COMMUNITY HEALTH ASSESSMENT



WAUWATOSA
HEALTH DEPARTMENT ✳ WISCONSIN

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INTRODUCTION

Overview

Every 5 years, the City of Wauwatosa Health Department (WHD) conducts a thorough **community health assessment (CHA)** to measure the health and quality of life of people who live, work, and play in the Wauwatosa community. It brings together data and community input to understand local strengths, challenges, and health needs.

Objectives

The purpose of the CHA is to:

- Understand the **current health status, needs, and strengths** of the Wauwatosa community
- **Elevate community voices** and perspectives in identifying health priorities and assets
- Collect, analyze, and **use local data to guide decision-making** and future public health planning
- Identify **key health priorities and gaps** in services or resources
- Provide a foundation for developing and updating **community health improvement efforts**
- Fulfill a **state requirement** of all Wisconsin local health departments (DHS.104.04)



This report summarizes the comprehensive community health assessment conducted from February to August 2026. The assessment was led by WHD, but the project was only made possible with the support and collaboration of the Wauwatosa community.

HEALTH EQUITY

Definitions:

Health equity is the opportunity for all people to attain their highest level of health.

Social determinants of health are factors that influence your health.

Achieving health equity requires addressing social determinants of health and existing health disparities.



Why Care about Health Equity?

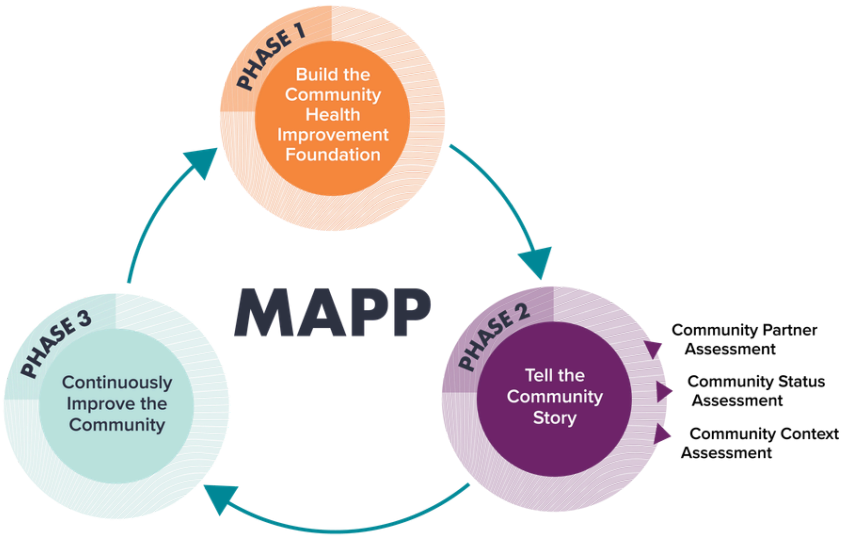
By promoting health equity, we can reduce disparities in health outcomes such as mortality rates, disease prevalence, and access to healthcare. Advancing health equity is a way to **improve the overall health and well-being of entire populations**.

By addressing the root causes of health disparities and providing targeted interventions, we can prevent chronic diseases and reduce healthcare utilization.

Equitable Tosa = Healthy Tosa

M.A.P.P. FRAMEWORK

Mobilizing for Action through Planning and Partnerships



Phase 1: Build the Community Health Improvement Foundation

Phase I includes activities that build commitment and ownership among a wide variety of participants to set the stage for the rest of MAPP. This includes:

- Establish a Community Health Assessment Advisory Commitee.
- Reflect on the past cycle, identify resources available for the current cycle, and create goals for the current cycle.

Phase 2: Tell the Community Story

Community Partner Assessment

Better understand partner systems and processes and the collective capacity as a network to address health inequities.

Community Status Assessment

Organize data on demographics, health status, and health inequities and highlight inequities related to SDOH, and systems of power, privilege, and oppression.

Community Context Assessment

Collect qualitative data on the insights, expertise, and views of people impacted by inequities to understand the community's strengths, assets, and culture.

Phase 3: Continuously Improve the Community

Using findings from the three assessments in Phase II, identify three to five priority issues for the **CHIP (Community Health Improvement Plan)**. The CHIP emphasizes equity by targeting the root causes of health disparities and leveraging social determinants of health (SDOH) to create sustainable change. With community collaboration at its core, Phase III ensures that public health improvement efforts are inclusive, data-driven, and continuously refined. Communities examine where they are, where they want to be, and how they will achieve their vision. Effective implementation of the CHIP relies on forming subcommittees dedicated to each priority issue. These groups consist of community members, partners, and stakeholders who bring diverse expertise and lived experiences. Subcommittees develop goals, strategies, and action plans while fostering accountability throughout the process.

COMMUNITY HEALTH SURVEY

Between February to April 2026, the Wauwatosa Health Department surveyed the community (anyone who works, plays, or lives in Wauwatosa) about what makes a healthy community.

Below is a summary of the survey results:

Top 3 Tosa Strengths:

Safe Neighborhoods



Access to Healthcare



Access to Green Space



Top 3 Tosa Concerns:

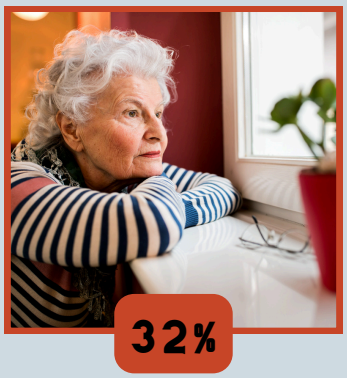
Financial Stress & Housing



Substance Use



Social Isolation

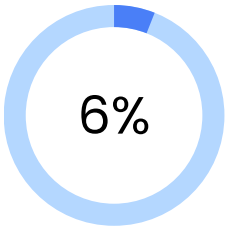


COMMUNITY HEALTH SURVEY

Responders by Sex/Gender Identity:

Total Responders	Male	Female	Non-Binary or Third Gender	Prefer not to Say
745	♂ 26%	♀ 68%	<1%	5%

Hispanic/Latinx:

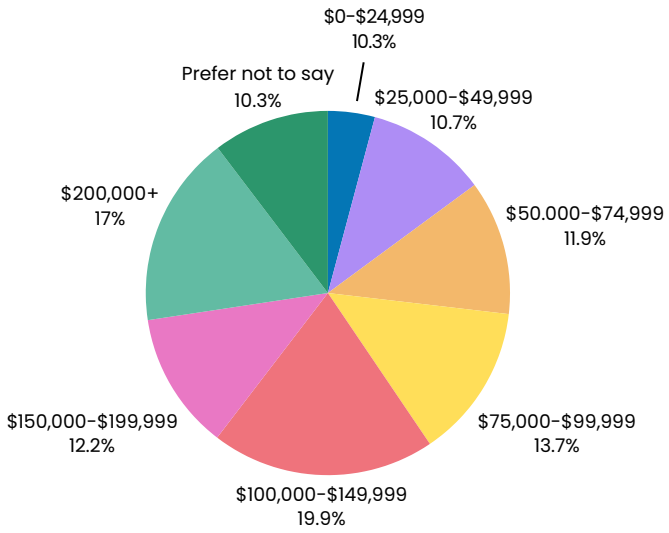


of responders are Hispanic/Latinx.

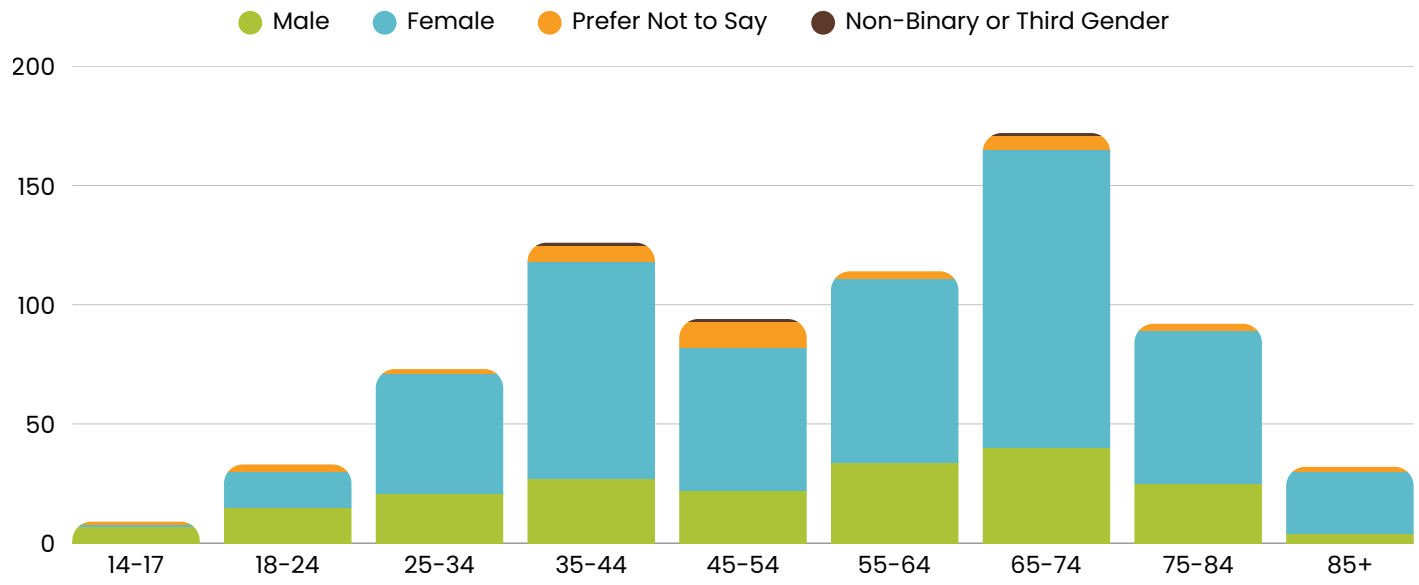
Responders by Race:

Race	# of Responses	% of Responses
White	651	87%
Black or African American	30	4%
Asian	26	3%
American Indian or Alaska Native	6	1%
Native Hawaiian or Pacific Islander	0	0
Other	43	6%

Responders by Household Income:



Responders by Age:



DEMOGRAPHIC OVERVIEW

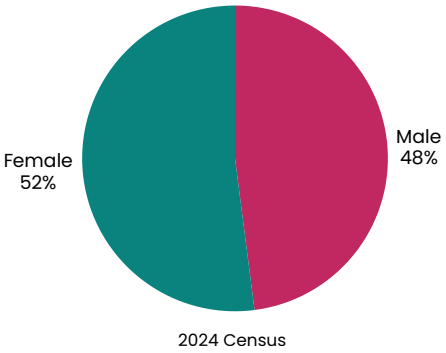


About Wauwatosa

Wauwatosa is the third largest city within Milwaukee County, and a suburb of the City of Milwaukee. **The population is 48,649,** but doubles to almost 100,000 during the day *(2025 Census)*. There are 33 unique neighborhoods within Tosa, many of which are historic. Wauwatosa is very conveniently located, bordering the City of Milwaukee to the East, and Waukesha County and Brookfield to the West.

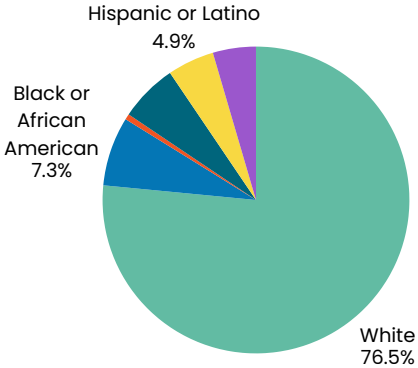
Additionally, The City of Wauwatosa consists of several distinct districts. East Tosa is a classic "Main Street" with an array of goods and services. The Northwest Corridor is home to the industrial businesses and warehouses of Tosa. The Village is the historic commercial heart of the city. Lastly, Wauwatosa Life Sciences District, is comprised of the Milwaukee County Research Park, the Technology Innovation Center, the UWM Innovation Campus, and the Milwaukee Regional Medical Center.

Sex

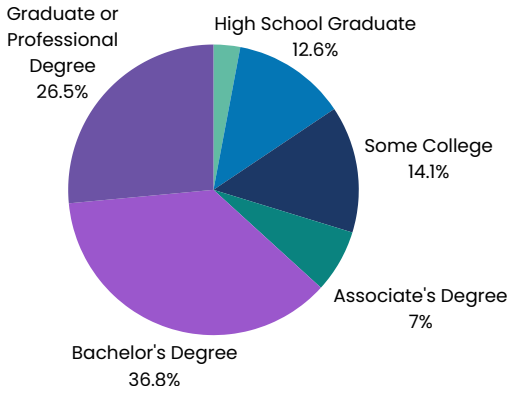


2024 Census

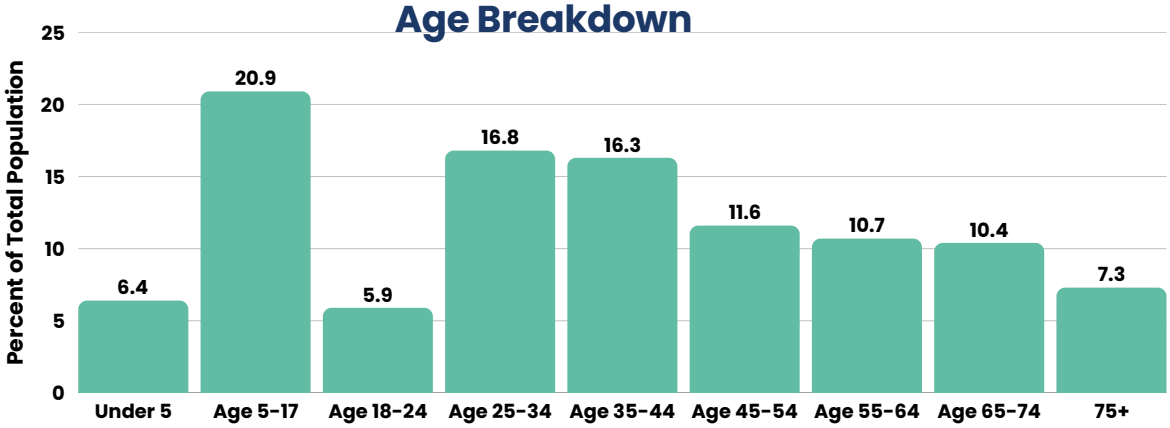
Racial Breakdown



Education



Age Breakdown



2025 Census: https://data.census.gov/all?q=wauwatosa

DEMOGRAPHIC OVERVIEW

Wauwatosa at a Glance (2025)

Below is a summary of Wauwatosa City's population compared to Milwaukee County and Wisconsin.

	Wauwatosa City	Milwaukee County	Wisconsin
Population estimates, July 1, 2025	48,649	924,216	5,972,787
Population % change - 2020 to 2025	0.1%	-1.6%	1.3%
Persons under 5 years	6.4%	6.1%	5.2%
Persons under 18 years	20.9%	23.2%	20.8%
Persons 65 years and over	17.8%	15.4%	19.6%
Female	52.3%	51.5%	49.9%
White	79.5%	63.0%	86.1%
Black	7.4%	26.9%	6.7%
American Indian and Alaska Native	0.6%	1.1%	1.2%
Asian	4.6%	5.7%	3.5%
Native Hawaiian and Other Pacific Islander	0%	0%	0.1%
Two or More Races	6.2%	3.3%	2.4%
Hispanic or Latino	5.0%	17.6%	8.4%
Median gross rent, 2020-2024	$1,438	$1,101	$1,087
High school graduate or higher, age 25 years+	98.2%	89.5%	93.6%
Bachelor's degree or higher, age 25 years+	64.0%	34.7%	33.4%
Persons without health insurance, under age 65	3.3%	7.7%	6.4%
Persons in poverty, percent	5.8%	16.8%	10.3%

2025 Census: https://data.census.gov/all?q=wauwatosa

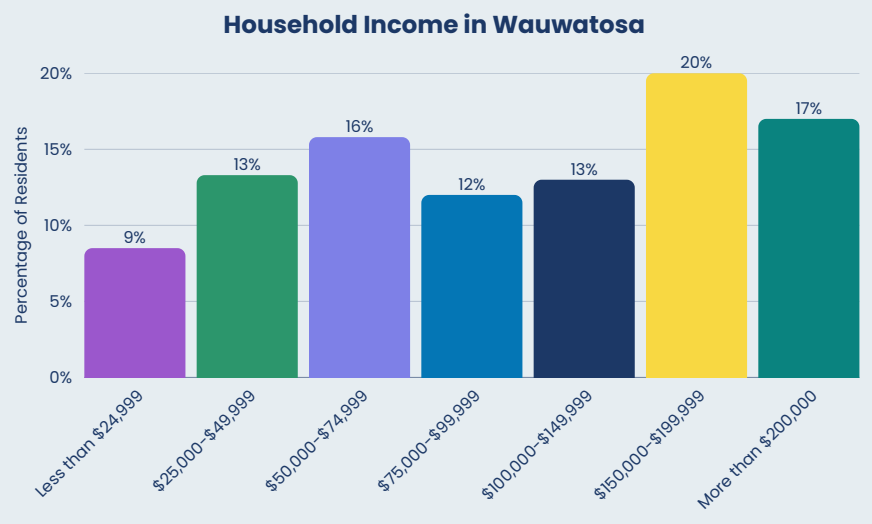
DEMOGRAPHIC OVERVIEW

Household Income

The median household income for Wauwatosa residents in 2024 was **$101,138**, 57% higher than Milwaukee County, and 26% higher compared to the state of Wisconsin.

Median Household Income

Wauwatosa	Milwaukee County	Wisconsin
$101,138	$64,435	$77,485



Poverty and Food Insecurity

1 in 17 Wauwatosa **residents** experience food insecurity.

1 in 4 Wauwatosa **students** experience food insecurity.

5.8% of Wauwatosa residents live below the poverty level, facing barriers to food, housing, healthcare, and other living necessities.

Unemployment

2.9% of Wauwatosa residents are estimated to be unemployed, compared to Milwaukee County's rate of 4.3%, and the national average of 4.8%.

English as a Second Language

8% of Wauwatosa residents speak another language at home, compared to the Milwaukee County rate of 18.6% and national average of 22%.

Crime

The crime rate in Wauwatosa is **260** **crimes per 10,000 people,** which is lower than the Milwaukee City rate of 480 crimes per 10,000 people, and higher than the statewide rate of 220 crimes per 10,000 people.

Internet Access

95% of Wauwatosa residents have a computer.

91% of Wauwatosa residents have a broadband Internet subscription.

2025 Census: https://data.census.gov/all?q=wauwatosa

INCLUSION

Wauwatosa has increasingly become more diverse and inclusive over the years, but we still have room to grow to ensure our community is welcoming and accessible for everyone.

Racial Diversity

"There are many resources in Wauwatosa, but they are not always accessible or welcoming to everyone, especially people of color, so inclusion and equity should be a bigger focus."
-Survey Respondent

Racial/Ethnic Minorities	Wauwatosa	Milwaukee County
	23.8%	54.6%

Disability

Persons with Disabilites under 65	Wauwatosa	Milwaukee County
	4.70%	9.60%

"Being hard of hearing or needing a walker severely limits your ability to getting to the grocery, the doctor, dentist, etc. "
-Survey Respondent

Affordability

"In Wauwatosa, there is a clear discrepancy in neighborhood wealth. This impacts where certain individuals are able to live, while others are relegated elsewhere."
-Survey Respondent

Housing	Wauwatosa	Milwaukee County
Median value of owner-occupied housing units	$339,000	$230,700
Median monthly rent	$1,438	$1,101

Although Wauwatosa is part of Milwaukee County, the makeup of our community is different. Compared with the county overall, Wauwatosa has less racial diversity, fewer residents with disabilities, and higher household incomes.

2025 Census: https://data.census.gov/all?q=wauwatosa

HOUSING

Why does housing matter?

Housing is health. When people have affordable and accessible housing, they have more freedom to care for their physical and mental well-being. Housing stability fosters stronger outcomes in health, education, and safety.

> *"Hard to be healthy if you are house-poor and can't afford other basics of life..."*
> -Survey Respondent

Affordable Housing

By definition, **affordable housing is housing that costs no more than 30% of your gross income**. This includes rent or mortgage payments, homeowner association fees, and utilities like gas, electricity, and water. When housing costs more than 30% of a resident's gross income, residents are considered to be **cost burdened**.

- **16%** of Wauwatosa houseowners are housing cost burdened (2023).
- **42%** of Wauwatosa renters are housing cost burdened (2023).
- 60% of housing is owner occupied and 40% of housing is renter occupied in Wauwatosa.



Mixed Housing

A healthy mix of housing options (houses, apartments, duplexes, fourplexes, cottage homes, etc.) is the key to a healthy community.

When Cities Prioritize a Healthy Mix of Housing Options, it:

- Strengthens the city's economic health
- Supports the city's workforce needs
- Creates opportunities for residents to remain in the community across different stages of life
- Promotes equity by reducing disparities in health outcomes linked to socioeconomic status
- Produces population growth, essential for lowering tax costs
- Increases sense of community through housing stability

When Residents Have Access to a Healthy Mix of Housing Options, they:

- Aren't cost-burdened and are better able to address their physical and mental needs
- Can live closer to where they work, earning a living wage, reducing costly commutes, and contributing back to Wauwatosa's local economy
- Are more likely to experience housing stability, which is linked to better health, education, and safety outcomes



LIVABILITY

AARP Livability Index

The AARP Livability Index scores range from zero to 100. To get a perfect score of 100, a neighborhood would have to be among the best in the country in each of the seven livability categories.
In 2025, Wauwatosa earned a total livability index score of 59.

Wauwatosa scores above or near the median U.S city score in all categories **except housing.** When compared to other U.S. cities, Wauwatosa scored in the bottom third in the areas of housing accessibility (zero step entrances) and housing affordability (housing costs/housing cost burden). Wauwatosa also scores lower in housing when compared to the state of Wisconsin and Milwaukee County. **These scores highlight housing affordability and accessibility as key areas for improvement in Wauwatosa.**

AARP Livability Index Scores

	Wauwatosa City	Milwaukee County	Wisconsin	Median US City
Overall Score	**59**	57	54	50
Housing	**43**	55	54	56
Neighborhood	**61**	61	49	36
Transportation	**68**	69	55	44
Environment	**56**	54	53	57
Health	**64**	50	53	44
Engagement	**57**	57	54	48
Opportunity	**66**	52	65	52

https://livabilityindex.aarp.org/search/Wauwatosa,%20Wisconsin,%20United%20States

Learn more about the Livability Index and its categories at:
https://livabilityindex.aarp.org/

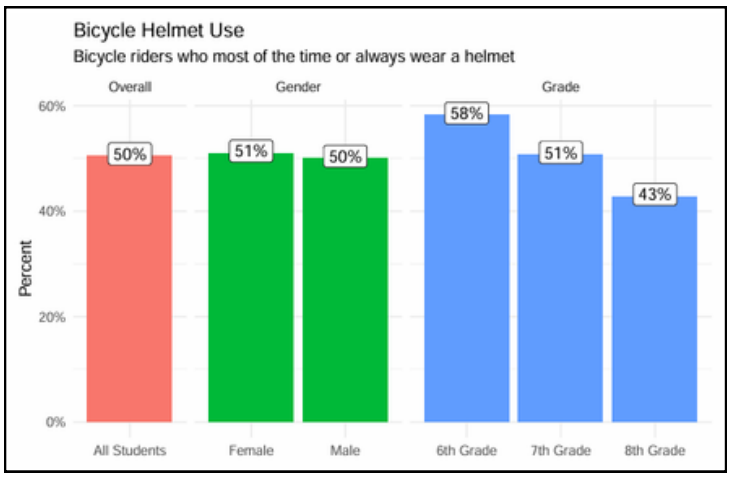
YOUTH

Youth Risk Behavior Survey (YRBS) 2025:

The Youth Risk Behavior Survey collects data from students in middle and high school. The data reveal key health behaviors and experiences that contribute to leading causes of death and illness during adolescence and adulthood. The survey gives students an opportunity to share their voice, anonymously and voluntarily. The Wauwatosa Community Health Assessment only highlights the most prevalent health concerns and trends among youth.

Wauwatosa Middle School YRBS Data Highlights (2025):

Bicycle Helmet Use:



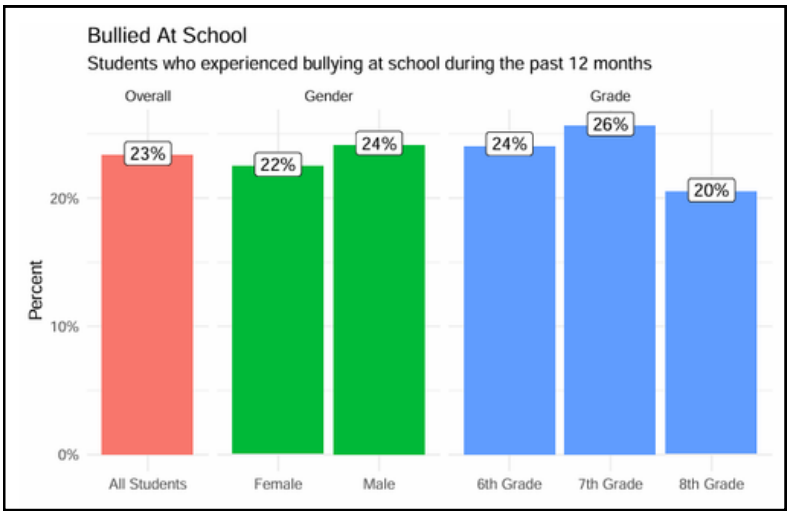
Bicycle helmet use has increased, but continued efforts are needed to promote safe riding.

Year	Mostly/Always wear a helmet	Never wear a helmet
2021	44%	35%
2025	50%	29%

Bullying:

Bullying at school has increased and often extends online. In the past 12 months, **28% of middle schoolers experienced bullying at school, online, or both.**

Year	Experienced Bullying *at School*
2021	18%
2025	23%



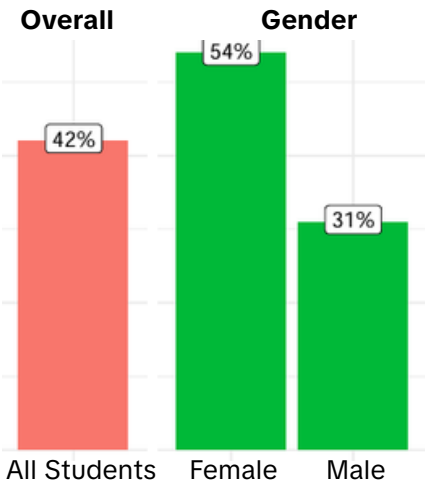
YOUTH

Wauwatosa Middle School YRBS Data Highlights (2025):

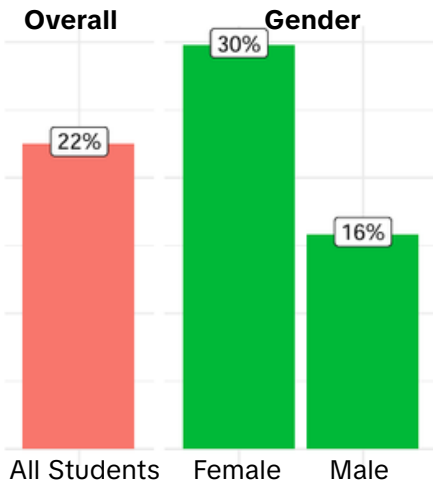
Mental Health:

While mental health has improved since 2021, significant needs remain to address mental health among middle schoolers. Female middle schoolers experience much higher risks for all mental health conditions. **One in two middle schoolers (50%) experienced anxiety, depression, or self-harm in the last 12 months.**

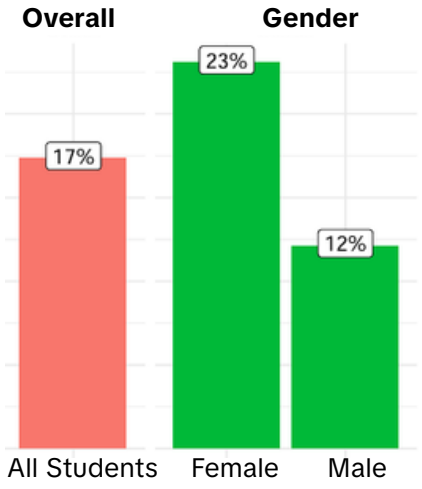
Anxiety



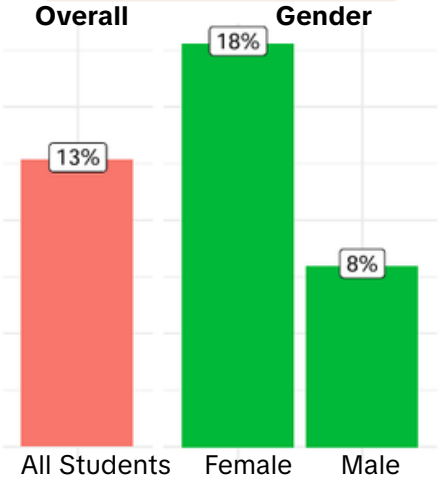
Depression



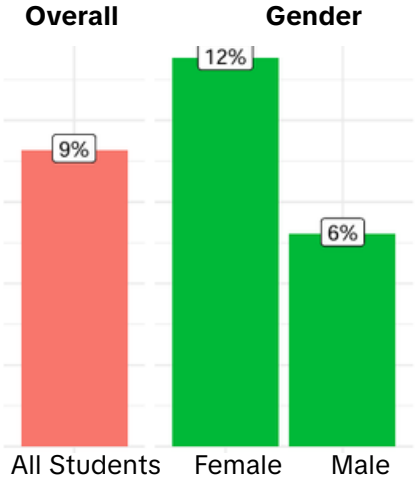
Self-Harm



Considered Suicide



Had a Suicide Plan



Self-Reported Mental Health Conditions Among Middle School Students *(2021 vs. 2025 YRBS)*

2021 vs. 2025	2021	2025
Anxiety	54%	42%
Depression	28%	22%
Self-Harm	23%	17%
Considered Suicide	17%	13%
Had a Suicide Plan	12%	9%

YOUTH

Wauwatosa High School YRBS Data Highlights (2025):

Nutrition

Nutrition intake has improved since 2021, with more high schoolers eating fruits, veggies, and drinking water daily. Continued improvement in health education around nutrition and water consumption remains important as a preventative measure to diseases and chronic conditions later in life.

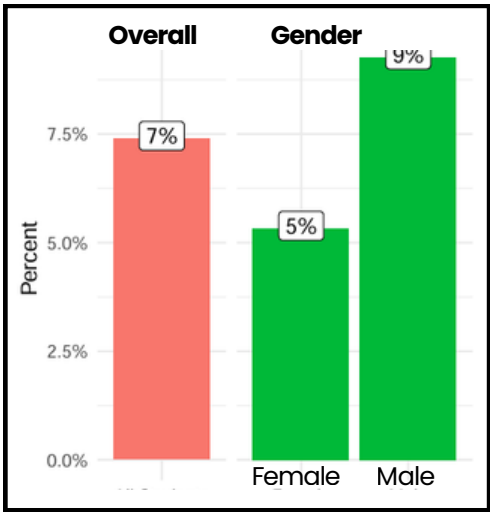
Year	Ate fruit daily (past 7 days)	Ate vegetable(s) daily (past 7 days)	Drank water daily (past 7 days)
2021	45%	43%	82%
2025	51%	50%	85%

Basic Needs:

Since 2021, the rate of neglect for high schoolers has nearly doubled. High schoolers were asked: *"During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, looking after your safety and making sure you had clean clothes and enough to eat?"*

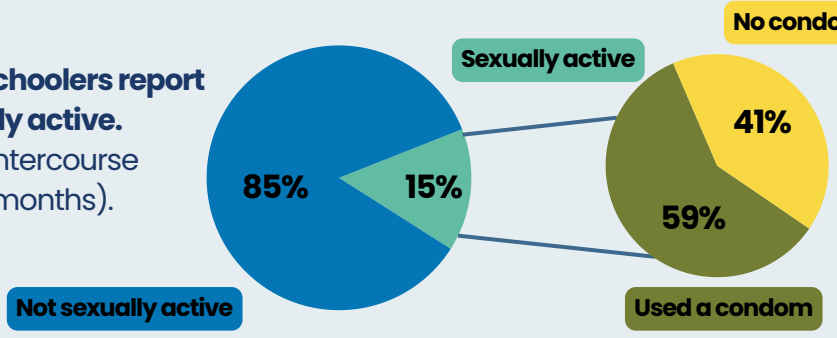
Almost 1 in 10 (9%) of high school males reported their basic needs "never or rarely" being met.

Year	Never/rarely have an adult who provides for their basic needs
2021	4%
2025	7%



Sexual Activity

15% of high schoolers report being sexually active. (had sexual intercourse in the past 3 months).



Among sexually active students, **41% did not use a condom during their last sexual intercourse.**

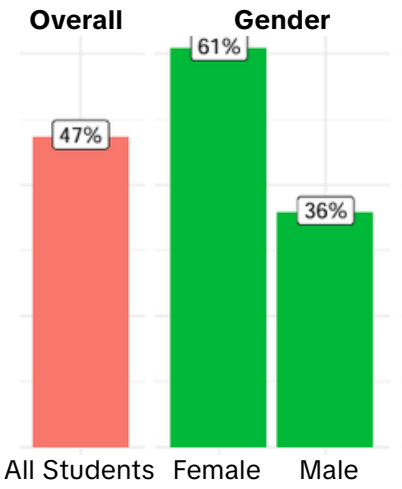
YOUTH

Wauwatosa High School YRBS Data Highlights (2025):

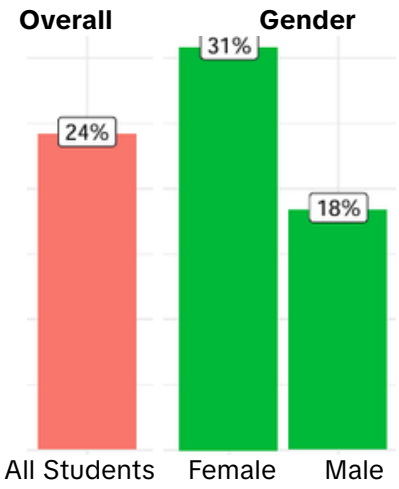
Mental Health:

While mental health has improved since 2021, significant needs remain to address mental health among high schoolers. Female high schoolers experience much higher risks for all mental health conditions. **One in two high schoolers (52%) experienced anxiety, depression, or self-harm in the last 12 months. Nearly 1 in 4 high schoolers (24%) report having depression.**

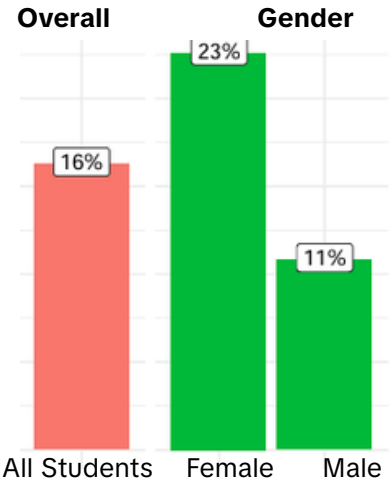
Anxiety



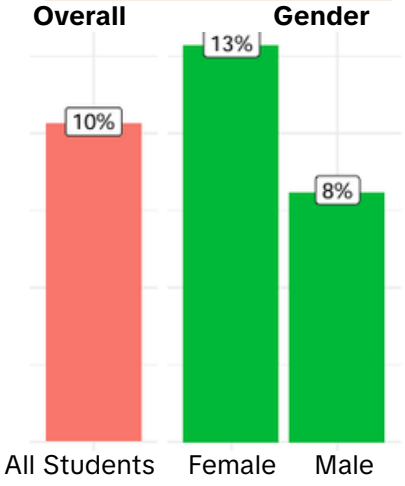
Depression



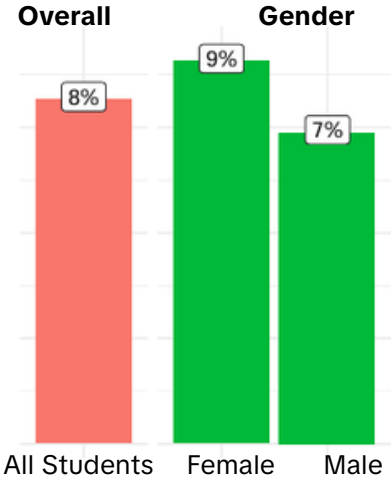
Self-Harm



Considered Suicide



Had a Suicide Plan



Self-Reported Mental Health Conditions Among High School Students *(2021 vs. 2025 YRBS)*

2021 vs. 2025	2021	2025
Anxiety	55%	47%
Depression	32%	24%
Self-Harm	22%	16%
Considered Suicide	17%	10%
Had a Suicide Plan	13%	8%

YOUTH

Overall Wauwatosa YRBS Results (2025):

Substance Use	Middle School	High School
Smoked cigarettes in the past 30 days	1%	3%
Used a vape/juul/e-cigarette in the past 30 days	2%	8%
Used marijuana in the past 30 days	1%	12%
Sexual Behavior		
Ever had sexual intecourse	2%	23%
Ever been forced to do anything sexual	4%	10%
Injury and Violence		
Most of the time or always feel safe at school	78%	78%
In a physical fight on school property (past 12 months)	17%	5%
Bullied on school property (past 12 months)	23%	14%
Social Support		
Agree that they belong at school	74%	63%
Have at least 1 teacher or other adult at school to talk to	74%	72%
Lived in 4 or more residences	23%	30%
Most of the time or always get emotional support when needed	53%	27%
Physical Health and Nutrition		
Tried to control their weight through unhealthy means	Not asked	27%
Sleep 8 or more hours per night	57%	30%
Experienced hunger due to lack of food at home in the past 30 days	24%	19%

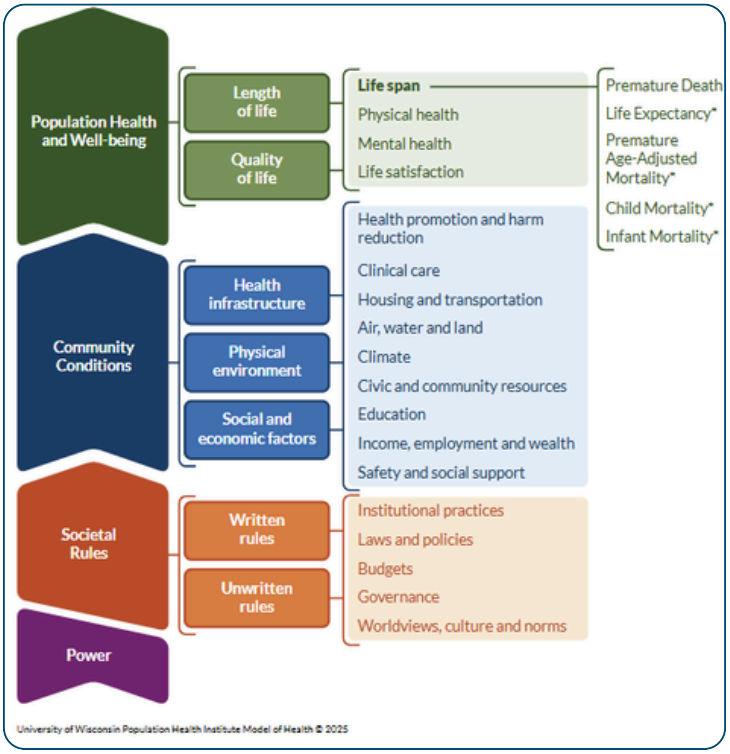
Source: 2025 Wauwatosa YRBS

To learn about free youth resources, visit:
resources.finalsite.net/images/v1764760023/mpsmilwaukeek12wius/k6jcd6onlzqg76joreex/MilwaukeeAreaGuideToCommunityResources.pdf

LIFE EXPECTANCY

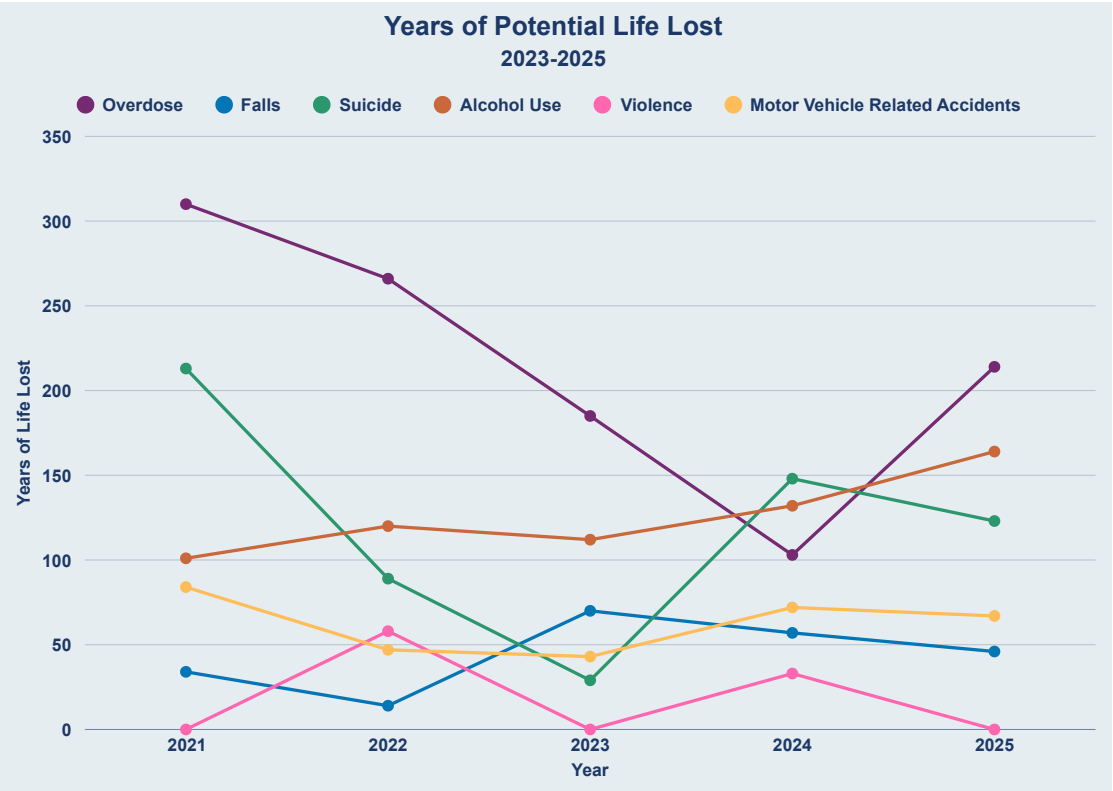
What determines how long we live?

The model to the right, developed by the University of Wisconsin Population Health Institute, offers a useful framework for understanding the many social determinants that influence life expectancy. While clinical care is often the most commonly recognized factor affecting health, this model highlights the wide range of additional influences—such as social, economic, and environmental conditions—that also play a critical role in shaping overall health outcomes.



Years of Potential Life Lost

Years of potential life lost (YPLL) is a helpful calculation to examine premature mortality. By calculating the gap between an individual's age at death and a standard life expectancy age, it weights deaths at younger ages more heavily, highlighting where prevention can have the greatest impact. This measure is especially telling, when examining overdose, substance use, suicide, violence, and accidents.



Source: healthreports.wisconsin.gov

Over the last five years, **overdose remained the top injury that caused the most years of potential life lost,** aside from 2024, where suicide was the top injury. Additionally, alcohol use remained a large factor for YPLL as well, with **many deaths citing complications from chronic alcohol use**. Lastly, it should be noted that **falls are the most prevalent injury in our community**, but often involve older adults, therefore not contributing greatly to the YPLL statistic.

LIFE EXPECTANCY

Leading Causes of Death

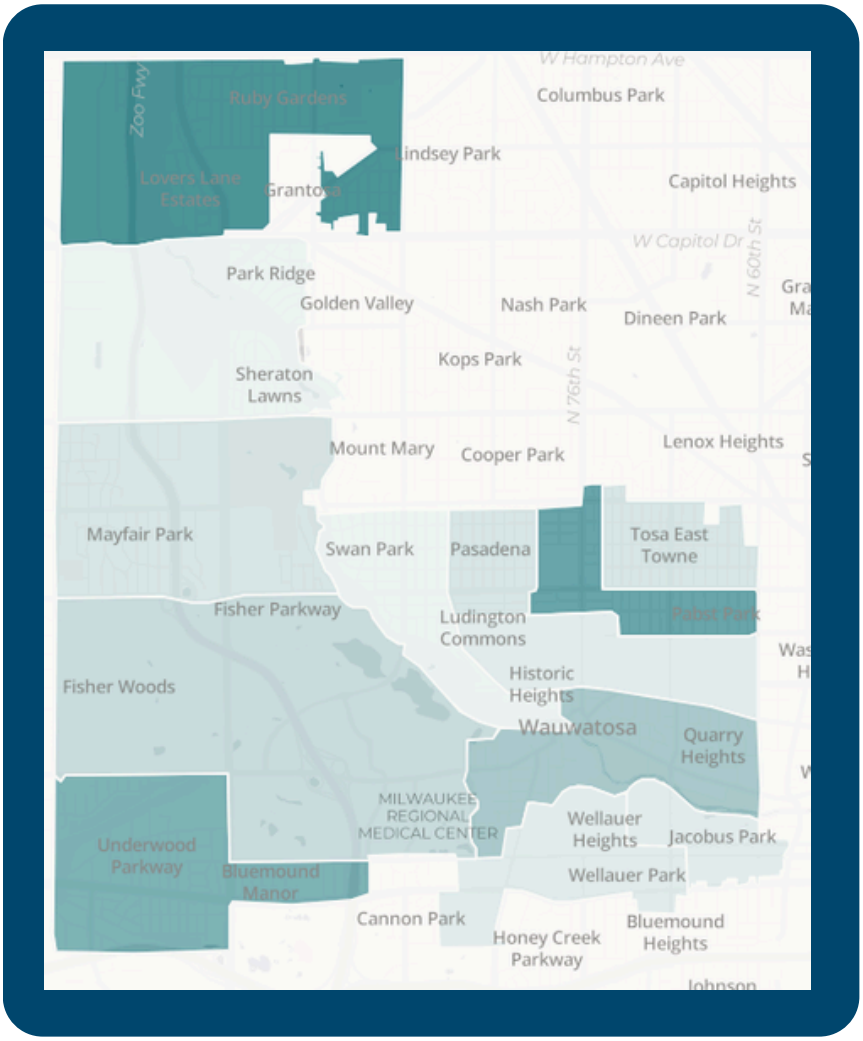
Rank	Wauwatosa	State of Wisconsin
1	Heart Disease	Heart Disease
2	Cancer	Cancer
3	Cerebrovascular Diseases (Stroke)	Unintentional Injuries
4	Unintentional Injuries (Falls, Motor Vehicle Crash, etc)	Cerebrovascular Diseases
5	Alzheimer's Disease	Chronic Lower Respiratory Diseases
6	Chronic Lower Respiratory Diseases	Alzheimer's Disease
7	Parkinson's Disease	Diabetes
8	Nutritional Deficiencies	Suicide
9	Suicide	Chronic Liver Disease & Cirrhosis
10	Diabetes	Parkinson's Disease

https://www.dhs.wisconsin.gov/stats/deaths/causes.htm

Neighborhood differences in life expectancy likely reflect broader health inequities that should be addressed.

In Wauwatosa, the estimated life expectancy at birth was **80.8** years in 2015, compared to an average of 80.0 years for the state of Wisconsin (*City Health Dashboard*, *Wisconsin DHS*). However, **there are differences in life expectancy across neighborhoods within the city.** The lowest life expectancy within the city of Wauwatosa is 70.4 years, in the Ruby Gardens and Lover's Lane Estates neighborhoods. The neighborhoods with the highest life expectancy were Sheraton Lawns and Park Ridge, with a life expectancy of 85 years.

https://www.dhs.wisconsin.gov/stats/life-expectancy.htm



https://www.cityhealthdashboard.com/WI/Wauwatosa/metric-detail?metricId=37&dataPeriod=2015

CHRONIC CONDITIONS

Leading Chronic Conditions

A **chronic condition** is a long-term health problem that lasts for one year or more. Chronic conditions may require ongoing medical care, limit daily activities, and can lead to premature death.

Compared to the state of Wisconsin, the City of Wauwatosa reports slightly lower rates of high blood pressure, obesity, poor mental health, diabetes, asthma, and cholesterol. **Wauwatosa has higher rates of coronary heart disease and diagnosed depression** *(see table below)*.

Percent of Adults (18+) with Chronic Condition

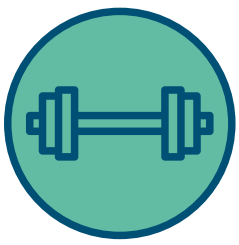
Chronic Conditions	Wauwatosa	State of Wisconsin
Obesity	31.5%	35.9%
High Cholesterol	29.4%	30.2%
High Blood Pressure	27.4%	29.1%
Depression	24.4%	24.0%
Self-Reported Poor Mental Health	14.6%	16.5%
Asthma	10.9%	11.5%
Diabetes	8.0%	10.2%
Coronary Heart Disease	4.3%	3.7%

Chronic Conditions & Mortality

Chronic conditions are a leading cause of death in Wauwatosa *(see page 19 for list of leading cause of death)*. The high prevalence of chronic conditions in Wauwatosa is a health concern, given the link between these conditions and the diseases that contribute to premature death. Nearly **1 in 3 Wauwatosa adults is obese**, and approximately **1 in 4 has high cholesterol, high blood pressure, or both.** Nutrition and physical activity play an important role in preventing and managing these conditions, which are strongly associated with several of Wauwatosa's leading causes of death, including **heart disease (#1)**, **stroke (#2)**, and **diabetes (#10)**.

Nutritional deficiencies also rank #8 among causes of death, further highlighting the importance of proper nutrition to overall health. **Healthy habits like eating nutritious foods and exercising help prevent and manage many chronic conditions.** However, low-income and marginalized communities often experience higher rates of chronic conditions due to systemic and financial barriers.





https://www.cityhealthdashboard.com/WI/Wauwatosa/metric-detail?metricId=6&dataPeriod=2023

CHRONIC CONDITIONS

Health Disparities within Wauwatosa

Chronic condition rates vary significantly across Wauwatosa neighborhoods, often reflecting differences in access to healthy foods, physical activity, and healthcare. Barriers may be financial, physical, or both *(City Health Dashboard, 2023).*

Obesity & Food Insecurity

Neighborhood	% of Adults with Obesity	% of Adults with Food Insecurity
Pasadena	29.8%	4.6%
Lover's Lane & Ruby Gardens	33.6%	10.1%
Mayfair Park	34.3%	12.6%

Food insecurity is linked to obesity, largely because healthy, nutritious food costs more than calorie-dense, highly processed food.

Self-Reported Poor Mental Health

Neighborhood	% of Adults with Poor Mental Health
Pasadena	12.2%
Quarry Heights	15.2%
Mayfair Park	15.5%

Having poor mental health can be a sign of other conditions, and is something that impacts the ability to carry out every day tasks.

High Blood Pressure

Neighborhood	% of Adults with High Blood Pressure
Tosa East Towne	26.1%
Lover's Lane & Ruby Gardens	35.3%
Underwood Parkway	34.1%

Diabetes

Neighborhood	% of Adults with Diabetes
Tosa East Towne	7.4%
Lover's Lane & Ruby Gardens	11.3%
Mayfair Park	11.3%

It is important to note that neighborhoods such as **Tosa East Towne and Pasadena consistently have lower rates of chronic conditions**, while **Lover's Lane, Ruby Gardens, and Mayfair Park consistently have higher rates of chronic conditions**. Addressing these health disparities is essential to ensuring that all Wauwatosa residents have equitable access to healthy foods, opportunities for physical activity, and healthcare.

https://www.cityhealthdashboard.com/WI/Wauwatosa/metric-detail?metricId=6&dataPeriod=2023

MENTAL HEALTH

Mental Health

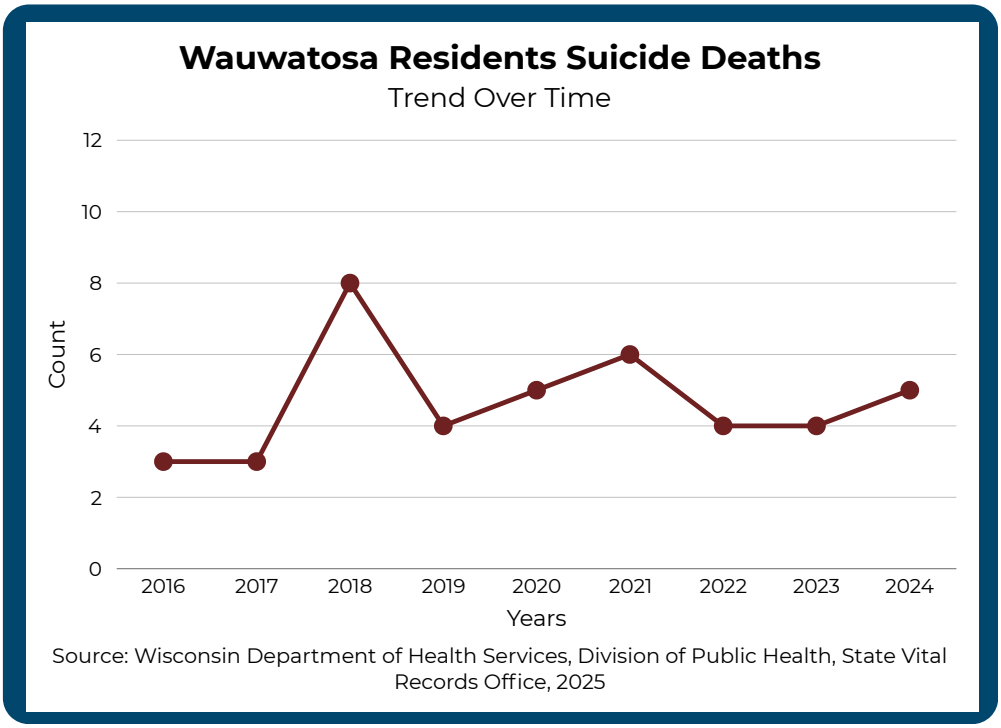
In Wauwatosa, an estimated **14.1%** of adults in 2023 reported that they experienced frequent mental distress in the past 30 days (*City Health Dashboard*). From 2023-2025 the City of Wauwatosa Social Worker received **166** calls for mental health concerns.

"We need more awareness and education on depression and how to help loved ones or neighbors who may have signs."
- Survey Respondent



Suicide

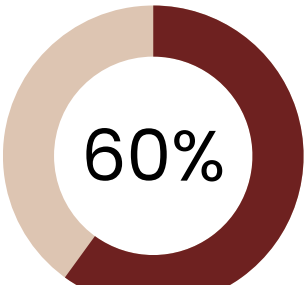
Over the last five years there have been 24 suicide deaths in Wauwatosa. On average there are roughly 5 suicide deaths per year in Wauwatosa. About 70% of suicide decedents were male. The average age of individuals who died by suicide was 50 years old. Black and Hispanic residents of Wauwatosa are disproportionately impacted by suicide. Consistent with national and state level data, **firearms remain the most common means of suicide fatalities**.



Source: Wisconsin Department of Health Services, Division of Public Health, State Vital Records Office, 2025

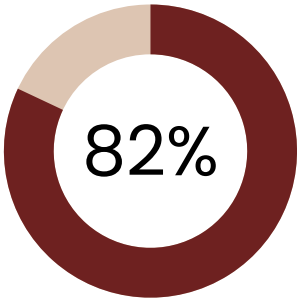
There are many reasons that people own guns, but often people choose to own firearms to protect their families.
Protecting your loved ones includes safe gun storage - and is the #1 way to prevent accidental gun injuries, suicide fatalities, homicides, and theft.

60% of Wauwatosa suicides in 2024 were by firearms.



healthreports.wisconsin.gov

82% of of adolescent firearm suicides in the U.S involve a gun belonging to a family member.



https://publichealth.jhu.edu/center-for-gun-violence-solutions/lethal-means-safety-counseling

https://publichealth.jhu.edu/center-for-gun-violence-solutions/safe-storage-saves-lives

INJURY PREVENTION

Falls

Falling is the most common cause of accidental death in Wauwatosa. Falling is not a natural part of aging, and is usually due to an underlying health concern.

In 2025 alone, there were **1,250** first response calls for falls, and **35** fall-related deaths.



Average age of people falling:

71

Learn about falls prevention at:
wauwatosa.gov/government/departments/health/personal-health-resources/healthy-aging-resources/fall-prevention

Domestic Violence

Domestic violence can have serious health effects, including death, chronic pain, heart disease, depression, and substance use. Domestic violence can also impact work life, financial stability, household, and relationships for victims and their families. Abuse can take many forms, including physical, emotional, sexual, financial, and technological.

In 2025 alone, the Wauwatosa Police Department received **238** domestic violence calls.
Nearly **1 in 3 domestic violence calls involved physical abuse.**

Domestic Violence Hotline:
1-800-799-SAFE (7233)



You're not alone, and it's not your fault.

Traffic Safety

Wauwatosa has made great strides in Traffic Safety, with **0** fatalities due to traffic crashes in 2025. However, there is still work to do to ensure everyone can travel safely in Wauwatosa, whether walking, biking, taking transit, or driving.

There were **1,606** reported car accidents in 2025, with **10%** of those car accidents resulting in personal (human) injury.

Help improve street safety by sharing safe or unsafe experiences, and suggestions for roads, sidewalks, transit, and trails at:
engage.wauwatosa.gov/street-safety-input



SUBSTANCE USE

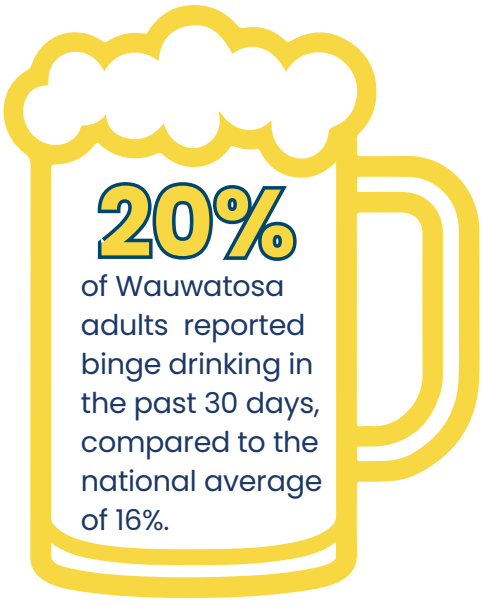
Alcohol Use

Wisconsin ranks sixth highest in the U.S. for alcohol use *(National Institute on Alcohol Abuse and Alcoholism Surveillance Report #122)*, with Wauwatosa reflecting similar consumption patterns.

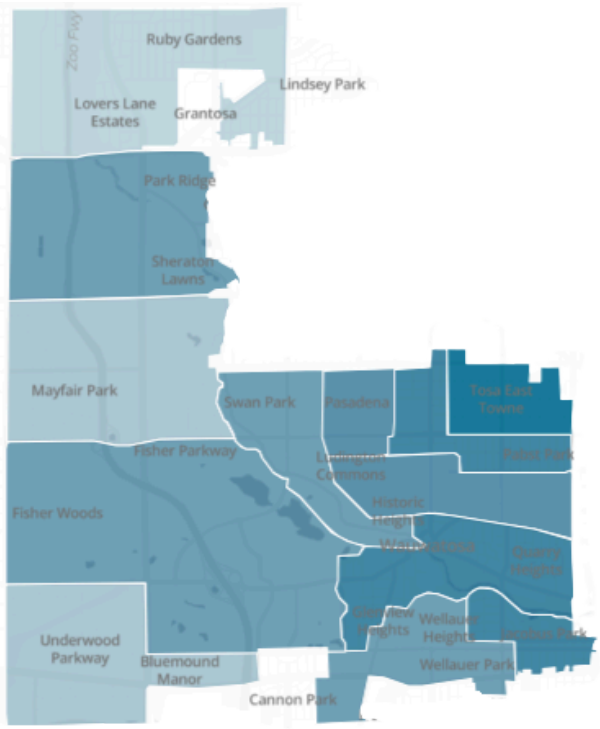
Alcohol use, especially chronic alcohol use, are associated with adverse health outcomes, including but not limited to: violence, risky sexual behaviors, alcohol poisoning, cancer, liver disease, high blood pressure, injuries (such as motor vehicle crashes), and alcohol use disorder.

Binge drinking is defined as:

- Consuming **more than 4 alcoholic drinks** on one occasion for **women**
- Consuming **more than 5 alcoholic drinks** on one occasion for **men**



Binge Drinking by Neighborhood



Darker areas of map (above) indicate higher rates of binge drinking.

https://www.cityhealthdashboard.com/WI/Wauwatosa/metric-detail?metricId=3&dataPeriod=2023

Youth Alcohol Consumption

Source: High School YRBS 2025

43% of Wauwatosa high schoolers have had alcohol at least once.

21% of Wauwatosa high schoolers have had alcohol in the last 30 days.

9% of Wauwatosa high schoolers have binge drank in the last 30 days.

Even within Wauwatosa, there are differences in binge-drinking behavior *(see map to left)*. Tosa East Towne reports the highest rates of of binge-drinking, at **22%** of adults. Lover's Lane and Ruby Gardens report the lowest rates of binge drinking, at **17%** *(City Health Dashboard, 2023)*. This difference in behavior may be due to different demographics across neighborhoods, and varying access to alcohol.

For more information on alcohol use, including how to talk to kids about alcohol, visit:
https://www.dhs.wisconsin.gov/alcohol/index.htm

SUBSTANCE USE

Other Substance Use

Outside of alcohol use, other substance use often refers to the use of one or more of the following:

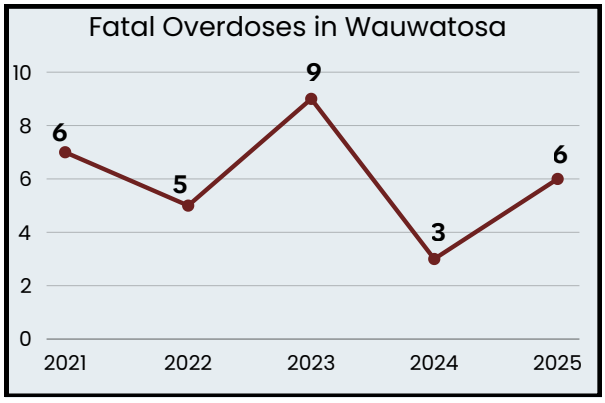
- cocaine
- fentanyl
- gabapentin
- heroin
- methamphetamine
- opioids
- xylazine

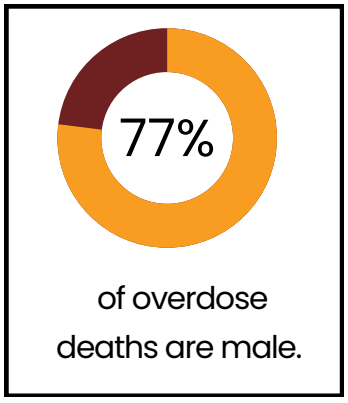
Substance Use Disorder

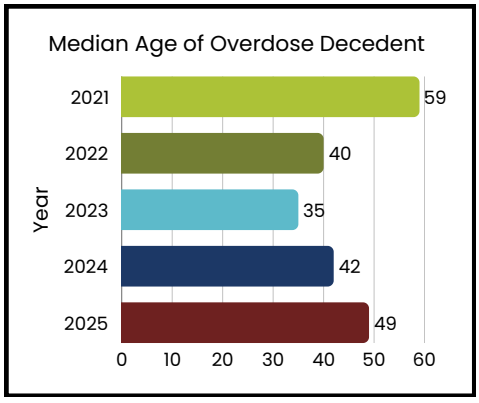
Substance use disorder (SUD) is a chronic, but treatable, medical condition that alters the brain and can affect nearly every aspect of a person's life. SUD can change how the brain responds to substances, making it difficult to stop and potentially causing withdrawal symptoms. Like other chronic conditions, SUD may require ongoing, individualized treatment and support.

Over the past 5 years (2021-2025), there have been **29** overdose deaths in Wauwatosa alone.

Source: Milwaukee County Office of Emergency Management





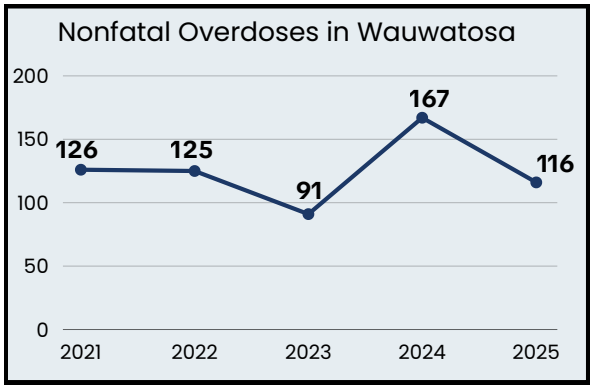


Nonfatal overdoses are also a concern, with Wauwatosa experiencing a spike to 167 nonfatal overdoses in 2024 *(see graph on right)*. Nonfatal overdoses can cause serious, lasting damage to the brain and other organs.

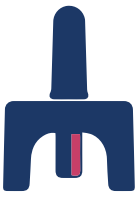
Preventing an overdose is an important part of improving health outcomes and saving lives.

One of the most effective ways to prevent overdose deaths is through the use of **naloxone** (Narcan). Naloxone can quickly reverse an opioid overdose and save a life.

If you are unsure whether opioids are involved, it is still safe to give naloxone - there are no harmful effects.



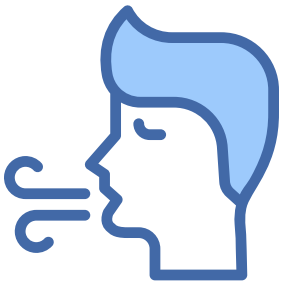
6 preventable deaths per year, on average.



For substance use resources, including naloxone training, visit: ***wauwatosa.gov/substanceuse***

ENVIRONMENT

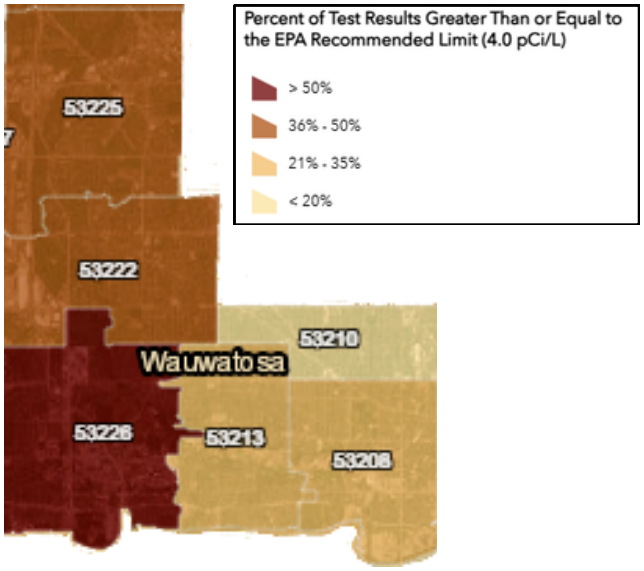
Air Pollution



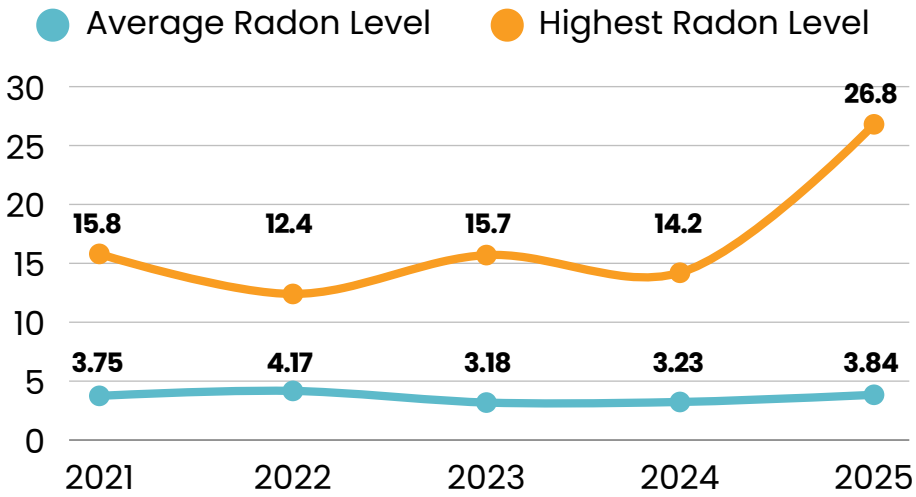
As of December 2024, Wauwatosa has an estimated fine particulate matter (PM2.5) concentration of 9.7 µg/m³ (*City Health Dashboard, 2024)*, which falls within the **"moderate" air quality range**. While air quality at this level is generally acceptable, sensitive groups such as children, older adults, and individuals with heart or lung conditions may experience mild respiratory irritation.

Radon

Radon is a naturally occurring radioactive gas that can cause lung cancer. It enters homes from the soil and has been detected in every Wauwatosa ZIP code, and especially in 53226. Because radon is invisible, odorless, and tasteless, testing is the only way to know if your home has elevated levels. **Radon is the second leading cause of lung cancer after smoking.** A radon level below 4 pCi/L is generally considered acceptable. If your home's radon level is 4 pCi/L or higher, a certified contractor can install a mitigation system to reduce it.



Radon Levels over the Years



Radon test kits are sold at the Wauwatosa Health Department for $10, and are also generally available from hardware stores, supermarkets, and other retail outlets. Since 2023, the average radon level in Wauwatosa has increased. Radon levels can increase over time due to urban development and long-term climate patterns.

Source: https://dhsgis.wi.gov/dhs/radon/

To learn how to test for radon in your home, visit:
https://www.dhs.wisconsin.gov/radon/radon-results.htm

ENVIRONMENT



Parks in Wauwatosa		
County Grounds	Currie Park	Firefly Grove
Hart Park	Madison Park	Hartung Park
Hoyt Park	Jacobus Park	Pocket Park
Root Common	Webster Park	Wisconsin Avenue

Access to Green Spaces

Access to green spaces has been shown to relieve stress, encourage physical activity, reduce social isolation, and **improve overall health and well-being.**

While nearly three-quarters (73%) of Wauwatosa residents live within a 10-minute walk of a green space, **access differs considerably across neighborhoods.** The Mayfair Park and Pabst Park areas experience the lowest access rates, at 19% and 21%, respectively (*City Health Dashboard, 2023*). Barriers to green spaces can pose barriers to a healthy life.

"We need to value and continually invest in green spaces like Firefly Grove. What a fantastic new meeting place for our community. "
-Survey Respondent

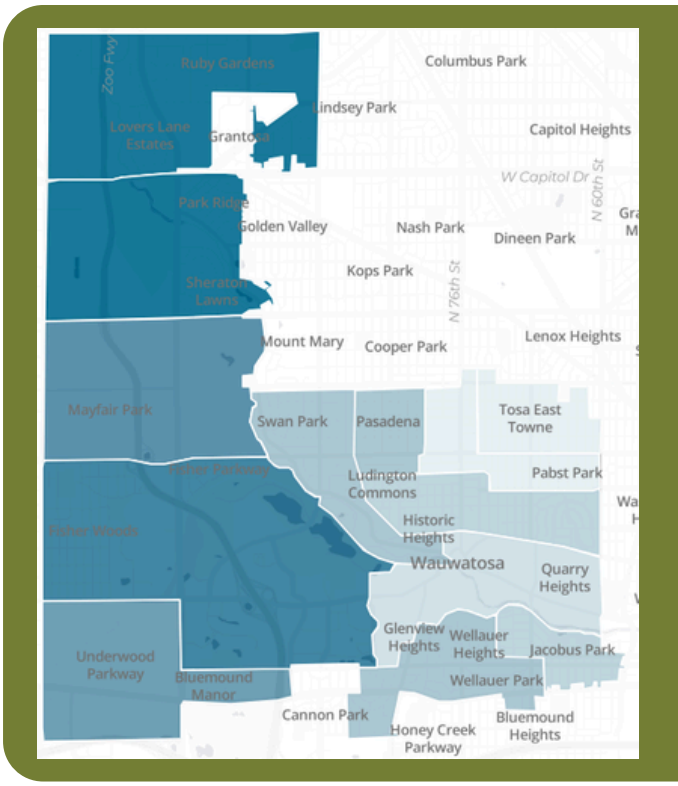
Access to Amenities & Walkability

Access to community amenities also supports healthy lifestyles and overall well-being. Grocery stores, healthcare, parks, fitness facilities, and recreational opportunities are more accessible in **walkable communities**. Safe, connected sidewalks and nearby destinations make it easier for residents to be physically active, access essential services, and stay connected to their community.

In Wauwatosa, the most walkable neighborhoods are Tosa East Towne and Pabst Park. The least walkable neighborhoods are Ruby Gardens, Lovers Lane, Sheraton Lawns, and Fisher Woods neighborhoods *(see map on right)*.

"The West side needs safer intersections for pedestrians. North West Tosa especially needs more services and business."
-Survey Respondent

Walkability in Wauwatosa, 2025



*The darker areas indicate less walkability.

Source: City Health Dashboard

LEAD POISONING

82
Pb
Lead
207.2

Lead

Lead is a common, naturally occurring metal found throughout the environment. Lead is not found in Lake Michigan surface water or in our source of supply water treated by Milwaukee Water Works. Lead enters drinking water primarily as a result of corrosion or wearing away of materials in the water distribution system and household plumbing that contain lead. Despite concerns about drinking water, the U.S. Environmental Protection Agency notes that "**the greatest exposure to lead is swallowing or breathing in lead paint chips or dust.**"

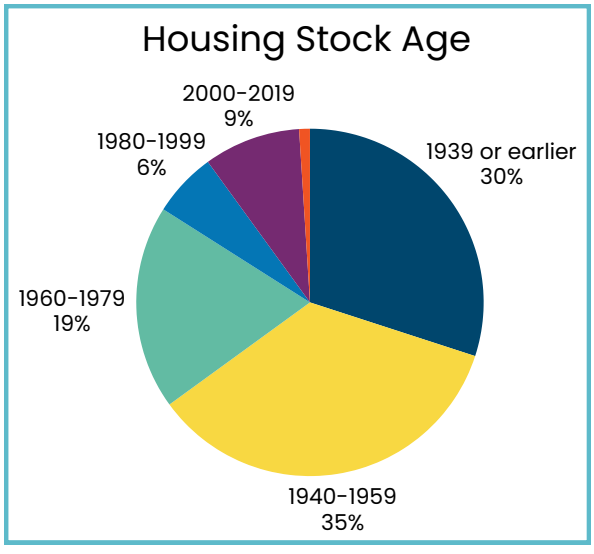
"We need to keep the water and air clean. We all have lead in our pipes. I am having to spend a monthly payment to purify our water for our family."
-Survey Respondent

State law requires that elevated blood lead levels (greater than or equal to 3.5 mcg/dl) in children ages 6 years and younger be reported to the local health department for follow-up.

7 Wauwatosa children ages 6 and under had elevated lead levels in 2025.

If you would like to learn how to test for lead in your home and ways to reduce lead exposure, visit:
https://www.wauwatosa.gov/government/departments/water-utility/q-a-on-lead-water

Housing & Lead



Approximately 64% of Wauwatosa's housing was built before 1960. Because the use of lead pipes and solder in new plumbing systems was not prohibited until 1986, some older homes may have lead service lines or plumbing components.

The Wauwatosa Water Utility is working to reduce potential lead exposure by replacing lead water service laterals with new HDPE plastic materials from the water main to the curb stop as part of its water main replacement projects.

Source: Housing Study & Needs Assessment - 2025 Update

If you would like to learn what material your home's service line is made of, you can contact:
Wauwatosa Water Utility: (414) 471-8480

COMMUNITY PARTNER ASSESMENT

Background

The Wauwatosa Health Department conducted a ***Community Partner Assessment*** - an assessment that sparks conversations about partnerships, data sharing, and organizational capacities. The 2026 Comunity Partner Assessment engaged 10 community organizations (*see table on right*) across different public health sectors.

The Community Partner Assessment consisted of 2 parts:

1. **Focus session** to discuss organizations' priorities, challenges, and opportunities for partnership
2. **Survey** to measure demographics and organizational health equity and data practices

Participants	Primary Focus
Tosa Together	Diversity and Inclusion
Revitalize MKE	Housing Resources
Joint Housing Coalition	Affordable Housing
Medical College of Wisconsin Public Health Interest Group	Medical Students
Life Navigators	Individuals with Disabilities
Rental Housing Resource Center at Community Advocates	Housing Resources
Habitat for Humanity	Housing Resources
KG Development Group	Affordable Housing
Tosa Cares	Food Access
Catholic Charities	Social Services

Focus Group Findings



of organizations currently have community partnerships.



of organizations want more community partnerships.

#1 reason organizations want community partnerships is to expand resources available for clients.

Common Challenges for Community Organizations

Aligning/Combining Efforts with other Organizations, including breaking down silos.

Policies / needing advocacy to change policies and address funding challenges.

Raising awareness of organization to public to increase reach and partnerships.

COMMUNITY PARTNER ASSESMENT

Survey Findings

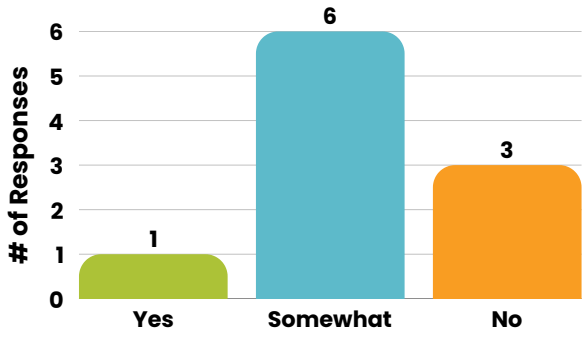
Top Interests/Goals in joining a community health improvement plan:

1. To create long-term, permanent social change
2. To build networks and friendships

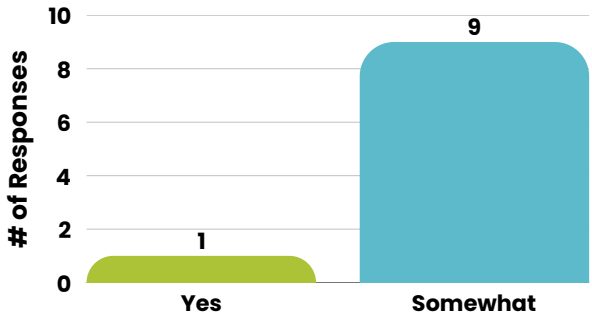
There are organizations that provide services ***specifically*** for individuals with disabilities, and ***general*** services for individuals who speak English as a second language and/or are part of the LGBTQIA+ community.

Inclusion of Services

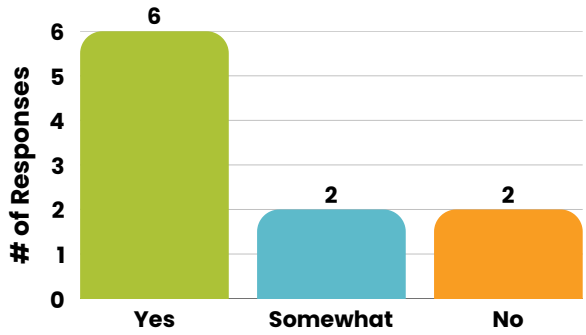
Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?



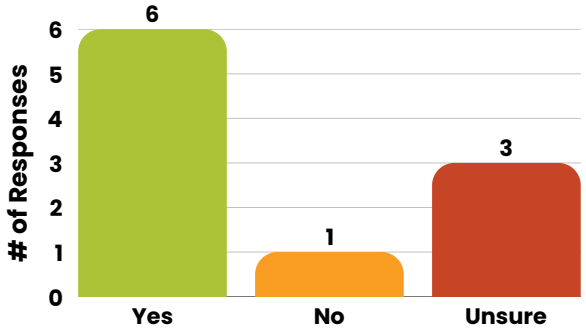
Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?



Does your organization offer services specifically for people with disabilities?



Does your organization work with other groups not addressed in the previous questions?



6 organizations indicated that their organization serves other groups we did not ask about in our previous questions. These groups include: Low-income, formerly incarcerated, and female-led households.

COMMUNITY CONTEXT ASSESSMENT

Background

The Wauwatosa Health Department conducted a ***Community Context Assessment*** - a qualitative, discussion-based assessment that explores the strengths, assets, lived experiences, and forces of change in the community.

Participants were asked 4 questions about the Wauwatosa community. Below is a summary of their responses to each question.

Participants	Primary Service
Youth Commission	Ages 12-18
Equity & Inclusion	Marginalized groups
Joint Housing	Affordable Housing
Board of Health	Health Dept. Governance
St. Pius	Religious Organization
Senior Commission	Ages 55+
Persons with Disabilities	Persons with Disabilities
Tosa Together	Racial equity

Summary of Responses

What local skills, experience, or leadership can we build on in this community?	***What do people and local groups do that help the communty thrive?***	***Does every neighborhood has what it needs to be healthy and safe?***	***What are the big things that affect our community?***
Parks & Recreation	Organize and attend community events	East and West side physical divide	Housing
Neighborhood Associations	Volunteer	Lack of personal connection East vs. West	Climate change
Athletics	Neighbors check on each other	Different walkabilities east vs. west side	Flooding
Active residents	Residents stay for a long time	Renters not as included in community	Political divide
Mix of urban and suburban	Civic engagement	Food deserts	Reckless driving
Faith communities	Senior services	North west side of Tosa needs more resources	Divisiveness about Schools
Local businesses	Sports leagues	Lack of youth activities - especially on West side	Cost of living
Public works system	Active community orgs	Neighborhood associations not active in all of Tosa	Mental health
Community leaders			Lack of inclusivity
			Divide between owners and renters

COMMUNITY STATUS ASSESSMENT

Background

The Wauwatosa Health Department conducted a ***Community Status Assessment*** - an assessment that directly collects feedback about the health of the community through **one-on-one interviews with community members and leaders to highlight inequities in the community.** Community members and leaders were selected based off lived experiences and expertise in the highest-ranked topics from our Community Health Survey, including: Substance Use, Social Isolation/Mental Health, Affordability, Schools, and Traffic Safety.

Straight from the Source

Below is a summary of the feedback we garnered from 8 community members.

Inclusion

"If we decide to make housing more affordable, our culture needs to shift to be more accepting too."

"There are major barriers for young families in Wauwatosa."

"There needs to be more LGBTQ+ friendly events/spaces in Tosa."

"We need more inexpensive things to do here."

Substance Use

"There's a big culture of drinking here – people turn to drinking to socialize, but also when they're stressed."

"About once a day we get a call about someone driving under the influence." - DPW employee

"Substance use treatment options are really limited in Tosa."

Housing Affordability

"People are struggling to get into our community and older folks are having a hard time staying in our community because of how expensive housing is now."

"My rent has jumped $300 per month. I have to move out of Tosa soon, since I can't keep up with all the bills."

"Without community organizations like churches that provide toilet paper, it would be difficult to even exist."

Racism

"I have faced a lot of racism living in Wauwatosa. I want to be part of the change, to help Tosa become more inclusive and diverse."

"There are more disciplinary referrals with Black and Brown students." - Wauwatosa School Employee

Schools

"Kids don't know how to talk to each other anymore. At lunchtime, we bring board games so that they actually socialize with one another."

"The West side of Tosa has way more school absenteeism compared to the East side. This may be due to less transportation and housing resources on the West side."

Traffic Safety

"As someone who gets around on a scooter due to a disability, the construction in Tosa makes it really hard to get to where I need to go."

"Traffic safety is huge, but it's a difficult issue. People want safer roads without increased traffic. Measures like speed bumps and lower speed limits can help curb reckless driving but may slow traffic." - DPW employee

KEY FINDINGS

In general, community members agree that Wauwatosa is a healthy community in which to live, work, raise children, and retire. **There is a high degree of satisfaction with safety, access to parks and greenspace, and access to healthcare.** There is also a high degree of satisfaction with the vibrant local businesses and community engagement. **There is a low satisfaction with affordability, trust in government, social isolation, mental health resources, and substance use in the community.**

While there is a general feeling of safety and well-being in Wauwatosa, there is a simultaneous recognition that some members of the community are not privy to the same resources. There are feelings that East Wauwatosa and West Wauwatosa differ significantly, especially in terms of green spaces, healthy grocery stores, recreational opportunities, transportation, and walkability. Additionally, social isolation is felt amongst many community members, and especially among young people (under 25), people over 65, and those living with disabilities. **Data and resident input indicate the areas of need are accessible and affordable housing, increased inclusivity of diverse populations, social connection, and substance use resources.**

Future planning will need to include opportunities for community members to engage in facilitated and meaningful conversation to bridge some of the divides that are highlighted in the data collected through this report. Affordable housing and equity will need to be addressed, and planning will need to include ways to ensure more residents are connected. Connected to each other, connected to what is happening in the community, and connected to the city and those who serve it.

NEXT STEPS

In 2027, the Wauwatosa Health Department will bring together the Community Health Advisory Committee to review the assessment data, determine health priorities, and develop a **5-year Community Health Improvement Plan (CHIP)** related to their identified priorities.

To learn how to be involved in the Community Health Improvement Plan, email: Sangita Ramaswamy, Public Health Specialist, at ***sramaswamy@wauwatosa.gov***

WAUWATOSA
HEALTH DEPARTMENT ✳ WISCONSIN

APPENDIX

COMMUNITY HEALTH SURVEY

1) What do you believe are the top **three** things that make a community healthy?

a. Access to healthcare
b. Safe neighborhoods
c. Affordable housing
d. Clean air and water
e. Access to healthy foods
f. Safe streets
g. Economic stability and good jobs
h. Quality schools
i. Access to green space
j. Reliable transportation
k. Community trust in local government
l. Fair treatment and inclusion of community members
m. Support for mental health
n. Opportunities for community voice and civic engagement
o. Recreational activities that do not include drugs or alcohol
p. Other _____

2) What do you believe are the top **three** things that make it **harder** for a community to stay healthy?

a. Lack of access to healthcare
b. Violence
c. Drug and alcohol misuse
d. Stress
e. Trauma
f. Pollution
g. Social isolation
h. Discrimination
i. Lack of safe places to be active
j. Poor school quality
k. Weak trust in government
l. Lack of good jobs/low wages
p. Other _____

3.) What top **three** things in **Wauwatosa** help people stay healthy?

a. Access to healthcare
b. Safe neighborhoods
c. Affordable housing
d. Clean air and water
e. Access to healthy foods
f. Safe streets
g. Economic stability and good jobs
h. Quality schools
i. Access to green space
j. Reliable transportation
k. Community trust in local government
l. Fair treatment and inclusion of community members
m. Support for mental health
n. Opportunities for community voice and civic engagement
o. Recreational activities that do not include drugs or alcohol
p. Other _____

4.) What top **three** things in Wauwatosa make it **harder** for a community to stay healthy?

- Lack of access to healthcare
- Violence
- Drug and alcohol misuse
- Stress
- Trauma
- Pollution
- Social isolation

h. Discrimination
i. Lack of safe places to be active
j. Poor school quality
k. Weak trust in government
l. Lack of good jobs/low wages
p. Other _____

APPENDIX

COMMUNITY HEALTH SURVEY (CONTINUED)

5) Do you have any other thoughts to share?

6) What is your race? (Select all that apply)
   a. White
   b. Black or African-American
   c. American Indian or Alaska Native
   d. Asian
   e. Native Hawaiiwan or Pacific Islander
   f. Other _____

7) Are you Hispanic or Latino?
   a. Yes
   b. No

8) What is your gender identity?
   a. Male
   b. Female
   c. Non-binary/Third gender
   d. Prefer not to say

9) What is your age range?
   a. 14-17
   b. 18-24
   c. 25-34
   d. 35-44
   e. 45-54
   f. 55-64
   g. 65-74
   h. 75-84
   i. 85+

10) What is your household income? (optional)
   a. 0-$24,999
   b. $25,000-$49,000
   c. $50,000-$74,999
   d. $75,000-$99,999
   e. $100,000-$149,999
   f. $150,000-$199,999
   g. $200,000+

11) What is your zip code? _____

APPENDIX

COMMUNITY CONTEXT ASSESSMENT

1) What local skills, experience, or leadership can we build on in this community?
2) What do people and local groups do that help the community thrive?
3) Does every neighborhood have what it needs to be healthy and safe?
4) What are the big things that affect our community?

LIVED EXPERIENCE INTERVIEWS

1) What brought you to Wauwatosa?
2) What is the biggest challenge you face while living or spending time in Wauwatosa?
3) What resources or supports do you think are missing to address these challenges?
4) If you could change one thing to improve the community, what would it be?
5) Do you feel included or welcome in the community? Why or why not?
6) What do you enjoy about spending time in Wauwatosa?
7) Is there anything you'd like to share that I didn't ask?

KEY INFORMANT INTERVIEW QUESTIONS

1) What do you value most about this community?
2) What are the biggest challenges affecting people in this community right now?
3) Are there certain groups or neighborhoods that experience these challenges more than others? If so, who and why?
5) What resources or services are working well in the community?
6) What resources or supports do you think are missing?
7) How well do community organizations, healthcare systems, schools, or local leaders work together to support residents?
8) If you could change one thing to improve the community, what would it be?
9) Is there anything important we didn't ask that you think plays a role in the health of our community?

APPENDIX

COMMUNITY PARTNER ASSESSMENT

1. What is the full name of your organization?

2. Which of the following best describes your organization? Check all that apply.
   a. City Health Department
   b. County Health Department
   c. State Health Department
   d. Tribal Health Department
   e. Other city government agency
   f. Other county government agency
   g. Other Tribal government agency
   h. Private hospital
   i. Public hospital
   j. Private clinic
   l. Public clinic
   m. Emergency response Schools/education (PK-12)
   n. College/university
   o. Library Non-profit organization
   p. Grassroots community organization/organizing group
   q. Tenants' association
   r. Social service provider
   s. Neighborhood Association Foundation/philanthropy
   t. For-profit organization/private business
   u. Faith-based organization
   v. Center for Independent Living

3. What are your top three interests in joining a community health improvement partnership?
   a. To deliver program effectively and efficiently and avoid duplicated efforts
   b. To pool resources To increase communication among groups
   c. To break down stereotypes
   d. To build networks and friendships
   e. To revitalize low energy of groups who are trying to do too much alone
   f. To plan and launch community-wide initiatives
   g. To develop and use political power to gain services or other benefits for the community
   h. To improve line of communication rom communities to government decision making
   i. To improve line of communication from government to communities
   j. To create long-term, permanent social change
   k. To obtain or provide services
   l. To expand reach
   m. Other

4. What racial/ethnic group does your organization work with? Check all that apply.
   - Black/African American
   - African
   - Native American/Indigenous/Alaska Native
   - Latinx/Hispanic
   - Asian
   - Asian American
   - Pacific Islander/Native Hawaiian
   - Middle Eastern/North African
   - White/European
   - Other

APPENDIX

COMMUNITY PARTNER ASSESSMENT (CONTINUED)

5. Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?
   - Yes - we provide services/advocacy specifically for the immigrant community
   - Somewhat – we provide general services/advocacy that immigrant individuals could use or benefit from
   - No - our organization is not designed to serve the immigrant community
   - Unsure

6. Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?
   a. Yes – we provide services specifically for the LGBTQIA+ community.
   b. Yes – we provide advocacy specifically for the LGBTQIA+ community
   c. Somewhat - we provide general services and LGBTQIA+ individuals could use those services
   d. Somewhat – we provide general advocacy and LGBTQIA+ individuals could benefit from our advocacy
   e. No - our services are not open to LGBTQIA+ populations
   f. No – our advocacy does not include LGBTQIA+ populations
   g. Unsure

7. Does your organization offer services specifically for people with disabilities?
   a. Yes – we provide services specifically for people with disabilities
   b. Yes – we provide advocacy specifically for people with disabilities
   c. Somewhat – we are wheelchair accessible and compliant with the Americans with Disabilities Act but are not specifically designed to serve people with disabilities
   d. Somewhat – we provide general advocacy and people with disabilities could benefit from our advocacy
   e. No – our organization is not specifically designed to serve people with disabilities
   f. No – our advocacy does not include people with disabilities
   g. Unsure

8. Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, or history of incarceration?
   a. Yes - if yes, please describe:
   b. No
   c. Unsure

APPENDIX

COMMUNITY PARTNER ASSESSMENT (CONTINUED)

9. Which of the following categories does your organization work on/with? Check all that apply.
    - Arts and Culture
    - Businesses and for-profit organizations
    - Criminal legal system
    - Disability/independent living
    - Early childhood development/childcare
    - Education
    - Community economic development
    - Economic security
    - Environmental justice/climate change
    - Faith Communities
    - Family well-being
    - Financial institutions (banks, credit unions)
    - Food access and affordability (food bank)
    - Food service/restaurants
    - Gender discrimination/equity
    - Government accountability
    - Healthcare access/utilization
    - Housing
    - Human services
    - Immigration
    - Jobs/labor conditions/wages and income
    - Land use planning/development
    - LGBTQIA+ discrimination/equity
    - Parks, recreation, and open space
    - Public health
    - Racial justice
    - Seniors/elder care
    - Transportation
    - Utilities
    - Veterans' issues
    - Violence
    - Youth development and leadership

10. Which of the following health topics does your organization work on, if any? Check all that apply.
    - Cancer Chronic disease (asthma, diabetes, cardiovascular disease, etc.)
    - Family/maternal health Immunizations and screenings
    - Infectious disease Injury and violence prevention
    - HIV/STI prevention Healthcare access/utilization
    - Health equity
    - Health insurance/Medicare/Medicaid
    - Mental or behavioral health
    - Physical activity
    - Tobacco and substance use and prevention
    - Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)
    - None of the above
    - Other

APPENDIX

COMMUNITY PARTNER ASSESSMENT (CONTINUED)

11. Please review the following statements. For each one, select Agree, Disagree, or Unsure

	Agree	Disagree	Unsure
a. We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization.	O	O	O
b. We have at least one person in our organization dedicated to addressing inequities externally in our community.	O	O	O
c. We have a team dedicated to advancing equity/addressing inequities in our organization.	O	O	O
d. Advancing equity/addressing inequities is included in all or most volunteer/staff job requirements.	O	O	O

12. Please select whether your organization regularly does the following activities. Check all that apply.
    - Assessment: My organization conducts assessments of the living and working conditions and community needs and assets.
    - Investigation of Hazards: My organization investigates, diagnoses, and addresses public health problems and hazards affecting the population.
    - Communication and Education: My organization works to communicate effectively to inform and educate people about public health or well-being, factors that influence well-being, and how to improve it

13. Does your organization conduct assessments (e.g. of basic needs, community health, neighborhood)?
    - Yes (if yes, please describe):
    - No
    - Unsure

APPENDIX

COMMUNITY PARTNER ASSESSMENT (CONTINUED)

14. Can you share the assessments you described above with external organizations?
    a. Yes
    b. No
    c. Unsure
    d. Not applicable

15. What data does your organization collect? Check all that apply.
    a. Demographic information about clients or members
    b. Access and evaluation data about services provided and to whom
    c. Evaluation, performance management, or quality improvement information about services and programs offered
    d. Data about health/public health status
    e. Data about health behaviors
    f. Data about conditions and social determinants of health (housing, education, or other conditions)
    g. Data about systems of power, privilege, and oppression
    h. We don't collect data
    i. Other

16. What data skills does your organization have? Check all that apply.
    a. Survey design and analysis
    b. Secondary data analysis
    c. Needs assessment
    d. Focus group facilitation
    e. Interviewing
    f. Detailed note-taking or transcription
    f. Participatory research
    g. Facilitators of community or town hall meetings
    h. Asset mapping
    i. Mapping/visualization skills
    j. None
    k. Other

17. Does your organization analyze data with a health equity lens or health equity in mind? If Yes or Unsure, please describe:
    - Yes
    - No
    - Unsure

18. Which of the following methods of community engagement does your organization use most often? Check all that apply.
    - Yes (if yes, please describe):
    - No
    - Unsure

APPENDIX

COMMUNITY PARTNER ASSESSMENT (CONTINUED)

19. Can you share the assessments you described above with external organizations?
    a. Customer/patient satisfaction surveys
    b. Fact sheets
    c. Open houses
    d. Presentations
    e. Billboards
    f. Videos
    g. Public comment
    h. Focus groups
    i. Community forums/events
    j. Surveys
    k. Community organizing
    l. Social media None Other
    m. Advocacy
    n. Interactive workshops
    o. Polling
    p. Memorandums of understanding (MOUs) with community-based organizations
    q. Citizen advisory committees
    r. Open planning forums with citizen polling
    s. Community-driven planning
    t. Consensus building
    u. Participatory action research
    v. Participatory budgeting
    w. None
    x. Other

20. When you host community meetings, do you offer: (check all that apply)
    a. Stipends or gift cards for participation
    b. Interpretation/translation to other languages, including sign language
    c. Food/snacks
    d. Transportation vouchers if needed
    e. Childcare if needed
    f. Accessible materials for low literacy populations
    g. Virtual ways to participate
    h. Not applicable
    i. Other

21. What policy/advocacy work does your organization do? Check all that apply.
    a. Develop close relationships with elected officials
    b. Educate decision-makers and respond to their questions
    c. Respond to requests from decision-makers
    d. Use relationships to access decision-makers
    e. Write or develop policy
    f. Advocate for policy change
    g. Build capacity of impacted individuals/communities to advocate for policy change
    h. Lobby for policy change
    i. Mobilize public opinion on policies via media/communications
    j. Contribute to political campaigns/political action committees (PACs)
    k. Voter outreach and education
    l. Legal advocacy
    m. Not applicable
    n. Unsure
    o. Other

COMMUNITY PARTNER ASSESSMENT (CONTINUED)

22. Please review the following statements. For each one, select Strongly Agree, Agree, Disagree, Strongly Disagree, or Unsure.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
a. Our organization has a strong presence in local earned media (print/radio/tv).	O	O	O	O	O
b. Our organization has strong communications infrastructure and capacity.	O	O	O	O	O
c. Our organization has a clear communications strategy.	O	O	O	O	O
d. Our organization has a good relationship with other organizations who can help share information.	O	O	O	O	O
e. Our organization has a good relationship with other organizations who can help share information.	O	O	O	O	O

23. What communications does your organization do most often? Check all that apply.
    - Internal newsletters to staff
    - External newsletters to members/the public
    - Ongoing and active relationships with local journalists and earned media organizations
    - Media contact list for press advisories/releases
    - Social media outreach
    - Ethnicity-specific outreach in non-English language
    - Press releases/press conferences
    - Data dashboard
    - Meet to discuss narrative and messaging to the public
    - Other: