficulties (13).

**23%** of South Shore adults 18 and older engaged in binge drinking. In Wisconsin, **24%** of adults reported binge or heavy drinking. Both of these are **higher than the national average of 19%** (14).

The **percentage (%) of youth who have ever had an alcoholic beverage** varies across the South Shore (7).



#### How does binge drinking differ from heavy drinking?

**Binge drinking:** Four or more drinks for women, or five or more drinks for men, during an occasion.

**Heavy drinking:** Eight or more drinks for women, or 15 or more drinks for men, during a week.



# 35%

of South Shore students who have had alcohol had their first drink before age 13 (7).

St. Francis has the **highest liquor store density in Milwaukee County** with **3.27** stores per 10,000 residents. Oak Creek has a density of **0.82** and South Milwaukee **1.44** (4).

\*Data not available for Cudahy.

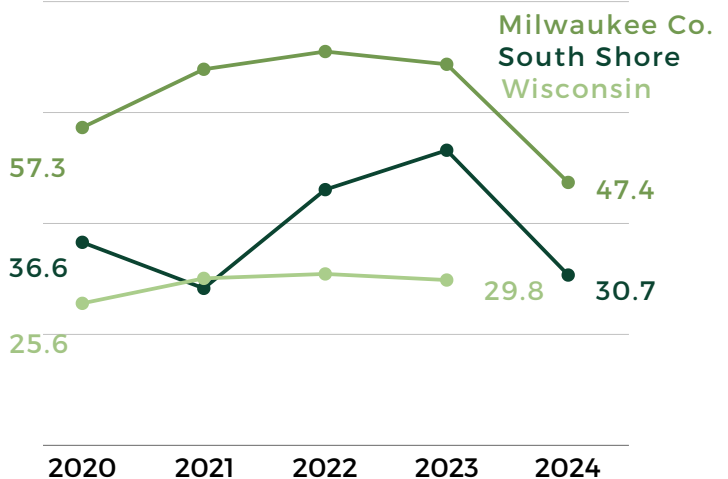
# HEALTH BEHAVIORS

## SUBSTANCE USE

### II. OPIOIDS AND OTHER DRUGS

When used as prescribed, opioids can safely provide short-term pain relief, but misuse can lead to overdose, dependence, and even death. Continued misuse may develop into substance use disorder, a chronic brain disease. In 2023, **approximately 125 million opioid prescriptions were dispensed in the U.S.**, while **over 105,000 people died from drug overdoses—more than 75% involving opioids** (16). These figures highlight the serious risks of opioid misuse and the urgent need for harm reduction strategies at both local and national levels.

The **drug overdose death rate** in the South Shore in 2024 was **30.7 per 100,000 population**, a decrease from 2023 and 2022 (15).



 **274**

**Non-fatal overdoses**  
occurred in the South  
Shore in 2024 (15).

“

We really need to work on removing the stigma surrounding mental health and substance use and provide better care for these individuals.

-Survey Respondent

”

Youth living with substance use disorder have more barriers to accessing treatment and tend to experience higher rates of physical and mental illnesses. Most adults who meet the criteria for having a substance use disorder started using substances during adolescence.

**14.8%**

of South Shore high schoolers **reported current marijuana use** (in the past 30 days). This is **lower** than the county average of **18%** (7).

**12.2%**

were **offered, sold, or given drugs on school property** (past 12 months). This is **slightly higher** than the county average of **12%** (7).

**11.4%**

reported **ever misusing a prescription pain medicine**. This is **higher** than the county average of **11%** (7).

# HEALTH BEHAVIORS

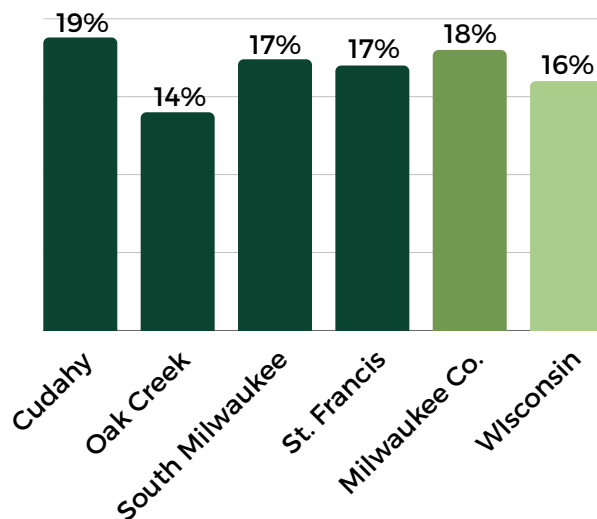
## SUBSTANCE USE

### III. TOBACCO

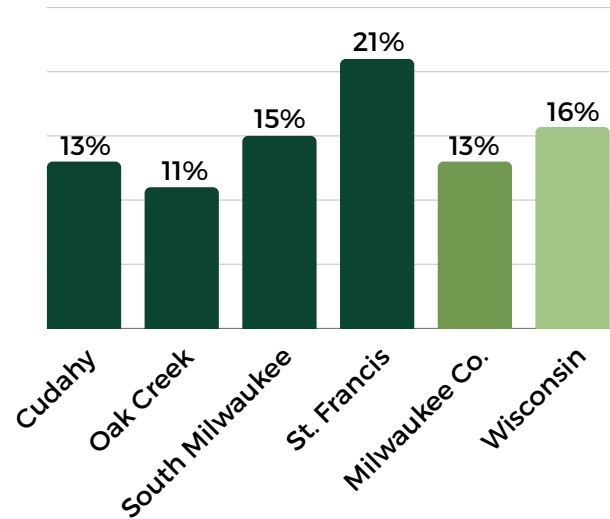
Tobacco use remains a major public health concern, as it contributes to heart disease, cancer, and other preventable illnesses. This refers specifically to commercial tobacco, not ceremonial or traditional use. While overall tobacco use has declined in recent years, the increasing popularity of electronic cigarettes and vaping among youth poses a growing risk. In 2022, nearly 1 in 5 U.S. adults (19.8%) reported using a tobacco product (17). Despite these health risks, the tobacco industry continues to invest billions in marketing, driving its continued use.

The percentage (%) of **current adult smokers** in most South Shore communities is **higher** than the Wisconsin state average of **16%** (14).

P



The percentage (%) of **youth who have vaped in the past 30 days** varies across communities (7).



### IV. E-CIGARETTES

E-cigarettes have been the most commonly used tobacco product among youth since 2014, driven by sleek designs, flavored options, and easy access. According to the Youth Risk Behavior Survey, **vaping is nearly twice as common as traditional tobacco use—including cigarettes, chew, and cigars—among high school students in the South Shore**, raising concerns about nicotine addiction and long-term health effects (7).

Data from **youth focus groups** show that **vaping is a current and relevant issue**:

“

**It's normalized. Yeah, whatever, he's vaping.... Nobody cares anymore.**

-Youth Focus Group Participant

”

“

**I think one of the biggest problems for kids in high school would be vaping. I swear every time I'm walking home, I see at least one person vaping as soon as they get outside.**

-Youth Focus Group Participant

”

# HEALTH BEHAVIORS

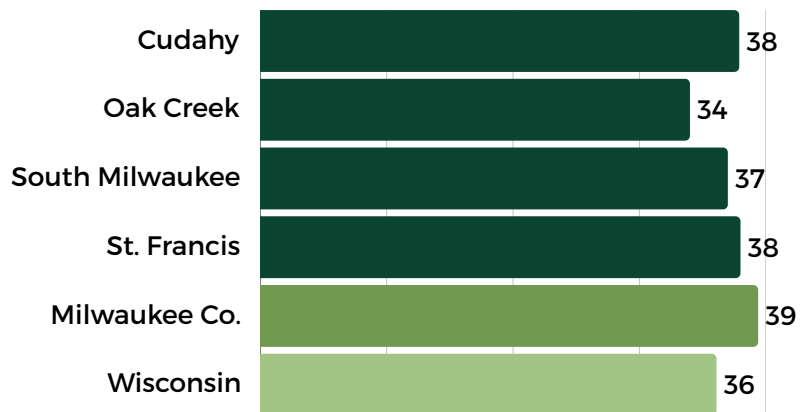
## DIET AND EXERCISE

A balanced diet and regular physical activity are essential to health at any age. A healthy diet and weight can also help reduce the risk for many chronic diseases, like heart disease and some cancers. However, access to nutritious foods and safe, affordable opportunities for physical activity is not equitable across all communities. Cost, transportation, and limited availability of healthy options can make it difficult for some families to make healthier choices. According to the Centers for Disease Control, less than 1 in 10 children and adults eat their recommended vegetables, and only a quarter (25%) of adults meet U.S. physical activity guidelines (14).

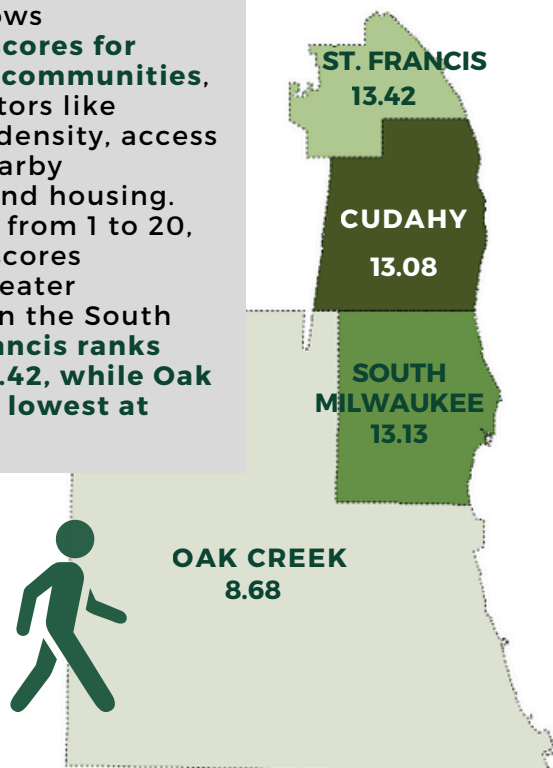
### I. EXERCISE

Physical activity is one of the best things people can do to improve their health. Regular physical activity is vital for healthy aging and can reduce the burden of chronic conditions and prevent premature death. In fact, **1 in 10 premature deaths in the U.S. could be prevented through regular physical activity** (18).

The **prevalence of obesity** among South Shore adults (18+) ranges from 34% - 38% (1, 14).



This map shows **walkability scores for South Shore communities**, based on factors like intersection density, access to transit, nearby businesses, and housing. Scores range from 1 to 20, with higher scores indicating greater walkability. In the South Shore, **St. Francis ranks highest at 13.42**, while **Oak Creek scores lowest at 8.68** (4).



# 22%

of South Shore adults report being **physically inactive in the past 30 days** (14).

“

For those of us who want to continue to grow our families here, we need healthier options for food and continued safer options to get to bike trails and such.

-Survey Respondent

”

# HEALTH BEHAVIORS

## DIET AND EXERCISE

### II. NUTRITION

Adequate nutritional intake is essential for good health and is especially important for children's growth and development. Access to affordable, nutritious foods varies by community and can impact a person's ability to make healthy choices.



# 13%

of South Shore adults **received food stamps** in the past 12 months (14).

# 29%

of South Shore survey respondents said **affordable healthy food is not easily available at nearby stores or markets** (5).

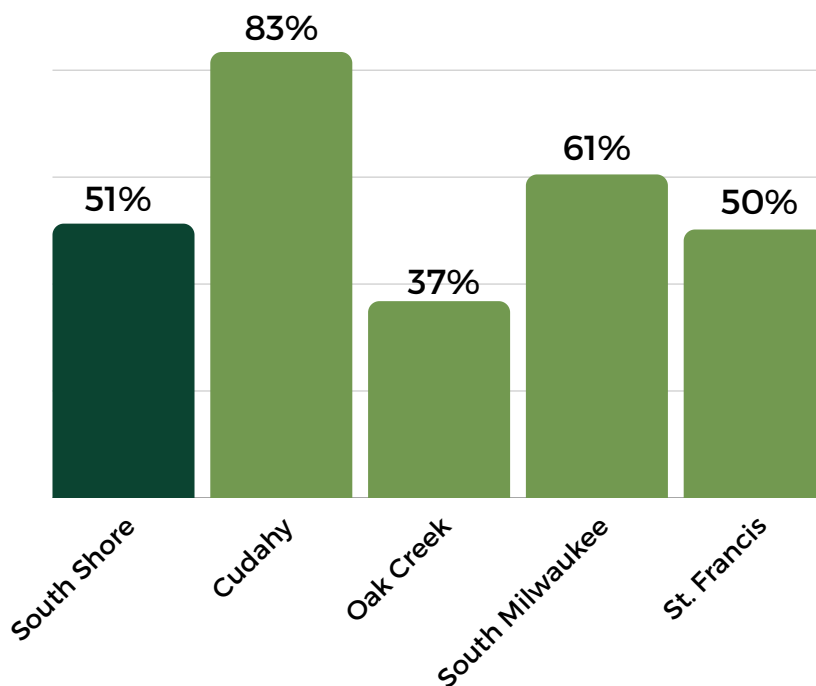
# 15%

of South Shore survey respondents reported **eating less than they felt they should in the past year due to lack of money for food** (5).

### A. SCHOOL NUTRITION

The **National School Lunch Program (NSLP)** provides free or low-cost, nutritionally balanced meals to students in public and nonprofit schools. Across the South Shore, 51% of students are approved for free or reduced-price lunches. **On average, 52% of enrolled students participate in meal programs daily, with the majority (54%) receiving free or reduced meals** (19).

The **percent (%) of students approved for free or reduced lunches** varies across the South Shore (19).



“

**Food access, including access to school-based lunches is key. Our kids need to be fed.**

-Focus Group Participant

”

# 31%

of South Shore students experienced **hunger in the past 30 days** due to lack of food at home (7).

“

**Healthy food is too expensive.**

-Focus Group Participant

”



# HEALTH BEHAVIORS

## REPRODUCTIVE AND SEXUAL HEALTH

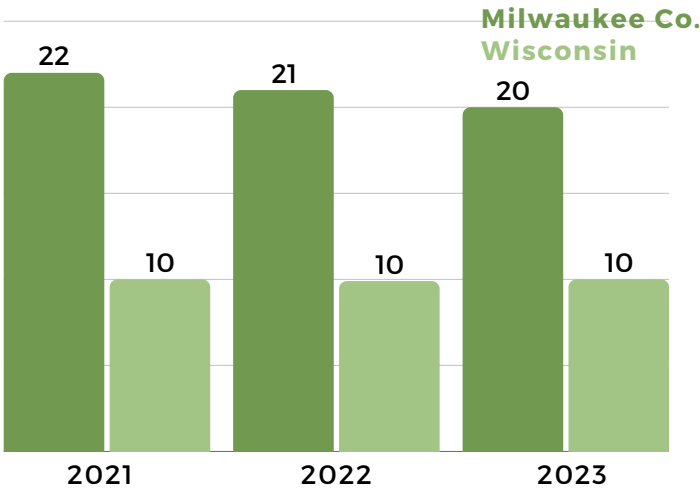
**Sexual and reproductive health** refers to a wide range of services that cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections, protection from sexual and gender-based violence, and education on safe and healthy relationships. Reproductive and sexual health includes the factors that affect physical, emotional, mental, and social wellbeing related to reproduction and sexual health across the life span.

Quality and inclusive reproductive and sexual healthcare and education are essential aspects of health and wellbeing.

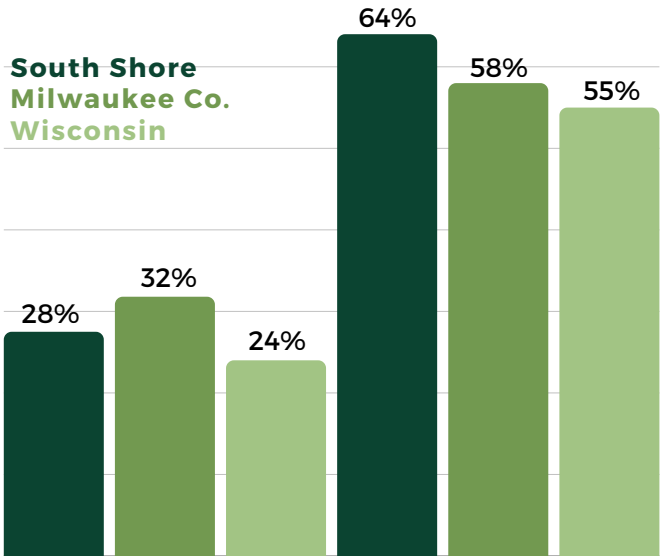
### I. YOUTH AND ADOLESCENTS

**Teen pregnancy** and birth rates in the U.S. have declined significantly since their peak in 1990, **largely due to increased access to and use of contraception**. In 2022, 143,789 babies were born to teens aged 15 to 19, with the vast majority of these pregnancies being unintended (20). This decline reflects progress in education, access to reproductive healthcare, and broader efforts to support adolescent health and wellbeing.

The **rate of teenage pregnancy** (per 1,000 births to 15-19 year-olds) in **Milwaukee County** has declined in the past 3 years but remains twice as high as the **state** rate (21).



**South Shore Milwaukee Co. Wisconsin**



Percent (%) of high schoolers who have ever had sex (7)

Percent (%) of sexually active students who used a condom during last sexual intercourse (7)

The percentage of **South Shore high schoolers who have ever had sex** is **lower** than the **county** average but is **higher** than the **state** average.

The percentage of **sexually active students who used a condom during their last sexual intercourse** is **highest** in the **South Shore** compared to the **county** and **state** averages.

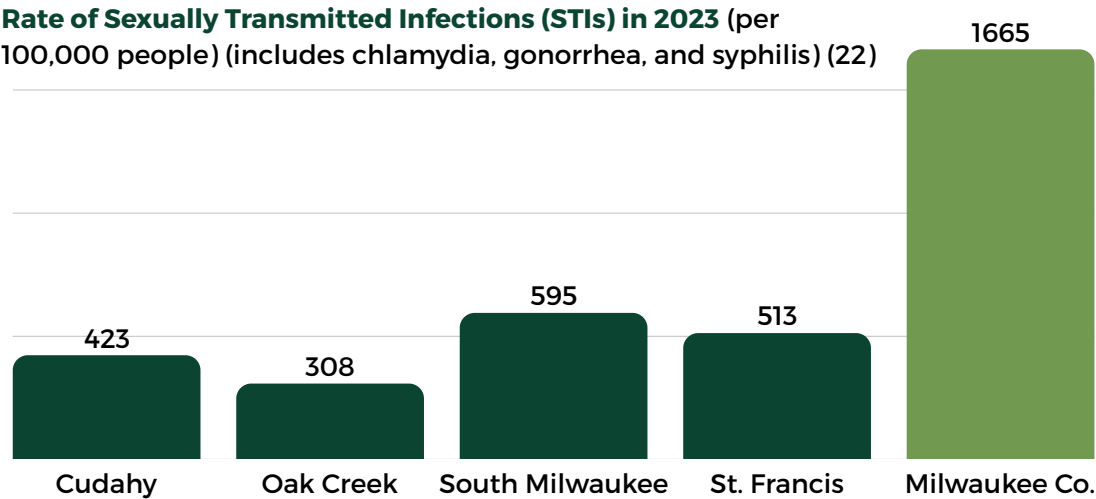
# HEALTH BEHAVIORS

## REPRODUCTIVE AND SEXUAL HEALTH

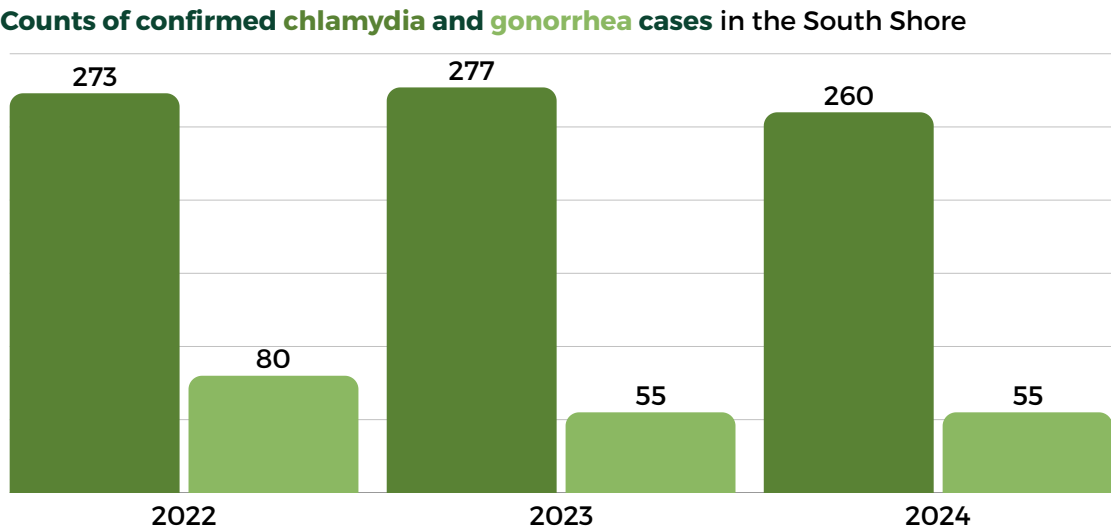
### II. SEXUALLY-TRANSMITTED INFECTIONS

The prevention and treatment of **sexually transmitted infections (STIs)**, also known as sexually transmitted diseases, is essential to disease management. Untreated infections can lead to serious health risks, reproductive health problems, and fetal and perinatal health problems.

**Rates of STIs vary across the South Shore communities**, but they are generally lower than the county rate of 1,665 per 100,000 people (22). Notably, the estimated total number of cases exceeds the reported cases because infected individuals are often unaware of or do not seek treatment for their infections.



The **number of confirmed chlamydia cases** in the South Shore decreased from 2023 to 2024 and counts of gonorrhea cases decreased from 2022 to 2023 but remained the same from 2023 to 2024 (22).



# HEALTH BEHAVIORS

## BIRTH OUTCOMES

### I. PRENATAL CARE

Early and regular **prenatal care** informs birthing people about important steps they can take to protect their infant and ensure a healthy pregnancy. With regular prenatal care, **the risk of pregnancy complications can be reduced along with the infant's risk for complications.**



Percent of births in 2023 where the **mother received prenatal care in the first trimester (23)**

**83%**  
SOUTH SHORE

**72%**  
MILWAUKEE  
CO.

**77%**  
WISCONSIN

### II. LOW BIRTH WEIGHT

**Low birth weight** is a significant public health indicator that can be used to assess maternal health, nutrition, healthcare delivery, and poverty. **Infants born with low birth weight have approximately 20 times a greater chance of dying than those with normal birth weight.** Infants who survive may face adverse health outcomes such as decreased growth, lower IQ, impaired language development, and chronic conditions, like obesity, diabetes, and cardiovascular disease during adulthood (1).

**7%** 

of infants in the **South Shore born in 2023** were **low birthweight** (2,500 grams or 5.5lbs). This is **lower** than the **statewide** value of **8%** (24).

### III. INFANT MORTALITY

**3.1** vs. **5.6**  
South Shore Wisconsin  
Rate per 1,000 Live Births from  
2020-2023 (25)

**Infant Mortality** measures the number of deaths among children less than one year of age. A high rate of infant mortality indicates the existence of broader issues about access to care, preventative health practices, socioeconomic conditions, and maternal and child health.

# QUALITY OF LIFE

## MENTAL HEALTH & ILLNESS

### I. MENTAL HEALTH

**Mental health** is defined as individuals' emotional, psychological, and social wellbeing and plays a crucial role in overall health. It is deeply interconnected with physical health and is influenced by various factors in a person's life. The mental health of individuals within a community is a key indicator of the community's overall health and wellbeing.

16%

of adults in the South Shore reported frequent mental distress (more than 14 of the past 30 days). This is higher than the **state average of 14% (12)**.

“

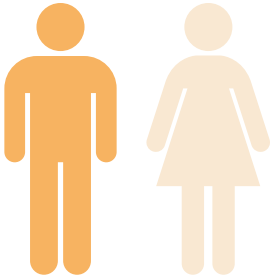
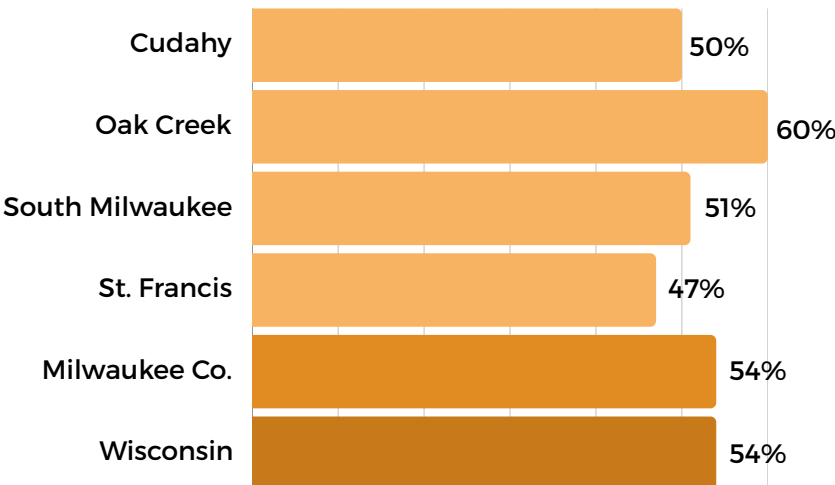
Overall, mental health is really big, and we're just seeing a lot more people struggling. Removing the barriers is key - when someone's ready to go get help, we give them so many barriers. We're seeing a lot of things. We're hearing a lot of things. We need help. Folks are already at their max. Let's not give them any more.

-Focus Group Participant

”

Certain protective factors, such as having supportive adults in their lives and a sense of belonging at school, can **increase the likelihood of positive mental health outcomes** for youth by giving them a healthy foundation to thrive, even in the face of adversity.

The percent (%) of high school students who report **school connectedness (feeling a sense of belonging)** varies across the South Shore School Districts (7).



In the **South Shore**, an average of **only 1 out of 2 students** feels that they belong at school (7).

“

We need a safe space to talk to someone who won't get our parents or cops involved.

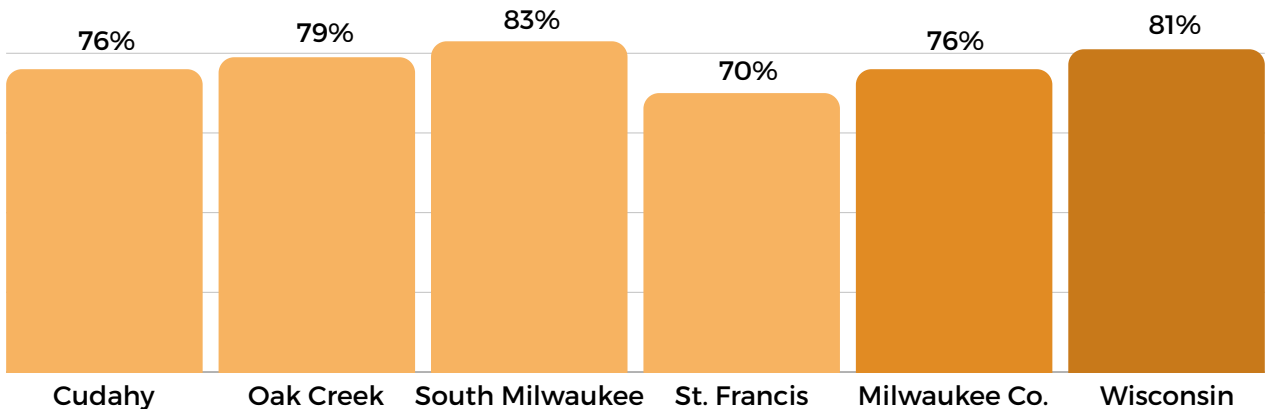
-Youth Focus Group Participant

”

# QUALITY OF LIFE

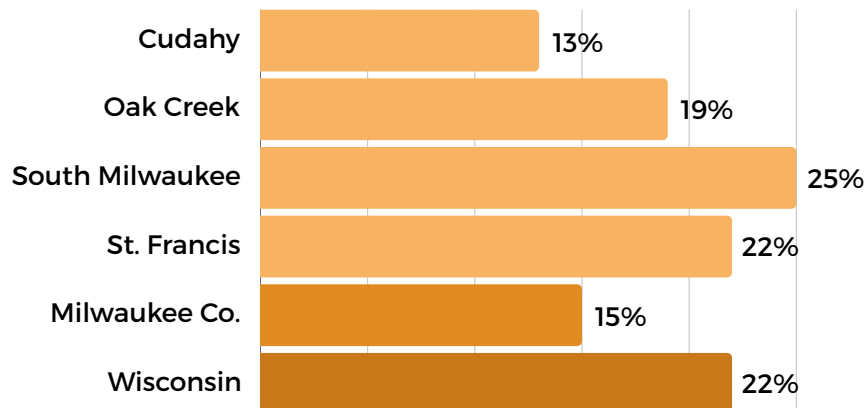
## MENTAL HEALTH & ILLNESS

The percent (%) of high school students who report **having at least one supportive adult besides their parent(s)** varies by district across the South Shore (7).



At the same time, events such as **bullying, trauma, and violence** are often referred to as risk factors and can have negative impacts on mental health.

The percent (%) of youth who **report being bullied at school** varies across the South Shore (7).



**13%**  
of South Shore youth have **been threatened or injured with a weapon at school vs. 9% in Wisconsin** (7).

**27%**  
of South Shore youth have **witnessed violence vs. 20% in Wisconsin** (7).

Another important factor in today's world is the **impact of social media** and overall screen time usage. Social media usage can damage mental health by disrupting sleep, setting unrealistic expectations and comparisons, and decreasing self-worth.



**82%**  
of South Shore youth report **using social media at least once per day** (7).

**“ Sunday was 10 hours and 25 minutes of screen time. ”**  
-Youth Focus Group Participant



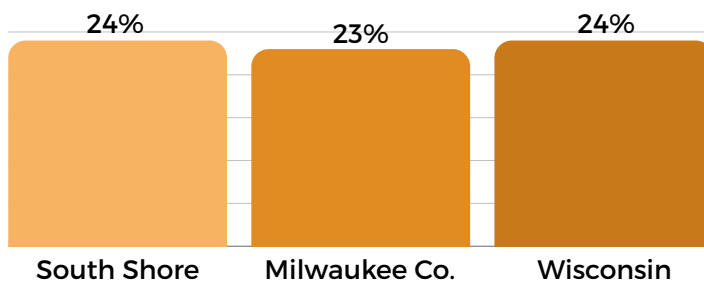
# QUALITY OF LIFE

## MENTAL HEALTH & ILLNESS

### II. MENTAL ILLNESS

**Mental illness** includes conditions that affect thinking, emotions, or behavior, making daily life more challenging. Like physical illnesses, it can range from mild to severe and affect anyone. Common conditions include anxiety and depression. With support, mental health can be managed and improved.

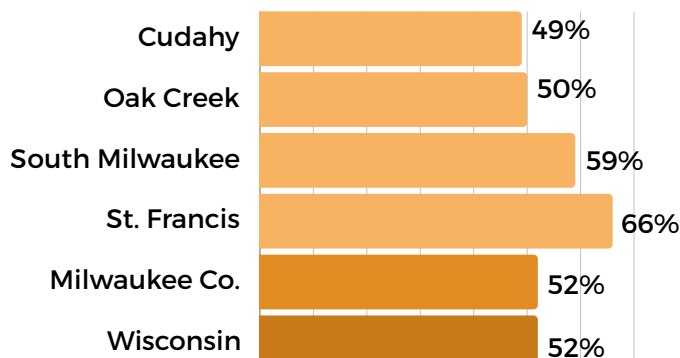
The **percent (%) of adults with self-reported depression** is in line with the **county** and **state** (4).



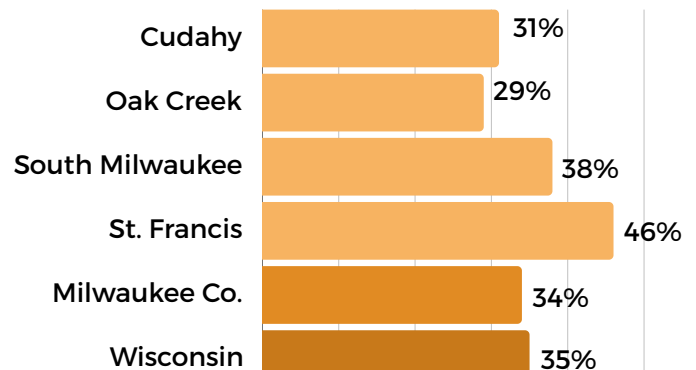
**34%**  
of South Shore adults report having a mental health condition in the past 3 years **vs. 31% of adults in Milwaukee County** (5).

Youth in the South Shore are experiencing high rates of mental illness, as well as living with family who have mental illness.

Percent (%) of **youth who report problems with anxiety in the past 12 months** (7).



Percent (%) of **youth who report depression in the past 12 months** (7).



**47%**

of South Shore youth have **ever lived with someone with a mental illness** vs. **38% in Milwaukee Co.** and **44% in Wisconsin** (7).

“

High school, you just get stressed from everything. You have to be in like every extracurricular if you want to get into a good college, and then you have to worry about paying for college, and getting good enough grades. That puts a lot of stress on you, and you end up having, like, no free time.

-Youth Focus Group Participant

”

# QUALITY OF LIFE

## MENTAL HEALTH & ILLNESS

**KEY FINDING FROM THE SOUTH SHORE EQUITY IN RECOVERY STUDY:**

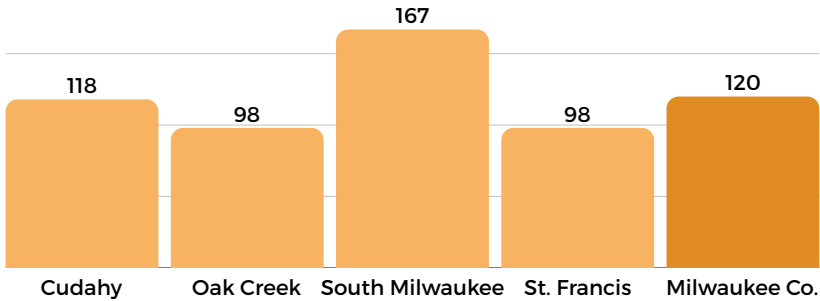
Survey results from South Shore residents revealed **disparities in self-rated health**. Individuals from historically underserved and under-resourced communities—such as those living in poverty, communities of color, people with disabilities, and LGBTQ+ individuals—were more likely to report poor mental and physical health compared to others:

- **Mental Health:** 41% of under-resourced community members reported poor self-rated mental health compared to 25% of other respondents.
- **Physical Health:** 35% of under-resourced community members reported poor self-rated physical health compared to 15% of others.

### III. SUICIDE

**Suicide** is a major public health issue that deeply affects individuals, families, and communities. It's a leading cause of death, especially among youth and vulnerable groups, and is often connected to mental health conditions like depression, anxiety, trauma, and substance use.

**Suicide and self-injury emergency department visit rate**  
(per 100,000 people) (2019-2023) (4)



#9

Suicide was **the ninth leading cause of death in the South Shore** from 2020 - 2024 (26).

**Youth** are particularly vulnerable to suicide for several reasons, many of which stem from the challenges of adolescence and young adulthood. This stage of life is marked by significant emotional, psychological, and social changes, which can be difficult to navigate.

Behavior (past 12 months) (7)	South Shore	Milwaukee Co.	Wisconsin
Intentional self-harm	21%	19%	21%
Suicidal thoughts and behavior	19%	16%	19%
Had a suicide plan	14%	13%	15%
Attempted suicide	9%	9%	9%

# QUALITY OF LIFE

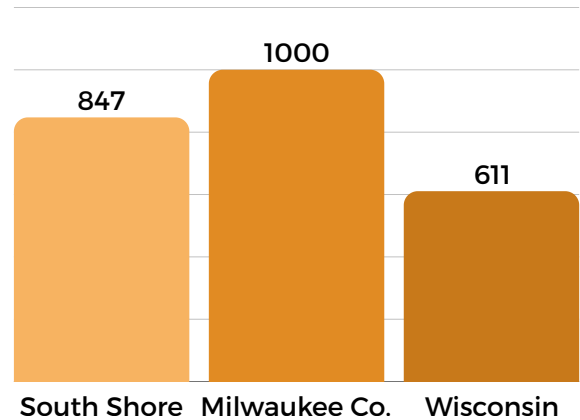
## CHRONIC DISEASE

**Chronic diseases** like cancer, diabetes, heart disease, and respiratory conditions are **major causes of premature death**. Poorly managed, they can lead to pain, disability, and reduced quality of life. Many are preventable through healthy eating, physical activity, and avoiding tobacco and substance use.

Chronic diseases are often measured by case counts and hospital or emergency department visits.

**Frequent hospitalizations can indicate difficulties in managing these conditions effectively.**

In the South Shore, the **rate of hospitalizations for chronic conditions** is slightly lower than **Milwaukee County** but higher than the **state** (4).



### I. CANCER

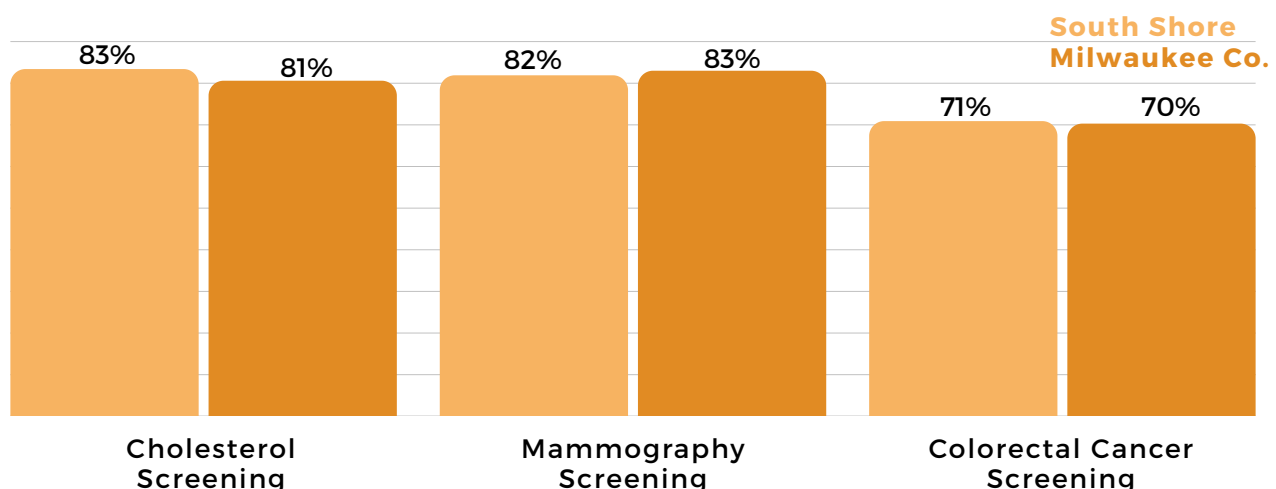
Cancer was the **second leading cause of death in the South Shore** from 2020-2024 (26). This is a public health issue because the significant loss of life causes emotional distress and economic burden on individuals, families, and healthcare systems.



### A. HEALTH SCREENINGS

Early detection of cancer (and other diseases) can significantly improve health outcomes. By identifying conditions in their early stages, treatment can often be more effective, less invasive, have a higher success rate, and will allow for a better quality of life.

Percent (%) of **eligible residents who received necessary health screenings** (2019-2023) (14)



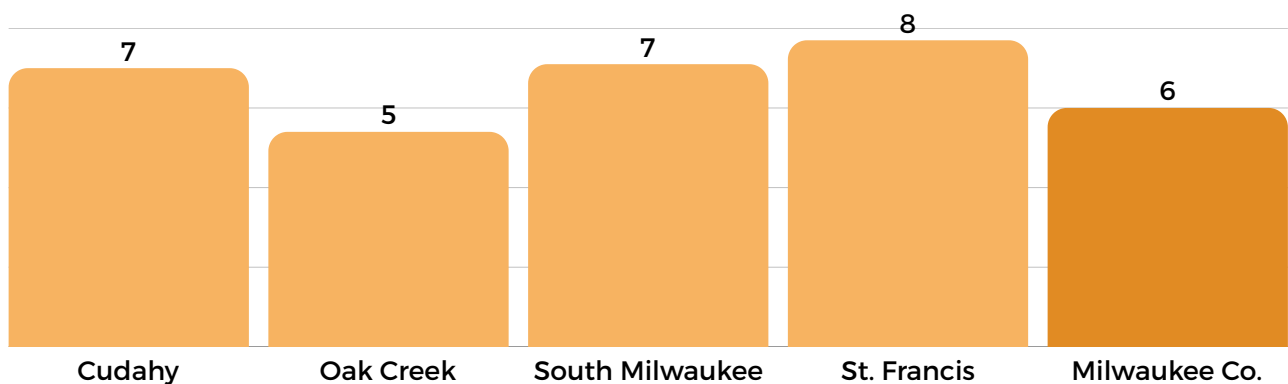
# QUALITY OF LIFE

## CHRONIC DISEASE

### II. CARDIOVASCULAR DISEASE

**Cardiovascular disease** includes several types of conditions affecting the heart and blood vessels, such as coronary artery disease and hypertensive heart disease. These diseases contribute to premature death, expensive hospitalizations, and the potential for long-term disability.

**Rates of cardiovascular disease** per 100,000 residents (12)



### III. DIABETES

**Diabetes** is a chronic and long-lasting disease that affects millions of individuals. Those with diabetes face an increased risk of serious health complications, including blindness, kidney failure, heart disease, stroke, and loss of toes, feet, or legs.



In 2018, **13%** of South Shore residents and **13%** of Milwaukee County reported having diabetes within the previous three years (4).

### IV. ASTHMA

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

**11.7** 

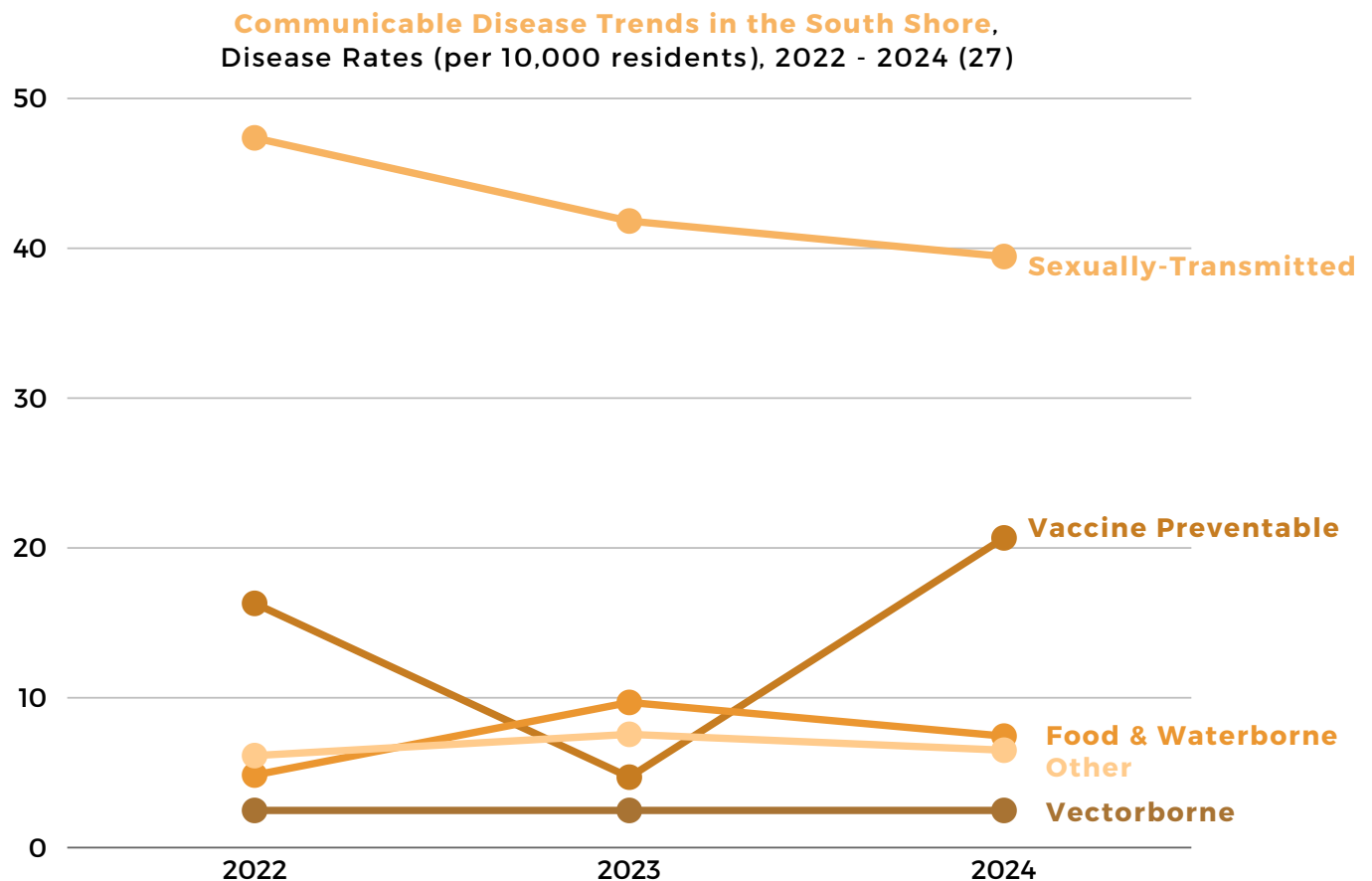
is the **rate of asthma** in the South Shore (per 100,000 residents). This is in alignment with **Milwaukee County which is also 11.7** (per 100,000 residents) (4).

# QUALITY OF LIFE

## COMMUNICABLE DISEASE

Communicable diseases, or infectious diseases, are caused by viruses, bacteria, parasites, or fungi and spread from person to person. **Immunization has played a critical role** in reducing illness and death from these diseases, contributing to longer life expectancy. According to the World Health Organization, **global immunization efforts have saved an estimated 154 million lives over the past 50 years**, the equivalent of six lives every minute (28). Vaccines remain one of the most effective public health tools, preventing millions of deaths each year, primarily from measles, Haemophilus influenzae type b, whooping cough (pertussis), and neonatal tetanus.

Despite these achievements, communicable diseases remain a significant cause of illness, disability, and death. **Misinformation about vaccine safety has contributed to decreased vaccination rates in some communities**, leading to the resurgence of diseases once under control—such as measles, mumps, and pertussis. Continued public health efforts are essential to promote vaccine confidence, improve access, and prevent future outbreaks.



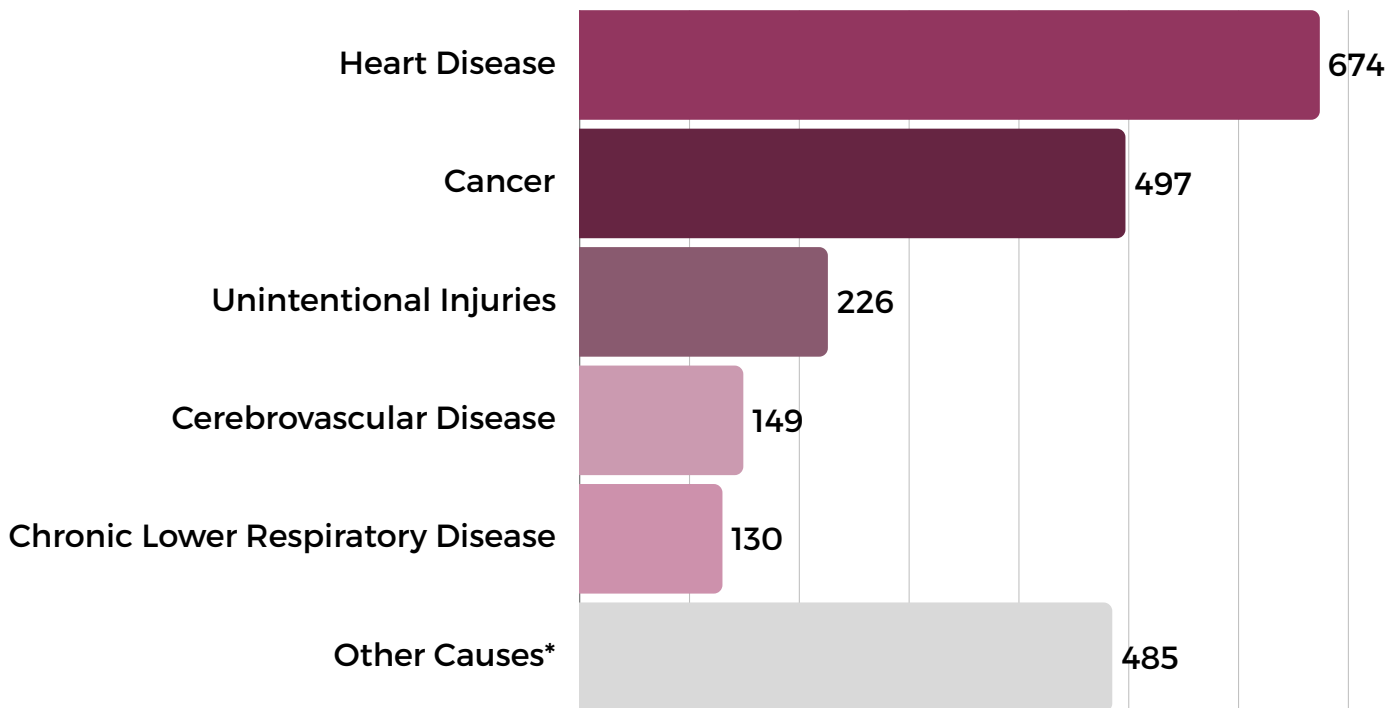
Sexually Transmitted Infections (STIs) account for the majority of communicable diseases in the South Shore, representing **over 58% of all reported infectious disease cases** from 2022 through 2024.

# LENGTH OF LIFE

## LEADING CAUSES OF DEATH

Examining the **leading causes of death** in our communities helps us to identify opportunities to address potentially preventable causes of premature death. Causes of premature death might include population-level conditions such as limited access to healthcare services and environmental factors or individual-level lifestyle and behaviors. Addressing causes of premature deaths requires communities to **focus on both population-level interventions (for example, nutrition and vaccinations) and primary prevention efforts such as lifestyle modifications.**

The **five leading causes of death in our South Shore communities** for 2020 through 2024 include (26):



*\*Other causes of death includes a variety of conditions including infectious and parasitic diseases, neoplasms, immune system disorders, mental and behavioral disorders, and other classifications of illness or injury.*

# LENGTH OF LIFE

## LEADING CAUSES OF DEATH

### 1 HEART DISEASE

Heart disease, which refers to several types of heart conditions, is **the leading cause of death** in the South Shore, Milwaukee County, Wisconsin, and in the United States.

### 2 CANCER

Cancer is the **second leading cause of death** in the South Shore, Milwaukee County, Wisconsin, and in the U.S. In Wisconsin, the leading types of cancers by number of cancer deaths are cancers of the lung and bronchus, pancreatic, colon and rectum, prostate, and female breast cancers.

### 3 UNINTENTIONAL INJURY

Unintentional injuries is the **third leading cause of death** in the South Shore. Unintentional injuries are commonly referred to as accidents and include poisonings (drugs, alcohol, fumes, pesticides, etc.), motor vehicle crashes, falls, fire, drowning, suffocation, and any other external cause of death.

### 4 CEREBROVASCULAR DISEASE

Cerebrovascular disease is the **fourth leading cause of death** in the South Shore. Cerebrovascular disease is an umbrella term for conditions that impact blood vessels in our brains. Conditions include stroke, brain aneurysm, and carotid artery disease.

### 5 CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease is the **fifth leading cause of death** in the South Shore. It is a group of disorders affecting the lungs and airways, including asthma, chronic bronchitis, and chronic obstructive pulmonary disease (COPD).



# NEXT STEPS

The data outlined in this report provides valuable insight into the current health of South Shore communities. This information helps us **better understand key health issues, uncover root causes, and identify priorities for action**. The community survey distributed throughout the South Shore region adds another layer of understanding by highlighting the most pressing social and economic concerns, health conditions and behaviors, and community strengths. These findings will play a central role in selecting health priorities for each community.

Over the next year, each South Shore Health Department will work with local partners to develop a **Community Health Improvement Plan (CHIP)**. A CHIP is a long-term, strategic effort that builds on existing assets and addresses the health issues identified in this Community Health Assessment. These plans will outline actionable strategies for improving community health and will serve as a catalyst for collaboration—building new connections, strengthening existing relationships, and promoting shared ownership of health outcomes.

As we move forward, the South Shore Health Departments will **offer community partners, leaders, and residents the opportunity to:**

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

## The CHIP starts with Focusing on What's Important

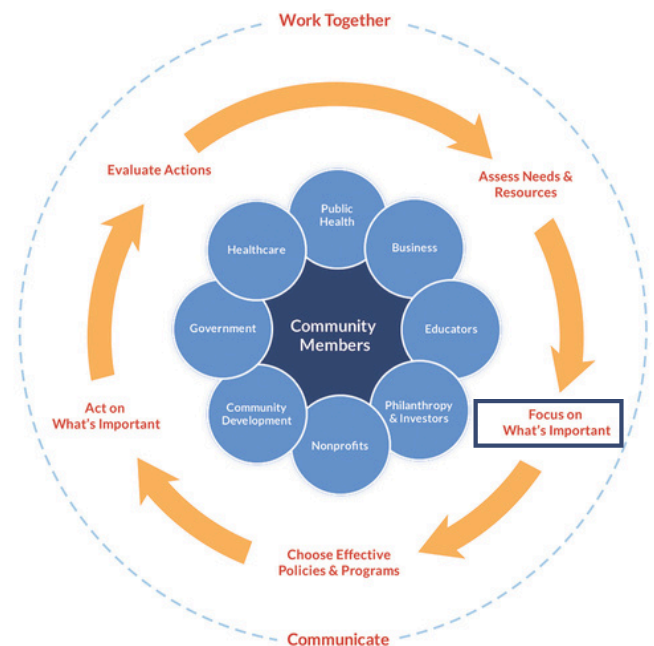


FIGURE 1: TAKE ACTION CYCLE (1)

“ It’s important to be aware of the needs of all that live in the community.

-Survey Participant

”

# COMMUNITY ASSETS

As each South Shore Health Department works in collaboration with key partners to develop our Community Health Improvement Plans, it is imperative that we mobilize existing community assets and resources to improve community health and wellbeing.

Below is a list of community organizations, assets, and resources that can be mobilized to address the CHA/CHIP priorities and to enhance health and wellbeing across the South Shore communities.

Mobilization begins with our existing and respective partnerships including the Healthiest Cudahy Collaboration, the Healthiest Oak Creek Coalition, and the South Milwaukee-St. Francis Healthy Community Partnership. These strategic and cross-sector partners are included in the assets listed below.

## City Services

- Cudahy Fire Department
- Cudahy Department of Public Works
- Cudahy Police Department
- Cudahy Water Utility
- Oak Creek Fire Department
- Oak Creek Police Department
- Oak Creek Public Works
- Oak Creek Water & Sewer Utility
- South Milwaukee Fire Department
- South Milwaukee Police Department
- South Milwaukee Street Department
- South Milwaukee Water Utility
- St. Francis Fire Department
- St. Francis Police Department
- St. Francis Public Works

## Food & Nutrition Services

- Human Concerns of South Milwaukee
- Hunger Task Force Mobile Food Market
- Project Concern Food Pantry
- Women, Infant, & Children (WIC) Program Cudahy

## Health Care Providers & Services

- Allen Family Medical
- Ascension Medical Group
- Aurora St. Luke's South Shore
- Children's Hospital of Wisconsin
- Froedtert & MCW
- Hayat Pharmacy
- Sixteenth Street Community Health Center
- Vivent Health

## Childcare & Education

- Acelero Learning Center- Head Start
- Milwaukee Area Technical College
- Oak Creek Franklin Joint School District
- School District of Cudahy
- School District of South Milwaukee
- St. Francis Public School District
- St. John Child Day Care Center Cudahy

## Mental Health & Substance Use Services

- Community Medical Services
- Mental Health of America Wisconsin
- South Shore CARES

## Community Services & Cultural

- Cudahy Family Library
- Cudahy Lions
- Cudahy United Methodist Church
- Drexel Town Square
- Milwaukee LGBT Community Center
- Discover Church
- Oak Creek Community Center
- Oak Creek Public Library
- Salvation Army Oak Creek
- Sikh Temple of Wisconsin Oak Creek
- South Milwaukee Public Library
- St. Francis Public Library
- St. John Evangelical Lutheran Church

## Recreation

- Milwaukee County Parks
- Cudahy Recreation Department
- Milwaukee County Parks
- Oak Creek Community Education & Recreation Department
- South Milwaukee Recreation Department
- St. Francis Recreation Department

## Services for Aging & Disability

- Aging & Disability Resource Center of Milwaukee County
- Kelly Senior Center
- Milwaukee County Office for Persons with Disabilities
- Serving Older Adults (SOA)



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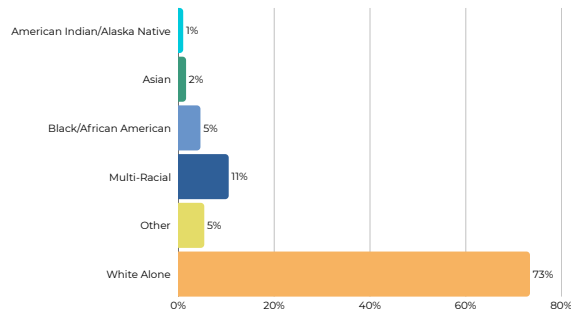
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# POPULATION & DEMOGRAPHICS (3)

## CITY OF CUDAHY SNAPSHOT

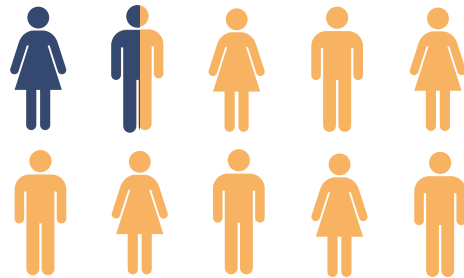
### Racial Demographics

The City of Cudahy remains predominately White racially (73% of the population), followed by individuals who self-identify as multi-racial (10%) other racial groups (5%), Black/African American (4.5%), Asian (2%), and American Indian/Alaska Native (1%).



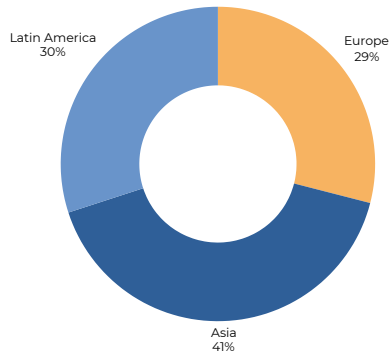
### Ethnic Demographics

15.4% of Cudahy residents self-identify as Hispanic/Latino (of any race).



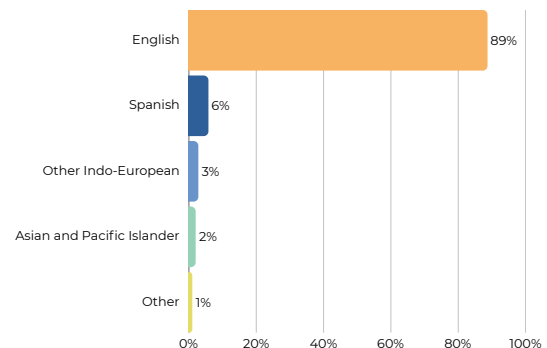
### Immigrant Communities

7.8% of the Cudahy community is **foreign-born**. The immigrant community is represented by individuals with roots in Latin American, European, and Asian nations.



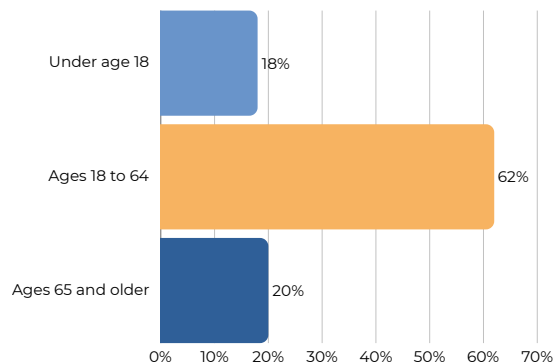
### Language Spoken at Home

English is the predominate language spoken at home across Cudahy (88.7% of residents speak English at home).



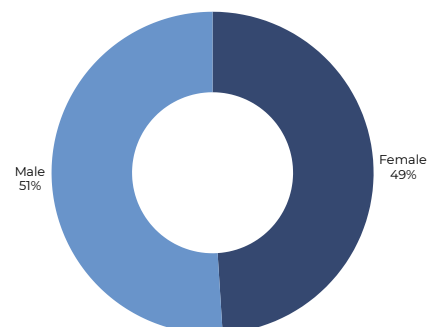
### Age Distribution

Adults ages 18 to 64 make up the majority (62%) of the population in Cudahy.



### Sex Distribution

According to the available 2020 U.S. Census data, 51% of Cudahy community identified as male and 49% as female.\*



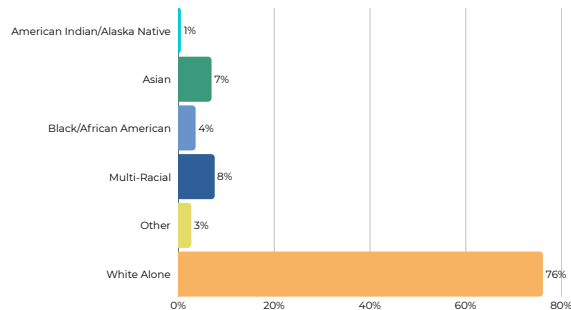
\*The 2020 U.S. Census data currently available only presents data related to male and female sex, rather than gender, and does not account for biological sex and gender diverse/non-binary individuals.

# POPULATION & DEMOGRAPHICS (3)

## CITY OF OAK CREEK SNAPSHOT

### Racial Demographics

The City of Oak Creek remains predominately White racially (76% of the population), followed by individuals who self-identify as multi-racial (8%), Asian (7%), Black/African American (4%), other (2%), and American Indian/Alaska Native (1%).



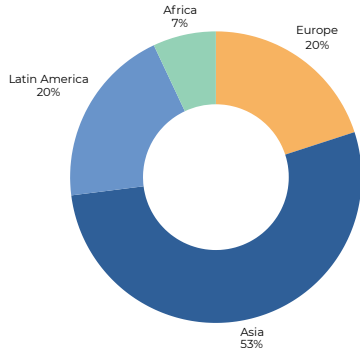
### Ethnic Demographics

9.4% of Oak Creek residents self-identify as Hispanic/Latino (of any race).



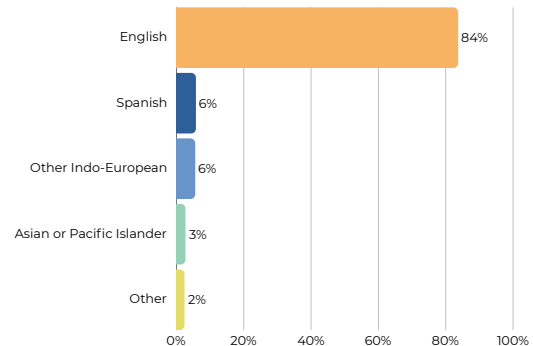
### Immigrant Communities

10.9% of the Oak Creek community is **foreign-born**. The immigrant community is represented by individuals with roots in European, Asian, and Latin American nations.



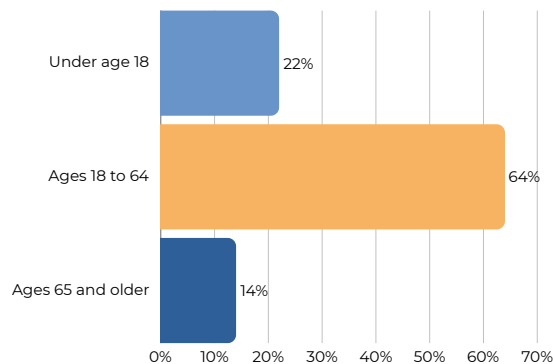
### Language Spoken at Home

English is the predominate language spoken at home across Oak Creek (83.7% of residents speak English at home).



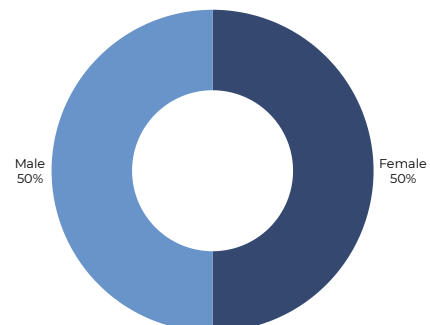
### Age Distribution

Adults ages 18 to 64 make up the majority (64%) of the population in Oak Creek.



### Sex Distribution

According to the available 2020 U.S. Census data, 50% of Oak Creek community identified as female and 50% as male.\*



\*The 2020 U.S. Census data currently available only presents data related to male and female sex, rather than gender, and does not account for biological sex and gender diverse/non-binary individuals.

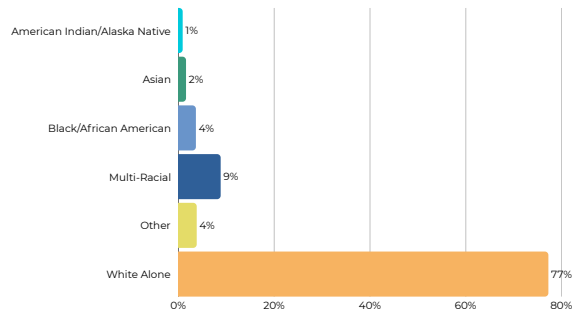


# POPULATION & DEMOGRAPHICS (3)

## CITY OF SOUTH MILWAUKEE SNAPSHOT

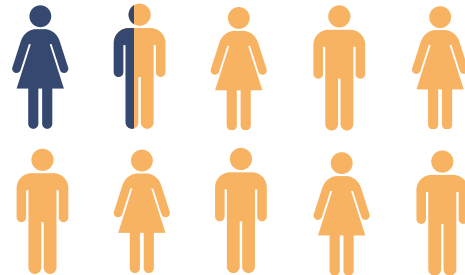
### Racial Demographics

The City of South Milwaukee remains predominately White racially (77% of the population), followed by individuals who self-identify as multi-racial (9%), Black/African American (4%), Asian (2%), other (4%), and American Indian/Alaska Native (1%).



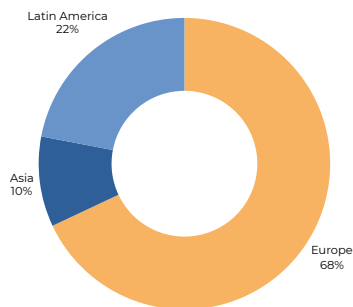
### Ethnic Demographics

13% of South Milwaukee residents self-identify as Hispanic/Latino (of any race).



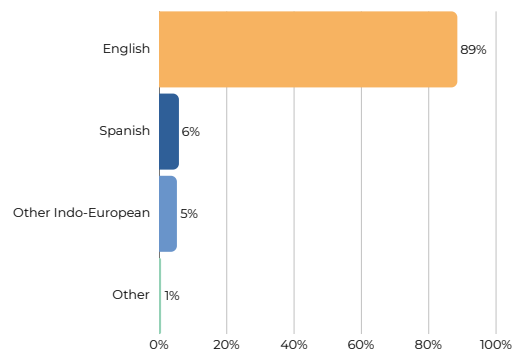
### Immigrant Communities

5.1% of the South Milwaukee community is **foreign-born**. The immigrant community is represented by individuals with roots in European, Asian, and Latin American nations.



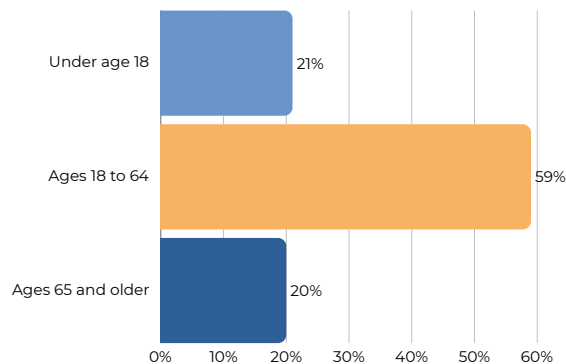
### Language Spoken at Home

English is the predominate language spoken at home across South Milwaukee (88.5% of residents speak English at home).



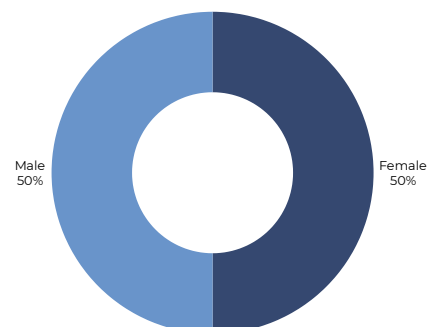
### Age Distribution

Adults ages 18 to 64 make up the majority (59%) of the population in South Milwaukee.



### Sex Distribution

According to the available 2020 U.S. Census data, 50% of South Milwaukee community identified as female and 50% as male.\*



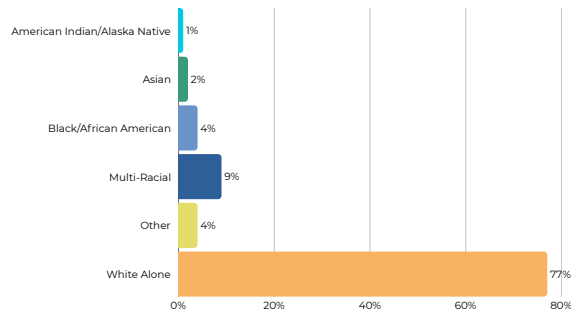
\*The 2020 U.S. Census data currently available only presents data related to male and female sex, rather than gender, and does not account for biological sex and gender diverse/non-binary individuals.

# POPULATION & DEMOGRAPHICS (3)

## CITY OF ST. FRANCIS SNAPSHOT

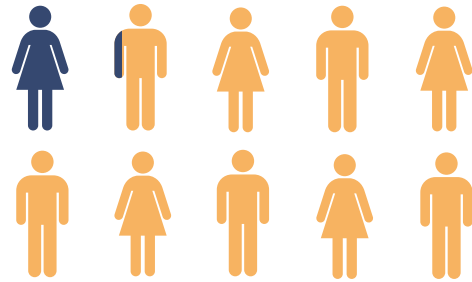
### Racial Demographics

The City of St. Francis remains predominately White racially (77% of the population), followed by individuals who self-identify as multi-racial (9%), Black/African American (4%), Asian (2%), other (4%), and American Indian/Alaska Native (1%).



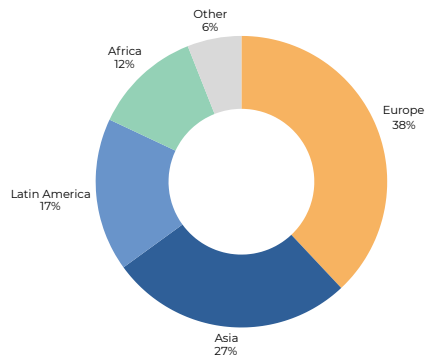
### Ethnic Demographics

12.5% of St. Francis residents self-identify as Hispanic/Latino (of any race).



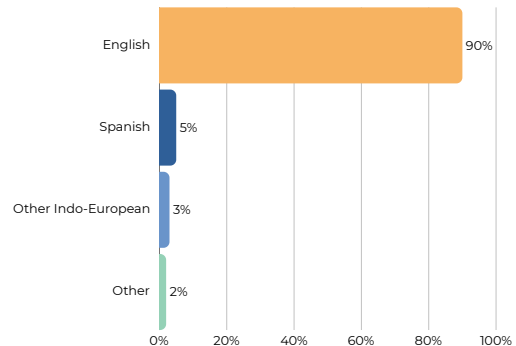
### Immigrant Communities

3.6% of the St. Francis community is **foreign-born**. The immigrant community is represented by individuals with roots in European, Asian, Latin American, and African nations.



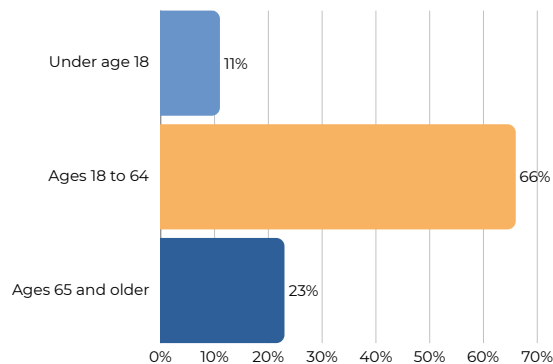
### Language Spoken at Home

English is the predominate language spoken at home across St. Francis (90% of residents speak English at home).



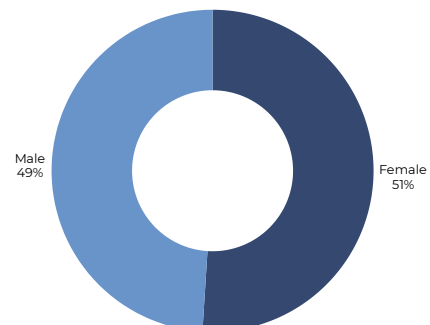
### Age Distribution

Adults ages 18 to 64 make up the majority (66%) of the population in St. Francis.



### Sex Distribution

According to the available 2020 U.S. Census data, 51% of St. Francis community identified as female and 49% as male.\*



\*The 2020 U.S. Census data currently available only presents data related to male and female sex, rather than gender, and does not account for biological sex and gender diverse/non-binary individuals.

# CITY OF CUDAHY

## THEMES AND STRENGTHS

### Community engagement was central to the Community Health

**Assessment** and included the collection of surveys, key informant interviews, and focus groups. These efforts provided valuable insight into the region's top social and economic concerns, health behaviors, and community strengths.

### Key Findings from the Community Health Survey

*Results from respondents who indicated they live, work, or learn in Cudahy.*

#### TOP FIVE STRENGTHS OF CUDAHY



- 1  
Neighborhood Safety  
(33%)
- 2  
Recreational Opportunities  
(31%)
- 3  
Safe, Healthy Built Environment  
(22%)
- 4  
Education Access & Quality  
(22%)
- 5  
Environmental Health  
(21%)

“ I love this community and even though I have had other opportunities, I choose to stay because it is such a great community.

-Key Informant Interview



#### TOP FIVE HEALTH CONDITIONS AND BEHAVIORS TO BE ADDRESSED IN CUDAHY



- 1  
Substance Use  
(41%)
- 2  
Mental Health  
(30%)
- 3  
Nutrition & Physical Activity  
(30%)
- 4  
Bullying  
(20%)
- 5  
Chronic Disease  
(19%)

#### TOP FIVE SOCIAL OR ECONOMIC ISSUES TO BE ADDRESSED IN CUDAHY



- 1  
Access to Mental Health Services  
(25%)
- 2  
Access to Healthy Foods  
(18%)
- 3  
Access to Housing  
(18%)
- 4  
Community Violence & Crime  
(18%)
- 5  
Economic Stability (Employment & income)  
(17%)

## Key Themes from the Key Informant Interviews & Focus Groups

Community voices shared through key informant interviews and focus groups echoed the survey results, highlighting common priorities and concerns. **Here's what we heard from six focus groups and four interviews with Cudahy residents, partners, and stakeholders:**

### OUR BUILT ENVIRONMENT

People in our community highlighted the ways our built environment impacts our health and wellbeing, including walkability, access to greenspace, and safety.

**“Creating spaces where people feel safe and comfortable, like increasing benches and cleaner streets.”**

-Focus Group Participant

**“I think it would be cool to revitalize our downtown area, we have beautiful lakes and parks, but there isn't a lot to do here, so younger generations don't hang out here.”**

-Key Informant Interview

**“We need to create more bike lanes and increase walkability of our streets.”**

-Focus Group Participant

### SOCIAL CONNECTION

Community members appreciate local services like **Acelero**, **Cudahy Health Department**, **Cudahy Fire Department**, **Cudahy Police Department**, **Kelly Senior Center**, and **Project Concern** for fostering connection and care. They also value recreation opportunities and revitalization efforts, but want more inclusive ways to bring the community together.

**“It's great that there are efforts to improve Packard, but there are benefits that can excite communities, such as bringing programming to the park like disc golf, or more recreational activities.”**

-Key Informant Interview

### THERE'S SIMPLY NOT ENOUGH

Community members emphasized that there are not enough vital services available, such as mental health support, food access, and housing, and many face barriers to accessing the existing ones.

**“Lack of mental health resources and clinicians means that patients have to wait a long time to get in, regardless of insurance status. Even if you have good insurance, it takes a long time to see someone for mental health, so this is most likely a bigger issue for those without insurance.”**

-Key Informant Interview

**“Affordability of housing, the costs have skyrocketed. Both houses and rentals.”**

-Focus Group Participant

**“We're just seeing a lot more people struggling. Removing the barriers is key. When someone's ready to go get help, we give them so many barriers.”**

-Focus Group Participant

**“Access to healthy food. Whether it is developing a community garden, cooking classes, and getting the kids involved, too. There are multiple barriers to healthy eating.”**

-Focus Group Participant

# CITY OF OAK CREEK

## THEMES AND STRENGTHS

### Community engagement was central to the Community Health

**Assessment** and included the collection of surveys, key informant interviews, and focus groups. These efforts provided valuable insight into the region's top social and economic concerns, health behaviors, and community strengths.

### Key Findings from the Community Health Survey

Results from respondents who indicated they live, work, or learn in Oak Creek.

#### TOP FIVE STRENGTHS OF OAK CREEK



- 1  
Neighborhood Safety  
(38%)
- 2  
Education Access & Quality  
(36%)
- 3  
Access to Health Care Services  
(26%)
- 4  
Recreational Opportunities  
(26%)
- 5  
Access to Healthy Foods  
(24%)

“ I think it's a very supportive community. Everywhere I go, there are people who are looking for ways to help others. ”

-Focus Group Participant

#### TOP FIVE HEALTH CONDITIONS AND BEHAVIORS TO BE ADDRESSED IN OAK CREEK



- 1  
Nutrition & Physical Activity  
(36%)
- 2  
Substance Use  
(33%)
- 3  
Mental Health  
(26%)
- 4  
Bullying  
(22%)
- 5  
Chronic Disease  
(20%)

#### TOP FIVE SOCIAL OR ECONOMIC ISSUES TO BE ADDRESSED IN OAK CREEK



- 1  
Access to Mental Health Services  
(23%)
- 2  
Access to Housing  
(19%)
- 3  
Pedestrian & Bike Safety  
(15%)
- 4  
Community Violence & Crime  
(14%)
- 5  
Recreational Opportunities  
(11%)

## Key Themes from the Key Informant Interviews & Focus Groups

Narratives and stories collected through **three focus groups and six interviews with community partners, key stakeholders, and residents** of Oak Creek identified four main themes related to the health of the Oak Creek community that were not identified through the CHA survey.

### SOCIAL CONNECTION

Highlighted as both a strength and top social or economic issue, this theme is an important priority to interviewees and focus group participants. It references the meaningful relationships individuals have with each other and the feeling of belonging and closeness to others.

**I think Oak Creek is a very close-knit community.**

-Focus Group Participant

**I would say the most important thing is that when you think of a community, you're thinking of a community of families, businesses, city government, the school district, all coming together to help build sustainability... and to build a sense of pride within the community.**

-Key Informant Interview

### DIVERSITY

Diversity, encompassing both community members and the types of businesses within the city, was highlighted as a strength of Oak Creek.

**You have all these different types of families, you know, low-income, high-income families of all different races, cultures, backgrounds.**

-Key Informant Interview

### ECONOMIC STABILITY

Identified as a strength of Oak Creek, economic stability refers to a reliable and healthy economy where things run smoothly, creating opportunities for people and businesses.

**A lot of the reason people want to move here is because of the community itself and the opportunities that exist here and things that are happening.... I think you've seen that growth with the evolution of what they've done with Drexel Town Square, and all the all the things they've done on Howell Avenue.**

-Key Informant Interview

### OLDER ADULT HEALTH

Community members shared that there are not enough services and community resources available to support the wellbeing of older adults.

**Senior programming, at times, gets a little bit overlooked.**

-Key Informant Interview

**There is a need, and continues to be, for ... fighting specifically, the epidemic of loneliness in the senior community.**

-Key Informant Interview

# CITY OF SOUTH MILWAUKEE

## THEMES AND STRENGTHS

### Community engagement was central to the Community Health

**Assessment** and included the collection of surveys, key informant interviews, and focus groups. These efforts provided valuable insight into the region's top social and economic concerns, health behaviors, and community strengths.

### Key Findings from the Community Health Survey

Results from respondents who indicated they live, work, or learn in South Milwaukee.

#### TOP FIVE STRENGTHS OF SOUTH MILWAUKEE



- 1 Neighborhood Safety (40%)
- 2 Education Access & Quality (25%)
- 3 Recreational Opportunities (25%)
- 4 Access to Health Care Services (21%)
- 5 Access to Healthy Foods (19%)

“

The small size of our community allows for local resources and makes it easier to make connections.

-Focus Group Participant

”

#### TOP FIVE HEALTH CONDITIONS AND BEHAVIORS TO BE ADDRESSED IN SOUTH MILWAUKEE



- 1 Substance Use (38%)
- 2 Mental Health (33%)
- 3 Nutrition & Physical Activity (25%)
- 4 Bullying (25%)
- 5 Older Adult Health (20%)

#### TOP FIVE SOCIAL OR ECONOMIC ISSUES TO BE ADDRESSED IN SOUTH MILWAUKEE



- 1 Access to Mental Health Services (23%)
- 2 Community Violence & Crime (16%)
- 3 Access to Housing (16%)
- 4 Economic Stability (14%)
- 5 Access to Health Care Services (14%)



# CITY OF ST. FRANCIS

## THEMES AND STRENGTHS

### Community engagement was central to the Community Health

**Assessment** and included the collection of surveys, key informant interviews, and focus groups. These efforts provided valuable insight into the region's top social and economic concerns, health behaviors, and community strengths.

### Key Findings from the Community Health Survey

*Results from respondents who indicated they live, work, or learn in St. Francis.*


#### TOP FIVE STRENGTHS OF ST. FRANCIS



- 1  
Neighborhood Safety  
(44%)
- 2  
Education Access & Quality  
(34%)
- 3  
Recreational Opportunities  
(28%)
- 4  
Access to Healthy Foods  
(20%)
- 5  
Safe & Healthy Built Environment  
(20%)

“ If there's a need, the community comes together. ”  
-Focus Group Participant

#### TOP FIVE HEALTH CONDITIONS AND BEHAVIORS TO BE ADDRESSED IN ST. FRANCIS

- 
- 1  
Mental Health  
(37%)
  - 2  
Substance Use  
(31%)
  - 3  
Nutrition & Physical Activity  
(28%)
  - 4  
Bullying  
(26%)
  - 5  
Chronic Disease  
(21%)

#### TOP FIVE SOCIAL OR ECONOMIC ISSUES TO BE ADDRESSED IN ST. FRANCIS

- 
- 1  
Access to Mental Health Services  
(21%)
  - 2  
Access to Housing  
(17%)
  - 3  
Recreational Opportunities  
(16%)
  - 4  
Access to Healthy Foods  
(15%)
  - 5  
Community Violence & Crime  
(14%)

## Key Themes from the Key Informant Interviews & Focus Groups

Insights gathered from key informant interviews and focus groups aligned with the survey findings, reinforcing shared priorities and concerns.

**Here's what we heard from four focus groups and eleven interviews with residents, partners, and stakeholders in South Milwaukee and St. Francis:**

### YOUTH ENGAGEMENT AND EMPOWERMENT

Mentioned many times throughout the interview process, South Milwaukee and St. Francis are prioritizing youth voices and ensuring their needs are met in order to have a healthier community and future.

**“So in our schools, we're really making some shifts right now to a far more human-centered and student-centered approach... so making sure that kids feel seen and heard.”**

-Key Informant Interview

**“How do we create the best learning environment for all of our students and families, so that they can get a great education? If you can't feed them, if they're hungry, if you can't deal with their emotional issues, they're not going to learn.”**

-Key Informant Interview

### PEDESTRIAN AND BIKE SAFETY

Another common theme involved walkability and safety for bikers and pedestrians.

**“I would love to see more community focused development, for example, we have a ton of runners that come, a lot of cyclists come. I would love to see more roads that have bike lanes, more benches so people can stop and rest, things like that.”**

-Key Informant Interview

**“Walkability is important. So if there's any development happening, considering that.”**

-Key Informant Interview

**“Safety of the community is of the utmost importance.”**

-Key Informant Interview

### ACCESS TO RESOURCES

Access to healthcare, mental health services, resources, affordable housing, food, and more.

**“The right to access healthcare I think is really important. The most important, really.”**

-Key Informant Interview

**“So lots of our goals are focused on inclusion and making sure that kids have access to opportunities.”**

-Key Informant Interview

**“We need access to fresh and organic food in downtown South Milwaukee.”**

-Key Informant Interview

### SOCIAL CONNECTION

Community members and key stakeholders viewed social connectedness both as a strength in our communities and as an area that needs improvement.

**“I feel like not many people want to get out and do stuff because they're always on their phones.”**

-Youth Focus Group Participant

**“Speaking on the strengths of the South Shore: “Definitely community. I think people here have a closeness and a comfort level with one another. They look out for one another.”**

-Key Informant Interview