Progressive℠
Community Health Centers

# 2025-2027

## Community Health Needs Assessment

# Table of Contents


Page 3 — **Executive Summary**
Purpose, About Progressive Community Health Centers, Locations & Primary Service Area

Page 4 — **Data Sources & Methods**

Page 5 — **Population Demographics**
Race/Ethnicity, Age Groups, Gender, Income, Insurance, Employment Status

Page 6 — **Health Center Service Coverage**
Total Health Center Patients, Penetration of Low-Income/Uninsured/Medicaid/Medicare/Private Insurance, Dominant Health Center

Page 7 — **Mortality Data**
Leading Causes of Mortality, by Race, Drug Overdoses, Life Expectancy

Page 8 — **Morbidity Data**
Disease Prevalence, Self-reported Diagnoses

Page 9 — **Access to Care**
Health Professional Shortage Areas, Providers per Capita, Routine Care & Screenings, Barriers to Care

Page 11 — **Hospital & Emergency Department Utilization**
Hospitalization Rates, Emergency Department Visit Rates

Page 12 — **Infant & Maternal Health**
All Birth Data, Infant Data, Maternal & Prenatal Care Data

Page 13 — **Pharmacy Access**

Page 14 — **Social Drivers of Health**
Economic Stability, Housing & Daily Living Needs, Youth Outcomes & Education, Social & Community Context, Violence & Neighborhood Safety

Page 16 — **Community Voice**
Community-Identified Health Concerns & Barriers, PCHC Patient Priorities: Services, Support, and Future Partnerships

Page 17 — **Strategic Considerations**
Pharmacy Access, Community Violence, Emergency Department & Hospital Utilization, Maternal and Infant Health, Reentry and Corrections-Involved Populations, Children's Services, Aging and Older Adult Services

Page 19 — **Closing Remarks and Acknowledgements**
Progressive Community Health Center's Commitment, Board Review and Approval, Acknowledgements



Progressive Community Health Centers
3522 W Lisbon Avenue
Milwaukee, WI 53208
414-935-8000
info@progressivechc.org
https://progressivechc.org/


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# Executive Summary

## Purpose

Progressive Community Health Centers (PCHC) conducts a Community Health Needs Assessment (CHNA) every three years to evaluate local challenges and opportunities and to ensure that our services and locations remain responsive to the evolving needs of the neighborhoods we serve. This CHNA provides critical data and community insights that inform PCHC's planning and operational decisions. This assessment is especially timely, as PCHC is currently positioned for expansion. We are actively planning to introduce new service lines, develop additional facilities, and increase our capacity to serve more patients and advance community health.

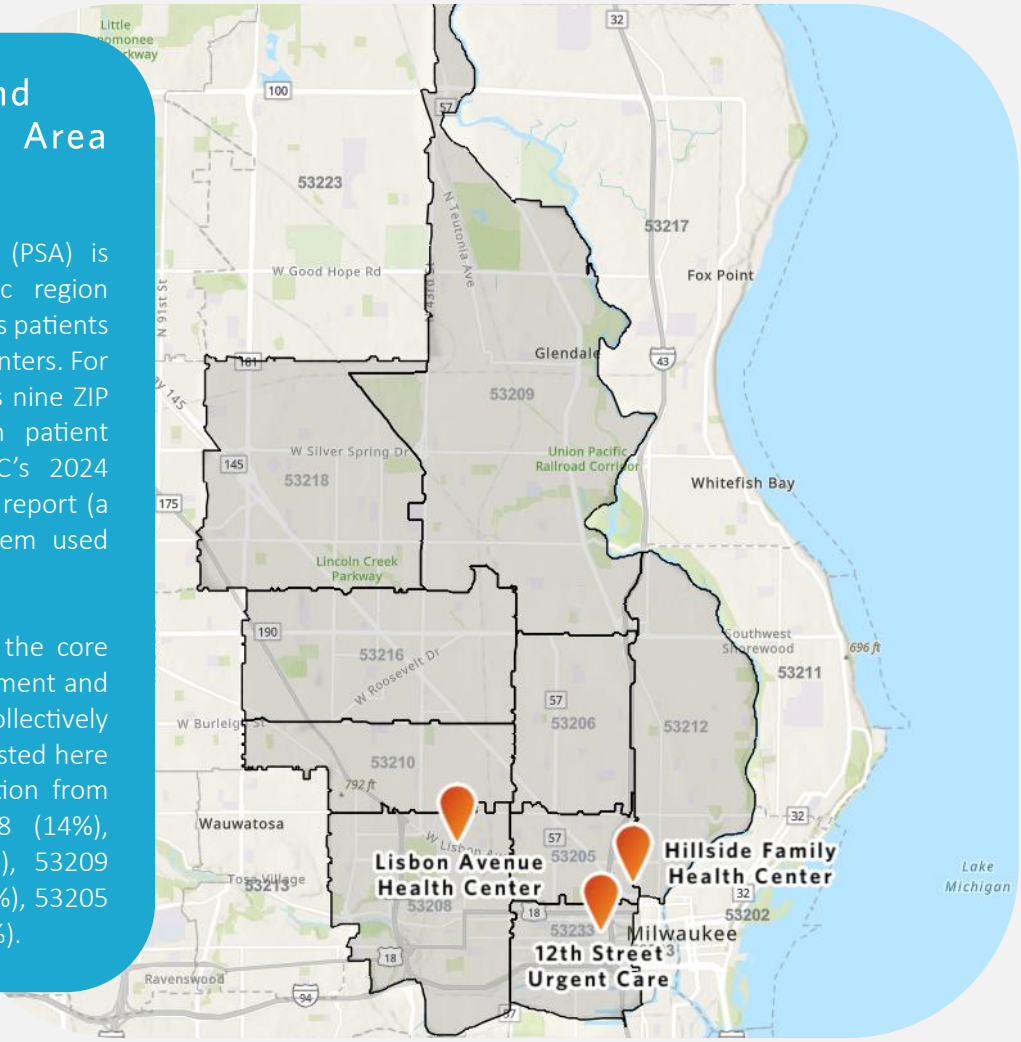
## About PCHC

Providing healthcare, dental, and wraparound services to over 17,000 patients at every stage of life, PCHC's three health centers deliver trusted, accessible, and compassionate care to Milwaukee's central, west, north, and northwest side neighborhoods. Building on a 25-year legacy, PCHC operates as a federally qualified health center and recognized patient-centered medical home, ensuring comprehensive, coordinated care that supports the whole person and the community.

### PCHC Locations and Primary Service Area (PSA)

The Primary Service Area (PSA) is defined as the geographic region where at least 75% of PCHC's patients reside across all its health centers. For this CHNA, our PSA includes nine ZIP codes identified based on patient residence data from PCHC's 2024 Uniform Data System (UDS) report (a standardized reporting system used by all FQHCs).

These ZIP codes represent the core area of focus for our assessment and will henceforth be collectively referred to as PCHC's PSA, listed here in order of patient population from largest to smallest: 53208 (14%), 53206 (11%), 53210 (10%), 53209 (9%), 53216 (8%), 53218 (8%), 53205 (7%), 53212 (6%), 53233 (4%).



# Data Sources & Methods

## Data Sources

To ensure a comprehensive and evidence-based CHNA, PCHC utilized the following data sources:

1. Progressive Community Health Centers' 2025 Patient Needs Survey
   An internal survey distributed to PCHC patients to collect direct input on healthcare needs, access barriers, and service expansion needs. The survey was made available via Microsoft Forms and paper copies, and promoted through clinic-based flyers, digital signage, and tabletop displays with QR codes. This primary data source provided qualitative and quantitative insights to complement external data sources and ensure that patient voices were central to the assessment.

2. Census Data https://www.zip-codes.com/
   Provides demographic and socioeconomic data by ZIP code, including population size, age distribution, income levels, racial and ethnic data, and more, helping to contextualize the communities within PCHC's PSA.

3. GeoCare Navigator https://geocarenavigator.hrsa.gov/
   A tool from Health Resources and Services Administration (HRSA) that visualizes health center service areas and key indicators such as health professional shortage areas, patients served by health centers, social determinants of health, and access to care indicators. It supports understanding of service gaps and unmet needs in specific geographic regions.

4. Wisconsin Interactive Statistics on Health (WISH) https://www.dhs.wisconsin.gov/wish/index.htm
   An online database from the Wisconsin Department of Health Services that provides customizable access to public health data, including birth and death statistics, injury reports, and chronic disease prevalence across the state and by local areas.

   Milwaukee Health Care Partnership (MHCP)
   A collaborative of healthcare providers and public health partners. PCHC used two of its resources:

   5. Health Compass Milwaukee: A centralized, online data hub offering up-to-date indicators on health outcomes, social determinants, and disparities at the local level. https://healthcompassmilwaukee.org/
   6. MHCP 2024 Milwaukee County Community Health Needs Assessment by PSA: Aggregated findings and community input from MHCP's 2024 CHNA specific to ZIP codes overlapping with PCHC's PSA, offering insight into local health priorities. Filtered report provided to PCHC by Joseph Chase, MPH, Center for Urban Population Health.

7. Wisconsin Department of Corrections https://doc.wi.gov/Pages/DataResearch/DataAndReports.aspx
   Provides data on incarceration rates and correctional facility locations, supporting a better understanding of how justice system involvement may impact community health needs, particularly in disproportionately affected areas.

## Methods

This assessment draws on both primary and secondary data sources to identify health trends, community needs, and service gaps within PCHC's PSA.

Primary data was collected through Progressive's internal Patient Needs Survey, which gathered direct input from patients on healthcare needs, barriers to access, and service expansion. The survey was distributed through both digital (Microsoft Forms) and paper formats, and promoted within clinic spaces using flyers, TV screens, and table displays with QR codes.

Secondary data, including public health databases and community-level indicators, was analyzed at the ZIP code level when available, and aggregated to reflect trends across the PSA. These findings were compared to Milwaukee County data when available to provide broader context and highlight potential disparities.

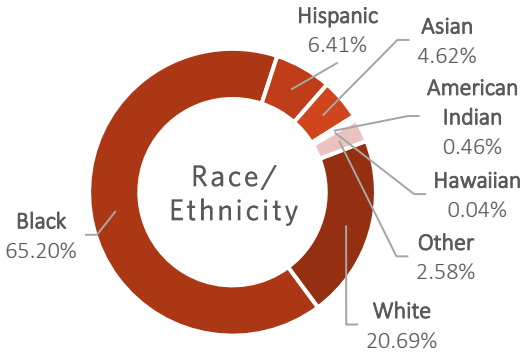
Combining these data types provided a more complete picture of the health needs and priorities of the communities PCHC serves, ensuring that both statistical trends and patient experiences informed this CHNA.

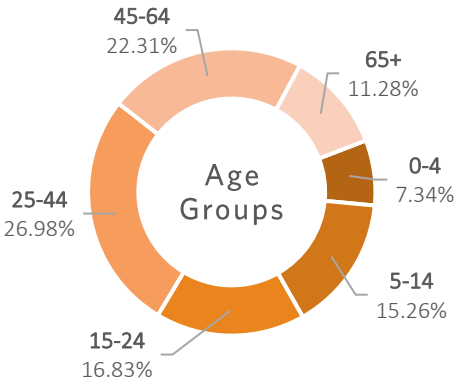
## Beyond the Data

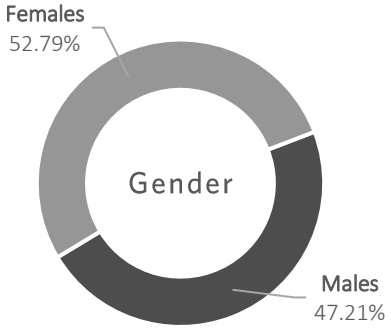
*This assessment is intended to authentically reflect the community's experiences and to help inform efforts toward lasting, positive change. Behind every data point is a story: a person navigating barriers to care, a parent advocating for their child, a community partner who shares our mission and vision for a healthier Milwaukee.*

*The hope is that those stories are not lost in the charts and findings that follow but instead remain at the forefront of how this information is read, shared, and acted upon. Thank you for your time and thoughtful engagement with this assessment.*

# Population Demographics for PCHC's PSA

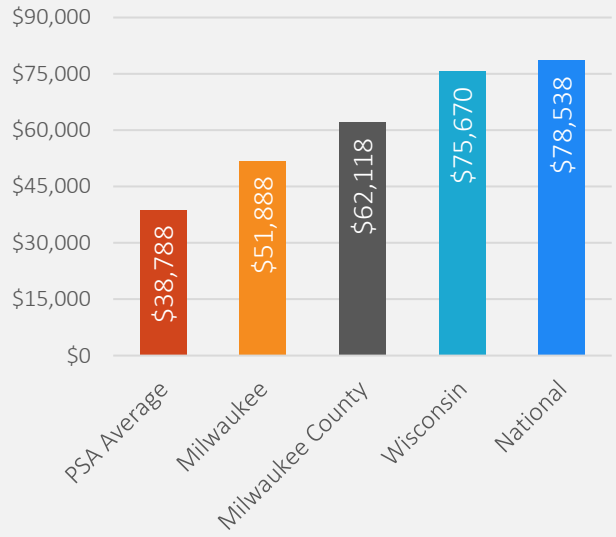


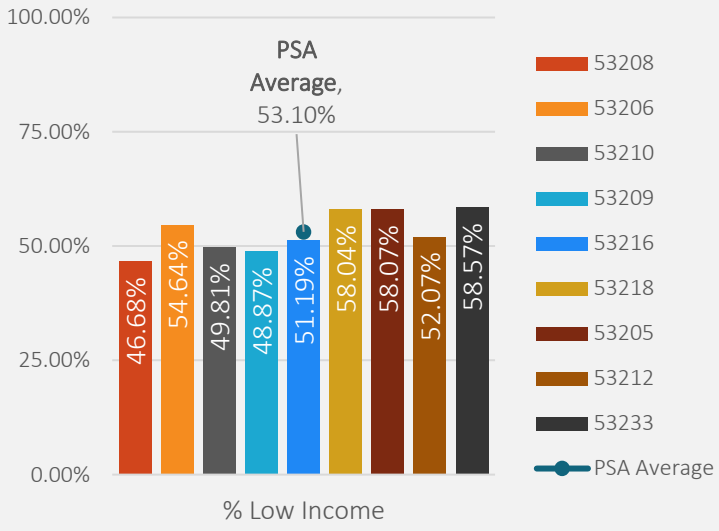

[SOURCE: Zip-Codes.com (Census 2023)]

## Average Income per Household



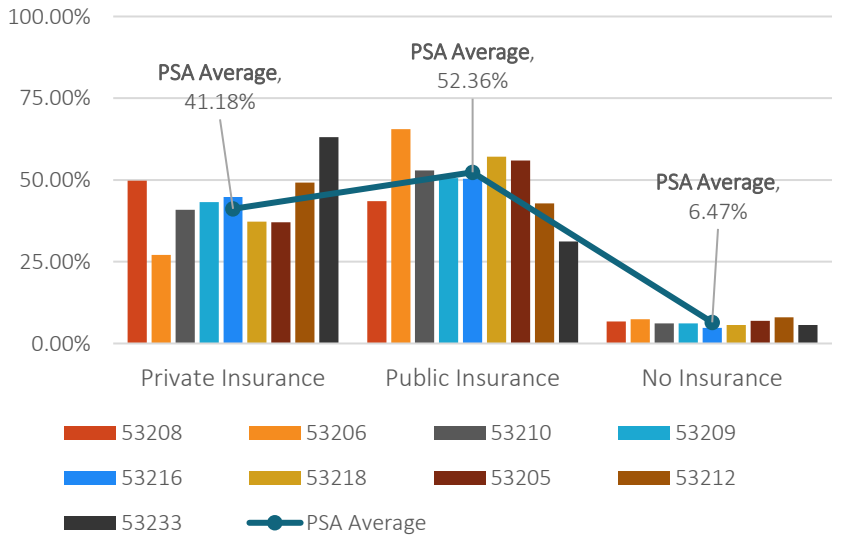

[SOURCE: ZIP-Codes.com (Census 2023)]

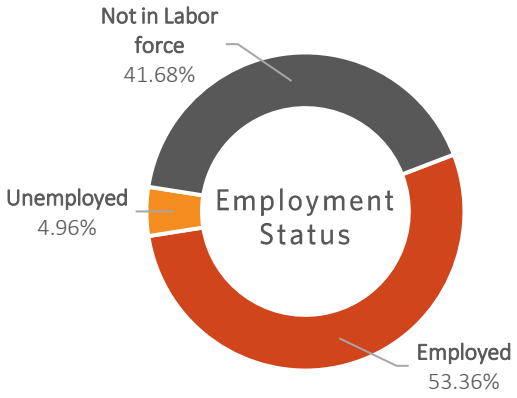
## % Low Income (200% Below FPL) by Zip




[SOURCE: GeoCare Navigator 2018-2022] **FPL**: Federal Poverty Level

## Insurance Type by ZIP




[SOURCE: ZIP-Codes.com (Census 2023)]

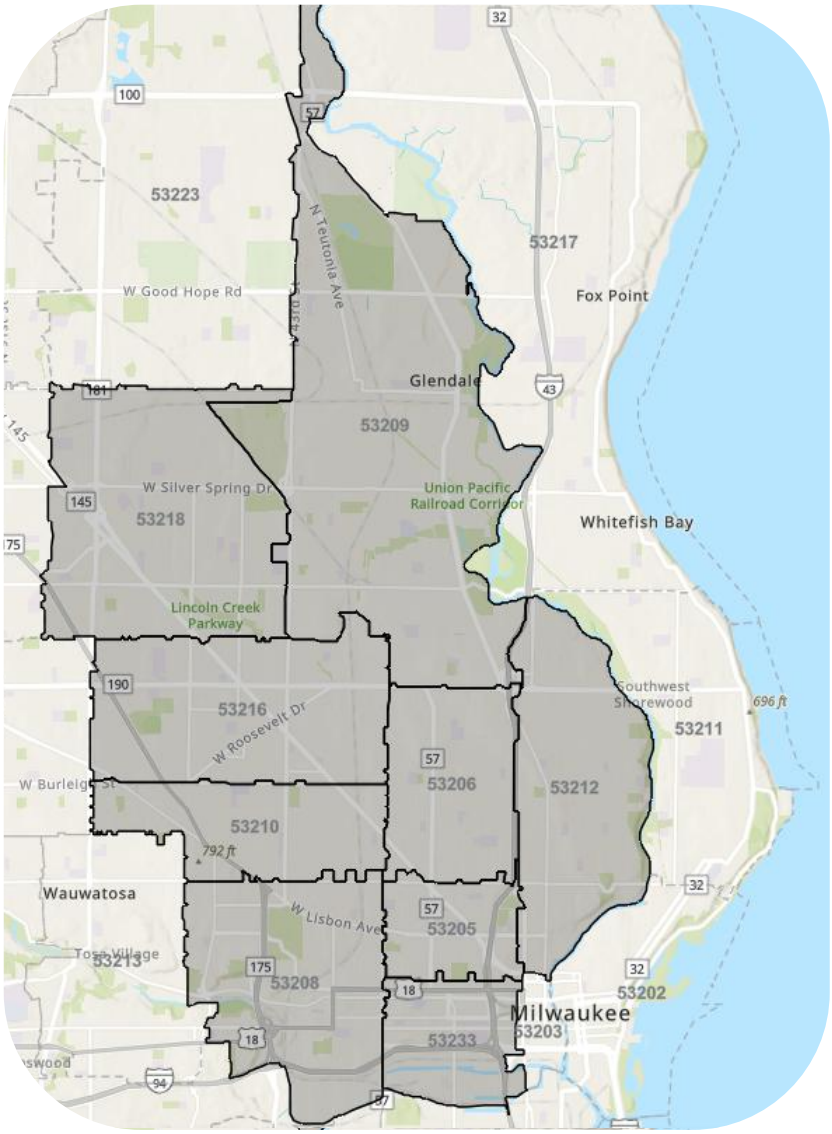
# Health Center Service Coverage in PSA

This section presents ZIP code-level data on health center service coverage across the PSA. Data include the total number of patients served by all area health centers in 2023 and the percentage of the population served across several categories: individuals with low income, those enrolled in Medicaid or other public insurance, the uninsured, and those with Medicare or private insurance.

For each ZIP code, the dominant health center provider is identified, along with that provider's percentage share of total patients in the area. Together, these data points describe the distribution of health center services and the extent of service coverage for key populations within the PSA.

All data in this section are sourced from GeoCare Navigator, a national platform that compiles and analyzes Uniform Data System (UDS) patient data, demographic estimates, and payer mix information to assess health center reach at the local level.

More information about the data definitions can be found in GeoCare Navigator's About the Data Guide.




| ZIP Code | Total Health Center Patients | Total Penetration of Low-Income | Total Penetration of Medicaid/ Public Insurance | Total Penetration of Uninsured | Total Penetration of Medicare/ Private Insurance | Dominant Health Center | Dominant Health Center Share of Patients |
|---|---|---|---|---|---|---|---|
| 53208 | 4,876 | 35.24% | 36.43% | 15.91% | 6.71% | PCHC | 50.29% |
| 53206 | 4,926 | 35.43% | 32.26% | 15.92% | 14.52% | PCHC | 36.18% |
| 53210 | 3,796 | 28.15% | 27.64% | 12.53% | 6.87% | PCHC | 44.18% |
| 53209 | 4,542 | 19.34% | 18.96% | 9.48% | 4.22% | PCHC | 32.28% |
| 53216 | 3,710 | 23.28% | 20.32% | 15.56% | 5.62% | PCHC | 36.23% |
| 53218 | 4,804 | 20.19% | 16.52% | 10.83% | 6.37% | MHS | 38.55% |
| 53205 | 2,416 | 40.35% | 41.04% | 20.06% | 14.93% | PCHC | 45.16% |
| 53212 | 4,243 | 27.22% | 27.34% | 14.45% | 6.91% | MHS | 35.18% |
| 53233 | 1,491 | 21.64% | 33.54% | 11.31% | 4.21% | PCHC | 45.54% |

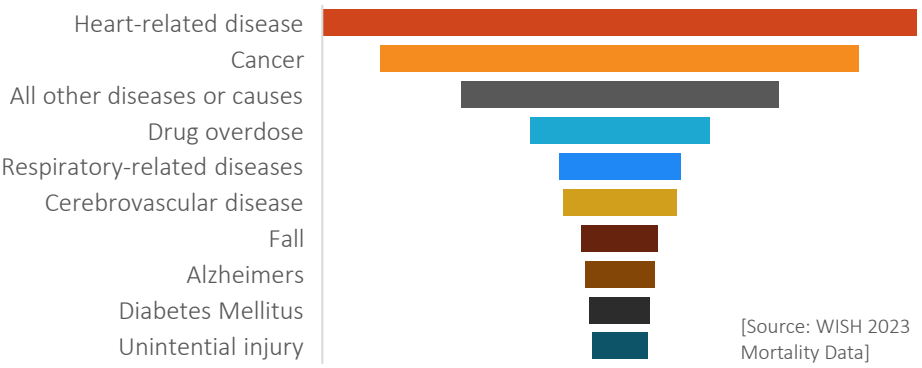
[SOURCE: GeoCare Navigator 2023]

**MHS**: Milwaukee Health Services, **PCHC**: Progressive Community Health Centers

# Mortality Data

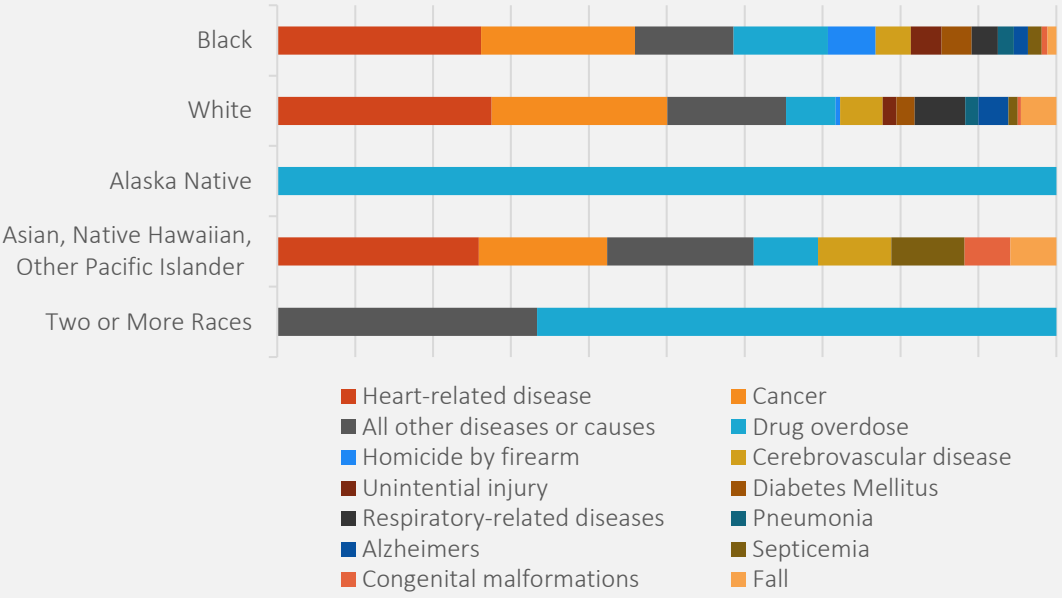
## Leading Causes of Mortality [All County]

The chart to the right presents the leading causes of mortality among all residents in Milwaukee County in 2023. The leading causes of cancer were malignant neoplasms of the trachea, bronchus, and lung. While not listed in the leading overall causes of death, homicide by discharge of firearm was a leading cause of death for individuals 15-44 years old alongside drug overdose.




[Source: WISH 2023 Mortality Data]

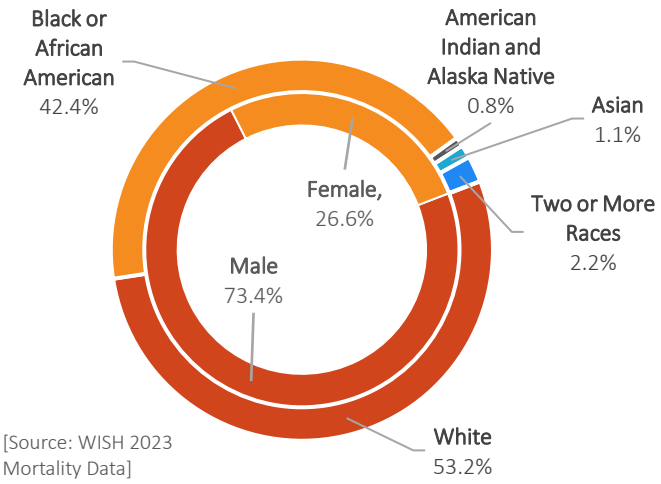
## Leading Causes of Mortality by Race [All County]




The chart to the left represents the leading causes of mortality by known race in Milwaukee County in 2023. Notably, all deaths of Alaska Natives were due to drug overdose, homicide by firearm is only a leading cause of death among Black individuals, and deaths by septicemia and congenital malformations among Asian, Native Hawaiian, and other Pacific Islanders are disproportional to other groups in Milwaukee County.

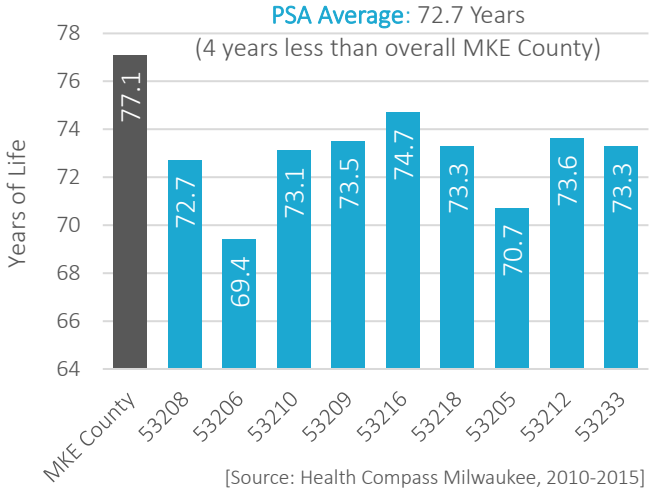
[Source: WISH 2023 Mortality Data]

## Drug Overdose Deaths by Race and Gender [All County]




[Source: WISH 2023 Mortality Data]

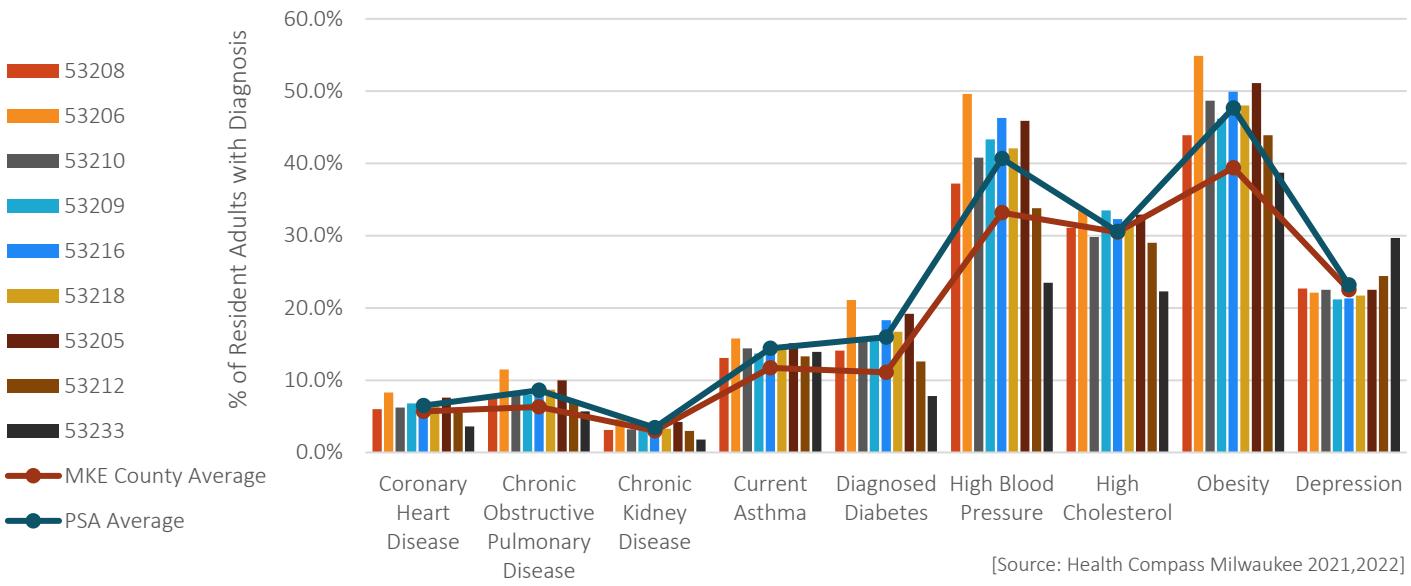
## Life Expectancy [PSA]




[Source: Health Compass Milwaukee, 2010-2015]

# Morbidity Data

## Disease Prevalence by Condition [PSA]




[Source: Health Compass Milwaukee 2021,2022]

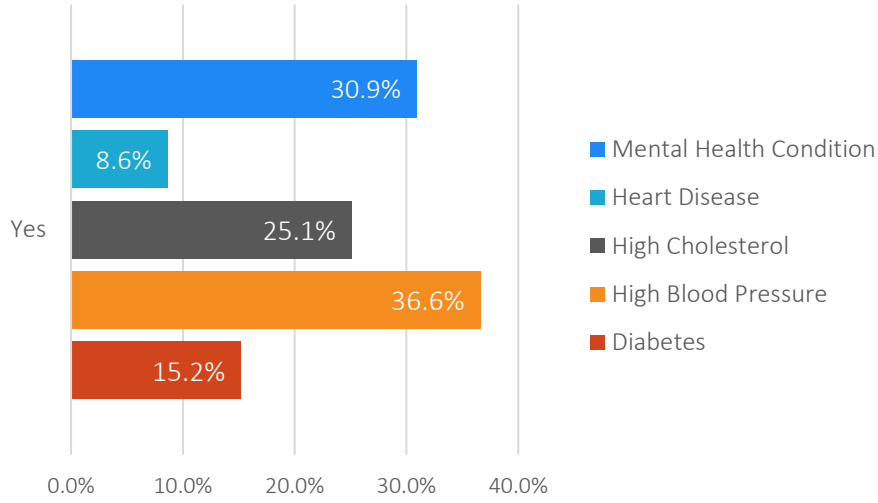
| | Coronary Heart Disease | Chronic Obstructive Pulmonary Disease | Chronic Kidney Disease | Current Asthma | Diagnosed Diabetes | High Blood Pressure | High Cholesterol | Obesity | Depression |
|---|---|---|---|---|---|---|---|---|---|
| MKE County Average | 5.7% | 6.3% | 3.0% | 11.7% | 11.1% | 33.2% | 30.5% | 39.4% | 22.5% |
| PSA Average | 6.5% | 8.6% | 3.4% | 14.4% | 16.0% | 40.7% | 30.6% | 47.7% | 23.2% |
| PSA % Difference | 13.4%↑ | 36.3%↑ | 14.6%↑ | 23.2%↑ | 43.7%↑ | 22.5%↑ | 0.2%↑ | 21.0%↑ | 3.0%↑ |

The chart and data table above present morbidity data for ZIP codes within PCHC's primary service area (PSA) compared to Milwaukee (MKE) County averages. Most data reflect 2022 estimates, with the exception of chronic kidney disease, which is based on 2021 figures. All information is sourced from Health Compass Milwaukee's Health Outcomes Data. It's important to note that ZIP code-level data is reported as raw prevalence and is not age-adjusted. MKE and PSA averages are represented in the chart with lines and markers for comparison, with the data summarized in the table. Among the conditions listed, COPD, asthma, diabetes, high blood pressure, and obesity show the most disproportionate burden in the PSA, with each condition exceeding the county average by more than 20%.

## Self-Reported Diagnoses [PSA]

The chart to the right presents data from the Milwaukee Health Care Partnership's (MHCP) 2024 Community Health Needs Assessment (CHNA), filtered specifically for PCHC's primary service area (PSA). As part of the survey, respondents were asked: *"In the past three years, have you been treated for or told by a doctor, nurse, or other healthcare provider that you have any of the following conditions?"* The chart reflects the percentage of individuals who reported having each of the listed conditions, as indicated in the chart key.

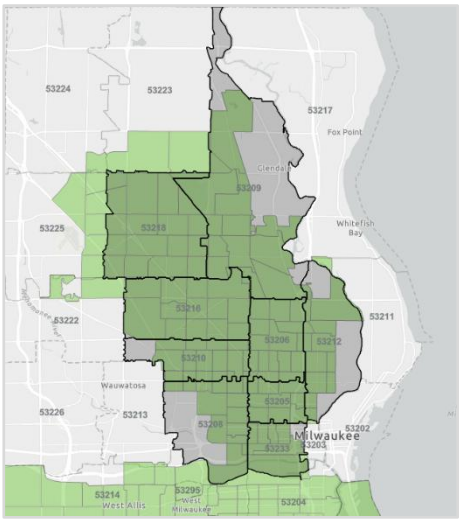
[Source: Milwaukee Health Care Partnership 2024 CHNA]



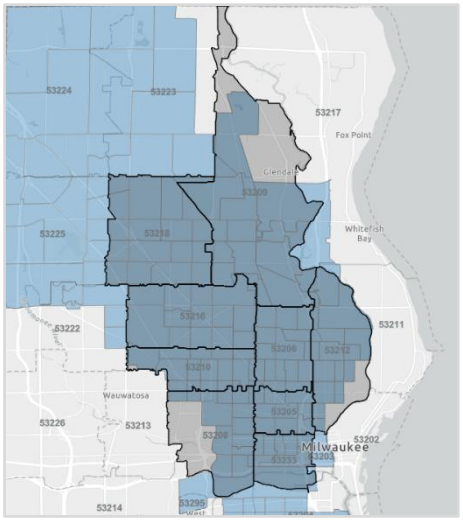
# Access to Care

## Health Professional Shortage Areas [PSA]

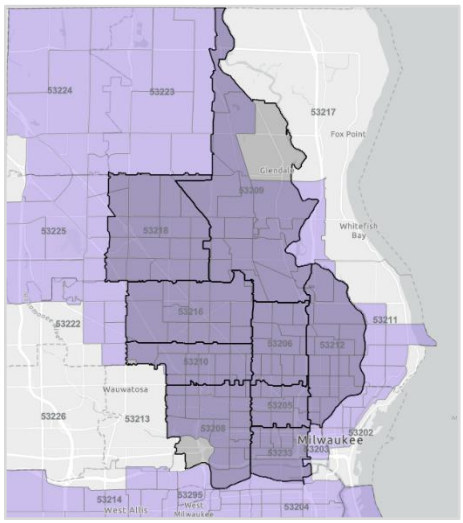
**Primary Care**
Health Professional Shortage Area




**Mental Health**
Health Professional Shortage Area

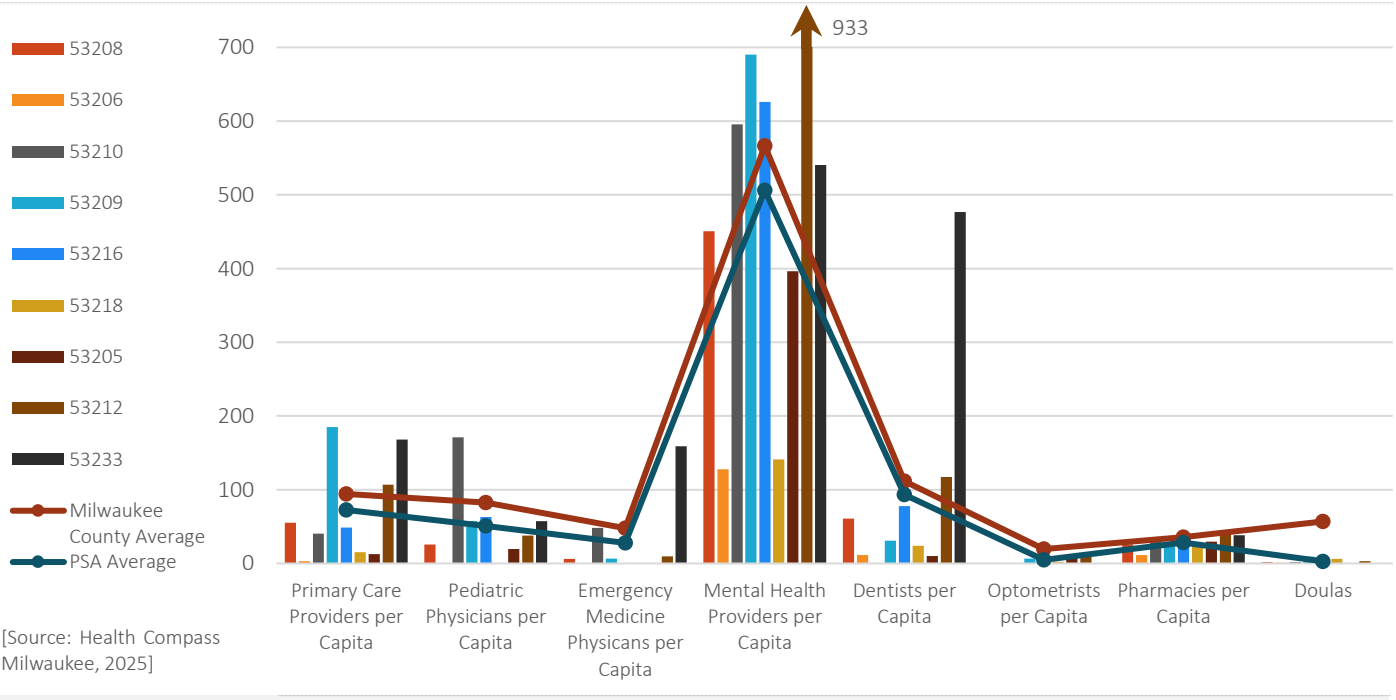



**Dental Health**
Health Professional Shortage Area




The maps above show shaded areas that have been federally designated as Health Professional Shortage Areas (HPSAs) for primary care, mental health, and dental health services. These designations are based on factors such as provider-to-population ratios, poverty levels, infant health indicators, and travel time to the nearest source of care. The vast majority of PCHC's PSA has been designated as a shortage area in all three categories. [Source: GeoCare Navigator, 2023]

## Providers per Capita [PSA]



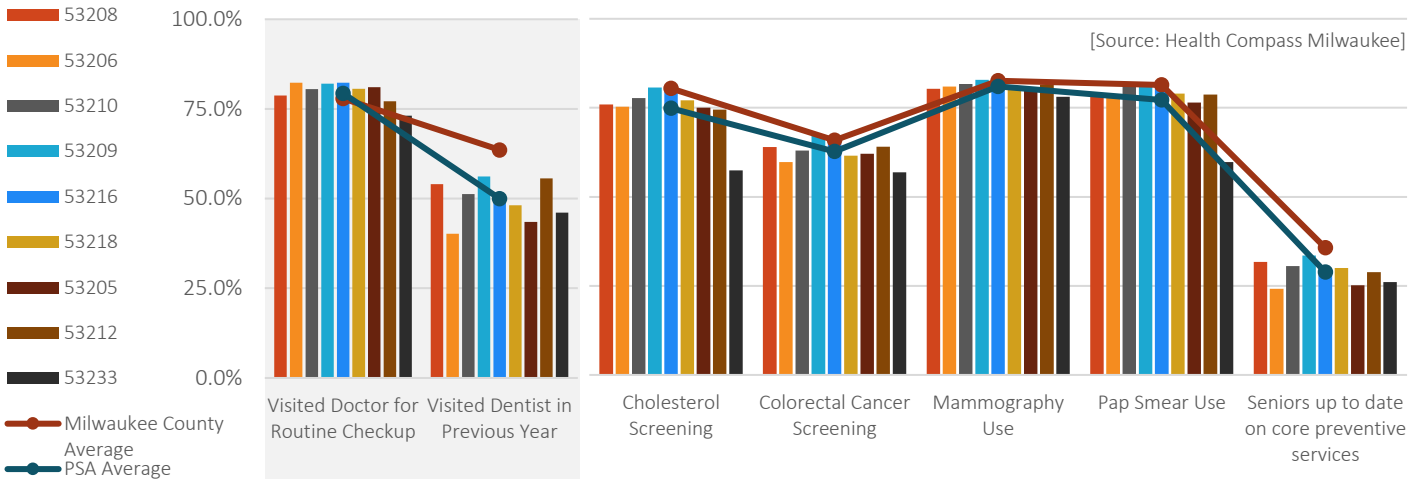

[Source: Health Compass Milwaukee, 2025]

| | Primary Care Providers per Capita | Pediatric Physicians per Capita | Emergency Medicine Physicans per Capita | Mental Health Providers per Capita | Dentists per Capita | Optometrists per Capita | Pharmacies per Capita | Doulas |
|---|---|---|---|---|---|---|---|---|
| MKE County Average | 94.3 | 82.8 | 47.9 | 566.5 | 111.6 | 19.5 | 35.6 | 57 |
| PSA Average | 72.5 | 50.8 | 27.9 | 506.3 | 93.5 | 5.1 | 28.4 | 2.9 |
| PSA % Difference | 23.1%↓ | 38.6%↓ | 41.7%↓ | 10.6%↓ | 16.2%↓ | 74.1%↓! | 20.2%↓ | 95.0%↓! |

The chart above shows the number of providers per 100,000 residents in each ZIP code within PCHC's PSA. The PSA average is compared to the Milwaukee County average, with each category reflecting continued disparities in access to healthcare providers.

# Access to Care

## Routine Care & Screenings [PSA]




The charts above display data from Health Compass Milwaukee on routine and preventive care among adults in PCHC's PSA. Routine care includes adults aged 18 and older who had a checkup in the past year. Notably, the PSA average for routine doctor visits (2022) was slightly higher than the Milwaukee County average, while dental visits (2022) were approximately 20% lower.

Preventive screening measures include: *Cholesterol checks* (2021): Adults 18+ screened in the past 5 years; *Colorectal cancer screening* (2022): Adults 50–75 who received FOBT in the past year, a sigmoidoscopy + FOBT within 5 and 3 years respectively, or a colonoscopy within 10 years; *Mammograms* (2022): Women aged 50–74 screened in the past 2 years; *Pap smears* (2020): Women aged 21–65 screened in the past 3 years; *Senior preventive services* (2020): Adults 65+ up to date on key clinical preventive services

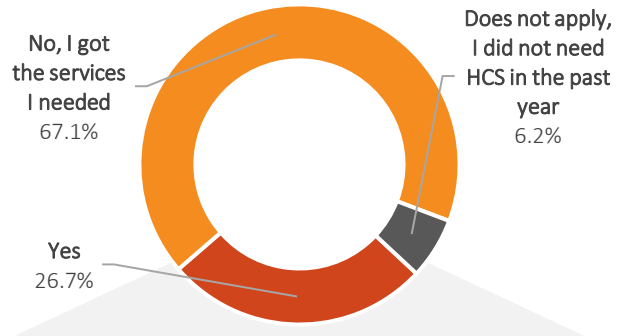
All screening categories show a less than 20% difference between the PSA average and Milwaukee County Average.

## Barriers to Care [PSA]

The data below are from the Milwaukee Health Care Partnership's 2024 Community Health Needs Assessment, filtered by the Center for Urban Population Health to reflect only PCHC's PSA. The charts highlight responses related to barriers to care, including the top five reasons reported by those who had difficulty accessing services.

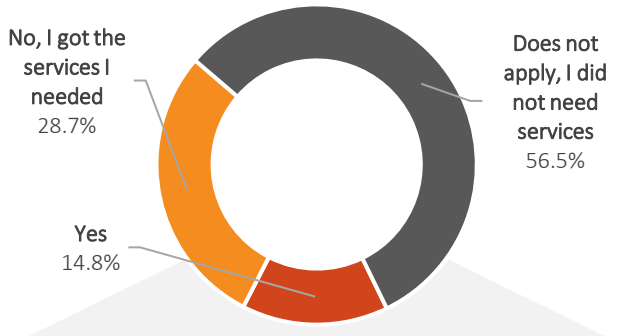
[Source: MHCP CHNA, 2024]

In the past 12 months, was there a time that you needed health care or dental services but did not get the care that you needed?




45.5% | Cost- too expensive, can't pay
31.1% | Even with insurance, out of pocket costs too high
23.1% | Wait is too long
17.8% | Did not feel cared for, respected, or understood
17.5% | Hours of operation did not fit my schedule

In the past 12 months, was there a time that you needed or considered seeking mental health services or alcohol/substance abuse treatment but did not get services?



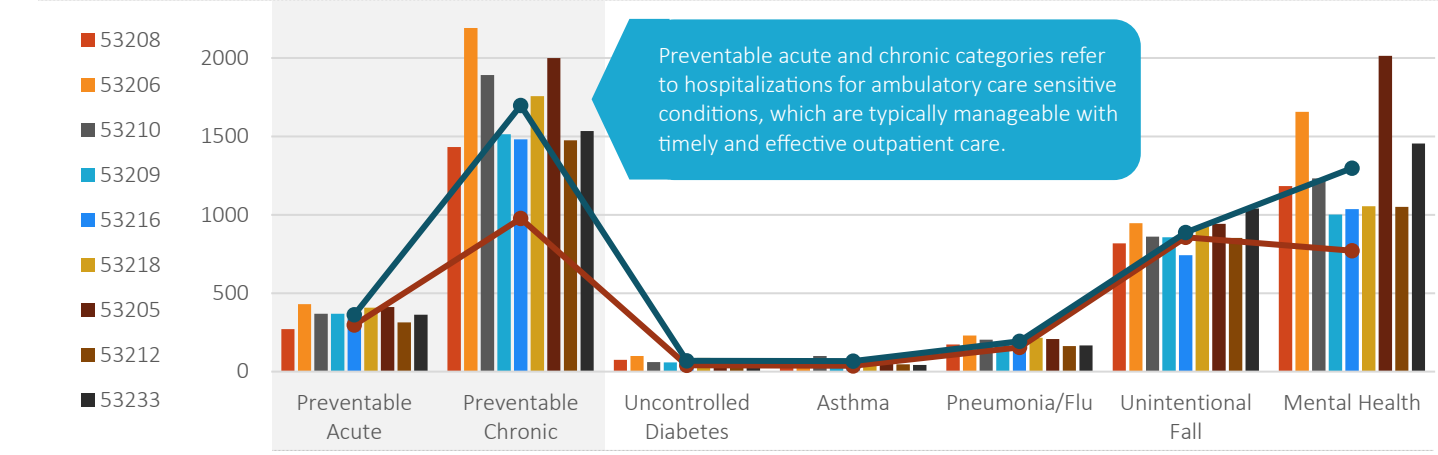

37.2% | Cost- too expensive, can't pay
27.6% | Even with insurance, out of pocket costs too high
26.5% | Wait is too long
26.5% | Other
19.9% | Lack of trust in healthcare services/providers

# Hospital & Emergency Department Utilization

The following charts present hospital and emergency department utilization rates (2020-2024) across PCHC's PSA, compared to the countywide rate in Milwaukee. Data are shown as rates per 100,000 residents by ZIP code. The PSA demonstrates significantly higher utilization, highlighting a key area of disparity.

## Hospitalization Rate [PSA]

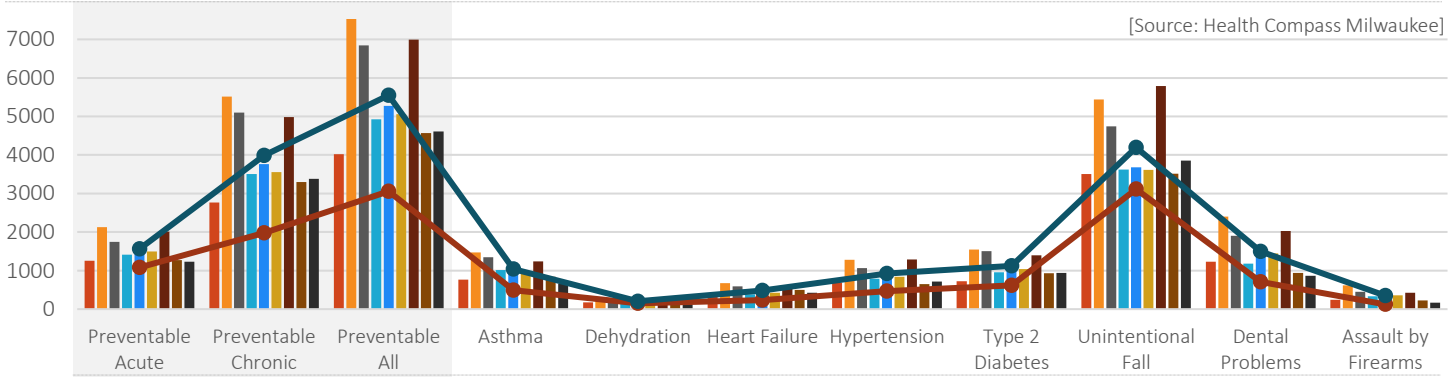
[Source: Health Compass Milwaukee]




| | Preventable Acute | Preventable Chronic | Uncontrolled Diabetes | Asthma | Pneumonia/Flu | Unintentional Fall | Mental Health |
|---|---|---|---|---|---|---|---|
| MKE County Average | 296.58 | 976.41 | 41.30 | 37.37 | 154.02 | 857.47 | 770.20 |
| PSA Average | 363.75 | 1696.96 | 69.08 | 67.18 | 192.64 | 887.12 | 1298.05 |
| PSA % Difference | 22.6%↑ | 73.8%↑! | 67.3%↑! | 79.8%↑! | 25.1%↑ | 3.5%↑ | 68.5%↑! |

## Emergency Department Visit Rate – Chronic Disease & Injury [PSA]

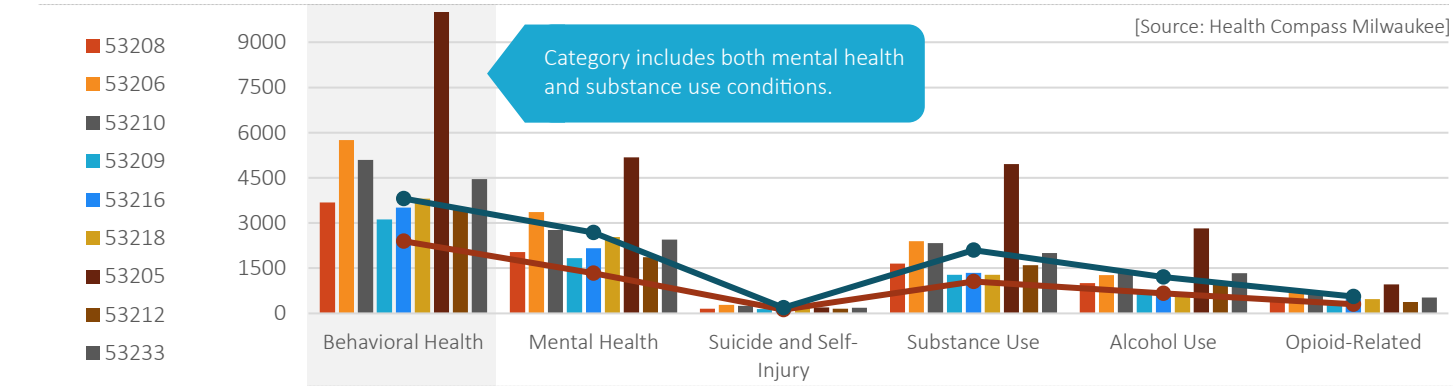
[Source: Health Compass Milwaukee]




| | Preventable Acute | Preventable Chronic | Preventable All | Asthma | Dehydration | Heart Failure | Hypertension | Type 2 Diabetes | Unintentional Fall | Dental Problems | Assault by Firearms |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MKE | 1079.17 | 1977.47 | 3056.64 | 495.86 | 147.62 | 237.90 | 470.14 | 616.52 | 3113.17 | 708.06 | 123.06 |
| PSA | 1562.89 | 3986.03 | 5548.92 | 1043.58 | 204.37 | 483.19 | 919.57 | 1123.54 | 4196.71 | 1494.44 | 353.34 |
| PSA % | 44.8%↑ | 101.6%↑! | 81.5%↑! | 110.5%↑! | 38.4%↑ | 103.1%↑! | 95.6%↑! | 82.2%↑! | 34.8%↑ | 111.1%↑! | 187.1%↑!! |

## Emergency Department Visit Rate – Mental Health & Substance Use [PSA]

[Source: Health Compass Milwaukee]

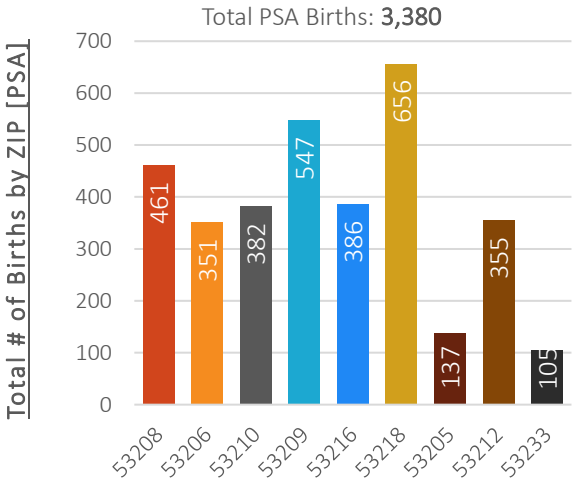



| | Behavioral Health | Mental Health | Suicide and Self-Injury | Substance Use | Alcohol Use | Opioid-Related |
|---|---|---|---|---|---|---|
| MKE County Average | 2396.93 | 1334.20 | 124.81 | 1062.73 | 667.22 | 305.43 |
| PSA Average | 3813.41 | 2687.23 | 189.71 | 2095.16 | 1207.75 | 556.04 |
| PSA % Difference | 59.1%↑ | 101.4%↑! | 52.0%↑ | 97.1%↑! | 81.0%↑! | 82.1%↑! |

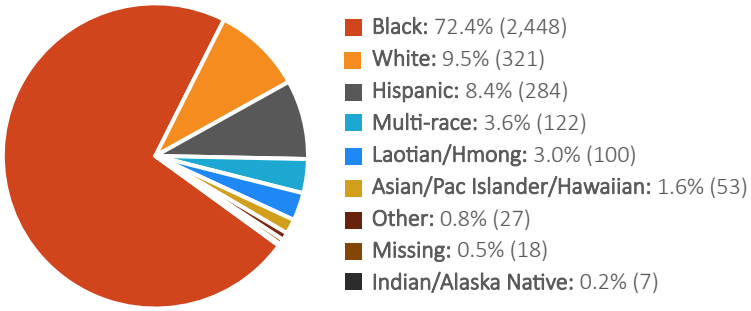
# Infant & Maternal Health

## All Birth Data [PSA]

[Source: WISH, 2023]




### Total Births by Mother's Race and Ethnicity [PSA]




## Infant Data [PSA]

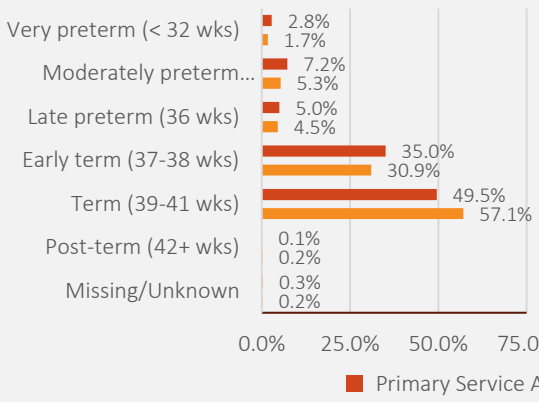
[Source: WISH, 2023]

### Infant Mortality Rates

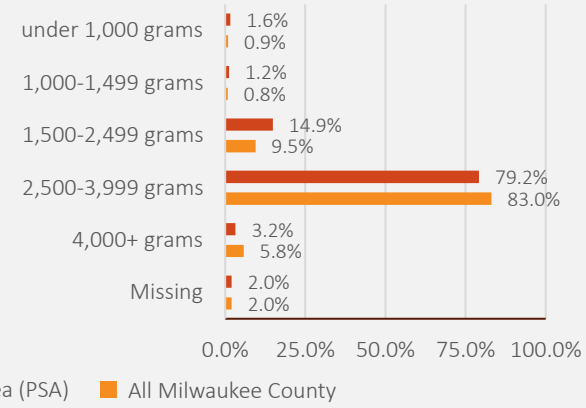
(per 1,000 live births)

| | |
|---|---|
| 53208 | 8.7 |
| 53206 | 8.5 |
| 53210 | 7.9 |
| 53209 | 20.1 |
| 53216 | 18.1 |
| 53218 | 16.8 |
| 53205 | 7.3 |
| 53212 | 11.3 |
| 53233 | 19 |
| PSA Average | 13.6 |
| MKE County | 7.3 |

### Gestational Age




### Birthweight

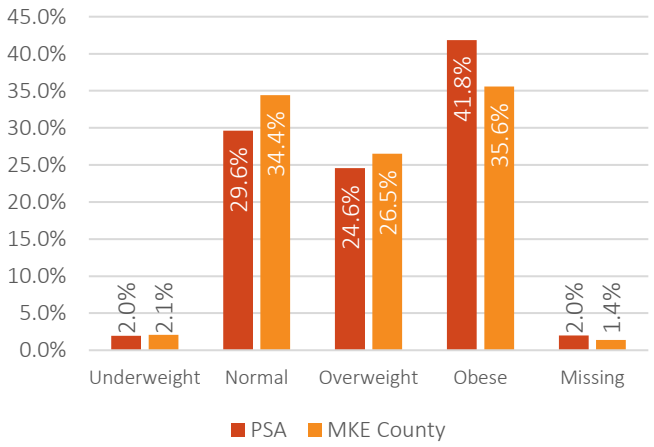



## Maternal & Prenatal Care Data [PSA]

[Source: WISH, 2023]

### Body Mass Index Percentage

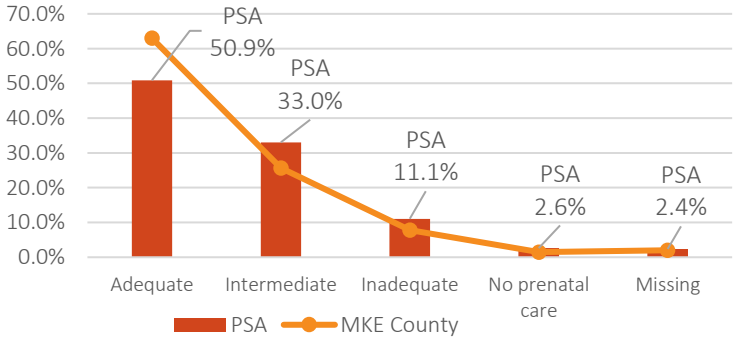
The chart below compares the pre-pregnancy Body Mass Index (BMI) of mothers in PCHC's PSA to Milwaukee County overall. Higher rates of overweight and obesity among mothers in the PSA contribute to an increased risk of pregnancy complications and are a key factor in the high-risk pregnancies seen at PCHC.




### Kessner Index Percentage

The chart below compares prenatal care adequacy in PCHC's PSA to Milwaukee County using the Kessner Index. This measure classifies prenatal care based on when care began and how many visits occurred, adjusted for gestational age.

- *Adequate*: Care began in the first trimester with nine or more visits
- *Intermediate*: First-trimester start with five to eight visits, or second-trimester start with five or more visits
- *Inadequate*: Second-trimester start with fewer than five visits, or care starting in the third trimester
- *None*: No prenatal care received



# Pharmacy Access

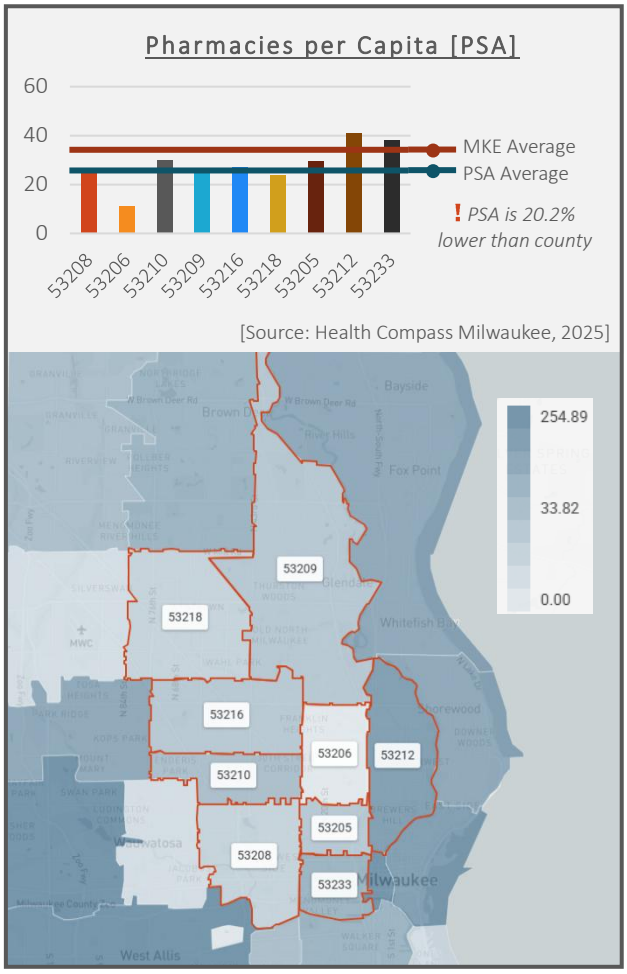
## A Growing Concern in Milwaukee's North Side

A 2021 national study by Guadamuz et al. (2021)[1] identified Milwaukee as one of eight U.S. cities with the largest disparities in pharmacy access. These "pharmacy deserts" are areas where residents have limited or no access to a pharmacy within a reasonable distance. The problem has been made worse by recent closures, including multiple Walgreens locations on the city's north side.

According to the study:

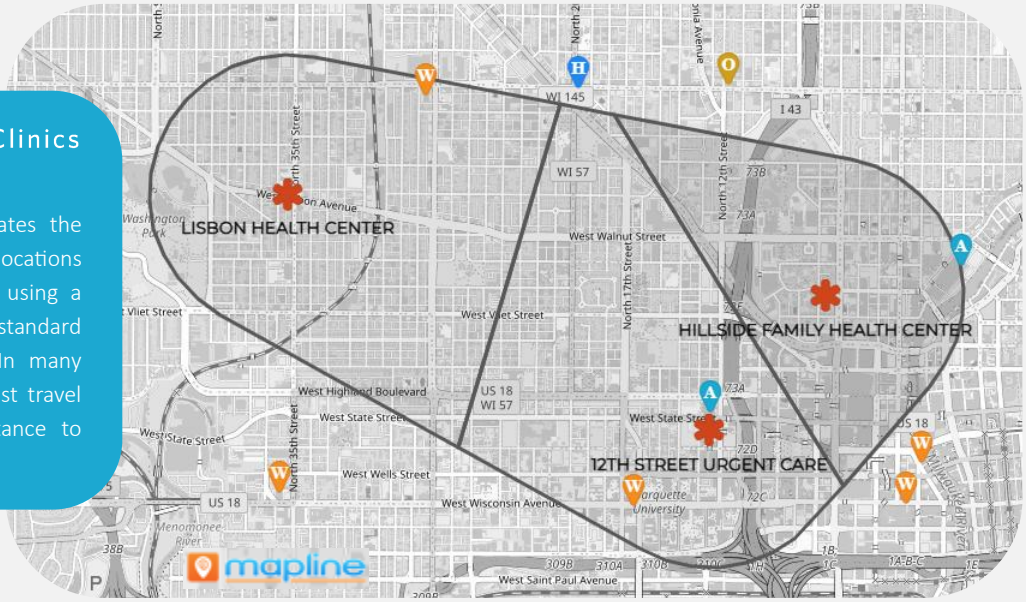
- Nearly 60% of majority-Black neighborhoods in Milwaukee are considered pharmacy deserts, compared to fewer than 18% of majority-White neighborhoods.
- Residents in affected areas often travel one to three hours round-trip just to fill prescriptions.
- These same communities experience higher rates of chronic conditions such as diabetes, hypertension, and obesity, making pharmacy access especially critical.

Pharmacy deserts are typically defined as urban areas where no pharmacy is located within a half mile of where people live, especially when paired with limited transportation options or other socioeconomic barriers. Experts attribute these gaps to unequal reimbursement for Medicaid and Medicare prescriptions and to corporate decisions that prioritize profitability over community need. As a result, vulnerable neighborhoods are left with limited or no options for obtaining essential medications.




### Distance from PCHC Clinics to Nearby Pharmacies

The map to the right illustrates the distance between PCHC clinic locations and the nearest pharmacies, using a half-mile radius to reflect the standard pharmacy desert threshold. In many parts of our PSA, patients must travel well beyond a walkable distance to access prescription services.



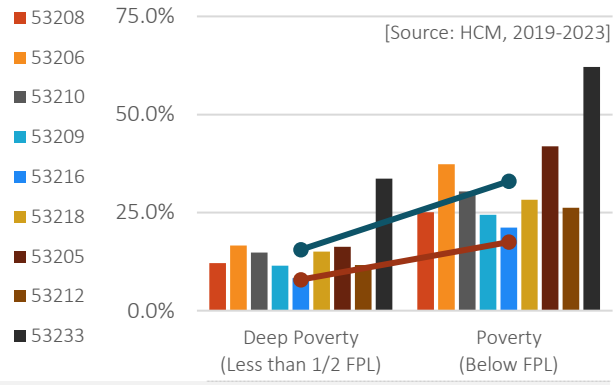

W Walgreens Pharmacy  A Aurora Pharmacy  H Hayat Pharmacy  O Omni Pharmacy

[1]Guadamuz, J. S., Wilder, J. R., Mouslim, M. C., Zenk, S. N., Alexander, G. C., & Qato, D. M. (2021). Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. Health Affairs, 40(5), 802–811. https://doi.org/10.1377/hlthaff.2020.01699

# Social Drivers of Health

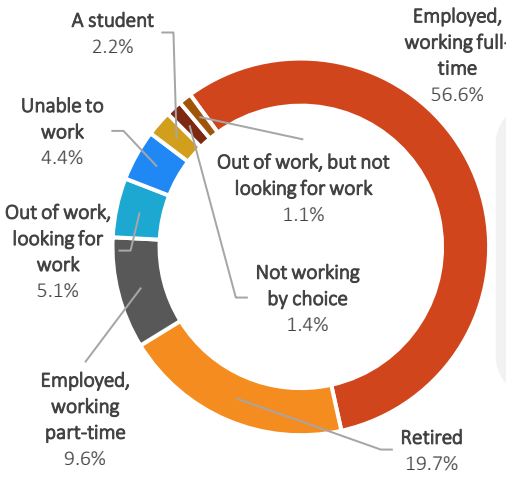
## Economic Stability [PSA]

### Poverty Levels [PSA]




| | Deep Poverty (Less than 1/2 FPL) | Poverty (Below FPL) |
|---|---|---|
| MKE County Average | 7.9% | 17.5% |
| PSA Average | 15.5% | 33.0% |
| PSA % Difference | 96.5%↑! | 88.8%↑! |

### Employment Status [PSA]



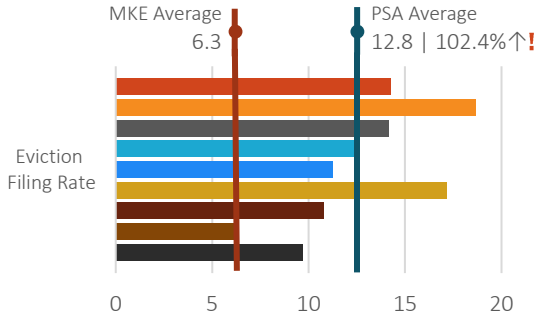

**If not working, why?**
[Top 5 Reasons]
36.3% | I have a disability
19.3% | Available jobs do not pay a livable wage
18.5% | Other
09.9% | Lack of transportation
08.2% | Full time work is too much

[Source: MHCP CHNA, 2024]

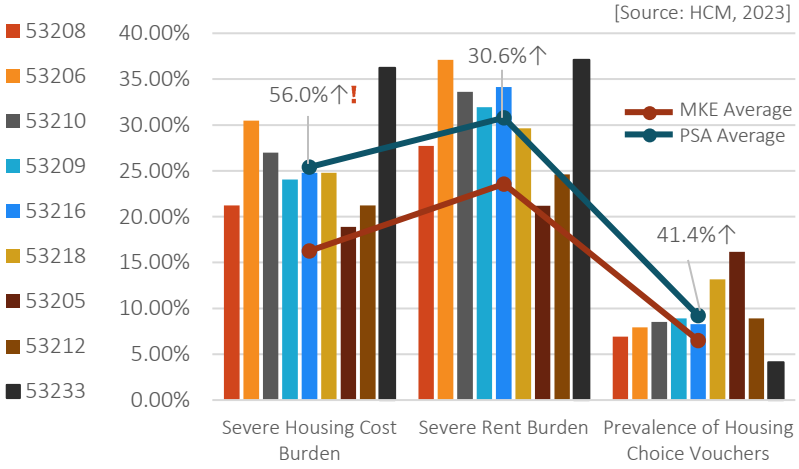
## Housing & Daily Living Needs [PSA]

### Evictions [PSA]

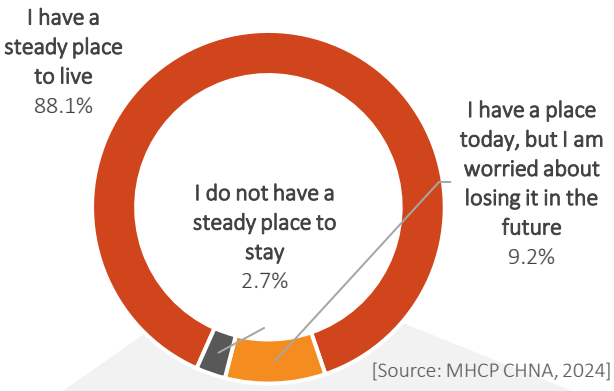
Eviction rates include filings per 100 renter-occupied households. This does not include any evictions that take place outside of the legal system. These data are from 2018, notably before COVID-19.[Source: HCM, 2023]




### Housing Data [PSA]

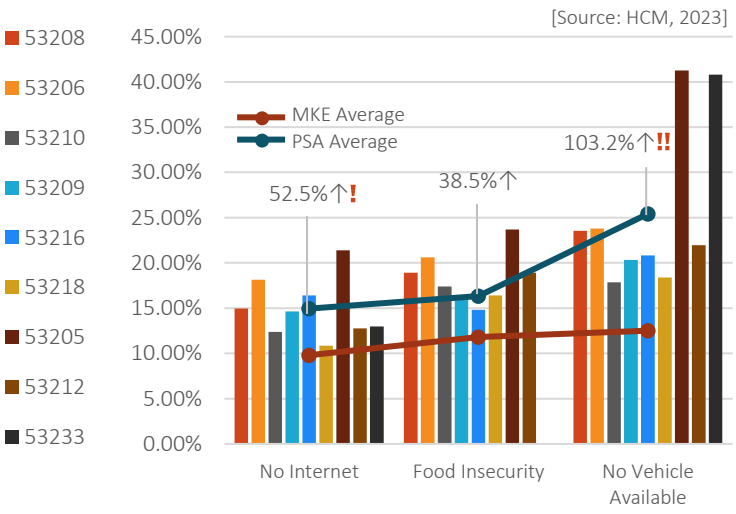



### Living Situation [PSA]




**Top 3 Issues with Housing Situation**
21.0% | Utilities (water, heat, electric)
19.8% | High crime
22.8% | Rent/mortgage too expensive

### Daily Living Resources [PSA]

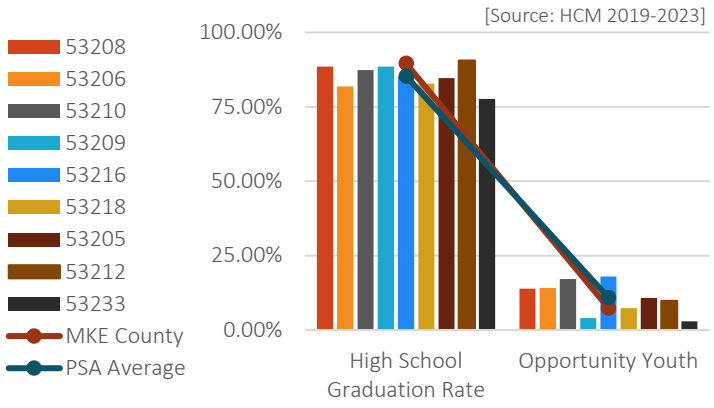


# Social Drivers of Health

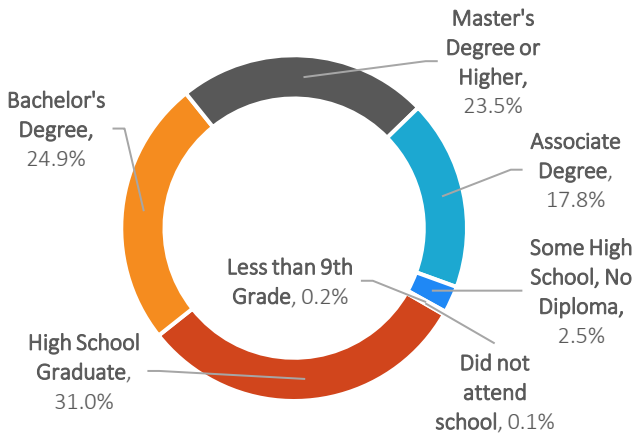
## Youth Outcomes & Education [PSA]

### Youth Data [PSA]

In addition to high school graduation rates, another key youth indicator is the percentage of Opportunity Youth- residents aged 16 to 19 who are neither employed nor enrolled in school.




### Educational Attainment [PSA]

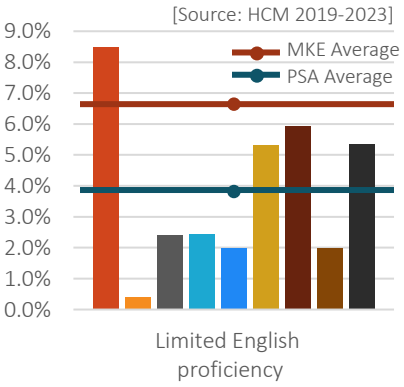



[Source: MHCP CHNA, 2024]

## Social & Community Context [PSA]

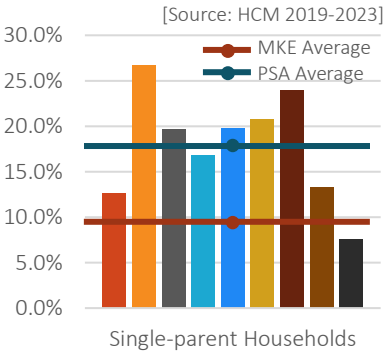
### Language [PSA]

Percentage of residents 5 years and older who do not speak English "very well". Notably, 53208 has a higher percentage than the county average.



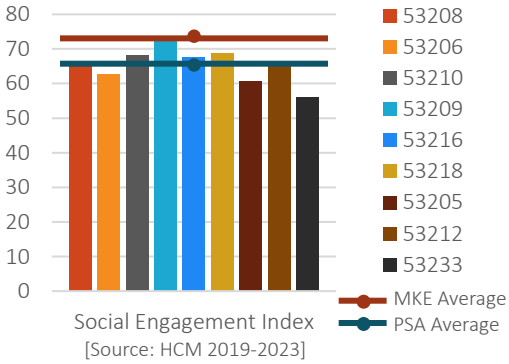

### Single-Parent Households [PSA]

Percentage of households that have children present and are headed by a single parent. PSA avg. is 90.5%↑!




### Social Engagement Index [PSA]

The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment.

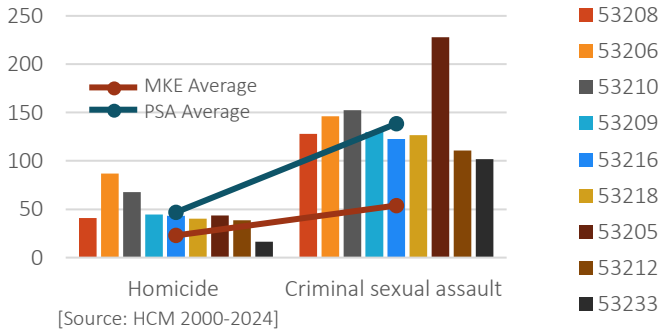



[Source: HCM 2019-2023]

## Violence & Neighborhood Safety [PSA]

### Violent Crime [PSA]

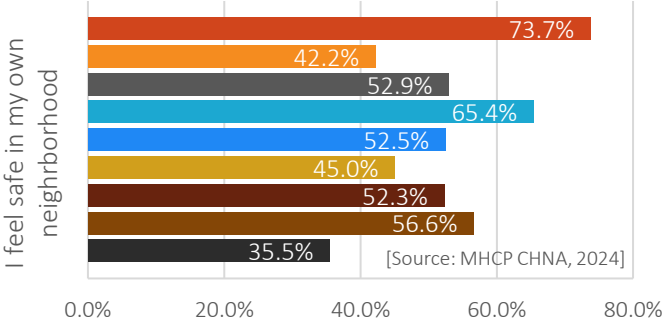
This chart represents crime per 100,000 residents. PSA averages are 104.8%↑! (homicides), and 157.0%↑!! (criminal sexual assault) higher than the county average.




[Source: HCM 2000-2024]

### Neighborhood Safety [PSA]

Gun violence and community violence were ranked as the top health concern by residents in PCHC's PSA. The chart below shows the percentage of residents who feel safe in their neighborhood.



# Community Voice

## Community-Identified Health Concerns & Barriers

This section highlights the top five health concerns and community barriers identified through two data sources: the Milwaukee Health Care Partnership's 2024 CHNA and PCHC's internal 2025 Patient Needs Survey. Both tools asked respondents to identify the most pressing health issues and the greatest challenges to achieving better health. The alignment between regional and clinic-level responses provides strong validation of shared priorities across the PSA, especially around chronic disease, safety, mental and behavioral health, and access to basic resources.

| Survey Question | #1 Response | #2 Response | #3 Response | #4 Response | #5 Response |
|---|---|---|---|---|---|
| From the following list, what do you think are the three most important health issues in your community? [MHCP CHNA PSA, 2024] | Gun violence/ community violence | Mental health and mental conditions | Drug use and abuse | Alcohol use and abuse | Chronic diseases like diabetes and heart disease |
| From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community? [MHCP CHNA PSA, 2024] | Access to affordable housing | Access to affordable healthcare | Access to mental health services | Access to affordable, healthy foods | Addressing community safety/ gun violence/ community safety |
| What are your biggest barriers to staying healthy right now? [PCHC Patient Needs Survey, 2025] | Cost of Care | No major barriers for me | Mental health struggles | Lack of insurance | Transportation |
| What are the biggest health concerns in your household or community? [PCHC Patient Needs Survey, 2025] | Chronic pain management | Chronic illness management | Mental health care | Dental care | Substance use and recovery support |

## PCHC Patient Priorities: Services, Support, and Future Partnerships

This table shows responses from PCHC's 2025 Patient Needs Survey, focusing on questions addressing what patients say helps them feel safe and supported in care, what services they would like to see expanded, and which community partnerships they believe would improve health outcomes. This section outlines the top five responses to each question and offers direct insight into how PCHC can grow and evolve in alignment with the needs, preferences, and lived experiences of its patient community. Notably, most survey respondents were long-term PCHC patients, offering valuable insight grounded in sustained experience with PCHC's care.

| Survey Question | #1 Response | #2 Response | #3 Response | #4 Response | #5 Response |
|---|---|---|---|---|---|
| What helps you feel the most safe and supported at a health clinic? [PCHC Patient Needs Survey, 2025] | When I feel like my needs and concerns are listened to and taken seriously | Seeing providers who reflect and respect my culture, background, or language | Being asked for consent before exams or procedures | Clear communication about my care and options | Feeling empowered to speak up if something doesn't feel right |
| What services would you like to see expanded or added at PCHC? [PCHC Patient Needs Survey, 2025] | Complementary health therapies (e.g., chiropractor, acupuncture, massage) | On-site pharmacy | Physical therapy | Chronic condition health education (e.g., diabetes, hypertension, asthma) | Pain management |
| What kind of community partnerships would you like to see PCHC build in the future? [PCHC Patient Needs Survey, 2025] | Legal aid or advocacy groups | Violence prevention or public safety groups | Food access programs | Housing or shelter programs | Schools or youth programs |

# Strategic Considerations

The priorities outlined in this section reflect both the voices of community members and the data collected through the CHNA process. Through survey responses, stakeholder input, and population-level health indicators, clear patterns emerged pointing to service gaps and areas of concern across PCHC's PSA. These strategic considerations are intended to inform future planning discussions and highlight where PCHC's continued investment could have the greatest impact, supported by what the community has identified as important to their health and well-being.

## Pharmacy Access

Access to pharmacy services is a critical component of community health. CHNA data, combined with national studies, highlights a growing concern over pharmacy deserts in Milwaukee, particularly in neighborhoods on the city's north and northwest sides. PCHC's PSA includes multiple ZIP codes that fall within areas of limited pharmacy access, meaning there are few or no pharmacies within walking distance. This can create barriers to medication adherence and chronic disease management. As PCHC considers future expansion, on-site pharmacy services present a notable opportunity to fill a community-identified gap.

## Community Violence

Community violence, particularly gun violence, emerged as a leading health concern in both PCHC's patient survey and the broader CHNA. In Milwaukee, violence prevention is being addressed through a public health lens via the Blueprint for Peace, a citywide strategic framework developed in 2017 and currently undergoing a refresh for 2025. Aligned with this framework is 414LIFE, Milwaukee's local implementation of the national Cure Violence model. 414LIFE combines hospital-based intervention with street-level violence interruption, engaging trusted community members to mediate conflicts, reduce retaliatory violence, and link individuals to support services.

Recent evaluations of 414LIFE have shown promising results. Targeted ZIP codes, several of which fall within PCHC's PSA, have seen reductions in both homicides and nonfatal shootings. These trends, along with community feedback, suggest opportunities for PCHC to explore collaborative roles in Milwaukee's violence prevention ecosystem. While not currently a formal partner in 414LIFE or the Blueprint for Peace, PCHC could contribute by serving as a trauma-informed care site, engaging in hospital discharge partnerships, or participating in broader efforts to address violence as a social determinant of health.

## Emergency Department and Hospital Utilization

High rates of avoidable ED visits and hospitalizations were seen across multiple ZIP codes in the PSA. These trends often signal gaps in access to primary care, follow-up care, or health literacy. Community partners and payers alike, including the Milwaukee Health Care Partnership, have prioritized reducing preventable utilization. Health Information Exchanges like Wisconsin Statewide Health Information Network (WISHIN) and enhanced post-discharge coordination are key areas to explore. Increased data-sharing partnerships and care management integration could provide new opportunities to reduce system strain and improve patient outcomes.

## Maternal and Infant Health

Maternal and infant health emerged as a critical area of concern in both CHNA findings and internal data. According to 2024 UDS data, 81% of pregnant patients receiving care at PCHC were classified as high-risk (often due to elevated maternal BMI and other compounding health factors). CHNA data also point to disparities in prenatal care adequacy across the PSA, with higher-than-average rates of inadequate or delayed prenatal care.

As a designated Obstetric (OB) Medical Home, PCHC already provides comprehensive, coordinated care throughout the perinatal period, emphasizing team-based support, continuity, and responsive services. This model aligns seamlessly with Wisconsin's Medicaid-funded Prenatal Care Coordination (PNCC) program, which offers care management, health education, and referrals to support healthy pregnancies, particularly for those at elevated risk. PCHC may have an opportunity to build on the coordination already provided by staff and expand participation in these programs.

An extension of PNCC is Wisconsin's Child Care Coordination (CCC) program. CCC helps families schedule and maintain important pediatric appointments, including Well Child visits, immunizations, and developmental screenings, to ensure children have a strong and healthy start. With PCHC staff already engaging in many of these activities informally, formalizing participation in PNCC and CCC could strengthen outcomes and provide additional resources to families in the PSA navigating early parenthood.

# Strategic Considerations Continued

## Reentry and Corrections-Involved Populations

Data from June 2024 reveal important demographic and health characteristics of individuals housed in Milwaukee's correctional facilities, underscoring the complexity of needs within this population. At the Milwaukee Men's Secure Detention Facility, 955 individuals were detained, with an average age of 36. The population is predominantly Black (77%), with 55% diagnosed with a mental health condition. Most individuals (59%) have less than one year left to serve, and over half (56%) are incarcerated for violent offenses.

In contrast, the Milwaukee Women's Correctional Center held 100 individuals with an average age of 38. This population is majority White (70%), with a notable presence of Hispanic origin (12%) and American Indian/Alaskan Native individuals (8%). Mental health diagnoses were even more prevalent at 82%. Women tend to have longer sentences, with a more even distribution across time left to serve, and a smaller proportion incarcerated for violent offenses (30%), with property and drug offenses making up a larger share. [Wisconsin Department of Corrections, 2024]

Many ZIP codes in PCHC's PSA are disproportionately impacted by incarceration, a known social determinant of health. These data highlight the significant mental health needs and diverse offense profiles among corrections-involved individuals in PCHC's service area. Given the disruptions to healthcare access faced during and after incarceration, PCHC has an opportunity to collaborate with reentry organizations to support continuity of care, address behavioral health needs, and reduce health disparities for this vulnerable population. Organizations like Project RETURN and the Benedict Center offer reentry support and are active in areas near PCHC clinics. While not currently a partner in reentry work, PCHC could explore strategic partnerships or direct outreach efforts that help address care continuity for formerly incarcerated individuals, many of whom face significant barriers to achieving stable health outcomes.

## Children's Services

CHNA findings indicate several areas of concern for youth and families in PCHC's PSA, including lower high school graduation rates, higher rates of Opportunity Youth (not in school or working), and increased social vulnerability. Currently, access to school-based health care on Milwaukee's north and northwest sides is limited, particularly within Milwaukee Public Schools and local charter schools- an area where Federally Qualified Health Centers like PCHC are uniquely positioned to fill service gaps.

Additionally, foster-involved youth and families served by organizations such as Children's Wisconsin and Wellpoint Care Network face complex care coordination needs. A recent article from April 2025 indicates that a large care gap for foster children in Milwaukee is with mental health care, therapists specifically. In a 2023 independent monitoring report for foster care in Milwaukee, a section outlines the percentage of completed medical and dental visits annually. For that year, about 1,757 children were expected to have an annual medical exam and 88% were completed. For dental, it was 1,437 children expected to have a visit, and 71.7% were completed.

Another intersection may be with youth mental health case management services, like those offered through Wraparound Milwaukee. These services play a critical role in children's health, but capacity remains limited.

There may be opportunities for PCHC to explore collaborative programming, satellite services, or embedded care that better meets the needs of youth navigating education, foster care, and behavioral health systems.

## Aging & Older Adult Services

While the PSA skews younger overall, CHNA and patient survey data suggest a growing aging population with limited access to- or knowledge of- coordinated services. Older adults in the area may face challenges with transportation, housing stability, and continuity of medical and behavioral health care.

Although PCHC does not currently specialize in geriatric care or maintain formal partnerships with residential care providers, there are emerging opportunities to: 1) support aging in place through home-based services, preventive care, and wellness checks, 2) expand social service offerings to include benefits navigation, caregiver support, and coordination with external aging services, 3) develop outreach to Residential Care Apartment Complexes (RCACs), assisted living facilities, and long-term care programs in nearby ZIP codes, particularly those serving Medicaid-eligible or low-income seniors, or 4) collaborate with local aging agencies and coalitions to align with city- and county-level aging plans, leverage existing transportation and housing programs, and participate in cross-sector initiatives that address social determinants of health for older adults.

These efforts could position PCHC as a trusted resource for older adults and their caregivers, while also helping to close service gaps in our rapidly aging community.

# Closing Remarks & Acknowledgements

## Progressive Community Health Centers' Commitment

The Community Health Needs Assessment process has helped to identify areas of focus that align with PCHC's mission to improve the health and quality of life of the community by providing culturally competent services that address identified needs. Through this process, PCHC reaffirms its commitment to advancing the health of our community and addressing the social drivers that impact the well-being of the individuals and families in our care.

PCHC's commitment is grounded in its vision to be a thriving, trusted focal point in the community- building neighborhood assets and working to eliminate health disparities. As a trusted community anchor and health leader, we remain focused on improving health outcomes, eliminating barriers to care, supporting the education and development of our healthcare workforce, and making the most effective and equitable use of our resources to serve the community with excellence.

## Board Review and Approval

The Community Health Needs Assessment was presented for board approval in July 2025 and unanimously approved.

## Acknowledgements from PCHC

PCHC would like to thank the following groups and individuals who contributed to the content of this Community Health Needs Assessment:

Patient Needs Survey Participants – We are so grateful to every patient who took the time to complete our Patient Needs Survey. Your insights are truly invaluable and help guide our efforts to better understand the needs, priorities, and lived experiences of the people in our care. Your voices are at the heart of this work, and we thank you for your trust and honesty in sharing them with us.

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PCHC Board of Directors - We extend our heartfelt thanks to the Progressive Community Health Centers Board of Directors for their continued leadership, guidance, and unwavering commitment to the communities we serve. Your strategic oversight and support throughout this process have been instrumental in shaping the direction of our work and reinforcing PCHC's mission. We are deeply grateful for your service and dedication.

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We would also like to take a moment to recognize the people who make our work possible, the foundation of everything we do at Progressive Community Health Centers:

To our donors, funders, and community supporters, whether through a grant award, a corporate partnership, or a one-time contribution, your generosity fuels our mission. Each gift, large or small, strengthens our ability to expand access, deepen impact, and deliver care that reflects the dignity and worth of every patient we serve. Thank you for believing in the power of community-based care.

To our dedicated staff, from clinical teams and care managers to administrative professionals and support staff, your commitment to excellence, compassion, and improving health outcomes shows every single day. It is your passion and resilience that make PCHC a place where patients feel seen, respected, and truly cared for. We are deeply grateful for all that you do.

And most importantly, to our patients, thank you for trusting us with your care. Your stories, your strength, and your partnership in health are what drive us forward. We are honored to walk alongside you, and we remain committed to earning that trust with every visit, every conversation, and every act of care.